



International
Association
for Suicide
Prevention

Abstract Book

11th Asia Pacific Conference
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Table of Contents

Table of Contents	2
Pre-Conference Workshops	11
Pre-Conference workshops, June 3, 2024, 9:00 AM – 12:30 PM	11
ECR Workshop	11
Postvention Workshop	11
SafeTALK Workshop – Sponsored by LivingWorks Australia	11
Partnerships for Life – National Strategies Workshop	13
Opening Keynote	14
Opening Keynote, June 3, 2024, 5:00 PM – 6:30 PM	14
Human Consciousness and Suicidal Ideation	14
All our stories: the role of culture and religion in suicide prevention	14
Face Culture	16
Closing Keynote	16
Closing Keynote, June 6, 2024, 4:00 PM – 5:00 PM	16
Integrating First Nations Ways of Knowing, Being, and Doing for Holistic SEWB	16
Postvention in Thailand	17
Opening Plenary	18
Plenary Session, June 4, 2024, 9:00 AM – 10:30 AM	18
National Strategy for Suicide Prevention in Thailand	18
Online Suicide Prevention Program: Challenges and Opportunities	18
Responding to media reporting of suicide in India: barriers and successes	19
Plenary Panel	19
Plenary Session, June 5, 2024, 12:00 PM – 1:00 PM	19
What is the role of religiosity and spirituality in suicide prevention	19
Panels, Roundtables and Special Workshop	20
June 4, 2024, 12:00 PM – 1:00 PM	20
Panel 1: Engaging Policy Makers and Working towards an effective National Strategy	20
June 4, 2024, 12:00 PM – 1:00 PM	21
Panel 2: The IASP Task Force into Suicide Prevention in Women and Girls	21
June 4, 2024, 12:00 PM – 1:00 PM	22
Key Priorities and Research Gaps Roundtable 1: Integrating and engaging key groups in suicidal behaviour and prevention research.	22
Panels, June 6, 2024, 9:00 AM – 10:30 AM	22
Key Priorities and Research Gaps Special Workshop: How can research in suicide prevention be more effective in the region? Improving design, implementation and translation of suicide research.	22
Panels, June 6, 2024, 12:00 PM – 1:00 PM	22
Panel 5: Women in Research	22

Panels, June 6, 2024, 12:00 PM — 1:00 PM.....	23
Key Priorities and Research Gaps Roundtable 2: Resources, Data, Policy.....	23
Panels, June 6, 2024, 12:00 PM — 1:00 PM.....	23
Panel 7: Social Media.....	23
Special Lectures & Special Symposia.....	23
June 4, 2024, 4:30 PM — 6:00 PM.....	24
The role of Surveillance in suicide prevention.....	24
June 4, 2024, 4:30 PM — 6:00 PM.....	24
Indigenous Suicide Prevention — Sponsored by CASA.....	24
June 5, 2024, 9:00 AM — 10:30 AM.....	25
National Strategies across the region.....	25
June 5, 2024, 9:00 AM — 10:30 AM.....	25
Suicide prevention interventions.....	25
Special Lectures/Panel Discussion, June 6, 2024, 9:00 AM — 10:30 AM.....	26
Understanding the impact of Social Factors and Inequity.....	26
Symposia.....	26
Symposium #01, June 4, 2024, 2:30 PM - 4:00 PM.....	26
IASP Media & Suicide SIG Symposium: Using preventive potentials of media: New evidence about the impacts of suicide prevention narratives as well as media guidelines & user guidelines for risk mitigation and prevention.....	26
Symposium #02, June 4, 2024, 2:30 PM - 4:00 PM.....	31
Working with multiple stakeholders in suicide prevention - SNEHA experience.....	31
Symposium #03, June 4, 2024, 2:30 PM - 4:00 PM.....	33
Brief Contact Interventions (BCIs) to reduce repetition of Hospital-treated Suicidal Behaviours: The Translational Research Continuum.....	33
Symposium # 04, June 4, 2024, 2:30 PM - 4:00 PM.....	37
Tertiary-based education in suicide prevention. Organised by SIG Education and Training in Suicide Prevention.....	37
Symposium #05, June 4, 2024, 2:30 PM - 4:00 PM.....	42
Workplace Special Interest Group: Workplace Suicide Prevention Strategy.....	42
Symposium #06, June 5, 2024, 4:30 PM - 6:00 PM.....	46
Work-Related Suicide, Psychosocial Hazards & Just Culture.....	46
Partnerships for Life in the Northern Western Pacific Region: Progress, Challenges, and Opportunities50	
Symposium #08, June 5, 2024, 4:30 PM - 6:00 PM.....	54
Protective factors against suicide in older adults.....	54
Symposium #09, June 5, 2024, 4:30 PM - 6:00 PM.....	57
How TikTok Prioritizes Safe Educational Content on TikTok.....	58
Symposium #10, June 6, 2024, 2:00 PM - 3:30 PM.....	59
Breaking Barriers: Culturally Relevant and Multifaceted Approach to Suicide Prevention in Malaysia ...	59
Symposium #11, June 6, 2024, 2:00 PM - 3:30 PM.....	63

Social media and suicide prevention: government, industry and data-driven perspectives	63
Symposium #12, June 6, 2024, 2:00 PM – 3:30 PM	67
Suicide prevention acting on social determinants: the imperatives and status in some Asian countries	67
Workshops	71
Thai Breakout Session #2 (W'Shop #1), June 4, 2024, 2:30 PM – 4:00 PM	71
Mindfulness Based Therapy and Counseling (MBTC) Healing the mind and the soul	72
Workshop #02, June 5, 2024, 4:30 PM – 6:00 PM	74
The Impact of Patient Suicide on Clinicians: Understanding and Addressing the Trauma Subtitle: Postvention Guidelines for Mental Health Organisations – Perspectives from the UK and Austria	74
WorkShop #03, June 5, 2024, 4:30 PM – 6:00 PM	75
Prakarn model group psychotherapy for survivors of suicide loss	75
Workshop #04, June 6, 2024, 2:00 PM – 3:30 PM	76
The power of creatively collaborating and connecting in postvention	76
Orals	78
Oral #01, June 4, 2024, 11:00 AM – 12:00 PM	78
1.1 The lived experience of Filipino adolescents who have attempted suicide	78
1.2 The recent rise in youth suicide and its associated factors in South Korea: A time-trend analysis ...	79
1.3 Towards Wellbeing: supporting state social workers to respond to suicidal youth	80
1.4 Early Detection of Risk Factors for Suicidal Ideation among High School Students in Gorontalo Province 2023	80
Oral #02, June 4, 2024, 11:00 AM – 12:00 PM	81
2.1 Handling National Mental Health Crisis Helpline HEAL 15555 (Help with Empathy and Love): National Centre of Excellence for Mental Health Malaysia Experience	81
2.2 AI-assisted suicidal risk evaluation in the hotline	82
2.3 Content analysis of experiences of highest-risk callers to suicide prevention helpline in Bangladesh	83
2.4 Informing Policy with Helpline Data: A Decade of Insights into Suicide Prevention in Bangladesh ...	83
2.5 Coping strategies as moderators between crisis line demands and burnout among Philippines' crisis responders	84
Oral #03, June 4, 2024, 11:00 AM – 12:00 PM	85
3.1 Suicide Prevention Australia Learnlinc – A Learning Platform Building Capacity and Capability in Suicide Prevention	85
3.2 Suicide Prevention e-training among Secondary School Teachers: A missing piece in Vietnam educational system	86
3.3 Usefulness of a destigmatizing online lecture focusing on improvement in various medical staffs' awareness of and attitudes towards depression and who are in suicidal risk	86
3.4 Enhancing Suicide Prevention for International Students: Outcomes and Insights from Adapting the LivingWorks safeTALK Training through Participatory Design	87
3.5 Multi-modal Approach to Preventing Suicide in Schools (the MAPSS project)	88
Oral #04, June 4, 2024, 11:00 AM – 12:00 PM	89
4.1 Gender-specific of Suicidal Reasons for Rural Older Adults who Died by Suicide: Using In-Depth Interviews	89

4.2 An upstream approach to preventing suicide for adolescent males: a randomised controlled trial of the 'Breaking the Man Code' workshops.....	90
4.3 Mental health and help-seeking experiences for Pacific men in Aotearoa New Zealand.....	91
Oral #05, June 4, 2024, 11:00 AM - 12:00 PM.....	92
5.1 The mediating effect of excessive reassurance-seeking and perceived social support in attachment anxiety and depressive symptoms among emerging Filipino adults in a romantic relationship: implications for intervention.....	92
5.2 Social capital and self-harm behavior in Sri Lanka.....	93
5.3 Suicidality, perceived chronic stress, and stress-induced cortisol changes among individuals with schizophrenia.....	94
5.4 Psychosocial functioning of secondary school students of Kerala, India, during the COVID-19 pandemic.....	94
Thai Breakout Session #2 (W'Shop #1), June 4, 2024, 2:30 PM - 4:00 PM.....	95
6.1 Primary Prevention of Mental Health in Children with Art.....	95
6.2 Development of Model for Vulnerable People with Suicidal Behavior in Thailand.....	96
6.3 Being cyberbullied and suicide risk among youths.....	97
6.4 The development of the self-harm prevention model "I Love Myself" in adolescents with depression.....	98
Oral #07, June 5, 2024, 11:00 AM - 12:00 PM.....	98
7.1 Evaluating the impact of a student mental health training programme for local secondary school students in Hong Kong.....	99
7.2 Co-designing and evaluating a coach-supported, digital parenting program aimed to empower parents of adolescents at risk of suicide.....	100
7.3 Self-harm behaviours amongst children and young people involved in family justice court proceedings: a longitudinal national data linkage study.....	101
7.4 Exploring Social Factors and Countermeasures of Adolescent Suicide: An Analysis of 5-Year Student Suicide Reports in Japan.....	102
7.5 A systematic review of quantitative studies of help-seeking behaviors in suicidal young people age 12 to 25.....	102
Oral #08, June 5, 2024, 11:00 AM - 12:00 PM.....	103
8.1 Should we continue 'myth-busting' in suicide prevention training for men?.....	103
8.2 Mental health practitioner and student knowledge, perceptions, and attitudes toward suicide, self-harm, and online mental health support.....	104
8.3 Integrating suicide education into academic curricula: Perspectives from college students in Bangalore, India.....	105
8.4 40 Years of Evidence Supporting LivingWorks Suicide Prevention Training.....	106
Oral #09, June 5, 2024, 11:00 AM - 12:00 PM.....	107
9.1 Cost of suicidal behaviour and the impact of MATES in Construction in reducing this cost.....	107
9.2 Exploring Suicide Prevention Needs for Persons with Substance Use Disorders: Insights from Stakeholders.....	107
9.3 Regional Disparities in Suicide Patterns: A Multi-Center Registry Study in Two Provinces of Iran.....	110
9.4 Reviewing the global prevalence of psychosocial assessments and follow-up treatment following hospital-presenting self-harm: Missed opportunities and future recommendations to improve practice.....	111

Oral #10, June 5, 2024, 11:00 AM – 12:00 PM.....	113
10.1 Usefulness of group supporting practices for bereaved families for suicide through narrative approaches.....	113
10.2 StandBy Support After Suicide: A Transformative Journey of Continuous Evaluation, Adaptation, and National Expansion	115
10.3 StandBy Support After Suicide: Collaboration to enhance effectiveness through the Australian Suicide Postvention Service Navigation Pathway	115
10.4 Aftermath of patient’s suicide: The Experience and Impact to University and Private Psychiatrists in Malaysia	116
Oral #11, June 5, 2024, 11:00 AM – 12:00 PM	117
11.1 The caring contacts intervention for suicide prevention: findings, methodological Considerations, and future directions	117
11.2 Trajectories of symptom improvement with an intensive outpatient program for depressed and suicidal college students	118
11.3 The lived experience of therapists working with suicidal clients in Ghana – a heuristic study.....	119
11.4 Advanced Discourse Analysis in Suicide Research: A Novel Approach in the French Overseas Territories	120
Oral #12, June 5, 2024, 11:00 AM – 12:00 PM	121
12.1 Supporting marginalised groups and thematic areas in suicide prevention in India: perspectives from grant-making	121
12.2 Prevalence of suicide and suicidal thoughts among people with disabilities, risk factors, and potential interventions to save them from multiple levels of jeopardy.....	122
12.3 Understanding stressors preceding suicide deaths in Australian culturally and linguistically diverse (CALD) communities – A qualitative study.....	123
12.4 Exploring the help-seeking experiences of young people of culturally and linguistically diverse (CALD) backgrounds following self-harm and suicide ideation: a qualitative approach	124
12.5 Gender – LGBTI Community.....	125
Oral #12A, June 5, 2024, 2:30 PM – 4:00 PM.....	126
12A.1 Suicide and Ghana: Examining how Individual Perceptions, Beliefs about the Etiology, and Personal Responsibility related to Suicide and Stigma.....	126
12A.2 Blending face to face CBT for Depression with web and mobile-based support: A pilot, randomised, controlled, pragmatic trial in the UK	127
12A.3 Examining differences in Suicide Stigma Among Mexican-Americans and Mexicans: The Influence of Place, Sociodemographic Factors, and Acculturation	128
12A.4 Mobile Mental Health Clinic: A community-based youth suicide prevention strategy in rural Puducherry, India.....	129
12A.5 Evaluation of a Lived Experience Peer Support Program to Improve Mental Health Outcomes and Reduce Suicide Amongst International Students	130
12A.6 Perceived Human Rights Abuse as a Risk Factor of Children’s Suicidal Behavior	131
Oral #14, June 5, 2024, 2:30 PM – 4:00 PM	131
14.1 Mobile Apps for Suicide Prevention in India: Perceptions and Preferences of Youth.....	131
14.2 Tailoring Suicide Prevention: Need for Gender-Specific ED Interventions	133
14.3 What is effective in a suicide prevention helpline? Studying chat conversations using Artificial Intelligence	133

14.4 An Evaluation of Singapore’s Only 24/7 Crisis Textline.....	134
14.5 Breaking Barriers: Providing Multifaceted Culturally Relevant Approach to Suicide Prevention in Malaysia	135
14.6 Cultural autopsy of suicide.....	136
14.7 Psychological autopsy of the suicide of four adults in Gorontalo Province, Indonesia.....	137
Oral #15, June 5, 2024, 2:30 PM – 4:00 PM	137
15.1 High-risk suicide locations in Australia: an analysis of coronial data from 2001 to 2017	137
15.2 Hidden suicides. Comparing drug death rates in Canada and Australia.....	138
15.3 Cultural influences on help-seeking behaviours following suicide ideation and suicide attempt: a latent class analysis.....	139
15.4 Self-harm contacts across healthcare settings in Wales: An e-cohort study using routinely collected linked healthcare data.....	140
15.5 How to (statistically) identify a suicide cluster.....	141
15.6 Suicidal ideation, suicide plans and suicide attempts among Australian adults: Findings from the 2020-22 National Study of Mental Health and Wellbeing.....	141
15.7 Changes in the geography of suicide in Taiwan from 1971 to 2022.....	142
15.8 A study of psycho-socio-demographic and clinical profile of 1300 suicide attempters.....	143
Oral #16, June 5, 2024, 2:30 PM – 4:00 PM.....	144
16.1 Facing life's challenges: Changes in coping strategies among people who have recently attempted non-fatal self-poisoning.....	144
16.2 Contextual factors of suicide in Bangladesh: findings from a qualitative study.....	145
16.3 Towards a suicide free campus: The Bicol University Experience in partnership with NGF Mindstrong	146
16.4 Claiming a seat at the table.....	147
16.5 Support Team for Bereaved by Suicide in French Polynesia and Martinique.....	147
Oral #17, June 5, 2024, 2:30 PM – 4:00 PM.....	148
17.1 Systematic review on the effect of deployment and combat exposures on suicidal behaviors	148
17.2 Insights into User Characteristics of an Online Suicide Prevention Chat Platform in Akita Prefecture: A Data-Driven Exploration.....	149
17.3 The Relationship between Domestic Violence and Self-Harm Behaviours: A Systematic Review .	150
17.4 Characteristics and behaviors of individuals who purchase pesticides from shops for self-poisoning in Sri Lanka – a mixed method study	151
17.5 Towards a comprehensive list of suicide determinants	152
17.6 “I will die by my own hand”: Understanding the development of suicide capability in the narratives of individuals who have attempted suicide.....	153
Oral #18, June 5, 2024, 2:30 PM – 4:00 PM	154
18.1 The impact of brief online suicide awareness training on rail workers’ confidence, willingness and ability to intervene with people at risk of suicide	154
18.2 Meta-analysis of mobile suicide prevention interventions and recommendations for practice.....	155
18.3 Association among Internet Use, Cyberbullying, and Depressed Mood in Taiwanese Teenagers..	156
18.4 Exploring ethical issues on telepsychology among young people with NSSI.....	156

18.5 Religious factors associated with suicide attempts among adolescents and young adults in south India: a qualitative explorative study	157
Oral #20, June 6, 2024, 11:00 AM – 12:00 PM.....	158
20.1 Late-life suicide: machine learning predictors from a large European longitudinal cohort	158
20.2 Using machine learning to identify causes of suicidal ideations in crisis messaging service	159
20.3 Suicide and its Nexus with Structural Injustice: An In-depth Theoretical Approach	159
20.4 Examining the link between educational expectations and suicide ideation among tertiary students in Malaysia.....	160
20.5 Trends of suicide in Sri Lanka, 1997–2022: The need for continued vigilance.....	161
Oral #22, June 6, 2024, 11:00 AM – 12:00 PM	162
22.1 Believing in religion as a source of value strains among college students: a cross-sectional study	162
22.2 Updated review & practice implications: suicide in the context of Buddhism, Christianity, Hinduism, Islam, and atheism/agnosticism.....	163
22.3 End of Life Decisions: Exploring Religious Perspectives on Euthanasia and Physician-Assisted Suicide.....	164
Oral #23, June 6, 2024, 11:00 AM – 12:00 PM	165
23.1 Continuum of care for suicide attempt survivors in Bangalore, India: A process pathway study ...	165
23.2 Banning highly hazardous pesticides drastically reduces suicide rates in young people, especially young females: evidence from China, India, and Sri Lanka.....	166
23.3 Vocation, motivation and empathy: the impact of adolescent suicide on mental health clinicians.....	166
23.4 “Through the eyes of the coroner”: Lessons learned from coronial investigations and their contribution to suicide prevention	167
23.5 Symptom severity and socio-demographic correlates of the suicide crisis syndrome (SCS) in major depression: A multicentric cross-sectional, comparative exploration.....	168
Lightning Posters	171
Lightning Poster Session 1, June 4, 2024, 2:00 PM – 2:30 PM.....	171
1.1 Impact of the Suicides of Three Taiwanese Celebrities on Suicide Rates (2014–2021): An Ecological Study.....	171
1.2 Pesticides responsible for self-poisoning in rural Sri Lanka before and after the national pesticide ban in 2021.....	171
1.3 The risk of mild cognitive impairment and dementia on suicide deaths: a nationwide nested case-control study.....	172
1.4 Rethinking suicide prevention for racial and ethnic minoritized trauma survivors: A population health approach.....	173
Lightning Poster Session 2, June 4, 2024, 2:00 PM – 2:30 PM	174
2.1 Situation and Challenges in Job Search for the Older Needy	174
2.2 Epidemiological characteristics of suicide attempters in emergency department of 14 hospitals in Baise.	175
2.3 Dual sensory impairment and suicide behaviors: a systematic review	176
2.4 A Qualitative Study Exploring Art Therapy as a Primary Prevention for Good Mental Wellness in Children	176
Lightning Poster Session 3, June 4, 2024, 2:00 PM – 2:30 PM	177

3.1 Voice from the emergency department: a qualitative study of individuals who self-harm.....	177
3.2 Enhancing Suicide Gatekeeper Skills through LivingWorks' safeTALK and ASIST Training.....	178
3.3 The association between hypnotics and suicide: a nationwide cohort study	179
3.4 Association between internet addiction and mental health problems in adolescent: a community based cross-sectional study.	179
Lightning Poster Session 4, June 5, 2024, 2:00 PM - 2:30 PM	180
4.1 Suicide risk evaluation and treatment for individuals with schizophrenia: a qualitative study in China	180
4.2 Understanding prevalence and onset of suicidal thoughts, plans, and attempts in university students in Aotearoa.....	181
4.3 Suicide risk among users of community mental health centers with addiction problems in Japan: A national study on affected individuals and families	181
4.4 The association between web information of the mental health centers and young adults suicide rates	182
Lightning Poster Session 5, June 5, 2024, 2:00 PM - 2:30 PM	183
5.1 Characteristics of suicide victim information through psychological autopsy.....	183
5.2 Suicide risk among informal caregivers in Japan: An exploratory analysis	184
5.3 Ego-integrity is a Substantial Moderator of the Relationships between Suicide Risk, Mental Deterioration, and Social Disconnectedness: An Exploratory Study for Japanese Older Adults	185
5.4 Factors related to suicide risk among bereaved families of the ferry disaster	186
Lightning Poster Session 6, June 5, 2024, 2:00 PM - 2:30 PM.....	187
6.1 Suicide Stigma in Tajikistan.....	187
6.2 Acute Emotional Impact of Peer Suicide and Other Related Factors on Students.....	188
6.3 Development of a statistical model to predict suicide re-attempt: a multisite observational study	188
6.4 The mediating role of positive coping between depression and suicidal ideation among bank workers	189
Posters.....	190
1 Beyond Vulnerability: The rise of Lived Experience peer work in suicide bereavement and postvention.	190
2 LifeStat360: How Combined Arms is using 3.7MM data points to improve veterans' quality of life... ..	191
3 Efficacy and Safety of Paliperidone Palmitate 1-month Formulation (PP1M) for Schizophrenia in Southwestern China: a prospective, open-label, multi-center, interventional study	192
4 Analysis of hospital-community integrated service policy and community management for severe mental disorders in Sichuan Province from 2015 to 2020	193
5 "He will never get better!" Attitudes toward Suicide Treatability in Tajikistan.....	194
6 Supporting and working with first responders, in particular police officers, impacted by suicide	195
7 Neurocognition and Psychopathology Risk Factors for Highly Lethal Self-injurious Behaviours	196
8 Maximising the management of self-harm in schools: A collaborative approach by schools and Child and Adolescent Mental Health Services in Aotearoa New Zealand	197
9 Association of Community Health Determinants with the Trajectory of Regional Suicide Mortality in South Korea from 2011 to 2022.....	198
10 Impact of Coping Profile on Suicidal Ideation: Findings from a Cross-Sectional Survey in a Rural Japanese Area.....	199

11 Does poor people living in affluent area increase their suicide risk? A natural experiment and ecological study from Hong Kong 2012 to 2021.....	200
12 The association between hospital diagnosed migraine and migraine medication with suicidal behavior: a nationwide cohort study	201
14 Conflicts of Nurses Involved in Palliative Care at Mental Hospitals	201
15 The relationship between sleep and frequency of suicidal ideation.....	202
16 Description of adolescent life skills and the impact of life skills training interventions on adolescents in Gorontalo province, Indonesia 2023	203
18 Reliability and validity of Barratt Impulsiveness Scale–11 in psychological autopsy study among Chinese rural elderly	204
19 Bridging Genetics and Behavior: SNPs and Psychological Autopsy in Suicide Investigations	204
22 The effectiveness of school-based intervention programs for adolescent suicidal behavior: a scoping review	207
23 Analysis of Suicide Victims Who Left Suicide Notes – Utilizing Korean National Suicide Data	208
24 Temporal variations of suicide attempt before and during COVID-19 pandemic: a case of Seoul metropolitan city, South Korea	209
25 Understanding Perception and Barriers in Postvention Services for Suicide Loss Survivors in India.....	210
26 Interests and wishes of users making posts expressing suicidal ideation on online: Text analysis of posts and reposts on X	211
27 The Happiness from Long-term Volunteering. The Samaritans of Thailand: A Suicide Prevention Charity Organisation Hotline Service Provider.....	211
28 Changes in characteristics and clinical results of emergency visits for suicide attempts during COVID-19: a nationwide study in South Korea	212
29 Dual sensory impairment and suicide behaviors: a systematic review	213
30 Feasibility and Acceptability of Community-Based Participatory Social Support in Preventing Suicide among Older Adults in Rural China	213
31 An Exploratory Study on Spatiotemporal Pattern of Suicide Clusters in Korean Adolescents	214
32 Course and current status of persons presented with suicidal ideation and self-harm in emergency setting of a tertiary care hospital in India.....	215
33 Bullying Perpetration and Suicidality: A Structural Equation Modelling Analysis of Psychosocial Influences Among Hong Kong Youth	216

Pre-Conference Workshops

Pre-Conference workshops, June 3, 2024, 9:00 AM – 12:30 PM

ECR Workshop

Facilitated by Professor Chan Lai Fong, panelists: Professor Jane Pirkis, Jo Robinson, Dr Sandersan Onie.

Part 1: Key Priorities and Research Gaps

As part of the series of sessions on key priorities and research gaps in suicide prevention in the region, part 1 will specifically give early career researchers the opportunity to feed into the policy dialogue and will focus on questions, such as:

- What are the key priorities and research gaps specific to the region?
- How do we do research that makes a difference– what is the litmus test for effectiveness?
- How can we better integrate Lived Experience in the region?

Part 2: Improving your chances of publication.

Postvention Workshop

Facilitated by Nicole Cool and Standby team.

Global Perspectives on Suicide Postvention: Identifying Gaps and Crafting Compelling Proposals for Change

Join StandBy Support after Suicide, Australia's leading suicide postvention service, for an enlightening pre-conference workshop, where we will unveil the findings of StandBy's review on best practices in suicide postvention. Participants will have the opportunity to engage in a collaborative workshop, exploring the gaps in postvention practices within their respective countries and communities. Through interactive discussions, attendees will brainstorm strategies for developing compelling proposals, ensuring they are culturally considered, aimed at influencing decision-makers to drive meaningful change in postvention protocols and support systems. Don't miss this opportunity to contribute to the advancement of suicide prevention efforts on a global scale.

SafeTALK Workshop — Sponsored by LivingWorks Australia

LivingWorks safeTALK

Facilitated by Belina Connell, Asia Pacific Training Manager, with Marc Bryant, Director of Suicide Asia Pacific

Don't miss the opportunity to learn the skills to help keep people safe from suicide. LivingWorks safeTALK 3.5 hour in-person workshop teaches you the skills to identify

someone with thoughts of suicide, ask them openly and directly about suicide and connect them to a keep safe connection for further help.

Partnerships for Life – National Strategies Workshop

Facilitated by Dr Lakshmi Vijayakumar and Wendy Orchard.

Partnerships for Life, IASP's flagship initiative, aims to expedite efforts globally to reduce the incidence of suicide and suicidal behaviour through the establishment of international collaboration committed to a comprehensive strategic approach to suicide prevention in all countries. Implementation and evaluation of all strategies are crucial to delivering effective outcomes; Pfl encourages peer learning and facilitates mentorship between countries and the programme is underscored by science-informed good practice.

The Partnerships for Life (Pfl) Pre-conference Workshop will focus on the importance and potential positive impact of a comprehensive, national strategic approach to suicide prevention and will explore the context, research gaps, integration and needs specific to the region.

Opening Keynotes

Opening Keynotes, June 3, 2024, 5:00 PM – 6:30 PM

Chair: Dr Prakarn Thomyangkoon

Human Consciousness and Suicidal Ideation

Dr Yongyud Wongpiromsarn

Chief Advisor, Department of Mental Health Ministry of Public Health

Basic consciousness has a tendency to collect negativity. Suicidal ideation is one of the most serious negative thoughts.

To manage suicidal ideation, clients will be exploring ideation and the resilience that prevents them to act, if not it becomes emergency to prevent suicidal action.

Mindfulness psychology (modern mindfulness, non-religious approach) helps client to manage different way. With mindfulness of thought and feeling, clients will be able to let go of suicidal idea and self-compassion also help clients to reduce self-blame and develop more positive view of ourself.

Understanding both approaches allows mental health practitioner alternatives to help their clients to cope with suicidal ideation.

All our stories: the role of culture and religion in suicide prevention

Dr Sandersan Onie

Indonesian Association for Suicide Prevention & Black Dog Institute

Mutual collaboration, trust and understanding across government, the health sector, and communities are necessary for effective suicide prevention. Similar to how a deeper understanding of an individual's story can help us help them through times of distress, understanding collective histories, challenges, strengths, and behaviours can help us help a community or country develop relevant suicide prevention programmes. This collective experience is often referred to as 'culture'.

In this talk, we will discuss the importance of understanding culture in suicide prevention, focusing on religion. We will discuss the roots of cultural psychiatry dating back to the French Revolution and how understanding historical and socio-economic factors that shape culture shape how suicide is viewed and inform the implementation of suicide prevention interventions. We will further discuss the role of spirituality and religion, demonstrating how religious beliefs impact country legislation, community views on suicide prevention, and individual beliefs on death and dying. Finally, we will discuss how a combination of epidemiologic and ethnological approaches to suicide prevention and an in-depth understanding of religious beliefs and texts helped shape suicide prevention legislation in Indonesia, leading to the establishment of a hotline, registry, and opening the doors for universal healthcare changes for self-harm and suicide.

The goal of this talk is to help us see the culture in which psychiatry was formed and equip us with the perspective and knowledge to understand, appreciate and partner with existing cultures of people to prevent suicide through research, implementation, and policy.

Face Culture

Trakarn Chensy

The Samaritans of Thailand

Face culture is defined as a cultural value that places importance in preserving personal reputation, dignity, honor, and social status. It is a predominant aspect of the cultural value of many East and Southeast Asian countries. While it helps to maintain order in these societies by acting as a restraint to wrongdoings that can potentially be perceived as embarrassing or shameful, it also prevents distressed and suicidal people from expressing their feelings, let alone seeking help, and thereby impedes the work of suicide prevention.

Additionally, most Asian cultures have a vertical social structure, meaning everyone has a relative position and is always conscious of their status being higher or lower in relation to other people with whom they interact. The need to “protect face” results in the difficulty for many in the higher status to admit their mistakes to their lower-status counterparts. This impedes conflict resolution and causes feeling of distress to be internalized rather than expressed.

This presentation aims to share the information on how the face culture makes suicide prevention work in Thailand difficult. However, the content of this presentation is not based on academic research or backed up by empirical data. Instead, it is derived from the Samaritans of Thailand’s work experience as the operator of a major suicide prevention hotline in Bangkok, where the topic of face culture has been discussed countless times between suicidal callers and our volunteers throughout our 45 years of our service.

Closing Keynotes

Closing Keynote, June 6, 2024, 4:00 PM — 5:00 PM

Chair: Associate Professor Sarah Hetrick

Integrating First Nations Ways of Knowing, Being, and Doing for Holistic SEWB

Dr Clinton Schultz

Dr Clinton Schultz, is Director of First Nations Strategy and Partnership with the Black Dog institute (BDI), he'll I'll be sharing insights into how the Aboriginal and Torres Strait Islander Lived Experience Centre at BDI incorporates First Nations ways of knowing, being, and doing into the fabric of the centre and the work it does. Our mission is to elevate and integrate the holistic framework of Social and Emotional Wellbeing (SEWB) with the positive principles of lore to shape culturally responsive and effective mental health and suicide prevention initiatives.

The Lived Experience Centre serves as a hub for community lived-experience advocacy, collaboration and research, where First Nations knowledge systems inform our understanding of SEWB. We recognise that First Nations ways of knowing are deeply

interconnected, embracing the significance of land, spirituality, kinship, lore and culture and identity. This guiding philosophy ensures that our programs honour the resilience, strengths, and self-determination inherent within our communities.

The Centre's purpose is not only to provide culturally grounded support but also to drive systemic change by empowering the lived and living experience voices of First Nations peoples. Guided by our Elders and community stakeholders, we believe that First Nations-led solutions are vital.

Join Dr Schultz as we explore how the work at the Centre sets a new standard for integrating First Nations lived and living experience knowledge into mainstream mental health/SEWB frameworks, paving the way for a more inclusive and effective future.

Postvention in Thailand

Professor Prakarn Thomyangkoon

There are more than 30,000 people who are impacted by suicide loss each year in Thailand. They are fathers, mothers, sisters, brothers, cousins, and close friends. Every year there are more than 5,000 people die by suicide. If you include their associates and acquaintances there may be more than 300,000 people are impacted by suicide each year.

They have the universal experiences of being bereaved by suicide such as shock, denial, anger, sadness, depression, guilt, shame, blame, rejection, abandonment, stigma, sense of isolation, responsibility, and trauma. They may have witnessed episodes of suicidal thoughts and ended up with suicide attempts after the event of such emotional turmoil.

(WHO 2008) Among the many problems that may inhibit families from grieving together are denial of the fact that the death was a suicide; denial of feelings of grief, pain, or anger, and addiction behavior such as abuse of alcohol or drugs. Not only families that are impacted from suicide but also the therapists are impacted too. They feel sad, depressed, guilty, ashamed, and stigmatized. There are many methods to help them out, one of which is to make a merit (offer food or thing with a good mind to the monk).

There are not many postventions in Thailand. One is the PRAKARN Model group psychotherapy for survivors of suicide loss. It has 6 sessions to complete the therapy which proves to help many survivors. The course attendees also had the first International Survivors of Suicide Loss Day meeting in 2019 and every year after that.

In Thailand, the Department of Mental Health, the Ministry of Public Health, and The Psychiatric Association of Thailand support Postvention but it is not enough. It is essential to have more support groups to help survivors. This year we will establish a new association with the main objectives to prevent suicide. Named as Thai Association for Suicide Prevention is a center for survivors of suicide loss and postvention.

Opening Plenaries

Plenary Session, June 4, 2024, 9:00 AM – 10:30 AM

Chair: Professor Chan, Lai Fong

National Strategy for Suicide Prevention in Thailand

Dr Pongkasem Khaimook M.D.

Director General of Department of Mental Health, Ministry of Mental Health

Suicide is a complex and serious public health concern affecting families, communities and entire countries in many dimensions. In Thailand, the WHO Thailand age-standardized suicide rate was 8.8 per 100,000 people. And the trend of suicide rate and suicide attempts were increasing during and after COVID-19 pandemic situation.

Suicide results from many multifaceted social and cultural factors. And it is more likely to increase during the situation where psychosocial stressors plays an important role in disrupting the determinants for mental health. The finding is needs to have a partnership and unity in preventing suicide possible. As such, A National Suicide Prevention Strategic Plan has been developed and issued in 2021 and 2023. The evaluation for the Strategic Plan is evaluated and discussed about the strength, gap along with the draft for the next strategic plan coming out in this year.

Online Suicide Prevention Program: Challenges and Opportunities

Professor Paul S. F. Yip

The HKJC Centre for Suicide Research and Prevention, The University of Hong Kong

The issue of suicide prevention is a pressing concern globally, especially among young adults. To address the need for emotional support for young people, the unique online text-based emotional support service, Open Up, was created in October 2018. As a collaborative model operated by five local non-governmental organizations, The University of Hong Kong and supported by the Hong Kong Jockey Club, Open Up offers round-the-clock online services, online-to-offline referral models, and anonymity. Since its inception, Open Up has received over 425,000 incoming chats, serving almost 160,000 valid chats, and has gained valuable experience and insights into the needs of young people.

Evaluations have been conducted to establish an evidence-based and data-driven good practice model for the chat service. However, as an anonymous platform, the greatest challenges are understanding target users and evaluating the impact of the service. To overcome these difficulties, research has been conducted on the optimal number of concurrent chats, premature departure as an indicator of chat satisfaction, and usage patterns and characteristics of different user groups. The platform is also at the forefront of utilizing our text data to open up new possibilities. Leveraging on the latest AI technology, Open Up also makes use of a large language model to identify sentiment, which is rarely seen in Cantonese. Our recent research has tried to uncover different stages of a counseling session with these technologies, providing essential insights for the transformation of Open Up, online text-based counseling services, creating an online and offline supporting system for youth services as a whole.

Responding to media reporting of suicide in India: barriers and successes

Dr Soumitra Pathare

In 2019, there were over 700,000 deaths by suicide globally. India alone contributes to around 25% of all deaths by suicide in the world. The number of suicides in India increased from 134,516 in 2018 to 170,924 in 2022, a drastic 27% increase over 5 years — the highest ever recorded in 60 years.

The World Health Organisation (WHO) recommends working with the media to ensure responsible reporting of suicide as one of the 4 primary pillars of suicide prevention. The WHO also released comprehensive guidelines for media professionals to promote safe and responsible reporting of suicide, which were recently incorporated into India's National Suicide Prevention Strategy (NSPS) 2022. Poor and sensational reporting on suicides can lead to imitation suicides. A recent analysis found a 13% increase in the risk of suicides following media reports of a celebrity suicide. When the method was reported, there was a 30% increase in deaths by the same method.

A comprehensive approach to improve media reporting on suicide is imperative. This approach would involve systematically monitoring media reporting on suicide to assess their adherence to guidelines and building their capacity to report better. To address this, Project Suicide Reporting India Watch (SIREN) was launched in 2020 to rate media reports on suicide on scorecard derived from the WHO guidelines. This was accompanied by a self-paced course for media professionals to help them understand their role in preventing suicides while equipping them with the knowledge to ensure responsible and nuanced reporting on the subject. However, there is still much to be done to change media reporting. Majority of Indians consume their news through regional language media publications where guidelines are unavailable. Further, irresponsible reporting on television news channels and social media continues to persist with limited intervention to curb poor reporting.

Plenary Panel

Plenary Session, June 5, 2024, 12:00 PM — 1:00 PM

Chair: Dr Sandersan Onie

What is the role of religiosity and spirituality in suicide prevention

Panelists: Professor Lynne Russell, Professor Tania Cargo, Dr Lakshmi Vijayakumar & Professor Emeritus Chamlong Disayavanish.

As discussed in the keynote, religion and spirituality cannot be ignored in suicide prevention – especially in the APAC region and the Global Majority. While in some cases, the taboo of the topic can prohibit help-seeking and open discourse of the topic, religion and spirituality can also offer a profound sense of belonging, hope, and purpose, which are essential protective factors against suicidal ideation. By fostering supportive communities and providing moral and emotional guidance, religious organizations can create a buffer against feelings of isolation and despair. The invited panellists will discuss various religious traditions and their often complex contributions to suicide prevention. They will highlight how spiritual practices such as prayer, meditation, and communal worship can enhance resilience and coping mechanisms in certain circles. Additionally, the panel will examine the collaboration between mental health professionals and religious leaders in delivering comprehensive suicide prevention strategies, given that in many societies, religious organizations are interwoven in the fabric of society. Case studies and real-life examples will illustrate the positive impact of integrating spiritual care into mental health services. The discussion will also address potential challenges, such as the need for culturally sensitive approaches and overcoming the stigma associated with mental health issues within religious communities. By the end of the session, attendees will gain a deeper understanding of how to effectively leverage religious and spiritual resources to support individuals at risk of suicide and promote overall mental well-being.

Panels, Roundtables & Special Workshop

June 4, 2024, 12:00 PM – 1:00 PM

Panel 1: Engaging Policy Makers and Working towards an effective National Strategy

Chair: Associate Professor Sarah Hetrick

Panelists: Dr Piimee Bandara, Warisha Zahid & Priti Sridhar

The development and implementation of effective national suicide prevention strategies requires the ‘right’ policy / decision makers to act as champions for an evidence-based national strategy. They must have the ability to influence the system within which they are working to hold the development and implementation of a strategy as a priority.

These influential policy / decision makers must be provided with evidence that is presented in a clear and definitive way that is accessible and digestible. Having the right information at the right time will help to ensure these policy / decision makers, who work in a dynamic and fast moving environment, can advocate for and create policy and strategy that prioritises suicide prevention. Those with lived experience, researchers, and those working on the front lines of suicide prevention have the requisite expertise, practice insights, and evidence and must effectively communicate this to these policy / decision makers.

Most importantly, policy / decision makers must understand the ‘North Star’, which is an overall purpose or goal, with a specific metric, that is the driving force for all actions. For IASP the ‘North Star’ is a compassionate world, free of suicide. A national suicide prevention strategy provides a framework for making decisions about what activities, interventions,

programmes should be implemented to ensure the 'North Star' goal is reached. It ensures that policy makers advocate for those activities, interventions, programmes that will achieve the ultimate purpose and goal of reducing suicide rates, without getting distracted by factors that in and of themselves, will not deliver a reduction in suicide rates e.g., mental wellbeing. Those with lived experience, researchers, and those working on the front lines of suicide prevention must continue to influence policy / decision makers to ensure effective national suicide prevention-specific strategies are prioritised.

June 4, 2024, 12:00 PM — 1:00 PM

Panel 2: The IASP Task Force into Suicide Prevention in Women and Girls

Chair: Professor Jo Robinson & Dr Lakshmi Vijayakumar

Panelists: Professor Matthew Spittal & Dr Louise La Sala

Background

Suicidal behaviour in women and girls appears to be increasing in many parts of the world. This can be attributed to multiple factors that differ from those impacting men. For example, gender-based violence, more commonly occurs in young women who die by suicide than in young men. In addition, some sub-groups of the population are at greater risk than others for example, queer (and in particular trans) women and indigenous women.

Other factors may be more or less prevalent depending on the region, country or local context, for example, access to healthcare, the relationship with social media, arranged marriage, and homelessness. However, in general, little is known about the factors that may be contributing to the increases in female suicide right now, meaning there is limited evidence upon which to base policy and practice.

In response to this, IASP has established a taskforce which brings together expertise from across the globe, from related research communities, lived experience and minority groups. The taskforce will operate for the next two years (at least) and aims to:

Improve knowledge on the rates of, and risk factors for, suicide in women and girls;

Conduct a series of consultation activities designed to understand the issues impacting women and girls in different parts of the world;

Examine the likely impact of different interventions & policy approaches on suicide risk in this population;

Produce a series of publications targeting policymakers, the media, the research community, and the general population.

This session

In this session the taskforce chairs, Jo Robinson and Lakshmi Vijayakumar will present the aims and scope of the taskforce to workshop participants, with a focus on women and girls in low-middle-income countries. They will be joined by one or two discussants who will

discuss some preliminary data on rates of suicidal behaviour in women and girls, as well as some of the key issues impacting women and girls right now. They will then open the floor up for discussion to hear from participants: (i) what they think some of the key drivers of suicidal behaviour are in this population; (ii) what they think some of the solutions might be; and (iii) what they would like to see the taskforce focus on over the next two years.

Feedback from the session will directly inform the work of the taskforce going forward.

All conference delegates are welcome to attend.

June 4, 2024, 12:00 PM – 1:00 PM

Key Priorities and Research Gaps Roundtable 1: Integrating and engaging key groups in suicidal behaviour and prevention research.

Chair: Professor Greg Armstrong

Discussants: Dr Prakarn Thomyangkoon, Professor Paul Yip, Professor Lynne Russell, Bronwen Edwards

How can we integrate and engage better with key groups better in research to understand and improve suicide prevention? What are the key considerations, the cultural and contextual determinants specific to communities who experience disproportionately high rates of suicide in this region; and how can we better conduct culturally, contextually designed and cross-national research to improve suicide prevention in this region? Join the discussants to explore these questions and how we move forward.

Panels, June 6, 2024, 9:00 AM – 10:30 AM

Key Priorities and Research Gaps Special Workshop: How can research in suicide prevention be more effective in the region? Improving design, implementation and translation of suicide research.

Professor Jane Pirkis

This workshop will explore how we can better carry out effective research, from design to implementation to translation. From involving stakeholders at all levels and in all directions, from community to government and government to community, to translating research to ensure policy makers make suicide prevention a priority. Discussion Groups will discuss all these aspects and recommendations moving forward.

Panels, June 6, 2024, 12:00 PM – 1:00 PM

Panel 5: Women in Research

Chair: Professor Jane Pirkis

Panelists: Ms Linda Bowden, Dr Piimee Bandara & Professor Chan Lai Fong

Female suicide prevention researchers face barriers that their male counterparts don't. They are less likely to publish in the area and are under-represented in positions of influence. This panel session brings together four female suicide prevention researchers from different countries and different career stages. We will present some data on the ways in which female suicide prevention researchers are disadvantaged and will then discuss various challenges for women trying to carve out careers in this field, drawing on our own experiences. We will then look to solutions, focusing on some big-picture, systemic changes. These would not only make a difference to women starting out but would also have major benefits in taking the suicide prevention field forward.

Panels, June 6, 2024, 12:00 PM — 1:00 PM

Key Priorities and Research Gaps Roundtable 2: Resources, Data, Policy.

Chair: Dr Lakshmi Vijayakumar

Discussants: Professor Prakarn Thomyangkoon, Dr Shu-Sen Chang, Professor Matthew Spittal, Dr Rakhi Dandona, Dr Soumitra Pathare

Lack of resources and lack of strong data are two common hurdles in research in suicide prevention. How can we do meaningful research in the current funding landscape? What resources are essential and how can we improve data, measures and analysis? What can we learn from research in low income settings and how can we translate research to bring policy makers and funders alongside? Join the discussants to explore these questions and how we move forward.

Panels, June 6, 2024, 12:00 PM — 1:00 PM

Panel 7: Social Media

Chair: Sarah Tan

Panelists: Dr. Sanderson Onie, Professor Jo Robinson, Sandra Wee, Erika Crowell

While suicide and self-harm are prevalent global issues, regional and cultural nuances exist in how these issues are viewed, discussed, and addressed. This panel dives into issues of localization of suicide and self-harm research, education, and prevention. We address and share data on how conversations about suicide and self-harm manifest across different global regions, with an emphasis on how these nuances show up on TikTok, a global entertainment platform, and across diverse suicide prevention efforts. The panel will highlight the opportunities gained by taking a locally-tailored approach to suicide and self-harm prevention and research efforts.

Special Lectures & Special Symposia

Special Lectures & Panel: The role of surveillance in suicide prevention

Chair: Professor Paul Yip

Professor Matthew Spittal, Professor Lakshmi Vijayakumar, Professor Rakhi Dandona

Effective suicide prevention requires, in part, a comprehensive understanding of the occurrences of suicide and self-harm within communities. Timely surveillance data is essential for relevant stakeholders to get a sense of current suicide case numbers, ongoing or emerging trends (e.g., in high-risk populations or suicide methods), and the effectiveness of current interventions in reducing suicides. Real-time data can be especially useful to provide the most up to date information, and can overcome the time lag experienced when using vital statistics data. However, the quality of surveillance systems and accessible data can vary widely between countries, particularly in low- and middle-income countries. As such, some systems use alternative methods of surveillance, such as the involvement of community stakeholders, to collect suicide case information. Regardless of the methods used, it is clear that surveillance plays an important role in both national and regional suicide prevention efforts.

In this special lecture, we give insights into the development and implementation of suicide surveillance systems in the region, including some of the lessons learned, practical implications, and future opportunities. Through the panel discussion, we hope to encourage knowledge exchange and collaboration between countries and regions to further strengthen suicide surveillance systems and emphasize its role in suicide prevention.

Presentation 1: Collecting and using real-time suicide surveillance data: challenges and opportunities — Professor Matthew Spittal

Presentation 2: Implementation of a comprehensive surveillance system for recording suicides and attempted suicides in rural India — Dr Lakshmi Vijayakumar

Presentation 3: Improving quality of administrative data for suicide and self-harm in LMICs — Professor Rakhi Dandona

June 4, 2024, 4:30 PM — 6:00 PM

Special Lectures & Panel: Indigenous Suicide Prevention — Sponsored by CASA

Indigenous peoples across the globe experience disproportionately high rates of suicide. Imperative to preventing these deaths are suicide research and prevention initiatives which are culturally designed, led and empowered by indigenous peoples. With insights that extend beyond these communities to suicide prevention across the region, these special lectures will focus on key issues and prevention efforts amongst Māori and Pacific Islanders.

Chair: Dr Clinton Schultz

Dr Epaggelia Efu, Professor Lynne Russell, Dr Tania Cargo, KristiAnna Whitman

Presentation 1: Māori Suicide Prevention — Professor Lynne Russell supported by Dr Tania Cargo

Presentation 2: Suicide Prevention, a Pacific Island Perspective — Dr Epaggelia Efu

Presentation 3: Community based suicide prevention in a culturally diverse Pacific Island setting — KristiAnna Whitman

June 5, 2024, 9:00 AM — 10:30 AM

Special Symposium: National Strategies across the region

Globally there are approximately 40 countries that have developed and implemented national suicide prevention strategies; these strategies engage in evidence-informed interventions and are understood to require multi-sectoral efforts by governments. A call for action has been launched, through the IASP Partnerships for Life initiative, to increase both interest and momentum in all countries to formulate a cohesive plan to reduce suicidal behaviour.

This symposium explores the challenges of developing a suicide prevention plan in Asia taken from evidence-based research with an emphasis on the differing perspectives underpinned by cultural differences, sociological diversity and economic constraints.

Chair: Professor Chan Lai Fong

Professor Tae-Yeon Hwang, Dr Karki Basudev, Dr Ginger Ramirez, Professor Liang Zhou

Presentation 1: National suicide prevention program in Korea — Professor Tae-Yeon Hwang

Presentation 2: The development of a national suicide prevention plan for Nepal — Dr Karki Basudev

Presentation 3: Development of the Philippines National Suicide Prevention Strategy — Dr Ginger Ramirez

Presentation 4: Suicide prevention in China — Professor Liang Zhou

June 5, 2024, 9:00 AM — 10:30 AM

Special Symposium: Suicide prevention interventions

In 2014 the World Health Organisation in association with IASP launched a brochure “Preventing Suicide; a global imperative “ in which case studies defined the importance of evidence based and informed knowledge in planning and implementing suicide prevention strategies. To be effected key features included enhancing surveillance and research, focusing on young life skills, reducing access to means and increasing awareness of suicidal behaviours. The integration of Lived Experience has strengthened the knowledge base in these last 10 years. This symposium will explore suicide prevention interventions taken from a number of trials implemented in Australia, Japan and Hong Kong and how they can inform policy.

Dr Fiona Shand, Professor Andrew Page, Mr Yasuyuki Shimizu, Dr Wendy So.

Presentation 1: How complex concerted suicide prevention interventions interact : Lifespan Trials — Dr Fiona Shand

Presentation 2: The National Suicide Prevention Trial and place based interventions in Australia: methods, findings, and policy implications — Professor Andrew Page

Presentation 3: Systematic suicide prevention: policy, intervention, and community in Japan — Mr Yasuyuki Shimizu

Presentation 4: Suicide Prevention in Schools — Dr Wendy So

Special Lectures/Panel Discussion, June 6, 2024, 9:00 AM — 10:30 AM

Chair: Priti Sridhar

Special Lectures & Panel: Understanding the impact of Social Factors and Inequity

Chair: Priti Sridhar

What are the social determinants of suicide? How do social, economic and geographic inequalities impact suicidal behaviour in the region? Due to a variety of socio-cultural, religious and political factors, suicide research and prevention face many challenges. Understanding these factors, their mechanisms and interplay is vital in planning suicide prevention initiatives and addressing inequity to ensuring initiatives reach all, including the most vulnerable in our population. These special lectures and ensuing panel discussion will explore these themes and how we can better address them.

Dr Sarah Fortune, Professor Shu-Sen Chang,

Presentation 1: The use of big data to understand suicide and how we use it to address inequity — Dr Sarah Fortune

Presentation 2: Geographic and socioeconomic inequalities in suicide— Professor Shu-Sen Chang

Symposiums

Symposium #01, June 4, 2024, 2:30 PM - 4:00 PM

IASP Media & Suicide SIG Symposium: Using preventive potentials of media: New evidence about the impacts of suicide prevention

narratives as well as media guidelines & user guidelines for risk mitigation and prevention

Chair: Professor Thomas Niederkrotenthaler

Professor Thomas Niederkrotenthaler¹, Prof. Benedikt Till¹, Prof. Gregory Armstrong², – Mala Jayaseelam³, – Tilahun Haregu², Dr. Lakshmi Vijayakumar^{3,4}, Assoc Prof Florian Arendt⁵, Dr. Stefanie Kirchner¹, Dr. Brigitte Naderer¹, Louise La Sala^{6,7}, A.V. Sabo^{6,7}, – M. Lamblin^{6,7}, Professor Jo Robinson^{6,7}, Dr. Sandersan Onie⁸

¹Medical University Of Vienna, ²Nossal Institute for Global Health, Melbourne School of Population and Global Health, The University of Melbourne, ³Department of Psychiatry, The Voluntary Health Services, Chennai, India, ⁴SNEHA Suicide Prevention Centre, Chennai, India, ⁵Department of Communication, University of Vienna, Vienna, Austria, ⁶Orygen, Parkville VIC Australia 3052, ⁷Centre for Youth Mental Health, The University of Melbourne, Parkville VIC Australia 3052, ⁸Universitas Airlangga, Hospital Road, Randwick NSW 2031, Australia

This symposium hosted by IASP's Media & Suicide Special Interest Group (SIG) is dedicated to current research in the area of preventive potentials of media as well as new evidence about the impact of media guidelines and online media guidelines for risk mitigation.

A blind spot in research has been that media stories about hope and recovery have been found to help reduce suicidal thoughts in the general population, but they have never been tested among individuals with psychiatry illness. Thomas Niederkrotenthaler will present on first evidence from a randomized controlled trial conducted with patients in a psychiatric inpatient setting. Although media guidelines have been used for a long time, the evidence for their impact is still limited and nearly exclusively from high income countries. In 2019, the Press Council of India publicly endorsed media guidelines. In his talk, Greg Armstrong will present first findings on the effects of this endorsement on the reporting.

A previously unaddressed question related to media guidelines is if monocausal portrayals of suicide have a different impact compared to stories presenting suicide as multicausal. Benedikt Till will present the first randomized controlled study analyzing how the impact of monocausal stories differs from stories presenting suicide as multicausal.

The #chatsafe guidelines have been among the best known guidelines to promote safe behaviours in online settings, but the guidelines have never been fully updated to an international audience. Louise La Sala will present on a focus group study to understand concerns of international parents, carers, and mental health professionals about social media and suicide. Last but not least, an urgent research question has been how to tailor and effectively disseminate suicide prevention internet ads to increase user engagement. In his talk, Sandersan Onie will present preliminary findings from several ongoing trials with large tech companies.

Presentation 1: Effects of media stories featuring coping with suicidal crises on psychiatric patients: Randomized controlled trial

Learning objective: To learn how stories of hope and recovery impact different groups of psychiatry patients, particularly those with a diagnosis of affective disorders.

Background: Accumulating evidence suggests beneficial effects of media stories featuring individuals mastering their suicidal crises, but effects have not been assessed for psychiatric patients.

Methods: Adult psychiatric patients (n = 172, 97.1% inpatients) were randomized to read an educative article featuring a person mastering a suicidal crisis (n = 92) or an unrelated article (n = 80) in a single-blind randomized controlled trial. Questionnaire data were collected before (T1) and after exposure (T2) as well as one week later (study end-point, T3). The primary outcome was suicidality as assessed with the Reasons for Living Inventory; secondary outcomes were help-seeking intentions, mood, hopelessness, and stigmatization. Differences between patients with affective versus other diagnoses were explored with interaction tests.

Results: Patients with affective disorders (n = 99) experienced a small-sized reduction of suicidal ideation at one-week follow up, whereas patients with non-affective diagnoses (n = 73) experienced a small-sized increase. Intervention group participants further experienced a non-sustained increase of help-seeking intentions and a non-sustained deterioration of mood.

Discussion: Patients with affective disorders appear to benefit from media materials featuring mastery of suicidal crises. More research is needed to better understand which patient groups are at risk of unintended effects.

Presentation 2: Changes in media reporting quality in India following national media guideline endorsement on responsible reporting of suicide

Learning objective: To learn how the first implementation of media guidelines in India affected media reporting practices.

Objectives: Suicide rates in India are among the highest in the world, resulting in an estimated 230,000 suicide deaths annually. Our previous study in 2016 observed that a daily diet of short and explicit suicide news served up to readers of newspapers in the high-suicide state of Tamil Nadu (SDR= 25.9; population 72m). In 2019, the Press Council of India publicly endorsed the World Health Organization media guidelines and encouraged media organizations in India to voluntarily follow this guidance. A range of intermittent media training and engagement activities occurred across the country. The objective of our current study was to examine whether there had been any changes in media reporting quality in Tamil Nadu since the endorsement of media guidelines.

Methods: This pre-post observational study examined changes in media reporting quality, using 1681 newspaper articles from our 2016 study, and comparing them against a random sample of 512 newspaper articles collected in 2023. We used a content analysis methodology to assess the quality of the media articles against international guidelines and we used t-tests and tests of equality of proportions to analyse changes in reporting characteristics.

Results: There was no change in the overall volume of suicide-related newspaper content before versus after the endorsement. Some small encouraging changes in reporting characteristics were observed, for example: 1) an increase in articles that provided commentary on the issue of suicide (4.0% vs 6.6%, p=0.015); 2) a reduction in articles on

the front page (suicide 4.9% vs 1.8%, $p=0.002$); a reduction in articles reporting the suicide method (92.7% vs 86.5%, $p<0.001$); an increase in articles recognising the link between mental health and suicide (7.6% vs 10.5%, $p=0.035$); and, an increase in articles providing contact details for suicide support services (2.5% vs 8.8%, $p<0.001$). However, there was no improvement in most other reporting characteristics, and we found no potentially “protective” articles in 2023 (c.f. 2 in 2016) that focused on stories of people who have used strategies to cope with, and survive, suicidal thoughts.

Conclusion: The results of our study suggest that the Press Council of India endorsement of media guidelines, and related media engagement activity, has had only minimal impacts on the quality of media reporting in India. Media ecosystems are complex spaces that require targeted and sustained strategic approaches to support more meaningful change, with media leadership a core component.

Presentation 3: The Impact of Monocausal vs. Multicausal Explanations of Suicide in Suicide Reporting: A randomized controlled trial

Learning objective: To gain greater understanding of how to adequately debunk common misconceptions about suicide in media reporting.

Background: News media tend to provide terse and superficial explanations for suicidal behavior and overemphasize external social factors such as financial problems or relationship issues. Media guidelines on safe suicide reporting specifically recommend avoiding monocausal explanations for suicidal behavior. So far, however, there are no studies available that have explored the impact of media stories about suicide that varied in their portrayal of mono- versus multicausal explanations.

Methods: We randomized 969 German speaking participants to read one of five different news articles about the suicide of a teenager. One version portrayed the suicide as a monocausal event (i.e., bullying), one version mentioned several external factors as reasons for the suicide (i.e., bullying, family conflicts, failure to render assistance), one version portrayed suicide as a result of a multifactorial development (i.e., a combination of internal and external factors: bullying, depression, death of a family member), and one version portrayed the suicide as multifactorial, and added what everyone can do to prevent suicide. No information about the reasons of the suicide was provided in the control group. Data on respondents’ beliefs in suicide as well as stigmatizing attitudes toward suicidal individuals, attitudes toward suicide prevention, and identification with the suicidal protagonist in the news story were assessed with questionnaires.

Result: The belief in suicide being caused by one single factor was higher in readers of the news article with the monocausal portrayal of suicide, and the belief in suicide being caused by external factors was higher in readers of the news article that highlighted several external factors as reasons for the suicide. Identification with the suicidal protagonist did not vary between interventions groups, but was lower in the control group.

Discussion: Readers of articles that portrayed suicide as being caused by one specific reason or exclusively by social factors tended to adopt these misconceptions. Furthermore, it appears that, in a sample from the general public, highlighting any specific cause for suicidal behavior may result in identification with the person who died by suicide.

Emphasizing the multifactorial etiology of suicide in news articles may help avoiding the misconception that suicide is a monocausal issue without eliciting undesired effects.

Presentation 4: Can #chatsafe support parents and carers beyond Australia? A qualitative study

Background: There are widespread concerns about the impact of social media on youth self-harm and suicide, particularly in relation to young people being exposed to information about these topics online. To address this, the #chatsafe guidelines were developed to equip young people with the skills to navigate self-harm and suicide-related content on social media. The guidelines are now accompanied by adult-facing resources so that significant adults in a young person's life feel confident to communicate safely about self-harm and suicide and are aware of how these topics can be shared safely on social media.

Objective: To date, the most accessed #chatsafe resource is the Guide for Parents and Carers, with high uptake in multiple languages in Australia. To update for an international audience, this study aimed to understand concerns of international parents, carers, and mental health professionals about social media and suicide. It also aimed to explore the extent to which the #chatsafe Guide for Parents and Carers was perceived as relevant and useful.

Method: Seven focus groups were conducted with participants from 15 countries. Participants (n = 42) were eligible if they were a suicide prevention professional working at a relevant organisation, and/or a parent or carer of a young person aged 12–25 years. Audio data were transcribed and thematically analysed using both inductive and deductive approaches.

Findings: Data have been represented by 6 themes: 1) adults are fearful of the two scary 'S' words, 2) country and culture impact the acceptability and concealment of these topics, 3) the extra support parents require, 4) the relevance and usefulness of #chatsafe in different countries, 5) opportunities to improve the global relevance of digital literacy and suicide prevention, and 6) ways to disseminate new knowledge with parents and carers worldwide.

Conclusions: This presentation will share the differences in mental health literacy and psychoeducation needs of parents and carers worldwide. The role of digital literacy in suicide prevention efforts will also be explored, highlighting its ability to engage previously hard to reach groups while acknowledging a difference in the supports required of parents in countries with varying levels of mental health literacy and stigma. Outcomes of this study resulted in the adaptation and distribution of the second edition of the #chatsafe guide for parents and carers in 15 countries.

Learning objective: In attending this presentation, you will learn about the barriers and opportunities for effective parental participation in digital youth suicide prevention activities.

Disclosure: This project was funded by Meta.

Presentation 5: Using Digital Advertising to Reach Individuals Contemplating Suicide

Learning objective: To understand how suicide prevention related internet ads can be effectively tailored and disseminated to increase user engagement

Research has identified that media can have a positive preventive effect on suicide — termed the Papageno effect. Messaging in media with these effects often contains constructive coping strategies and an emphasis on other solutions to life's adverse circumstances, often shared through stories. Beyond relying on media to communicate these messages, one approach is to use internet advertising algorithms to actively present these messages to individuals who have demonstrated online behaviours consistent with suicidal ideation or distress, with tailored messaging, resources, and recommendations. For example, an individual searching for suicide-related keywords in a search engine consistent with distress in forums may be shown an ad at the top of the search results to grab their attention, leading to a co-designed landing page designed to promote safety and help-seeking, while de-escalating crisis. These campaigns are evaluated based on the number of times the ad was shown (impressions), the click rates on the ad (clicks/impressions), and the rate at which meaningful behaviours were done on the site (e.g., professional help-seeking, peer support, and self-help modules; engagements/clicks).

In this talk, a review of existing research and projects for this approach is discussed as a proposed evaluation and engagement framework, along with ways forward. Our trials run in Australia, Indonesia, and the US demonstrated, on Google Ads, Bing and Reddit, high engagement levels relative to industry benchmarks. Indonesian trials demonstrated that we could increase engagement tailoring, in which gender tailoring led to a 50% increase in engagements in women, and regional language tailoring led to over double the rate of professional help-seeking. Finally, recent trials demonstrated how, using a decision tree and ad optimisation techniques, we were able to reach more people who had not sought professional or peer support for their suicidality and present tailored messaging relevant to their situation.

The end goal of this research is to create an online ecosystem in which individuals who are engaging in online behaviours consistent with suicidal ideation are met with tailored messaging.

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Symposium #02, June 4, 2024, 2:30 PM - 4:00 PM

Working with multiple stakeholders in suicide prevention – SNEHA experience

Chair: Dr Lakshmi Vijayakumar

Dr Lakshmi Vijayakumar¹, Mr Anand Srikanth¹, Mr Narayan Balasubramanian¹, Mrs K Gayatri¹, Mrs Kamakshi Chandar¹

¹Sneha Foundation Trust

Chairperson: Dr. Lakshmi Vijayakumar

Introduction: Around 76% of global suicides occur in Low and middle-income countries which have limited human and economic resources to address the problem. Hence NGO's play a crucial role in suicide prevention in LAMICS.

Objective: This symposium aims to share the experience gained on the different ways/modes a crisis line provides support to suicidal people. It will also explain how lay volunteers can be trained to deliver community-based interventions to reduce suicidal behaviour.

Conclusion: The symposium aims to highlight the challenges and opportunities of volunteer led crisis centers. It will also emphasize the need for collaboration with stakeholders to develop evidence-based interventions to reduce suicide especially in Low- and Middle-Income Countries.

Presentation 1: Overview

Presenter: Dr. Lakshmi Vijayakumar

SNEHA, a suicide prevention helpline based out of Chennai, India, has been providing emotional support to the distressed and suicidal over the last 38 years. We will share our experience of listening and offering emotional support- "befriending" as we call it, used in a non-professional set up, being effective as temporary suicide prevention strategy.

Presentation 2: Multi model befriending the suicidal – Telephone, email, visits

Presenter: Anand. M.C

SNEHA offers crisis support for the depressed and suicidal through telephone, direct visit and email. The confidentiality and anonymity that we offer and the different modes of our service, enables those who reach us, to choose the mode they are most comfortable with, at that time. While the emotional support we offer on all these modes is completely unconditional and non-judgmental, we also explore the possibility of the suicidal person seeking professional help and other forms of support to help him/her tide over the crisis. Being there for a person in crisis has most often kept them safe and encouraged them to reach us again when they need emotional support.

Presentation 3: Reaching the young through chat service

Presenter: Narayan. Balasubramanian

The COVID-19 pandemic has contributed to increased feelings of isolation and brought to light the decreased access to travel and decreased human interaction. In the light of this as well as the trend of suicides in the country increasing, we have introduced an online chat helpline as part of our services, especially to help the youth, many of whom are going through great emotional trauma. This is in addition to the existing telephone, visit and email services.

It is clearly a felt need as there are people who prefer to chat in keeping with the ongoing communication trends- especially in the age group of 13-19. To be able to talk through their

feelings, their suicidal thoughts in a mode that is most comfortable to them seems to encourage this age group to reach out and take help.

Presentation 4: Engaging with media and policy makers

Presenter: Gayatri.K

SNEHA has played a leading role in lobbying for reducing the incidence of deaths by suicide. SNEHA has also played a role in influencing many key policy decisions. This includes:

- Working with the WHO and the IASP in instituting September 10 as the World Suicide Prevention Day.
- Bringing focus on rising student suicides as a result of examination failure
- Actively campaigning towards decriminalization of suicide.
- Working with the WHO and the IASP to frame media guidelines for responsible reporting of deaths by suicide.

Presentation 5: Community awareness by lay volunteers to prevent suicides

Presenter: Kamakshi.C

SNEHA is involved in numerous research projects and awareness programs which have had a significant impact on the community.

Expanding awareness in the society by reaching out to different sections. This includes youngsters in schools and colleges, young professionals in workplaces, primary caregivers in hospitals and nursing colleges, other NGOs, self-help groups, and factories.

We have reached out to the bereaved after the Tsunami in 2004.

SNEHA has also been involved in many research projects in southern Tamil Nadu and Sri Lankan Refugee camps in the prevention of suicide.

Our aim is to reach out to the community to raise awareness on suicide prevention, build capacity in identification and intervention and refer people who could be at high risk of suicide.

Symposium #03, June 4, 2024, 2:30 PM – 4:00 PM

Brief Contact Interventions (BCIs) to reduce repetition of Hospital-treated Suicidal Behaviours: The Translational Research Continuum

Chair: Dr Katrina Witt

Prof. Gregory CARTER¹, Dr Katrina Witt⁴, Prof. Andrew Page, Professor Matthew Spitta²

¹School of Medicine and Public Health, Faculty of Health and Medicine, Newcastle University, ²Centre for Mental Health, Melbourne School of Population and Global Health,

This symposium examines the clinical use of BCIs to reduce repetition of hospital-treated suicidal behaviours, using the NSW Health Translational Research (bi-directional) stages of: Feasibility (practicality and acceptability); Efficacy (success under ideal conditions); Replicability and Adaptability (success under other conditions); Effectiveness (success under real-life conditions) and Scalability studies (integration into the overall health system). Presentation 1 describes the history and development of BCIs, including a variety of modalities, Green Cards, Letters, Postcards, Telephone, email and SMS and countries. Presentation 2 addresses the question of what are the most appropriate measures (and analyses) of repetition. Presentation 3 reports the findings of a systematic review and meta-analyses from original studies available by 2017. Presentation 4 reports effectiveness using the results of an implementation study, a multi-centre RCT in Western Sydney. Presentation 5 shows the design of a stepped-wedge randomised controlled trial intended to demonstrate scalability and integration of an SMS version of BCI, into the NSW (state) hospital health care system.

Learning Objective: To understand the translational journey of the development of BCIs, the demonstration of feasibility, efficacy and effectiveness to reduce suicidal behaviours and the implementation into State-wide clinical practice.

Presentation 1: Feasibility: History and Development of BCIs: Green Cards, Letters, Postcards, Telephone, Email and SMS

Presenter: Professor Gregory Carter

Learning objective: Participants will learn about the history, development and evolution of BCIs (medium of delivery and content of messaging) for hospital-treated suicidal behaviours, in the context of the Feasibility stage of the Translational Research Continuum.

Background: The first stage of the NSW Health Translational Research Continuum is Feasibility, which includes the development of candidate interventions, which are demonstrated to be both practical and acceptable to patients, consumer, family, carers and staff. The historical development (and evolution) of BCIs to reduce hospital-treated suicidal behaviours across various international sites will be used to illustrate this stage of the Translational Research model.

Method: Narrative review of the development and evolution of various BCIs including Green Cards (UK), Letters (USA), Postcards (Australia, New Zealand, Iran), Telephone (France), Email (USA) and SMS (Australia). Systematic review of the potential mechanisms of action of BCIs. Feasibility will be demonstrated by a selective review of RCTs reporting implementation, sample sizes, costs and patient acceptability.

Results: The development and evolution of various forms (the medium) of contact to deliver BCIs to hospital-treated suicidal behaviour populations has reflected increasingly sophisticated societal methods of communication and acceptability; firstly reminder cards, letters and postcards, then telephone and finally digital methods including email and SMS. This has been paralleled by the development of the content of the BCIs (the message), which has been influenced by the possible beneficial mechanisms of action: social support; suicide

prevention literacy, learning alternative coping behaviours or increased contact with clinical services. BCIs can be delivered to the entirety of the hospital-treated suicidal behaviour population, at low cost, low risk of harm and good acceptability.

Conclusion: The Feasibility for delivery and acceptance of BCIs is good. Efficacy for BCIs has been demonstrated in original studies, usually at the site of development. If the best measures of outcomes (and effect sizes) can be decided then the Translational Research continuum can be extended to studies of Effectiveness at multiple “real-world” sites and then Scalability to regional, state or national clinical populations.

Presentation 2: Feasibility: How best to measure repetition of Hospital-treated Suicidal Behaviours

Presenter: Dr Katrina Witt

Learning objective: Participants will learn about the available and preferred measures of repetition of hospital-treated suicidal behaviours and the appropriate methods of analysis in primary and met-analytic studies.

Background: To facilitate comparison between different therapeutic approaches for the prevention of repeat self-harm and suicidal behaviour it is vital that appropriate methods are used not only to identify the extent of any repetition, but also that these approaches appropriately model risk over time. Variability in definitions (e.g., what behaviour(s), motivation(s), and/or type(s) of intent are included?), ascertainment (e.g., self-reported versus clinical observation), and effect modelling (e.g., absolute versus relative versus time-to-event versus time-to-multiple events), can all affect our ability to synthesise results between studies thereby limiting our understanding of the intervention approaches most likely to be effective for different clinically-relevant subgroups of patients.

Method: This presentation draws on evidence from Randomised Controlled Trials (RCTs) included in the most recent Cochrane Reviews of interventions for the prevention of repeat self-harm in adults and in young people published in 2021.

Results: For adults, we included data from 76 trials with a total of 21,414 participants. For young people, we included data from 17 trials with a total of 2280 participants. For most intervention approaches included in these reviews the overall quality of evidence for the primary outcome (i.e. repetition of self-harm at post-intervention), as measured using the GRADE approach, had to be downgraded owing to problems in the ways in which repetition of self-harm was measured in the individual trials. Oftentimes this was because repetition was ascertained by self-report alone which is known to under-estimate the true extent of self-harm. In other cases, there was a mismatch in the way in which repetition was modelled with regards to the therapeutic aims of the intervention. In a few cases, scales were used to ascertain self-harm repetition without providing data on the validity and reliability of these scales in either the population at large or the sample included in the RCT.

Conclusion: When designing interventions to reduce repetition of hospital-treated self-harm and suicidal behaviours researchers should employ a thoughtful approach, taking into account the nuances and complexities of these behaviours alongside the therapeutic aims of the intervention(s) under investigation. Combining multiple methods, such as self-reported information, clinical interviews, and behavioural observation, can enhance the

validity of measurements. Accurate, reliable, and routine outcome monitoring for self-harm, for example, through the use of dedicated self-harm monitoring systems is also essential to evaluate the longer-term impact of interventions on hospital-treated suicidal behaviours.

Presentation 3: Efficacy, Replicability and Adaptability: The effectiveness of brief contact interventions for preventing suicide and self-harm

Presenter: Professor Matthew Spittal

Learning objective: At the conclusion of the session, participants will understand the effect sizes of various relevant measures of repetition of hospital-treated BCIs, in the context of met-analytic results of original studies up to 2017.

Background: There is growing interest in brief contact interventions for self-harm and suicide attempt. These interventions typically provide direct contact with patients by a non-mental health specialist and may offer ongoing or direct contact with clinical services. In this presentation, I present the results synthesising the evidence regarding the effectiveness of brief contact interventions for reducing self-harm, suicide attempt and suicide.

Method: A systematic review and meta-analyses of randomised controlled trials using brief contact interventions (telephone contacts; emergency or crisis cards; and postcard or letter contacts).

Results: We identified 14 eligible studies, of which 12 were amenable to meta-analyses. For any subsequent episode of self-harm or suicide attempt, there was a non-significant reduction in the overall pooled odds ratio (OR) of 0.87 (95% CI 0.74–1.04, $P = 0.119$) for intervention compared with control. The number of repetitions per person was significantly reduced in intervention v. control (rate ratio RR = 0.66, 95% CI 0.54–0.80, $P < 0.001$). There was no significant reduction in the odds of suicide in intervention compared with control (OR = 0.58, 95% CI 0.24–1.38).

Conclusions: A non-significant positive effect on the binary outcome of any repeated self-harm, suicide attempt and suicide and a significant effect on the number of episodes of repeated self-harm or suicide attempts per person (but based on only three studies) means that brief contact interventions cannot yet be recommended for widespread clinical implementation. We recommend further assessment of possible benefits in well-designed trials in clinical populations.

Presentation 4: Effectiveness: SMS— SOS in Western Sydney, NSW

Presenter: Professor Andrew Page

Learning objective: At the conclusion of this session, participants will be able to summarise how BCIs can be implemented and evaluated in a real-world hospital setting.

Background: Hospital-treated self-harm (SH) is common and costly, and is associated with repeated SH and suicide. People who engage in SH have low engagement with treatment in aftercare, and so alternative interventions are needed, which can be easily delivered, are acceptable to patients, and clinically effective. This presentation will describe the implementation of a multi-centre study in Western Sydney (Australia) to evaluate the effectiveness of a Brief Contact Intervention (BCI) delivered via Short Message Service (SMS)

text messages in reducing hospital-treated SH re-presentations in three hospitals in Sydney (2017–2019), Australia.

Methods: A randomised controlled trial with parallel arms was implemented in three hospitals in Sydney (2017–2019). A total of 804 participants presenting with SH, stratified by previous SH, were allocated to a control condition of treatment as usual (TAU) (n=431) or an intervention condition of nine automated SMS contacts (plus TAU) (n=373), over 12 months following the index SH episode. The primary outcomes were repeat SH: (i) event rate (number of SH events per person/year) at 6, 12 and 24 months and (ii) the time to first repeat at 24 months.

Results: The event rate for SH repetition was lower for SMS compared to TAU at: 6 months (IRR = 0.79, 95%CI: 0.61–1.01), 12-months (IRR = 0.78, 95% CI: 0.64–0.95) and 24-months (IRR = 0.78, 95% CI: 0.66–0.91). There was no difference between the SMS and TAU groups in the time to first repeat SH event over 24-months (HR=0.96, 95%CI: 0.72–1.26). There were four suicides in TAU and none in SMS.

Conclusions: The 22% reduction in repetition of hospital-treated SH was clinically meaningful. This study shows that SMS text messages are an inexpensive, scalable, and universal intervention that can be used in hospital-treated SH-populations to improve patient outcomes and reduce hospital service costs.

Symposium # 04, June 4, 2024, 2:30 PM – 4:00 PM

Tertiary-based education in suicide prevention. Organised by SIG Education and Training in Suicide Prevention

Chair: Dr Jacinta Hawgood

Dr Jacinta Hawgood¹, Dr Anna Baran², Dr Sarah Liddle³, Anna Clark³, Laura Cuce³, Kim Johnston³, Kylie E. King³, Karolina Krysinska⁴, Maddeline Mooney¹, Ingrid Ozols^{5,6}, Karl Andriessen⁴, Carmen Betteridge⁷, Prof. Diego De Leo¹, Prof. Kairi Kõlves¹, Tomasz Milewicz⁸, Anita Kwiatkowska⁹, Radosław Pawelec¹⁰, Maciej Załuski¹¹, Marta Makara-Studzińska¹¹, Angelic D. Bautista¹², Marc Eric S. Reyes¹², Clarissa F. Delariarte^{12,13,14}

¹Australian Institute for Suicide Research and Prevention, World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, Griffith University, ²Department of Medicine and Optometry, Faculty of Health and Life Sciences, Linnaeus University, ³Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, ⁴Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, ⁵Department of Psychiatry, The University of Melbourne, ⁶Monash Health, Faculty of Medicine, Nursing and Health Sciences, Monash University, ⁷Suicide Risk Assessment Australia, ⁸Dept of Gynaecological Endocrinology, Jagiellonian University Collegium Medicum, ⁹NASK National Research Institute, ¹⁰Faculty of Journalism, Information and Book Studies. University of Warsaw, ¹¹Faculty of Health Sciences, Jagiellonian University, ¹²University of Santo Tomas, ¹³De La Salle University, ¹⁴Far Eastern University

Chair: Assoc Prof Jacinta Hawgood, Australia

Tertiary-based suicide prevention curriculum throughout the world is not frequently offered compared to suicide prevention gatekeeper training. This symposium aims to highlight the importance of suicide prevention curriculum in tertiary settings, by presenting research findings on tertiary students' needs, capabilities, and motivation for different types of suicide prevention curricula as well as the importance of tertiary suicide prevention education for workforce requirements.

Presentations from Sweden, Australia, Poland, and the Philippines, provide insights into the needs, design, development, delivery, and evaluation of suicide prevention curricula. Strengths, barriers, and limitations to the suicide prevention curriculum are discussed considering perceptions and needs of students and other stakeholders. Some presentations highlight the importance of and links with the suicide prevention and mental health workforce as well as national suicide prevention strategies. Further, the complexity of suicide prevention curriculum evaluation for determining the impacts of different types of suicide prevention curricula is discussed. Conclusions and recommendations from the studies presented are shared while presenters engage and invite collaborative audience question-and-answer discussions.

Presentation 1: Online education on suicide prevention in tertiary education — preliminary evaluations of the ELLIPSE Gatekeeper+ Course in Suicide Prevention.

Presenter: Dr Anna Baran

Learning objective: Students in different disciplines were interested in taking a tertiary course in suicide prevention, so universities should consider offering these courses to students from any discipline

Background: Doctors, nurses, psychologists, emergency department medical staff, and social workers, encounter patients with suicide-risk, after suicide attempts and with the experience of suicide loss as a part of their everyday work. These encounters are often emotionally difficult. Therefore, there is a need for education on how professional care should be formed to decrease the risk for stigma and emotional contagion that increases the risk of unfavorable outcomes. Despite the needs, experiences with suicide prevention education in tertiary education in the world are limited. To address this educational gap during a 3-year EU-cofounded project called ELLIPSE (E-Lifelong Learning in Education in Prevention of Suicide in Europe) a course in suicide prevention in seven languages was developed by a strategic partnership from five European countries (Sweden, Austria, Hungary, Norway, and Poland)

Method: An online survey was completed by 100 participants who answered the online evaluation survey after completing the free ELLIPSE Gatekeeper+ on Navoica.pl educational platform. The survey questions focus on evaluating the quality of this course.

Results: The survey findings show that most of the respondents found the course interesting, were satisfied with the course length, materials, and exercises in the course, and would recommend the course to their friends. About 25% of respondents chose the course because they like to learn new things, while 20% of respondents' choice was based on the course being associated with their studies

Conclusions: The ELLIPSE GatekeeperO+ Course in Suicide Prevention course was positively rated by survey respondents, showing that there are students who are interested and willing to learn suicide prevention online, and find such a complement to their education highly beneficial. While developing courses in suicide prevention for students in higher education we need to offer them also to students with main motivation of learning new things, as they may study in all different fields. It remains challenging to engage students in evaluations of these courses.

Presentation 2: Suicide prevention education, literacy, and attitudes among Australian psychology students and recent graduates

Presenter: Dr Sarah K Liddle, Anna Clark, Laura Cuce, Kim Johnston and Kylie E King*

Learning objective: To assess the extent of suicide prevention training within psychology higher education programs in Australia and evaluate the self-reported competence in suicide prevention among psychology students and recent graduates.

Background: Mental health professionals frequently encounter suicide in their work, yet training in suicide prevention is not explicitly included in the Australian Psychology Accreditation Council (APAC) Accreditation Standards for Psychology Programs. This omission could potentially impact the preparedness of early-career psychologists and client safety. This study aims to highlight this critical gap and its potential implications.

Method: Our two-phase investigation began with a review of suicide-related content in 42 Australian universities offering APAC-accredited psychology courses. Subsequently, an online survey involving 113 fourth-year or higher psychology students and recent graduates was conducted. The survey questions focused on suicide literacy, attitudes, and self-perceived preparedness.

Results: This review revealed an absence of dedicated suicide-specific courses despite some coverage of suicide risk assessment/management topics. The survey findings echoed the need for more robust suicide prevention training, further emphasising the identified gap.

Conclusions: While we are currently evaluating a new suicide prevention course for undergraduate psychology students, our study primarily serves to underscore the need to incorporate explicit suicide prevention competencies into APAC accreditation standards. We propose recommendations for enhancing suicide prevention education, viewing them as initial steps towards addressing this significant educational gap in preparing future mental health professionals.

Presentation 3: Suicidology Post Graduate Curriculum Topics and Delivery Mechanisms as Prioritised by the Australian Suicide Prevention Sector

Presenter: Dr Jacinta Hawgood, Karolina Kryszynska, Madeline Mooney, Ingrid Ozols, Karl Andriessen, Carmen Betteridge, Diego De Leo and Kairi Kõlves*

Learning objective: To understand suicide prevention sector organisations' priorities for education in tertiary suicide prevention curriculum in Australia.

Background: Suicide prevention education is frequently assumed to denote gatekeeper training workshops or professional development-type education. Rarely is attention given to “tertiary-based” suicide prevention or suicidology curriculum, and indeed its important role (and point of difference) compared to gatekeeper training. This study aimed to highlight suicide prevention sector perceptions of the preferred topics and format of postgraduate tertiary-based suicide prevention from the existing curriculum offered by Griffith University, to support their workforce.

Method: An online survey was completed by 76 suicide prevention organizational stakeholders in Australia. The survey questions were informed by existing curriculum learning outcomes (10 learning domains) of the postgraduate suicidology programs offered by Griffith University.

Results: Nearly 70% of suicide prevention stakeholders rated nine out of 10 of the suicidology curriculum domains offered as ‘important’ or ‘very important’. Four (of the 10) key learning domains, however, were rated as being of the highest importance (endorsed by between 97.7% to 84% of stakeholders), while only 46.6% of stakeholders endorsed the least important learning domain currently delivered within the suicidology curriculum. According to most stakeholders, skills-based qualifications were the most relevant type of qualification, followed by post graduate skills-based qualifications, with online modularized education rated as the most preferred delivery mode. Half of stakeholders endorsed the idea of supporting employees to gain suicide prevention professional development through a combination of financial support and study leave (for their post graduate study).

Conclusions: Findings highlighted key suicidology curriculum learning domains rated by suicide prevention stakeholders in Australia in accordance with their organizational workforce needs. They also indicated their preference for supporting their employees in terms of professional development and educational needs in suicide prevention. Findings informed the more recent curriculum upgrades and developments for the Suicidology programs offered by Griffith University.

Presentation 4: Attitudes to Suicide in students and non-students in Poland and Sweden

Presenter: Tomasz Milewicz, Anna Baran, Anita Kwiatkowska, Radosław Pawelec, Marta Makara-Studzińska, Maciej Załuski

Learning objective: Suicide Acceptance Questionnaire (SAQ) shows more accepting attitudes to suicides in students in comparison to non-students, however the question if the attitudes change after a course in suicide prevention needs further studies.

Background: Research suggests that attitudes accepting or normalizing suicide, are associated with an increased risk of suicidal ideation and attempts. However, there is scant research on attitudes to suicide comparing students and non-students, including people with lived experience.

Method: A Suicide Acceptance Questionnaire (SAQ) with 10 questions was filled in by focus group interview participants (focus groups were a part of the ELLIPSE grant co-funded by the EU Erasmus+ program). First, we compared attitudes to suicides of non-students (doctors, nurses, psychologists, social workers, teachers, emergency workers, recovery assistants, and journalists) in Poland and Sweden. Second, we analyzed attitudes to suicide

in a group of professionals, students, and recovery assistants (people with lived experience engaged in helping others to recover).

Results: All participants of focus groups (N=135) filled in 10-question SAQ. There was no statistical difference between non-students in Poland (N=51) and Sweden (N=60). Students (N=24) showed more acceptance of suicide than non-students (professionals and people with lived experience) in case of life sentence, loss of respect, feeling helpless and hopeless, physical disability, chronic illness with severe pain, as well as they were least likely to agree with a statement 1: There is no good reason to take own life, and most likely to agree with statement 2: There are some reasons why suicide can be justified, and the recovery assistants were most likely to agree with the statement 1, and most likely to disagree on statement 2. Professionals showed the least acceptance of suicide in case of loss of respect and feelings of helplessness and hopelessness.

Conclusions: The Attitudes to suicide as measured with Suicide Acceptance Questionnaire showed similar acceptance level in Poland and Sweden, but more acceptance of suicide in students than non-students. It is important to address attitudes to suicide while developing suicide prevention educational programs in higher education.

Presentation 5: The Inflorescence Suicide Recovery Theoretical Model as Basis for a Recovery-focused Suicide Management Program: A Grounded Theory Research Study

Presenter: Angelie D. Bautista, Marc Eric S. Reyes, Clarissa F. Delariarte*

Learning objective: Having constructed the theoretical model for suicide recovery, this presentation aims to introduce the phases of suicide recovery as foci or goals in psychotherapy and counselling for recovery-focused suicide management and treatment. As both a suicide postvention and suicide prevention strategies, this qualitative analysis of the emic narrativization of suicide attempt survivors is intended to promote recovery engagement among youths experiencing suicidality.

Background: The primary aim of suicidology is to understand the phenomenon of suicide by increasing its predictability and prevention to reduce the suicide rate. Despite the large body of literature on suicide and existing theoretical models, predicting suicide behavior remains difficult. Furthermore, persons suffering from suicidality still slip through the cracks of healthcare systems, with recovery-focused suicide management neither established nor recognized in prevention, intervention, and postvention.

Methods: Using the grounded theory research design, twenty-five survivors of suicide attempts met the inclusive criteria of the purposive selection and went through in-depth interviews. Negative case analysis was conducted to refine and validate the categories and themes. Careful and systematic means were observed in the effort to attain the truthfulness and trustworthiness of the theory, the Inflorescence Theoretical Model of Suicide Recovery.

Findings: This theoretical model likens suicide recovery to the processes that a flowering plant goes through. It elucidates the phases of suicide recovery: (1) immersion: the acknowledgment of “buriedness”; (2) germination: the process of splitting off the seed coat of emotional pains; (3) emersion: the sprouting out from the soil of pain; (4) entrenchment: the process of rooting deeper; and (5) inflorescence: the flourishing of suicide recovery.

This suicide recovery process may serve as a guide in monitoring the effects of treatment and interventions in suicide management.

Furthermore, it was used as a framework for developing a recovery-focused suicide management program. Five suicide attempt survivors, and seven mental health professionals (including two guidance counselors, three clinical psychologists, and two psychiatrists) were interviewed. Four essential elements emerged showing varying perspectives, but are vital in understanding suicide recovery and suicide management, namely: (1) contextual elements; (2) facilitative elements; (3) impeding elements; and (4) procedural elements. Thus, the Inflorescence Model of Suicide Management Program was created and is proposed as an intervention that may be used in counseling young people suffering from suicidality.

Conclusion: Suicide recovery, according to the Inflorescence Suicide Recovery Model, is the process of taking actions to resolve one's crises by being keen on indicators and behaviors, and embodying values that enable objective self-processing, healthy adjustment, deepened self-compassion, meaningful life anchors, and mindful sustenance of one's well-being and growth. Thus, the process of suicide recovery may aid in better understanding the process of healing and recovery. The inclusion of the process of suicide recovery may enhance the recovery rate. The five stages of the Inflorescence Suicide Recovery Model may be included in the counseling foci, offering a step-by-step recovery-focused approach to suicide management.

Because the perceptions or stances of mental health professionals and suicide attempt survivors about suicide recovery differ, this contributes to the gaps or cracks in the healthcare system. Hence, a suicide recovery plan should be aligned with how the survivors of suicide attempt perceive the phenomenon to be able to engage them in the suicide recovery process.

Symposium #05, June 4, 2024, 2:30 PM – 4:00 PM

Workplace Special Interest Group: Workplace Suicide Prevention Strategy

Dr Gabrielle Jenkin¹, Ms. Susan Murray OAM³, Dr Alan Woodward³, Mr. Jorgen Gullestrup², Dr Renske Gilissen⁴

¹United Suicide Survivors International, ²Workplace Special Interest Group, Mental Health Lived Experience Peak Queensland, ³Zero Suicide Institute of Australasia, ⁴113 Suicide Prevention

Chair: Dr Sally Spencer-Thomas

Overview: In response to the growing concern about workplace suicide, a global panel of practitioners and researchers share the importance of developing and implementing a comprehensive and sustainable strategy. With a focus on workplace-based proactive prevention, intervention, and crisis response presenters explore comprehensive strategies aimed at preventing suicide. Through case studies, evidence-based approaches, and innovative tools, attendees will gain practical insights into implementing effective prevention measures.

Presentation 1: H.O.P.E. Certification -- Implementing the National Guidelines for Workplace Suicide Prevention: Lessons Learned from the Colorado Cohort

Presenter: Sally Spencer-Thomas

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

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

Methods: During 2023–2024, Colorado’s Office of Suicide Prevention funded a pilot program to enlist workplace organizations in the process of implementing the 9 practices of the “National Guidelines for Workplace Suicide Prevention.” The pilot started with a full-day Summit (June 27, 2023, Golden, CO), that oriented attendees to the Certification process. After the Summit organizations were invited to apply to enroll in the certification. Five organizations represented by teams of 5–10 people each subsequently completed four virtual modules (each 6-hours of content and workshop time), and then produced deliverables related to each practice. The Evergreen Certification group then reviewed the deliverables and awarded the appropriate level of certification. The program was evaluated by a research team from Texas State University with pre- and post-measures after the Summit and each module. Community impact was also evaluated.

Results: The Colorado pilot is still underway, but so far the results are promising. 76% of participants shared with 10 or more people what they learned from Module 1, and statistically significant changes have been demonstrated from pre- to post-measures on changes in attitudes, knowledge and intent to implement the practices. To date, all five of the organizations have achieved the Bronze Level of the H.O.P.E. Certification and two have achieved Silver.

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

Presentation 2: Assessing workforce readiness to implement the Zero Suicide Healthcare framework in Australia

Susan Murray OAM: Zero Suicide Institute of Australasia, Sydney Australia

Dr Alan Woodward: Zero Suicide Institute of Australasia, Sydney Australia

Introduction: Every minute of every day – suicide impacts the lives of thousands of people across the globe.

In Australia, for the people who turn to healthcare systems for help, this experience is variable. For some the experience means they would not return to the health system for help.

In an effort to improve the experience of those who present to health services the Zero Suicide Healthcare framework offers a continuous quality improvement approach to the way in which health services receive, manage, treat and support people who present with suicidality.

Assessing organisational readiness: In Australia the Zero Suicide Healthcare framework is being widely adopted by health systems in an effort to reduce the number of suicides and suicide attempts among people within the care of the health services.

In preparation for implementing the ZSH framework in a health service the implementation lead team undertakes a survey to assess the current state of play. This explores across 20 variables the current status of the organisation relative to the seven elements of the framework. The results enable planning to be focused on areas of strength and identified gaps in service capability.

The Zero Suicide Institute of Australasia provides support to health services to plan for and implement the framework. By exploring the results of the local health service surveys, it is possible to identify national areas of need and locate or develop new resources that can provide more effective support to staff as they implement the Zero Suicide Healthcare framework.

This presentation will discuss the framework and an aggregation of the strengths and gaps identified across health services in four states in Australia.

Conclusion: Understanding health service capability supports the health service leadership more effectively allocate resources that support the implementation of the Zero Suicide healthcare framework. It also enables better understanding of how to design evaluation and ongoing monitoring of results for this complex program.

Presentation 3: Motivations in engaging in a Construction industry workplace suicide prevention program.

Authors: Gullestrup, J. Thomas, S. King, T & LaMontagne, A.D.

Presenter: Gullestrup, J.

Keywords: Workplace, Men, Gatekeeper training, Engagement

The MATES in Construction (MATES) program is a peer-based mental health and suicide prevention program designed for the construction industry. The program was created in 2007 and has since reached more than 300,000 construction workers across Australia.

The program recruits volunteer gatekeepers and provides further suicide intervention skills training to these volunteers. Close to 10% of the workers reached will volunteer to become “Connectors” (over 28,000 trained) who will identify and ‘connect’ workers in distress and “ASIST Workers (Over 3,500 trained) who can provide suicide safety.

This presentation will present findings from a qualitative study of 30 volunteers with the MATES program as part of a larger Ph.D. project focusing on help-offering among men in workplace suicide prevention. In examining worker motivations to engage in help-offering through the MATES program the concept and importance of mateship as a motivator stood out. The construction industry has unique features and conditions such as a strong union culture, project-based employment, and a strong masculine culture that enhance the concepts of mateship as a group dynamic despite societal trends towards neo-liberalism and individualism.

Initial findings support social identity theory as explaining important motivating factors for engagement in the MATES program. Workers identified personal, workplace, and industry factors in volunteering in the MATES program. Underpinning the motivations was a strong feeling of duty to mates and colleagues as well as a duty towards the industry. Workers’ identity as construction workers and industry norms of mateship appear to be significant motivators. Other important factors include seeing mental health and suicide prevention from a health and safety perspective or a desire to use personal lived experience in support of others.

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Presentation 4: Suicide prevention within the workplace to reach men

Presenter: Renske Gilissen (The Netherlands, 113 Suicide Prevention)

Overview: From 2013 to 2021, 6,656 men between the ages of 40 and 70 died by suicide in the Netherlands. This research provides an in-depth analysis of the characteristics of middle-aged men who have died by suicide. The aim is to identify specific risk factors for this high-risk group and explore potential preventive measures within the workplace.

Methods: Quantitative, nationwide data from Statistics Netherlands and data from Mental Health Services were used for this study. Additionally, qualitative data was obtained through questionnaires administered to surviving family members.

Conclusion: Most men who died by suicide were between the ages of 40 and 70 who have combined psychological problems, live alone, and receive disability benefits. Within this group, there are relatively 14.5 times more suicides compared to other middle-aged men. 41% of men who died by suicide were employed at the time of the suicide. In 2024 we will implement MENTUPP within workplaces where many men work.

Symposium #06, June 5, 2024, 4:30 PM – 6:00 PM

Work-Related Suicide, Psychosocial Hazards & Just Culture

Chair: Dr Sally Spencer Thomas & Mr Jorgen Gullestrup

Dr Gabrielle Jenkin¹, Mr. Jorgen Gullestrup, Ms. Susan Murray OAM², Professor Sidney Dekker³, Dr Alan Woodward², Dr Gabrielle Jenkin⁴, Dr Chris Bowden⁵, Dr Lauren Donnan⁶

¹United Suicide Survivors International, ²Zero Suicide Institute of Australasia, ³Griffith University, ⁴Suicide and Mental Health Research Group, Department of Psychological Medicine, University of Otago Wellington. And Director, Boutique Insight Ltd. , ⁵School of Education, Te Puna Akopai, Victoria University of Wellington. , ⁶MATES in Construction New Zealand.

Overview: This symposium aims to shed light on the pressing issue of work-related suicide, emphasizing the critical role of psychosocial hazards and the need for a just culture in the workplace. Work-related suicide has become an alarming global concern, reflecting the adverse impact of workplace stressors, job design issues, bullying, and harassment on employees' mental health. By exploring the intricate connections between psychosocial hazards and suicidal tendencies, this symposium will offer insights into prevention strategies, fostering a safer work environment. Furthermore, it will delve into the concept of a just culture, emphasizing accountability, fairness, and support as key components in mitigating workplace stressors and promoting overall well-being.

Presentation 1: The Case for Work-related Suicide

Presenter: Gullestrup, J.

Keywords: Workplace, Work Health and Safety,

A majority of suicides occur among people of working age. Although suicide rates are higher amongst the non-working population this could in part be due to the healthy worker effect. In terms of actual numbers, more suicides occur among the working than the non-working population.

Work has long been seen as a suitable venue for suicide intervention due to the structure and support offered in workplaces. In these instances, most focus has been paid to tertiary interventions, connecting workers in distress to services, and early prevention in terms of a wellness focus. Causative factors towards suicide in the workplace have generally received much less attention until recently.

In most jurisdictions, workplace exposure leading to death or injury will generally be deemed to be work-related if the exposure is a significant contributing factor to the outcome. Generally, an employer or a person conducting a business or undertaking must ensure, as far as practicable, the health and safety of workers in their workplace. Health is generally seen to include both physical and mental health.

This presentation will provide three short case studies for work-related suicides from the French, Chinese, and Australian workplaces. It will discuss a workplace health and safety approach towards suicide prevention and the benefits of invoking an employer duty of care in aid of suicide prevention. Over the past 18 months, a Taskforce of the IASP Workforce Special Interest Group has looked at the concept of work-related suicide and has developed an open letter calling for work-related suicide to be defined, counted, and recognized as potential workplace injuries. It will be argued that a collaboration between suicide prevention and the workplace health and safety communities will have much to offer both.

Presentation 2: Addressing Workplace Psychosocial Hazards: Lessons from Empowering Organizations to Mitigate Suicide Risk

Presenter: Sally Spencer-Thomas

Overview: This presentation delves into the pressing issue of psychosocial hazards in workplaces and their role as root causes of worker suicide and mental distress. The late Allison Milner's (2016, 2017, 2019, 2021) research underscores the impact of workplace stressors, including job insecurity, high demands, and low control, on elevating the risk of suicidal thoughts and behaviors. Additionally, Milner emphasizes the necessity of proactive organizational measures to mitigate psychosocial hazards, enhance mental health support, and cultivate a mentally healthy and secure work environment. Her work enriches our understanding of the intricate relationship between work-related factors and suicide risk, offering valuable insights for academia and policy development.

Since 2022, eight organizations (six in construction and two in healthcare) participating in the New York and Colorado H.O.P.E. Certification have conducted individual "Needs and Strengths Assessments" to identify workplace psychosocial hazards affecting employee well-being. Subsequently, they engaged leadership and held organizational town hall meetings to collectively explore strategies for hazard mitigation.

Methods: Under the guidance of H.O.P.E. Team Captains, these organizations conducted needs and strengths assessments, utilizing surveys, focus groups, and interviews to involve their workforce. These assessments aimed to identify prominent job strain factors such as long hours, time pressure, financial stress, mandatory overtime, physical discomfort, substance use culture, bullying, safety concerns, fear of errors, client demands, team conflicts, work-life balance, exposure to distressing situations, job monotony, and workplace hostility.

Results: H.O.P.E. Team Captains reported that the process of engaging workers in identifying psychosocial hazards spurred deeper discussions within the organizations, leading to proactive measures to mitigate risks to employee well-being.

Conclusion: The endeavors of these eight organizations underscore the significance of proactive interventions. By fostering a safe and open workplace environment that addresses

systemic and cultural contributors to psychosocial hazards, they expand the scope of workplace suicide prevention beyond merely directing distressed workers to mental health services.

Presentation 3: Reforming healthcare culture: a restorative just culture fosters psychologically safe workplaces to reduce suicide among healthcare workers

Susan Murray OAM: Zero Suicide Institute of Australasia, Sydney Australia

Professor Sidney Dekker, Griffith University, Queensland Australia

Dr Alan Woodward: Zero Suicide Institute of Australasia, Sydney Australia

Introduction: Healthcare professionals have increased risk of suicide. They have access to means and often operate within a culture of blame and retribution creating abnormal levels of distress.

Reforming the culture of health services can make an important contribution to the reduction of suicide among healthcare workers. Linnander demonstrated that changing hospital organisational culture improved patient outcomes (BMJ 2022); UK Mersey Care NHS Trust introduced restorative justice with many qualitative improvements for staff – reduced suspensions and dismissals; increased reporting adverse events; increased staff feeling encouraged to seek support; reduced absence due to illness; and improved staff retention (MATEC 2019). Building a culture of trust, learning & forward-looking accountability fosters a psychologically safe work environment. (Dekker 2017)

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

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

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

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

- Executive leadership and Boards
- Operational leaders who will lead the culture development

- Health service staff

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

Presentation 4: A culture of silence, sucking it up and learning through osmosis; psychosocial stressors faced by construction industry apprentices

Prof. Gabrielle Jenkin. Research Associate Professor, Suicide and Mental Health Research Group, Department of Psychological Medicine, University of Otago Wellington. And Director, Boutique Insight Ltd.

Dr Chris Bowden. Lecturer, School of Education, Te Puna Akopai, Victoria University of Wellington.

Dr Lauren Donnan. Research Innovation and Evaluation Manager, MATES in Construction New Zealand.

The construction industry has been identified as having the highest suicide rate among all sectors, with a particular vulnerability observed among young workers. In response to the growing emphasis on suicide prevention initiatives, which focus on workplace stressors and their impact on mental health, this research funded by BRANZ and conducted in collaboration with MATEs New Zealand investigated psychosocial stressors among apprentices in the construction industry.

Three focus groups were organized with apprentices to delve into their perspectives on workplace stressors, their effects on mental health, and potential solutions. Thematic analysis revealed the key psychosocial stressors faced by apprentices working in construction were; the low pay, lengthy often extended apprenticeships, the challenges of balancing training requirements with job and employer demands, job insecurity, a pervasive culture of stoic old school masculinity, and, notably for female apprentices, experiences of sexual harassment.

This presentation delves into a comprehensive exploration of these stressors, providing insights into apprentices' perspectives, elucidating the underlying causes or contributing factors, detailing the impacts of these stressors, and proposing potential solutions. By understanding and addressing these psychosocial stressors, we aim to contribute to the enhancement of mental health support for apprentices in the construction industry, ultimately working towards the prevention of suicide within this high-risk occupational group.

This research was funded by Building Research Association of New Zealand (BRANZ).

Learning Outcome: Enhance Suicide Prevention Knowledge: Attendees will gain insights into the role of psychosocial stressors as potential contributors to suicide risk within the construction industry. The session aims to equip participants with knowledge and tools to contribute effectively to suicide prevention initiatives tailored to the unique challenges faced by apprentices.

Partnerships for Life in the Northern Western Pacific Region: Progress, Challenges, and Opportunities

Chair: Professor Paul Yip

Professor Paul S. F. Yip^{1,2}, Miss. Ingrid D. Lui^{1,2}, Dr LAI FONG CHAN³, Dr Ravivarma Rao Panirselvam⁴, Noor Raihan Khamal⁵, Dr Nurashikin Ibrahim⁵, Ya-Lun Liang⁶, Dr Chien-Yu Lin^{7,8,9}, Yu-Mei Gao⁶, Prof. David Gunnell^{10,11}, Chia-Yueh Hsu^{12,13,14}, Prof. Shu-Sen Chang^{6,14,15,16}, MD, PhD Tae-Yeon Hwang¹⁷, Mr. Yasuyuki Shimizu¹⁸

¹HKJC Centre for Suicide Research and Prevention, The University of Hong Kong, ²Department of Social Work and Social Administration, The University of Hong Kong, ³Department of Psychiatry, Faculty of Medicine, National University of Malaysia, ⁴Department of Psychiatry and Mental Health, Hospital Miri, ⁵National Centre of Excellence of Mental Health, Ministry of Health, ⁶Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, ⁷Department of Public Health, College of Public Health, China Medical University, ⁸Centre for Urban Transitions, Swinburne University of Technology, ⁹Faculty of Sport Sciences, Waseda University, ¹⁰Bristol Medical School, Population Health Sciences, University of Bristol, ¹¹National Institute of Health Research Biomedical Research Centre at the University Hospitals Bristol NHS Foundation Trust and the University of Bristol, ¹²Department of Psychiatry, Wan Fang Hospital, Taipei Medical University, ¹³Department of Psychiatry, School of Medicine, College of Medicine, Taipei Medical University, ¹⁴Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University, ¹⁵Global Health Program, College of Public Health, National Taiwan University, ¹⁶Population Health Research Center, National Taiwan University, ¹⁷Korea Foundation for Suicide Prevention, ¹⁸Japan Suicide Countermeasures Promotion Center

The IASP Partnerships for Life (Pfl) initiative aims to promote international and regional collaboration to support national-level suicide prevention strategies. In the northern Western Pacific region, efforts are ongoing to conduct research and analysis into topics of great importance for suicide prevention, and to promote knowledge exchange between countries. In this symposium, national representatives will provide updates on their current progress in national-level suicide prevention, sharing insights and best practices to further suicide prevention at the regional level.

Presentation 1: Emerging suicide methods and implications for regional suicide prevention efforts

Sodium nitrite is commonly used as a food preservative, but over the past year, it has garnered increasing attention as a novel method for suicide. Despite being previously unknown to most of the public, interest in the substance rose following high-profile news reports of a man accused of distributing sodium nitrite online with the purpose of aiding suicide. In the northern Western Pacific region, suicides by this method seem to be relatively few, though some emerging trends have been observed recently. Nevertheless, we in the region should remain vigilant to prevent this method from becoming more widespread.

This presentation will discuss what is currently known about sodium nitrite suicides in the region, including the steps which have been taken by researchers, advocates and policymakers to prevent the distribution of the substance to the general public. Additionally,

we shall discuss the impact of the national laws which regulate the distribution of this substance, effectively preventing the general public from procuring it. Comparisons will be made to similar regional experiences of the emergence of other novel suicide methods (e.g., charcoal burning and helium suicides), as well as the lessons that can be drawn from these experiences and applied to the current situation. Finally, implications of sodium nitrite suicides for regional suicide prevention efforts will be discussed, including the role of the Pfl initiative to promote regional and international cooperation.

Presentation 2: Malaysia's journey to decriminalisation of attempted suicide

Malaysia used to be one of the 20-odd countries in the 21st century world that criminalised attempted suicide up until recently. The archaic law which criminalised suicide attempts stems from the legacy of British common law, i.e. the Criminal Procedure Code Penal Code 309 that posits: whoever attempts to commit suicide, and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year or with fine or with both. Prior to the repeal of this law, criminalisation of attempted suicide had a history of religious underpinnings with the presumption that such a law would act as a moral deterrent or social sanction against suicide. However, recent evidence has demonstrated the opposite whereby criminalisation of attempted suicide was associated with an increased rate of suicide, particularly amongst the female population in the low HDI, non-Muslim countries. "The criminalisation of attempted suicide undermines national & international prevention efforts and impedes access among vulnerable individuals & groups to suicide prevention and mental health services"(IASP Policy Position, 2020). This statement underpins the ethos and spirit of decriminalisation efforts in Malaysia which targeted not only the repeal of the law that criminalized attempted suicide; but also to reform legislature in order to increase the support for persons in suicidal crisis to enable this population to receive appropriate psychological and medical help.

Contrary to popular belief, local data showed that a vulnerable population of patients were being prosecuted for attempted suicide under Section 309. Engagement, advocacy and educational efforts with multiple stakeholders such as mental health professionals, law-makers, law enforcement, first-responders, people with lived experience, politicians and religious bodies were crucial in the culmination of decriminalization of attempted suicide in Malaysia. The Parliament of Malaysia passed the amendments to the Penal Code Bill on May 22, 2023, to abolish Section 309 of the Penal Code. The move to decriminalize suicide also involves amendments to the Criminal Procedure Code of the police and the Mental Health Act that led to the establishment of a Crisis Intervention Team consisting officers from the police, firefighter, civil defence, and maritime forces. The decriminalization of attempted suicide is seen as a progressive step by the government towards improving the mental well-being of Malaysians, especially in the context of the post-pandemic era. This presentation will outline the successes, challenges and the way forward to decriminalisation of attempted suicide in Malaysia.

Presentation 3: The challenge of hospital-based self-harm surveillance: the incidence of self-harm hospital presentation is associated with travel distance to hospital in a small-area study from New Taipei City, Taiwan

Background: The World Health Organization (WHO) recommends that governments could develop surveillance systems for hospital-treated self-harm to inform strategies for suicide prevention. Yet one critical limitation of data collected from hospital-based self-harm surveillance systems is that only a small proportion of people will seek medical attention after self-harm. Furthermore, there could be an underestimation of the real incidence of self-harm in areas distant from hospitals based on data for hospital-treated self-harm. Travel distance to hospital emergency departments (EDs) may be a more influential factor in the spatial variation in hospital-presenting self-harm than for suicide deaths.

Aims: We investigated the associations of travel distance to the nearest ED with self-harm hospital presentations and suicides in a large city in Taiwan.

Method: Data for self-harm and suicide were extracted from Taiwan's National Suicide Surveillance System (2012–2016). We used Bayesian hierarchical models to estimate the smoothed self-harm SIRs and suicide SMRs and their associations with travel distance to the nearest hospital ED.

Results: There were 16,398 index self-harm episodes and 2,328 suicides amongst people aged 10+ years in New Taipei City. In the fully adjusted models, travel distance to the nearest hospital ED was negatively associated with self-harm rates (adjusted rate ratio [aRR]=0.92, 95% credible interval [CrI] 0.89, 0.96) but not with suicide rates (aRR=0.99, 95% CrI 0.92, 1.06). There was evidence for a non-linear association between self-harm rates and travel distance to the nearest hospital ED. Compared with the neighbourhoods in the decile with the shortest distance to the nearest hospital ED (0–938 metres distant), self-harm rates were similar in neighbourhoods of deciles 2 to 6 (1,309–2,986 metres distant) but were over 10% lower in neighbourhoods more than three kilometres away.

Conclusion: Living in remote neighbourhoods could be a barrier to seeking medical help after self-harm, and this has implications for strategies of self-harm surveillance and suicide prevention and intervention.

Learning point: Hospital-based surveillance data may underestimate self-harm incidence in areas distant from hospital EDs, indicating their limitation in self-harm surveillance and the need to address barriers to seeking help in remote areas.

Presentation 4: Current Situation and National Suicide Prevention Plan of Korea

The suicide rate trends grew sharply in 1998 during the Asian financial crisis, leading to 31.7 cases at a record high in 2011, and after that year the rate gradually decreased. According to the Statistics Korea in 2022, the number of people who died by suicide was 12,906, with a decrease of 446 (3.3%) from the previous year, and the average number of daily suicide was 35.4. The suicide rates (per 100,000 people) in 2021 reached 26.0, with a rise of 0.3 (1.2%) compared to 2020. The suicide rates of males were 35.3 marking 2.3 times higher than females composed of 15.1. Compared to the previous year, the rates of males decreased by 0.6 (1.7%) while those of females, by 1.0 (6.4%). By age group, the highest suicide rates were observed in people aged 80 or older, constituting 60.6 and the increase rate in the suicide rates was the highest among females in their 40s (4.9%).

The Suicide Prevention Act was established in 2011 and amended several times. In 2023, two important issues were added on the act. Firstly, the information of suicide attempters

and their families should be transferred from police officers and 911 emergency rescuers to the local suicide prevention center or team for prompt intervention and case management and support. Secondly, the suicide prevention education including gate-keeper training became a mandatory to staff working the government and public agencies, facilities with over 30 employees, the welfare and disabled facilities, and students and teachers of schools from primary to high school.

The central and local governments with the private organizations are jointly connected to cooperate to carry out a variety of suicide prevention projects in order to actively respond to overall suicide problems. Since 2004, a basic plan for suicide prevention has been established and promoted to effectively implement suicide prevention policies. In 2023, the Fifth Basic Plan for Suicide Prevention (2023–2027) was created and the goal is to decrease the suicide rate as much as 30% by 2027. To achieve the goal, the government would like to strengthening localize suicide prevention policy and intensive care for the high risk groups. Also ‘Zero Suicide Town’ project will be launched in 2024 all around nation and for the young generation; ‘Online suicide provoking information monitoring center with AI technology’ will be established soon.

Presentation 5: The Basic Act on Suicide Countermeasures as a Societal Structural Approach

The Basic Act on Suicide Countermeasures, enacted in 2006, has profoundly impacted Japan's approach to suicide prevention. Article 1 of the Act declares the goal of realizing a society where no one is driven to suicide, explicitly stating that suicide prevention measures should be integrated into societal development. Furthermore, Article 2 asserts that suicide prevention must be conducted as comprehensive support for living. These provisions have effectively shifted the perception of suicide from being an individual issue to a societal one.

Additionally, the Act mandates through Article 13 that all local government bodies must formulate regional suicide prevention plans. Article 10 stipulates that the national government must take necessary financial measures to achieve the Act's objectives, and Article 15 calls for the establishment of a system to promote research and countermeasures. As a result, over 95% of approximately 1,700 local municipalities have developed regional suicide countermeasures plans, and the government annually secures a budget of about 5 billion yen (approximately 33 million dollars) to support local government bodies in advancing suicide prevention efforts. Thus, the Basic Act on Suicide Countermeasures serves as a foundational law for advancing suicide countermeasures work across society. The suicide rate in Japan has decreased by 36.6%, comparing the year the Act was enacted with provisional figures for 2023.

The symposium will provide an overview of the impact of the Basic Act on Suicide Countermeasures on Japanese society and will also address the process and challenges involved in enacting the Basic Act.

Protective factors against suicide in older adults

Professor Sylvie Lapierre¹, Professor Myung Ki², Ms. Haelim Jeong³, Dr. Monica Cations⁴

¹University of Quebec in Trois-Rivieres, ²Korea University Graduate School, ³University of Alabama, ⁴Flinders University

Chair: Prof. Dre. Sylvie Lapierre

Research on suicide has traditionally been concentrating on risk factors, neglecting protective factors that could improve well-being and quality of life, so that the suicidal process doesn't even start. Protective factors are defined as resources, attributes, attitudes, or abilities that shield the individual from suicidal ideation or behavior. The current symposium will highlight empirical data that could determine which protective factors should be strengthened to guide effective targeted interventions and reduce suicidality in older adults. Lapierre will focus on psychological dimensions, such as purpose-in-life and coping, while Ki will concentrate on social protective factors, like positive relationships and sense of belonging. Jeong will give a detailed presentation on one of the most important protective factor: resilience. Finally, although Cations looks at some risk factors of suicide in people with dementia, the results of her qualitative study clearly indicate that reduced stigma and management of fears about the future could be interesting protective factors for this population. Suggestions for future research will also be addressed, such as variables that have been neglected in older adults (for example, mattering, self-compassion, self-regulation) and the need to identify the factors that are most beneficial at each step of the suicidal process.

Presentation 1: A systematic review of psychological dimensions that protect older adults against suicidality.

*Sylvie Lapierre*¹ and *Myung Ki*²

¹Department of psychology, University of Quebec in Trois-Rivieres, Canada.

²Department of Public Health, Korea University Graduate School, Seoul, South Korea

With the aging of the population, research on suicide in older adults should be the subject of numerous studies, yet this topic is strongly neglected. Moreover, research on protective factors is also very limited and there is a need to examine psychosocial variables that could help in the prevention of suicide. Therefore, a systematic review was conducted to examine the empirical data on the variables that are associated with reduced suicidality in older adults. The review identified 10 different intrapersonal psychosocial variables that could protect older adults against suicidality: perceived control, well-being, quality of life, life satisfaction, happiness, purpose-in-life, resilience, coping, religiosity, and hope. Surprisingly, there were no studies on self-regulation, even if the literature considers that the ability to control impulsive behaviors and deal with emotional pain is an important factor for suicide prevention. There was also no research on the positive effect of mattering, the human need to feel significant for others. This suggests that self-regulation and mattering are under-researched areas.

Results from the review indicated that purpose-in-life and resilience seem to be the most valuable protective factors, showing recurrent positive associations with reduced suicidality. These findings suggest potential value in attending to both purpose-in-life and resiliency when assessing suicidal ideation and when developing interventions for vulnerable older adults. Results on coping were also interesting. They showed that problem-focused coping (managing or altering the circumstance that is causing distress) was not a significant predictor, indicating that it may be less relevant for older adults. As for emotion-focused coping, the associations with suicidal ideation vary according to the strategies that were assessed for regulating the emotional response to distress. Seeking emotional support, positive reinterpretation, acceptance, humor, and turning to religion were protective against suicidal ideation, while other emotion-focused coping strategies, such as self-distraction, behavior disengagement, denial, self-blame and venting were not. Therefore, it is important to distinguish between various adaptive strategies and avoid using large categories, such as emotion-focused strategies, that include many modes of coping. Finally, it is possible that the review did not identify all psychosocial protective factors, as it was the case for self-forgiveness. This variable could be an important protective factor since another review reported significant associations between higher levels of self-forgiveness or self-compassion, and lower levels of suicidal ideation and self-harm in individuals aged under 66 years.

Learning objective: Identification of some of the most promising psychological factors that could be fostered to prevent suicide in older adults.

No conflict of interest.

Presentation 2: A systematic review of interpersonal protective factors against suicide and suicidality among older adults.

Myung Ki¹, Sylvie Lapierre² and Minji Hwang¹

¹Department of Public Health, Korea University Graduate School, Seoul, South Korea

²Department of psychology, University of Quebec in Trois-Rivieres, Canada

Background. Research on suicide rarely focuses on interpersonal protective factors. This systematic review aimed to assess the evidence of the associations between interpersonal protective factors and suicide or suicidality among older adults.

Method: The search procedure was conducted in two steps. First, a scoping review was conducted to look for pertinent search terms that refer to various social protective factors. It provided a total of six factors (sense of belonging, mattering, positive relationship, social support, social connectedness, and social participation), that represented social dimensions that were included for the second step of the review. Then, following the PRISMA guidelines, searches were conducted for each factor separately in five databases (PubMed, EMBASE, Cochrane, SocINDEX, PsycINFO). Empirical studies were eligible if participants were adults aged 60 years and over, and if the studies reported statistical analysis on estimates of association.

Results: There was no study on mattering, the human need to feel significant for others; this suggests that this is an under-researched area. Among the 53 observations compiled on the other five interpersonal factors, the majority (n = 26) reported a significant association, but

a substantial number did not (n = 18), or presented mixed results (n = 9). Significant associations were consistent for sense of belonging, positive relationship, and social connectedness but not for social support and social participation. It is interesting to note that both the functional aspects (sense of belonging, positive relationship or social support) and the structural aspects (social connectedness or social participation) showed similar level of associations. Only five studies looked at suicide death or attempts as the outcome, while the others examined the protective effect on suicidal ideation (SI). When scales were employed to measure SI, significant associations were notable (76.5% = 13/17), and they were similar, whether the outcome measure used was passive or active SI.

Conclusion: Consistent associations were observed for interpersonal protective factors. The development of late-life suicide prevention and interventions need to widen to comprise interpersonal protective factors.

Learning objective: Identification of interpersonal protective factors that could be developed for the prevention of suicidality among older adults.

Presentation 3: Resilience, a protective factor in older adult suicide: A rapid review

Haelim Jeong and Hyunjin Noh

The University of Alabama, School of Social Work, USA

Close to 700,000 suicide deaths occur each year, which makes one death every 40 seconds. Approximately one out of five suicide deaths are among adults who are 60 years of age or older. By 2035, the number of adults 65 and older will be greater than minors under the age of 18. Currently, much of suicide research focuses on risk factors and less emphasis on protective factors. Therefore, this study used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology to examine whether resilience is a protective factor for older adult suicide. Both peer-reviewed and gray literature were searched from 1997 to 2022 in a total of six databases. By utilizing the Boolean operator, the following key terms were used: (Older adult* or Elder* or Senior or Geriatric) AND Suicid* AND Resilien*. There was a total of 466 records identified through the database search. The complete review process led to a total of six peer-reviewed articles in the final analysis. While four articles used the term resilience to describe the construct, two articles used hope, self-forgiveness, psychological well-being, meaning in life, social network, religious affiliation, and observance to describe resilience. Findings showed resilience may be a protective factor of suicide. However, hope did not moderate the suicide risk variables when used as a resiliency factor. In addition, the study conducted in South Korea showed resilience was a protective factor against suicide for men, but not women. This may have occurred due to men overstating their resilience from their perceived belief in masculinity. The findings support several implications for practitioners who engage with older adults. First, in settings where older adults receive services (i.e., nursing homes and hospices), practitioners should be readily trained in suicide gatekeeper training. Second, service providers in various disciplines (i.e., medicine, behavioral, and mental health care) should be trained on how to engage with older adults who express suicidal ideation or behaviors. Engaging in culturally sensitive suicide intervention will be an important aspect. Lastly, policymakers should be aware of grants and financial support being administered for research efforts to prevent older adult suicide. This includes the distribution of resources to

rural areas, which tend to have limited service providers, but a greater number of older adults.

Learning objective: Attendees will be able to recognize how resilience can serve as a protective factor in older adult suicide.

Presentation 4: The role of dementia in deaths by suicide in Australia: a retrospective study of coronial records

Monica Cations¹, Maxwell Cooper¹, Leah Couzner¹, Jennifer Smith-Merry^{2 3}, Brian Draper⁴, Lee-Fay Low²

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Older adults are at high risk for suicide, but the relationship between dementia and suicide in older people is not well understood. Our objective was to better understand how dementia influences death by suicide in Australia, and identify potential targets for suicide prevention in this population. This retrospective multi-methods study used coronial data, including police and autopsy reports, held in the National Coronial Information System. Participants were all individuals who died by suicide in South Australia and New South Wales between 2011 and 2020 where dementia was relevant to their death (n=152). We conducted descriptive quantitative analysis of demographic and clinical data, and thematic analysis of themes in autopsy and police reports. Included deaths were 67 people with confirmed dementia, 24 people with suspected dementia, 56 family members/friends of people with dementia, and 5 people who cited fear of dementia as a contributing factor for their death. The cohort were majority male (62.4%), aged 74 years on average at the time of death (standard deviation 12.5 years), married (53.9%), and retired (74.3%). Themes identified in thematic analysis described contributors to suicide risk including psychological distress and existential despair related to impairments caused by dementia, loss of autonomy and burdensomeness, fear of future degeneration and burdening others even where dementia onset had not occurred, and factors external to but related to the dementia that cause distress and burden for family members and friends (e.g. housing, legal matters). These data suggest that mitigation of the secondary effects of dementia, as well as fear and stigma, may prevent some death by suicide.

Learning objective: Attendees will identify the targets for reducing the distress associated with suicide in older adults with symptoms of dementia.

Symposium #09, June 5, 2024, 4:30 PM – 6:00 PM

How TikTok Prioritizes Safe Educational Content on TikTok

Chair: Ms Erika Crowell

Ms Erika Crowell¹, Mx. Ryn Linthicum¹

¹TikTok

Learning Objectives (3):

- How do TikTok Safety Features Work?
- Learn how to use TikTok Safety Features
- APAC specific trends and policies

TikTok is a creative platform that can be used to spread education, inspiration, and awareness messaging to more than a billion people globally. Our diverse creator community includes researchers communicating with the public their latest findings, lived experience communities highlighting messages of hope and survival, and NGOs spearheading global awareness campaigns. This workshop will combine a short presentation on TikTok's approach to Trust and Safety and focus on trends seen in the APAC region.

This presentation will explain how we are building safeguards into the TikTok experience, such as launching different experiences for youth vs adults, family pairing, safeguarding the For You feed, innovative product changes, such as Content Levels, and strategies that aim to minimize the frequency of certain types of recommendations. We will also discuss how we build features that empower creators to understand and shape their online experiences. We will reinforce that the use of TikTok is for 13 and up and can detail what the difference on the app is for minors and adults. We will go into detail on our safety features available to all of our communities such as reporting, blocking, unfollowing, setting keyword filters, and refreshing their FYF to ensure their TikTok experience is safe.

We will then discuss the importance of adopting localised approaches to moderating content on themes of suicide and self-harm. We will share insights on the process of embedding localising principles into global policies and interventions. This includes how cross-cultural research on suicide and self-harm inform our decision-making on when and how policies and interventions can be effectively localised, the process of identifying where global policies need to be tailored, and insight gained from local partners with APAC specific examples. We highlight benefits, drawbacks, and challenges of adopting localising approaches towards content on themes of suicide and self-harm, including in crafting global policies, and in addressing coded signals and local trends.

Finally, we share examples of TikTok's approach to tailoring systems designed to identify and moderate content in a culturally responsive manner. We present several cases of APAC localised approaches used to refine our efforts to address suicide and self-harm content on the TikTok platform across different regions, and discuss how these localised approaches helped to identify and remove harmful content on TikTok, while maintaining a safe space for TikTok users to discuss their experiences and journeys.

Key messages

- Safety is built into our recommendation system by design.

- We take a thoughtful and supportive approach to setting limits on content covering topics like suicide and self-harm, while providing support resources to members of our community.
- We empower our community to shape their TikTok experience by offering tools like video keyword filtering, Not Interested, and Refresh.
- APAC localised approaches we take with specific examples

Symposium #10, June 6, 2024, 2:00 PM – 3:30 PM

Breaking Barriers: Culturally Relevant and Multifaceted Approach to Suicide Prevention in Malaysia

Dr. Florance Manoranjitham Sinniah¹, Mr Christopher Albert, Ms Thilagavathy Bachinathan

¹Sneham Malaysia, ²LifeLine International (ABN 12639930206), ³Befrienders Network, ⁴Visitors Board of Penang Psychiatric Hospital

Chair: Dr Florance Manoranjitham

This paper presents the pioneering efforts of Sneham Malaysia in addressing the critical need for culturally relevant tele-counselling services to combat suicide and mental health challenges in Malaysia. It will share the innovative and comprehensive approach to suicide prevention and mental health support in Malaysia. Recognizing the critical need to overcome language barriers, the lack of public awareness and the stigma surrounding mental health issues, Sneham Malaysia embarked on a mission to provide free and confidential tele-counselling services in three commonly spoken languages in Malaysia: Bahasa, Tamil, and English. The organization aimed to reach underserved communities, particularly the Malay and Indian communities, where language barriers, strongly held cultural beliefs and a lack of awareness hindered access to mental health support services. This paper will be offering insights into Sneham Malaysia's vision, mission, and three strategic objectives. The presentation will highlight basis behind the initiatives and the impact of crisis intervention extending emotional support, advocacy in promoting public awareness, and collaboration engaging various stakeholders from the community to emphasize the roles they can play in community mental health and suicide prevention. By sharing practical experiences and lessons learned, this paper aims to contribute to the global dialogue on culturally relevant mental health support and suicide prevention.

Introduction: Sneham Malaysia recognized the growing need for culturally relevant tele-counselling services to address mental health challenges and suicide prevention in Malaysia. The influence of culture on mental health perceptions and behaviors has been widely recognized in the field of psychology. In multi-ethnic communities such as those found in Malaysia, cultural beliefs, limited knowledge, and lack of education on mental health, as well as language barriers, play significant roles in shaping attitudes towards mental illness and suicide prevention. To address the issue, Sneham Malaysia embarked on providing free and confidential tele-counselling services in three commonly spoken languages: Bahasa, Tamil, and English to reach underserved communities, particularly the Malay and Indian communities. The initiative aimed to overcome language barriers and stigma while

emphasizing the importance of mental health and suicide prevention; and also empower the community to seek help.

Methodology: The study involved interviews with 150 individuals of both genders and from various ethnic backgrounds in Malaysia. The participants were asked about their perceptions of mental health, attitudes towards seeking help, and beliefs about suicide. Qualitative data analysis was employed to identify common themes and patterns related to cultural influences on mental health and suicide prevention. These interviews revealed the cultural beliefs, limited knowledge, and lack of education on mental health, as well as language barriers influenced the stigmatization of mental illness and suicide prevention in multi-ethnic communities in Malaysia. Moreover, the study illuminates the deeply ingrained beliefs that mental health issues are connected to spiritual possession and the stigma associated with discussing suicide within the multicultural context of Malaysia.

Findings: The findings of the study revealed that the cultural values and beliefs of the multi-ethnic communities in Malaysia are core components influencing mental health issues and suicidal behavior. Relationship issues, socioeconomic and social change issues, and cultural aspects were identified as the main stressors contributing to the communities' vulnerability. Protective factors such as connectedness, social supports, and cultural richness were also highlighted. However, the study also uncovered the double-edged sword effects of family support and cultural aspects, which influence individuals' decisions in seeking help for mental health issues.

Furthermore, the study identified deeply ingrained beliefs within the communities that mental health issues are connected to spiritual possession, and that taking one's life is regarded as an individual weakness, a sin, and a shame to be discussed within the multicultural context of Malaysia. Barriers to seeking help for mental health difficulties were also identified, including stigmatizing beliefs, perceiving problems as not serious enough, reliance on self, difficulty accessing help, fear of negative outcomes, and language barriers.

The findings of this study underscore the need for a culturally relevant and multifaceted approach to mental health support and suicide prevention in multi-ethnic communities in Malaysia. Interventions should be tailored to address the specific cultural beliefs, limited knowledge, and lack of education on mental health, as well as language barriers that influence stigmatization of mental illness and attitudes towards seeking help. Sneham Malaysia saw that by understanding and addressing the cultural factors that shape perceptions of mental health and suicide, it is possible to develop more effective strategies for supporting these communities and promoting mental well-being.

Multifaceted Intervention: Pertubuhan Kebajikan Sneham Malaysia (Sneham Malaysia) is a registered, non-profit organization aimed at prevention of suicide. Established in 2018, Sneham Malaysia operates a toll-free helpline that offers services in three languages: Bahasa, Tamil, and English where individuals can seek emotional support and tele-counselling services. Trained volunteers are available to provide non-judgmental and empathetic listening to those in need. Our helpline is accessible nationwide to all communities and age groups in the country, regardless of race, religion, gender, or ethnicity and it is free and confidential.

Sneham Malaysia's primary objective is to create a safe and supportive environment for individuals struggling with their mental health. By extending emotional support and crisis intervention, the organization strives to reduce the risk of suicide and promote well-being within the community.

Sneham Malaysia's vision that no life should be lost by suicide aligns with the recommendations of the World Health Organization's South-East Asia Regional Office publication "Every Life Matters," which emphasizes the need for open discussions about suicide and the strategic role of communities in reducing deaths by suicide. Furthermore, the research on crisis helplines and social cultural factors influencing their use provided the context for Sneham Malaysia's multi-faceted approach in tailoring services to the specific cultural and linguistic needs of the Malaysian population implemented 3 strategic approaches:

I. Crisis Intervention via Helpline Services

Sneham Malaysia's mission was to provide free and confidential tele-counselling services in Bahasa, Tamil, and English to overcome language barriers and stigma, particularly for underserved communities aimed at emphasizing the importance of mental health and suicide prevention. Strategic Objective 1: To highlight the impact of crisis intervention through toll-free helpline services, enabling emotional support for individuals facing mental health challenges, particularly in underserved communities.

Learning Objective: Participants will understand the importance of accessible crisis intervention and emotional support through culturally relevant tele-counselling services.

II. Advocacy for Mental Health Awareness

The organization's vision encompassed promoting the importance of mental health, early warning signs of mental health issues, and coping skills while eliminating stigma through education. Strategic Objective 2: To advocate for mental health awareness, educate communities about early warning signs about anxiety, depression, suicidal thoughts, and promote help-seeking behavior to reach out for help. This is carried out through Community and School Outreach Programs, Talks, Workshops, Training and publishing media articles, flyers.

Learning Objective: Participants will gain insights into the role of advocacy in promoting mental health awareness and reducing stigma in culturally diverse settings.

III. Collaboration for Community Engagement

Sneham Malaysia's vision involved forming partnerships with government agencies, private organizations, and NGOs to encourage civic engagement and emphasize that suicide prevention is everyone's responsibility. Strategic Objective 3: To highlight the significance of collaboration in promoting mental well-being and suicide prevention through community engagement.

Learning Objective: Participants will explore the impact of collaborative efforts in addressing mental health challenges and promoting community involvement in suicide prevention.

Results: By highlighting the need for a structured and culturally relevant approach to suicide prevention and tailoring support services to local languages and engaging communities, Sneham Malaysia has successfully increased awareness and understanding of mental health issues, while overcoming barriers faced by diverse communities in seeking emotional support. The initiative has demonstrated the impact of culturally relevant tele-counselling services in addressing interconnectedness of social issues and mental health. It also provides insights into the importance of providing support services in local languages, the role of advocacy and collaboration (civic engagement) of stakeholders in increasing awareness and understanding of mental health issues. As a non-religious and non-political organization, Sneham Malaysia's efforts have positively impacted the lives of thousands of people who reached out for support and received the help they needed.

One of the cornerstone services offered by Sneham Malaysia is offering multi-lingual toll-free helpline which provides a safe and confidential space for callers to share their feelings, seek guidance, and receive immediate emotional support, particularly during times crisis. To date there have been a significant increase in the number of people availing the services in the span of six years, with the highest numbers recorded during Covid 19 pandemic. Certainly, the impact of a culturally relevant and multifaceted approach to mental health and suicide prevention in Malaysia is significant, and there are case studies that provide powerful testimony to this effect.

Case Study 1: A young individual, male Malay gentleman who struggled with mental health issues found support through Sneham Malaysia's tele-counselling helpline. Being culturally sensitive of the pressure imposed on him by his family, the resulting mental health issues and strongly held belief systems to seek help from medicine man for his depression and suicidal tendencies, made him turn to Sneham for help. The emotional support, empathetic listening provided by a trained volunteer and subsequent calls, helped the individual feel understood and supported, ultimately leading to a positive outcome in his mental health journey.

Case Study 2: Following participation in Sneham Malaysia's advocacy campaigns and workshops, members of the community reported increased awareness and understanding of mental health issues. This led to reduced stigma, improved attitudes towards seeking help, and ultimately contributed to a more supportive environment for individuals facing mental health challenges.

These case studies serve as testimony to the positive impact of a culturally relevant and multifaceted approach to mental health and suicide prevention within the diverse communities of Malaysia. They highlight the importance of tailored support, understanding of cultural nuances, and the promotion of open dialogue in addressing mental health challenges effectively.

Conclusion: Sneham Malaysia's journey serves as a valuable case study for suicide prevention and mental health support, particularly in culturally diverse settings. The organization's efforts align with global recommendations and contribute to the existing body of knowledge on suicide prevention and mental health support in Malaysia. By sharing practical insights and lessons learned, Sneham Malaysia aims to contribute to the global dialogue on suicide prevention and culturally relevant mental health support.

Keywords: Suicide prevention, tele-counselling, mental health, culturally relevant services, Malaysia, public awareness, advocacy, crisis intervention

Social media and suicide prevention: government, industry and data-driven perspectives

Professor Jo Robinson^{1,2}, - Louise La Sala^{1,2}, Dr. Sandersan Onie^{3,4}, A/Prof Sarah Hetrick⁵, Ms Tania Papalii⁵, Dr Priyanka Bhalla⁶

¹Orygen, ²University of Melbourne, ³Black Dog Institute, ⁴University of New South Wales, ⁵Ministry of Health, ⁶Meta

Chair: Professor Jo Robinson

Presenters: Professor Jo Robinson (Uni of Melb/Orygen), Dr Sanderson Onie (Blackdog Institute, UNSW), Dr Louise La Sala (Uni of Melb/Orygen), Malina Enlund (Meta), A/Prof Sarah Hetrick (Uni of Auckland & NZ Ministry of Health).

Concerns exist regarding the relationship between social media, self-harm and suicide. However, social media is commonly used, in particular by young people, and research has identified several potential benefits. Therefore, we need to identify ways to minimize the risks without diminishing the benefits.

Potential levers for maintaining safe online environments include equipping users to keep themselves and others safe; policy approaches, whereby governments develop and implement legislation to support online safety; and industry approaches whereby the social media industry takes responsibility for maximising safety on its platforms.

This symposium brings together researchers, policy makers and representatives from the social media industry to present examples of each of these different approaches.

The first 3 presentations will include: (1) data from a national survey on the extent to which Australians use social media to communicate about suicide/ self-harm; (2) data from a study using Reddit advertising to reach people at risk; (3) findings from 2 studies examining the steps that policy makers and the industry could be taking to improve online safety. The final 2 will share perspectives from: (4) The New Zealand Government on regulatory approaches; and (5) perspectives from Meta on their current approaches to maintaining safety on their platforms.

Presentation 1: A national survey examining self-harm and suicide-related social media use among Australian young people and adults.

Presenter: Professor Jo Robinson. Orygen, The Centre for Youth Mental Health, University of Melbourne.

Background/aims: Concerns exist regarding the relationship between social media use, self-harm and suicide. However, there is little robust data on the extent to which individuals share suicide-related content on social media, the extent to which they are exposed to this content and the impact on wellbeing.

Methods: A cross-sectional survey was administered to Australians by a survey company between January and February 2024. Participants were recruited via a probability panel;

surveys are quota controlled and responses weighted to increase representativeness. The survey measured demographics, lived experience of self-harm/ suicide, exposure to, and posting of, suicide/self-harm content on social media and the impact of that.

Results : To date, 3177 people have completed the survey. Respondents were aged >15 (mean=45.6). 53% identified as female, 46% as male and 1% as trans or gender diverse. 3% were Aboriginal or Torres Strait Islander and 28% were born outside Australia. 56% reported lived experience of self-harm or suicide.

Preliminary analysis indicates that 10% of respondents reported posting about suicide or self-harm and 9% were part of an online self-harm or suicide community. 18% reported using social media to seek support for self-harm/suicide. The most common reasons given for this were: to connect with others with similar experiences (46%); it was free and easy to access (43%); not wanting to burden friends/ family (41%); a distraction from self-harm/ suicide (40%).

50% of the sample reported seeing self-harm/suicide-related content on social media. Of them 21% had actively sought out this content. 43% were exposed to this content under the age of 16. 17% reported having engaged in self-harm as a result of content they were exposed to.

The full dataset will be presented.

Conclusions: These findings suggest that social media can play an important role for people experiencing suicide or self-harm however they are clearly risks of being exposed to this type of content for some users. These findings will form the basis of a set of guidance for policymakers and platforms.

Learning outcomes: (i) understanding the extent to which social media is used to communicate about self-harm and suicide; (ii) the reasons for this and its impact; (iii) steps social media companies could take to improve safety.

Presentation 2: Designing an online ecosystem for Suicide Prevention using Social Media: Results from a Reddit Ads Activation

Presenter: Dr Sandy Onie, Black Dog Institute, UNSW.

Research shows that while >50% of individuals don't seek help prior to a suicide attempt, many conduct online behaviours consistent with suicidality. For example, searching for suicide-related keywords or browsing certain forums. Thus, by utilising the arsenal of advertising techniques provided by various tech platforms, we can reach these individuals and provide help by presenting an ad in response to these behaviours.

Drawing from the existing multidisciplinary knowledge base (e.g., attention economy, and persuasion models), for these interventions to succeed, they must be presented first and more saliently than other potential options and in a good fit with the individual's current cognitive state. Previous research has shown that keyword-based advertising on Google Ads in the US, Australia and Indonesia led to engagement rates 5,6 and 100 times greater than the health and medical industry standard. However, reaching individuals using interest-based targeting — common on social media — is another challenge altogether.

In this talk, I share our findings on advertising using Reddit Ads in Australia and how, collaborating with the digital marketing partner, our ad for suicidality was shown 15,036,781 times and clicked 49,000 times over 14 days. Further, among those who clicked on the ad,

an estimated 42% had not seen a healthcare professional or hotline in the last six months for their mental health, 25% had not spoken to friends or family about their mental health, and 18% had not spoken to anyone at all about their mental health in the past six months — despite currently experiencing suicidality.

I discuss these findings in the context of our other findings from Google Ads and Bing Ads, which outline plans for Meta, YouTube, X Ads and more platforms. I discuss the challenges of using multiple platforms and their mutually exclusive features to determine the audience, develop context-tailored assets, reach the right audience, run, monitor, and optimise the campaign, and interpret the metrics.

The goal of this research is to move from platform-centred thinking (what can platforms do?) to person-centred thinking (what does a person living in this online ecosystem need, and how do we deliver it?). An in depth understanding of the advertising and technology space is necessary if we, as the suicide prevention field, are to be architects of such an ecosystem.

Learning Outcome: Researchers and policymakers will be able to have a stronger understanding of the tech and advertising landscape and features to coordinate suicide prevention interventions across different platforms.

Presentation 3: What more could policy makers and social media companies be doing to keep young people safe online when navigating suicide-related content?

Presenter: Dr Louise La Sala. Orygen, The Centre for Youth Mental Health, University of Melbourne.

Background: The impact social media has on young people is widely critiqued with some researchers identifying causal associations between time spent online with rising rates of youth psychological distress, self-harm and suicide. However, social media has also been identified as an important context to provide support to young people and an environment many young people feel comfortable seeking help. For this reason, many young people turn to social media to disclose their own suicidal distress or to support someone that they are worried about.

Methods: This presentation will share the findings of two studies that both aimed to explore what more policy makers and social media companies could be doing to keep young people safe online. The first study was a quantitative cross-sectional survey embedded within a larger Delphi study. Young people (n=23) and suicide prevention experts (n=43) were asked what they think is important when supporting young people to stay safe online when communicating about self-harm and suicide. The second study was a qualitative study with young people aged 16 to 25 (N=7), Australian policy makers (N=14), and social media companies (N=7). Participants were asked to share their perspectives of the challenges associated with online communication about self-harm and suicide and where they believe responsibility for online safety sits.

Findings: Results from Study 1 report differences in opinion across the two samples for each of the items related to online safety. Findings suggest that both young people and professionals generally agreed that social media platforms should have clear policies for managing suicide related content yet differed in the ways they thought risk should be managed and what supports should be provided. These results are complimented by findings from the second study. Themes related to the reasons young people communicate online about suicide, the challenges individuals, companies and policy makers face when

attempting to regulate and legislate content that has a global reach, and the need for shared industry standards to be implemented and enforced by governments will be shared.

Discussion: This work advocates for online safety being an important pillar of suicide prevention policy and highlights the roles of individuals, social media companies, and policy makers in creating safe online environments.

Learning Objective: To prompt consideration for the actions individuals, policy makers and social media companies can take to promote online safety, specifically in relation to self-harm and suicide-related content.

Presentation 4: The role of policy makers in ensuring online safety: “working in the grey” to ensure a robust public health response in New Zealand

Presenters: A/Prof Sarah Hetrick and Tania Papilli, Ministry of Health, NZ

Background: Two case studies in New Zealand highlight the legislation and regulation context, as well as current services and workforces, that impact on how online safety can be managed at a national level by policy makers.

The first case study concerns management of potential for contagion on a social media platform. The second case study is related to the international criminal investigation of Kenneth Law, with New Zealand identified as a country impacted following the promotion and sale of a novel suicide method on the website of this man.

Content: We will outline the legal and regulatory context in New Zealand including: 1) The Crimes Act; The Films, Videos and Publications Act 1993; The Coroners Act 2006; The Harmful Digital Communications Act; The Broadcasting Act 1989. We will highlight the limitations of these various Acts in terms of our ability to act in real time to minimize harm. 2) We will describe the significance of interagency relationships nationally, as well as in local regions, and how we have been able to influence responses, while also highlighting gaps in the workforces that hamper effective and efficient real time responses.

Discussion: We will highlight 1) the types of regulatory reform that are required to manage online content as well as media reporting 2) the need for further development of regulators understanding of what constitutes ‘promoting’ or ‘inciting’ suicide methods and suicide in terms of the concept of ‘cognitive availability’; and; 3) the need for new workforces to monitor online content; and 4) the need for international cooperation to consistently manage online safety, including with haste when there are emerging situations.

Presentation 5: Social Media and Wellbeing: Creating A Safe & Supportive Environment for Users

Presenters: : Malina Enlund, Safety Policy Manager APAC, Meta

At Meta, we are committed to the safety and well-being of our users. We understand the importance of mental health and its impact on individuals and communities. In this presentation, we will discuss our approach to suicide prevention and how we strive to create a safe and supportive environment for all users.

The lack of focus on mental health within society and unequal distribution of resources across APAC, has magnified the need for alternative channels for people to access support. Social connection and inclusion that are integral in building emotional resilience and helping

destigmatize mental health. Many people are reaching out for help online and it's important we continue to create robust policies and tools to address the needs of our community.

We strive to find the right balance between allowing people to share their experiences and get support from friends, family and others in the community while protecting vulnerable and impressionable people from content that could be harmful.

Since 2006, we've worked with experts in suicidology and suicide prevention, from around the world, to inform our policies, practices and products supporting those who may be at risk of suicide or self-injury.

While we do not allow people to intentionally or unintentionally celebrate or promote suicide or self-injury, we do allow people to discuss these topics because we want Facebook and Instagram to be a space where people can share their experiences, raise awareness about these issues, and seek support from one another.

We work on these issues because our success isn't just based on whether people can capture content and share it with friends, family and followers. It's about whether we're building a community that helps keep people safe. This is an important part of our mission and an important part of how we'll measure our progress going forward.

Join us as we discuss the ways in which we are improving our technology and making sure our policies keep up with the latest research and with people's changing behavior to make our platform a safe and supportive place for everyone.

Learning Objective: Increase awareness and education of policies and programs online and provide more equitable access to basic mental health resources and tools across our platforms at Meta.

Symposium #12, June 6, 2024, 2:00 PM – 3:30 PM

Suicide prevention acting on social determinants: the imperatives and status in some Asian countries

Chair: Professor Myung Ki

Professor Myung Ki¹, Dr Kizuki Masashi², Prof. Shu-Sen Chang³, Professor Weon-Young Lee⁴, Dr Minjae Choi⁵

¹Department of Public Health, Korea University Graduate School, Korea University, South Korea, ²Tokyo Medical and Dental University, Tokyo, Japan, ³Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan, ⁴Department of Preventive Medicine, ChungAng University College of Medicine, South Korea, ⁵Institute for Future Public Health, Graduate School of Public Health, Korea University, South Korea

Suicide rooted deeply to the socioeconomic influences. This link has been widely accepted but the application of the concept has not been well translated to the practice and to the national level suicide prevention strategy. The frame of suicide prevention has been developed to form a consensus; indicated, selective, and universal approach. However, the universal approach has mostly limited to health area, focusing on psychological service provision, screening, suicide means, and awareness campaign in most countries. The

widening of suicide prevention to include the areas of outside of health has been limited because of the narrow scope of the suicide prevention and departmental barrier within a government. This symposium will share the experience and status and some successful examples from Japan, South Korea, and Taiwan. The symposium will also present the obstacles and future direction in encompassing an approach of interventions towards social determinants of suicide.

Presentation 1: An overview on the development of the suicide prevention strategies to include social determinants of suicide.

Presenter: Minji Hwang^{1, 2}, Myung Ki^{1, 2, 3}*

1 Department of Public Health, Korea University Graduate School, Korea University, South Korea

2 BK21FOUR R&E Center for Learning Health Systems, Korea University, South Korea

3 Department of Preventive Medicine, Korea University College of Medicine, South Korea

* Presenter

Tackling social determinants of suicide could be strategic components in suicide prevention but the application was not well customized as a promising solution. The purpose of the current presentation is to summarize the concept, usage, value, and recent development of this approach. We identified representative theories and landmark examples and conducted a narrative overview on this topic.

We firstly described key contributions to understand socioeconomic impacts on suicide emerged in suicide and related research area. Geoffrey Rose's a population-level approach highlighted a universal approach against a high-risk group approach. As an extension, suicide prevention accepted the concept and WHO established a guidance based on three policy entities; indicated, selective, and universal approaches. Meanwhile, growing body of knowledge has accumulated to address social determinants. This perspective has huge implication to suicide prevention and the tragic consequences of labour market outcome, finance, education, community, housing, media, and social policy were visualized in a complex path to suicide. The comparison between socioeconomic is traced through suicide literature. Though it is not frequent, the emphasis was often translated to policy agenda incorporating the plural efforts towards suicide prevention plan; circumpolar youth, SAMI, Finland and Japan, and some other country-level examples. Finally, the current presentation introduced a recent development, 'a whole of government approach', where social determinants of suicide operate involving cross-sectoral bodies instead of a traditional approach involving health sector alone.

Accommodating social determinants of suicide has huge implication to suicide prevention. Identifying and practicing socioeconomic impacts in causal mechanism of suicide is to achieve historical advances and to strengthen a national suicide prevention strategy.

Presentation 2: Whole-of-government approach: the imperatives and status report in Japan

Presenter: Masashi Kizuki(1,2), Yoshihiro Kaneko(2) and Yutaka Motohashi (2)

1) Tokyo Medical and Dental University, Tokyo, Japan

2) National Center for Neurology and Psychiatry, Tokyo, Japan

Suicide prevention policy in Japan is implemented on the foundation of the Basic Act on Suicide Countermeasures, initially enacted on October 28, 2006, and revised on April 1, 2016. This framework mandating government leadership in suicide prevention policy, was developed through collaboration among the public, private, and academic sectors. The law delineates the basic principles of suicide prevention policy and the responsibilities of national and local governments, business owners, and citizens in suicide prevention. The overarching aim of comprehensive suicide prevention policy is to foster a society where individuals can lead healthy and purposeful lives by preventing suicide and supporting bereaved families. Prioritized prevention policies are outlined in the General Principles of Suicide Prevention Policy. The Fourth version of the General Principles of Suicide Prevention Policy, approved by the Cabinet on October 14, 2022, underscores the philosophy of comprehensive suicide prevention policy which “aim to realize a society in which no one is driven to die by suicide,” and the basic understanding that “suicide is the final consequence of feeling psychologically trapped and is never a voluntary act..” Three key sentences were highlighted here: “although the annual number of suicides is on the decline, the state of emergency persists” and “efforts to mitigate the impact of the spread of the new coronavirus infection should be promoted.” Awareness of the impact of the new coronavirus was newly integrated into the 4th General Principles. Based on an analysis of the actual state of suicide during the coronavirus pandemic, we will discuss its effects on unemployed women, non-regular workers, single parents, freelancers, children, and students. Notably, the 4th General Principles incorporate the perspective of “measures that also consider the impact on individuals, freelancers, and students.” Thanks to the whole-of-government approach, Japan has successfully achieved its initial goal of reducing suicide rates by more than 20 percent since 2006.

Presentation 3: The potential impact of Taiwan’s Suicide Prevention Act on media reporting: an interview study with journalists

Presenter: Yun-Tsen Yen¹, I-Ting Hwang², Shu-Sen Chang^{1,3,4,5}*

1 Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan

2 Department of Occupational Therapy, College of Medicine, National Cheng Kung University, Tainan, Taiwan

3 Global Health Program, College of Public Health, National Taiwan University, Taipei, Taiwan

4 Population Health Research Center, National Taiwan University, Taipei, Taiwan

5 Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan

*Presenter

Background: Inappropriate media reporting of suicide has been linked to imitative suicidal behaviour, prompting the World Health Organization to issue guidelines to mitigate this risk. On June 19, 2019, Taiwan implemented the Suicide Prevention Act, mandating restrictions on suicide reporting by the media and fines for violation. This study investigated the perspectives of frontline journalists on suicide reporting for digital media outlets and assessed the influence of the Suicide Prevention Act.

Methods: A qualitative approach was employed, involving interviews with ten journalists experienced in covering suicide for digital media outlets. The data were analysed using the framework method.

Results: The journalists exhibited selectivity in covering suicide incidents, often favouring those with certain unique characteristics such as involving celebrities. Journalists' attitudes toward the imitation effect influenced their writing styles and word choices. Editorial decisions, influenced by competitive pressures and personal beliefs, played a significant role in determining which reports were published. The implementation of the Suicide Prevention Act led to changes in reporting practices, including avoidance of reporting certain incidents and alterations in language usage (e.g., using “falling” instead of “jumping”). Concerns were raised regarding the Act's ambiguity, challenges in engaging readers when not covering the suicide incidents using a sensational approach, and not being able to report the “facts” about suicide. The journalists interviewed expressed a need for clearer regulations and examples to follow. A socio-ecological model was utilized to elucidate the multi-level factors influencing suicide reporting and the impact of the Suicide Prevention Act.

Conclusion: Journalists' reporting on suicide was influenced by various factors, including individual beliefs, editorial discretion, and regulatory frameworks such as the Suicide Prevention Act. The Act has prompted adjustments in reporting practices and poses challenges for journalists. Clearer communication of the Act's intentions and provisions is crucial to support media professionals in adapting their practices effectively. This study underscores the importance of providing guidance and clarity to journalists to facilitate responsible suicide reporting.

Presentation 4: Critical review of suicide prevention policy in South Korea based whole — of — government and social determinants of mental health approach

Presenter: Weon-Young Lee

Department of Preventive Medicine, ChungAng University College of Medicine, South Korea

*Presenter

Suicide rates in South Korea (hereafter Korea) had surged from 13.5 deaths per 100,000 people in 1997 to 18.5 deaths per 100,000 persons with the subsequent dramatic drop due to the Asian financial crisis, but after 2001, has rapidly increased to 33.5 deaths per 100,000 people in 2011. Since then, it has gradually decreased to 25.2 deaths per 100,000 persons in 2022 in the last decade. However, Korean suicide rate is still the highest among the Organization for Economic Cooperation and Development (OECD) member countries and twice higher than OECD average suicide rate. It implies that even though the Korean Ministry of Health and Welfare (KMHW) established the Suicide Prevention Act in 2012 and implemented national suicide prevention plans in the last decade, the suicide prevention policy has not been effective to curbing the highly suicide rates. One of the reasons for that is that the medical model continues to dominate national suicide prevention strategies in Korea. Lots of evidence regarding suicide prevention policy has reported consistently that comprehensive suicide prevention strategy including other areas as well as health is needed to prevent suicide deaths effectively. This study will make a critical evaluation of Korean suicide prevention act and national suicide plans based on the whole — of — government and social determinant of mental health approach.

Presentation 5: Geography of suicide in South Korea: Spatial distribution and socioeconomic correlates

Presenter: Minjae Choi^{1}, Yo Han Lee², Myung Ki^{2,3}, Shu-Sen Chang⁴*

1 Institute for Future Public Health, Graduate School of Public Health, Korea University, South Korea

2 Department of Preventive Medicine, Korea University College of Medicine, South Korea

3 BK21FOUR R&E Center for Learning Health Systems, Korea University, South Korea

4 Institute of Health Behaviors and Community Sciences and Global Health Program, College of Public Health, National Taiwan University, Taiwan

* Presenter

Background: South Korea had one of the highest suicide rates among high-income countries whilst these high rates were not uniformly distributed across different regions in the country. However, less is known about spatial patterns of suicides by sex, age, and suicide method and their associations with area socioeconomic characteristics. This study investigated the spatial patterns and correlates in South Korea from 2008 to 2022.

Methods: Suicide and population data (2008–2022) for individuals aged 10 years and above were obtained from Statistics Korea. We estimated smoothed standardised mortality ratios (SMRs) for suicide, overall and by sex, age, and method, in each of the 243 administrative districts in South Korea. We investigated their associations with a range of area socioeconomic characteristics using Bayesian hierarchical models.

Results: Below-average suicide rates were found in the capital city and metropolitan areas, whilst above-average suicide rates were identified in the north-eastern and central-western areas. Spatial patterns were similar between males and females, and the geographical variations were greatest among young adults. Marked differences in the spatial patterning of suicide rates across different methods were observed and largely reflected accessibility to specific means, with pesticide poisoning showing the greatest geographic variations and hanging showing the least. Area socioeconomic characteristics most strongly (positively) associated with suicide rates were the percentage of population with high school education or below, followed by the percentage of divorced adults and low population density.

Conclusion: The spatial patterning and correlates of suicide rates in South Korea were similar to those observed in some Asian countries, e.g., with below-average rates in major cities, in contrast to commonly observed above-average rates in some Western cities. Our finding highlights that more attention should be given to health and social welfare policies for suicide prevention to effectively address social fragmentation and socioeconomic deprivation. Restricting access to lethal means is also a crucial measure for suicide prevention.

Workshops

Thai Breakout Session #2 (W'Shop #1), June 4, 2024, 2:30 PM – 4:00 PM

Mindfulness Based Therapy and Counseling (MBTC) Healing the mind and the soul

Dr Yongyud Wongpiromsarn¹

¹Department of Mental Health

Workshop “Mindfulness Based Therapy and Counseling (MBTC) Healing the mind and the soul”

Objectives: 1) Practicing core skills in Mindfulness Based Therapy and Counseling (MBCT)

2) Comparing MBTC developed from Thailand with other approach.

Background: Mindfulness accompany with tranquility derived from Buddha teaching for more than 2600 years and proved by many people to be effective in bring peace and happiness to their life. Therefore the Mindfulness Center of the Department of Mental Health, Thailand has developed a non-religion approach therapy and counseling method named “Mindfulness Based Therapy and Counseling” (MBTC) to treat clients with stress, anxiety, depression and relapse prevention of drug and behavior addiction.

Mindfulness Based Stress Reduction (MBSR) including Mindfulness based Cognitive Therapy (MBCT) and other mindfulness based interventions(MBI). later developed are focused mainly on mindfulness. Thai MBTC use both advantages of western Mindfulness based intervention that are evidence based, secular, non religion approach as well as our long experiences in mind development.

MBTC is consider as a therapy focusing on development of higher consciousness as tranquility and mindfulness that help clients much more competence in dealing with stress and miseries, comparing with most of therapies that focus on correcting what have been wrong in the basic consciousness (like unconscious conflict in psychoanalytic and dynamic therapies, wrong learning in behavior and cognitive behavior therapies or misconception of life in humanistic therapies). There aer some characteristics of MBTC that make it diffent from MBSR/MBCT.

- 1) Separate tranquility and mindfulness in term of both mental state and practice.
- 2) Promote mindfulness in diary life by the technique of partial awareness of breath, awareness of doing things. Don't count Yoga as one part of therapy, as clients can do any exercises mindfully that are appropriate to them.
- 3) Add mindfulness in relationship as important parts of therapy. Session 5 is the review of relationship and session 6 on mindful communication.
- 4) In letting go with emotion, body scan can be practiced by sitting position only and technique of “focusing” is used to mindfully observed the change of body serration represented negative emotion.
- 5) In letting go with thought, use technique of “labeling” to name the negative thought happening in mind, and see how it arising and passing away.

Eight sessions of MBTC compose of:

1. How to Manage Stress

5. Improving Relationship

2. Living with mindfulness
3. Learning to Let Go with Emotion
4. Mindfulness with Thoughts & Letting Go
6. Improving Communication
7. Compassion & Forgiveness
8. Life Has to Go On

Under 8 sessions, clients learn to develop tranquility and mindfulness, then further develop wisdom of letting go for emotional difficulties they face and using mindful in thinking, communication and compassion to improve relationship. There fore MBTC is not only healing the mind but also developing the soul and conciousness esp. people with low selfesteem, high stress and anxiety that are related with suicidal idea and suicide. MBCT like other MBIs have shown effective in treatment of depression, addiction and PTSD.

Learning experiences: The 90 minutes workshop will explain underlying theory, some mindfulness exercises and how to apply in clinical setting. Participants have the opportunity to practice more (online) after the course in order to be certified as basic therapists and get the MBTC manual to practice.

The Impact of Patient Suicide on Clinicians: Understanding and Addressing the Trauma

Subtitle: Postvention Guidelines for Mental Health Organisations — Perspectives from the UK and Austria

Dr Rachel Gibbons¹, Dr Regina Seibl²

¹Royal College Of Psychiatrists, ²SUPRA (Suicide Prevention AUSTRIA)

Learning Objectives:

1. Increase awareness of the profound impact of patient suicide on clinicians, fostering an environment conducive to open dialogue about this trauma.
2. Encourage clinicians to understand and mitigate the fear and sense of personal responsibility often associated with patient suicide.
3. Enhance confidence in engaging with and supporting those bereaved by suicide, including navigating the processes that follow such a death.

Background: The experience of a patient's suicide is an event that the majority of psychiatrists will encounter at least once in their career, often with profound and under-recognized effects. Research conducted by Dr Gibbons (presenter) highlights that this is a significant trauma within the mental health workforce that is frequently overlooked, impacting staff recruitment, retention, and overall well-being, as well as quality of patient care. Symptoms can include post-traumatic stress disorder, guilt, shame, anger, and fear of litigation or professional censure. In severe cases, this stress can lead to career changes or early retirement. Currently, support for clinicians in the aftermath of patient suicide is insufficient, with many feeling unsupported or even blamed by their organizations.

Both presenters have experienced this trauma early on in their careers and this determined the direction of their personal and professional lives. Both now lead national initiatives in their countries.

Given this impact it is very surprising that there has been so little work conducted in this area. Much that has been done has been in the UK and Austria and been led by these presenters. In the UK Dr Gibbons has collaborated with Prof Keith Hawton and the Oxford Centre of Suicide Research. (<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/effects-of-patient-suicide-on-psychiatrists-survey-of-experiences-and-support-required/96DDE04D9A4D6DC916E4588E8F6D4952>, <https://pubmed.ncbi.nlm.nih.gov/36285548/>)

This Research illustrates the significant extent of this trauma in the mental health workforce and the impact that this has on patient care. Very few countries, other than the UK and Austria, have engaged with trauma, leaving the workforce suffering widespread stigmatised and distress. This workshop, led by leaders in this area from the UK and Austria, aims to address this gap.

In the UK, the Royal College of Psychiatrists, led by Dr Gibbons, has developed groundbreaking global guidelines for supporting staff post-patient suicide, which have now been integrated into England's national suicide prevention strategy. Similarly, in Austria, led

by Dr Seibl, the Ministry of Health and Social Affairs has formed a subgroup, SUPRA (Suicide Prevention Austria), focusing on postvention in mental health and clinical settings, with recommendations set to be released in English.

Format/Session Plan:

- Introduction (20 mins): The facilitators will share personal experiences with patient suicide and their motivations for working in this field, fostering an open discussion on vulnerability and the importance of acknowledging it.
- Research (20 mins): Presentation of findings from research conducted by presenters highlighting the impact of patient suicide on clinicians and identifying effective support strategies.
- Guidelines (10 mins): Discussion on the progress and implementation of national guidelines in the UK and Austria for postvention in mental health settings.
- Group Discussion (30 mins): An interactive session encouraging open dialogue among attendees, facilitated by the experienced presenters.

WorkShop #03, June 5, 2024, 4:30 PM – 6:00 PM

Prakarn model group psychotherapy for survivors of suicide loss

Dr Prakarn Thomyangkoon¹, Dr Panomporn Phoomchan, Chaloemphan Mekloi

¹The Psychiatric Association Of Thailand,

Objectives

1. To be aware of the impact on survivors of suicide loss.
2. To know what PRAKARN Model Group Psychotherapy for Survivors of Suicide Loss and its results.
3. To know how to run PRAKARN Model Group Psychotherapy.

Background: About 5,000 people die from suicide in Thailand each year. WHO reports there are at least 6 people who are impacted in each tragedy of suicide. In Thailand, there may have been at least 30,000 people who are impacted in Thailand yearly. These people include their fathers, mothers, children, cousins, friends, communities, and, consequently, the country. They are full of shocks. They denied, feelings of guilt, anger, stigma, and depression.

Some of them stop working leading to a decrease in the quality of life.

Not only the affected family members who are impacted by that suicide but also the therapists as well. The therapists also felt guilt, depression, and stigma.

We hadn't had any psychotherapy course specific for survivors of suicide loss until 2007.

PRAKARN Model Group Psychotherapy for Survivors of Suicide Loss is an innovative approach that can significantly decrease the scale of depression stigma and suicide idea. There are six 90-minute sessions for each therapy course. The seminar has a rather unique

process that helps survivors to understand and accept the tragedy. Let it go and move on with their lives. From the research (Mekloi, 2015) The experimental group (PRAKARN Model group psychotherapy) tended to decrease depression and stigma score than the control group with significance.

Six parts of supportive psychotherapy group are as follows;

1. Understand universalities
2. Candlelight to light up life
3. Dream helping strengthen the relationship
4. De-stigmatization
5. Appreciation flower
6. Joyful memory

The workshop will consist of the following;

1. 1 first part, facilitators will introduce the impact on survivors of suicide loss and explain the PRAKARN Model
2. Second part, the participants will be grouped in two. Each group will relive a worksheet same as the survivors and try to play the role of the survivors.
3. In the final part of the workshop, participants will engage in an open discussion.

PRAKARN Model Approach shall be explained more in detail by the presenter during the workshop. Furthermore, the attendants of this workshop will gain practical insight of PRAKARN Model Approach through exercises.

Expected outcome:

- Participants will become more familiar with PRAKARN Model
- The participant can apply PRAKARN Model to improve their groups psychotherapy.

Workshop #O4, June 6, 2024, 2:00 PM – 3:30 PM

The power of creatively collaborating and connecting in postvention

Ms Jo Langford¹, Ms Bianca Lavorgna¹

¹Standby – Support After Suicide

Learning Objectives: Breaking down barriers — Traditional educational and awareness content can be difficult for some to engage in. Age, gender, cultural taboo, fear and stigma can be barriers to help seekers accessing more formal resources. This workshop will interactively engage participants through a range of activities designed to build a toolbox that can be adapted and developed within their organisations/communities. Having a toolbox of creative resources such as the use of art, poetry, storytelling allows participants to tailor their support to the unique preferences and coping mechanism of individuals,

facilitating a holistic and personalised approach to navigating grief and promoting healing and resilience's.

Dispelling myths: This workshop will demonstrate collaboration between Lived Experience Workers and Clinicians allowing participants to strengthen these bonds to provide greater outcomes for those they support. Activities will include discussion, education and questioning unconscious bias that exists within us, communities and organisations.

Strengthening capacity to engage creatively and collaboratively — The objective of the workshop is to actively engage the participants to explore ways that they can draw on the current skillsets and expertise that their organisation may have. Through person centered activities, participants will gain skills on how to develop ways to engage people and communities in suicide prevention and postvention activities in safe and powerful ways.

Background: Jo Langford, presented at IASP Congress in 2021 with her postvention play “Impact” and delivering a symposium at the 2022 Asia Pacific IASP conference, highlighting ways to educate/inform people on Postvention through a creative lens. The engagement following these symposiums strengthened Jo's conviction that this was a way forward and had universal appeal.

This ignited her wish to deliver a workshop, to empower others to adopt and explore a more creative approach in suicide postvention. Teaming with Bianca Lavorgna, an experienced facilitator, counsellor and fellow creative, they have developed an exciting, informative workshop.

Format/session plan:

15min – Introduction, overview, objectives and safe language review

30min — Exploring creative ways for safe lived experience storytelling. (This is an activity-based session where groups will create individual stories/poetry and gain skills to facilitate their own workshops for those they support).

In exploring stories on a deeper level and reducing stigma, myths that will be presented will be:

- Everyone bereaved by suicide needs counselling.
- Counselling is only for people with mental illness.
- Those with lived experience are not professionals.
- Those with lived experience should not be involved in difficult discussions.

This interactive session will help participants build their toolbox of creative resources and by dispelling myths, open the door to collaboration within clinical and non-clinical supports.

30min — Visual storytelling activity. This activity will engage the group and encourage input that will create a visual piece at the conclusion of the workshop. Aimed at assisting participants to build confidence in delivering creative workshops that will engage with people who may not pursue more formalised supports. It will create a “blueprint” for participants.

Questions/conclusion.

1.1 The lived experience of Filipino adolescents who have attempted suicide

Dr Ginger Ramirez, Hannah Gilbert, Evelyn Gapuz, Madhumitha Balaji, Vikram Patel

¹National Center For Mental Health Philippines

This research aims to explore the inner worlds, perspectives, and voices of Filipino adolescents through an interpretative phenomenological analysis (IPA) methodology.

Background: Suicide is among the top causes of death for adolescents, 88% of which occur in low-and-middle-income countries (LMICs). In the Philippines, there was an increase in suicide deaths post-COVID, those 19 years and below comprising 16.7% of total. Effective suicide prevention interventions in LMICs are limited and there is an urgent need to explore adolescents' experiences to identify strategies for prevention.

Method: This qualitative study explored the lived experience of Filipino adolescents with a previous suicide attempt. We used IPA to understand how adolescents interpret and find meaning in their experiences. We conducted two semi-structured, in-depth interviews with nine participants, covering the following topics relative to their attempts: significant life experiences, proximal triggers, motivations, help-seeking behavior, and coping.

Results: Following an inductive, meaning-centered approach, the study yielded seven concepts surrounding suicidal behavior. 1) "Individual internal experience" focused on the desire to escape internal distress, the struggle with perfection and punishment, and coping strategies. 2) "Family dynamics and roles" explored deep roots of familial rupture and trauma. 3) "Friendships and a sense of belonging" reveal three types of friendships namely, "lunchbox friends," intimate friends, and "real friends." 4) "Decoding the help-seeking process" presents pathways how adolescents communicate suicidal behavior and access care, including through schools. 5) "Social norms" include the roles of gender, religion, and intergenerational conflict. 6) "Social media and the internet" reveal adolescents' engagement with the online environment as a source of information, inspiration, and building connections. 7) "Structural factors" reflect how macro policies on labor outmigration and substance use impact adolescents and amplify risks for suicidal behavior.

Discussion: The concepts that emerged fit the ecological framework's four layers, illustrating the embeddedness of adolescents' experiences in a larger social context. This complexity underlines the call for a multi-layered approach to suicide prevention. We recommend family and school-based interventions shown effective in other LMICs to complement individual-level strategies. There is potential in leveraging the power of social media and create online communities of information, support, and care. Education through digital platforms can help address the stigma promoted by existing social norms. Lastly, we should attend to the mental health needs of special at-risk groups including left-behind children, adolescents who use drugs, and members of gender and sexual minorities.

1.2 The recent rise in youth suicide and its associated factors in South Korea: A time-trend analysis

Dr Minjae Choi¹, Prof Yo Han Lee², Professor Myung Ki^{2,3}, Prof. Shu-Sen Chang⁴

¹Institute for Future Public Health, Graduate School of Public Health, Korea University, ²Department of Preventive Medicine, Korea University College of Medicine, ³BK21FOUR R&E Center for Learning Health Systems, Korea University, ⁴Institute of Health Behaviors and Community Sciences and Global Health Program, College of Public Health, National Taiwan University

Background: Suicide is one of the leading causes of death among youth in several countries, and its rate has risen in several industrialised countries in recent years. South Korea, an East Asia country with a population of 51 million and one of the countries with high suicide rates among OECD countries, has also experienced an increase in youth suicides in the last few years, even though overall all-age suicide rates have decreased recently. This study aimed to investigate recent trends in youth suicide and their associations with the prevalence of a range of potential risk factors in South Korea.

Methods: Suicide data (1983–2022) for individuals aged 10–24 years were obtained from Statistics Korea. We used joinpoint regression analysis to investigate recent changes in trends in youth suicide and compared them with those for a range of risk factors including socioeconomic factors, internet-related factors, academic-related factors, mental health, and suicide behaviours. Prais–Winsten regression analysis was performed to examine the associations between changes in youth suicide rates and the prevalence of risk factors.

Results: In South Korea, suicide rates in youth aged 10–24 years fluctuated over the study period but showed an upward turn in 2015 and reached the highest rates of 12.4 per 100,000 in 2021, with an 8.0% (95% confidence intervals: 5.0, 13.9) annual increase in 2015–2022. The recent rise in youth suicide rates was accompanied by an upward trend in the crime rates of family violence, the prevalence of school bullying, participation rates and average hours spent in private education, the prevalence of treated mental disorders and self-reported suicide ideation, and the rates of self-harm presenting to hospitals, as well as a downward trend in the prevalence of good subjective health in youth. In the regression analysis, youth participation rates and average hours spent in private education, mental disorder, and self-harm rates were positively associated with youth suicide rates, whilst the prevalence of good subjective health showed a negative association with youth suicide rates. Meanwhile, poverty rates and social media use prevalence were negatively associated with youth suicide rates.

Conclusions: Youth suicide rates increased in South Korea from the middle of the 2010s. This increase could be influenced by concurrent upward trends in academic pressure and poor mental health. These findings have implications for youth suicide prevention measures addressing these risk factors. Further research is needed to better understand the mechanisms underlying these associations.

1.3 Towards Wellbeing: supporting state social workers to respond to suicidal youth.

Ms Linda Bowden¹, Ms. Lauren Gaffaney

¹CASA

Background: Towards Wellbeing provides a wraparound programme of consultation and clinical advice including identifying and developing safety plans for young people in state care by supporting state social workers. TWB also provides gatekeeper training to state social workers. This initiative was developed out of an initial research pilot designed to address the concerns about suicides in the state care population. It has been a continued initiative over the last 15 years in Aotearoa New Zealand. We will share available evaluations of both the programme provided to the social workers and the training outcomes.

Methods: A post programme evaluation (survey) was completed by social workers who utilised the program between October 2021 and June 2023.

A pre and post survey was provided to participants of the training during 2019 measuring knowledge, skills, and confidence in identifying, asking about and responding to suicidal behaviour in young people.

Results: Over the 18-month period social workers reported that this program has been useful in supporting them to respond to suicidal behaviour of young people in state care e.g. Timeliness of response (94.26%); Input from clinical advisors to develop safety plans (93.85%); Usefulness of safety plan (91.02%); Availability of their clinical advisor (89.21%), Likelihood of referring other young people to the programme (95.92%).

Trainings delivered to the same workforce in 2019 demonstrate a positive change in the before and after self-evaluations of knowledge, skills and confidence. E.g. Skills in identifying suicidal behaviour before (rating scale marked good/very good) 23.24%, increased to 88.73% after the training (rating scale marked good/very good).

Discussion: This is an example of a combined intervention in Aotearoa New Zealand where rates of youth suicide (15–19yrs) are 15.3 per 100,000 and (20–24 years) 20.8 per 100,000 (in 2021) and are disproportionate for our Indigenous Māori population. Additionally, almost 50% of the youth suicides between 2006–2016 in Aotearoa New Zealand had contact with our state care system. This programme highlights an example of research translating to practice and to enable suicide prevention in the most needed setting by supporting and upskilling the workforce to respond. The unique nature of the program, the skillset of the team providing the initiative, and the experiences of the service will also be discussed.

1.4 Early Detection of Risk Factors for Suicidal Ideation among High School Students in Gorontalo Province 2023

Dr Nova Riyanti Yusuf¹, Mr Nano Supriatna¹, Mrs Atik Puji Rahayu¹, Mr Dede Surya Putra¹, Mr Aria Kusuma¹, Mr Hadi Mardiansyah¹

¹National Center For Mental Health, dr. H. Marzoeki Mahdi Mental Hospital

Background: Suicide is the second leading cause of death in adolescents, preceded by suicidal ideation. Gorontalo Province has the second highest number of depression cases in

Indonesia and has experienced an explosion of suicides by 2023. This study applies the Early Detection of Risk Factor for Suicidal Ideation Instrument (77.6% sensitivity, 73.6% specificity, and Cronbach's Alpha 91%) that has previously been used in DKI Jakarta Province. Objective: The study aimed to detect suicidal ideation and identify risk factors affecting suicidal ideation among high school students in Gorontalo Province. Methods: The analysis was conducted on 400 adolescents aged 14–19 years in high schools in Gorontalo with a cross-sectional study. Binary logistic regression was performed to determine significant factors of suicidal ideation. Result: A total of 57,8% respondents were at risk of having suicidal ideation. First grade of high school were significantly more likely to have suicidal ideation. The more severe of depression level, the higher of likelihood of the adolescent being at risk of suicidal ideation. Discussion: First-year students may experience stress due to the move to a new environment that requires social skills to adapt. In addition, depressed adolescents tend to experience strong negative emotions and sink into feelings of hopelessness that can lead to suicidal ideation. Therefore, regular monitoring by the school is needed so that suicidal ideation does not lead to suicide attempts.

Oral #02, June 4, 2024, 11:00 AM – 12:00 PM

Chair: Dr Louise La Sala

2.1 Handling National Mental Health Crisis Helpline HEAL 15555 (Help with Empathy and Love): National Centre of Excellence for Mental Health Malaysia Experience

Dr Khamal Noor Raihan¹, Dr Nurashikin Ibrahim

¹Ministry Of Health Malaysia

Learning Objective: To share Malaysia's experience in managing the first national mental health crisis helpline as part of a suicidal behavior crisis intervention strategy.

Background: National Mental Health Crisis Helpline, also known as HEAL 15555 (Help with Empathy And Love), is one of the main scopes of the Ministry of Health Malaysia's National Centre of Excellence for Mental Health (NCEMH), which provides dedicated tele-counselling services such as supportive listening, psychoeducation, emotional support, and early crisis intervention. This crisis helpline is a crucial resource for suicide prevention as it provides a safe and confidential space for individuals to seek help and support. The helpline is handled by qualified psychological officers and operated from 8.00 am till 12.00 midnight daily including public holidays.

Method: We collected data from call records regarding callers who called the crisis helpline HEAL 15555 using the HEAL phone record system, as well as case documentation using the MyNDA system.

Result: A total of 36,522 calls were received during the course of fifteen (15) months (October 21, 2022 – January 20, 2024), with an average of 80 calls per day. Of these calls, 255 were related to suicidal behavior, with 129 cases being suicidal ideation and 126 being

suicidal attempts. Suicidal attempt cases were successfully referred to the Emergency Department following the activation of Malaysian Emergency Response Service (MERS) 999 and coordination with the Royal Malaysian Police. Of the 126 calls regarding suicidal attempts, 76 % of the callers are female and majority in the age group of 20 to 29 years old. The majority of suicide attempt callers were single, had past history of attempted suicide, and were receiving treatment for a mental illness. The most common reasons for people calling are mental health issues, family problems, marital challenges, and financial difficulties.

Discussion: Overall, National Crisis Helpline HEAL 15555 serves an important role in providing platform that provides early intervention crisis situations, advanced crisis intervention and follow-up as well as postvention calls post suicidal attempt cases. We hope that this initiative will contribute to reduce the number of suicides in Malaysia.

2.2 AI-assisted suicidal risk evaluation in the hotline

Professor Yongsheng Tong¹, Dr Yi Yin¹

¹Beijing Huilongguan Hospital

Learning objectives: Whether Artificial Intelligence (AI) technique could improve validity of psychological scale-based suicidal risk assessment in suicide prevention hotline.

Background: Previous studies indicated that the predictive value of existing tools was limited, either AI-based methods or traditional psychological scales. It is still unclear whether combination of AI technique and psychological scale could predict subsequent suicidal acts more accurately.

Methods: To identify suicide-related emotional characteristics of any given speaker, the AI-based Speech Emotional Recognition (SER) model had been established. Totally 1549 tape recordings of callings of the Beijing Psychological Support Hotline, in which 745 callers made subsequent suicidal acts within 12 months and the other 804 callers did not, were included and trained. Eighty percent (1239) of these tape recordings were used to train the SER model, and the other 310 recordings, in which 155 callers made subsequent suicidal acts, were used to test validity of the model. The comprehensive suicidal risk assessment scale (SCRAS) was used to generate traditional psychological scale based suicidal risk score for each calling (≥ 7 , 6-4, and ≤ 3 were classified as high-, moderate-, and low-suicidal risk, respectively). Subsequent suicidal acts occurred within 12 months were golden criteria of suicidal acts prediction. Predictive validities including sensitivity, specificity, positive predictive value, F1, Youden's indices, and Area Under Curve (AUC) of the Receiver Operating Characteristic (ROC) of SER model, SCRAS, and combination of the SER model and SCRAS were estimated.

Results: Using the test dataset consisting of 310 tape recordings, the sensitivities, specificities, positive predictive values, F1s, and Youden's indices were 75.2%, 44.5%, 57.6%, 65.2%, and 19.7% for SER model, and 87.7%, 41.3%, 59.9%, 71.2%, and 29.0% for SCRAS, separately. While combined the SER model and SCRAS, the performances were 66.5%, 62.1%, 63.7%, 65.0%, and 28.5% for series test, and 96.7%, 22.7%, and 55.6%, 70.6%, and 19.4% for parallel test. The AUCs were 0.62 and 0.65 for SER model and SCRAS separately.

Discussion: The predictive value of the AI-based SER model for subsequent suicidal acts among hotline callers is acceptable. Combination of AI-based technique and traditional psychological scale could improve capacity of suicidal acts prediction suicide prevention hotline.

2.3 Content analysis of experiences of highest-risk callers to suicide prevention helpline in Bangladesh

Dr Yeshim Iqbal¹, Ms Rubina Jahan

¹Kaan Pete Roi

Learning Objective: To understand experiences (specifically, reason for calling, circumstances at time of call, and proximity to means of harm) of highest-risk callers to suicide prevention helpline in Bangladesh, as reported by volunteers responding to the calls.

Background: This study is a content analysis of suicidal callers' experiences, using a unique dataset from Bangladesh's only emotional support and suicide prevention helpline. This helpline, called Kaan Pete Roi, (loosely translated from the Bengali as "My Ears Wait to Listen") has been in continuous operation since 2013, and has answered over 55,000 calls.

Methods: For each call to the helpline, the individual answering the call (the volunteer) completes a checklist on basic call demographics and suicidal risk level. The volunteer also completes a written description of the caller's reason for calling and the overall narrative of the call. In this study, we will qualitatively code the written descriptions of the calls that fall into the risk level of 'medical emergency', i.e. those callers who have begun the process of taking their life or are in imminent danger at the time of calling (N = 259, 49% female, 51% male); this is the most severe level of suicidal risk possible. Maintaining confidentiality and anonymity of callers, we will code the descriptions with the goal of answering the following questions: 1) What are the primary reasons for calling the helpline in moments of acute distress? 2) What are important circumstances individuals are in during the time they are call (e.g., location, proximity to others, willingness/possibility of accepting outside help, and other emergent details) **Results and Discussion:** Analyses are currently ongoing. This is the first study examining experiences of callers to a helpline who are at high risk of suicide in Bangladesh. It has important implications for policy and intervention, as the findings could indicate methods for accessing and supporting high-risk individuals. Through the discussion, we will connect our findings to specific recommendations, both for helplines at an operational level, and for a larger nationwide strategy for suicide prevention.

2.4 Informing Policy with Helpline Data: A Decade of Insights into Suicide Prevention in Bangladesh

Ms Rubina Jahan¹, Dr. Yeshim Iqbal²

¹SAJIDA Foundation, ²Kaan Pete Roi Emotional Support & Suicide Prevention Helpline

In Bangladesh, the absence of a national-level suicide database and surveillance system hampers efforts to understand and address suicide behavior effectively. Stigma surrounding suicide and mental illness contributes to significant underreporting, resulting in widely varied

suicide epidemiology. As the sole suicide prevention helpline in Bangladesh, Kaan Pete Roi (KPR) boasts a decade of operational experience and has received over 55,000 calls, making it uniquely positioned to provide invaluable insights into suicide prevention policy. Through meticulous documentation of caller demographics, primary and secondary reasons for calls, caller classification, call descriptions, suicide risk levels, call timing and duration, and volunteer information, we have a comprehensive dataset comprising 55,000 calls. In our presentation, we will unveil the insights gleaned from this rich dataset through descriptive analysis. Specifically, we will describe how this dataset can inform both organizational operations and nation-wide intervention.

For operations, we will demonstrate how data on call timing and duration can inform resource allocation and staffing decisions, ensuring that support services are optimally provided during periods of heightened distress. Our examination of volunteer information will provide valuable insights into the human resources involved in providing support, guiding volunteer training, and informing support programs. For intervention, we aim to identify high-risk groups and pave the way for targeted intervention strategies. Our exploration of primary and secondary reasons for calls seeks to inform the development of preventative measures tailored to prevalent stressors and risk factors. Additionally, our evaluation of suicide risk levels will serve as a foundation for implementing proactive measures to mitigate these risk factors. Through these findings, we show how this comprehensive dataset can serve as a cornerstone for evidence-based policy formulation in suicide prevention. By leveraging insights derived from a decade of operation, we aim to contribute to the development of policies and interventions aimed at reducing suicide rates and promoting mental well-being across Bangladesh.

2.5 Coping strategies as moderators between crisis line demands and burnout among Philippines' crisis responders

Ms Mojiera CoroneI, Professor/ Doctor/ Psychologist/ Counselor Lucila Bance^{1,2}

¹University of Santo Tomas Graduate School (USTGS), ²Natasha Goulbourn Foundation (NGF) – MindStrong

Under Section 21 of the Mental Health Act of 2018, twenty-four seven (24/7) hotlines were mandated in the Philippines. Due to the hotlines' nature of work and frequent exposure to stressful events, crisis responders were put at risk of burnout. Despite this, locally sourced evidence remains alarmingly absent, while internationally sourced evidence remains progressively expanding. As a result, this study examined the moderating effect of coping strategies between crisis line demands and burnout among Filipino crisis responders. For the research design, the study utilized Explanatory-Sequential Mixed-Method design. The quantitative phase of the study comprised of eighty-four (84) crisis responders whom completed three (3) psychological tools namely, Crisis Line Demands Questionnaire, Burnout Assessment Tool (BAT), and Brief Coping Orientation to Problems Experienced (Brief-COPE). Subsequently, for the qualitative phase, a semi-structure interview questionnaire was answered by five (5) crisis responders. Data analysis for the former was conducted through Path Analysis, Multiple Linear Regression and Moderation Analysis, while data analysis for the latter, made use of an Interpretative Phenomenological Analysis (IPA). After data analysis, results showed that crisis line demands, namely work-related and

organization-related demands, and coping strategies such as, emotion-focused, and problem-focused significantly predicted burnout. Moreover, among the associations, emotion-focused coping significantly moderated the relationship, more specifically strengthening the impact of work-related demands to burnout. In addition, data from semi-structured interviews provided further insight into the quantitative results making way for a relevant and first in the country psychological intervention to address and prevent burnout among crisis responders.

Oral #03, June 4, 2024, 11:00 AM – 12:00 PM

Chair: Dr Anna Baran

3.1 Suicide Prevention Australia Learnlinc — A Learning Platform Building Capacity and Capability in Suicide Prevention

Mr Clayton Spence¹, [Mr. Chris Stone](#)

¹Suicide Prevention Australia

Learning Objective: To describe the collaborative journey to developing a comprehensive learning platform, outline key principles, and describe a typical user journey through the platform.

Background: The first time someone discloses suicidal distress is often not to a health care professional, but to a friend or colleague. What is said in that tentative moment, and in the moments afterward, has the power to save a life. Unfortunately, most people are not equipped with these skills despite a wide range of learning resources being available.

In January 2024, Suicide Prevention Australia launched Learnlinc. This supported learning platform was developed in consultation with sector experts, lived experience perspectives, and the broader member base of Suicide Prevention Australia, applying best practice in adult learning principles to highlight and amplify high quality suicide prevention learning resources provided across the membership base of Suicide Prevention Australia. The platform helps connect individuals to high quality learning resources and supports them in applying that learning.

Learnlinc provides a place for member's accredited and other high quality learning resources to be easily found, evaluated, and accessed. It is a place where anyone who wants to learn more about suicide prevention can identify their learning goals, fulfil their learning needs, and apply that learning to suicide prevention.

Methods: A collaborative process of consultation, facilitated design, and extended pilot program to launch. Next steps for continued development using UXD and UAT to refine product for release to corporate and community groups outside of the suicide prevention sector.

Discussion: Over time Learnlinc will become the platform for individuals and communities, including corporations and other organisations to find learning resources as they develop their own suicide prevention strategies whether this be part of a well-being strategy, WH&S implementation, or social engagement.

3.2 Suicide Prevention e-training among Secondary School Teachers: A missing piece in Vietnam educational system

Mr Dao Anh Khuong Le¹, Ms Thuy Ngo³, Ms Tram Nguyen⁴, Ms Dan Bui⁵

¹National Yang Ming Chiao Tung University, ²University of Social Sciences and Humanities, Vietnam National University, ³University of Southwest, ⁴Victoria University of Wellington, ⁵University of Sydney

In 2022, the dramatic rise in the number of adolescents' suicidal thoughts and attempts has been a global concern; Vietnam has also reported an increased risk of suicide among young individuals. As previous suicide prevention in the world suggested, the role of school staff and teachers is essential for the comprehensive strategy for this social problem. During 2022–2023, we aim to research and develop online suicide prevention for Vietnamese high school teachers. Initially, our focus is to assess the needs of teachers regarding a youth suicide program to enhance its content and effectiveness. Twelve interviews with experts, high school teachers, and school counselors have revealed a lack of relevant suicidal prevention knowledge and skills among these teachers regarding suicide prevention. The Literacy of Suicide Scale (LOSS) written by Jorm (2000) consists of 26 questions to ask to understand knowledge related to suicide indirectly related to religion, weather, and moon phases), which are divided into four sub-scales: (a) signs and symptoms, (b) causes or the nature of suicidality, (c) risk factors, and (d) treatment and prevention. Each LOSS is responded to on a 3-point scale (true, false, or I don't know). Total scale scores, which range from 0 to 26, are determined by adding up the individual item scores. Suicide literacy correlates with higher LOSS scores, and higher LOSS scores indicate higher suicide literacy. The preliminary result of the need survey (N = 146) shows that 76.6% of teachers who participated in this study have not attended any suicide prevention; 66% of teachers have been exposed to suicide or self-harm information; 95.7% of teachers want to have a suicide prevention program for the student. The mean score for the LOSS scale showed that knowledge of suicide was, on average, low in the sample (M = 0.41, SD = 0.13). The total score on the LOSS ranged from 0 to 26, with a mean score of 8.38, which is lower than the mean score found among the university sample (M = 16.5) and community sample (M = 15.1) in Caelear et al. (2021). Therefore, the implementation of adolescent suicide prevention e-training for the teachers was established with 1250 participants to deal with the rise of suicide cases in the post-COVID world in Vietnam. Pre and post-assessments will be shown to prove the accessibility and efficacy of the e-program.

3.3 Usefulness of a destigmatizing online lecture focusing on improvement in various medical staffs' awareness of and attitudes towards depression and who are in suicidal risk.

Dr Osamu Tanaka¹, Dr Takahiro Nakano, Dr Yoshihide Sorimachi, Dr Tsuyoshi Kondo

¹Aomori prefectural mental health and welfare center, ² Nakano Neurosurgery Clinic, ³Aomori University of Health and Welfare, ⁴Department of Neuropsychiatry, Faculty of Medicine, University of the Ryukyus

Background: There is a current need to reduce the stigma of awareness of and attitudes towards depression and who are in suicidal risks in medical staffs. This study investigated baseline levels of awareness of and attitudes towards depression and who are in suicidal risk, and clarified effectiveness of single online destigmatizing lecture for them.

Methods: Subjects were 34 various medical staffs (7 medical doctors, 4 nurses, 12 pharmacists, 3 public health nurses, and others), who received a online lecture focusing on improvement for awareness of and attitudes towards depression and who are in suicidal risks. A 14-item questionnaire (knowledge of depression, overconfidence in self-awareness, self-manageable disease, fear and shame, reluctance to medication, medical interviews for depression, urging skills for consulting a psychiatrist, reluctance for help seeking, public stigma for depression, distraction and optimism, encouragement and persuasion, effective questioning for persons with suicidal risk, effective skills for risk assessments, "how to ask" knowledge/skill for co-operation with psychiatrists) assessing in 4 scale-steps was administered to each participant before and after this lecture.

Results: All questionnaire items were not improved after single lecture ($P < 0.01$). Factor analysis of baseline scores on the 14 items extracted 3 distinct subscales, it meant baseline stigma of medical staffs, namely overconfidence in having knowledge, ineffective, adverse approaches, understanding the difficulties of help seeking. All subscale scores were not significantly improved after single lecture ($P < 0.001$).

Considerations: This online educational lecture appears not useful for acquiring accurate attitudes of and recognition towards depression and who are in suicidal risks. However, we may need to think about different measures of intervention program which provides correct recognition of depression and of suicidality, and to construct successful approaches towards destigmatizing of medical staffs.

Conclusions: We may need to reconsider different measures for destigmatizing of medical staffs' awareness and attitudes towards depression and suicidality.

3.4 Enhancing Suicide Prevention for International Students: Outcomes and Insights from Adapting the LivingWorks safeTALK Training through Participatory Design

Dr Samuel Mckay¹, Christina Ng, Dr Bridget Kenny, Rafi Armanto, Michelle Lamblin, Professor Jo Robinson

¹Orygen & The University Of Melbourne

Learning objective: Participants will understand how participatory design can effectively create culturally tailored suicide prevention programs for international students.

Background: International students experience significant rates of suicide-related thoughts and behaviour and rarely engage with support services for mental health issues. Local networks of international students are well positioned to provide support, observe suicide warning signs, monitor risk, and facilitate engagement with mental health services for their peers. However, research indicates that international students' confidence to intervene is lacking, and current suicide prevention programs and interventions are not adapted to their needs.

Participatory design is a promising option for tailoring existing suicide prevention strategies to better serve this demographic. However, there has been a lack of empirical investigation into whether participatory design is an appropriate, safe, and effective methodology for adapting suicide prevention programs for international students. To address these issues, the present study aimed to 1) assess international students' experiences of co-consultation to adapt the LivingWorks safeTALK training and 2) evaluate the acceptability and effectiveness of the adapted training in improving knowledge, confidence, and self-efficacy to respond to suicide risk.

Methods: A co-consultation workshop was undertaken to adapt the SafeTALK training to best meet international student needs, and 8 participants completed interviews about their experience. An evaluation of the adapted training with 150 international students through a three-wave longitudinal design (pre, post, 3-months after training) is underway. Changes in suicide knowledge, stigma, help-seeking self-efficacy, and help-seeking intentions, along with program acceptability and skill use, will be reported. Qualitative data was analysed using reflexive thematic analysis, and quantitative data will be assessed using general linear mixed effects models.

Results: Co-consultation participants reported that the experience was empowering and engaging. They felt that it promoted mutual learning and challenged simplistic views of suicide. No students reported experiencing distress. Preliminary data from the evaluation of the adapted safeTALK workshop suggests it is acceptable and effectively provides students with important new knowledge and skills. A full set of results will be presented at the conference.

Discussion: This research highlights the efficacy of participatory design in adapting suicide prevention training, emphasising its potential to empower international students and enable culturally sensitive program adaptations. The findings suggest participatory approaches are a viable method for tailoring existing suicide prevention initiatives to better serve the needs of international students.

3.5 Multi-modal Approach to Preventing Suicide in Schools (the MAPSS project)

Dr Samuel McKay¹, Dr Eleanor Bailey, Dr Sadhbh Byrne, Michelle Lamblin, Professor Jane Pirkis, Dr Catherine Mihalopoulos, Professor Matthew Spittal, Prof Simon Rice, A/Prof Sarah Hetrick, Matthew Hamilton, Dr Hok Pan Yuen, Dr Yong Yi Lee, India Bellairs-Walsh, Maria Veresova, Professor Jo Robinson

¹Orygen & The University Of Melbourne

Learning objective: Participants will understand the effectiveness and acceptability of a multi-modal suicide prevention approach in school settings, incorporating psychoeducation, risk screening, and online cognitive behavioural therapy.

Background: Suicide is a leading cause of death in young people worldwide, and schools may be an ideal setting for the delivery of youth suicide prevention interventions. Evidence suggests that multi-modal approaches to suicide prevention (i.e., those containing universal, selective and indicated components) may be most effective in school settings. The aim of the Multi-modal Approach to Preventing Suicide in Schools (MAPSS) project is to evaluate

a suicide prevention program integrating three components: 1) psychoeducation workshops delivered to all year 10 students, 2) screening to identify students at risk, and 3) delivery of online cognitive behavioural therapy (Reframe IT) to students experiencing suicidal thoughts.

Methods: Participants to date are 1449 young people (Age M = 15.5, 52% female) recruited from 20 high schools in Melbourne, Australia. Study outcomes include changes in self-reported suicidal ideation and willingness to seek help, along with measures of the acceptability of the different interventions.

Results: Preliminary results indicate that 36% of participants experienced some level of suicidal ideation with 10% reporting severe suicidal ideation. Suicide attempts in the sample in the last 12 months (5%) were less common but still prevalent. Despite this, less than half of students experiencing suicidal thoughts were currently linked with school wellbeing supports, and the suicide risk was even less commonly known (15%). The SafeTALK evaluation findings show that students find the program enjoyable (71%) and worthwhile (86%), and not very upsetting (97%). A fully updated set of results will be presented at the conference.

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

Oral #04, June 4, 2024, 11:00 AM – 12:00 PM

Chair: Dr Sarah Fortune

4.1 Gender-specific of Suicidal Reasons for Rural Older Adults who Died by Suicide: Using In-Depth Interviews

Ms Xinyu Bai^{Guangxi Medical University}, Mrs Jiaying Li, Xianyida Rouzi, Cunxian Jia, Mr Liang Zhou, Ms Chen Guoxiang^{Guoxiang Chen}, Zhenyu Ma

Background: The unique pattern of female predominance of suicide in rural China has changed. Suicide rates were higher among women than men, however, higher rates have been observed among men than women since 2006. The reasons for changes in gender patterns of suicide in rural China warrant our attention. In this study, we used an in-depth interview method based on psychological autopsy to explore the different reasons for suicide among female and male elderly in rural China.

Methods: A total of 12 counties in Guangxi, Hunan and Shandong Provinces were selected as survey sites by two-stage stratified random sampling method according to GDP ranking. The study was conducted from June 2014 to September 2015. People aged ≥ 60 years who had died by suicide were consecutively collected. Mental disorders were assessed using the Chinese version of the DSM-IV by psychiatrists. The content was analyzed in accordance with the phases of thematic analysis.

Results: Data were available for 242 people who died by suicide. A total of nine main categories of reasons were reported. Physical illness, psychological distress and interpersonal conflicts were the leading reasons of suicide, but there was no statistical difference between male and female. A higher proportion of man than women were reported financial difficulties as their reasons for suicide. Female who died by suicide were more reported had ended their lives because of mental disorders. However, more male who died by suicide was diagnosed with mental disorders by psychiatrists than female (55.56% versus 43.93%).

Discussion: Physical illness, psychological distress and interpersonal conflicts were the leading reasons of suicide for both older male and female who died by suicide in rural China. Moreover, we found that the reason for financial difficulties was more in men than in women. This is in line with the traditional Chinese rural culture, in which men are under greater financial pressure in the family. A lower proportion of men reported mental disorders as a reason for suicide. However, according to psychiatrists' diagnosis, the proportion of man with mental disorders is higher than that of women, possibly because their masculine characteristics restrict their ability to be seen as weak or seek help from others, leading to reticence in seeking mental health care. Gender differences should be taken into account in suicide prevention strategies for older adults in the future.

4.2 An upstream approach to preventing suicide for adolescent males: a randomised controlled trial of the 'Breaking the Man Code' workshops

Dr Kylie King¹, Anna Clark¹, A/Prof Patty Chondros², Dr Sarah Liddle¹, Dana Meads¹, Prof Simon Rice³, Dr Judy Trevena², Dr Long Le², Professor Jane Pirkis²

¹Monash University, ²The University of Melbourne, ³Movember Foundation

Learning objective: To investigate the impacts of an Australian school-based program, Tomorrow Man's "Breaking the Man Code" workshops, for young men's help-seeking intentions and explore learnings for future suicide prevention.

Background: Men account for three-quarters of suicide deaths in many countries. School-based programs are common and show promise to tackle the issue of male suicide by fostering protective factors and reducing the impact of harmful factors. Many programs remain unevaluated and there is a need to determine which approaches work best. Tomorrow Man's 'Breaking the Man Code' workshop aims to challenge and transform harmful masculinities in young men with a view to reducing their suicide risk.

Our primary hypothesis was that participants who receive the workshop will have an increase in the likelihood of seeking help for personal or emotional problems, as measured by the General Help Seeking Questionnaire (GHSQ), compared to those waiting to receive a workshop. Secondary outcomes included conformity to masculine norms, perceived social support, male depression risk, and wellbeing.

Methods: This study was a stratified cluster randomised controlled superiority trial with two parallel groups. Schools were randomised 1:1 to an intervention or wait-list control group. Participants in two groups were compared on a set of standardised measures. Purpose-

designed closed- and open-ended questions gathered data about experiences of the workshops. We used linear mixed-effects models to estimate the difference between the study groups on the primary and secondary outcomes at follow-up.

Results: Data were collected from 1225 male student participants from 24 schools in NSW, WA, and Victoria between 2020 and 2023. There was no statistical evidence for between-group differences in the primary or secondary outcomes. Participants who received the workshop reported positive impacts on their behaviour and attitudes relevant to help-seeking and masculinity via closed and open-ended questions.

Discussion: Whilst changes in primary (help-seeking intentions) and secondary measures were not found for those who attended the workshop, qualitative data revealed other positive impacts. It is possible that these standard measures are not sensitive to detect changes in participants. It could also be that pressures on young men to not act 'outside the man code' may be preventing change. The findings are being used to strengthen the workshops and will inform the development and evaluation of gender-transformative suicide prevention interventions for boys and men.

4.3 Mental health and help-seeking experiences for Pacific men in Aotearoa New Zealand

Dr Caleb Marsters¹

¹University Of Auckland

Pacific men are disproportionately burdened by mental illness, addiction, reduced access to mental health services, and high suicide rates. For example, only 25 percent of Pacific people with serious mental disorders received treatment from mental health services in the past 12 months in comparison to 58 percent among New Zealand's total population. The repercussions of delayed treatment are evidenced by the disproportionately high number of Pacific men who are referred to mental health services by the police or the courts, as well as the high number of Pacific men presenting to acute inpatient services at crisis point.

This presentation will focus on the qualitative survey and one-on-one komakoma marie (interviews) carried out with 60 Pacific men in Aotearoa New Zealand aged 18-35 years who had experienced mental health challenges themselves.

The following themes emerged from this study. (1) Duty of service trumps self-care in Pacific cultures "If you care about the people you love, the best thing you can do is take care of yourself for them". (2) Important to address childhood trauma and father-son relationships "I grew up hiding my emotions, never expressed myself, acted hard. All as a way to protect myself". (3) Being a provider at all costs "Valued for what I can provide". (4) Unsure what to do, where to go, how to let people know "Broken, lost, scared, ashamed, embarrassed, alone." (5) Drug use, binge drinking, and suicide attempts were a common cry for help. (6) Being vulnerable, seen, and heard is key "Being vulnerable was the only way to reach the realisation that there was an end to my struggles". (7) Professional support does help but information must be accessible to informal support networks.

This study contributes to a deeper understanding of help-seeking behaviors among Pacific men, emphasising the importance of culturally sensitive and gender-specific approaches to

mental health support. There is an emerging community-driven response in Aotearoa advocating for and supporting men to rise above hypermasculine narratives and wider societal ideologies centered on stoicism, ceaseless work, and punitive, disempowering responses to emotional vulnerability. The research hopes to inform policy and family-centered intervention strategies that promote holistic and effective mental health care for Pacific men and communities.

Oral #05, June 4, 2024, 11:00 AM – 12:00 PM

Chair: Dr Renske Gilissen

5.1 The mediating effect of excessive reassurance-seeking and perceived social support in attachment anxiety and depressive symptoms among emerging Filipino adults in a romantic relationship: implications for intervention

Ms Czarina Joy Balbuena¹, Professor/ Doctor/ Psychologist/ Counselor Lucila Bance¹

¹University of Santo Tomas

The current study explored the mediating mechanism of the attachment–depression link among emerging Filipino adults in a romantic relationship. Previous literature showed a consistent association between attachment and depression, as interpersonal difficulties stemming from attachment anxiety make partnered individuals more vulnerable to depression due to its negative relationship consequences. Excessive reassurance-seeking (ERS) and perceived social support (PSS) are two variables explored alongside these constructs. Despite theoretical and empirical evidence, this is the first research that utilized this framework in a multiple parallel–sequential mediation model using a Filipino sample. Additionally, most attachment-informed programs are focused on parental attachment or relationship distress, which limits implications for individual mental health. To summarize, the current study aimed to test whether attachment anxiety had an indirect effect on depressive symptoms via a parallel–sequential mediation model of ERS and PSS, respectively, among a sample of emerging Filipino adults in a romantic relationship. The study utilized a quantitative cross-sectional explanatory method by administering four standardized questionnaires to 387 respondents. The data was analyzed using the partial least squares structural equation modeling software of Warp-PLS version 6. The study found that ERS ($\beta = 0.196$, $p < 0.001$) and PSS ($\beta = 0.065$, $p = 0.034$) parallelly mediate attachment anxiety and depressive symptoms. However, ERS and PSS, respectfully, do not sequentially mediate attachment anxiety and depressive symptoms ($\beta = 0.038$, $p = 0.098$). The results indicated that attachment anxiety leads to ERS and PSS. In turn, these two may then lead to depressive symptoms due to the interpersonal stressors these tendencies create within one's relationship. Therefore, there is a need to address ERS and PSS by alleviating and enhancing them, respectively, among emerging Filipino adults whose depressive symptoms may stem from interpersonal-romantic sources. The results also

inspired the initial development of attachment-based programs for depressive emerging adults.

Keywords: attachment anxiety, emerging adults, excessive reassurance-seeking (ERS), perceived social support (PSS), depressive symptoms

5.2 Social capital and self-harm behavior in Sri Lanka

Ms Fang-Wen Lu¹, Prof. Shu-Sen Chang², Professor Michael Eddleston³, Dr. Melissa Pearson³, Flemming Konradsen³

¹Institute of Epidemiology and Preventive Medicine, National Taiwan University, ²Institute of Health Behaviors and Community Service, National Taiwan University, ³Centre for Pesticide Suicide Prevention and Centre for Cardiovascular Science, University of Edinburgh

Learning objective: Household cohesion and trust in people are associated with decreased self-harm risk, indicating a potential protective effect of social capital on self-harm.

Background: Previous research suggested the role of social capital in self-harm; however, there is limited previous research on this issue in rural settings in Asia. This study aimed to investigate the relationship between a wide range of social capital constructs and self-harm behavior in Sri Lanka.

Methods: We analyzed data from a community-based survey, which was a follow-up study of a large safe storage trial of pesticide suicide prevention, conducted in a rural area in Sri Lanka in 2016–2017. Data for self-harm behavior over a 3-year period (2013–2016) were from the trial. Eight constructs from the survey were used to operationalize social capital: household cohesion, emotional support, general trust, trust in people, community trust, village improvement, reciprocity, and collective action. Covariates included age, sex, education, assets, and household alcohol problems. We applied a generalized estimating equations logistic regression model to investigate the relationship between social capital and self-harm, accounting for neighborhood-level interdependence.

Result: Participants with missingness in covariates and social capital were excluded, resulting in an analytic sample of 6,997 participants. A total of 61 (0.9 %) individuals had self-harm over the study period. Higher levels of household cohesion and trust in people were associated with decreased odds of self-harm, with an odds ratio (OR) of 0.82 (95% confidence interval [CI] 0.72–0.93, p-value = 0.003) and 0.93 (95% CI 0.87–0.99, p-value = 0.030), respectively. Younger age and low asset status were associated with increased odds of self-harm, with an OR of 3.24 (95% CI 1.86–5.65, p-value <0.001) and 2.20 (95% CI 1.05–4.61, p-value = 0.040), respectively.

Discussion: These findings suggested a potential effect of individual-level social capital, such as a sense of household cohesion and trust in people, on reducing the risk of self-harm. The main limitations of this study were that the social capital survey was conducted after the recorded self-harms, and the limited statistical power due to a relatively small number of self-harm events recorded in the sample. Future studies could apply a longitudinal or experimental design to further investigate and confirm the protective effect of social capital on self-harm and suicidal behavior.

5.3 Suicidality, perceived chronic stress, and stress-induced cortisol changes among individuals with schizophrenia

Dr Yi Yin^{1,2}, Dr. Yunlong Tan^{1,3}

¹Beijing Huilongguan Hospital, ²Beijing Suicide Research and Prevention Center, WHO Collaborating Center for Research and Training in Suicide Prevention, ³Peking University Huilongguan Clinical Medical School

Learning Objective: The aim of this study was to determine whether high suicidality was correlated with perceived chronic stress and the cortisol fluctuations under stress tasks in schizophrenia.

Background: High-level stress was related to suicide risk, but less is known about the associations of suicidal ideation or behavior with acute stress fluctuation and stress tolerance.

Methods: High suicidality was defined as a lifetime history of suicide attempts or suicidal ideation in the past two weeks. Individuals with schizophrenia and high suicidality (SZ-HS, n = 59), with low suicidality (SZ-LS, n = 207), and healthy controls (HC, n = 196) finished the Perceived Stress Scale. Then, they participated in an experiment that induced stress using the Paced Auditory Serial Addition Task and the Mirror Tracing Persistence Task. Negative affect was measured at baseline and after finishing each task. The salivary cortisol was collected before-, after 20 minutes, and after 40 minutes of the tasks.

Results: SZ-HS had elevated perceived stress than SZ-LS and HC, but suicidality was not related to baseline cortisol level. Mixed effect models showed that stress tasks induced cortisol changes in all groups; cortisol of SZ-LS was reduced more than healthy controls, but SZ-HS and SZ-LS did not differ in cortisol fluctuations. SZ-HS and SZ-LS experienced similar negative affect changes during tasks and the difference in withdrawal rates was nonsignificant.

Discussion: Suicidality was correlated with high-level perceived stress but did not result in differences in cortisol levels and cortisol reactivities under stress tasks. It suggests the inconsistency between appraisal of stress and biological stress system disturbance among SZ-HS compared to SZ-LS.

5.4 Psychosocial functioning of secondary school students of Kerala, India, during the COVID-19 pandemic

Ms Savithri Suresh³, Mr. Shiju Joseph¹, Ms. Maya Menon¹, Mr. Vineesh T V², Mr. Sajeer Thomas², Dr. Jayasoorya T S³, Dr. Immanuel Thomas⁴, Dr. Bindu P⁴, Dr. Fasli Siddique, Ms Sajna M R², Ms Huda Ameen

¹Psychological Resource Centre, Government College for Women, ²State Council of Educational Research and Training, ³National Institute of Mental Health and Neurosciences, ⁴University of Kerala

Learning Objective: Assess the prevalence of anxiety and depression among high school and higher secondary students during the COVID-19 pandemic, identify factors contributing to feelings of depression, anxiety, worry about the future, suicidal ideation, and self-harm

tendencies among students, and explore the relationship between individual characteristics, such as emotion regulation and coping skills, and mental health outcomes among students.

Background: The COVID-19 pandemic has had a profound impact on various aspects of life, including education and mental health. School closures and the shift to remote learning have disrupted students' routines and social interactions, potentially exacerbating feelings of isolation, anxiety, and depression. Previous literature also indicates a concerning prevalence of depression and anxiety among students during the pandemic. Hence, it is important to investigate the psychosocial well-being of students and identify potential risk factors.

Methods: A cross-sectional descriptive study was conducted between September and December 2020. A stratified sample of 691 secondary students from 85 schools were surveyed using printed questionnaires and online forms. The survey assessed anxiety, depression, coping mechanisms, emotion regulation, suicidal ideation, and self-harm tendencies. Data were analyzed using descriptive and inferential statistics, including chi-square and correlation tests.

Results: The study found that 28.9% of students reported mild depression, 23.44% reported moderate to severe depression, and 2.6% exhibited severe depressive symptoms. Regarding anxiety, 21.9% reported mild symptoms, 7.96% experienced moderate anxiety, and 3.18% reported severe anxiety. Additionally, 10.13% of students considered suicide, with 2.03% attempting it, and 6.22% engaged in self-harm behavior during distress. Significant associations were observed between mental health issues and individual characteristics such as poor emotion regulation and maladaptive coping skills.

Discussion: The study highlights a higher prevalence of mental health issues among students compared to pre-pandemic levels, indicating the detrimental impact of COVID-19 on their well-being. Difficulty with emotion regulation emerged as a significant factor related to depression. These findings underscore the need for interventions to support students' mental health, focusing on enhancing emotion regulation skills and providing adequate support to prevent suicide. Understanding the factors influencing students' mental health is crucial for developing effective strategies to mitigate the negative effects of the pandemic on their well-being.

Thai Breakout Session #2 (W'Shop #1), June 4, 2024, 2:30 PM - 4:00 PM

Chair: Dr Prakarn Thomyangkoon

6.1 Primary Prevention of Mental Health in Children with Art

Dr. Lertsiri Bovornkitti¹

¹Srinakharinwirot University

ในหนังสือ Child Art Therapy (2005) ผู้พิมพ์ Judith A. Rubin

ได้กล่าวถึงการใช้ศิลปะในโรงเรียนประถมศึกษาว่าช่วยป้องกันการเกิดปัญหาสุขภาพจิตในวัยเด็กได้ และเน้นว่า

“ศิลปะส่งผลต่อการป้องกันปฐมภูมิเพื่อพิทักษ์สุขภาพจิตในวัยเด็ก

ด้วยเหตุผลว่าการให้เด็กวัยปฐมศึกษาได้ทำงานสร้างสรรค์ศิลปะแสดงออกตนเองอย่างอิสระและชื่อตรงเปรียบเสมือนการให้เด็กได้รับวิตามิน การตรวจสุขภาพและการดูแลรักษาสุขภาพจิตอย่างสม่ำเสมอ

บทความนี้เป็นส่วนหนึ่งของการศึกษาคาถาแนวศิลป์บำบัดเพื่อดูแลป้องกันสภาพจิตระดับปฐมภูมิ ด้วยเด็กวัยระดับประถมศึกษาศมควรได้รับการถนอมและป้องกันด้านสุขภาพจิต เพราะเด็กกำลังมีพัฒนาการด้านความคิด อารมณ์และจิตใจ จึงสมควรได้รับการส่งเสริมสุขภาพจิตให้เด็กได้รับการพิทักษ์สภาพจิตให้อยู่ในสภาวะดีและมีศักยภาพผู้พัฒนาการวัยรุ่นในระดับมัธยมศึกษาต่อไป

กรณีศึกษาวิเคราะห์เชิงคุณภาพนี้ประกอบชุดกิจกรรมศิลปะที่ส่งเสริมการแสดงออกอย่างอิสระและชื่อสัตย์ ให้เด็กได้ฝึกฝนการเข้าใจความคิดและความรู้สึกของตนเองอย่างมีสติเพื่อเสริมสร้างการตระหนักรู้แห่งตน การคิดสร้างสรรค์และการคิดยืดหยุ่นให้เกิดการเข้าใจ ยอมรับ ปรับตัวและการคิดบวก ในรูปแบบกระบวนการทำงานและการสนทนาตามแนวศิลป์บำบัดแบบผสมผสานและการให้คำปรึกษาเชิงจิตวิทยาซึ่งเน้นการสะท้อนการคิดและความรู้สึกของ เด็กเป็นหลักในการตอบสนองต่อกระบวนการและผลงานศิลปะของตน

ศิลปะระดับปฐมภูมิเพื่อถนอมสุขภาพจิตเด็กมีคุณค่าด้านการบำบัดและประโยชน์ที่เด็กวัยประถมศึกษาได้รับการป้องกันปัญหาสุขภาพจิตด้วยการฝึกฝนทักษะ ต่างๆอันเป็นปัจจัยส่งผลต่อการพิทักษ์สภาพจิตใจให้ปลอดภัย และเจริญเติบโตด้านการคิด อารมณ์และจิตใจ ไปสู่พฤติกรรมเชิงบวกและสภาวะดีทางจิตใจ ในการนี้เด็กได้เข้าใจความรู้สึกของตนเอง แสดงภาวะการคิดยืดหยุ่นต่อสภาพการณ์ปัจจุบัน สามารถจัดการอารมณ์ และมีแนวโน้มการคิดบวกสูงขึ้น ดังปรากฏจากพฤติกรรมการแสดงออกและการเปิดใจผ่านงานศิลปะของเด็ก

คำสำคัญ : ศิลปะ ศิลป์บำบัด การป้องกันปฐมภูมิ สุขภาพจิตเด็ก ภาวะยืดหยุ่นทางจิตใจ

6.2 Development of Model for Vulnerable People with Suicidal Behavior in Thailand

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การพัฒนาแบบการป้องกันการฆ่าตัวตายสำหรับกลุ่มเปราะบางที่มีปัญหาพฤติกรรมฆ่าตัวตายใน 25 จังหวัด 4 ภาคของประเทศไทย

วัตถุประสงค์เพื่อพัฒนาแบบการดูแลกลุ่มเปราะบางที่มีปัญหาพฤติกรรมฆ่าตัวตาย
มารับการรักษาในโรงพยาบาลแต่ละระดับของระบบบริการสุขภาพ ช่วงเวลา พ.ศ. 2564 ถึง 2566

สถานการณ์การคิดเชื่อไวรัสโคโรนา 2019 (COVID 19) กระทบต่อเกือบทุกระบบของประเทศ คาดว่าปัจจัยต่างๆโดยเฉพาะ เศรษฐกิจและสังคมจะทำให้เกิดการเพิ่มขึ้นของการฆ่าตัวตาย ในปี 2562-2563 อัตราการฆ่าตัวตายเพิ่มขึ้น แม้มีระบบการดูแลช่วยเหลือการฆ่าตัวตายในสถานบริการทั่วประเทศ แสดงให้เห็นว่าระบบนี้ น่าจะมีช่องว่างในระบบการดูแล รักษา ผู้มีความเสี่ยงต่อการฆ่าตัวตาย โดยเฉพาะกลุ่มเปราะบาง

วิธีการศึกษา เป็นวิจัยเชิงปฏิบัติการแบบมีส่วนร่วม (Participated action research: PAR) โดยระยะที่ 1 คือ วิเคราะห์ปัญหาและสถานการณ์ในระบบการดูแลประชาชนกลุ่มเปราะบางที่มีปัญหาพฤติกรรมฆ่าตัวตาย โดยใช้การเก็บข้อมูลจากแบบสอบถาม การสัมภาษณ์เชิงลึกโดยการสนทนา ในกลุ่มประชากรเป้าหมาย คือ กลุ่มผู้บริหาร กลุ่มบุคลากรสาธารณสุข กลุ่มอาสาสมัครสาธารณสุขประจำหมู่บ้าน กลุ่มเปราะบางที่มารับบริการ กลุ่มญาติผู้ดูแล และ วิเคราะห์ข้อมูลโดยใช้สถิติ หากค่าเฉลี่ยและร้อยละ รวมทั้งการวิเคราะห์ข้อมูลเชิงคุณภาพ ระยะที่ 2 การพัฒนาศักยภาพบุคลากรสาธารณสุขและแนวทางการดูแลรักษากลุ่มเปราะบางที่มีพฤติกรรมฆ่าตัวตาย ในโรงพยาบาลทุกระดับของระบบบริการสุขภาพ ระยะที่ 3 การขยายผลแนวทางฯ การดำเนินการเป็นรูปแบบชัดเจนไปยังอีก 21 จังหวัด และระยะที่ 4 ประเมินผลลัพธ์ที่เกิดขึ้นจากการดำเนินการตามแนวทางฯ ที่พัฒนาขึ้นใน 25 จังหวัด

ผลการศึกษา ระยะที่ 1 พบว่าในชุมชนมีการเข้าถึงอาวุธทำร้ายตนเองได้ง่าย ความรู้และทัศนคติเกี่ยวกับการฆ่าตัวตายของกลุ่มตัวอย่าง 4 จังหวัดน่านอง พบว่า มีความตระหนักและมีทัศนคติที่ดีในเรื่องการป้องกันการฆ่าตัวตายเฝ้าระวัง มีการคัดกรองและติดตามในคนที่พยายามฆ่าตัวตาย มีความจำเป็นต้องให้ความรู้ในเรื่องนี้กับกลุ่มเป้าหมาย กลุ่มเปราะบาง และกลุ่มผู้ดูแล ในเรื่องของสัญญาณเตือน การสอบถามอย่างเปิดเผยเรื่องการฆ่าตัวตาย ทุกกลุ่มมีทัศนคติด้านบวกที่เหมือนกันคือ การฆ่าตัวตายเป็นบาป อาจเป็นผลมาจากศาสนาเพื่อจรรโลงจิตใจ และเป็นสิ่งที่พึงทางใจ ระยะที่ 2 มีการพัฒนาและอบรมบุคลากร core package intervention ตามความต้องการของพื้นที่ และพัฒนาแนวทางการป้องกันปัญหาการฆ่าตัวตายขยายผลจาก 4 จังหวัดไปสู่ 21 จังหวัด ในระยะที่ 3 โดยมีการประเมินผลลัพธ์ที่เกิดขึ้น ในระยะที่ 4 ข้อเสนอแนะ ลดปัจจัยเสี่ยงโดยมาตรการลดการเข้าถึงอาวุธและวัตถุอันตราย เพิ่มปัจจัยปกป้องโดยปรับทัศนคติและให้ความรอบรู้ด้านสัญญาณเตือนเรื่องการป้องกันการฆ่าตัวตาย เพิ่มมาตรการคัดกรองความเสี่ยงต่อการฆ่าตัวตายในระดับชุมชน และจุดแจ้งเหตุและทีมกู้วิกฤติในพื้นที่ การพัฒนาศักยภาพบุคลากรสาธารณสุขในการดูแลปัญหาการฆ่าตัวตายให้ครอบคลุมรวมทั้งการติดตามต่อเนื่องร่วมกับชุมชน โดยใช้กลไกของการบูรณาการทำงานร่วมกันแบบภาคีเครือข่ายในและนอกระบบสาธารณสุข รวมทั้งการทำงานโดยใช้ข้อมูลร่วมกันเพื่อขับเคลื่อนการดูแลในระดับพื้นที่

6.3 Being cyberbullied and suicide risk among youths

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การถูกรังแกผ่านโลกไซเบอร์และความเสี่ยงต่อการฆ่าตัวตายในเยาวชน

ความเสี่ยงต่อการฆ่าตัวตายเป็นปัญหาสำคัญด้านสุขภาพจิตและจิตเวชที่มีความรุนแรงเพิ่มมากขึ้น และส่งผลกระทบต่อคุณภาพชีวิตของเยาวชนทั่วโลก

จากการทบทวนวรรณกรรมพบว่าการถูกรังแกผ่านโลกไซเบอร์เป็นปัจจัยหนึ่งที่ทำให้เด็กและเยาวชนมีความคิดและพยายามฆ่าตัวตาย

วัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างการถูกรังแกผ่านโลกไซเบอร์ และความเสี่ยงต่อการฆ่าตัวตาย

เป็นการวิจัยเชิงพรรณนาหาความสัมพันธ์ กลุ่มตัวอย่างคือ เยาวชนอายุ 18-25 ปี เพศชายและเพศหญิงมารับบริการ โรงพยาบาลในเขตบริการสุขภาพที่ 7 ระหว่างเดือนกันยายน ถึง ธันวาคม 2562 จำนวน 322 ราย โดยสุ่มกลุ่มตัวอย่างแบบหลายขั้นตอน ผู้วิจัยเป็นผู้รวบรวมข้อมูลด้วยตนเอง เครื่องมือที่ใช้ คือ แบบสอบถามข้อมูลส่วนบุคคล แบบประเมินการถูกรังแกผ่านโลกไซเบอร์และแบบสัมภาษณ์ความเสี่ยงต่อการฆ่าตัวตายในเครื่องมือวินิจฉัยโรคทางจิตเวช ซึ่งได้ค่าสัมประสิทธิ์แอลฟาของครอนบาคเท่ากับ .92 วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนา และสถิติสัมประสิทธิ์สหสัมพันธ์แบบ สเปียร์แมน กำหนดระดับนัยสำคัญทางสถิติที่ .01

ผลการศึกษา 1) กลุ่มตัวอย่างถูกรังแกโดยรวมระดับน้อยที่สุด ($\bar{x}=1.65, SD = 0.67$) และการถูกรังแกรายด้านที่มีค่าเฉลี่ยมากที่สุดคือ ด้านการถูกลบหรือบล็อกจากกลุ่ม ($\bar{x}=1.88, SD= 0.94$) รองลงมาคือ ด้านการถูกนินทา คำทอ รวมถึงการพูดคุยได้ตอบด้วยถ้อยคำที่หยาบคาย ($\bar{x}=1.83, SD=0.82$) และด้านการถูกบุคคลอื่นนำความลับที่เป็นข้อมูลส่วนตัวไปเปิดเผย ($\bar{x}=1.57, SD=0.75$) ตามลำดับ 2) กลุ่มตัวอย่างถูกรังแกผ่านโลกไซเบอร์มีความเสี่ยงต่อการฆ่าตัวตายเป็นร้อยละ 39.50 ในจำนวนนี้พบมีความเสี่ยงต่อการฆ่าตัวตายระดับรุนแรงร้อยละ 54.20 ระดับปานกลางร้อยละ 10.30 และระดับน้อย ร้อยละ 35.50 ตามลำดับ 3) การถูกรังแกผ่านโลกไซเบอร์มีความสัมพันธ์ทางบวกระดับปานกลางกับความเสี่ยงต่อการฆ่าตัวตาย อย่างมีนัยสำคัญทางสถิติที่ระดับ .01 ($r_s=.301, p<.01$)

ข้อเสนอแนะ เป็นข้อมูลพื้นฐานในการป้องกันและแก้ไขปัญหาการฆ่าตัวตายในเยาวชน ด้วยการลดความเสี่ยงต่อการฆ่าตัวตายโดยมุ่งประเด็นไปที่การจัดการปัญหาการถูกรังแกผ่านโลกไซเบอร์ในเยาวชนต่อไป

6.4 The development of the self-harm prevention model “I Love Myself” in adolescents with depression.

นาง Nongkran Somyuen¹

¹Rasi Salai Hospital

การพัฒนาารูปแบบการป้องกันการทำร้ายตนเอง “I Love Myself” ในวัยรุ่นที่มีภาวะซึมเศร้า

The development of the self-harm prevention model “I Love Myself” in adolescents with depression.

นงคราญ สมชื่น พย.บ

เลขที่จริยธรรมการวิจัยในมนุษย์ SPPH 2023-118

บทคัดย่อ

การดำเนินงานคลินิกจิตเวชเด็กและวัยรุ่น โรงพยาบาลราชวิถี ปี 2565 มีวัยรุ่นอายุ 13-18 ปี ที่มีภาวะซึมเศร้ามารับบริการ ร้อยละ 6.29 จากผู้ป่วยโรคซึมเศร้าทั้งหมด และมีประวัติทำร้ายร่างกายตนเอง ร้อยละ 55.56

ผู้วิจัยจึงต้องการพัฒนารูปแบบเพื่อป้องกันการทำร้ายตนเองในวัยรุ่นที่มีภาวะซึมเศร้า การวิจัยครั้งนี้เป็นการวิจัยเชิงปฏิบัติการ (Action Research) มีวัตถุประสงค์เพื่อพัฒนาและประเมินผลลัพท์รูปแบบ การป้องกันการทำร้ายตนเอง “I Love Myself” ในวัยรุ่นที่มีภาวะซึมเศร้า ขั้นตอนการศึกษาประกอบด้วย 1) การวางแผน (Plan) 2) การปฏิบัติ (Action) 3) สังเกตผล (Observe) 4) การสะท้อนผล (Reflect) คัดเลือกผู้เข้าร่วมวิจัยแบบเจาะจง 2 กลุ่ม ประกอบด้วย 1) กลุ่มตัวอย่างในการวิจัย วัยรุ่นอายุ 13-18 ปี ที่มีภาวะซึมเศร้า และมารับบริการที่คลินิกจิตเวชเด็กและวัยรุ่น โรงพยาบาลราชวิถี ในเดือน กรกฎาคม – ตุลาคม 2566 จำนวน 14 คน และ 2) ผู้ปกครองผู้มีส่วนร่วมในการประเมินผลการใช้รูปแบบ จำนวน 14 คน ทำการศึกษาระหว่างเดือน กรกฎาคม 2566 – กุมภาพันธ์ 2567 วิเคราะห์ข้อมูลเชิงคุณภาพใช้การวิเคราะห์เชิงเนื้อหาและวิเคราะห์ข้อมูลเชิงปริมาณ แบบคัดกรองซึมเศร้าในวัยรุ่น The Center for Epidemiology Studies Depression Scale (CES-D) แบบประเมินซึมเศร้าในเด็ก Children's Depression Inventory (CDI) แบบประเมินการฆ่าตัวตาย 8 คำถาม (8Q) แบบประเมินความเข้มแข็งทางใจในเด็กและวัยรุ่น (Resilience scale) แบบประเมินความพึงพอใจ โดยการแจกแจงความถี่ ค่าเฉลี่ย ร้อยละและส่วนเบี่ยงเบนมาตรฐาน

ผลวิจัยพบว่า รูปแบบ “I Love Myself” ประกอบด้วย 3 หมวดกิจกรรม 6 กิจกรรมย่อย 1) สิ่งที่เป็น (I am) (1.1) บุคลิกภาพ 4 ทิศ (1.2) รู้ทันอารมณ์ 2) สิ่งที่มี (I have) (2.1) ก้าวไปด้วยกัน (2.2) มิตรแท้ คู่เลกัน 3) ความสามารถที่มี (I can) (3.1) สลักความดีในหัวใจ (3.2) ทางเดินของชีวิต หลังใช้รูปแบบ วัยรุ่นกลุ่มตัวอย่าง มีระดับคะแนนภาวะ ซึมเศร้าลดลง ร้อยละ 85.71 มีระดับความเข้มแข็งทางใจเพิ่มขึ้นร้อยละ 92.86 กลุ่มตัวอย่างทุกคนมีคะแนนแนวโน้มที่จะฆ่าตัวตายในปัจจุบันลดลง ผู้ปกครองมีความพึงพอใจรูปแบบในระดับพึงพอใจมาก รูปแบบการป้องกันการทำร้ายตนเอง “I Love Myself” สามารถลดภาวะซึมเศร้า ลดแนวโน้มการฆ่าตัวตาย เพิ่มความเข้มแข็งทางใจในวัยรุ่น และควรมีการนำรูปแบบนี้ไปใช้ในวัยรุ่นทุกคนที่มีภาวะซึมเศร้าที่มารับบริการที่คลินิกจิตเวชเด็กและวัยรุ่น และเพิ่มการใช้รูปแบบในการดำเนินงานเชิงรุกเพื่อป้องกันภาวะซึมเศร้าวัยรุ่นในโรงเรียนและชุมชน

คำสำคัญ: วัยรุ่นซึมเศร้า ทำร้ายตนเอง I Love Myself

Oral #07, June 5, 2024, 11:00 AM – 12:00 PM

Chair: Professor Jane Pirkis

7.1 Evaluating the impact of a student mental health training programme for local secondary school students in Hong Kong

Miss. Ingrid D. Lui^{1,2}, Ms Tiffany W. S. Law¹, Dr Wendy Wing Yan So¹, Professor Paul S. F. Yip^{1,2}

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Learning Objective: School-based mental health training programmes for suicide prevention have the potential to be effective if they recognise the perspectives of students and can be well-integrated with existing school efforts.

Background: Suicide Help Intervention through Education and Leadership Development for Students (S.H.I.E.L.D.S.) was a leadership training programme for secondary school students in Hong Kong which aimed to strengthen peer support for students in distress or crisis by empowering selected students to become proactive gatekeepers and lay leaders in mental health promotion and suicide prevention in their school communities. The programme provided student leaders with knowledge on how to identify and respond to peers in distress or crisis, as well as practical experience in designing and implementing a student-led mental health promotion project to foster stronger social networks and encourage help-seeking behaviours among their peers. The programme took place over two rounds during the 2021–22 and 2022–23 school years, and involved nine cohorts from eight secondary schools.

Methods: To explore the potential impacts and implications of the programme from the perspective of the student leaders, school staff, and general students who participated in the leaders' student-led project activities, we conducted semi-structured interviews after each programme round ended in October 2022 and May 2023, respectively.

Result: In total, we conducted ten focus group interviews with 40 student leaders, nine focus group interviews with 25 general students, and eight individual interviews with 12 school staff from the eight intervention schools. Across all three groups of participants, interviewees described the mental health culture within their respective schools prior to participating in S.H.I.E.L.D.S., and how the programme aligned with their school's needs. They also discussed the growth experienced by the student leaders, including improvements in their mental health-related knowledge and ability to help their peers. Specific observations were made on the student-led project activities, including improvements in knowledge and attitudes towards mental health of the general students who participated in the activities. Finally, interviewees discussed whether and how S.H.I.E.L.D.S. could be integrated into their school's mental health efforts in the future, with schools who believed they would have a higher level of success in doing so being ones who had pre-existing activities or programming which could be complemented or better supported by S.H.I.E.L.D.S.

Discussion: Overall, our results suggest that the programme was able to achieve its aims, and could prove to be an effective school-based intervention for mental health promotion and suicide prevention.

7.2 Co-designing and evaluating a coach-supported, digital parenting program aimed to empower parents of adolescents at risk of suicide

Ms Alice Cao¹, A/Prof Glenn Melvin², Dr Mairead Cardamone-Breen¹, Professor Penelope Hasking⁴, Dr Grace Broomfield¹, Dr Ling Wu³, Dr Chloe Salvaris¹, Mr Joshua Seguin³, Dr Jue Xie³, A/Prof Tom Bartindale⁶, Dr Roisin McNaney³, Professor Patrick Olivier³, Professor Anthony Jorm⁵, Professor Marie Yap¹

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Learning Objective: Gain insights into developing and evaluating a digital parenting intervention supporting parents of at-risk adolescents, emphasizing parental empowerment in suicide prevention.

Background: Parents play a fundamental protective role in their adolescent's mental health, but often feel ill-equipped to manage the safety of a child at elevated suicide risk. Hence, parenting behaviours represent an opportune target for suicide prevention interventions, yet there are very few evidence-based parenting interventions specifically targeting adolescent suicide risk. Therefore, this study sought to co-design and evaluate a digital, coach-supported parenting intervention 'Partners in Parenting: Suicide Prevention (PiP-SP+)' to empower parents of adolescents at elevated risk of suicide.

Method: Qualitative interviews and co-design workshops involved 9 parents, 6 young people, and 7 experts. Insights from these sessions adapted the Partners in Parenting Plus (PiP+) digital parenting intervention into PiP-SP+.

The PiP-SP+ program comprises:

- 1) an online, self-directed program with up to 13 weekly modules covering parenting domains associated with adolescent internalising disorders and suicide risk.
- 2) Up to 9 weekly manualised, telehealth, one-on-one coaching sessions, delivered by psychologists or provisional psychologists, aiming to support parents in implementing strategies from the online modules.

To evaluate PiP-SP+, 15 Australian parents of adolescents aged 12–18 years, who were concerned about their adolescents' suicidal thoughts or behaviours, participated in an open-label, uncontrolled trial. Parents and adolescents completed assessments at baseline and 120 days post-baseline.

Results: Co-design findings emphasized the importance of parental empowerment to support suicidal adolescents. Parental empowerment was further delineated as parents developing suicide prevention skills and knowledge, understanding their role, and maintaining hope.

Preliminary qualitative analyses indicated PiP-SP+ intervention was acceptable and feasible. Quantitative analyses showed significant increases in parent's reported self-efficacy in responding to suicide-related concerns and anxiety/depressive symptoms,

significant reductions in their adolescent's anxiety/depressive symptoms, and carer burden. Adolescents reported a significant increase in perceived parental emotional support if suicidal or self-injuring, and reduced anxiety and depressive symptoms overall.

Discussion: The development and evaluation of the digital, coach-supported parenting intervention PiP-SP+ underscore the significance of parental empowerment in suicide prevention efforts targeting adolescents. Preliminary trial results demonstrate promising outcomes, highlighting the potential of PiP-SP+ to contribute to suicide prevention strategies and enhance family well-being. Further research is warranted to validate these findings and refine the intervention for broader implementation.

7.3 Self-harm behaviours amongst children and young people involved in family justice court proceedings: a longitudinal national data linkage study

Dr Amanda Marchant¹, Ms Jo McGregor¹, Dr Lucy Griffiths¹, Mr Rhodri Johnson¹, Professor Karen Broadhurst², Professor Ann John¹

¹Swansea University Medical School, ²Centre for Child and Family Justice Research

Learning Objective: To learn about the impact of both private and public family justice court proceedings on self-harming behaviours in children and young people using routinely collected data

Background: Little is known about the self-harming behaviours of children and young people involved in family justice proceedings (public/private) in England and Wales, many of whom would have experienced adverse childhood experiences. We aimed to assess the impact of family justice court proceedings on self-harming behaviours in children and young people, focusing on experiences of those involved in both public and private court proceedings. We also evaluate incidence rates of self-harm and variation over time.

Methods: This is a population-based retrospective cohort study of individuals aged under 18 years. We utilised routinely collected linked health and family justice data. Rates of self-harm over time across GP, Emergency Departments and hospital admissions were assessed for individuals involved in both private and public family court proceedings. We compared self-harm outcomes for the public and private law proceedings cases with age and gender matched controls of children who had no experience of the court system using cox regression.

Results: The paper is currently in preparation for submission and as such results a preliminary. An increased risk of self-harm was found following both public and private court proceedings. There is some evidence of a change in this trend over time. Our results are likely to reflect the relationship between the experience (and severity) of childhood adversities with the risk of self-harming behaviours.

Discussion: The increase in risk of self-harm for young people involved in family justice proceedings underscores the vulnerability of this group. Monitoring of self-harm risk, tailored outreach and support is needed for young people involved in family justice proceedings.

7.4 Exploring Social Factors and Countermeasures of Adolescent Suicide: An Analysis of 5-Year Student Suicide Reports in Japan

Mr Yusuke Yagai¹, Ms Kimiko Tanabe¹, Dr Mayumi Hangai¹, Mr Takashi Nishio¹, Mr. Yasuyuki Shimizu¹

¹Japan Suicide Countermeasures Promotion Center

Background: The increase in the number of adolescent suicides has been a serious problem in Japan, requiring urgent identification of the risk factors and implementation of countermeasures. The national suicide statistics in Japan compiled by the National Police Agency provide solid basic characteristics of each suicide such as age, job and method, as well as the estimated cause(s) of suicide. However, they lack the details of the cause(s) or the sequence of the causes. In contrast, student suicide reports provided by schools include descriptive records of the objective circumstances before the deaths and any concerns that the students may have shared with those around them.

Objective: To overview the various social factors of adolescent suicide in Japan and identify critical issues relevant to the future promotion of suicide countermeasures.

Methods: We analyzed student suicide reports collected from local governments in accordance with a request from the Administration for Children and Families. Three types of reports were collected: 1) primary reports provided within 24 hours of recognition of the suicide, 2) secondary reports reflecting the results of interviews with teachers etc., and 3) more detailed reports from investigation conducted by a special team, including external experts (initiated only if deemed necessary based on information of the secondary report, such as in cases of bullying). The analysis includes cases of elementary, middle, and high school students under the age of 30 who died by suicide in the past 5 years (from April 2019 to December 2023) with at least one type of report.

For all suicide cases, provided report type(s), attributes (grade, sex, school type, etc.), family/health/school-related problems and their subcategories, current and/or upcoming events, and other information were extracted and aggregated.

Results and Discussion: A total of 273 cases (364 reports; 242 primary reports, 121 secondary reports, and 1 detailed report) were analyzed. Although the analysis is still underway, the following information will be reported at the oral presentation. 1) Social factors and their frequencies in Japanese adolescent suicide cases, 2) Possibilities and limitations of student suicide report analysis, and 3) Identified issues and future prospects.

7.5 A systematic review of quantitative studies of help-seeking behaviors in suicidal young people age 12 to 25

Ms Laura-Maude Arès¹, Mrs Joelle Elias², Professor Jessica Rassy², Mr. Luc Dargis¹, Professor Brian Mishara¹

¹Université du Québec à Montréal, ²Université de Sherbrooke

Learning objective: Summarize factors that influence help-seeking behaviors in suicidal young people.

Background: Worldwide, suicide is a public health problem, particularly among people age 15 to 19. Although effective treatments exist, young people do not always seek help when they are suicidal. A better understanding of factors associated with help-seeking could save lives. Most studies on help-seeking do not distinguish service utilization from genuine help-seeking behaviors. This results in a knowledge gap on contributing factors that hinder or facilitate help-seeking behaviors for suicidal young people. This systematic review summarizes quantitative studies on factors contributing to formal or informal help-seeking behaviors in suicidal people age 12 to 25.

Method: The quantitative results in this presentation are part of a mixed systematic review. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We conducted searches in Pubmed, Psychinfo, and Cinahl from inception to July 8, 2023, with the assistance of a librarian specialist. Two trained researchers conducted independent screenings based upon titles and abstracts. Full texts were also screened by the same researchers. Studies were included if there were any quantitative results from a sample of young suicidal people under 25 years old with at least one outcome measuring help-seeking behavior in relation to an independent variable with or without moderators or mediators. Risks of biases were assessed using the Mixed Methods Appraisal Tool (MMAT).

Results: Seven quantitative articles were retained. We identified significant relationships between help-seeking behaviors and: (i) ethnicity, age, gender, (ii) mental health, suicidal behaviors (suicidal attempts and thoughts), (iii) structural barriers, (iv) perceived availability of help resources, (v) exposure to a suicide prevention program, (vi) drug and alcohol consumption, (vii) LGBTQ+ identities, (viii) school engagement, (ix) and cognitive factors.

Discussion: There is limited research on this topic. The research identified diverse barriers and facilitators for help-seeking among suicidal youth. We need to develop common definitions of help-seeking and test their application in different circumstances to guide future research and suicide prevention interventions, and to allow for comparisons between results from research in diverse contexts.

Limitations: Existing studies focus on specific subpopulations of suicidal youth in Western countries, potentially limiting the generalizability of the findings. Moreover, definitions of help-seeking vary considerably, hindering cross-study comparisons.

Oral #08, June 5, 2024, 11:00 AM – 12:00 PM

Chair: Dr Kylie King

8.1 Should we continue ‘myth-busting’ in suicide prevention training for men?

Dr Angela Nicholas¹

¹University of Melbourne

Should we continue ‘myth-busting’ in suicide prevention training for men?

Learning objective: Audience members will consider the necessity of suicide prevention myth-busting approaches in awareness and gatekeeper training.

Background: Suicide prevention awareness and gatekeeper training commonly includes a ‘myth-busting’ component aimed at reducing beliefs in suicide prevention myths like ‘asking someone about suicide might make them start thinking about it’. This study analyses the current level of belief in such myths of Australian men working in construction. Therefore, this study helps to answer the questions, are myth-busting approaches still needed for men and if so, for which myths?

Methods: We collected pre- and post-training data from men working in construction who attended Incolink’s General Awareness Training. We analysed the baseline level of belief in myths and whether the training had altered these beliefs post-training.

Results: Significant changes in the desired direction were observed for most myths from pre- to post-training, but it is noteworthy that for many myths, pre-training levels of belief were low. This observation is in contrast to a 2016 population survey showing some relatively high levels of belief in these myths among Australian men of working age.

Discussion: The discussion will focus on whether myth-busting approaches are still needed in suicide prevention awareness and gatekeeper training for Australian men and what this might mean for training aimed at other groups and conducted in other countries. Given the ubiquity of myth-busting in such training, this discussion is timely and imperative to ensure that such education programs align with the needs of those populations undertaking them, and that the most necessary training elements be included in such time-limited training.

8.2 Mental health practitioner and student knowledge, perceptions, and attitudes toward suicide, self-harm, and online mental health support

Professor Andrea Lamont-Mills¹, Ms Philippa Hamilton¹, Dr Meg Richardson¹, Dr. Luke Bayliss¹

¹University Of Southern Queensland

Background: Research indicates that clinicians often hold negative and pessimist attitudes toward individuals with lived experience of suicide or self-harming behaviours. Such research has also found that clinicians often report feeling anxious when clients talk about suicide or self-harm. They report feeling unsure and less confident when working with such clients and are sometimes less willing to work with individuals, particularly those perceived as being at elevated risk of suicide or self-harm. These negative perceptions are problematic given that poorer quality of care has been linked to negative clinician attitudes. These findings also reflect lived experience research whereby those with lived experience report having experienced such negative and pessimistic clinician attitudes. Most of this research focusing on nurse or doctor attitudes and knowledge, less is known about allied health professionals such as psychologists, social workers, and counsellors. As the majority of these professionals will, at some point in their career, work with clients experiencing suicide or self-harming behaviours, it is highly likely their attitudes and knowledge about suicide and self-harm will also play a part in their provision of quality care.

Method: Cross-sectional, independent groups, partial replication study was conducted to address the above knowledge gap. It extended upon previous studies by focusing on what

psychologists, social workers and counsellors know about suicide and self-harm, their attitudes towards clients with lived experience of suicide or self-harm, and their perceptions of online spaces as adjuncts to therapy. An anonymous online survey was completed by 249 participants (42 counsellors, 21 counselling students, 94 registered psychologists, 37 postgraduate psychology students, 94 social workers, 15 social work students).

Results and Discussion: Almost 90% of participants had at some point worked with clients who displayed aspects of suicidality or self-harm, with 19% having had a client take their own life. Participants displayed positive attitudes toward those with a lived experience of suicide or self-harm. Participant knowledge of suicide and self-harm was also high. Psychologists displayed more positive attitudes towards people who self-harm than psychology students, with students indicating lower perceived confidence in their self-harm assessment and referral skills. A similar perceived confidence difference was reported between social workers and social work students. No other group differences were found for knowledge of self-harm, attitudes toward suicide, dealing effectively with people who self-harm, empathic approach, and legal regulations. Findings will be discussed in relation to practitioner characteristics and future training and practice considerations.

8.3 Integrating suicide education into academic curricula: Perspectives from college students in Bangalore, India

Ms Arya Thirumeni¹, Dr Anish V Cherian¹, Prof Erminia Colucci², Dr R Dhanasekara Pandian¹, Professor Kolar Sridara Murthy Meena¹

¹National Institute Of Mental Health And Neuro Sciences, ²Middlesex University

Background: The increasing prevalence of mental health issues and suicidality among college students has highlighted the necessity for more effective suicide prevention strategies. There is a growing consensus on the potential benefits of integrating suicide education into academic curricula to address this pressing concern. However, there is limited research on students' preferences regarding the introduction of suicide education, the specific topics to be included, and their understanding of suicidality.

Objectives: This study aimed to explore college students' perspectives on the integration of suicide education into their curricula, identify the key topics of interest, and assess their understanding of suicidality through thematic analysis of focus group discussions.

Methods: Focus group discussions were conducted with college students across various disciplines. The discussions were structured around their views on suicide education, preferred topics, and perceptions of suicidality. Thematic analysis was employed to identify recurring themes and subthemes within the discussions.

Results: Thematic analysis of the focus group discussions identified ten salient themes, encompassing a spectrum from the recognition gap in mental health and suicide education within current educational frameworks to the advocacy for curriculum content that resonates with the developmental stage of college students in Bangalore, India. The themes highlighted a pronounced desire among participants for the inclusion of suicide education in their academic syllabus. This inclusion aimed to foster supportive and trustful educational settings, enhance relatability through tailored content, and emphasize the development of

robust coping mechanisms and resilience skills, deemed crucial for this transitional life phase.

Conclusion: The findings underscore a critical demand among college students for the integration of suicide education into academic curricula, with a specific focus on addressing the nuances of mental health challenges, fostering supportive educational environments, and equipping students with essential coping and resilience skills. This study advocates for educational policymakers and institutions to consider these preferences and insights in the development and implementation of suicide education programs, aiming to enhance mental health awareness, reduce stigma, and support students' well-being.

8.4 40 Years of Evidence Supporting LivingWorks Suicide Prevention Training

Dr Peter Gutierrez, Jetta Hanson, Sarah Spafford, [Mr Marc Bryant](#)

Since 1983 LivingWorks has become the world leader in suicide prevention training. Applied Suicide Intervention Skills Training (ASIST) is a two-day training focused on increasing trainees' ability to recognize when someone may be thinking of suicide and how to help that person stay safe from suicide. It offers an approach to help people with thoughts find their pathway through suicidal ideation to safety. safeTALK is a half-day training aimed at increasing participants' willingness and ability to recognize when a person might have thoughts of suicide, engage them in direct and open talk about suicide, and move quickly to connect them with someone able to provide a suicide first-aid intervention. There have been 28 scientific publications on ASIST and nine on safeTALK since 2010. These studies were all conducted by independent researchers whose study designs vary. The research on ASIST demonstrates positive impacts on trainee knowledge, attitudes, behavioral intention, and intervention skills. Several studies have evaluated behavioral outcomes and self-reports of improved comfort, competence, and confidence in responding to someone who may be thinking about suicide. The safeTALK studies demonstrate pre- to post-training improvements in participants' knowledge about suicide, confidence in talking about issues related to suicide, willingness to talk about suicide, and likelihood of seeking help for suicidal thoughts. This presentation will summarize the published, peer-reviewed literature on these two LivingWorks programs and explain how these trainings are an integral part of helping communities become safer from suicide by building and maintaining effective Networks of Safety.

Chair: Professor Chan Lai Fong

9.1 Cost of suicidal behaviour and the impact of MATES in Construction in reducing this cost

Professor Christopher Doran¹, Mr Boyd Potts

¹Central Queensland University

Background: The objective of this study is to draw on the empirical research and a validated costing methodology to quantify the economic cost of suicide and non-fatal suicide behavior to the Australian construction industry and estimate the impact of MATES in Construction in reducing this cost.

Methods: The analysis used a validated costing methodology. Costs were derived using an incidence-based approach with costs that an injury imposes in future years, discounted to present value, expressed in 2022 dollars. The MATES in Construction case management database was used to develop counterfactual estimates — potential suicides prevented by the intervention of MATES. Economic impact is measured using return on investment derived by comparing the operating costs of MATES in Construction with the savings generated through averted suicidal behaviour.

Results: In 2019 (latest year of reliable data available at time of writing) there were 231 fatalities by suicide among male construction industry workers in Australia. Multiplying unit costs with the number of male construction industry workers engaged in suicide and non-fatal suicide behaviour results in an economic cost of \$2.73 billion expressed in 2022 Australian dollars.

The counterfactual analysis suggests a potential reduction in fatality by suicide among Australian male construction industry workers (due to MATES) over the eight-year period 2010–2017, at 0.875 fewer suicides each year. The potential economic benefit of averting this harm is estimated at \$10.35 million each year. The average annual operating cost of MATES in Construction (Australia) for the period 2014–15 to 2018–19 is \$2.44 million. The potential return on investment of MATES in Construction (Australia) is equivalent to 4.2:1, representing a positive economic investment of public funds. Incorporating the community value of life improves the return on investment to 6.2:1.

Discussion: MATES in Construction is a feasible, affordable, and acceptable workplace strategy to address suicide in the workplace. This analysis suggests that MATES in Construction saves lives and reduces the economic cost of suicide and suicidal behaviour. It represents a positive economic investment into workplace safety in the Australian construction.

9.2 Exploring Suicide Prevention Needs for Persons with Substance Use Disorders: Insights from Stakeholders

Mr Muhammed Noorudheen¹, Dr Anish V Cherian², Dr R Dhanasekara Pandian³, Dr Nitin Anand⁴, Dr Lekhansh Shukla⁵, Dr Cathy Brennan⁶

¹PhD Scholar, Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), ²Additional Professor of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), ³Professor of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), ⁴Additional Professor of Clinical Psychology, National Institute of Mental Health and Neuro Sciences (NIMHANS), ⁵Assistant Professor of Psychiatry, Centre for Addiction Medicine, National Institute of Mental Health and Neuro Sciences (NIMHANS), ⁶Associative Professor of Psychological and Social Medicine, School of Medicine, University of Leeds

Learning Objective: To explore experts' perspectives on suicide prevention for inpatients with substance disorders.

Background: Suicide poses a significant global and Indian public health challenge. Since, substance use is one of the prominent risk factors for suicide, more efforts to address suicidality in the population need to be explored and initiated. However, there is a noticeable lack of literature, particularly in lower-middle-income countries like India. Thus, this study aims to explore experts' perspectives on suicide prevention for inpatients with substance disorders.

Methods: Employing a qualitative design, key informant interviews were conducted with multiple stakeholders as experts, including various de addiction professionals and survivors of suicide loss. Selected participants with a minimum of three years experience in the field of either substance use disorders or suicide prevention. The interview guide was prepared by the researcher based on the objectives, and content validation was completed by nine subject experts. Interviews were conducted both offline and online mode after obtaining informed consent from the participants and all interviews were audio recorded. The audio recordings were transcribed verbatim, and translations were provided as necessary.

Results: Eleven key informant interviews were conducted with experts identified from various stakeholders. The major themes emerged from the interview as follows;

- Co-occurring mental illness
- Lack of routine screening
- Inadequate assessment
- Insufficient awareness among service providers
- Training for deaddiction professionals
- Group intervention in inpatient settings
- Developing suicide prevention materials

Discussion: The study findings highlight the need for suicide prevention efforts for persons with substance use disorders to address their lifetime suicidality. There is a multitude of risks among persons with substance use disorder which may lead to suicidal behaviors. Lack of routine screening, inadequate assessment, and insufficient knowledge are major barriers to effectively addressing suicidal risks in addiction treatment centers. The results might emphasize the establishment of a targeted suicide prevention initiative and integration with regular treatment for persons with substance use disorders.

Conclusion: Embedding suicide prevention programs with routine deaddiction treatments presents an effective strategy for suicide prevention. Moreover, our study sheds light on a notable research gap in the Indian context, highlighting the need for comprehensive investigations and interventions.

9.3 Regional Disparities in Suicide Patterns: A Multi-Center Registry Study in Two Provinces of Iran

Dr Marjan Fathi¹, Dr. Seyed Kazem Malakouti², Dr Kourosh Sayehmiri⁴, Professor Mohsen Rezaeian⁵, Dr Abbas Sheikhtaheri⁶, Mrs. Ida Ghaemmaghamfarahani⁷, Dr. Ahmad Hajebi⁸, Dr. Farnaz Etesam³, Dr. Behrooz Ghanbari⁹, Miss Mozhgan Taban¹⁰

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Learning Objective: Effective suicide prevention programs must consider the socio-cultural context of different areas, accurate and real-time demographic and clinical data, along with follow-up services and consistent care.

Background: There is considerable variability between and within different regions, both in terms of rates of suicide and self-harm and in terms of preventive efforts. This study emphasized the significance of developing prevention programs tailored to different regions. Most suicide registrations, even in the national context, provide information about suicidal behaviors, limited to the demographic information and the result of attempts. The present multi-center suicide registry gathered standardized data from two provinces in Iran, adhering to the latest World Health Organization Guidelines and suicide registry systems experiences in different countries.

Method: This observational, prospective, and multi-center study utilized data extracted from the suicide and self-harm registry system over eight months from November 2020 to July 2021. Data collection occurred during a shift from Saturday to Thursday. The demographic data, self-harm characteristics, physical, psychological, and psychiatric features, and history of suicide in the attempters and families, are all registered on a web-based platform in real-time. The data were analyzed via descriptive and inferential statistics using the statistical software SPSS version 26. For the comparison of categorical/ nominal variables, the chi 2 test was used. Logistic regression analysis was used to investigate the identification of risk factors based on the history of hospitalization and history of suicide.

Results: The program spanned Tehran and Ilam provinces, registering data from 1382 individuals, with 7 cases resulting in death in Ilam province. There were significant differences in suicide attempt rates, demographic and clinical characteristics, and social factors between the two studied regions. The result of logistic regression analysis indicated that using analgesic medication increases the probability (OR=3.7), while having a chronic physical disease (90%) and a history of suicide attempts in the family (70%) decrease the

likelihood of a history of psychiatric hospitalization. Furthermore, a history of psychiatric hospitalization (OR=2.7), psychiatric intervention (OR=1.8), family/friends with a history of suicide attempts (OR=2), and physical disease (OR=1.5) all contribute to an increased likelihood of re-attempted suicide.

Discussion: The findings suggest that comprehensive suicide prevention strategies should be tailored to the specific socio-cultural infrastructures of different regions. This study contributes to the understanding of suicide risk factors in Iran and underscores the importance of context-specific prevention efforts.

Keywords: Suicide, Registry System, Suicide Prevention, Socio-Cultural Contexts.

9.4 Reviewing the global prevalence of psychosocial assessments and follow-up treatment following hospital-presenting self-harm: Missed opportunities and future recommendations to improve practice

Dr Katrina Witt¹, Dr Katie McGill, Dr Bernard Leckning, Dr Nicole TM Hill, Dr Benjamin M. Davies, Professor Jo Robinson, Prof. Gregory CARTER

¹Centre For Youth Mental Health, The University Of Melbourne

Learning Objective: The audience will better understand the factors that affect universal provision of psychosocial assessments and allocation and provision of psychiatric care after self-harm and how provision and practice can be improved to ensure all persons presenting to hospital after self-harm receive appropriate, timely, and tailored care.

Background: Clinical practice guidelines from numerous countries recommend all patients should receive a psychosocial assessment after every episode of self-harm to help review and tailor follow-up treatment. Further, given that the period after discharge represents the peak risk period for repeat self-harm and suicide, many guidelines recommend that appropriate treatment should occur as soon as possible post-discharge. Despite this, estimates of real-world delivery of either psychosocial assessments and/or psychiatric care following self-harm, and the factors that may affect this provision, are not well understood. Methods: We searched five electronic databases for studies reporting data on the proportion of patients and/or events that were provided a psychosocial assessment and/or any form of psychiatric treatment following hospital-presenting self-harm. We included data from >380,000 individuals who had engaged in >2.4 million episodes of self-harm across 44 different countries. Results: Across ages, one-third were not provided a psychosocial assessment. The proportion not provided these was lower for young people and older adults. For psychiatric treatment, across the age range, one-quarter were referred for inpatient psychiatric care and, of these, one-fifth received treatment. Just over one-third were referred to outpatient psychiatric care, whilst half received at least one treatment session. Older adults were less likely to receive psychiatric treatment. No macrolevel factor that could be expected to be associated with improved psychiatric care, including total healthcare spending (adjusted to USD) and resourcing (psychiatric beds or psychiatrists per 100,000), was associated with these outcomes. Conclusion: There is room for

improvement both in the universal provision of psychosocial assessments and allocation and provision of psychiatric care after self-harm. The lack of effect for macrolevel service provision factors suggests local systems of care play a greater role in determining how frequently these patients receive care, and in what format. This, in turn, means that patients are likely to experience considerable variability in the responses they receive depending on to which hospital they present. Recommendations will be provided to improve provision and practice in this respect.

10.1 Usefulness of group supporting practices for bereaved families for suicide through narrative approaches.

Dr Osamu Tanaka¹, Psychologist Rie Sato¹, Psychologist Sanae Suzuki¹

¹Aomori prefectural mental health and welfare center

Background: It had been seen continuing high suicide rate (from 27.0 to 15.9/100,000) since 1998 in Japan, therefore, it was a crucial problem whether we could provide the effective supports for bereaved family members of suicide victims or not. In this background, we had started the group supporting practices for them using narrative approaches since 2007. This study examined usefulness of group supporting measures for them being held in our facility.

Methods: We had started the group supporting practices for bereaved family members of suicide victims, and had been practicing the group meetings of narrative approaches for bereaved family members encouraging them to talk about their experiences of losing a family member. We had hold each session every 2 month, and had set each 2 hour sessions being consisted with retrospective and prospective parts. In retrospective parts, we had set the group meeting encouraging participants to talk about their past experiences of losing a family member by suicide, and in prospective ones being set to talk about their future plans which were related to a family member. And we had made questionnaires asking for what meaning had they got through these supporting practices after every sessions. We had analyzed the descriptions using reflexive thematic analysis. Subjects were all attendees for each group supporting meeting from 2007 to 2022.

Results: We had held total 82 meetings, and the total 288 attendees had participated in those sessions. We had got 277 answers (response rate 96.18%), and identified the following three themes: I could reconstruct more comfortable relationships with the dead by suicide; I had been suffering from stigma and negativity from my siblings and relatives towards suicide of a family member; I had experienced negative and positive personal changes due to my loss of loved one, however, eventually changed to construct my own future plans.

Considerations: Bereaved family members of suicide victims could get more released, comfortable relationships and continuing bonds with the dead. However, being suffering from stigma and negativity, they had been experiencing both negative and positive personal changes in their life. And they had changed to construct their own future plans, and to find the new meanings in their future life through supporting practices meetings.

Conclusions: Group supporting measures using narrative approaches had the usefulness for bereaved family members of suicide victims.

10.2 StandBy Support After Suicide: A Transformative Journey of Continuous Evaluation, Adaptation, and National Expansion

Ms Amanda Glenwright¹

¹Youturn

1. StandBy Support After Suicide: A Transformative Journey of Continuous Evaluation, Adaptation, and National Expansion.

Learning Objective: This abstract aims to highlight the significance of continuous evaluation and adaptation in community-based programs, using StandBy as an exemplary model of responsive, evidence-informed postvention support.

Background: Established in 2002 to address a need for a coordinated community response to suicide on the Sunshine Coast in Queensland, Australia, the StandBy Support After Suicide program (StandBy) has evolved over 20 years. Originally a small regional program, StandBy has transformed into Australia's leading suicide postvention program, dedicated to providing support to individuals, groups, and communities bereaved and/or impacted by suicide.

Methods: Since its establishment, StandBy has undergone four formal evaluations, contributing significantly to the postvention literature and evidence base. These evaluations have played a pivotal role in driving key improvements within the StandBy program. Additionally, as a commitment to continuous improvement, StandBy recently conducted a comprehensive internal review, examining its evidence-base, underlying assumptions, and contemporary practices in suicide postvention.

Result: In 2020–21, StandBy achieved a momentous milestone with substantial investment from the Australian Department of Health and Ageing. This funding empowered the program to expand its service reach to achieve national coverage. The successful expansion highlights StandBy's dedication to its mission and demonstrates tangible outcomes resulting from continuous commitment to improvement and evidence-based practices. Moreover, StandBy has been able to expand its suite of service offerings to include specialist suicide bereavement counselling and peer support in some Australian States and Territories.

Discussion: The success of the StandBy program underscores its adaptability, resilience, and capacity to evolve within the dynamic landscape of suicide postvention. This presentation offers insights into StandBy's transformative journey, focusing on its humble beginnings, evaluation-driven enhancements, and steadfast commitment to improving accessibility and support for individuals, groups, and communities bereaved and/or impacted by suicide across Australia.

10.3 StandBy Support After Suicide: Collaboration to enhance effectiveness through the Australian Suicide Postvention Service Navigation Pathway

Ms Amanda Glenwright¹, Ms Nicole Cool¹

¹Youturn

Learning Objective: "Participants will gain a comprehensive understanding of the diverse range of postvention services offered by StandBy Support After Suicide and the collaborative efforts involved in developing a National Postvention Service Navigation Pathway for enhanced team coordination."

Background: StandBy Support After Suicide plays a pivotal role in providing non-clinical and at times, clinical assistance, to individuals and communities affected by suicide across Australia. Recognising the need for a unified approach, we initiated a collaborative effort to develop a National Postvention Service Navigation Pathway. This pathway aims to streamline services, foster team clarity, and address challenges arising during times of multiple suicides.

Methods: Our approach involved close collaboration with StandBy and key stakeholders, including Thirilli, Mackillop, and headspace Schools Be You. We assessed the existing services offered by StandBy and identified the need for a standardised navigation pathway. Through a series of workshops, discussions, and feedback sessions, we shaped the pathway to accommodate the unique strengths and services offered by each partner.

Results: The collaborative efforts culminated in the development of the National Postvention Service Navigation Pathway. This pathway not only clarifies the range of services delivered by StandBy Support After Suicide but also establishes a systematic framework for our teams to navigate the complexities of postvention support. The results highlight the power of collaboration in creating a more cohesive and responsive network for individuals and communities in need.

Discussion: The presentation will delve into the significance of the National Postvention Service Navigation Pathway, emphasising its role in enhancing team coordination, clarifying support services, and mitigating challenges during critical periods. We will discuss the potential impact on team efficiency, service accessibility, and the identification of gaps in postvention services across the Australian landscape. The discussion will underscore the importance of collaborative efforts in shaping postvention support and the ongoing commitment to providing comprehensive and accessible services through the National Postvention Service Navigation Pathway.

10.4 Aftermath of patient's suicide: The Experience and Impact to University and Private Psychiatrists in Malaysia

Dr NUR IWANA ABDUL TAIB¹, Dr Abdul Latif Muhammad Hanif², Dr. Nurazah Ismail³, Dr Abdul Hakem Zahari⁴, Professor Tuti Iryani Mohd Daud⁴, Dr Ravivarma Rao Panirselvam⁵, Dr Johari Khamis⁶, Dr Hazli Zakaria⁷, Dr Ahmad Rostam Md Zin⁸

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Objective: To describe the experiences of university and private psychiatrists in Malaysia who have encountered patient suicide.

Background: Patients' suicide is one of the most impactful losses that any psychiatrist could experience professionally but they often lack support dealing with it. Despite its impact, grief following patient's suicide among psychiatrist in Malaysia is still unrecognised and not responded too systematically as no local postvention guidelines yet available for psychiatrists to get support following the loss.

Methods: This is an ongoing cross-sectional study conducted among psychiatrists practicing in private and university setting across Malaysia. Data collection was conducted since December 2023 and expected to be completed in April 2024. Participants recruited from snowball and convenience sampling were requested to answer an online questionnaire covering sociodemographic, suicide event details, personal/ professional impact of the loss, help/unhelpful actions following the incident and resources.

Result: At the time of writing, around 67 respondents were recruited. Preliminary findings show 79% of respondents experienced patient suicide, mostly resulting in emotional distress like sadness, regret, guilt, and shame. Approximately 26.5% experienced effects lasting over a month, with some still ongoing (3.8%). About two-thirds of the respondents reported negative impacts on their clinical practice, particularly affecting women more than men, and a few considered career or place of practice changes. Many became more cautious with at-risk patients. Initially, 45.3% felt responsible for the death, though this feeling diminished over time. Over 70% felt pressured to prevent suicide and believe that suicide prevention is role of psychiatrists. Despite this, most never sought external support or took leave. Only 40.3% were familiar with postvention procedures following patient suicide. Most respondents wanted support mechanisms such as personal debriefing, help in communicating or meeting the patient's family/ friends, senior clinician involvement, peer support and information about the process following patients' death by suicide and resources for families affected by suicide.

Discussion: Preliminary results on Malaysian psychiatrists' experiences on patient suicide loss were coherent with findings from similar studies around the world. The gap in support system for psychiatrist was highlighted as most of the psychiatrist did not seek external support following the loss and less than half were familiar with postvention procedures. Future guidelines in supporting psychiatrists in Malaysia should include involvements of senior clinician and peer support in managing the events after patients' suicide.

Oral #11, June 5, 2024, 11:00 AM - 12:00 PM

Chair: Dr Ginger Ramirez

11.1 The caring contacts intervention for suicide prevention: findings, methodological Considerations, and future directions

Dr Nancy Skopp¹, Dr. Derek Smolenski, Dr. Nigel Bush, Ms. Erin Beech, Dr. Don Workman, Dr. Amanda Edwards-Stewart, Dr. Bradley Belsher

¹The Defense Health Agency Psychological Health Center Of Excellence

Background: Caring Contacts (CC), a low-cost intervention originally designed and tested by Jerome Motto in 1976, remains one of two interventions to demonstrate efficacy in the prevention of suicide deaths. Interest in CC has increased steadily over the last several years in tandem with rising U.S. suicide rates and the acceleration of suicide prevention initiatives. The recent publication of large-scale randomized controlled trials (RCTs) in alignment with the intent of Motto's original model afford an opportunity to systematically review efficacy findings. This review provides an updated and focused analysis of the evidence supporting the efficacy of CC.

Methods: A systematic literature search of MEDLINE, EMBASE, PsycINFO, Cochrane Library, and ClinicalTrials.gov was conducted, and PRISMA, Cochrane, and GRADE guidelines were followed. Of 2,746 abstracts reviewed, 13 publications, comprising six RCTs met inclusion criteria. The studies encompassed 6,218 participants across four countries and military, veteran, and civilian health care systems. The primary outcome was suicide mortality; secondary outcomes were suicide attempts and ED presentations/hospitalizations. The DerSimonian-Laird random-effects univariate meta-analysis was used to estimate summary effect sizes and evaluate statistical heterogeneity.

Results: Summary risk ratio estimates ranged from 0.51 to 1.29 across outcomes and time points; most estimates indicated a protective effect. Interval estimates for all but suicide attempt at one year post randomization were consistent with either an increase or a decrease in risk. The findings indicated a protective effect for self-reported suicide attempt at one-year post-randomization. Based on the current evidence, it is inconclusive that CC as a single intervention is efficacious for prevention of suicide mortality or ED/hospitalization related to self-harm. Additional research on this topic is required.

Discussion: CC has garnered significant interest recently, and several stakeholder groups endorse CC as a promising suicide prevention strategy. The current meta-analytic results showed a protective effect associated with suicide attempt at one-year post-randomization; protective effects were not observed for either ED visits or suicide deaths. Additional research will be useful in further expanding current efficacy findings. We present recommendations to increase the methodological rigor of future work to provide an improved understanding of CC and the conditions under which it may optimally help prevent suicidal behaviors.

Learning Objective: To describe the core concepts and evolution of the CC intervention and to understand key methodological challenges in future efficacy research on CC and other suicide prevention interventions.

11.2 Trajectories of symptom improvement with an intensive outpatient program for depressed and suicidal college students

Dr Yan Yuan¹, Giovanna Porta¹, Salena Binnig¹, Kimberly Poling¹, Edward Hamilton¹, Dr. Tina Goldstein¹, Dr. David Brent¹, Dr. Dara Sakolsky¹

¹University Of Pittsburgh

This paper aims to examine trajectories of symptom improvement with an intensive outpatient program for depressed and suicidal college students, named College Option -

Services for Transition-Age Students at Risk (CO-STAR), and compare in-office and telemedicine modalities.

Background: Death by suicide ranks as the 3rd leading cause of death among people aged 15–24 in the US, with steep increases in suicide mortality rates over the past decade. Young adults, particularly college students, face elevated rates of suicidal thoughts and behaviors. Despite the urgent need for effective suicide intervention, intensive treatment programs specifically designed for college students are lacking. Risk factors for suicide among college students are diverse, including substance use, psychiatric disorders, trauma, stressful life events, and developmental transitions. The COVID-19 pandemic then presented additional challenges for college students that further contributed to poor mental health and elevated risk for suicidal behaviors among college students. Current suicide interventions for college students are limited, with most colleges offering short-term treatment or gatekeeper trainings. While these interventions may increase suicide knowledge and self-efficacy in the short-term, they may be insufficient for high-risk groups with co-occurring clinical conditions.

Methods: CO-STAR is designed as a 4 to 6-week treatment course based on the severity of clinical symptoms and response to treatment. Patients received weekly treatment sessions (3h per session and 3 times per week) comprised of skills group, individual therapy and medication management. A battery of clinical measures on suicide risk, depression, anxiety, affective reactivity, sleep quality, and bipolar disorder were administered electronically at intake and again weekly throughout treatment. In addition to in-office modality, we adapted a telemedicine modality to accommodate mandated restrictions and patients' preferences. Analyses utilized mixed-effects models to identify treatment trajectories and compare modalities.

Results: On average, college students attending the CO-STAR program (n=427) showed significant decreases in symptoms across all measures. Specifically, comparisons between telemedicine (n=60) and in-office modalities (n=177) for COVID-19 period patients revealed significant decreases in depression, bipolar, anxiety, sleep quality, affective reactivity, suicidal ideation, and overall suicidal behavior, with no significant differences between modalities.

Discussion: CO-STAR demonstrates clinical effectiveness for college students, with telemedicine showing comparable efficacy to in-office treatment. The program fills a critical gap in suicide interventions for college students, offering specialized psychiatric services tailored to their needs. Limitations include the lack of randomization and long-term outcomes, warranting further research.

11.3 The lived experience of therapists working with suicidal clients in Ghana – a heuristic study

Mrs Mabel Verstraaten-Bortier¹

¹Liberian Agricultural Company

A good number of research has been carried out in the area of suicidology in Ghana. These are mostly centred on suicidal persons' experiences, and the views and attitudes of various

professional groups towards suicide. However, none as yet has been carried out on the therapist's work with suicidal clients.

Thus the primary goal of this research study was to qualitatively analyse what it was like to work with suicidal clients within the Ghanaian context and how its meanings can be applied to psychotherapy and advocacy work. As a heuristic study, I was both the researcher and a research participant.

Data was collected from seven research participants (i.e. six other therapists plus myself) using a semi-structured interview protocol. The data was recorded and transcribed verbatim which was then analysed using the modified Stevick-Colaizzi-Keen method (Moustakas, C., 1994). The research revealed various findings that were categorised under Attunement, Spirituality, Legalities of working with suicidal clients and Therapist's self-care among others.

The results showed that attunement in the therapy room varied from therapist to therapist. However, therapists trained in the same modality tended to have similar attunement in the therapy room. Some were more bodily attuned to their clients than others; most were attuned to the time sensitive nature of their work with suicidal clients; and a few were attuned to the space around them while working with suicidal clients. Spirituality was found to be utilised in the therapy quite a bit. In addition, working with suicidal clients was deemed to have positive effect on therapists' spirituality. On the legal side of things, therapists were against the (recently revoked) anti-suicide law and most were actively engaged in advocacy work to bring about the repeal. Therapists reported working with suicidal clients to be heavy emotional work, and to counteract the possible negative effects, engaged in various forms of self-care. The findings also showed that there was a disconnect between what therapists were witnessing in the therapy room as contributing to the suicidal crisis of their clients and what was presented to the public during suicide prevention campaigns by heads of mental health institutions and NGO's.

Implications of these findings are discussed.

One unintended limitation of the study was that all seven research participants were of the Christian faith. Though Christianity is the dominant religion in Ghana, my sample of 100% Christians does not reflect the true multi-religious composition of the Ghanaian populace.

11.4 Advanced Discourse Analysis in Suicide Research: A Novel Approach in the French Overseas Territories

Mrs Maya Amiot, Professor Stephane Amadeo¹, Dr Sylvie Merle, Dr Mathieu Guidere, Pr Louis Jehel, Pr Monique Séguin, Dr Michel Spodenkiewicz

¹Chu Martinique Inserm Unity Moods 1178

Objective: This abstract highlights the innovative application of advanced discourse analysis in understanding suicide risk factors in the French Overseas Territories (FOT).

Background: The methodology is based on detailed examination of the narratives provided by relatives of the deceased during semi-directive interviews, followed by a semi-automated analysis of this discourse (assisted with a digital tool).

Methods: The study adopts a two-pronged approach in analyzing the discourse. First, semi-directive interviews are conducted with the bereaved relatives, encouraging them to express their thoughts and emotions freely while providing structured guidance to ensure relevant information is captured. This method facilitates the collection of rich, qualitative data that reflect the personal and socio-cultural context of the deceased.

Subsequently, a semi-automated discourse analysis is employed. This involves the use of psycholinguistic software tools to identify patterns, themes, and linguistic markers within the narratives.

This technology-driven approach allows for a more objective and comprehensive analysis of the data, unveiling subtle psycholinguistic elements that might be indicative of underlying suicide risk factors.

By combining human-driven interviews with technology-aided analysis, this methodology bridges the gap between qualitative depth and quantitative breadth. It enables researchers to delve deeper into the psychological and cultural nuances that might influence suicidal behaviors in the FOT, providing a holistic understanding of the risk factors involved.

Result and discussion: The insights gained from this advanced discourse analysis are crucial for developing targeted suicide prevention strategies in the FOT. By understanding the language and narratives surrounding suicide from the perspective of close relatives, health professionals can better tailor their interventions to meet the specific needs and cultural sensitivities of these communities.

Oral #12, June 5, 2024, 11:00 AM – 12:00 PM

Chair: Priti Sridhar

12.1 Supporting marginalised groups and thematic areas in suicide prevention in India: perspectives from grant-making

Ms Saisha Manan¹, Ms Priti Sridhar¹

¹Mariwala Health Initiative

Background: 77% of global suicides occur in low-and-middle-income countries (LMIC), and 24–37% of global suicides occur in India. However, popular/common models of prevention are largely based on contexts of higher-income countries. Even with cultural and contextual adaptation for LMICs, such approaches to suicide prevention often leave behind, or are insufficient in reaching populations marginalized within LMICs.

Method: As an organisation committed to psycho-social and rights-based mental health in India, and cognizant that dominant approaches to suicide prevention are insufficient for marginalised communities, our strategy for funding suicide prevention work in the nation includes supporting organisations and collectives led by marginalised groups with lived experience not just related to suicide, but also of their specific socio-economic-political contexts, and those seeking to act on “root causes” of suicide in their contexts. In this presentation, grantmakers will share their experience of evaluating such programs for suicide prevention funding, and our learnings from supporting four such programs. These

include programs by organisations that are (1) addressing farmer suicide in Maharashtra, (2) supporting women bereaved by suicide in Tamil Nadu, (3) providing livelihood and career support for marginalised students in Puducherry as prevention, and (4) addressing patriarchal violence against women in Rajasthan as prevention.

Results & Discussion: Through such funding experiences, we find that more contextually appropriate and intersectoral responses to suicide and its prevention are possible when interventions and programs are community-led and community-based. We confirm the dearth of interventions addressing structural determinants of suicide, post-vention programming, and interventions geared specifically to address unique life stressors of marginalised groups within mainstream mental health and suicide prevention fields. The work of our partners highlights the importance of intersectional lived experience in design, implementation as well as evaluation of programs, and the necessity of addressing root cause prevention within our fields. A core learning for us as a suicide prevention funder is that many different actors are working towards root cause prevention among their communities and contexts, but may not have access to highly technical mental health and suicide prevention spaces to position their work as impactful on suicide. In this context, working with community groups across sectors and movements to champion suicide prevention is imperative. Implications of our learnings for those in mental health and suicide prevention fields such as funders, researchers, and clinicians will be discussed, in the context of shared goals of promoting robust suicide prevention worldwide.

12.2 Prevalence of suicide and suicidal thoughts among people with disabilities, risk factors, and potential interventions to save them from multiple levels of jeopardy.

Mr Harun Abdullah Al¹, Ms. Ahmed Farzana

¹ADD International Bangladesh

Learning Objective: To understand the prevalence of, and factors associated with suicide and suicide ideation among persons with disabilities and explore potential suicide risk factors among persons with disabilities and potential suicide interventions.

Background: Each and every suicide is devastating and has a profound impact on those involved. An estimated 703,000 people die by suicide worldwide each year, of which 77% of cases occur in LMICs such as Bangladesh (WHO). Suicide is a very important concern in Bangladesh's current context. The rates of suicide are increasing day by day. In Bangladesh, 10,000–14,000 people die by suicide every year. 70,000 people have died by suicide in the last six years. The rise in mental health and suicide is placing a strain on the entire health system.

Methods: We used a mixed-methods approach, including secondary information. Semi-structured focus group interviews (n=8), semi-structured interviews (n=11) and case studies of suicide deaths, attempted suicides, and persons with disabilities (n=4) who had thoughts of suicide were conducted to increase our understanding of potential risk factors and interventions. A total of 96 people took part in the qualitative work, including bereaved parents and family members (n=40 persons, ages 20–60), community leaders (n=40, ages

25–60), young people who had thoughts of suicide (n=4, ages 18–30), persons who had non-fatal suicide attempts (n=2, ages 18–30), and students (n=10, ages 13–18 and 19–25).

The study was conducted with a targeted population among different types of persons with disabilities.

Results: Suicide rates appear to be increasing among persons with disabilities, interacting factors that may put young people with disabilities at risk. From our secondary document review and media monitoring, it seems that suicide has increased annually in Bangladesh by 2.6% in general. In the study area, suicide deaths among persons with disabilities increased by 20%, and the prevalence of suicidal ideation was reported to range from 10 to 15% across different cohorts. From the qualitative work, potential risk factors seemed to relate to financial crises, stigma and negative stereotyping, parental abandonment, substance abuse, long-term depression, etc.

Discussion: Persons with disabilities have double jeopardy due to their impairments, as well as social, financial, and political exclusions. Mental health and suicide prevention support for persons with disabilities are almost neglected and need to be included as special initiatives.

12.3 Understanding stressors preceding suicide deaths in Australian culturally and linguistically diverse (CALD) communities — A qualitative study

Dr Humaira Maheen¹, Ms Chandra Ramamurthy¹

¹University of Melbourne

Learning Objective: Our study employs an intersectionality lens to identify stressors affecting suicidality in Australia's culturally and linguistically diverse (CALD) communities. Once identified, we argue that these stressors will be instrumental in informing current prevention initiatives to be more effective for CALD communities.

Background: Suicide profoundly impacts individuals and communities globally, particularly affecting migrant populations who encounter unique challenges and stressors affecting their risk of suicidal behaviours and mortality. In Australia, with over seven million people from CALD backgrounds, a significant knowledge gap exists regarding factors contributing to suicide deaths within these communities. Using an intersectionality lens, our study aims to explore factors leading to suicide deaths in diverse groups, with a focus on gender, age, and countries of origin.

Methods: Qualitative data were extracted from police and coroners' reports documenting the suicide deaths of 80 individuals from five ethnic backgrounds: Asian, African, Middle Eastern, Pacific Islanders, and South and Central Americans. While an in-depth analysis of this data is ongoing, it will be completed in time for the conference.

Results: Preliminary analysis highlights the intersectional disadvantages faced by CALD migrants from ethnic minority backgrounds. Unemployment and work-related stressors emerged as the most frequently cited factors contributing to suicide among the working-

age population, followed by relationship issues, financial debt, and mental illness. Young migrants from Oceania who died by suicide are often reported to have a history of mental illness, with sub-optimal engagement with health services just before their death. In contrast, elderly migrants from Asian backgrounds who died by suicide commonly experienced chronic health conditions, mental health issues, or chronic pain before their deaths, suggesting a potential link between these factors and suicide. The disclosure of suicidal thoughts to family members, friends, or work colleagues was commonly reported among working-aged and young migrants. We will draw on suicide theories and further data analysis to identify gaps in current prevention efforts and possible avenues for suicide prevention for diverse communities.

Discussion: Our study underscores the pivotal role workplaces can play in suicide prevention for CALD migrant groups. There is a critical need to engage with communities to develop tailored suicide prevention initiatives, such as destigmatizing help-seeking behaviours, providing guidance on dealing with disclosures, and informing about support services and how to access them. Furthermore, identifying ways to make health services more culturally safe for migrants is essential for addressing their unique stressors.

12.4 Exploring the help-seeking experiences of young people of culturally and linguistically diverse (CALD) backgrounds following self-harm and suicide ideation: a qualitative approach

Ms Gowri Rajaram^{1,2}, Professor Jo Robinson^{1,2}, Professor Kerry Gibson³, Dr Katrina Witt^{1,2}

¹Orygen, ²Centre for Youth Mental Health, ³School of Psychology, University of Auckland

title: Exploring the help-seeking experiences of young people of culturally and linguistically diverse (CALD) backgrounds following self-harm and suicide ideation: a qualitative approach

Learning objective: By the end of this presentation, the audience should have an understanding of the barriers and facilitators young people of CALD backgrounds experience in seeking help for self-harm and suicide ideation.

Background: There is a lack of research on Australia's culturally and linguistically diverse (CALD) young people, especially qualitative research. This is despite the CALD community being recognised as a priority population for suicide prevention, and the disproportionate impact of suicide, self-harm and suicide ideation on young Australians. This study seeks to address this gap in knowledge by exploring help-seeking experiences in young people of CALD backgrounds.

Methods: This is a qualitative study. Young people who self-identified as being from a CALD background and were recently discharged from Orygen's Hospital Outreach Post Suicidal Engagement (HOPE) aftercare service were recruited for interviews. The interviews were semi-structured and addressed their help-seeking experiences with both formal and informal care. Reflexive thematic analysis was used to analyse responses.

Results: Nine young people were interviewed. Analysis is in progress. Preliminary themes have been identified, and include the role of informal supports, the presence of communication barriers, and negative experiences with clinical and emergency services.

Conclusion: The insights generated from this study will inform more culturally sensitive clinical services and targeted community-oriented suicide prevention initiatives. Early findings indicate that addressing the communication barriers that exist between young people and their support system, particularly their parents, may be beneficial and promote engagement with clinical services.

12.5 Gender – LGBTI Community

Ms Lindokuhle Sibiya Youth and Women for Change in Eswatini

Gender and sexual orientation identity and expression mold vulnerability to violence, ill-health: structural and self-stigma, prejudice and self-discrimination including discrimination in general leads to health disparities such as mental health effects such as suicide, depression, anxiety amongst LGBTI population, as in most African countries LGBTI communities are culturally unacceptable.

A collection of participants from Kenya, South Africa, Lesotho and Eswatini were sampled using a combination of community-based and online sampling, and were asked about socio-demographic characteristics, experiences of violence and the effects of, including their mental health outcomes such as depression, anxiety, suicide, and substance abuse. Data collected described and analyzed with stata15 using logistic regression with multiple imputation for missing data.

Kenya, laws criminalize same-sex activity, 46% showed signs of depression, 55% signs of anxiety, 12% signs of alcohol abuse and 7% signs of dependence on other drugs, 22% had attempted suicide, among gender minority participants it was 30%. Even though South African constitution protects LGBTI community from discrimination, 57% showed signs of depression, 66% signs of anxiety, 12% had signs of alcohol dependence and 5% signs of dependence on other drugs, 27% had attempted suicide. Participants who had experienced sexual violence were four times more likely to attempt suicide. On the other hand, Eswatini still practice cultural beliefs, that discriminates, stigmatize and unrecognized LGBTI community, which make the community to live fearful, 'submarine' lives.

Although South African constitution protects LGBTI communities but there's still a volume of cases of sexual violence in their communities that result to mental health challenges such as depression, anxiety, and suicide. The level of depression, anxiety, suicidality and substance use amongst LGBTI community in Kenya and South Africa are higher than among the general population in these countries. These effects, affect all ages including children, youth, adolescents and adults in all the countries were samples were taken.

12A.1 Suicide and Ghana: Examining how Individual Perceptions, Beliefs about the Etiology, and Personal Responsibility related to Suicide and Stigma

Dr Robin Gearing¹, Dr Doris Akyere Boateng, Dr Rabi Kwaku Boakye Asante, Dr Kathryne Brewer, Dr Micki Washburn, Dr Sondra Fogel, Dr L. Christian Carr, Dr Shahnaz Savani, Mr Andrew Robinson, Dr Susan Robbins

¹University of Houston

Learning Objective: This study aims to better understand how individuals' perceptions and beliefs about etiology and personal responsibility related to suicide are associated with stigma in Ghana.

Background: Until July 2023, suicidal behavior in Ghana was considered a crime subjecting individuals who engaged in suicidal behavior to arrest, prosecution, and criminal penalties. The limited available research suggests that suicide is an act that is highly stigmatized in Ghana, and Ghana currently lacks a national suicide prevention strategy. This study explores suicide related stigma in Ghana and contributes to a deeper understanding of the complex interplay between individual and societal/community perspectives on suicide that may ultimately inform effective strategies for suicide prevention, intervention, and support.

Method: In Accra and Tamale, Ghana, 201 adults were recruited from public spaces (markets, churches/mosques). After consenting, participants completed an online Qualtrics survey (in English, Dagbani or Twi languages) comprised of sociodemographic questions, standardized measures (e.g., mental health, religiosity, stigma), and an experimental vignette methodology (varied by age and gender) to examine suicidal attitudes, perceptions, and beliefs. Statistical analysis (Stata 17, R version 4.2.2) included a canonical correlation analysis to examine the proportion of variance in stigma scores that could be explained by beliefs about personal responsibility for and causes of suicidal ideation.

Results: With a mean age of 33.19 years (SD=11.15), the majority of the sample were male (53.3%), lived in Accra (51.76%), were unemployed (51.76%), college educated (56.35%), and self-identified as Christian. Results found that much of the stigma around mental illness is due to perceptions of its etiology. Findings also indicate that attributing mental illness to personal weaknesses or environmental stressors amplifies stigma, particularly among male participants. Overall, the analysis found statistically significant explanatory variates explained about 20% of response variance for males and 18% for females.

Discussion: Our findings reveal a complex landscape of attitudes towards suicide in Ghana, which aligns with some global trends but also shows unique regional characteristics. Perceptions on causes/etiology and personal responsibility of suicidal influence resultant stigma, specifically for males. Thus, addressing mental health/suicide stigma requires a nuanced and multifaceted approach that acknowledges the roles of sociodemographic factors, the role of gender, cultural beliefs, and attribution regarding the origin of suicidal ideation. These findings support community-based stigma reduction efforts to help develop

a comprehensive approach to bring about greater empathy, inclusivity, and support for individuals living with suicide ideation and mental illness.

12A.2 Blending face to face CBT for Depression with web and mobile-based support: A pilot, randomised, controlled, pragmatic trial in the UK

Dr Arlinda Cerga Pasholja¹, Dr Asmae Doukani, Prof Ricardo Araya

¹St Marys University, Twickenham

Learning Objective: To develop an understanding of the feasibility and acceptability of blended CBT when juxtaposed with traditional face-to-face CBT,

Background: Internet-delivered Cognitive Behavioural Therapy (CBT) offers an alternative, accessible, clinically and cost-effective treatment for depression. However very little is known about the feasibility and effectiveness of blended delivery of CBT (b-CBT), combining face to face with online therapy for depression, in primary care services in the UK.

Methods: We undertook a pragmatic pilot randomised controlled trial. Adults diagnosed with major depressive disorder (MDD) were recruited from Improving Access to Psychological Services (IAPT) across four sites in the UK. The trial investigated whether b-CBT was feasible to be applied by IAPT therapists and acceptable by service users and health providers.

Results: Sixty-five therapists from six IAPT services referred 165 participants during a 22-month period. Service user uptake was good and just 24% of 165 referred service users either actively declined participation or became uncontactable. 101 participants were recruited into the study including 58 females and 43 males. Withdrawal rate during the trial was similar for both the control and the intervention arm and adherence to treatment was good for both arms. Out of the 49 people who started treatment in the b-CBT group, 46 (86%) adhered to the whole program.

Almost half of all participants (49.5%) stated before randomization that they preferred b-CBT versus face to face (11.9%), indicating good acceptability for service users novel to the approach. Participants reported a high level of treatment satisfaction ($\bar{x}=26.2\pm 4.96$), and both service users and therapists reported a high level of system usability in relation to the online platform 77.13 ± 19 and 80.96 ± 9 respectively

Discussion: This study indicated that b-CBT for mild-moderate depression was acceptable to client participants with respect to treatment uptake, digital program usability and treatment satisfaction. While therapists rated the usability of the digital program highly, they seldom referred patients to the intervention, despite the high client uptake to b-CBT. Treatment outcomes scores and treatment completion in b-CBT appeared to be comparable to face-to-face CBT for depression, a first line treatment for mild-moderate depression in the UK, highlighting the potential promise of b-CBT. More research is also required to understand how b-CBT interventions can be tailored in order to align with what is practiced in mental health care services.

12A.3 Examining differences in Suicide Stigma Among Mexican-Americans and Mexicans: The Influence of Place, Sociodemographic Factors, and Acculturation

Dr Robin Gearing¹, Dr Micki Washburn², Dr Kathryn Brewer³, Dr Luis R. Torres–Hostos⁴, Dr Pedro Isnardo de la Cruz⁵, Dr. Miao Yu², Dr Natalia Giraldo–Santiago⁶, Mr. Alberto Cabrera¹, Dr Adelaide Garcia Andres⁷

¹University of Houston, ²University of Texas, ³University of New Hampshire, ⁴University of Texas , ⁵Universidad Nacional Autonoma de Mexico, ⁶Massachusetts General Hospital, ⁷Universidad Autónoma de Nuevo León

Learning Objective: Upon attending this presentation, participants will be able to explain how suicide stigma uniquely varies among residents of Mexico City and Latino residents of Houston, TX and Mexican–Americans, as well as the sociodemographic factors that are predictive of suicide related stigma.

Background: Suicide continues to be a significant public health concern impacting all cultural and ethnic groups across the world. Little research examines and compares stigma toward suicide in Mexican and Mexican–American populations, including effect of immigration on beliefs and attitudes toward suicide. This study investigated the following questions: 1) What are the public stigma beliefs toward those experiencing suicidal ideation in Mexican–Americans, compared to respondents from Mexico; 2) Does age and gender of the suicidal individual affect expressions of public stigma; and 3) Does public stigma differ by country of origin for Latinos residing in the US?

Methods: Utilizing data from two community–based samples (n=451): one from Mexican–Americans in Houston (n=248), and a second focusing on residents in Mexico City (n=203). Participants were given one of six vignettes depicting a person experiencing suicidal ideation which were randomized by gender (male/female) and age (15–, 38–, 73–years) of the person experiencing suicidal thoughts. The study also examined the influence of respondent characteristics (age/gender/country of origin) on suicide related stigma using MANOVA and multiple regression. Data analysis was conducted using SPSS 27.0 and Mplus 8.9.

Results: Our findings found that location predicted the significant difference in public community stigma: respondents who are from the US scored lower in community stigma towards vignette subject. In examining the associations between suicide–related stigma and characteristics of respondents in Mexico City, the regression models explained 7.1%, 10.3%, and 5.7% of the variance in personal–level, community–level, and future potential stigma, respectively. In the USA, regression models for personal–level stigma, the second generation and third generation of immigration scored higher than the first generation of immigration.

Discussion: These findings underscore that suicide perceptions and beliefs are nuanced and differ across generations, location and participants knowledge and exposure to individuals with mental health concerns. Addressing suicide stigma requires a nuanced and community–specific approach that acknowledges the roles of sociodemographic factors, local beliefs, and knowledge of and exposure to suicide. These findings support the need to specificity in targeting community–based stigma reduction efforts within Latino/Hispanic communities.

12A.4 Mobile Mental Health Clinic: A community-based youth suicide prevention strategy in rural Puducherry, India.

Ms Kalaivani Vinayagam¹, Ms. Adithya Mr¹, Dr. Siva Mathiyazhagan¹

¹Trust For Youth And Child Leadership

The Puducherry State Crime Records Bureau report (2015–2022) revealed that young people aged 18–35 constituted approximately 40% of suicide victims. Socioeconomic determinants, driven by the lack of access to affordable mental health care, contributed to the escalating suicide rates in rural Puducherry. Trust for Youth and Child Leadership (TYCL), a youth-led organization, actively addressed the mental health crisis among Puducherry's youth through comprehensive community-based mental health interventions, including a mental health hotline to tackle socioeconomic determinants, counseling centers in academic institutions, a Mobile Mental Health Clinic (MMHC), and rural mental health camps.

This study aimed to assess the effectiveness of the MMHC as a community-based intervention that bridged access and affordability gaps in rural areas, employing a social justice lens. The MMHC program involved a transdisciplinary team of professionals, including psychologists, social workers, psychiatrists, local youth volunteers, community organizations, and performing artists, in community-based mental health interventions focused on reducing suicidal risks. The transdisciplinary team conducted weekly community outreach and organized rural mental health camps to provide mental health services at the community level, along with organizing individual and community follow-ups with respective professionals.

This study employed a participatory action research approach to evaluate the effectiveness of the MMHC program. The paper provides qualitative insights from forty-six life story interviews of youth members who benefited from the program. Additionally, community members' feedback and observations from professional mental health service providers were included to measure effectiveness using diverse datasets.

This paper highlighted the process of community-based youth mental health intervention strategies and multi-stakeholder community engagement models. The study revealed that rural young people actively sought support in the following three levels of care through the MMHC program: 1) Long-term treatment for mental disorders, 2) Short-term psychological intervention, and 3) Socioeconomic care and support. Community-based mental health intervention requires transdisciplinary collective action from a justice perspective on the ground, along with meaningful community engagement. Caste and gender played a vital role in justful culturally responsive care practices in community-based interventions. The MMHC program has the potential to address mental health service access and affordability gaps in rural areas.

The paper highlights the practice and research challenges encountered throughout the process. The study also put forth recommendations for key stakeholders to engage in a justice-centric culturally responsive intervention and address resource gaps. Mental health matters for everyone, everywhere.

Keywords: Youth Suicide Prevention, Community Mental Health, Social Justice, culturally responsive care, Mobile Clinic

12A.5 Evaluation of a Lived Experience Peer Support Program to Improve Mental Health Outcomes and Reduce Suicide Amongst International Students

Dr Samuel McKay¹, Rafi Armanto, Gina Chinnery, Christina Ng

¹Orygen & The University Of Melbourne

Learning objective: To understand the potential of lived experience peer support programs in improving help-seeking behaviours and reducing suicide risk among international students comprised of diverse cultural groups.

Background: International students experience high rates of mental health issues and are a priority group for suicide prevention. Despite encountering numerous stressors linked to studying and residing abroad, international students exhibit lower tendencies to seek mental health support, a factor shown to contribute to suicide deaths among this group in Australia. A potentially effective solution to address help-seeking in this population is the implementation of peer support programs. However, the evaluation of such programs specifically for international students remains limited.

The aim of this study is to evaluate an existing international student mental health peer work program from the perspective of international students, peer workers, and educational institutions.

Methods: A mixed methods framework has been adopted for this study, and the evaluation is based on the Kirkpatrick Model of Training. To date, approximately 50 students have completed a brief survey on the program's acceptability and impact on their mental health, wellbeing, and willingness to seek help and discuss mental health with their peers. Descriptive statistics will be undertaken on the quantitative data. Qualitative interviews are currently underway with students (n = 10), peer workers (n = 3), and education staff (n = 2) to capture their perspectives on the impact and long-term feasibility of the program. The qualitative data will be analysed using reflexive thematic analysis.

Results: Preliminary findings show participants felt that lived experience peer workers promoted their sense of belonging (79%), awareness of mental health supports (82%), and willingness to seek professional help (84%). Almost all participants felt understood by the peer workers (95%). A full set of results will be presented at the conference.

Discussion: This research will contribute to our understanding of the potential for international student lived experience peer work programs to improve mental health outcomes and reduce suicide risk in this vulnerable population. Preliminary findings suggest that such programs may effectively reduce key risk factors for suicide, including a lack of belonging and willingness to seek help, while also addressing barriers to service access. Implications for the design and implementation of peer support programs will be explored.

12A.6 Perceived Human Rights Abuse as a Risk Factor of Children's Suicidal Behavior

Professor BC Ben Park¹

¹Pennsylvania State University–Brandywine

Learning Objective: To understand how human rights abuses make children and adolescents more vulnerable to suicidal behavior.

Child abuse or neglect has been linked to suicidal behavior later in life; however, little research has been conducted on the relationship between perceived human rights abuse and suicidality. Now that suicide is the leading cause of adolescent death in Korean society, the aim of this study is to examine how perceived human rights abuses make children and adolescents more vulnerable to suicidal behavior. Based on cross-sectional survey data on "Human Rights Situation of Children and Youth" collected by the National Youth Policy Institute (2013), this study found that Korean children and adolescents who perceived violations of their rights exhibited more suicidal thoughts. Moreover, those who felt discrimination appeared to be at a higher risk for suicide, and those who experienced physical or mental abuse by parents or teachers have suicidal thoughts. Adolescents who experience violence at school, such as being insulted, beaten, bullied, robbed, threatened, or sexually harassed or molested, develop suicidal tendencies. Findings in this study provide ample evidence that infringements of human rights are significant factors affecting youth suicide. Therefore, in order to understand adolescent suicidal behavior, this study stresses the need to explore cultural dynamics and pressures that impinge upon the rights of the young.

Oral #14, June 5, 2024, 2:30 PM – 4:00 PM

Chair: Professor Greg Armstrong

14.1 Mobile Apps for Suicide Prevention in India: Perceptions and Preferences of Youth

Ms Arya Thirumeni¹, Dr Anish V Cherian¹, Dr Rituparna Kandu¹

¹National Institute Of Mental Health And Neuro Sciences

Background: With the high prevalence of mental health issues and suicide rates among youth in India and the lack of adequate health professionals to address the problem, innovative approaches such as mobile health applications (apps) have been considered for suicide prevention. Understanding user perspectives is crucial for the development of practical digital tools.

Objectives: This study explored youth's perceptions of mobile apps designed for suicide prevention and their preferences regarding app features. The goal was to identify the

desirable characteristics of such apps that align with the needs and expectations of young adults.

Methods: We conducted focus group discussions with college students (18–24 years) to delve into their views on using mobile apps for mental health support and suicide prevention. Thematic analysis extracted salient themes from the qualitative data, providing insights into participants' attitudes, beliefs, and preferences.

Results: The analysis yielded several key themes: the appreciation of anonymity in digital interactions versus the risk of increased isolation; the shift towards online platforms for mental health discourse; the importance of user-friendly, inclusive, and multifunctional app design; the necessity of integrating professional support; and the emphasis on educational content for mental health literacy. Students also expressed concerns about privacy, data security, and the potential negative impact of commercialization through ads within these platforms.

Conclusion: Youth recognize the potential of mobile apps as a supplementary resource for suicide prevention and mental health support. They advocate for apps that are accessible, engaging, and respectful of privacy. The findings highlight the importance of including the target user's voice in the app development process, ensuring that the digital tools are technically sound and resonate with the users' experiences and needs. The study informs the future design and implementation of mental health apps, with the potential to enhance their acceptance, effectiveness, and integration into suicide prevention strategies.

14.2 Tailoring Suicide Prevention: Need for Gender-Specific ED Interventions

Dr Anish V Cherian¹, Ms Arya Thirumeni¹, Dr Shankar Kumar², Dr N.R Prashanth²

¹National Institute Of Mental Health And Neuro Sciences, ²Bangalore Medical College & Research Institute

Background: Suicide attempts represent a significant public health issue, necessitating effective interventions. This study focuses on an emergency department (ED)-based intervention targeting suicide attempt survivors, highlighting the importance of addressing gender differences and methods of suicide attempts to tailor gender-specific interventions.

Objectives: To assess the effectiveness of an ED-based intervention for suicide attempt survivors, examining gender differences in the methods of attempts and exploring the need for gender-specific interventions.

Methods: The study utilized a mixed-methods approach, incorporating quantitative data from a self-harm registry and qualitative interviews. Participants were screened for suicidal risk, and interventions included ED-initiated brief interventions coupled with telephone-based follow-up.

Results: Preliminary findings indicate significant gender differences in suicide attempt methods, with a notable prevalence of poisoning and tablet overdose among females. The intervention showed promise in reducing the intent for future attempts and improving follow-up engagement. However, challenges such as policy gaps and the need for specialized training for ED staff were identified.

Conclusion: The study underscores the critical need for gender-specific suicide prevention strategies, particularly in emergency department settings. Tailored interventions addressing the distinct needs and behaviours of male and female attempt survivors can enhance the effectiveness of suicide prevention efforts, ultimately reducing the incidence of suicide attempts and fatalities. Further research and policy development are essential to implement these strategies effectively.

14.3 What is effective in a suicide prevention helpline? Studying chat conversations using Artificial Intelligence

Dr Renske Gilissen¹, MSc Salim Salmi, Dr Saskia Mérelle, Prof Rob van der Mei, Prof Sandjai Bhulai

¹Head of research 113 Suicide Prevention

Learning Objective: The potential of AI for suicide prevention helplines.

Background: To ensure optimal care in suicide prevention helplines, understanding the factors that influence help seekers' experiences is crucial. The chat services of helplines generate substantial text data that can be analyzed on a large scale using Artificial Intelligence.

Methods: Between August 2021 and January 2023, 6903 help seekers participated in a study conducted by the 113 Suicide Prevention helpline in the Netherlands. They self-

assessed various factors associated with suicidality, such as hopelessness and will to live, before and after engaging in chat conversations. Machine learning text analysis was employed on the conversations to predict help seekers' improvements or non-improvements on these factors, and the model was interpreted to identify which messages from helpers contributed to these predictions.

Results: The machine learning model indicated that positive affirmations and expressing involvement of helpers positively influenced help seekers' scores. Conversely, the use of macros and prematurely ending conversations due to safety concerns had negative effects on help seekers.

Conclusion: This study provides insights into enhancing helpline conversations, highlighting the effectiveness of an empathetic approach involving questions and positive affirmations. Furthermore, it underscores the potential of AI in analyzing helpline conversations.

14.4 An Evaluation of Singapore's Only 24/7 Crisis Textline.

Mr John Lam¹, Ms. Buanesvari Paarvati¹, Ms. Oh Seyoung¹, Dr Satvinder S. Dhaliwal²

¹Samaritans Of Singapore, ²Singapore University of Social Sciences

Samaritans of Singapore is a suicide prevention agency in Singapore that offers CareText, a 24/7 crisis text messaging service, for individuals in distress, including those struggling with suicidal ideation. In 2023, this platform answered over 22,000 chat sessions. To measure the change in the client's distress, surveys are administered at the start and end of each chat. This service defines effectiveness as either a reduction in distress levels or maintenance of distress levels, i.e. client's distress level did not increase or decrease due to the chat.

This study utilized the complete data of 17,349 chat sessions from January to December 2023. The pre- and post-chat distress scores provided by the client and the post-chat distress score reported by the trained volunteer were used in this study to assess the effectiveness of CareText. Only 13% (n=2,187) of the clients completed the post-chat survey and rated their distress levels. All chats, however, had the volunteer's assessment of the client's distress level at the end of the chat. Additional information such as the gender, age and assessed suicide risk of the client were also accounted for.

To objectively assess the reduction of the client's distress, a sample of 400 chats was chosen randomly from the 2,187 chats with complete scores from the client. These chats were then assessed by independent reviewers.

The three sets of scores per chat—the client's, the volunteer's and the independent reviewer's, were assessed using crosstabulation of scores: between the client and volunteer, the client and independent reviewer and between the volunteer and the independent reviewer. 92% of the clients' post-chat distress scores were within ± 2 points on a 6-point distress scale when compared to the volunteers' post-chat scores. Clients scored 88–90% of the chats as effective, volunteers scored 99–100% as effective, and independent reviewers scored 97% as effective. The similarity in post-chat distress scores reported by the client, the volunteer handling the chat, and the independent reviewers demonstrate the validity of using the volunteer's post-chat distress scores as proxy scores when the client's

self-reported post-chat distress scores are missing. The perceived effectiveness was not associated with age, gender and assessed suicide risk of the client.

In conclusion, this study demonstrates the service users' perceived effectiveness of CareText is high ($\geq 88\%$) and that in the absence of the clients' post-chat distress level scoring, the volunteer's post-chat distress level scoring of the client can be used as proxy scores.

14.5 Breaking Barriers: Providing Multifaceted Culturally Relevant Approach to Suicide Prevention in Malaysia

Dr. Florance Manoranjitham Sinniah¹

¹Sneham Malaysia

Learning Objective: This presentation aims to highlight the significance of culturally relevant tele-counselling services in addressing suicide prevention and mental health challenges in Malaysia. Attendees will understand the importance of tailored interventions in reaching underserved communities and combating stigma associated with mental health issues.

Background: This paper presents the pioneering efforts of Sneham Malaysia in addressing the need for culturally relevant tele-counselling services to combat suicide in Malaysia. The lack of awareness, stigma, and language barriers hindered access to mental health support services, emphasizing the need for innovative solutions. The presentation will discuss the impact of addressing the interconnectedness of social issues and mental health, the importance of providing support services in local languages and the role of advocacy in increasing awareness and understanding of mental health issues.

Methodology: A study on the social, cultural factors influencing help seeking behaviors provided the context for Sneham's multi-faceted approach to address the specific cultural and linguistic needs of the Malaysian population. Sneham provide free and confidential tele-counselling and all mental health services in Bahasa, Tamil, and English to overcome language barriers particularly for underserved communities.

Sneham's vision, "No life should be lost" by suicide aligns with the recommendations of the World Health Organization's South-East Asia publication "Every Life Matters," which emphasizes the need for open discussions about suicide and the strategic role of communities in reducing deaths by suicide.

Results: The presentation will showcase the impact of Sneham Malaysia's approach in addressing social issues and mental health challenges. It will discuss the barriers faced by diverse communities in accessing mental health support and the strategies employed to overcome these obstacles. The findings will emphasize the importance of culturally relevant support services in suicide prevention efforts.

Discussion: This paper underscores the critical role of culturally tailored interventions in addressing mental health challenges and combating suicide rates in Malaysia.

The discussion will delve into the implications of these findings for mental health advocacy, public awareness campaigns, and community engagement initiatives.

By developing interventions that respect and integrate cultural perspectives, promoting education and awareness helps in destigmatizing mental health issues and fostering a supportive environment for individuals to seek help.

Conclusion: Sneham's journey serves as a valuable case study for suicide prevention and mental health support, particularly in culturally diverse settings. By sharing practical insights and lessons learned, Sneham aims to contribute to the global dialogue on suicide prevention and culturally relevant mental health support.

14.6 Cultural autopsy of suicide

Dr Indra Boedjarath¹

¹Praktijk Boedjarath (private Practice)

Learning objective: Introduce cultural autopsy as a supplementary method for suicide examination, aiming to incorporate cultural factors into post-mortem investigations.

Introduction/Background: Despite suicide's multifaceted nature, post-mortem examinations typically focus on psychological aspects and leaves cultural influences undetermined. Cultural autopsy is proposed to address this gap, leveraging lay theories to unveil the deceased's cultural reality from an insider's perspective. The assumption is that lay theories (as opposed to academic theories), i.e., the view of the group members hold cultural information about the deceased's specific lived reality from the local emic perspective.

Method: An exploratory approach was adopted, centering on cultural meanings and lay theories. Initial trials on three Dutch-Surinamese Indian suicide cases involved the concretisation of the loosely conceptualized building blocks as follows: identification of the cultural group (e.g., ethnicity, religion, language[s]); literature survey (academic and grey literature, extracting data on cultural norms and on suicide); forming an expert group (people from the same group and professionals familiar with the group); construction topic list (a general part valid for the whole cultural group and a specific part related to the deceased's age, gender, acculturation and religion); verbal autopsy (culturally sensitive interviewing techniques, circular questioning, narrative approach); review (extracting cultural themes from the narratives, discussing and interpreting the cultural aspects); synthesis (identifying cultural factors involved in the suicide, when present in several data and reviewed as such by the expert team).

Results: Various cultural factors emerged, such as 'manai ká boli' (fear of societal judgment), 'izzat' (honour), silenced suffering, indirect communication, family obligations, and group loyalty.

Case specific findings were the expectations related to the position of oldest son in the family in the case of the 54-year-old male, or the gendered cultural symbol on the body of the 32-year-old female called, notably sindhur (vermilion red powder worn on the forehead by traditional Hindu married women). In the case of 17-year-old male the implicit (and internalized) expectations regarding academic success in combination with izzat related respect, deference and loyalty, generation gap, acculturation had a role in the suicide.

Discussion: The application of cultural autopsy reveals how cultural norms influence suicidal behavior, offering insights into community dynamics. The findings can be called beneficial

by the virtue of the broadly outlined theoretical fundament of cultural autopsy and adds the cultural perspective to a comprehensive understanding of suicides. Nonetheless, further validation of the cultural autopsy is needed.

14.7 Psychological autopsy of the suicide of four adults in Gorontalo Province, Indonesia

Dr Nova Riyanti Yusuf¹, Mrs Atik Puji Rahayu¹, Mr Nano Supriatna¹, Mr Dede Surya Putra¹, Mr Aria Kusuma¹, Mr Hadi Mardiansyah¹

¹dr. H. Marzoeki Mahdi Mental Hospital, National Center for Mental Health

Background: Suicide occurs throughout life in all regions of the world. For each suicide case, there may be more than 20 suicide attempts. Suicide is the fourth largest cause of death in the 15–29 year age group (adolescents–adults) globally in 2019. Objective: This study aims to get description of biopsychosocial factors that influences four adults to do suicide attempt in Gorontalo Province. Methodology: This research is a qualitative research with a case study design by conducting psychological autopsy with in–depth interview on 8 family members of 4 adult victims who died by suicide. Results: From biopsychosocial factors, the psychological factors had the strongest influence on 4 adults to attempt suicide. Most prominent psychological factors were depression, shame, low verbal skills (the victims were quiet type), stressful life events that caused psychological stress, low psychological adaptability so they could not solve problems. Discussion: Psychological factors are the major factors that strongly influence adults to attempt suicide, therefore efforts are needed to help resolve the psychological problems experienced by people in adulthood.

Keywords: psychological autopsy, biopsychosocial, suicide in adulthood

Oral #15, June 5, 2024, 2:30 PM – 4:00 PM

Chair: Professor Matthew Spittal

15.1 High–risk suicide locations in Australia: an analysis of coronial data from 2001 to 2017

Dr Lay San Too¹, Dr Suzanne Mavoa², Dr Phillip Law¹, Mr Sangsoo Shin¹, Dr Angela Clapperton¹, Dr Leo Roberts¹, Professor Ella Arensman^{3,4}, Professor Matthew Spittal¹, Professor Jane Pirkis¹

¹The University of Melbourne, ²Environment Protection Authority Victoria, ³University College Cork, ⁴Australian Institute for Suicide Research and Prevention

Learning objective: Our study aimed to systematically identify high–risk suicide locations in Australia.

Background: Although several interventions have been shown to be effective in preventing suicide at high–risk locations, the potential for these interventions to be deployed is limited by a lack of knowledge about where high–risk locations are.

Methods: We used suicide data from the National Coronial Information System from 2001 to 2017. We included suicides that occurred in public locations and used the scan statistic to detect spatial clusters of suicides. We then classified those locations within clusters with at least 0.5 suicides per year as a high-risk location. We also described suicides at high-risk locations using location, time, and socio-demographic variables.

Results: We detected 17 high-risk suicide locations in Australia. These involved 495 suicides, which accounted for 5% of suicides in public locations and 1% of all suicides. Over 80% of suicides at high-risk locations occurred at cliffs and bridges, and correspondingly 76% of suicides at high-risk locations involved jumping from a height. Suicides at high-risk locations occurred evenly across days of the week. Over 60% of those who died by suicide at high-risk locations travelled 11 kilometres or more from their home to the location. Being male, younger than 44 years old, employed, never married, non-Indigenous, and Australian-born were common characteristics of those who died at high-risk locations.

Discussion: This study reveals high-risk suicide locations in Australia. Actions such as restricting access to means should be taken to prevent suicide at these locations where possible.

15.2 Hidden suicides. Comparing drug death rates in Canada and Australia

Professor John Snowdon¹, Professor Ian Rockett³, Professor Eric Caine³

¹Concord Hospital, ²Sydney University, ³University of Rochester

Background: Suicide rates around the world are underestimated, largely due to misclassification of suicides as accidents, 'events of undetermined intent' (EUIs), or ill-defined or unknown cause deaths (ICD code R99). Misclassified suicides are called 'hidden suicides'. Substance use disorders are frequently associated with suicide; there are remarkable similarities between the life circumstances and personal distress revealed in histories underlying suicides and overdose fatalities. Most drug intoxication deaths are classified as accidents.

Method: Mortality data were obtained from statistics authorities in Canada and Australia regarding suicides, accidental drug deaths, EUI and R99 deaths between 2000 and 2022. Rates of 'deaths from drug self-intoxication' (DDSI), measuring total drug and alcohol poisoning deaths across post-childhood age-groups (but excluding adverse therapeutic events) were compared between the nations, as were rates of drug suicide, accidental death, EUI and R99 deaths.

Results: Graphs show changes in drug death rates in the two nations since 2000. Rate escalation (total and accidental) has been greater in Canada and continues. The Australian rate peaked in 2017 and then fell. Total and drug suicide rates were relatively constant, except that Canadian suicide rates declined after 2019 while total and accidental drug death rates rose sharply. EUI death rates remained low, but R99 rates have recently increased.

Discussion: There is good evidence of high rates of 'hidden' drug suicide in North America. Various researchers have lamented inadequate recognition and research concerning background factors that lead people to self-intoxicate and thus (in a high proportion of

cases) kill themselves. Stringent policies regarding establishing intentionality in order to determine a death was a suicide, plus strong advocacy for prevention of suicide (as opposed to unintentional death), have resulted in a lack of integration when devising ways of preventing drug deaths. Increased use of psychological autopsy (or verbal autopsy in less well resourced nations) and more assiduous investigation of deaths where there is doubt about intentionality will help identify overdose suicides and hopefully enhance wide-ranging preventive strategies.

15.3 Cultural influences on help-seeking behaviours following suicide ideation and suicide attempt: a latent class analysis

Ms Gowri Rajaram^{1,2}, Professor Jo Robinson^{1,2}, Dr Katrina Witt^{1,2}

¹Orygen, ²Centre for Youth Mental Health, The University of Melbourne

Learning objective: By the end of this presentation the audience will better understand the help-seeking pathways of culturally and linguistically diverse Australians and the importance of informal supports.

Background: In Australia, there is a lack of research on help-seeking behaviours for suicide in the culturally and/or linguistically diverse (CALD) community. Understanding who seeks help, and from where, will help inform more culturally sensitive services.

Methods: This study used data from the 2020 National Study of Mental Health and Wellbeing, a nationally representative survey of 5550 Australians. Latent Class Analysis was used to identify help-seeking classes for both suicide ideation and suicide attempts, incorporating engagement with formal and informal supports as indicator variables. Multinomial logistic regression analysed the association between demographic characteristics and class membership. Region of birth was determined as per World Bank regional units.

Results: Analyses were conducted on a sample of 5554, comprising mostly cis-women (53.3%, n= 2961) and middle-aged adults (61.8%, n=3434). Most respondents were born in Australia (68.5%, n=3805); one third were of a CALD background (n=1780, 32%). Of the total sample, 17.5% reported lifetime ideation; 5.23% reported lifetime suicide attempts.

For suicide ideation, majority (79.1%) had low engagement with crisis services, general practitioner (GP) and mental health professionals, and moderate engagement with informal support (Class 1). The remaining 20.9% (Class 2) indicated moderate-to-high engagement with crisis services, mental health professionals, and GPs, and moderately likely to seek help from informal sources. People born in Europe and Central Asia were less likely to be in the help-seeking group than those born in Australia. Increased socioeconomic advantage was also associated with higher levels of help-seeking.

For suicide attempts, two classes were also identified. Class 1, the majority (60%), had moderate engagement with crisis services and low engagement with GPs and mental health professionals; Class 2 (40%) had high engagement with crisis services and mental health professionals. People born in East Asia and the Pacific (excluding Australia) were less likely to be in the help-seeking group compared to those born in Australia.

Discussion: Most people did not seek help from services for suicide ideation or attempts. People born outside Australia, particularly those from Central and East Asia, were more likely to seek help from informal sources rather than from clinical services. This suggests potential barriers in the help-seeking pathway that particularly affect CALD communities.

15.4 Self-harm contacts across healthcare settings in Wales: An e-cohort study using routinely collected linked healthcare data

Dr Amanda Marchant¹, Mr Harshal Lohakare¹, Professor Ann John¹

¹Swansea University Medical School

Learning Objective: To explore contacts for self-harm across healthcare settings and, how this has informed a national suicide and self-harm strategy

Background: We were commissioned by the NHS Executive (UK) to explore contacts for self-harm across primary care, Emergency Departments, hospital admissions and outpatients to inform the development of the new Suicide and Self-harm Strategy for Wales. Understanding who presents to each healthcare setting or settings for self-harm and, how this is changing over time, can inform policy and practice.

We aimed to explore trends in self-harm contacts over time by healthcare setting, age, sex and deprivation in individuals aged 10 and over. In addition, we aimed to explore contacts to each health care setting/combination of settings.

Method: A whole population-based e-cohort study of routinely collected healthcare data was conducted. Rates of self-harm across settings over time by sex were examined.

Contacts with individual settings for self-harm were explored to assess presentation differences across groups and demands across each healthcare setting.

Results: A total of 3,682,586 individuals contributed 21,742,068 Person Years at Risk of data from 01.01.2012–31.12.2021. Rates of self-harm were highest in GP and Emergency Departments with trends over time varying by age and sex. Rates of self-harm were increasing for the population as a whole prior to the pandemic. Rates of self-harm in 2020 and 2021 show a marked decrease for the population as whole. However, for females aged 10–18 self-harm increased across all settings in 2021 (increases across settings GP 26.1%, Emergency Departments 10.9%, admissions 22.0%). This trend was not seen for males of the same age or for older aged groups.

Females were more likely than males to be admitted to hospital following an Emergency Department attendance for self-harm, independent of method. This sex difference was largest in 10–16 year olds.

Around a third of self-harm events had an outpatient appointment scheduled within the subsequent 30 days however rates of 'Did Not Attend' were high. This varied by age, sex and deprivation.

Discussion: This report has provided evidence for the new Suicide and Self-harm Strategy for Wales. We highlight the importance of continuing to monitor trends in self-harm over time given the changes in rates during the pandemic; the need for specialist training and resources for individuals working in non-specialist settings; children and young people as a

priority group and the need for clear care pathways and accessible specialist and follow-up care.

15.5 How to (statistically) identify a suicide cluster

Dr Leo Roberts¹, Dr Angela Clapperton, Professor Matthew Spittal

¹University Of Melbourne

Background: Suicide clusters are rare and disturbing occurrences, in which an unexpectedly large number of suicides occurs in the same area over a period of time. Despite much interest since the 1980s in detecting, understanding, and limiting suicide clusters, it is only now that routine suicide cluster surveillance is becoming possible. This is due to the development of real-time suicide monitoring systems that manage very current and precise suicide information. Using this data for effective cluster surveillance is the new challenge. Accordingly, we sought to better understand how to detect and interpret possible suicide clusters in real-time.

Method: We simulated a statistically driven suicide cluster surveillance system in the Australian state of Victoria, which has real-time suicide monitoring capability. We first searched a 2008–2022 dataset for suicide clusters with the scan statistic, which is the current best practice method, and tested various scan statistic parameters (maximum geographic window, minimum length of time, maximum length of time, unit of geographic aggregation) to find a workable way to model cluster detection in real-time. Then, we simulated cluster surveillance using this historical data by imagining a monthly update of real-time suicide data and scanning for suicide clusters each month using the previous two years of data to generate expected counts.

Results: We identified several possible suicide clusters in the 2008–2022 dataset by scanning circular windows of geographic space with a maximum radius of 100km, duration of between one and 12 months and with three different levels of geographic aggregation units. Adopting these parameter settings, we also observed possible clusters when simulating monthly updates with rolling two-year subsets of data and showed that multiple scans at different geographic levels of analysis provide a useful picture of possible suicide clusters.

Discussion: Real-time suicide monitoring systems could allow routine suicide cluster surveillance, which in turn could provide valuable information about where to deploy resources and to whom when there is a possible cluster. Here, we discuss how the current best practice cluster detection algorithm works, what it does and does not tell us about a potential cluster, and therefore and how we might use that information in combination with further review to judge the presence of growing clusters.

15.6 Suicidal ideation, suicide plans and suicide attempts among Australian adults: Findings from the 2020–22 National Study of Mental Health and Wellbeing

Professor Jane Pirkis¹, Dr Vikas Arya¹, Professor Philip Burgess², Dr Sandra Diminic², A/Professor Meredith Harris², Professor Tim Slade³, Dr Matthew Sunderland³, Dr Caley Tapp³, Dr Joshua Vescovi³

¹University Of Melbourne, ²University of Queensland, ³University of Sydney

Objective: This presentation will describe the epidemiology of suicidal ideation, suicide plans and suicide attempts in Australia, examine services received for suicide attempts, and explore the relationship between suicide attempts and self-harm without suicidal intent.

Methods: The presentation will draw on survey data from the 2020–22 National Study of Mental Health and Wellbeing (NSMHWB). The NSMHWB involved a nationally representative sample of adults aged 16–85 (n=15,893). Comparisons will be made with the 2007 NSMHWB (n=8,841).

Results: In 2020–22, the proportions of adults who had experienced suicidal ideation, suicide plans and suicide attempts during their lifetime were 16.6%, 7.5% and 4.9%, respectively. The proportions who had experienced these in the past 12 months were 3.3%, 1.1% and 0.3%. The odds of experiencing suicidal ideation and making a suicide plan were significantly higher in 2020–22 than in 2007. Groups at heightened risk of suicidal ideation, suicide plans and/or suicide attempts in the previous 12 months were males, young people, people who were gay, lesbian, or bisexual or used some other term to describe their sexual identity, people outside the labour force, people from disadvantaged areas, and people with mental disorders. Two-fifths of those who attempted suicide during the previous 12 months did not use health services following their attempt, and two-thirds also self-harmed without suicidal intent.

Conclusion: The implications of these findings for Australia's new National Suicide Prevention Strategy will be discussed. Suicidal thoughts and behaviours confer risk for suicide and are significant problems in their own right. Their prevention requires a strong whole-of-government response.

15.7 Changes in the geography of suicide in Taiwan from 1971 to 2022

Mr Wen-Kai Yang¹, Chia-Yueh Hsu^{2,3,4}, Prof. Shu-Sen Chang^{1,4,5,6}

¹Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, ²Department of Psychiatry, Wan Fang Hospital, Taipei Medical University, ³Department of Psychiatry, School of Medicine, College of Medicine, Taipei Medical University, ⁴Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University, ⁵Global Health Program, College of Public Health, National Taiwan University, ⁶Population Health Research Center, National Taiwan University

Learning objective: Geographic patterning of suicide may change over time and is associated with changes in the spatial distributions of socioeconomic risk factors of suicide and common methods used for suicide.

Background: Suicide is a leading cause of premature mortality, accounting for over 700,000 deaths each year worldwide and more deaths than those caused by violence and war combined. Nevertheless, suicide rates show marked geographic variations within a

country. This study aimed to investigate the potential reasons underlying the evolution of the spatial patterning of suicide in Taiwan over five decades.

Methods: Suicide data (1971–2022) for people aged 15+ years were obtained from Taiwan’s national cause-of-death mortality data files. We calculated the number of suicides by sex, age, method, and township using consistent boundary definition. We estimated smoothed standardized mortality ratios (SMRs) for suicide in each township (n=354), overall and by sex, age, and method, in six periods (1971–1975, 1978–1982, 1988–1992, 1998–2002, 2008–2012, and 2018–2022) around six population censuses in 1970, 1980, 1990, 2000, 2010, and 2020 using Bayesian hierarchical models. We investigated the association of suicide SMRs with a range of area socioeconomic characteristics using detailed census data for 1980, 1990, 2000, 2010, and 2020. We also examined rural–urban differences in suicide trends by method over the study period.

Results: The spatial patterning of suicide in Taiwan remained similar over the study period. Above-average suicide rates clustered in East Taiwan, a mostly mountainous and rural area. Low or average suicide rates were found in four major cities. Suicide by solid/liquid poisoning showed high rates in rural and mountainous areas, in sharp contrast to suicide by jumping from height, which showed a concentration of high rates in cities. Geographical variations in suicide decreased since 2000, and this was associated with a marked reduction in suicide by solid/liquid poisoning in rural areas and a rise in suicide by charcoal burning and falling from height in urban areas.

Discussion: This is among the first investigations into changes in the spatial patterning of suicide in a country over more than 50 years. Our results reveal significant geographical variations in suicide in Taiwan and the strong association between the evolution of rural–urban differences in suicide and changes in the common methods used for suicide over time. The findings have implications for resource allocation and means restriction strategies in suicide prevention efforts.

15.8 A study of psycho–socio–demographic and clinical profile of 1300 suicide attempters

Dr Sathesh Vadasseril

¹Kerala University of Health Sciences

Learning Objective: To study the psycho – socio – demographic and clinical profile of 1300 suicide attempters.

Background: Suicide and attempted suicide are important public health problems globally. National suicide rate is 12.4 per 100,000 population and Kerala Suicide Rate is 28.5(NCRB 2022). Kerala suicide rate is persistently high for more than 15 yrs. In this context the study is relevant.

Methods: The sample consisted of 1300 suicide attempters referred to the Suicide Prevention Clinic of Government Medical College Hospital Kottayam, State of Kerala, South India. Evaluation was carried out with a proper History, Physical Examination, Mental Status Examination and Psychological Assessment. A Specially Designed–Proforma was used to

collect the psycho-socio-demographic and other variables. Subjects were diagnosed using International Classification of Diseases – 10 Criteria.

Result and Discussion: The data were analysed statistically. Associations were found by making use of chi-square test procedure.

Male gender was associated with Low socio-economic class (84.3%), unskilled work (53.75%) and farming profession (6.79%), past history of psychiatric relevance (42.62%), outside-house as the site (33.10%), methods of insecticide intake (64.45%), hanging (8.1%) and Odollum poisoning (6.07%), financial difficulty as the trigger (22.69%), time of attempt 12 pm to 6 am (14.44%), consumption of alcohol before attempt and diagnosis of severe depressive episode (11.27%), recurrent depressive disorder (4.91%), bipolar mood disorder (2.31%), delusional disorder (6.5%) and acute psychotic episode (9.44%).

Age-group below 35 years (83.83%), upper and middle socio-economic class (40.63%), graduate and postgraduate education (10.63%), unemployment (55.59%), student-status (17.29%), house as the site of attempt (88.32%), drug over-dosage as the method (37.51%), triggers as conflict (33.05%), scolding (20.13%), friction with spouse (19.14%) and examination failure (7.07%) and diagnosis of adjustment disorder (29.44%), mild depressive episode (16.12%), acute stress reaction (27.3%) and dysthymia (6.58%) were found to be associated with female gender.

Results of the study point towards the need for improvement of living conditions, strengthening coping skills, early identification and management of mental health issues including alcoholism, active intervention to prevent suicide especially by addressing mental health problems and stress-related problems, strengthening of the methods to restrict access to insecticides, medicines etc., control of alcoholism, public awareness, stigma reduction and healthy media reporting.

Oral #16, June 5, 2024, 2:30 PM – 4:00 PM

Chair: Anna Baran

16.1 Facing life's challenges: Changes in coping strategies among people who have recently attempted non-fatal self-poisoning

Dr Lakmini De Silva¹, Associate Professor Judi Kidger², Professor Andrew Dawson^{1,3}, Professor Indika Gawarammana^{1,4}, Professor Sampath Tennakoon⁵, Dr Thilini Rajapakse^{1,6}

¹South Asian Clinical Toxicology Research Collaboration (SACTRC), Faculty of Medicine, University of Peradeniya, ²Bristol Medical School, Population Health Sciences, University of Bristol, ³Central Clinical School, University of Sydney, ⁴Department of Medicine, Faculty of Medicine, University of Peradeniya, ⁵Department of Community Medicine, Faculty of Medicine, University of Peradeniya, ⁶Department of Psychiatry, Faculty of Medicine, University of Peradeniya

Objective: To explore coping strategies among persons who have recently attempted self-poisoning.

Background: Self-poisoning is often associated with stressful events, such as interpersonal conflicts. Exploration of coping methods after an event of self-poisoning and identifying what could be helpful to deal with future life stresses, is important.

Methodology: This is a qualitative study nested within a pilot randomised controlled trial with patients who had been admitted to the Teaching Peradeniya Hospital, Sri Lanka, for medical management of non-fatal self-poisoning. In the qualitative part of the study, semi-structured in-depth interviews were used to explore participants' coping skills. The researcher carried out 15 in-depth interviews during the baseline assessment (during the index hospital admission), 24 in-depth interviews at the six-month follow-up and 30 in-depth interviews at the one-year follow-up until data saturation occurred. Data were recorded, and transcribed verbatim and inductive thematic analysis was performed.

Results: Participants reported varying changes in coping strategies after the self-poisoning event. Most of them experienced adaptive changes in their ways of coping, at the six-month and one-year follow-up. Getting advice or support from others when facing problems was the useful coping strategy most commonly described by the participants. Acceptance and tolerating the issue was another strategy, commonly identified by older married women. Several factors seemed to be associated with these changes in coping among the participants. Most participants identified improved relationships with close others as an important factor which helped them cope better. The experience of spending time and talking to others on the ward who had also attempted self-poisoning seemed to be another aspect driving these changes in participants.

Discussion: This study suggests that most of the study participants experienced changes in their ways of coping with stressors after the attempt of self-harm, and many of these were adaptive changes. These changes may be a reason why the rates of repetition of self-harm are relatively lower in South Asian countries such as Sri Lanka. The factors driving the changes are worth exploring further; a better understanding may indicate the way for developing primary prevention strategies for self-harm, such as community programs for young people, or families.

16.2 Contextual factors of suicide in Bangladesh: findings from a qualitative study

Ms Rubina Jahan¹, Dr. M. Kamruzzaman Mozumder²

¹SAJIDA Foundation, ²University of Dhaka

In Bangladesh, where the complex interplay of sociocultural, economic, and healthcare factors shapes the mental health landscape, this qualitative study delves into the contributing contextual factors of suicide, shedding light on the multifaceted dimensions that influence this critical public health concern. A qualitative research design using phenomenological approach was adopted in this study. Purposive sampling technique was employed to select eight participants using predefined inclusion and exclusion criteria. Data were collected from the individuals who attempted suicide and family members of individuals who died by suicide or attempted suicide. Our data analysis process involved verbatim transcription of the interviews, open and axial coding. In this study, we have found unique contextual factors that significantly contributed participant's suicidal behavior.

These factors are then categorized under eight contextual themes including exposure to critical incidence, significant loss in life, provocation of suicide, abuse, identity crisis, adjustment problem, lack of support system and disrupted family relationships. In this presentation we elaborate on each of the themes including the quotation of the person with lived experiences and their family members. It is vital to listen to the experiences of people who have lived through this in order to create effective interventions and policies, and to reduce the stigma around suicide. Hence, the findings from the present study can guide the creation of a more person-centered mental health interventions and targeted public health policies for suicide prevention in Bangladesh by considering the distinctive cultural, social, and economic factors identified in the study, as we explore it engaging the persons with lived experiences.

Keywords: Suicide, Bangladesh, Contextual Factors, Lived Experiences

16.3 Towards a suicide free campus: The Bicol University Experience in partnership with NGF Mindstrong

Dr Baby Boy Benjamin Nebres III, Professor Daves Tonga

The paper describes the 5-year experience of the Office of Student Affairs and Services (OSAS) of Bicol University (BU) in responding to the challenges of managing its student welfare services program, specifically on suicide prevention and achieving zero suicide for the last 3 years. This case study used a document analysis framework of available student affairs and services (SAS) accomplishment and case reports, interviews of students, and focus group discussions of student affairs practitioners in the University.

Findings show that the recorded referrals of student cases of anxiety, depression, suicide, and other mental health concerns from 2015 to 2019 declined from 279 to 100 cases. In the first two years of this study, 3 deaths due to suicide were recorded in the first two years, and zero suicide in the last 3 years of this study. This was due to the following OSAS management actions approved by the University such as: 1. Revisiting and rethinking the University guidance and other program dynamics that affect and sustain impact the student welfare in 2016; 2. Establishing and collaborating with an external linkage and partnership with NGF in providing suicide awareness advocacy which included delivery of psycho-social fora/ workshops to enhance the student welfare programs through NGF “Mindstrong Caravan” in 2017; 3. Requiring the student council and student-based organizations/societies to advocate mental health in their program of activities in 2017; 4. Realigning the University SAS and establishing the OSAS in response to the Commission on Higher Education SAS regulations as translated by the BU Board of Regents; and 5. Strengthening the University's para- and peer counseling development program through: a. recruitment of volunteers and advocates of mental health, b. planning and organizing, c. competence capacity building, which involves training, socializing, monitoring and mentoring, and debriefing, and d. evaluation.

As a result, the university's “Suicide Free Campus” Functional Model was developed based on the 5-year experience of the OSAS in enhancing its student welfare program. The said functional Model has 4 dynamics and 4 intent actions under 4 management stratagems, these are: 1. Profiling of the Students that will be utilized for training of para- and peer

counselors ; 2. Redefining of guidance intervention programs that will lead to the reviewing of its effectiveness; 3. Reviewing of University counseling protocols in applying to the encountered cases; and 4. Monitoring and evaluating of cases which will be used in debriefing of volunteers (Capability Assurance).

16.4 Claiming a seat at the table

Ms Jo Langford¹

¹Standby – Support After Suicide

Learning Objective

- Lived experience is not new, acknowledging it as an expertise has had a journey in Australia, a journey that has been at times a struggle. This presentation will explore sector, organisation, and personal learnings within lived experience of suicide bereavement. Highlighting the challenges and the victories that led to a seat at the table and making room for multiple seats.
- Illustrating how advocacy through storytelling and how this powerful tool can be used universally.

Background: Jo Langford is a lived experience advocate currently working at Standby – Support After Suicide as the National Lived Experience Development and Advocacy leader. Jo is an experienced speaker sharing her lived experience of suicide bereavement through engaging presentations and spoken word poetry both in Australia and internationally. Jo lost her husband to suicide 10 years ago and has made it her mission to raise the voice of lived experience and claim not only her seat let us eat for others with lived experience at the table for important discussions and true change making.

Methods: This presentation will be a mix of learnings, challenges and highlights that are demonstrating the changing perceptions of lived experience expertise in suicide prevention and postvention.

This will be presented in a professional, creative and engaging way through visual and audio storytelling.

Result: Thought provoking, and the catalyst for conversation, this presentation will share learnings but also have audiences challenging the way they engage with and value the voice of lived experience.

Discussion: No questions are off limits in this time, Jo will openly speak with and about her lived experience, her path from widow to warrior and the highs and lows in between.

The changing landscape and how we view, and value lived experience is a conversation that is needed, and this forum allows for open communication and a path forward.

Leaving a final question: Should there be a seat at the table, or should lived experience have the majority?

16.5 Support Team for Bereaved by Suicide in French Polynesia and Martinique

Mrs Maya Amiot, Professor Stephane Amadeo¹, Nelly Lislet, Stephanie Lebars, Dryss Rotsen, Patrick Favro, Pr Louis Jehel, Dr Michel Spodenkiewicz

¹Chu Martinique Inserm Unity Moods 1178

Objective: Postvention in survivors of suicide

Background: A death by suicide affects at least fifteen people. It has an impact on a personal, social and financial level. Grief after a suicide varies according to the quality of the relationship with the deceased, griefs' intensity and nature (depression, guilt, incomprehension, isolation and shame...). Promoting post-suicide intervention for bereaved relatives, as recommended by the WHO, helps prevent isolation, and enables timely access to suitable support. In more remote territories such as French Polynesia or Martinique, the impact of a suicide death may be amplified in these small island communities, where people are more interconnected, and postvention resources are scarce.

Methods: The Support Team for persons Bereaved by Suicide (STBS or DAPS in French) opened in August 2023. To optimize accessibility, it is located at the hospital where families follow the body of their deceased relative. This group provides a safe environment for individuals to express their emotions and reduce feelings of isolation. Firstly, when the bereaved interact with the forensic medical unit or arrive at the hospital, they are briefed about the DAPS and provided with a flyer containing comprehensive information and contact details for the DAPS. Secondly, a psychologist or a nurse contact the bereaved family to offer a meeting as soon as possible. It aims to reduce the level of suffering, prevent post-traumatic stress, depression and reduce negative consequences on a social, professional and financial level. To begin, an assessment interview is carried out on the level of distress, suicidal risk and the level of support provided by the close relatives. A referral can be made to the physician or social services. As the interviews continue, guidance on the subsequent steps is provided to assist the bereaved in preparing for the upcoming days and alleviating anxiety.

Result and discussion: The main expected result is to support the grieving process and decrease the suicide risk in bereaved relatives. This team aims to offer psychological, socio-educational and medical support. Care must be culturally tailored to incorporate local beliefs and customs, especially in islands where discussing suicide within families remains taboo, ensuring sensitivity to specific island representations and rituals.

Oral #17, June 5, 2024, 2:30 PM - 4:00 PM

Chair: Professor Thomas Niederkrotenthaler

17.1 Systematic review on the effect of deployment and combat exposures on suicidal behaviors

Dr Nancy Skopp¹, Dr. Derek Smolenski, Ms. Courtney Boyd, Dr. Lisa Shank, Dr. Dawn Bellanti, Dr. Lynn Disney, Dr. Daniel Evatt, Dr. Jose Lara-Ruiz, Dr. Kathryn Holloway, Dr. Marija Kelber

¹The Defense Health Agency Psychological Health Center Of Excellence, ²University of Washington

Background: A longstanding and unresolved topic in military suicide prevention research is whether deployment and combat exposures are associated with increased suicide risk. Interest in this topic substantially increased in the wake of Operations Enduring, Iraqi Freedom, and New Dawn (OEF/OIF/OND). In 2008, the US Veterans Affairs Report of the Blue Ribbon Work Group on Suicide Prevention issued a broad call for methodologically rigorous population level research on this topic. Over the past 15 years, significant resources have been invested in response to this call, and a sizeable volume of literature has accumulated. However, this literature is marked by inconsistencies.

Methods: To help reconcile this body of literature, we conducted a systematic literature search of PubMed, PsycINFO, and CINAHL. Of the 193 abstracts reviewed, 27 studies met our inclusion criteria. Most studies comprised US service members. Also represented were service members from Israel, Norway, Sweden, Denmark, and Canada. The studies focused on the OEF/OIF/OND conflicts, though there were investigations from the Vietnam era and peacekeeping missions.

Results: We did not find reliable associations between deployment and suicide. There was little evidence of an association between combat exposure and suicide mortality; these investigations were of lower quality than those on deployment exposure alone, primarily because of a reliance on self-report and inconsistent definitions of combat exposure. Several previously identified risk factors related to elevated risk for suicidal behavior including individual characteristics, mental health (MH) conditions, prior suicide attempts, military separation, and physical injury.

Discussion: Associations between deployment/combat exposures and suicidality may be better understood as mediated and/or moderated by environmental context, individual characteristics, mental health conditions, and other adversities. Contextual aspects of deployment and/or combat exposure may uniquely influence suicide via complex mechanisms that require further scrutiny with more advanced quantitative methods. Service members' variable experiences and mitigating factors are likely to influence differential suicide risk trajectories. A particular area for improvement in this body of literature include addressing inconsistencies in the definition and assessment of combat exposure. Another limitation is the questionable validity associated with the use of self-report measures to assess suicide attempts.

Learning Objective: To convey the current state of the literature on the associations between deployment/combat exposures and suicidality as well as key methodological limitations and future research directions.

17.2 Insights into User Characteristics of an Online Suicide Prevention Chat Platform in Akita Prefecture: A Data-Driven Exploration

Dr Roseline Yong

¹Akita University

Learning Objective: To understand the demographic profiles, engagement patterns, and distinctive traits of users accessing an online suicide prevention chat platform in Akita Prefecture, Japan.

Background: Akita Prefecture, with the highest suicide rate in Japan, faces significant challenges in mental health support. Online chat platforms dedicated to suicide prevention have emerged as crucial resources in addressing this issue, offering immediate support and anonymity to individuals in distress.

Methods: Utilizing data collected from April 2023 to March 2024, encompassing basic demographics, user-reported issues, platform usage initiation dates, word counts, and visit frequencies, this study employs quantitative analysis to discern patterns among users.

Result: The analysis reveals prominent age groups and gender distributions, highlighting demographic segments more inclined towards seeking support through online channels. Furthermore, distinguishing traits between frequent and one-time users are delineated, offering insights into user engagement and the platform's efficacy in providing sustained assistance.

Discussion: By elucidating these user characteristics, this study contributes to the optimization of suicide prevention strategies, specifically tailored to the needs of individuals in Akita Prefecture. Moreover, the findings have implications for global initiatives, emphasizing the importance of leveraging online platforms to enhance mental health support systems.

17.3 The Relationship between Domestic Violence and Self-Harm Behaviours: A Systematic Review

Ms Abhilasha Das¹, Ms Savithri Suresh¹, Dr Geetha Desai², Dr Veena Satyanarayana¹

¹Department of Clinical Psychology, National Institute Of Mental Health & Neurosciences,

²Department of Psychiatry, National Institute of Mental Health & Neurosciences

Learning Objective: To understand the global evidence backing Domestic Violence exposure as a risk factor for Self-Harm Behaviours.

Background: Domestic Violence (DV) exposure is associated with mental health concerns, such as depression and post-traumatic stress disorder. Literature also suggests a relationship between DV exposure and increased risk of self-harm behaviours (SHB) or intentional acts of injuring oneself. However, the last comprehensive review on suicidality and partner violence was published more than a decade ago, and no review to date has looked at the relationship with non-suicidal types of self-harm. The aim is to review the existing literature pertaining to the relationship between exposure to DV and SHB (suicidal as well as non-suicidal) among adults.

Methods: A systematic search along six databases (EBSCO, PubMed, ProQuest, Web of Science, SCOPUS and Google Scholar) was undertaken using keywords such as 'suicide', 'self-harm', 'domestic' and 'partner violence'. The search was restricted on account of language (only English), publication time (January 2012–May–2023) and type (original article published in peer-reviewed journals). All records obtained from the search were screened, and only studies reporting a statistical association between DV and SHB with adult participants were included. Subsequently, relevant information from the selected articles was extracted, and studies were independently assessed for bias by two authors.

Results: 601 records were screened, and 30 studies met the eligibility criteria. The sample size ranged from 100 to 50350, and participants were recruited from various settings, including emergency departments and universities. All studies showed a statistically significant correlation between exposure to DV and SHB, both suicidal and non-suicidal. Exposure to DV was found to increase the risk of SHB among both men and women. The strength of association between SBH and the different kinds of violence varied across studies, with some finding greater relation with physical violence and others with sexual and emotional violence. A few studies identified mediators as post-traumatic stress disorder symptoms and forgiveness of self.

Discussion: The findings are consistent with previous reviews. Most studies employed a correlational design and assessed DV and SHB using varying self-report measures. Furthermore, most studies measured only suicidal self-harm, and more than half the studies only included female participants. Thus, future research directions include studying the association with more rigorous study designs and including under-represented populations. The significant association indicates that it's crucial for service providers of DV survivors to be equipped to detect and address the risk of SHB.

17.4 Characteristics and behaviors of individuals who purchase pesticides from shops for self-poisoning in Sri Lanka – a mixed method study

Dr Manjula Weerasinghe¹, Dr Edward Nendick, Prof. Flemming Konradsen, Dr. Melissa Pearson, Prof. David Gunnell, Prof. Keith Hawton, Prof. Suneth Agampodi, Professor Michael Eddleston

¹Rajarata University of Sri Lanka

Background: Data from South Asia indicate that in 15%–20% of attempted suicides and 30%–50% of suicide deaths, pesticides are purchased shortly beforehand for the act.

Objective: We aimed to study the characteristics and behaviors of individuals who purchase pesticides from shops for self-poisoning (shop cases) in Sri Lanka.

Methods: We conducted a series of studies in rural Sri Lanka: 1) a case-control study: 50 non-fatal shop cases compared with 200 legitimated customers who bought pesticides for agricultural purposes; 2) the first comparative study: 50 non-fatal shop cases compared with 192 survivors who accessed pesticides from their house or nearby environment (non-fatal domestic cases); 3) the second comparative study: 50 fatal shop cases compared with 102 fatal domestic cases and 4) a qualitative study: interviews were conducted with 50 non-fatal shop cases. Logistic regression analysis was used to assess the differences among groups and analysis was performed manually for the qualitative data.

Results: In the case-control study, alcohol intoxication (adjusted odds ratios [AOR] 36.5, 95% confidence intervals [CI] 1.7–783.4) and being a non-farmer AOR 13.3, 95% CI 1.8–99.6 were the main distinguishing factors when purchasing pesticides for self-poisoning. Data from comparative studies indicate that non-fatal shop cases also had higher suicide (AOR 3.9, CI 1.6–9.3) than non-fatal domestic cases. On eight occasions (8/50, 16%) — mostly non-farming shop cases — individuals bypassed shops located in villages to find an

unfamiliar urban shop in order to secure their purchase. Selection of a shop where the vendor was unfamiliar with the individual and acting as a legitimate customer were the most common strategies employed by non-farming shop cases when buying pesticides. However, farming shop cases purposely selected their regular shops as they can easily pretend to be genuine buyers. Both farming and non-farming shop cases reported that vendors had little or no inquiries about their purchases.

Conclusions: Our findings conclude that pesticides are freely purchased over the counter. Sales restrictions to prevent alcohol-intoxicated persons and non-farmers purchasing pesticides for self-poisoning may be effective. A high suicide intent of individuals who purchase pesticides for the event explains the high proportion of such fatal cases. This makes the prevention implications difficult to spell out. However, it is valuable for clinicians to assess pesticide poisoning cases in hospitals.

17.5 Towards a comprehensive list of suicide determinants

Mr. Chris Stone¹, Mr. Chris Stone¹

¹Suicide Prevention Australia

Background: Extensive research has established that there are a wide range of factors, outside of mental illness, which play a role in suicide. However, there is a lack of work on a comprehensive list of the socio-economic and environmental determinants of suicide to guide and inform policy.

Objective: The objective of the project was to address this research gap and establish a comprehensive list of socio-economic and environmental determinants of suicide structured in alignment with the Australian service system. Another key objective of the project was to develop overarching recommendations for government action and for each socio-economic and environmental determinant to help prevent suicide.

Methods: A rapid review of both academic and grey literature was undertaken and interviews and focus groups were held with 218 representatives from organisations, and those with lived experience, across the suicide prevention and other related sectors. These data sources were used to identify lists of socio-economic and environmental determinants of suicide, the evidence linking each determinant to suicide, and to establish key recommendations for government action to help prevent suicide.

Results: A comprehensive list of 22 socio-economic and environmental determinants of suicide was developed, including factors such as isolation, financial distress, and the impacts of the changing climate. A number of key recommendations for government action for each determinant were identified. And overarching recommendations that apply across all determinants were devised.

Conclusion: Suicide is an issue across a broad range of sectors and action outside the suicide prevention and mental health system is needed to save lives. Addressing the socio-economic and environmental determinants of suicide is critical in efforts to help people before they reach a point of suicidal crisis. The results of this project emphasise the need and provide guidance for a whole-of-community and whole-of-government approach, where suicide prevention becomes everyone's business.

17.6 “I will die by my own hand”: Understanding the development of suicide capability in the narratives of individuals who have attempted suicide

Dr. Luke Bayliss^{1,2}, Professor Andrea Lamont–Mills¹, Dr Carol du Plessis¹

¹University of Southern Queensland, ²International Association for Suicide Prevention

Background: The movement from ideation-to-action is complex. A core feature of this movement is an individual’s capability to act on suicidal ideation. Suicide capability has been found to facilitate suicide attempts. The three-step theory of suicide proposes that three overarching contributors comprise suicide capability. These being acquired (fearlessness about death and high pain tolerance), dispositional (genetics), and practical (knowledge and access to lethal means) capabilities. Although an ever-increasing amount of research has investigated relationships between single contributors of capability and suicide attempts, less research has considered how an individual’s capability for suicide develops as a combination of interacting contributors. Given suicide is multifaceted and complex, our understanding of capability development is quite limited due to this focus on individual contributors of capability. As such, this study aimed to explore how suicide capability develops as a multidimensional concept to facilitate the movement from ideation-to-action.

Methods: Fourteen community-based suicide attempt survivors were recruited using convenience sampling. Individual narratives were collected using open-ended interviews via Zoom. Participants were encouraged to speak freely without restrictions nor self-censorship. Data were analysed by means of a five-step narrative analysis process. This involved (1) generating initial codes using a hermeneutics of faith and identifying the Gestalt of each narrative; (2) a hermeneutics of suspicion was used to code implicit voices and dialogues; (3) codes were clustered into patterns of meaning; (4) patterns of meaning were then linked to the three-step theory of suicide; and (5) commonalities and differences were identified through cross-case analyses.

Results and Discussion: Results indicated that participant narratives contained two elements. The first element provided insight into how capability development and suicide attempt facilitation was often underpinned by a relational interplay between the acquired and practical contributors. For example, participants that indicated a lack of high pain tolerance sought attempt methods that were perceived to be painless. The second element contained a novel finding relating to the agentic role of participants in their decision and actions when attempting suicide. Agency was revealed within and across narratives emphasising the active role the individual plays in their movement from ideation-to-action. Participants articulated how they readied for their attempt and highlighted how agency was pivotal for them to draw on their capability and attempt suicide. The role of individual agency in arriving at the decision to take one’s own life and then acting on this carefully considered decision warrants consideration within contemporary suicide theories.

Key learning outcomes: The role of agency in movement from ideation-to-action is underacknowledged. Acknowledging agency means we can harness an individual’s agentic strength to turn away from suicide instead of towards it.

18.1 The impact of brief online suicide awareness training on rail workers' confidence, willingness and ability to intervene with people at risk of suicide

Dr Angela Clapperton¹, Professor Matthew Spittal¹, Dr Angela Nicholas¹, Ms Heather Neil², Ms Hope Steele², Professor Jane Pirkis¹

¹University of Melbourne, ²The TrackSAFE Foundation

Objective: To determine whether online suicide awareness training improves rail workers' confidence, willingness and ability to intervene with people who may be at risk of suicide on the railway.

Background: Approximately 75 people die by suicide on the Australian rail network each year. Research by industry organisations has found that rail staff often play a critical role in intervening when people are distressed. It is therefore crucial that effective 'gatekeeper' programs are delivered to improve rail staffs' knowledge, skills and confidence to identify potential suicidality, and provide them with the ability to respond safely. Based on previous training developed by the Samaritans and Network Rail in the UK, the TrackSAFE Foundation modified and implemented rail specific suicide awareness training for rail staff. The training was free, accessible via smart phone and took 30 minutes to complete. We report on preliminary outcomes of an evaluation to assess the effectiveness of this training.

Method: 917 rail workers from Australia and New Zealand completed online suicide awareness training between October 2023 and February 2024 along with pre-training and post-training questionnaires. We assessed changes in knowledge about how to intervene safely via nine questions and assessed changes and in self-reported confidence and willingness to intervene via 5-point Likert type scales. We used paired samples t tests to compare pre-training and post-training scores.

Results: Rail workers' knowledge about how to intervene with people who may be at risk of suicide on the railway network improved from pre-training (mean = 6.85, SD = 1.18) to post-training (mean = 7.76, SD = 0.84) an increase of 0.91 points (95% CI, 0.84 to 0.98, $p < .0005$). Confidence to intervene improved from pre-training (mean = 3.70, SD = 1.07) to post-training (mean = 4.22, SD = 0.09) an increase of 0.52 points (95% CI, 0.44 to 0.60, $p < .0005$). Finally, willingness to intervene improved from pre-training (mean = 4.43, SD = 0.81) to post-training (mean = 4.56, SD = 0.70) an increase of 0.12 points (95% CI, 0.07 to 0.17, $p < .0005$).

Discussion: This preliminary evaluation of the online suicide prevention awareness training provides some evidence that brief online suicide awareness training can increase rail workers' knowledge about appropriate ways to intervene with people at risk of suicide and can also increase rail workers' self-reported willingness and confidence to intervene.

18.2 Meta-analysis of mobile suicide prevention interventions and recommendations for practice

Mr. Sean Burr¹, Dr. Miao Yu, Dr Robin Gearing, Dr. Dana Alonzo, Mr, Danny Clark

¹University of Houston, ²Baylor College of Medicine, ³University of Houston, ⁴Fordham University, ⁵University of Houston

Background: Mobile interventions for suicide prevention have proliferated over the past decade. These interventions hold significant promise in addressing known barriers for individuals experiencing suicidality in receiving treatment, including affordable cost, wider availability, and less stigma. Prior meta-analyses in this field are limited and the results have been mixed. The current meta-analysis examines the effectiveness of digital interventions designed to address suicidality and provides subgroup analyses on the variables of age, gender, and control group type.

Methods: Peer-reviewed articles from five health-related databases (MEDLINE, PsycINFO, PubMed, CINAHL, Cochrane) were searched for randomized controlled trials of suicide preventions/interventions that used mobile technology (PROSPERO: CRD42021230901). A total of 16 articles were identified met eligibility criteria and were included in the analysis. Researchers extracted data using a custom spreadsheet, and risk of bias within selected studies was assessed using the Cochrane risk-of-bias tool. Extracted data were analyzed using random-effects Restricted Maximum Likelihood model in Stata 17. Suicidal ideation was used as the primary outcome and the analysis focused on the time-point of post-treatment. Subgroup analyses were planned a priori, including comparisons of the age category of study participants (adolescents vs. adults), missing data handling (ITT vs. non-ITT), and control group (TAU vs. active control).

Results: The random-effects model indicated a significant effect of treatment upon suicidal ideation, $k=16$, $g=0.11$ (95% CI: 0-0.23), $p=.049$. Effect sizes among studies varied significantly. Subgroup analyses found the interventions to have a significant effect on adults ($g=0.15$, 95% CI: 0.03, 0.28, $p=.01$) but not adolescents ($g=-0.11$, 95% CI: -0.26, 0.04, $p=.17$). The interventions showed better effects compared to waitlist control ($g=0.17$, 95% CI: 0.04, 0.30, $p=.01$) but no significant difference compared to active control ($g=-0.04$, 95% CI: -0.11, 0.04, $p=.36$). No significant relation was observed between the proportion of gender (male) and the effect size between studies.

Discussion: This research significantly contributes to the evidence base confirming the effectiveness of digital interventions for suicide prevention, and understanding the specific effects of age and active vs. waitlist controls. This presentation will present recommendations for clinicians and policymakers to consider the adoption of these digital interventions in practice. In addition, research recommendations and needs to examine the effectiveness of these interventions across vulnerable subgroups and guide further intervention development in this field will be explored.

Learning Objective: Attendees will gain an understanding of current mobile suicide prevention interventions and recommendations for their use in practice or for policy.

18.3 Association among Internet Use, Cyberbullying, and Depressed Mood in Taiwanese Teenagers

Ms. Yi-chen Ling¹, Dr Chih-Tsai Chen^{1,2}, I-Chun Tai¹, Ming-Chieh Lin¹, Li-Ting Lee¹, Yi -Chen Ling¹

¹Center for Mental Health Promotion, John Tung Foundation, ²Department of Child and Adolescent Psychiatry, Taoyuan Psychiatric Center, Ministry of Health and Welfare

Objective: To explore the existing state of internet usage, their association with depressed mood and cyberbullying among Taiwanese teenagers.

Background: Nowadays, the relationship between teenagers and the internet is a complex and important issue. The internet can provide young people with a wealth of information, entertainment, learning, making friends, etc. However, the internet may also bring some negative effects, such as internet addiction, internet bullying, internet sexual assault, etc. Therefore, to have a better understanding of how teenagers use the internet and what is the negative impact might be an initiative for depression prevention.

Methods: The survey was conducted in September to November 2021. 41 junior and senior high schools were recruited using purposive sampling. 2,607 effective samples were collected by an anonymously self-administered questionnaire including close-ended questions designed according to the purpose with expert validity.

Results: Among respondents who use social media for over 30 minutes daily, "YouTube" was the most popular (69.2%), followed by "Messenger" (53.2%), "Instagram" (51.3%), "Facebook" (45.6%), and "TikTok" (40.5%). 27.6% of respondents "operating" self-media. the proportion of those who "operating" self-media, "always/often" felt the pressure affecting their lives and loneliness was higher among those who didn't "operating" self-media in the past six months.

2.5% of respondents experienced cyberbullying in the past year. 14.8% of respondents "often" witnessed others being cyberbullied. The most common platforms for witnessing cyberbullying were "online mobile games/online games," followed by "Facebook" and "Instagram."

Among those who had experienced cyberbullied in the past year, the proportion of experiencing emotional instability, irritability, or restlessness "always/often" (31.3%) was significantly higher than non-cyberbullied individuals (6.1%). In addition, the proportion of those who had experienced cyberbullied in the past year, "always" experiencing self-harm or suicide attempts within a year (17.2%) was significantly higher than non-cyberbullied individuals (0.9%).

Discussion: Since different platforms have different properties; develop different strategies for the experiences of cyberbullying on different platforms for teenagers are value for further intervention.

18.4 Exploring ethical issues on telepsychology among young people with NSSI

Ms Kristianni Bance¹

Telepsychology access remains a platform where people can seek guidance and consultation. The proliferation of the pandemic instigated countless consequences; social isolation and physical distancing were among the many policies. This ventured to limit face-to-face services and offer online modality specifically in the clinical psychotherapy practice handling adolescents who are nonsuicidal self-injurious. This scoping review highlighted the common ethical issues, namely: (a) suitability for telepsychology, (b) confidentiality, and (c) consent concerning online psychotherapy of adolescents who are experiencing NSSI and a sustained privileging of the adult supervising them. Also, the needs of young people are all-encompassing.

18.5 Religious factors associated with suicide attempts among adolescents and young adults in south India: a qualitative explorative study

Dr. Anju Mathew¹, Ms Remadevi Saradamma¹, Dr Vijayakumar Krishnapillai¹, Dr Saboora Beegum Muthubeevi¹

¹Government Medical College

Learning Objective: To explore the individual experience and perceptions regarding the religious beliefs and practices among adolescents and young adults who have recently attempted suicide

Background: Youth suicidal behavior is an alarming public health issue worldwide, including India. However studies exploring the relation between religious factors and suicide attempts are sparse and diverse. Hence this study was done to explore the religious factors associated with suicide attempts among adolescents and young adults.

Methods: Qualitative exploratory study design and purposive sampling allowing maximum variation were used. Participants were selected from adolescents and young adults admitted for attempted suicide in a tertiary care hospital in Kerala, South India. The Institutional Ethics Committee clearance was taken. After getting the informed consent from the participants, data were collected from 25 adolescents and young adults using an in-depth face-to-face interview method. Those with serious medical complications related to the attempt and known mental illness were excluded. Data collection ended after reaching data saturation. The data was entered and analyzed using the qualitative data analysis software. Thematic analysis was done. Data were finally synthesized to form a framework that represented its summary.

Results: Fifteen adolescents and ten young adults were interviewed. Majority of the participants expressed belief and trust in God. Most of them experienced comfort through prayer and religious rituals. Attending religious groups and gatherings were considered as support giving channels. Religious beliefs and practices were perceived as protective against suicide attempts by majority of the participants. However some of them reported a recent change in their convictions. Few of them expressed ideas that it was superstition, and some felt it was for the feeble-hearted. Religious beliefs of the family members were reported to affect help seeking.

Discussion: The current study findings are consistent with earlier literature in that religious factors like faith in God, comfort through prayer and rituals, increased social connectedness and affiliation to religious groups were strengthening and protective against suicide attempts. However a recent change in convictions was also noted. Hence it becomes imperative to explore the religious factors while treating youth reporting with suicidal risk and while planning suicide prevention strategies. Religion is integral to Indian culture and pathways to care often involve community gatekeepers. Therefore it is important to train them for early identification and proper referral.

Oral #20, June 6, 2024, 11:00 AM – 12:00 PM

Chair: Dr Renske Gilissen

20.1 Late-life suicide: machine learning predictors from a large European longitudinal cohort

Dr Nicola Meda¹, Dr Josephine Zammarrelli², Prof. Fabio Sambataro^{1,3,4}, Prof. Diego De Leo^{2,5,6,7}

¹Department of Neuroscience – University of Padova, ²De Leo Fund, ³Padova University Hospital, ⁴Padova Neuroscience Center, ⁵Italian Psychogeriatric Association, ⁶Australian Institute for Suicide Research and Prevention – Griffith University, ⁷Slovene Centre for Suicide Research – Primorska University

Learning objective: a hierarchy of risk factors for suicide in late adulthood

Background: people in late adulthood die by suicide at the highest rate worldwide. Although age-specific risk factors have been identified, the declination of such knowledge into clinical practice remains non-trivial. Here, we leveraged the Survey of Health, Ageing and Retirement in Europe (SHARE) prospective dataset to train and test a machine-learning model to identify risk factors of suicide in late-life and to build a decision tree to help clinicians assess suicide risk.

Methods: we matched 73 individuals who died by suicide with those who died by accident, according to gender (28.8% female in the total sample), age at death (67±16.2), suicidal ideation (measured with the EURO-D scale), and presence/absence of physical illness. Therefore, we developed a suicidality and medical comorbidities-agnostic model. A random forest algorithm was trained on the train set to extract important variables in predicting death by suicide and then tested on the test set.

Results: the random forest algorithm had an accuracy of 79% (95% CI 0.60–0.92, $p = 0.002$), with a positive predictive value of 0.84 and a negative predictive value of 0.75. Among the variables that contributed to the model performance, the three most important factors were how long the participant had been ill before death, the frequency of contact with the next-of-kin, and the number of offspring still alive. The decision tree provided by the algorithm starts with assessing any change in interest in things the person feels and continues with the previously reported variables.

Conclusions: prospective clinical and social information can predict death by suicide with good accuracy in late adulthood. Most of the variables that surfaced as risk factors can be

attributed to the construct of social connectedness, which has been shown to play a decisive role in suicide in late life.

20.2 Using machine learning to identify causes of suicidal ideations in crisis messaging service

Ms. Oh Seyoung¹, Dr Pei Hua Cher²

¹Samaritans Of Singapore, ²Duke-NUS Medical School

In 2020, Samaritans of Singapore piloted a crisis text messaging service, CareText, to complement their existing 24/7 crisis hotline. This new service aimed to provide supervised, youth-friendly, and confidential online support for young people aged from 13 to 35 years. In FY2023, there were a total of 9,305 unique clients served and 40% of all incoming messages answered had mentions of suicidal ideation.

This study aimed to use natural language processing techniques to develop a classification system that automatically analyses chat transcripts to identify service users' risk factors.

The sample consisted of 1,729 chat sessions from July to December 2021 with a total of 177,941 sentences from 1,571 clients (unique id). The age of users ranged from 5 to 60 years old and above. The users were 20.74% male, 71.31% female, and 6.04% non-binary.

Client messages were classified using two approaches: keyword matching and most similar embedding. The main categories were Bully, Education, Loss of Loved One, Relationship, Social Isolation, and Violence. Firstly, keyword matching showed the frequency of related keywords in the sentences per category. Then similar embedding was used to improve the classification system by including the context of the keywords. Coders with social work background and mental health training manually identified up to five sentences in each subcategory (e.g. loneliness) of the main category (e.g. social exclusion). Then the average of the sentence embeddings within each subcategory was obtained and compared to the cosine similarity score, a well-established measure of similarity between different entities. The highest cosine similarity was identified as the trigger event or the most probable reason why the client sought help on CareText. The hit rate was calculated out of 15 random client sentences for each subcategory and category.

The average hit rate for subcategory of category "social exclusion" is 7% and hit rate for category is 20%. Due to the small sample size, the hit rate was low. The results of this exploratory study demonstrate that the sentences within chats can be classified to identify client's risk factors. Thus, the next phase is to develop a real-time classification system that would identify risk factors during the chat and support volunteers in prioritizing chats based on distress level and to predict suicide risk.

20.3 Suicide and its Nexus with Structural Injustice: An In-depth Theoretical Approach

Mrs Nastiti Lestari¹

¹Faculty of Social and Political Sciences, University of Indonesia

The purpose of this research is to develop a deeper and more comprehensive knowledge of the suicide phenomenon. Specifically, the research will be centered on analyzing different structural elements that are important in suicide instances and how these aspects relate to theories of structural injustice. The research is based on a review of the literature that includes several important findings that explain suicidal ideation, attempts, and completions. This includes phenomenological work by Edwin S. Shneidman on how a person's life experiences may contribute to suicidal behavior, cognitive models linked to suicidal behavior by Aaron T. Beck, and studies grounded in classical thought by Emile Durkheim, who conceptualized suicide causes (integration and regulation concepts). It also includes empirical-epidemiological researchers who measure various significant variables with suicide trends. Contemporary authors with an interpersonal approach, such as Thomas Joiner, are also highlighted. The author will next carefully examine this research from a modern social perspective to develop a new, more thorough theoretical framework that explains the structural reasons for suicidal behavior. This entails taking cues from the cultural hegemony theory of Slavoj Zizek, the modality theory of Bourdieu, and critical Frankfurt School thought.

Keywords: Theorization, Structural problems, Suicide

20.4 Examining the link between educational expectations and suicide ideation among tertiary students in Malaysia

Dr Izzat Morshidi

¹University Of Portsmouth

Examining the link between educational expectations and suicide ideation among university students in Malaysia.

Learning outcome: Suicide risk due to high expectations is influenced by the experience of psychological pain.

Background: Findings across suicide literature and excerpts from suicide notes have identified high educational expectations as a suicide risk factor among students. Most studies on high expectations, however, focus on parental expectations despite students also perceiving expectations from multiple sources. As such, the nature of the relationship between educational expectations and suicide remains to be clarified. We developed a serial mediation model based on the first step of the Three-step theory of Suicide to examine the underlying mechanism linking educational expectations and suicide ideation. We predict that 1) Psychache mediates the relationship between expectations and suicide ideation, 2) Hopelessness mediates the relationship between expectations and suicidal ideation, and 3) psychache and hopelessness as serial mediators of the relationship between expectations and suicide ideation.

Method: This cross-sectional study examined 224 Malaysian university students (M=21.39, SD=3.91) who completed a series of instruments consisting of the Higher Education Expectation Scale, the Scale of Psychache, the Brief Hopelessness Scale, and the Suicide Ideation Scale. Analysis of the hypothesized serial mediation model for each source of

expectations (i.e., self, parents, educators, culture) was performed using Hayes PROCESS Macro (model 6) on SPSS.

Results: Psychache fully mediated the relationship between expectations from parents, educators, and culture on suicide ideation but not for expectations from self, thus partially supporting the first hypothesis. Hopelessness fully mediated the relationship between expectation from self and suicide ideation but not for expectation from parents, educators, and culture, thus partially supporting the second hypothesis. Crucially, there was a serial mediating effect of psychache through hopelessness for expectations from parents, educators, and culture but not for expectations from self, thus partially supporting the third hypothesis.

Discussion: Findings revealed the salient role of psychache in the mechanism linking external sources of expectations (i.e., parents, educator, culture) and suicide risk. Interestingly, expectation from the self appears to have an opposing effect on hopelessness and subsequent suicide ideation. The serial mediating effect of psychache and hopelessness supports the Three-step theory's postulation for the robust role of psychache in the development of suicide ideation. Additionally, the disparity between internal (i.e., self) and external sources of expectation and suicide risk through our models suggests a plausible role of student autonomy in shaping educational expectations and warrants future investigation.

20.5 Trends of suicide in Sri Lanka, 1997–2022: The need for continued vigilance

Dr Piamee Bandara, Dr Prabath Wickrama, Dr Sambasivamoorthy Sivayokan, Dr Duleeka Knipe, Dr Thilini Rajapakse

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Background: Despite reductions in suicide rates in Sri Lanka during the past decades, largely by introduction of national bans on highly hazardous pesticides, the country continues to record a higher than global average rate of suicide.

Objective: Given the changing availability of methods of suicide over time, we aimed to examine the age-standardized suicide rates in Sri Lanka by sex, age, and method between 1997 to 2022 using national police suicide data to identify trends.

Methods: Publicly available anonymized data on the annual count of deaths due to suicide by age, sex, and method for the years 1997 to 2022 were obtained from the Department of Police, Division of Statistics, Sri Lanka on the 24 March 2023 for research purposes. To estimate the age-standardized suicide rates, publicly available mid-year population estimates for 1997 to 2022 by sex and age were obtained from the Registrar General's

Department, Sri Lanka. Methods of suicide were classified into four categories, namely suicide by 1) non-pesticide self-poisoning 2) pesticide self-poisoning only 3) hanging and 4) all other methods. All analyses were conducted in Stata version 17.

Results: The rate of suicide in Sri Lanka in 2022 was 27/100,000 and 5/100,000, in males and females respectively, with an overall suicide rate of 15/100,000 population. The overall rate of suicide has declined from 1997 until about 2015, in both sexes, driven by a drop in the numbers of suicides due to pesticide ingestion. In females the overall rates of suicide plateaued around 2015.

Among males there has been an upward trend in overall suicide that started in 2016, mostly due to an increase in rates of hanging. Since 2016 rates of suicide by hanging have increased among older males, and young females (17-25 years).

Discussion: Whilst the current suicide rate in Sri Lanka is substantially lower than it was during the 1990s, the upward trend in hanging seen in the last few years, particularly among older men and young women, is of concern.

Ongoing monitoring of suicide rates should be a priority during the next few years, particularly in the context of the ongoing economic crisis and rising unemployment rates. There is an urgent need to address current risk factors for suicide in Sri Lanka, such as significant financial insecurity, unemployment, depression, alcohol misuse, and domestic violence, and to minimize media glamorization of hanging by suicide.

Oral #22, June 6, 2024, 11:00 AM – 12:00 PM

Chair: Sam McKay

22.1 Believing in religion as a source of value strains among college students: a cross-sectional study

Professor Jie Zhang¹, Ms. Wei Wang²

¹SUNY Buffalo State University, ²University of Delaware

Learning Objective: In this presentation, audience should learn about religion and religiosity of Chinese college students and the relationship between believing in a religion in China and psychopathologies among Chinese youths.

Background: There has been a negative correlation between religion and religiosity and psychopathologies, but it is not clear if this trend is true in Chinese culture, where only about 10% of its populations claim to be religious.

Methods: This study further examined the relationship between religion and suicidality with value strain as a mediating factor among Chinese college students. Employing cluster sampling, there were 13,250 college students recruited across seven provinces in China. Three psychometric scales were used to examine religiousness (Religious Orientation-Revised Scale), value strain levels (Psychological Strain Scale), and suicidal behaviors (Suicidal Behaviors Questionnaire-Revised).

Results: Both univariate and multivariate analyses were used to identify the influencing power of religion on value strain and suicidality. In addition, a series of linear regression

analyses were conducted to examine the mediating effect of value strain on the association between religion and suicidality.

Discussions: The findings showed that first, positive relationships between religion and value strain, and suicidality were both detected; second, adherents to religion were marginalized which may have caused more value conflict further leading to a higher suicidal risk among believers. In China, religion and religiosity may play a role for mental health different from the rest of the world.

22.2 Updated review & practice implications: suicide in the context of Buddhism, Christianity, Hinduism, Islam, and atheism/agnosticism

Mr. Sean Burr¹, Dr Robin Gearing¹, Dr. Dana Alonzo, Dr Shahnaz Savani, Mr. Anil Arora, Ms. Sangina Khudododova

¹University of Houston, ²University of Houston, ³University of Fordham, ⁴University of Houston, ⁵University of Houston, ⁶University of Houston

Religion and suicide have a complex and sustained association. Although religion can serve as a protective factor against suicide, religion can also exert an increased suicide risk. This research presentation will examine the current state of knowledge on the relationship between religion and suicide across several of the dominant world religions of Buddhism, Christianity, Hinduism, and Islam, as well as Atheism/Agnosticism.

A systematic search for peer-reviewed published articles on religion and suicide was conducted using PsycINFO, MEDLINE, and PubMed databases yielding 1673 articles. Three researchers reviewed the abstracts and content of each identified article, and a final total of 209 articles were included in the analysis on the relationship between suicide and the religions of Buddhism, Christianity, Hinduism, Islam, Judaism, and non-religious affiliations, specifically, Atheism and Agnosticism. Each eligible article was subsequently coded by two members of the research team using a data abstraction form developed to synthesize findings from all eligible peer-reviewed published studies. Also, each study was coded for religious doctrine, affiliation, participation, suicidal ideation, suicide planning, suicide attempts, and completed suicide.

The review yielded several findings. Although religion most often serves as a protective factor against suicide across denominations it appears to represent a risk factor among some followers such as those within the LGBTQ+ communities. The data is inconsistent regarding the relationship between religious affiliation versus various levels of religious participation and suicide risk. Also, the degree to which suicide is permissive or prohibitive in religious scripture and dogma can influence suicidality among adherents and have an impact on stigma that can create a barrier to help-seeking. Future research should consider the impacts of secularization on the traditionally protective effects of religion on suicide. Relatedly, influences of technology, forced immigration, and acculturation and intersections with religion and risk for suicide need further attention.

Participants will gain an understanding of the research on suicidality and its association with religious doctrine, degree of affiliation, and level of participation across Buddhism, Christianity, Hinduism, Islam, and Atheism/Agnosticism. In addition, we will present research and practice implications and recommendations drawn from the state of the literature.

22.3 End of Life Decisions: Exploring Religious Perspectives on Euthanasia and Physician-Assisted Suicide

Mr Marcus Brown¹, Dr Shahnaz Savani, Mr. Anil Arora, Dr. Ying Ma, Dr Robin Gearing

¹University Of Houston –Mental Health Research Innovation Treatment Engagement Service Research Center

Learning Objective: To explore religion and euthanasia across major religions, providing insights into the influence of religious beliefs on attitudes towards euthanasia and physician-assisted suicide.

Background: Global perspectives on euthanasia and physician-assisted suicide vary, influenced by geography and religion, such as Buddhism, Christianity, Hinduism, Islam, and Judaism. Euthanasia, defined as the act of hastening death to prevent suffering, and physician-assisted suicide, where a physician aids in a patient's death, present complex ethical and legal dilemmas. Despite growing acceptance, religious beliefs often shape perspectives on these practices.

Methods: Researchers conducted a systematic review using PsycINFO, MEDLINE, and PubMed databases to identify articles on physician-assisted suicide, euthanasia, and religion. Keywords encompassed religious terms (Buddhism, Christianity, Hindu, Islam, Judaism) and euthanasia-related terms. Initial searches yielded 4086 articles. After removing duplicates (2334), 1762 abstracts were screened, resulting in 67 full-text articles for review. Articles meeting eligibility criteria were selected based on relevance to euthanasia or PAS and religious considerations. Eligible articles were analyzed for population characteristics and thematic content.

Results: Buddhists hold mixed attitudes toward euthanasia and physician-assisted suicide, even across geographical regions. Across studies on Christianity, diverse attitudes emerge among clergy and healthcare professionals. Religious affiliation among Christians strongly predicts moral and legal views. Hindu perspectives reveal varied acceptance, with Hindu doctors supporting euthanasia primarily for pain relief. Hindu medical students are less likely to support actions hastening death, guided by religious beliefs. Research on Islam depicts differing findings among doctors, patients, and students influenced by religious beliefs and education. In Judaism, individuals may be more open to physician-assisted suicide, with religiosity shaping attitudes among professionals.

Discussion: The review of 67 studies indicates a rising trend in publications, particularly since 2020, highlighting increased awareness of religion's role in euthanasia and physician-assisted suicide. Sample characteristics varied, primarily focusing on adults, especially medical professionals. Religion significantly shapes attitudes and practices, with varying levels of tolerance among different religions, underscoring the importance of cultural contexts. Research on Buddhism and Hinduism is limited, necessitating comprehensive studies for better understanding. Christianity's influence on euthanasia and physician-assisted suicide is emerging, but attention to diverse global contexts is needed. Further research is crucial for understanding the impact on medical communities, patients, and institutional policies, especially in countries where euthanasia and physician-assisted

suicide are legalized. Exploring socio-demographic influences within Hinduism is essential for a comprehensive understanding.

Oral #23, June 6, 2024, 11:00 AM – 12:00 PM

Chair: Dr Katrina Witt

23.1 Continuum of care for suicide attempt survivors in Bangalore, India: A process pathway study

Dr Anish V Cherian¹, Ms Arya Thirumeni¹, Dr Murali Krishna²

¹National Institute Of Mental Health And Neuro Sciences, ²Institute of Public Health

Background: Suicide attempts represent a significant public health concern in India, with outcomes heavily influenced by the immediacy and appropriateness of care received. Despite the urgency, there is limited research on the continuum of care for suicide attempt survivors, from the emergency response to post-discharge support.

Objective: The study aimed to elucidate the process pathway of care for suicide attempt survivors, including their methods of attempt, hospital admission procedures, interventions received, and post-discharge follow-up, to identify gaps in care and opportunities for intervention.

Methods: A cross-sectional analysis was conducted on data from individuals who had attempted suicide and were admitted to general hospitals in Bengaluru, India. The study catalogued methods of attempt, initial responses, transportation to healthcare facilities, hospital interventions, referrals to psychiatric services, and post-discharge plans. Data were collected through patient interviews, medical records, and follow-up interviews.

Results: The majority of attempts involved the ingestion of substances (e.g., rat poison, household chemicals, medications), with a significant delay in seeking medical help due to initial home remedies. Transportation to hospitals was varied, including private vehicles, public transport, and ambulances. Upon hospital admission, interventions varied from medical scans and treatments to psychiatric evaluations. However, inconsistencies in psychiatric referrals and a notable lack of structured follow-up care post-discharge were identified. Few survivors received psychiatric follow-up or were connected with mental health support services after discharge.

Discussion: The findings highlight critical gaps in the care pathway for suicide attempt survivors, particularly in the areas of immediate response, psychiatric referral, and post-discharge support. The study underscores the need for standardized protocols to ensure timely and consistent psychiatric evaluation, as well as integrated mental health services within the post-discharge care plan. Enhancing continuity of care and ensuring access to mental health support are essential steps in improving outcomes for individuals who have attempted suicide and preventing future attempts.

This comprehensive analysis provides crucial insights into the care process for suicide attempt survivors, revealing systemic inadequacies that need to be addressed through policy changes and healthcare system improvements.

23.2 Banning highly hazardous pesticides drastically reduces suicide rates in young people, especially young females: evidence from China, India, and Sri Lanka

Dr Piamee Bandara^{1,2}, Dr Lisa Scholin³, Dr Duleeka Knipe^{1,2}, Professor Michael Eddleston^{2,3}, Ms Aastha Sethi³

¹University Of Bristol, ²South Asian Clinical Toxicology Research Collaboration, ³Centre for Pesticide Suicide Prevention, University of Edinburgh

Learning Objective: Investigate the impact of bans on HHPs on suicide rates by sex and age.

Background: Self-poisoning is a common method of self-harm globally, particularly among young females. In LMICs, HHPs are easily available from local shops and within households. Therefore, acts of pesticide self-poisoning that are typically carried out in moments of crisis, result in death. The highest female suicide rates globally are found in the WHO South-East Asia region, and in India, for example, the suicide rate among females is higher than males in all age groups under 25 years. It is thus critical to investigate in more detail the impacts of restricting access to pesticides (i.e., bans), on sex and age, in countries where pesticide self-poisoning is common.

Methods: Using sex- and age- disaggregated data, we analysed through graphical visualisation, the suicide rate and percent change in suicide rate across age groups and by sex, before and after bans on HHPs were implemented. China, India, and Sri Lanka, where bans have been implemented, are among the few countries that have sex- and age-disaggregated data available over time.

Result: The greatest proportional changes in suicide rates occurred among young females. In China, following bans of acutely toxic HHPs and extensive migration to cities, suicide rates had drastically reduced among young females in rural areas. In India, there was a decline in age-specific standardised suicide rate over time, which was greater among young females than males. In Sri Lanka, bans over several decades resulted in particularly marked reductions in suicide rate in the youngest age groups among both males and females, though females in all age groups had greater reductions in suicide rates than males.

Discussion: Too many young people in LMICs have easy access to acutely toxic HHPs at times of distress, and the stark differences in exposure to HHPs across the world highlights major inequities in global health. National bans on HHPs will save the lives of many young people, especially young females, that would otherwise have ended far too soon. Whilst the banning of HHPs is not going to address the socio-cultural determinants of suicide, it affords us time to help those in distress, and when self-harm events do occur, they are less likely to be fatal, ultimately saving numerous lives.

23.3 Vocation, motivation and empathy: the impact of adolescent suicide on mental health clinicians

Dr Philip Keightley¹, Dr Rebecca Reay¹, Ms Therese Foster², Ms Karen Egging³

¹Academic Unit of Psychiatry and Addiction Medicine, Australian National University School of Medicine and Psychology, ²Fostering Growth- Private Educational Organisation, ³Child and Adolescent Mental Health, ACT Mental Health Justice Health Alcohol and Drug Services

Learning Objective: Participants will be able to describe effective strategies that mental health clinicians find helpful in restoring a sense of vocation, motivation and empathy following the suicide of a young person.

Background: Ettarh coined the term 'vocational awe' to warn those in the helping professions of the collection of stories regarding our chosen profession that can blind us to the personal costs of such work. Clinicians may feel an expectation to have a 'superior, even superhuman capacity for coping', yet be unable to continue in their clinical roles. The knock-on effects of high staff turnover include reduced team cohesiveness, administrative burdens for managers, loss of valued skills and increased workloads. Perhaps most concerning, it can result in a discontinuity in care for children and families.

Methods: Clinical staff working for a Child and Adolescent Mental Health Service were invited to complete an online survey with quantitative and qualitative components, and an in-depth semi-structured interview. Results were presented to teams for reflection and further feedback.

Result: Thirty-three clinicians completed an online survey and eight clinicians participated in the semi-structured interview. Respondents were predominantly female, from a range of mental health disciplines. The death of a young person caused significant disruption at home and at work, such as insomnia, re-experiencing, and avoidance of similar and/or suicidal clients. Only half (50%) of primary clinicians found the postvention support they received as good to very good. Clinicians reported questioning their clinical effectiveness and chosen vocation following the suicide of a client. Some reported a need to withdraw to preserve motivation and empathy for the work. Clinicians reflected on the parental role they felt in relation to their clients and how this complicated their grief. Results highlighted the individual, team and organisational level responses that clinician and managers find helpful in the aftermath of a client suicide.

Discussion: There is a distinct sadness and distress that accompanies the suicide of a young person, partly due to the enormous loss of potential and opportunity. Clinical staff can be assisted to restore and nurture their sense of vocation, motivation and empathy in the aftermath of adolescent suicide. We will present those strategies that clinicians find are most supportive and which can be adopted by clinical services.

23.4 Through the eyes of the coroner": Lessons learned from coronial investigations and their contribution to suicide prevention

Dr Clive Aspin¹, Dr Gabrielle Jenkin², Ms Suzy Taylor³

¹Te Herenga Waka Victoria University Of Wellington, ²University of Otago, ³Te Whatu Ora Lakes

Learning objective: Identify lessons learned that can contribute to enhanced coronial investigations into suspected self-inflicted deaths

Background: Throughout the world, coroners have a critical role to play in suicide prevention. Based on their investigations into the circumstances of people who are thought to have ended their own lives, coroners can make recommendations to prevent further deaths from suicide. As well, the data that coroners collect becomes a national dataset. This has enormous potential to inform our understanding of suicide and is critical for informing prevention and postvention efforts.

However, our research indicates that there are significant areas in which coronial data and services can be improved in order to better inform suicide prevention and postvention initiatives.

In Aotearoa New Zealand, coronial data is missing key variables (for example sexual orientation, tribal affiliation), that would help us cut the data in different but essential ways.

As well, coroners themselves do not have training in suicide prevention and take a legalistic focus on determining intent in suicide investigations. This is often at the expense of learning from their investigations in order to prevent further suicides, and limits the utility of this critical dataset while drastically limiting the recommendations that can be made.

Methods: In this presentation, we discuss findings from our research into coronial investigations in Aotearoa New Zealand which draw on interviews with coroners and our analysis of the documents that they use to make their determinations.

Results: Our analysis of evidence from these separate but complementary projects showed that coroners and families bereaved by suicide had differing views about the circumstances of the people who had died. Importantly, the views and insights of families were often not taken into account during the course of the coronial investigation.

Discussion: Our findings provide evidence that can be used to improve Aotearoa New Zealand's coronial investigations and data collection. How we use that evidence to improve coronial investigations and contribute to whānau (family) empowerment are essential elements of community-based suicide prevention and postvention initiatives. The lessons learned from this project have significant implications for coronial investigations in particular as well as for suicide prevention and postvention more broadly.

23.5 Symptom severity and socio-demographic correlates of the suicide crisis syndrome (SCS) in major depression: A multicentric cross-sectional, comparative exploration

Professor Vikas Menon¹, Dr Ilambaridhi Balasubramanian¹, Dr Megan Rogers², Dr Sandeep Grover³, Dr Bhavesh Lakdawala⁴, Dr Rajeev Ranjan⁵, Dr Sujit Sarkhel⁶, Dr Naresh Nebhinani⁷, Dr Roy Kallivayalil⁸, Dr Vijaya Raghavan⁹, Dr Kshirod Mishra¹⁰, Dr Jitender Aneja¹¹, Dr Niteen Abhivant¹², Dr Raman Deep¹³, Dr Lokesh Singh¹⁴, Dr Avinash De Sousa¹⁵, Dr Arvind Nongpiur¹⁶, Dr Alka Subramanyam¹⁷, Dr Debadatta Mohapatra¹⁸, Dr Sujit Kar¹⁹, Dr Vishal Dhiman²⁰, Dr PN Suresh Kumar²¹, Dr Umesh Sreekantiah²², Dr Samrat Singh Bhandari²³, Dr Ramdas Ransing²⁴, Dr Vikhram Ramasubramanian²⁵, Dr Samir Kumar Praharaj²⁶

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Learning Objective: To assess the severity and sociodemographic correlates of SCS symptoms among patients with major depression and compare them with healthy controls.

Background: The SCS is a suicide-specific acute cognitive-affective state that seeks to identify individuals at increased near-term risk of suicide. However, little is known about its presence and correlates across settings in diagnostic subgroups. We aimed to assess symptom severity and sociodemographic correlates of the SCS in major depressive disorder (MDD) compared to healthy controls.

Methods: Between November 2021 and August 2022, we cross-sectionally administered the revised Suicide Crisis Inventory (SCI)-2 to patients with MDD and age-matched healthy controls across 24 centers in India. We compared SCS total and domain scores between groups using independent samples t-tests. Linear regressions were used to determine the sociodemographic characteristics uniquely associated with SCS, over and above clinical diagnosis.

Result: We obtained responses from 1196 patients with MDD (Mean age=38.1±12.2 years, 54.8% female) and 1067 controls (Mean age=36.7±11.4 years, 50.5% female). The MDD group had significantly greater severity of total SCS symptoms ($t[2063.0] = -58.57, p < .001, d = 2.42$) as well as each of its five domains. In univariate analyses, age ($B = -.65, SE = .07, p < .001$) and being married ($B = -8.31, SE = 1.78, p < .001$) was significantly negatively associated with SCS symptoms. In contrast, female sex ($B = 3.44, SE = 1.65, p = 0.038$) was positively associated with SCS symptoms. Participant type (MDD versus control) significantly moderated the relationship only between age and SCS, such that the relation between age and SCS was stronger among MDD patients. In multivariate analyses, age ($B = -.64, SE = .08, p < .001$) and sex ($B = 3.81, SE = 1.63, p = 0.019$) remained significant predictors of SCS symptoms. Namely, SCS symptoms were more severe among younger adults and female participants. Age was significantly negatively associated with all five SCS symptom domains, and female participants reported more loss of cognitive control symptoms than male participants.

Discussion: Our findings broadly align with prior cross-national investigations of SCS correlates in community samples. The significant correlates of SCS, namely older age and female sex, also align with correlates of suicide and suicide attempts in literature. These results point to the potential clinical utility of the SCS construct in the early identification of at-risk individuals and prevention of subsequent suicidal behavior.

Lightning Posters

Lightning Poster Session 1, June 4, 2024, 2:00 PM – 2:30 PM

Chair: Dr Ginger Ramirez

1.1 Impact of the Suicides of Three Taiwanese Celebrities on Suicide Rates (2014–2021): An Ecological Study

Ms Chiao-chen Hsu¹, Dr Chien-Yu Lin^{1,2,3}

¹Department of Public Health, College of Public Health, China Medical University, ²Centre for Urban Transitions, Swinburne University of Technology, ³Faculty of Sport Sciences, Waseda University

Study objectives: Celebrity suicides have been evidenced to potentially have a negative impact on the population's mental health. There has been no study in decades to investigate whether Taiwan's celebrity suicides would increase suicide rates. We investigated the changes in suicide rates during the 20-week period after each of the three Taiwanese celebrity suicides.

Methods and materials: Data on suicide (aged 15+ years; 2014–2021) were extracted from Taiwan's cause-of-death files. Poisson regression models were used to estimate changes in suicide rates in the 20-week period, overall and by week, after the three Taiwanese celebrity suicides (Cindy Peng: April 21, 2015; Yi-Han Lin: April 27, 2017; and Ling-Yun Chuang: March 5, 2021), compared to the 20-week period before each suicidal event.

Results: The total number of suicides during the 20-week period after Lin's suicide in April 2017 was approximately 300 greater than that before, while the total number of suicides was similar before and after Peng's and Chuang's suicides. The greater suicide number after Lin's suicide was particularly shown in males, those aged 35–44 and 55+ years, and suicides by drowning, poisoning, and hanging. Lin's suicide was followed by higher exposure to media reporting and an estimated 35% increase (rate ratio [RR] = 1.35; 95% confidence interval [CI] 1.14, 1.61) in the 20-week period. The increase in suicide rates was mostly found in weeks 2, 5, 6, 9 and 15 (RRs ranged 1.44–1.69). By contrast, a 30% short-lived increase was found in week 2 (RR=1.30; 95% CI 1.06, 1.60), whereas a 17% decrease was found in week 11 (RR = 0.73; 95% CI 0.56, 0.95) after Peng's suicide. No statistical evidence for a change in suicide rates was found after the case of Chuang's suicide.

Conclusion: Our results suggest that celebrity suicides may increase the rates of suicide, especially in cases with higher media exposure. Further investigations into media reporting of suicides and the implementation of the Suicide Prevention Act in 2019 can provide evidence to develop suicide prevention programs, such as reducing the frequency and the details of media coverage to minimize copycat effects.

1.2 Pesticides responsible for self-poisoning in rural Sri Lanka before and after the national pesticide ban in 2021

Ms Sandamali Rajapaksha¹, Dr Manjula Weerasinghe, Dr. Melissa Pearson, Prof. Flemming Konradsen, Mrs Kalpani Dissanayaka, Professor Michael Eddleston

¹Rajarata University of Sri Lanka

Objective: We aimed to identify the key pesticide(s) responsible for self-poisoning in rural Sri Lanka before and after the ban in 2021 to provide data for further pesticide regulation.

Background: Sri Lanka has reduced its overall suicide rate by 70% by removing highly hazardous pesticides from agriculture since 1983. In May 2021, the Sri Lankan government implemented an import ban of all pesticides for six months, following declining foreign currency reserves. Such withdrawal of pesticides may result in increased availability of illegal pesticides followed by increased pesticide deaths.

Methods: We performed a secondary analysis of data prospectively collected from an ongoing cluster randomized controlled trial in the North Central Province of Sri Lanka from 2020–22. The identity of pesticides responsible for self-poisoning were sought from medical or judicial medical notes, police records, and the person's family. A descriptive analysis was done to identify the relative importance of key pesticides.

Results: We identified 4829 pesticide self-poisoning cases, including 338 (7.0%) deaths. A specific pesticide was identified in 266 (78.7%) of deaths and 3714 (82.7%) of non-fatal cases. Ingestion of carbosulfan was disproportionately responsible for fatal cases (156 (58.6%) versus 601 (16.1%) for non-fatal cases respectively). The number of cases due to illegal pesticides did not change over time: 121 (10.0% of 1203 cases), 127 (11.6% of 1093 cases) and 100 (11.3% of 884 cases) in 2020 (pre-ban), 2021 and 2022 (post-ban) respectively.

Discussion: Carbosulfan is the single most important pesticide responsible for both fatal and non-fatal self-poisoning in rural Sri Lanka. The 2021 ban followed by the availability of illegal pesticides had no effect on either pesticide self-poisoning rates or the use of illegal pesticides. Government regulation of carbosulfan and replacement in agriculture with less hazardous pesticide(s) will further reduce the incidence of lethal pesticide self-poisoning in rural Sri Lanka.

1.3 The risk of mild cognitive impairment and dementia on suicide deaths: a nationwide nested case-control study

Ms Sujin Goh¹, Professor Gun Woo Park²

¹Graduate School of Public Health, Seoul National University, ²Seoul National University Hospital

Learning Objective: To comprehend the correlation between mild cognitive impairment (MCI) and dementia diagnoses and the increased suicide risk in the South Korean population, underscoring the importance of timely mental health support and intervention.

Background: The link between dementia and MCI with an increased suicide risk emphasizes how cognitive decline, through depression, social isolation, and disease progression fear,

significantly affects mental health. This study aims to identify the association between cognitive impairments and suicide deaths using South Korean population-based data.

Methods: We conducted a nested case-control study with National Health Insurance (NHIS) database. We retrieved all suicide decedents who were identified by both NHIS and Statistics Korea between 2012 and 2017 and selected age- and gender-matched living controls (1:20 ratio) who lived until the end of 2017. The history of MCI, Alzheimer's disease, vascular dementia, other types of dementia were recorded. Conditional logistic regression analyses were performed to calculate the risk of MCI and dementia on suicide deaths after controlling socio-demographic factors.

Results: During the study period, a total of 80,491 suicide deaths and 1,609,820 controls were included. More than twice as many males (56,341 persons) as females (24,150 persons) died by suicide. Among suicide decedents, 835 persons (1.04%) and 3,964 persons (4.92%) were diagnosed as MCI and any types of dementia before their deaths in comparison to 4,898 persons (0.30%) and 29,661 (1.84%) among controls. Both MCI and dementia increased the risk of suicide. Those who were diagnosed as MCI within 1 year prior to death had the highest odds ratio (OR) of 2.172 (95% Confidential Intervals (CI): 1.923-2.452), and the ORs decreased over time. However, those who were diagnosed as dementia within 1 year prior to death only had the increased risk of suicide while the history of dementia 2-5 years prior to death had no risk. Alzheimer's disease [OR: 2.619 (95% CI: 2.453-2.795)] and other types of dementia [OR: 2.660 (95% CI: 2.448-2.891)] within 1 year prior to death had higher risk of suicide than vascular dementia [OR: 2.153 (95% CI: 1.877-2.470)].

Discussion: This study confirms the significantly increased risk of suicide among individuals with mild cognitive impairment (MCI) or dementia, particularly within 1 year prior to death. The result highlights the urgent need for targeted mental health interventions for patients with cognitive impairments.

1.4 Rethinking suicide prevention for racial and ethnic minoritized trauma survivors: A population health approach

Mrs. RoseAnne Droesch¹, Dr Doyanne Darnell²

¹School of Social Work, Tulane University, ²Department of Psychiatry and Behavioral Sciences, University of Washington

Learning objective: Identify the need for a culturally adapted intervention using a hospital-based population health approach to suicide prevention for injured trauma survivors.

Background: Traumatic injury is a leading cause of death and disease burden worldwide with 4.4 million global deaths each year (World Health Organization, 2019). Injury survivors experience a heightened risk for suicide (Ryb et al., 2006). Hospital-based early psychosocial interventions to support trauma survivors after injury can improve risky alcohol use, posttraumatic stress symptoms, and depression (Giummarra et al., 2018). Evidence-based suicide prevention interventions have not been systematically integrated and evaluated within such programs. Further, little research on early interventions for traumatic injury survivors has focused on the needs of racial and ethnic minoritized populations,

despite known injury-related disparities such as greater pedestrian, workplace, and firearm injury rates (Hamann et al., 2020; Moyce & Schenker, 2017; Camacho et al., 2021). To reduce the burden of injury and increase access to culturally appropriate suicide prevention interventions, a population health approach that addresses social determinants of health for minoritized populations is needed (Alvidrez et al., 2019).

Methods: Two reviewers conducted a rapid scoping review of articles reporting on U.S. hospital-based early psychosocial interventions aimed at reducing the burden of PTSD, depression, and suicidal behavior among traumatically injured patients. PubMed, PsycINFO, CINAHL and reference lists were searched to identify articles. We synthesized the existing literature according to whether studies included ethnic minoritized populations, suicide prevention interventions, and whether outcomes were evaluated by ethnicity.

Results: Thirteen articles representing 11 studies met eligibility criteria. Minoritized populations comprised 29% to 90% (mean = 45.8%) of the sample across 11 studies. Of the four studies that examined mental health outcomes within minoritized groups, one found the intervention was associated with greater reduction in PTSD for non-White and/or Hispanic patients compared to non-Hispanic White patients at a 6-month follow-up (Zatzick et al., 2024). Although three studies assessed for suicidality as part of a depression screener, no studies described or evaluated suicide prevention interventions.

Discussion: Evidence-based early interventions for hospitalized ethnic minoritized trauma patients that also address suicidality and suicidal behavior are needed. Using the Ecological Validity Framework (Bernal et al., 1995), we make and illustrate recommendations for culturally adapted interventions that address social determinants of health with a novel program under development at a U.S.-based hospital serving a rural Latinx population.

Lightning Poster Session 2, June 4, 2024, 2:00 PM – 2:30 PM

Chair: Dr Luke Bayliss

2.1 Situation and Challenges in Job Search for the Older Needy

Dr Hiroko Matsunaga¹, Dr Tomoya TAKAHASHI¹, Dr Koji FUJITA¹, Dr Yoshinori FUJIWARA¹, Dr Hiroyuki SUZUKI¹

¹Tokyo Metropolitan Institute Of Gerontology

Purpose: Poverty can be a factor in suicide. In Japan, the number of elderly people who depend on welfare continues to increase although the policy encourages older people to continue working. The purpose of this report is to clarify the current situation and issues of senior job seekers who visit free job placement agencies for those of middle-age and older (hereinafter referred to as "the agencies").

Methods: The survey was conducted on referral center visitors from January to June in 2023, 48 respondents were included in the analysis using IBM SPSS Ver. 28. The items of quantitative analysis included psychological stress reactions (K6), mental health status (WHO-5), living arrangements and job search status. attributes, etc. During the qualitative analysis, we used open response statements from 36 respondents whose answer for job

search status was “not progressing well”. MAXQDA 2022 was used for this analysis. The survey was approved by the research ethics committee of our institution (R21-120).

Results: Except for the missing answers of 3 participants, 58.7% were male and 39.1% were female, with an average age of 65.76 years (SD 6.14). 68.8% of the visitors felt that their lives were not financially unstable, and 76.6% felt that they were “not making good progress” in their job search. Regression analysis showed that K6 was statistically significant for age and job search status ($R^2=.305$) and WHO-5 was statistically significant for age, job search status, and living arrangements ($R^2=.358$). Forty-one codes from 36 paragraphs were presented as the reasons for unsuccessful job search, including 12 for “looking for the job I want,” 11 for “age,” and 10 for “not passing the application screening process”.

Conclusion: Those who were not making good progress in their job search and were experiencing psychological distress were younger in age. Those with diminished mental health status, were younger in age but were also facing challenges in their living arrangements. The factors of those situations were indicated to be in an opposite direction from the policy, such as inability to decide on a desired job, age barriers, and inability to get hired. To use the employment extension system, a person must be employed full-time by a company with at least 21 employees. It is assumed that those who are in non-regular employment, or those who did not request to extend their current employment, when they are over 60 years of age, are psychologically high-risk individuals.

2.2 Epidemiological characteristics of suicide attempters in emergency department of 14 hospitals in Baise.

Mrs Jiaying Li¹, Professor Ma Zhenyu

¹Guangxi Medical University

Objective: To investigate the epidemiological characteristics of patients presenting with suicide attempts in the emergency department of Baise City, and to provide empirical evidence for the development of targeted suicide intervention strategies. Methods: The data of attempted suicide patients from 14 public hospitals in Baise City between 2018 and 2021 were collected using the Hospital Information System (HIS). The epidemiological characteristics of patients with suicide attempts were analyzed through univariate analysis and a multivariate logistic regression analysis model. Results: From 2018 to 2021, a total of 1620 cases of attempted suicide were recorded among patients admitted to 14 public hospitals in Baise. Among these cases, pesticide ingestion accounted for 902 (55.68%) suicides, rodenticide ingestion accounted for 100 (6.17%) suicides, drug overdose accounted for 387 (23.89%) suicides, and carbon monoxide was used in 54 cases (3.33%). Over the years, there has been an increasing trend in suicide by pesticide and carbon monoxide use, while the trend of drug use as a method has decreased significantly (both $P<0.001$). Compared with pesticide, the proportion of female suicide by drug was higher ($\chi^2=55.254$, $P<0.001$). Multivariate analysis revealed that the year of treatment, occupation, gender and whether to go to the emergency room were related to the suicide mode of the attempted suicide. Conclusion: The prevalence of pesticide suicide in Baise city has been increasing in recent years, highlighting the urgent need to implement targeted measures

aimed at reducing the number of suicide attempts. Therefore, it is imperative to enhance mental health support for vulnerable groups, particularly women, as well as implement measures such as pesticide management, health education, and training in safe pesticide handling to mitigate the incidence of suicidal attempts by means of pesticides.

2.3 Dual sensory impairment and suicide behaviors: a systematic review

Professor Naohiro Yonemoto¹, Dr Yoshitaka Kawashima²

¹Juntendo University School of Medicine, ²Meiji University

Learning Objective: People with dual sensory impairment (combined vision and hearing impairment) were high risk group for suicidal behaviors.

Background: Dual sensory impairment had been correlated with well-being, mental health, and suicidal behaviors. The study aimed to summarize the evidence for suicidal behaviors from reported studies.

Methods: We performed a systematic review. The literature search was conducted using MEDLINE, EMBASE, CINAHL, the Cochrane databases, and reference lists from previous related reviews. We summarized characteristics of these eligible studies.

Results: The search terms identified 2818 articles. We identified 52 eligible observational studies, as cohorts, registry, retrospective studies. Over all findings suggested that the groups with dual sensory impairment had high risk group of suicidal behaviors

Discussion: We would underscore the risk of suicidal behaviors in dual sensory impairment. The importance of eye and hearing health to mental health, inadequate access to mental health care and reduced help-seeking behavior may influence suicidal behaviors.

2.4 A Qualitative Study Exploring Art Therapy as a Primary Prevention for Good Mental Wellness in Children

Dr. Lertsiri Bovornkitti¹

¹Srinakharinwirot University

Judith A. Rubin (2005) in the book titled; Child Art Therapy, proposed art therapy as a form of 'primary prevention' for children, similar to providing them a good medicine, as to develop growth and mental wellness. Accessibility to art provides children the opportunity to honestly express themselves, taking vitamins or getting regular checkups—a form of primary prevention, (Rubin, 2005).

This article is based on the results of a qualitative study explored the art therapy as a primary prevention approach on enhancing children's mental wellness. The investigation on the Children's art expression via creative art activities and verbal interviewed involving the evaluations on their self-expression, self-esteem, and understanding feelings were conducted, analyzed, and identified through deep observations on the children's responses

to the creative process and art products within the art therapy and counseling modalities. To this, the results showed that their aesthetic experience were related to harmonious feelings that worked on raising the Children's resilience and mental wellness, were due to the art activities designed specifically for child honest expression in the creative art process. The study revealed the therapeutic values and growth outcomes through the increase of the child's understanding of feelings and resilience. In certain cases, they were able to regulate their feelings with greater self-awareness in order to be able to cope with common stress and adversities. Thus, the therapeutic values and growth via honest expression in art will be discussed in the context of art therapy as primary prevention for enhancing good mental wellness in children.

Keywords: art therapy, primary prevention, children's mental wellness, resilience

Lightning Poster Session 3, June 4, 2024, 2:00 PM – 2:30 PM

Chair: Dr Sarah Fortune

3.1 Voice from the emergency department: a qualitative study of individuals who self-harm

Dr. I-Ting Hwang¹, Ms. I-Ching Chung², Mr. Sing-Han Chiu¹, Prof. Shu-Sen Chang²

¹Department of Occupational Therapy, College of Medicine, National Cheng Kung University, ²Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University

Learning objective: Attendees will gain insights into strategies to improve the service quality of the emergency departments (ED) based on the understanding of the help-seeking experiences of individuals who self-harm.

Background: Suicide ranked as the 12th leading cause of death in Taiwan, accounting for 16 deaths per 100,000 people. Self-harm is identified as a key risk factor for suicide. Individuals who self-harm may seek help at the ED, where they interact with various service providers. These interactions may further shape their help-seeking behaviors. However, understanding of ED experiences from the perspectives of individuals who self-harm, particularly in Asia countries, remains limited. This study aimed to explore the help-seeking motivation and process of individuals who self-harm and attend the ED.

Methods: We conducted individual interviews with 16 participants who had experiences seeking help from the ED due to self-harm behaviors. The mean age of participants was 28.6 years old (range 21–57). The interviews were conducted between January and October 2022, and the mean interview time was 75.6 minutes (range 49–132). The interviews were audio-recorded, transcribed verbatim, and analyzed using the thematic analysis.

Result: The participants described four key motivations for seeking help at the ED: a) addressing physical conditions and receiving mental support, b) staying safe and preventing repeated self-harm behaviors, c) obtaining rest through medication, and d) responding to family members' concerns. We identified four themes highlighting the conflicts perceived by the individuals who self-harm during the help-seeking process: a) They are fully aware

of their need for ED service but fear being perceived as “wasting resources”; b) They strive not to self-harm, yet if they do not present with physical symptom at the ED, the urgency of their mental crisis is often underestimated; c) Despite their self-awareness of their needs, they often found that ED service providers do not perceive them as having the ability to make decisions for themselves; and d) While some individuals have positive help-seeking experiences, inconsistency among service providers in addressing self-harm makes each ED encounter unpredictable.

Discussion: The results emphasize the importance of ED for individuals who self-harm. The perceived conflicts in the help-seeking process suggest strategies for improving service quality, including addressing physical and mental needs concurrently, involving individuals who self-harm in treatment decisions, and providing self-harm training to improve consistency in care delivery.

3.2 Enhancing Suicide Gatekeeper Skills through LivingWorks' safeTALK and ASIST Training

Dr Sarah Liddle¹, Dr Kylie King¹, Renee Tsisis², Jetta Hanson³, Dr Peter Gutierrez³

¹Monash University, ²LivingWorks Education Inc., ³LivingWorks Education Inc.

Learning Objective: To evaluate the effectiveness of LivingWorks' safeTALK and ASIST training programs in boosting participants' confidence and abilities to intervene with individuals exhibiting suicidal behaviours and translating these enhanced skills into actionable, real-world preventive actions.

Background: Following the Royal Commission into Victoria's Mental Health System's call for widespread gatekeeper training, LivingWorks launched safeTALK and ASIST programs in Victoria, Australia, targeting communities with high rates of mental ill-health and suicide. This study assesses their impact on participants' willingness and ability to engage in suicide prevention behaviours.

Methods: Monash University researchers analysed de-identified datasets from LivingWorks for safeTALK (N = 431) and ASIST (N = 397) training participants in four 'at-risk' communities. The analysis examined pre-, post-, and 30-day follow-up surveys to evaluate changes in willingness to talk about suicide, recognition of signs, knowledge of resources, and confidence in assisting. Statistical analyses included paired-sample t-tests and one-way repeated measures ANOVAs.

Results: Significant post-training improvements were found in participants' willingness to engage, recognition of signs, knowledge of resources, and confidence in helping individuals contemplating suicide, with most gains maintained at 30 days. For safeTALK, willingness decreased by the 30-day follow-up, while recognition of signs declined but did not revert to pre-training levels. For ASIST, positive changes were sustained at 30 days. Importantly, 38.8% of safeTALK and 43.4% of ASIST participants reported using their training to aid someone showing suicide ideation signs at least once within 30 days post-training.

Discussion: These findings underscore the effectiveness of safeTALK and ASIST training in equipping participants with skills to act as suicide gatekeepers. Despite declines in specific areas, the benefit of most training was preserved after 30 days, demonstrating behavioural

change through actual support provision in the community. This study highlights the critical role of specialised suicide prevention training in strengthening community-based mental health interventions, especially in higher-risk populations. Future efforts should focus on factors influencing the long-term retention of training benefits and expanding access to these crucial programs.

3.3 The association between hypnotics and suicide: a nationwide cohort study

Mr Nikolaj Høier¹

¹Danish Research Institute For Suicide Prevention

Learning objective: to educate regarding the potential high risk individuals that are amongst those receiving sleep medication.

Background: Hypnotics have been linked to a variety of adverse effects including addiction. Long term use of these drugs has been associated with an increased risk of suicide.

We aimed to assess if individuals in treatment with benzodiazepine (BZD) and non-benzodiazepine (n-BZD) had higher rates of suicide when compared to individuals not in treatment with these drugs.

Methods: We applied a cohort design to national longitudinal data on all individuals aged 10 or above who lived in Denmark between 1995 and 2021. Treatment with either BZD or n-BZD was identified via the Danish National Prescription Registry and suicide deaths were identified in the Cause of death Register.

Results: A total of 3,647,837 males and 3,663,793 females were observed over 60,402,486 and 62,278,883 person-years, respectively. Among those, 58,247 males and 72,644 females were treated with BZD, of which 678 males and 553 females died by suicide while being in on-going treatment with BZD, resulting in respective adjusted IRRs of 2.1 (95% CI, 1.9-2.4) and 2.6 (95% CI, 2.3-3.0), when compared to those not in treatment. Among 91,842 males and 104,258 females who were in treatment with n-BZD, a total of 1,774 males and 1,212 females died by suicide whilst in treatment and the adjusted IRRs were 3.4 (95% CI, 3.1-3.7) and 3.6 (95% CI, 3.4-3.9), respectively. Increased rates of suicide attempt were observed for both males and females in treatment with BZDs and n-BZDs.

Conclusions: Individuals in treatment had higher suicide rates than those not in treatment, this persisted when also adjusting for a large variety of covariates. Thus, monitoring mental state in those receiving BZD/n-BZD is warranted.

3.4 Association between internet addiction and mental health problems in adolescent: a community based cross-sectional study.

Dr Nari Kang¹, Dr Young Sook Kwack²

¹Jeju National University School of medicine, ²National Center for Mental Health

Background: Internet addiction(IA) in adolescents is the major public mental health problems. Previous studies suggest that IA is frequently related to psychiatric disorders and mental health problems. The presence of psychiatric comorbidities may have further impact on psychosocial functioning and treatment outcome for IA.

Objective: This study was conducted to estimate IA prevalence in adolescents and to examine the mental health problems and comorbid psychiatric disorder in adolescents with IA in Korea.

Methods: The subjects included 270 adolescents and their parents. Parents reported Internet addiction proneness scale for youth: Observer versions and Diagnostic Predictive Scales. Adolescents reported Youth-Self Report(YSR) and Screen for Child Anxiety Related Disorders (SCARED). The differences in prevalence of psychiatric disorders and mental health problems between the risk group and the control group were analyzed.

Results: the average age was 16.49 ± 1.51 years. Potential risk group were 11.1%(N=30), high risk group were 2.6%(N=7). A positive correlation was seen between SCARED scores and attentional problem score in YSR. In the high-risk group, Major depressive disorder(MDD) and attention deficit hyperactivity disorder(ADHD) were each 28.6%, 42.9% and were significantly higher than those in the potential risk group. Also, high risk group for IA showed higher level of social problem and attentional problem scores on the YSR scale

Conclusion: High rates of MDD and ADHD were found in adolescents with IA. In addition, Anxiety, social problem, attentional problem were higher in adolescent with IA. Prevention and intervention programs for adolescents with IA consider depression, anxiety, attentional problem and social problems.

Lightning Poster Session 4, June 5, 2024, 2:00 PM – 2:30 PM

Chair: Dr Renske Gilissen

4.1 Suicide risk evaluation and treatment for individuals with schizophrenia: a qualitative study in China

Dr Yi Yin¹, Professor Yongsheng Tong¹

¹Beijing Huilongguan Hospital, Beijing Suicide Research and Prevention Center

Learning Objective: to investigate how China's clinicians evaluate the suicide risk of individuals with schizophrenia and how they give specific treatment for the risk.

Background: More than 7 million individuals with schizophrenia live in China. Their suicide rate is approximately 30 times higher than healthy controls. Little studies focus on clinical practice in suicide risk evaluation and treatment for this group.

Methods: We interviewed 10 psychiatrists, 4 nurses, and 2 psychological therapists in two psychiatric hospitals in Beijing, China. The in-depth interview lasted 72 minutes on average.

Results: Comparing junior clinicians, senior psychiatrists and nurses highlighted the importance of suicide risk management in schizophrenia more. Most clinicians considered command auditory hallucinations as the most important factor in the suicide risk

formulation. One clinician thought the present suicide risk assessment or scales were limited in evaluating specific psychotic symptoms. Some clinicians mentioned other risk factors, e.g. losing social identity, housing problems after long-term hospitalization, social exclusion during recovery, treatment-resistant, insight into illness, early age of onset, and co-morbidity. Because of psychotic symptoms, stabilization was important in the evaluation procedure. Experienced clinicians talked about the use of clozapine for treating suicide risk in schizophrenia, based on the knowledge of guidelines and academic papers, but they still doubted the effect and worried about the side effects. A few recommended the use of modified electric convulsive therapy.

Discussion: Clinicians in China value the suicide risk assessment in schizophrenia. More training and evidence-based research are needed to strengthen their competence for suicide risk evaluation and management.

4.2 Understanding prevalence and onset of suicidal thoughts, plans, and attempts in university students in Aotearoa.

Mr Andre Mason¹, Dr Damian Scarf², Dr Robin Turner³, Dr Charlene Rapsey¹

¹Department of Psychological Medicine, University Of Otago, ²Department of Psychology, University of Otago, ³Biostatistics Centre, University of Otago

Learning Objective: To understand the landscape of suicidal thoughts, plans, and attempts among university students at a university in Aotearoa.

Background: Suicide is a leading cause of death among university students. Despite this, little is known about the prevalence and onset of suicidal thoughts and behaviours in university students in Aotearoa New Zealand. Problematically, however, we know that Aotearoa has one of the highest youth (ages 15–24) suicide rates in the OECD — which for many, includes the transition to university.

Methods: To address this knowledge gap, we collected data across 2021–23 from over 3,000 university students as part of the World Mental Health International College Surveys Initiative. Results: We will present lifetime, 12-month, and 30-day prevalence, as well as persistence over these time points, for suicidal thoughts, suicide plans, and suicide attempts. We will further present the lifetime age of onset for these outcomes and comment how this data can be used to inform university health and pastoral care policies, in alignment with shifting government regulations.

Discussion: Critically, this data will help to inform the landscape of suicidal thoughts, plans, and attempts among university students at a university in Aotearoa. This, in turn, can help to orientate university funding strategies for suicide prevention, in line with the changing pastoral care requirements and legislations in Aotearoa.

4.3 Suicide risk among users of community mental health centers with addiction problems in Japan: A national study on affected individuals and families

Dr Yoshiki Koga¹, Dr Eri Shibayama¹ Dr Mitsuru Kimura¹, Dr Tomomi Toyama¹, Dr Takanobu Matsuzaki¹, Dr Kotaro Nishimura¹, Dr Chie Nitta^{1,2}, Ms Moemi Shibasaki¹, Dr Sachio Matsushita¹

¹National Hospital Organization Kurihama Medical and Addiction Center, ²University of Tsukuba

Learning Objective: Attendees will learn about the actual suicide risk among users of community mental health centers with addiction problems in Japan.

Background: Suicide is a serious social problem in Japan. Alcohol dependence and abuse are prevalent among those who die by suicide, and gambling and substance use disorders also significantly increase suicide risk. One notable concern is the lack of medical connections for individuals who are believed to have addictive disorders. Consequently, addiction counseling support has become a priority in Japanese community mental health centers, although comprehensive nationwide data on addiction and suicide risk among center users are scarce. This study aims to fill this gap by examining the situations of individuals and families navigating addiction problems.

Methods: This study was conducted with the cooperation of 119 community mental health centers across Japan. Questionnaires were distributed to individuals visiting the facilities for issues related to addiction as well as to their family members. The questionnaire included demographic variables, the type of addiction problem, timing of consultation, suicide risk, addiction screening, and issues of concern, among other items. Responses were collected over the first six months of the study; the study is ongoing, and there are a total of 477 participants to date.

Result: Individuals facing issues with gambling, alcohol, drugs, gaming, and shopping were much more likely to have experienced suicidal ideation and suicide attempts than the general population (suicidal ideation: 60%–75%, suicide attempts: 21%–33%). Additionally, families of individuals dealing with issues related to gambling, alcohol consumption, and gaming also experienced high rates of suicidal ideation and suicide attempts (suicidal ideation: 39–42%, suicide attempts: 7–11%). For all types of addiction, approximately half of the individuals were connected to a hospital or counseling service within a year of recognizing the problem. However, a significant portion of those dealing with alcohol disorders had been experiencing problems for more than three years (44% of individuals and 34% of families).

Discussion: The results revealed that individuals and families utilizing community mental health centers for addiction problems experienced high rates of suicidal ideation and suicide attempts. This finding underscores the importance of early intervention measures to connect individuals and their families to medical care. Additionally, it highlights the need to examine addiction-related issues that contribute to suicidal behaviors, such as problems with relationships, finances, and illegal activities.

4.4 The association between web information of the mental health centers and young adults suicide rates

Ms Yeong-gyeong Kim¹, Professor Seungsik Hwang^{1,2}

¹Graduate School of Public Health, Seoul National University, ²Institute of Health and Environment, Seoul National University

Background: The suicide rates among young adults in South Korea are steadily increasing, placing it at the top among OECD countries. To prevent suicides among young adults, each local mental health center has provided information about suicide and mental health on their official websites and is developing related apps. However, the effectiveness of the mental health centers' efforts has not been evaluated.

Methods: Spatial regression analysis was conducted to examine the relationship between changes in suicide rates and scores of web information.

The dependent variables are the changes of suicide rates among young adults (aged 20–39) between the COVID period (2020–2022) and the pre-COVID period (2017–2019).

The independent variables are scores of web information were measured based on the presence or absence of the following factors was evaluated: official sns channels(instagram and kakao Talk), self-assessment tool(suicide ideation, depression), counseling board, emergency contact information, and information of welfare assistance and aid organizations. The web information scores range from 0 to 8 points.

The control variables are the presence of local government suicide prevention regulations, proportion of local suicide prevention budget, gross regional domestic product per 1 person, proportion of non-regular workers, proportion of single-person households, and proportion of public aid recipients.

The spatial regression models were evaluated using the akaike information criterion. To confirm the robustness of the models, a sensitivity analysis was performed for middle-aged and older adults (aged 40–64).

Result: The web information scores did not have a significant impact on the changes of suicide rates among young adults. Although not statistically significant, the presence of counseling boards was found to decrease the suicide rate. In sensitivity analysis, web information scores were found to have a significant impact on the changes of suicide rates among middle-aged and older adults.

Discussion: The findings of this study could serve as evidence for identifying the services or considerations that are actually needed by young adults in south korea when developing mental health apps or platforms targeting them.

Lightning Poster Session 5, June 5, 2024, 2:00 PM – 2:30 PM

Chair: Ingrid Lui

5.1 Characteristics of suicide victim information through psychological autopsy

Dr Jinhwa Choi¹, Keunhye Sung, MD, PhD Tae-Yeon Hwang

¹Korea Foundation for Suicide Prevention

Objectives: The aim of this study is to delineate the characteristics of data acquired through Psychological Autopsy (PA) interviews by juxtaposing it with suicide victim data from a Nationwide Suicide Death Investigation (NSI).

Background: For several years, South Korea has consistently recorded the highest suicide rate among OECD member countries. In response to this high suicide rate, the South Korean government has been conducting PA through interviews with suicide bereaved families since 2014, and has also investigated all suicide deaths from 2013 to 2020 through police records.

Methods: In our analysis, we compared the PA data conducted by Korea Foundation for Suicide Prevention (KFSP) with NSI data from the most recent three years (2018–2020) as of the year of death.

Results: The analysis revealed that the information gleaned through PA interview predominantly pertained to individuals who were employed at the time of death and had spouses or cohabitants. In contrast to NSI data, PA interviews indicated a higher proportion of relationship and mental health issues as the primary causes of suicide, and exhibited a greater sensitivity in detecting linguistic, behavioral, and emotional warning signs.

Discussion: Despite inherent limitations, including issues of related to estimation of interviewees and investigators, disparities in detailed variables between the two datasets, and a notable proportion of unknowns in the NSI data, this study bears significant in unraveling the characteristics of nationally conducted PA data. We anticipate that future continuous analyses will further contribute to the formulation of effective suicide prevention strategies.

5.2 Suicide risk among informal caregivers in Japan: An exploratory analysis

Ms Tomomi Kempe¹, Dr Yoshiki Koga², Dr. Sayaka Kubota³, A/Professor Yu Urata⁴, Dr. Tai Tsujimoto⁵, A/Professor Terumi Watanabe⁶, Dr. Megumi Kondo–Arita⁷, Professor Daisuke Kawashima¹

¹Chukyo University, ²National Hospital Organization Kurihama Medical and Addiction Center, ³National Center for Geriatrics and Gerontology, ⁴Osaka University, ⁵Nanzan University, ⁶Bukkyo University, ⁷Osaka Medical and Pharmaceutical University

Learning Objective: Participants will be able to recognize the risk of suicide among informal caregivers and related factors.

Background: Caregiver burden is a major social problem, and a number of studies have indicated that it leads to poor psychological and physical well-being among caregivers. Recent studies have also revealed that some caregivers are at risk of suicide. Given the significant number of caregivers in Japan, it is important to examine issues related to suicide, which could allow for further investigation of potential interventions. Therefore, this study aimed to explore the prevalence of suicide risk and its related factors among Japanese informal caregivers.

Methods: We recruited Japanese community-dwelling middle-aged and older adults who identify themselves as caring for their relatives. Participants were asked to answer the

questionnaire consisting of measures of suicidality, well-being, caregiver burden, reasons to live, and demographic information (i.e., sex, age, and information about caregiving). The data from 280 participants were used in the following analysis.

Results: The prevalence of suicide risk in 280 caregivers was 17.50%. A regression analysis was conducted, and the results showed that participants' age, well-being, and reasons to live were significantly associated with suicidality. Specifically, caregivers with younger age, poor well-being, and those with fewer reasons to live were related to higher suicide risk. Subsequently, a mediation analysis was also conducted to examine the mediating role of mental health status in the relationship between caregiver burden and suicidality. The results showed that mental health status significantly mediated the relationship between caregiver burden and suicidal ideation.

Discussion: The present study showed that a considerable number of Japanese informal caregivers are at risk of suicide. Factors related to this risk included younger age, poorer well-being, and fewer reasons to live. Furthermore, the combination of well-being and caregiver burden may also have a significant impact on suicidality. This implies that caregivers with higher levels of burden may experience poor mental health status, which could elevate suicidality. Limitations of this study include that it was a cross-sectional study and did not include variables such as social support. Further studies are necessary to examine the risk and protective factors regarding suicidality among caregivers in Japan.

5.3 Ego-integrity is a Substantial Moderator of the Relationships between Suicide Risk, Mental Deterioration, and Social Disconnectedness: An Exploratory Study for Japanese Older Adults

Professor Daisuke Kawashima¹, Ms Tomomi Kempe¹, Dr Yoshiki Koga², Dr. Sayaka Kubota³, A/Professor Yu Urata⁴, A/Professor Terumi Watanabe⁵, Dr. Megumi Kondo-Arita⁶, Dr. Tai Tsujimoto⁷

¹Chukyo University, ²National Hospital Organization Kurihama Medical and Addiction Center, ³National Center for Geriatrics and Gerontology, ⁴Osaka University, ⁵Bukkyo University, ⁶Osaka Medical and Pharmaceutical University, ⁷Nanzan University

Learning Objective: Attendees will be able to recognize the substantial role of ego-integrity in demising suicide risk among older adults.

Background: Suicide among older adults is a critical public health problem, and empirical examinations and practices are highly required. Despite accumulating the previous findings of suicide prevention for older adults, there is little consideration of Erikson's developmental theory. Considering Leenaars's seminal works, ego-integrity must play a vital role in demising suicide risk among older adults. Further, the relationships between Erikson's theory and major risk factors, such as mental deterioration and social disconnectedness, have yet to be demonstrated. This study aims to explore the significance of ego-integrity on suicide risk among Japanese older adults and also examine its relationship with mental deterioration and social disconnectedness.

Methods: We recruited Japanese community-dwelling older adults and asked them to answer the questionnaire, including ego-integrity, mental deterioration, social

disconnectedness (i.e., perceived burdensomeness and thwarted belongingness), suicide risk, and demographic information (i.e., sex, age, education, economic status, number of family members, having a child, religion). The data from 296 participants were analyzed using the generalized linear model with the log-link function.

Result: The results show that ego-integrity was negatively related to suicide risk. Further, the interaction effect between ego-integrity and mental deterioration was significant. Then, a simple slope test revealed a significant association of suicide risk with mental deterioration only at low levels of ego-integrity. In contrast, we did not find a significant relationship between suicide risk and mental deterioration at high levels of ego-integrity. In addition, we did not find significant interaction effects between ego-integrity and social disconnectedness; however, simple slope tests were conducted for confirmation. The result of the analysis revealed a significant association of suicide risk with perceived burdensomeness only at low levels of ego-integrity.

Discussion: The results revealed that ego-integrity was a direct and moderate factor in reducing suicide risk among older adults, and this finding indicates the importance of considering the developmental perspective in suicide prevention. As a limitation, this is a cross-sectional survey. In addition, we only recruited Japanese participants. Further study should consider a longitudinal design and cross-cultural comparisons.

5.4 Factors related to suicide risk among bereaved families of the ferry disaster

Dr So Hee Lee¹

¹National Medical Center

Learning Objective: This study aimed to investigate the relationship between suicidality and various mental health problems using longitudinal follow-up data in bereaved families after the Sewol ferry disaster.

Background: People who have experienced the traumatic loss of close family members can suffer from various mental health problems, including suicidal impulses, depression, insomnia, embitterment, and complicated grief

Methods: Data from 226 participants gathered over 7 years (2015–2021) were used. Suicidal risk was measured and mental health variables including depression, insomnia, post-traumatic embitterment disorders(PTED), complicated grief were gathered. A series of Generalized Estimating Equation models were developed to identify the factors associated with potential suicide risk among the bereaved family members of the Sewol ferry disaster.

Result: The likelihood of suicidal ideation significantly increased for participants with depression (OR = 3.02, $p < .001$, 95% CI = 2.05–4.44), clinically significant PTED (OR = 2.32, $p = .004$, 95% CI = 1.31–4.11), and complicated grief (OR = 2.34, $p = .016$, 95% CI = 1.17–4.66). The likelihood of having a suicide plan significantly increased for participants with depression (OR = 2.07, $p = .001$, 95% CI = 1.35–3.16), prolonged PTED (OR = 4.08, $p = .001$, 95% CI = 1.77–9.38), clinically significant PTED (OR = 9.39, $p < .001$, 95% CI = 3.92–22.46) and complicated grief (OR = 4.50, $p = .016$, 95% CI = 1.33–15.28).

Discussion: This study provided evidence by illuminating the long-term prognosis of suicide risk in disaster-affected families and its correlation with mental health factors. It offers valuable data to support the development of programs aimed at helping them.

Lightning Poster Session 6, June 5, 2024, 2:00 PM – 2:30 PM

Chair: Sam McKay

6.1 Suicide Stigma in Tajikistan

Dr Shahnaz Savani¹, RoseAnn Droesch

¹University Of Houston-Downtown

Suicide Stigma in Tajikistan

Learning Objective: This study aims to better understand individuals' perceptions and beliefs about suicide in Tajikistan.

Background: Suicide stigma are derogatory beliefs about people with suicidal behaviors. Suicide evokes strong emotions and suicide stigma is complex originating from socio-cultural-religious context. Suicide research is scarce in Tajikistan with no study yet on suicide stigma. Tajikistan, a poor, majority Muslim country in Central Asia with a clear prohibition of suicide, criminalizes aiding and abetting suicide. Suicide investigation is conducted by law enforcement in a harsh and prosecutorial manner and suicides and attempts are concealed to avoid prosecution. The socio-religious-legal context in Tajikistan exacerbates suicide stigma. This study examined 'relational stigma,' i.e. the extent of stigma that people have in associating with those who are suicidal.

Methods: Using an experimental vignette methodology, this study examined attitudes, perceptions, and beliefs toward those who are suicidal. In Dushanbe, Tajikistan, participants (n=393) were recruited from public spaces (markets, malls, bus stations). After consenting, participants completed an online Qualtrics survey (in English, Russian or Tajik languages) comprised of sociodemographic questions, standardized measures (e.g., mental health, religiosity, stigma, help-seeking and treatability), and response to an experimental vignette (varied by age and gender). Analysis was performed by conducting multivariate analysis of covariance (MANCOVA).

Results: The mean age of participants (n=393) was 30.67 (SD=12.30), almost half (46.1%) identified as female. Most participants were single (n=196, 49.9%) or married (n=134, 34.1%), Over half attended some college (n=234, 59.5%), and 210 (53.4%) indicated working full or part-time. with 153 (38.0%) just making it financially. The majority (n=325, 82.7%) lived in an urban area. Our study found that suicide stigma (relational) was higher for vignettes that included male adults and older adults, and lower for females except for adolescent females.

Discussion: This is the first study to investigate suicide stigma in Tajikistan. Suicide stigma is debilitating and has negative consequences for suicidal people, including feelings of isolation and fear of disclosure. Religious views play an important role in cultivating attitudes about suicide. Particularly being Muslim is consistently related to a decreased acceptability

of suicide. Our study found that relational stigma was higher for vignettes that included male adults and older adults and lower all female age groups except adolescents. Findings from this study can inform educational efforts on addressing suicide stigma through schools, universities and places of worship.

6.2 Acute Emotional Impact of Peer Suicide and Other Related Factors on Students

Dr Wan Seok Seo¹, Dr Young Sook Kwack, Dr un Hyoung Kang

¹Yeungnam University Hospital

Objective: This study was conducted to explore the negative emotional impact of peer suicide on adolescent students during the early stages of recognizing the suicide and to study the adverse effects of related environmental and mental health factors.

Backgrounds: In schools where a student dies by suicide, immediately assessing the emotional impact on the other students and providing appropriate therapeutic interventions are critical to the stability of the students and schools, but unfortunately, research on this topic is lacking.

Method: This study was conducted from March 1, 2020, to December 31, 2021, targeting students currently enrolled in middle and high schools where student suicide occurred. The IES-R-K, STAI-X, CES-D, and Beck's SSI were used to assess emotional impact. χ^2 test was conducted to analyze differences in the emotional impact among subgroups. Pearson's correlation analysis was performed to explore the relationships between scores on each scale.

Results: In total, 2382 students participated in this study. Of the participants, 25.1% belonged to the risk or high-risk group on the IES-R-K, and 22.2% had abnormalities on the STAI-S. The students in the same class, and same grade but different classes, had higher risk rates than those in different grades. The students attending boarding schools had 1.9 times higher odds ratio for experiencing emotional impact than those attending non-boarding schools.

Conclusion: This study suggests that a significant proportion of students experiences negative emotional impact of peer suicide. In particular, students living in close-knit environments such as the same class, grade, and boarding school, or facing accompanying mental health issues such as depression or anxiety, can experience a more pronounced negative impact. Ongoing research is necessary to understand the emotional impact of peer suicide on adolescent students and to develop effective post-suicide crisis interventions.

6.3 Development of a statistical model to predict suicide re-attempt: a multisite observational study

Dr Nicola Meda¹², Dr Ludovica Angelozzi¹², Dr Angelo Patane¹², Dr Matteo Poletto¹², Professor Fabio Sambataro²³⁴, Professor Diego De Leo⁵⁶⁷⁸

1 University of Padova, 2 Padova University Hospital, 3 Department of Neuroscience – University of Padova, 4 Padova Neuroscience Center, 5 De Leo Fund, 6 Australian Institute for Suicide Research and Prevention – Griffith University, 7 Slovene Centre for Suicide Research – Primorska University, 8 Italian Psychogeriatric Association

Learning objective: demographic, psychological, and medical profile of people who re-attempted suicide

Background: Among patients admitted to a psychiatric ward, those with a history of suicide attempts face an exceptionally high risk of death by suicide, particularly in the period immediately following discharge. However, current assessments for predicting suicide re-attempts are inadequate. This research project seeks to enhance risk assessment by integrating clinical tools with machine learning.

Methods: Utilizing the Veneto (Italy) regional health system network, we aim to enroll 2000 individuals who have attempted suicide (with an estimated 4000–8000 suicide attempts annually in Veneto). Adults hospitalized for a suicide attempt or imminent risk of suicide will be included in the study. Diagnostic tools, psychometric scales, and a psychological autopsy-derived protocol will be administered during hospitalization. Participants will be followed for three years post-discharge to evaluate suicide re-attempts. A random forest algorithm will be trained to distinguish patients who re-attempted suicide from those who did not attempt and relevant prevention-oriented factors will be identified through automatic variable extraction.

Results: As of now, we have enrolled 29 Caucasian patients (mean age 55.9 ± 20.9 years, 37.9% female) hospitalized in Padova, Italy, following a suicide attempt (62%) or due to an imminent risk of suicide. Half of the attempts were deemed near-lethal according to the Columbia Suicide Severity Rating Scale. Among the patients, 20.7% had no prior mental health disorders, and 51.7% had never been admitted to a psychiatric ward before. Over half of the sample had attempted suicide previously, predominantly through self-poisoning (80%). Feelings of loneliness were predominant (65.4%), followed by a sense of loss of meaning in life (57.7%). Additionally, 72.4% reported feelings of entrapment before being hospitalized/before the suicide attempt.

During follow-up, two patients (one female) attempted suicide within 30 days of the initial attempt, one of which was near-lethal and involved a patient who had survived a near-lethal index attempt. Treatment resistance was cited as a contributing factor to increased suicide risk in both cases.

Ongoing project discussion: Recruitment will be expanded to 11 additional sites, and we welcome collaboration from international partners to develop a generalizable, transdiagnostic, and transcultural model for predicting suicide re-attempts.

6.4 The mediating role of positive coping between depression and suicidal ideation among bank workers

Mr Feiyang Nie¹, [Xinyu Bai](#)

¹Guangxi Medical University

Background: Job stress faced by bank workers often leads to psychological problems such as depression, which in turn may lead to suicidal ideation. Positive coping skills play a key role in relieving stress and reducing the risk of suicidal ideation. Therefore, exploring the mediating role of positive coping between depression and suicidal ideation is crucial for preventing and intervening in the psychological problems of bank workers, which can help maintain their physical and mental health and social stability.

Objective: To analyze the mediating role of positive coping between depression and suicidal ideation among bank workers.


Methods: 5000 cases of all employees of Guangxi branch and sub-branch of a bank in China were selected from November to December 2019, and the questionnaire surveyed employees' coping skills, depression, and suicidal ideation. Comparing the suicidal ideation of bank employees with different demographic characteristics, the correlation between coping skills, depression, and suicidal ideation was analyzed using the Pearson method, and the mediating role of positive coping between depression and suicidal ideation was evaluated by the sequential test method.

Results: A total of 3974 questionnaires were returned and 3620 were included in the study, with a validity rate of 91.09%. For the 3620 bank employees, positive coping skills scores (20.20 ± 7.30), negative coping skills scores (8.42 ± 4.16), and Patient Health Questionnaire-9 (PHQ-9) scores (7.46 ± 5.49), and 242 (6.69%) employees had suicidal ideation. Spearman's correlation analysis showed that positive coping skills were negatively correlated with PHQ-9 scores and suicidal ideation (all $P < 0.05$), negative coping skills were positively correlated with PHQ-9 scores and suicidal ideation (all $P < 0.05$), and PHQ-9 scores were positively correlated with suicidal ideation ($P < 0.05$). Amos 26.0 software was used to establish, test and correct the mediational relationship model, and all the fitting indices were within the standard range, indicating that the mediational model was well fitted; from the mediational model, it was known that positive coping played a mediating role between depression and suicidal ideation ($\beta_1 = -0.463$, $\beta_2 = -0.512$, both $P < 0.05$), and the mediational role accounted for 77.78% of the total effect ratio, 71.19%.

Conclusions: Positive coping can play a mediating role between depression and suicidal ideation. For bank employees, the role of their positive coping skills should be highly valued, and their positive coping skills should be maximized, to reduce the negative effect of depression on suicidal ideation.

Keywords: Coping Skills; Depression; Suicidal Ideation; Mediating Role.

Posters

 **Beyond Vulnerability: The rise of Lived Experience peer work in suicide bereavement and postvention.**

Ms Hope Carberry, [Mrs Nicole Cool](#)

¹Standby support after suicide

Learning objective: At the end of this presentation, participants will be able to articulate and understand the impact of integrating lived experience peer work perspectives in suicide bereavement support services, as demonstrated within the StandBy service in Australia.

Background: StandBy Support After Suicide was developed 21 years ago in Australia and has traditionally operated as a service that provides immediate bereavement support with practical assistance and referrals. However, in the past few years, StandBy has been in the very privileged position to be able to facilitate the development of a suicide bereavement peer workforce.

The inclusion of peer workers or designated lived experience roles within postvention, whilst not new internationally, is still a new concept within Australia. Historically, the peer-workforce has typically sat within the scope of mental health, however the experiences of a lived experience worker in bereavement do not necessarily align with the understandings of mental health peer work, and as a result the operation and understandings of what peer work in postvention looks like can differ.

Methods: This presentation will discuss the nuances and specific skills that are brought into support provision by members from a Lived Experience team, as well as reflection from the support structures within the program. The challenges faced will be discussed whilst developing this key workforce, and the learnings that have contributed to seeing this workforce expanded.

Result: Participants will gain a comprehensive understanding of the unique grief experienced by individuals bereaved by suicide, recognize the crucial role of peer workers in postvention support and evaluate the impact of integrating lived experience perspectives in suicide bereavement support services.

Discussion: This presentation offers a unique perspective on the integration of lived experience peer work in postvention, sharing both the challenges faced and the celebratory milestones achieved in expanding this critical support service, as it navigates the unique nuances surround suicide grief and bereavement.

2 LifeStat360: How Combined Arms is using 3.7MM data points to improve veterans' quality of life

Mr Mike Hutchings¹, [Mr. Bryan Escobedo](#)

¹Combined Arms

This will be a technology demonstration of a product Combined Arms has built for US Veterans

LifeStat360 is a first of its kind, innovative and forward thinking solution to meet the needs of veterans and military families, before they even know they need them. LifeStat360 not only meets clients where they are, we'll meet them where they need to be, before they're there. Using over 3MM data points from the over 100,000 clients we've served, Combined Arms is making history by transforming the way veterans are served, being proactive and prescriptive. thus preventing life's crashed and spirals of downward trajectory. In this endeavor, we'll accomplish 3 major lines of efforts: LifeStat360's digital assessment will assign users a numerical value for SDoH indicators within each domain. The embedded

prescriptive model will then suggest customized recommendations in "low-scoring" areas. Follow up client interactions will requires them to answer questions from the Five Pillars of Stability , thus enabling Combined Arms to track each client's progress in the long term. Each additional follow up interaction will a.) recommend additional resources and solutions to optimize low-scoring areas and b.) measure how services received impact their overall wellness scores. Combined Arms will use data from LifeStat360's deployment, our historical resource request and utilization data, and demographic information, to create a series of client personas that will be used to automatically suggest recommendations to clients in advance of their requests. We will conduct comprehensive "push & learn" campaigns to determine the long-term efficacy of these prescriptive recommendations in improving the overall whole-health of the clients we serve. Our learning objective will be focused on demonstrating how utilizing data, technology innovation, and predictive and prescriptive analytics can be used to intercept at-risk clients before they traject into high-risk categories with a focus on SDoH factors for overall wellness.

3 Efficacy and Safety of Paliperidone Palmitate 1-month Formulation (PP1M) for Schizophrenia in Southwestern China: a prospective, open-label, multi-center, interventional study

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Learning objective: Exploring the early clinical efficacy and safety of the latest PP1M treatment for schizophrenic patients.

Background: This single arm, open-label, prospective, multi-centre and interventional study was designed to evaluate efficacy and safety of paliperidone palmitate 1-month formulation (PP1M) in patients with schizophrenia.

Methods: The subjects were schizophrenic patients aged 18-55 in all 21 prefectural-level municipalities of Sichuan Province, southwestern China, who were treated with PP1M at doses of 75, 100, or 150 mg. PANSS and SDSS scales were used to evaluate efficacy and social function at baseline, after injection of PP1M for the 3rd, 5th, and 8th dose, respectively. SF-12 scale scores were performed at baseline and 6 months after injection, and satisfaction (MSQ) scale were performed 1, 3, 6, and 9 months. While at the 1st, 3rd, 5th, and 8th dose, TESS scale was conducted, and adverse events (AEs) were analyzed at the 1st, 3rd, and 8th dose to evaluate safety.

Results: A total of 2268 patients were enrolled in the study, 1491 patients completed the 9th injection, of whom 1151, 1158, 1043, 827 and 1158 patients completed the PANSS, SDSS, SF-12, MSQ, and TESS, respectively. After injecting multiple doses of PP1M, the total PANSS

score, positive symptom scale score, negative symptom scale score, general psychopathological scale score, and SDSS score of patients decreased compared to the baseline ($P<0.05$), while SF-12 score and satisfaction (MSQ) score increased ($P<0.05$). PANSS total effective rate were 64.90% (747/1151), 74.63% (859/1151), and 78.71% (906/1151) after the 3rd, 5th, and 8th injections, respectively. The TESS score significantly decreased compared to the first injection ($P<0.05$), with a lower incidence of AEs. Common adverse reactions include tremors, muscle tension, dizziness, and fatigue, all of which are mild to moderate.

Conclusions: Our study suggests that PP1M can significantly improve the psychotic symptoms of schizophrenic, accelerate the recovery of social function, and improve the quality of life and satisfaction. While with better tolerability, fewer adverse reactions, and no new drug-related safety concerns emerged.

4 Analysis of hospital–community integrated service policy and community management for severe mental disorders in Sichuan Province from 2015 to 2020

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To analyze the key points and deficiencies of the policies related to hospital–community integration with severe mental disorders in China, so as to provide theoretical support for policy adjustment in the future.

Severe mental disorders(SMD) including schizophrenia, schizoaffective disorder, paranoid psychosis, bipolar (affective) disorder, mental disorder caused by epilepsy, mental retardation associated with mental disorder, etc[1]. In 2004, the “Central Government Support for the Local Management and Treatment of Severe Mental Illnesses Project” (“686 Project” for short) was launched in China, focusing on solving the problems such as the long-term hospital-based treatment and the inability to meet the needs of the whole process of management and rehabilitation for the patients[2], and to explore the full service model of hospital–community integration. In 2009, the management service for patients with SMD was included in the national basic public health service project. Over the years, the Sichuan provincial government has actively promoted the hospital–community integrated service model for the patients with SMD, and has made significant progress in policy-making and community management. By analyzing the development of policies and the community management of Sichuan province from 2015 to 2020, this study would put forward suggestions to further improve the service system.

Methods: Using text analysis method and policy tool method, carefully reading policy documents and classifying them according to work objectives, coding according to policy terms and conducting statistical analysis.

Results: A total of 17 policy documents were collected. Among them, 1 (5.9%), 2 (11.8%), 9 (52.9%) and 5 (29.4%) documents of LAW, OUTLINE, GOAL and IMPLEMENTATION, and 12 documents issued by the State Council or multi-departments (70.6%). Policy tools

comprehensively apply environmental type, supply type and demand type, accounting for 51.8%, 33.5% and 14.7%, respectively.

Discussion: The policy of hospital–community integration of severe mental disorders in China is mainly issued by the State Council and multi–departments, which shows that the state attaches great importance to this work. The policy tools are mainly environmental policies, and the coordination of the three policy tools should be explored. There are great deficiencies in the existing policies in terms of capital investment and supervision, we should strengthen the implementation of policies and promote the development of hospital–community integration with severe mental disorders.

Keywords: Severe mental disorders; hospital–community integration; policy analysis; policy tools; text analysis.

5 "He will never get better!" Attitudes toward Suicide Treatability in Tajikistan

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Learning Objective: Understand individuals' perceptions and beliefs about suicide treatability in Tajikistan.

Background: Suicide is a serious and urgent global problem. Suicide rates in Muslim countries are generally lower and associated with the strict prohibition of suicide in the Quran (Eskin et al., 2020). The strong association between religiosity and suicide (Lester, 2006) is mediated by knowledge of the religious prohibition of suicide, religious coping and attitudes toward suicide (Eskin et al., 2020). However, research has yet to emerge examining beliefs around the treatability of suicidal behavior within Muslim countries. Studies find that people have misgivings about the mentally ill being able to completely recover (Gangi et al., 2016; Latoo, 2021). Although the efficacy of psychiatric treatments is well established through several meta–analysis (Cipriani et al., 2018; Cuijipers et al., 2016; Leucht et al., 2017), perceptions of uncertainty of treatability combined with attributions of 'personal failure' or 'divine curse' toward those with mental illness or suicidal behavior has contributed to the stigma and eroded confidence about treatability of mental illness (Lattoo et al., 2021). Further, in Tajikistan suicide and suicide attempts are criminal offenses and are investigated by law enforcement in a harsh and prosecutorial manner (UNICEF, 2014) further exacerbating the belief in the non–treatability of individuals with suicidal behavior.

Methods: In Dushanbe, Tajikistan, 350 adults were recruited from public spaces (markets, malls, bus stations). After consenting, participants completed an online Qualtrics survey (in English, Russian or Tajik languages) comprised of sociodemographic questions, standardized measures (e.g., mental health, religiosity, stigma, help–seeking and treatability), and an experimental vignette methodology (varied by age and gender) to examine suicidal attitudes, perceptions, and beliefs. Analysis was performed by conducting multivariate analysis of covariance (MANCOVA).

Results: Nearly half of the sample (46.1%) identified as female, and majority were single (49.9%) or married (34.1%). Results show a significant relationship between believing that the person's current situation (suicidality) was caused by stressful life circumstance and suicide treatability. Findings reveal that those who were female, worked part-time or full-time, exhibited greater knowledge about mental health and suicide and scored better on help-seeking attitudes endorsed greater treatability.

Discussion: Addressing mental health/suicide treatability beliefs necessitates a nuanced approach considering sociodemographic factors, gender roles, cultural beliefs, and attributions of suicidal ideation origins. Our findings endorse community-based efforts for a comprehensive approach promoting empathy, inclusivity, belief in treatability, and support for individuals with suicidal ideation and mental illness.

6 Supporting and working with first responders, in particular police officers, impacted by suicide

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¹Youturn – Standby Support After Suicide

Learning Objective: Understand the significance of prioritising first responders as a priority population within a suicide postvention program, and strategies to address the specific needs and challenges faced by first responders in the aftermath of a suicide.

Background: The StandBy Support After Suicide program in Australia has established robust referral pathways with first responders to support postvention efforts nationwide, with Police being the second highest referrer. Despite establishing relationships with local police, it is evident officers impacted by suicide rarely engage with the service for personal support. While population-level research is lacking, there has been research suggesting suicide rates may be elevated in emergency and protective services resulting from contributing determinants such as elevated levels of job stress, exposure to suicide and other health related problems.

Methods: Various StandBy teams across Australia have undertaken priority population projects targeting first responders. These projects are guided by the values and principles such as collaboration, targeted needs, inclusion of lived experiences and evidence-based approaches. Most groundbreaking is the Memorandum of Understanding (MOU) established between the StandBy team delivered by Anglicare WA and the Western Australia Police Force (WAPOL).

Result: The MOU has meant that responding officers to a suspected suicide, pass StandBy details onto the families and communities bereaved by suicide, report suspected suicides within 24 hours of notification, encourage all new recruits / officers to undertake 30 minutes of StandBy induction, informing them of expectations and processes when supporting the bereaved and provide guidance, advice and, where practical, training to StandBy staff in regards to coronial processes and requirements. This MOU and partnership is the first of its kind at a State level with the Police Force in Australia.

Other initiatives happening across the country are the co design of tailored training and resources aimed to reduce stigma in help seeking for first responders and the participation in a number of support networks (including Military and Emergency Services Health Australia).

Discussion: Overall, this abstract showcases a significant and innovative collaboration between StandBy and the Police Force, setting a precedent for effective postvention strategies and support services in the aftermath of suicide. The multi-faceted approach, encompassing information sharing, induction training, development of tailored training and resources and advisory committee participation, reflects a comprehensive effort to address the needs of those affected by suicide. However there is much more work needed in reaching supporting the first responders impacted.

7 Neurocognition and Psychopathology Risk Factors for Highly Lethal Self-injurious Behaviours

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Learning objective: To characterize the relative strength of neurocognitive and psychopathology risk factors for high- versus low-medical-lethality self-injurious behaviours (SIBs) in adults with depression.

Background: Suicide is a major public health concern that affects individuals around the globe, with over 700,000 global deaths from suicide occurring each year. Unaccounted in this alarming statistic is the number of individuals who live through suicide attempts—including those who take more lethal, but non-fatal, actions—which is estimated to be much larger than reported rates of death by suicide. High medical lethality of a past suicide attempt is considered a major risk factor for a future suicide attempt. Characterizing the features of individuals with high- compared to low-lethality SIBs may elucidate previously unidentified risk factors for a future suicide attempt. Promising risk factors for SIBs include neurocognition (e.g., cognitive control and decision-making) and psychopathology (e.g., impulsive-spectrum symptoms).

Methods: Participants with depression and lifetime SIB were classified to either high (n=42) or low lethality (n=60) groups based on the Lifetime Suicide Attempt Self-Injury (L-SASI). Participants were administered measures of neurocognition and dimensional psychopathology. Cognitive control was assessed using the Color-Word Interference Test (CWIT) and a continuous performance task (CPT). Decision-making was measured with the Delay-Discounting (DD) task and Cambridge Gambling Task (CGT). Dimensional psychopathology was rated using the SPECTRA Indices of Psychopathology.

Results: Relative to participants in the low-lethality group, participants in the high-lethality group showed small-to-medium deficits on the CWIT (Cohen's $d=0.22$, $p=0.27$), CPT ($d=0.11$, $p=0.59$), DD ($d=0.19$, $p=0.39$), and CGT ($d=0.24$, $p=0.25$). The high-lethality group

reported somewhat higher levels of non-alcohol substance use symptoms ($d=0.32$, $p=0.14$) and broad externalizing symptoms ($d=0.41$, $p=0.06$) compared to the low-lethality group.

Discussion: Depressed participants with high-lethality SIBs display more difficulty than those with low-lethality SIBs in inhibiting prepotent responses and adaptive decision-making based on explicit risk information, as well as higher substance use problems and broader impulse control symptoms. These findings suggest that self-report and behavioural measures of impulse control and risk-taking may both be valuable tools for predicting high-lethality SIB risk.

8 Maximising the management of self-harm in schools: A collaborative approach by schools and Child and Adolescent Mental Health Services in Aotearoa New Zealand

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Objective

1) Identify the barriers to implementing self-harm (SH) best practice guidance in schools from the perspectives of key stakeholders in schools (including teachers, principals, senior leadership teams, school governance, school counsellors) and CAMHS frontline clinicians who provide specialist mental health services.

2) Identify the enablers and solutions to implementing self-harm (SH) best practice guidance in schools in Aotearoa New Zealand.

Background: Each year in Aotearoa New Zealand, between 25% – 50% of high-school students engage in self-harm (SH) with these students at increased risk of suicide. Most episodes of SH do not lead to a hospital or mental health service visit. Young people prefer to get support from friends, family/whānau and adults who are accessible to them, including school staff. School settings remain a critical environment to support young people, despite school staff feeling ill equipped to respond. Strengthened collaboration and understanding of the implementation environment within schools for best practice is critical to support effective and successful implementation of best practice guidelines for the management of self-harm.

Methods: We utilised co-design to identify barriers and solutions to maximising the implementation of best practice guidance for self-harm in school settings. We used thematic analysis for barriers and solutions. We mapped themes onto the Consolidated Framework for Implementation Research (CFIR) to identify what implementation strategies would be needed for best practice guidance to be adopted and sustained.

Result: Seven barriers and 20 solutions were identified. Four themes of solutions were found: Value the child and their needs; Value the system that develops a child; Align societal practice with contemporary needs; Wider macrosystem changes are required. The range of

solutions which were predominantly systemic in nature and were in the inner and outer settings of the CFIR framework.

Discussion: Participants clearly articulated a need for a focus on the systems that support their behaviour. The implementation environment for best practice for self-harm in schools must include the mesosystem and macrosystem of care for sustainable best practice to globally impact self-harm. Individuals must recognise the collective responsibility for students who self-harm. The ecosystem around a child must be collectively cohesive for implementation of best practice to be adopted, maintained and sustained with changing contexts over time. Equitable systems that are designed and funded to address health inequities is a local solution to enabling best practice implementation in schools. Indigenous systems of health must be amplified to respond to self-harm in schools worldwide.

9 Association of Community Health Determinants with the Trajectory of Regional Suicide Mortality in South Korea from 2011 to 2022

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Despite a decline in the suicide rate in South Korea since 2011, it continues to rank among the highest globally. However, there is a lack of systematic research on the trajectory. This study aimed to analyze the trends in suicide rates across 229 cities, counties, and districts throughout the country from 2011 to 2022. The study sought to identify risk groups and gain a more detailed understanding of the trends in suicide rates.

To analyze the trajectory of changes in suicide rates, a group-based trajectory model was applied, using age-standardized suicide rates as the dependent variable. This approach aimed to identify clusters of regions with similar patterns of suicide rate changes and identify their characteristics. Subsequently, to examine the community health determinants that influenced the decreasing trend in suicide rates, a multinomial logistic regression of 14 variables with suicide rates was performed to examine the factors that influenced the suicide rate trajectory groups.

Over the 12 years, South Korea has exhibited three distinct trajectories of decline in suicide rates. approximately 47.9% demonstrated a trajectory with a slight decrease, 12.4% maintained a trajectory with minimal change, and 39.7% displayed a trajectory with a significant decrease in suicide rates. The disparities among these trajectories have gradually diminished since 2011, indicating a reduction in regional disparities in suicide rate trajectories. Multinomial logistic regression revealed that males and older age groups had a higher likelihood of belonging to trajectories with elevated suicide rates. Higher rates of walking practice were associated with lower suicide rates, along with regions featuring increased numbers of family physicians, psychiatric hospitals, and care facilities. Furthermore, a greater number of cultural, sports, and social welfare facilities and parks were observed to have a positive impact on suicide rates. conversely, factors such as

current smoking, obesity, and divorce were found to have a negative impact in regions with higher suicide rate trajectories.

Considering the various community health determinants identified in this study, proactive interventions at the community level are expected to have a positive impact on reducing suicide rates. These interventions include anti-smoking campaigns, healthcare initiatives such as promoting walking to reduce obesity rates, strengthening the healthcare system with the inclusion of family physicians and psychiatric hospitals, and expanding community facilities such as cultural and sports facilities and parks.

10 Impact of Coping Profile on Suicidal Ideation: Findings from a Cross-Sectional Survey in a Rural Japanese Area

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Objectives: To determine the association between individual coping profiles and suicidal ideation.

Background: High suicide rates remain a significant public health problem in Japan, particularly in less populated rural areas where social isolation is prevalent. Loneliness and isolation are psychological factors associated with suicide, yet they may be effectively mitigated through individual coping profiles. This study examines the association between coping profiles and suicidal ideation in rural Japan.

Methods: A cross-sectional study was conducted in 2023, involving 1,706 adults (774 men and 932 women) aged between 20 and 84 years from a rural area in Japan. The Brief Scales for Coping Profile (BSCP) were used as the exposure variable, with suicidal ideation as the primary outcome. Multiple logistic regression analyses were conducted separately for male and female samples, adjusting for sociodemographic and economic factors. The secondary outcome, WHO-5 scores, was also analyzed.

Results: Overall, 19.4% of men and 18.8% of women had had suicidal ideation in life. Of these, 2.7% of men and 2.0% of women had had suicidal ideation within the past month. Among the participants, 57% had feelings of loneliness. In the coping profile, "Emotional expression involving others" was associated with suicidal ideation in men (OR: 5.28, 95%CI, [1.51 to 18.46]). Conversely, "Changing a point of view" was negatively associated with the prevalence of suicidal ideation (OR: 0.11 [0.02 to 0.46] for men and OR: 0.16 [0.05 to 0.55] for women). Concerning WHO-5 scores, coping profiles such as "Changing a point of view" were found to be associated (OR: 2.77 [1.83 to 4.18] for men, OR: 2.54 [1.80 to 3.59] for women). The relationship between "Changing a point of view" and WHO-5 scores remained significant even after adjusting for loneliness (OR: 1.98 [1.28 to 3.06] for men, OR: 1.92 [1.34 to 2.76] for women).

Discussion: The tendency to "Change a point of view" as a coping profile is associated with lower suicide risk and favorable signs of mental health. However, the tendency to "Emotional

expression involving others" may be related to an increased suicide risk, especially among men. This study underscores the importance of considering individual coping profiles in suicide prevention.

11 Does poor people living in affluent area increase their suicide risk? A natural experiment and ecological study from Hong Kong 2012 to 2021

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Background: Neighborhood effects on individuals' mental health and psychological well-being are of researchers' interest. However, individuals' socioeconomic status is highly correlated to the neighborhoods' socioeconomic characteristics because of the social selection process, so investigating the neighborhood effect is challenging. Public housing has been identified as being associated with adverse mental health outcomes, including suicide. In Hong Kong, residency in public housing serves as an indicator of lower socioeconomic status due to the income cap imposed on occupants. Residents are randomly assigned to various districts throughout Hong Kong, providing a unique opportunity to investigate the effects of neighborhoods on individuals' mental health and psychological well-being, a topic of significant interest to researchers.

Learning Objective: This study aims to study whether public housing could moderate neighborhood effects on the suicide rate.

Methods: This study is an ecological study. Suicide records came from the Coroner's Court in Hong Kong from 2012 to 2021. The neighborhood statistics of 18 districts of Hong Kong were collected from the Census and Statistics Department, including median monthly income from major employment, poverty population, working poor population, low education, population, single parent population, never married population, and divorced or separated population. Principal component analysis is used to summarize the neighborhood characteristics into social deprivation, and social fragmentation. The generalized linear mixed effect model was used to test the effect of suicide rate interaction between public housing residents and neighborhood characteristics.

Results: The first two principal components of neighborhood social deprivation indicators explain 90.95% of the total variance, and the first two principal components of neighborhood social deprivation indicators explain 82.05% of the total variance. The mixed effect model suggested that there is a moderation effect between social deprivation and living in public housing (PC1xPublic housing $\log(\text{RR})=-0.07$, S.E=0.03; $p=0.018$, PC2xPublic housing $\log(\text{RR})= -0.38$, S.E=0.07, $p<0.001$) on suicide rate while controlling age and gender. Besides, there is a moderation effect between social deprivation and living in social fragmentation (PC1xPublic housing $\log(\text{RR}) =0.46$, S.E =0.07; $p<0.001$, PC2xPublic housing $\log(\text{RR}) =0.06$, S.E=0.03, $p=0.023$) on suicide rate while controlling age and sex.

Discussion: The results suggest that public housing reduces the negative effects of social deprivation among neighborhoods but deteriorates the negative effects of social fragmentation

12 The association between hospital diagnosed migraine and migraine medication with suicidal behavior: a nationwide cohort study

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Learning objective: to educate and teach about the high risk in migraineurs with regards to suicidality and what might be the driving factors of these.

Background: Migraine inflict great pain and suffering on those affected by it, further it has been linked to a higher risk of psychiatric comorbidity and risk of suicide.

We aimed to assess whether individuals who had received a hospital-diagnosis of migraine or redeemed prescriptions of migraine medication had higher rates of suicide and suicide attempt when compared to individuals with no migraine.

Methods: We utilized a cohort design and national longitudinal data on all individuals aged 15+ years who lived in Denmark between 1980 and 2021. Individuals diagnosed with migraine with or without aura were identified in the National Patient Register. Individuals who redeemed prescriptions on either triptans, ergot alkaloids, and any other migraine drug were identified via the National Prescription Registry, while suicide deaths were identified in the Cause of Death Register.

Results: The general Danish population were observed over 185,695,235 person-years. During 26,098 males and 12,429 females died by suicide. Amongst these, 176 (0.6%) males and 325 (2.6%) females had a hospital diagnosis of migraine, resulting in adjusted IRR for suicide of 1.1 (95% CI, 0.9 – 1.2) and 1.5 (95% CI, 1.3 – 1.7), respectively, when compared to those not in treatment. In the same period, we observed 52,282 male and 68,054 female suicide attempts. Of these 528 (1.0%) males and 1,568 (2.3%) females had a hospital diagnosis of migraine. Here, the adjusted IRR for suicide attempt were 1.6-fold (95% CI, 1.5–1.8) and 1.5 (95% CI, 1.5–1.6) for males and females, respectively.

Conclusions: Individuals with migraine experienced significantly higher suicide and suicide attempt rates when compared to those not in treatment. Multiple factors may explain this observation, including that some individuals may develop mental disorders during the course of the disorder.

14 Conflicts of Nurses Involved in Palliative Care at Mental Hospitals

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Purpose: The present study has elucidated the current situation and issues of palliative care provided at mental hospitals based on the results of semi-structural interviews with nurses who cared for schizophrenic patients dying from cancer.

Methods: Life-story interviews were carried out with 43 nurses, and the results were analyzed using qualitative induction. An explanation was given to the participants in the study about the purpose of the study and that it was a voluntary participation, there was no disadvantage from not participating, and the participants' privacy was strictly protected. The present study was approved by the ethical review board of the research institute to which the authors belong.

Results: There were three main categories of anxieties of nurses. The first is Deficient: D (deficit in specialized knowledge and skills), the second is Structural: S (structural problems of hospital wards), and the third is Loss: L (loss of dignity). There were nine subcategories.

Discussion: Conflicts grew in psychiatric nurses due to insufficient assessment of cancer nursing as they were caring for schizophrenic patients dying from cancer. Therefore, the importance of strengthening a nursing education system concerning assessment through in-hospital study sessions was suggested.

15 The relationship between sleep and frequency of suicidal ideation

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Backgrounds: Sleep problems such as insomnia have been identified as a risk factor for suicide (Utsumi & Kuriyama, 2022). However, it is not clear what aspects of sleep influence suicidal ideation. Therefore, the purpose of this study was to examine the relationship between sleep and the frequency of suicidal ideation.

Methods: 103 students (34 males, 68 females, and 1 other; mean age 19.52, standard deviation 1.06) were analyzed.

The Japanese version of the Pittsburgh Sleep Quality Index (PSQI) (Doi et al., 1998) 18 items were used to measure sleep factors. This scale measures sleep quality (Subjective sleep quality), time from bedtime to falling asleep (Sleep latency), time asleep (sleep duration), sleep time as a percentage of bedtime (Sleep efficiency), the frequency of sleep difficulties (Sleep disturbance), the frequency of sleep medication use (Use of sleep medication), the frequency of daytime arousal difficulties (Daytime dysfunction), and general insomnia tendency (total PSQI score). The Japanese version of the Self-rating Depression Scale (SDS) (Fukuda & Kobayashi, 1973) was used to measure the frequency of suicidal ideation.

Ethical Considerations: We explained verbally and in writing that participation in this survey was voluntary, that the survey could be discontinued at any time without detriment, and that personal information would be protected.

Results: The frequency of the suicidal ideation was broken down as "A little of the time" in 70 students, "Some of the time" in 14, "Good part of the time" in 13, and "Most of the time" in 6.

A single regression analysis was conducted with each sleep factor as the independent variable and the frequency of suicidal ideation as the dependent variable, and significant standard regression coefficients were found for total PSQI score, sleep quality, time to fall asleep, sleep difficulty, and difficulty waking during the day (total PSQI score: $\beta=.395$, Subjective sleep quality: $\beta=.388$, Sleep latency: $\beta=.330$, Sleep disturbance: $\beta = .291$, Daytime dysfunction: $\beta = .263$, $p<.01$). No significant standard regression coefficients were found for sleep duration, sleep efficiency, or use of sleeping pills (Sleep duration: $\beta=.087$, Sleep efficiency: $\beta=.105$, Use of sleep medication: $\beta=.109$, $p=n.s.$).

Discussion: In conclusion, the frequency of suicidal ideation was associated with subjective sleep quality, sleep latency, and sleep disturbance. It is suggested that education on sleep hygiene may indirectly reduce suicide risk.

16 Description of adolescent life skills and the impact of life skills training interventions on adolescents in Gorontalo province, Indonesia 2023

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Background: Suicide was ranked as the fourth leading cause of death worldwide in 2019. Improving life skills can be considered an effective preventive strategy to reduce the incidence of suicide. This is because adolescents aged 15 to 29 years are very sensitive and easily absorb information. Objective: This study aims to determine the description of adolescent life skills and evaluate the effectiveness of life skills training interventions for adolescents in Gorontalo Province. Methode: This quantitative research uses a longitudinal study design. The Chinese Positive Youth Development Scales (CPYDS) questionnaire that has been translated into Indonesian was used as an instrument in this study. Wilcoxon test was used to see the difference in the average score of life skills of adolescents before and after the intervention. Result: The results showed that the life skills of Gorontalo adolescents varied, with pretest scores between 27 and 85. However, some adolescents showed poor life skills with pretest scores below the average (66.84). Analysis using the Wilcoxon Test showed that there was no significant relationship between the pretest and posttest as a whole (p value = 0.521), nor in each assessment aspect. However, there was an increase in posttest mean scores in the aspects of "bonding", "social competence", "emotional competence", "cognitive competence", "behavioral competence", "self-efficacy", and "prosocial involvement". The insignificance of the results may be due to a number of factors, such as unfavorable environmental conditions during the posttest, or the short duration of the life skills training intervention. Discussion: Therefore, efforts are needed to design interventions that are effective, efficient, and able to attract adolescents.

Keywords: life skill, adolescents, training, intervention

18 Reliability and validity of Barratt Impulsiveness Scale-11 in psychological autopsy study among Chinese rural elderly

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One Learning Objective: This study aimed to evaluate the reliability and validity of the Barratt Impulsiveness Scale-11(BIS-11) in psychological autopsy study among Chinese rural elderly and to provide a scientific basis for future use of this scale in older adults in rural areas.

Background: Older adults represent the segment of population most exposed to the risk of suicide nearly everywhere in the world. Most studies have demonstrated that high impulsivity is strongly associated with suicide.

Methods: Two-stage stratified cluster random sampling was used to select research sites. Using case-control psychological autopsy study, face-to-face interviews were conducted to collect information. A total of 12 counties in Guangxi, Hunan and Shandong were used as the survey locations. Data for people aged ≥ 60 years who had died by suicide were consecutively collected based on the death certification system. Living comparisons were 1:1 matched with the suicide case in age and gender in the same village. The Spearman correlation method was used to analyze the correlation between each item of the total score. Intraclass correlation coefficient (ICC) was used to evaluate the agreement between subject based and informants based. Cronbach's Alpha coefficients were used to analyze internal consistency reliability. Structural validity was analyzed by exploratory factor analysis and confirmatory factor analysis were used to analyze the construct validity.

Results: A total of 242 suicide elderly and 242 living control elderly were conducted. The total score of impulsivity scale of suicidal elderly was higher than the control group. Subject-proxy concordance for BIS-11 was fair (ICC=0.475) in the living controls. The corrected correlation coefficient between items and total score were 0.146-0.734. The Cronbach's α was 0.913, with good reliability. The KMO value in exploratory factor analysis was 0.951. In confirmatory factor analysis, the χ^2/df was 2.423, RMSEA was 0.054, GFI was 0.916, IFI was 0.916, and TLI was 0.909, indicating that the scale has good construct validity.

Discussion: The information provided by the informants through psychological autopsy method had high reliability to reflect the actual situation of suicides and controls. BIS-CV has good reliability and validity among the older adults in rural China; however, some items need further revision when being used in the less literate group. The BIS-11 scale has good reliability and validity in rural suicidal elderly and community elderly in rural China.

19 Bridging Genetics and Behavior: SNPs and Psychological Autopsy in Suicide Investigations

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Background: Suicide represents a significant public health concern globally, with multifaceted determinants ranging from psychological and social factors to genetic influences. Understanding the complex interplay between genetic variations and psychosocial behaviors in the context of suicide is crucial for developing effective prevention and intervention strategies. Psychological autopsy, a methodological approach developed by Satapathy et al., offers a valuable means of postmortem assessment, providing insights into the psychological state and potential psychopathology of individuals who died by suicide. Complementing this approach, genetic studies have increasingly focused on identifying genetic markers associated with suicidal behaviors, offering potential insights into the underlying biological mechanisms.

Despite advances in both psychological and genetic research, the precise relationship between genetic variations and psychosocial behaviors in suicide remains poorly understood. This study aims to bridge this gap by systematically investigating the correlation between genetic markers and psychosocial traits in individuals who died by suicide compared to non-suicidal death controls.

Methods: The Psychological Autopsy Scale was administered to assess psychopathology in individuals with suicide-related deaths, alongside genotyping of seven specific SNPs. A total of 236 individuals who died by suicide and 256 non-suicidal death controls were enrolled in this study. The internal consistency of the scale was evaluated, and comparisons were made between suicide cases and documented medical records to identify discrepancies in psychiatric issues. Correlations between the seven SNPs and behavioral traits were analyzed, focusing on associations within both the suicide case and control groups.

Results: The Psychological Autopsy Scale exhibited strong internal consistency and revealed a higher prevalence (23%) of psychiatric issues among suicide cases compared to documented medical records (9%). In the control group, no significant associations were found between the seven SNPs and behavioral traits. However, in the suicide case group, various genetic variations showed weak correlations with psychosocial behaviors. For example, the IL-1 β -31C/T SNP was weakly linked to submissive behavior, while the IL-1 β -511T/C SNP exhibited weak correlations with self-muttering and irritability.

Discussion: These findings underscore the complex relationship between genetic factors and behavior, particularly emphasizing the role of cytokines and genetic variations in shaping emotional regulation and impulsivity. Furthermore, the study highlights the need for further research to elucidate the underlying mechanisms of these associations. By bridging the gap between genetic markers and psychosocial behaviors, this research sheds light on the intricate relationship between inflammation and negative social behaviors, with implications for understanding mechanisms and potential intervention

20 Early Detection of Risk Factors for Suicidal Ideation in Bogor, Indonesia

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Background: According to WHO (2017), suicide in low-income countries occurs at the age of 20 years. Most cases of suicide are closely related to a person with mental health

problems. WHO has found that self-harm is one of the most important causes of death for male and female adolescents. Objective: This study aims to obtain an overview of the risk factors for suicidal ideation in adolescents in Bogor, Indonesia. Method: This study used instruments for Early Detection of Risk Factors for Suicidal Ideation in Adolescents. The instrument displayed in the form of the QR code "Pakai Kemeja". The instrument has proven valid and reliable with 77.6% sensitivity and 73.6% specificity, Cronbach's Alpha 91%, and Area Under the ROC Curve of 0.826. The instruments were distributed and filled out by 2,181 Institut Pertanian Bogor (IPB) University students (18–24 years), consisting of 728 male and 1,303 female, and also filled out by 203 students from State Junior High School 2 Bogor (12–14 years), consist 87 male and 116 female. Result: The results showed that out of 2,181 IPB University students, 982 (48%) students were at risk of suicidal ideation, and 1,049 (52%) students were not at risk of suicidal ideation. While in State Junior High School 2 Bogor, 123 (61%) students were at risk of suicidal ideation, and 80 (39%) students were not at risk of suicidal ideation. Among IPB University students, 44% of male students (342) and 52% of female students (728) were at risk of suicidal ideation. While among State Junior High School 2 Bogor students, 61% of male students (53) and 69% of female students (80) were at risk of suicidal ideation. Discussion: From these two age segments, junior high school students showed a higher prevalence of suicidal ideation. It was also shows that female students showed a higher prevalence of suicidal ideation than male students. In addition to containing instruments to detect risk factors for suicidal ideation, the "Pakai Kemeja" QR code also contains mental health education media and life skills development materials that can be accessed to increase student knowledge.

Keywords: Early detection, student, suicidal ideation

21 Confidence in Preventing Suicides: Role of Educational Programs for Psychologists

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Learning Objective: To understand the impact of suicide prevention training in educational programs for psychologists on their confidence in suicide-related skills.

Background: Psychologists are often in a position to identify early warning signs and provide timely interventions for suicide prevention. However, research regarding suicide prevention training in the education of psychologists and their perceived confidence to prevent suicides is lacking. This study aims to understand the impact of suicide prevention training in educational programs for psychologists on their confidence in skills pertaining to managing suicidal distress. Additionally, the study aims to explore the relationship between knowledge about suicide, attitudes towards suicide and confidence in suicide prevention skills.

Methods: A cross-sectional study design was used, and participants were recruited using an online survey method from December 2021 to March 2022. Standardized self-report measures were employed to build the survey using REDCap software, and a link to the survey was circulated on popular social media platforms. 44 psychologists (90.9% females) from various parts of India participated in the study. The majority of participants (90%) were

in the age group of 23–33 years. 56.8% were educated up to a Master’s degree, and 43.2% had completed an MPhil degree (licensing degree for Clinical Psychologists). Many of the participants (47%) had working experience between 1–3 years. 70% of the participants were working from Metropolitan cities. Descriptive statistics and inferential statistics (regression analysis and Mann–Whitney U test) were used to interpret the data.

Results: 97.7% of the participants reported prior exposure to suicide either through personal experiences or media, and 61.4% of psychologists had provided professional services to at least one individual with suicide–related distress. 34.1% reported not having received specific training regarding managing suicide–related concerns during their highest educational qualification. This group of participants were found to be significantly less confident about their skills in comparison to the group who reported to have received suicide prevention training. Level of knowledge about suicide was found to be a significant predictor of non–stigmatizing attitudes, and suicide literacy was found to be a significant predictor of confidence in suicide prevention skills.

Discussion: The findings are consistent with previous studies on the effectiveness of gatekeeper training for community populations as well as on professional training for healthcare workers, which have reported a positive impact of training on reducing stigmatizing attitudes and improving confidence in suicide prevention skills.

22 The effectiveness of school–based intervention programs for adolescent suicidal behavior: a scoping review

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Background: Suicide is a leading cause of death in adolescence. Although previous reviews have examined the effectiveness of suicide prevention on suicidal ideation and self–harm, these reviews have not specifically focused on school–based interventions delivered to youth in rural settings.

Aim: To summarize the characteristics, key components, and effectiveness of school–based suicide prevention programs for adolescents attending secondary schools and living in rural or remote regions.

Method: A systematic scoping review was conducted in accordance with the JBI Reviewers' Manual 2020 for scoping reviews. We conducted a systematic scoping review, involving a search of Medline, CINAHL, PsycINFO, ERIC/ProQuest, Scopus, Cochrane, Joanna Briggs Institute, www.thairesearch.in.th and tdc, thailis.or.th/tdc. Also, relevant unpublished studies searched using the following sources: MEDNAR--Dissertation International

Conference Proceedings. Publication date restriction was not applied. All identified records and published literature were collated and uploaded to a systematic review management software, confidence, for review and selection. Title and abstract screening were completed in duplicate by two reviewers using predefined inclusion and exclusion criteria. Conflicts during screening were resolved by a third reviewer. Full-text reviews were completed by two reviewers and data was extracted from the selected records. The results of the search and the study inclusion process are presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review flow diagram.

Results: Eight records reflecting 8 different programs met our inclusion criteria: 3 studies evaluated school-based intervention programs delivered to adolescents who live in rural areas only and 5 school-based intervention programs were delivered to students who live in rural, sub-urban and urban areas. The school-based suicide prevention programs were designed to educate, to raise awareness of suicide, to encourage disclosure and to provide information regarding the mental health resources available for providing assistance. The main outcomes of a school-based suicide prevention programs included i) increasing the knowledge score about suicide; ii) enhancing an attitude toward suicide and treatment; iii) improving help-behavior seeking skills; iv) building self-esteem; v) reducing risk factors related to suicide; and vi) enhancing the protective factors. With the small number of adequate programs, the results of this review are restricted and must be illuminated with caution.

Conclusion: This review can be used for the development of recommendations for interventions focused on adolescents living in rural areas. The review also illuminated the need for additional research on the effectiveness of school-based suicide prevention program for youth residing in rural areas.

23 Analysis of Suicide Victims Who Left Suicide Notes – Utilizing Korean National Suicide Data

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Suicide notes encapsulate insights into the psychological state of the victim and serve as a specific form of communication aiming to rectify and justify his or her suicidal action (Grashoff, 2005). Analyzing these notes can provide clues for ‘preventable suicides’. The aim of this study is to compare the characteristics of suicide victims who left notes with those who did not, thereby elucidating the differences between the two groups.

For this purpose, logistic regression analysis was conducted on 38,044 individuals who left notes and 59,603 who did not, out of 102,922 suicide victims in South Korea from 2013 to 2020. The logistic regression analysis revealed that individuals living in urban areas ($\text{exp}(B)=1.396$, $p<0.001$) and living alone ($\text{exp}(B)=1.222$, $p<0.001$) had a higher likelihood of leaving suicide notes. Examining suicide methods, gas poisoning ($\text{exp}(B)=1.524$, $p<0.001$) was the only method out of seven categories with a significantly higher likelihood of leaving notes, while tendencies not to leave notes were observed for jumping ($\text{exp}(B)=0.528$, $p<0.001$), drowning ($\text{exp}(B)=0.644$, $p<0.001$), self-harm ($\text{exp}(B)=0.496$, $p<0.001$), and pesticide ingestion ($\text{exp}(B)=0.468$, $p<0.001$). Regarding the main cause of suicide, cases

related to interpersonal issues ($\exp(B)=1.603$, $p<0.001$) and economic problems ($\exp(B)=1.492$, $p<0.001$) had a higher likelihood of leaving notes.

In summary, the characteristics of suicide victims who left notes include residing in urban areas, living alone, gas poisoning, economic problems and relationship issues. This study particularly highlights differences in suicide methods. Unlike methods like jumping or drowning, gas poisoning requires a dual preparatory process — an enclosed environment and the purchase of suicide means such as charcoal. This implies the potential for preventive measures to hinder the completion of suicide during the contemplative process of preparing the physical and psychological setting. Based on the analysis, policy recommendations are made, including management of suicide means, strengthening social safety nets amid economic crises, gatekeeper activities, and improving awareness of suicide warning signs.

24 Temporal variations of suicide attempt before and during COVID-19 pandemic: a case of Seoul metropolitan city, South Korea

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Learning Objective: To understand the impact of the COVID-19 on the patterns of emergency department(ED) visits for suicide attempts, with a focus on temporal variations and gender differences.

Background: Suicidal behavior is generally known to have decreased during COVID-19. However, due to social changes such as quarantine and telecommuting during the pandemic, changes in the day-of-the-week distribution and seasonality of suicidal behavior are expected, but studies are lacking. This study aimed to explore the temporal variability of suicide attempts during the pandemic compared to before the pandemic.

Methods: We used the National Emergency Department Information System (NEDIS) database to identify the distribution of time, day and month of the patients who were residents of Seoul, South Korea. We evaluated all patients in the NEDIS dataset who visited these ED for 6 years from 2017 to 2022. and included the patients if they visited ED due to intentional purpose. We compared the diurnal, weekly and monthly distribution before and during COVID-19 pandemic.

Results: During the study period, a total of 35,151 patients visited ED for self-harm. The number of suicide attempts increased from 4,808 patients in 2017 to 6,413 patients in 2022 and peaked in 2021 to have 6,473 ED visits for suicide attempts. There were more suicide attempts among female patients (22,877 visits) than male (12,274 visits). The female to male ratios were annually increased and the ratios over 2 were observed during the pandemic. July was the most frequent month for suicide attempts before and during COVID-19. However, suicide attempts had peaked from May to July during the COVID-19. This trend was more pronounced among female. The suicide attempts were surged on Sundays and continued to decline until Fridays. No changes were observed in day-of-the-week distribution during COVID-19. 38% of the ED visits due to suicide attempts were recorded

between 9 p.m. and 2 a.m. The pattern was more prominent during COVID-19 among female.

Discussion: During COVID-19, there was a notable rise in ED visits due to suicide attempts, with a discernible escalation in the spring and nocturnal hours among females, whereas males exhibited minimal changes. Our research suggests the need for targeted mental health interventions and support systems, particularly for female persons, during times of crisis, emphasizing the importance of accessibility to resources during night time.

25 Understanding Perception and Barriers in Postvention Services for Suicide Loss Survivors in India

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Learning Objective: The objective of this study is to examine the perception and difficulties encountered by suicide loss survivors when accessing postvention services in India, as well as to explore methods for enhancing awareness, availability, and trauma-focused interventions to assist them in their journey following the loss of a loved one to suicide.

Background: Suicide is the 17th leading cause of death worldwide, with over 700,000 lives lost annually. India has one of the highest suicide rates globally, reaching 12.4 suicides per 100,000 people in 2022. Suicide not only affects the individuals directly involved but also has an intense impact on suicide loss survivors, resulting in emotional, psychological, and social complications. Postvention services, including interventions, support groups, and referrals to mental health professionals, play an important role in facilitating the healing process for suicide loss survivors. However, numerous barriers, including stigma, lack of awareness, and cultural factors, impede suicide loss survivors in India from seeking assistance and accessing these vital services.

Methods: We conducted a qualitative study using purposive sampling, focusing on first-degree blood relatives and spouses of suicide victims. Participants were invited to Focused Group Discussions (FGDs) via phone calls. Contact information was obtained from post-mortem reports of suicide cases autopsied at AIIMS, New Delhi. Out of the 221 participants invited to group discussions, 182 families declined to participate despite clear explanation and efforts to engage them in the study. Detailed notes were taken from phone calls with non-participating families to understand reasons for non-attendance. These notes were analysed qualitatively to identify patterns using ATLAS.ti software.

Results: The study identified eleven major barriers encountered by suicide loss survivors in India, including stigma, scepticism regarding the benefits of postvention services, lack of awareness, financial constraints, family conflicts, and cultural beliefs. These barriers often acts as roadblocks for families from engaging in discussions, further complicating access to postvention services.

Discussion: Addressing these challenges requires collaborative efforts. Strategies such as raising awareness, enhancing accessibility, and involving the community in supporting suicide survivors should be implemented. By reducing stigma, breaking down barriers, and

fostering a supportive environment, we can better assist suicide loss survivors in their recovery journey. Additionally, integrating culturally sensitive approaches can further enhance the effectiveness of postvention services in India.

26 Interests and wishes of users making posts expressing suicidal ideation on online: Text analysis of posts and reposts on X

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Background: Suicide is an urgent public health issue, and social networking services may function as a platform for people to express suicidal ideation. The association between suicide-related posts on Twitter (now X) and suicidal thoughts has been shown, and some cases have been reported in which Twitter functioned as suicide notes. Thus, it is possible to examine the characteristics of posts expressing suicidal ideation and the long-term fluctuations of users. In addition, as retweets (now reposts) express agreement or sympathy, it is possible to grasp the psychological state of suicidal individuals, such as what they are interested in, sympathize with, or wish for in their daily lives, from the contents of posts and reposts expressing suicidal ideation.

Objective: This study aimed to examine the characteristics and monthly variations in the content of posts and reposts expressing suicidal ideation, characteristics of users, and their interests and wishes.

Methods: Posts on X expressing suicidal ideation (Japanese hashtag “#shinitai [I want to die]”), and reposts made within the first hour from posts expressing suicidal ideation by the same users, were collected using X application programming interface for six months (September 1, 2023 to February 29, 2024). After exclusion, 5,840 posts and 1,146 reposts were included in the analysis.

Results: Results from the co-occurrence network on suicide-related posts indicated that suicidal users often mentioned dying and living simultaneously, users in financial need make requests for assistance, and users posting contents related to self-injury or dependence on other people tended to seek connections with other users with similar mental struggles. In addition, correspondence analysis showed that certain topics which appeared frequently and the users changed depending on the month. Results from the co-occurrence network on reposts indicated that some users reposted posts about giveaways or cash distribution, posts seeking to connect with people with mental problems, posts seeking approval for euthanasia, and posts about hobbies, such as illustrating.

Discussion: The results suggest that some users who post suicidal thoughts on social networking services do not really want to die, but seek connections with others and a way to live, implying that they have suicidal ambivalence.

27 The Happiness from Long-term Volunteering. The Samaritans of Thailand: A Suicide Prevention Charity Organisation Hotline Service Provider.

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This study aims to study the qualitative “happiness level” of long-term volunteers at The Samaritans of Thailand, a suicide prevention organisation established in 1978. These long-term volunteers receive no monetary compensation for their work with the organisation. This study utilises “mixed methods” of research. Eight long-time volunteers were interviewed, observed, and self-assessed as to the level of satisfaction before and after joining the organisation as volunteers, using the “positive psychology” methodology.

The volunteers were 56 to 79 years old (average 65.4). Years of service range from 14 to 41 (average 26.8). This group were 5 retirees, 1 public health worker, 1 businessman, and 1 banker. 5 volunteers had no mental health history, while 3 had depression before being volunteers. All had not engaged in suicidal thoughts.

Self-assessed happiness levels range from 1 (unhappy) to 10 (very happy). Prior to becoming volunteers, happiness levels ranged from 1 to 8 (average 5.9), and post, happiness level increased to 7.5 and 9 (average 8.2). Happiness components were derived from (1) higher energy and encouragement received from callers who showed appreciation by saying they felt better from the call, and chronic callers who mentioned they noted down the volunteers’ encouragement such as “believing in your values and possessing ability to accomplish what you set out to do”; (2) friendships among volunteers with good hearts and intentions, good company, and goodwill amidst different volunteering schedules; (3) work philosophy in maintaining anonymity, refraining from condemning, judging, or advising, volunteers’ personal preferences of working behind the scenes, and volunteers providing a safe environment for callers. Furthermore, internal volunteer activities helped foster relationships and promote happiness; (4) seeing more value in one’s self worth and feeling respected by callers who confided their stories to them and getting help in the process. One caller who had a stroke even went through the effort to undergo speech therapy so that he could call to share his experience.

These factors are in harmony with the principles of positive psychology. When people are happy, they are able to work longer term. This study can help organisations that have a mission of helping those in distress to create a working environment in which members help and care for one another. This in turn can encourage team members to stay longer. And, with clear working principles, all volunteers can have clarity of what is expected from them.

Keywords: volunteers, happiness, long service years

28 Changes in characteristics and clinical results of emergency visits for suicide attempts during COVID-19: a nationwide study in South Korea

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Learning Objective: To grasp the influence of the COVID-19 on characteristics and clinical results of suicide attempt to implement precise mental health interventions.

Background: The recent studies have found varied trends in suicide behaviors during COVID-19 due to public health preparedness and changes in social environment. In addition, only few studies have reported methods and outcome of self-harm/suicide attempt. This study aimed to explore if there was any change in characteristics and clinical results of suicide attempts during the pandemic.

Methods: We used the National Emergency Department Information System (NEDIS) database to identify the changes in methods of suicide attempt, modes of transport to the emergency departments (EDs), clinical results of ED and hospitalization. We evaluated all patients in the NEDIS dataset who visited these ED for 6 years from 2017 to 2022 in South Korea, and included the patients if they visited ED due to intentional purpose. We compared the characteristics and clinical results of suicide attempts who visited ED before and during COVID-19 pandemic.

Results: During the study period, a total of 206,748 patients visited ED for self-harm or suicide attempt. The ED visits due to suicide attempt gradually increased except for the year of 2020. 3.94% (1,431 ED visits) of suicide attempts decreased in 2020 compared to the previous year, whereas suicide attempts of female slightly increased (1.56%; 326 ED visits). The most prevalent method of attempts was poisoning in both male (52%) and female (60%). The proportion of methods have been changed and there was 4% increase of suicide attempts by cutting or stabbing. For both genders, the proportion of ED visits due to hanging decreased. Most patients (65%) visited ED by emergency medical service (EMS) ambulances. For male patients, ED visits by EMS significantly increased (6%) and the proportion of using private ambulances decreased. The mortality rate of female patients slightly decreased during COVID-19 (3.22%). While the number of suicide deaths in ED and general ward decreased, the mortality rate of male patients slightly increased (9.4%).

Discussion: During COVID-19, there were notable changes in characteristics and clinical outcomes among patients who visited ED for suicide attempts. It underscores the necessity for specialized mental health interventions and highlights the essential role of emergency services and public mental health practice during public health crisis.

29 WITHDRAWN

30 Feasibility and Acceptability of Community-Based Participatory Social Support in Preventing Suicide among Older Adults in Rural China

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Introduction: Suicide in rural older adults is a serious social and health problem. However, various identified risk factors, including physical diseases, pain, and depression, are difficult to modify due to concrete difficulties at older age and the shortage of mental health resources in rural areas. Previous research suggested that social support could prevent suicide. Besides, improving social support is more feasible than professional support in resource-limited settings. The key to social support intervention is to provide meaningful social connections, which requires considering social and cultural issues in local community when determining how to provide social support. Thus, we aimed to use a community-based participatory research (CBPR) approach to develop social support intervention through group activities and test its feasibility and acceptability among Chinese rural older adults.

Methods: We conducted a three-month pilot study in rural China with one baseline survey, two-month intervention, and one post-intervention survey. All older adults in the participating villages were invited to join our study. For the intervention, we first conducted qualitative interviews on the needs and preferences of group activities among older adults in intervention village. We established a small CBPR team consisting of two academic investigators, two village cadres, and six older adults among the intervention villages. Family members and village doctors were also invited to join our discussions. The CBPR team was actively engaged in discussions regarding the contents, design and implementation of group social support interventions.

Results: Based on the agreements achieved through CBPR discussions, the team identified five older adults as team leaders to co-designed and implemented group activities throughout the two-month intervention period. Two outdoor activities, including traditional opera, music performance, and square dancing; two movie-watching; and a New Year celebration event were organized. 122 older adults (mean age: 69.8(5.6), female: 56.2%) completed both baseline and post-intervention survey. Social support level was significantly improved post-intervention. 82(67.2%) participated in at least one group activity and 29.5% joined in all activities. Number of participants showed an upward trend, from 31 for the first activity to 52 by the final event. Satisfaction with the intervention was high among attendees. All participants rated the intervention as acceptable and beneficial. 60 out of 82 older adults reported satisfaction: 48(80%) were very satisfied; 12 reported dissatisfaction due repetitive or limited activity content, infrequency of events, and inconvenient time scheduling. Non-participants reported no prior notification, scheduling conflicts, cold weather conditions, and inconvenient location as primary barriers.

Conclusions: Community-based participatory social support intervention is feasible and acceptable among Chinese rural older adults. We have adjusted our intervention based on findings from pilot phase, and are now conducting a RCT to evaluate effectiveness of proposed intervention.

31 An Exploratory Study on Spatiotemporal Pattern of Suicide Clusters in Korean Adolescents

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Learning objectives: Understanding the proportion and clinical characteristics of suicide clusters among Korean adolescents

Background: The definition of suicide cluster is a greater number of suicide episodes than expected in a narrow space and time. Youth suicides are more likely to be clustered than other populations. This study examines whether there are suicide clusters in Korean adolescents in the spatiotemporal aspect using a new analytical method that does not preset spatiotemporal parameters with a narrower unit of spatiotemporal data of adolescents. If clustering of adolescent suicide occurs, we compare the differences between clustered and non-clustered adolescent suicides.

Methods: This study analyzed the entire data of students who died by suicide collected through the Korean Ministry of Education (N = 652) from 2016 to 2020. The time of suicide occurrence was converted to a continuous variable in units of days, and latitude and longitude data of the suicide occurrence area were extracted based on the school to which the student attends. A density-based spatial clustering of applications with noise (DBSCAN) refers to an unsupervised learning method that was applied to define the space-time clusters of suicides. The comparison with the characteristics of the high-density and other groups was performed by the χ^2 test, t-test, and logistic regression test. The analyzed variables were demographics, clinical characteristics observed at school or identified by teachers, teacher-rated Strengths and Difficulties Questionnaire (SDQs), suicide-related information, school life, and specific data and place at the time of death.

Results: We identified 23 clusters and 63 cases (9.7%) corresponded to the suicide clusters with spatiotemporal proximity. Subsequent suicides seemed to occur within 7–59 days. The suicide cluster group had lower economic status at a statistically significant level ($p < .05$), but there were no significant differences in the remaining variables including SDQs in the χ^2 and t-tests. In the logistic regression analysis, the suicide cluster group has a low-income level and a low rate of psychiatric problems significantly ($p < .05$).

Discussion: This study attempts to define the spatiotemporal clustering of suicides using a novel analytical method. Although clustering has been identified in adolescent suicides in Korea, the specificity of clustered suicides is limited. An enhanced understanding of the underlying mechanisms driving clustered suicides among adolescents has the potential to contribute to adolescent suicide prevention efforts.

32 Course and current status of persons presented with suicidal ideation and self-harm in emergency setting of a tertiary care hospital in India

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Learning objective: Assess the socio-demographics, methods of self-harm, course & current status of persons with suicidal ideation and self-harm in emergency setting

Background: India is currently facing rise in suicidal deaths among students and youth. The National Crime Records Bureau data, 2022 reported 1,64,033 suicides in the country in

2021. Against each case of suicide, there are a greater number of attempted suicides. Many cases of self-harm present directly to the hospital emergency setting. Although most of these cases are assessed at initial contact by psychiatric team, many are lost to follow-up due to various reasons and hence the course & outcome of these cases remains unknown. Few of them even gets discharged without a psychiatric evaluation. Prior attempt to suicide is an important risk factor for future attempt as well as suicide in general population, hence a robust system capable of addressing their needs and prevent future attempts must be in place. This study will help to identify and quantify risk at the time of presentation to emergency services itself and guide us in preparing a better interventional program for suicide prevention and ensuing continuity of treatment.

Method: The study involves follow up of persons presenting with suicidal ideation & self-harm over a period of 6 months at the Psychiatric emergency referral services of a government run tertiary care hospital in India. Sociodemographic as well as clinical profile of the patients were collected followed by telephonic interview of the patient/caregiver for obtaining the information on current status and course of mental illness, outcome in terms of repeat attempt of self-harm and completed suicide and mental health service utilization.

Result & Discussion: A total of 117 cases of suicidal ideation & self-harm were reported. More than half (69%) of the patients had diagnosable psychiatric disorder at the time of presentation at the emergency. 86 (74%) of the cases reported with self-harm while remaining 31 (26%) reported suicidal ideation. Of the total self-harm cases (86), the most common method used was ingestion of poisonous substances (56%). Other methods included hanging, cutting, immolation. 38% of the cases were in the age group of 20-29 years followed by twenty five percent in 10-19 years. The sample comprised of 52% females and 48% males. The results related to course; outcome & mental health service utilization obtained through telephonic interview & discussion shall be presented during the time of conference.

33 Bullying Perpetration and Suicidality: A Structural Equation Modelling Analysis of Psychosocial Influences Among Hong Kong Youth

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Background: Current literature on bullying predominantly addresses the mental health of victims, creating a research gap concerning the mental health and suicidality of perpetrators. This study aims to explore the effects of bullying behavior on the suicidality of perpetrators, taking into account additional factors such as psychological distress, meaning in life, and future orientation.

Methods: A sample of 713 young individuals from Hong Kong was assessed through a phone survey utilizing a cross-sectional design. The survey included measures on bullying perpetration, psychological distress (PHQ-2, GAD-2), experiences of bullying, meaning in life (MLQ-SF), perceptions of future society, and future self. Structural equation modelling

(SEM) was used to analyze the direct and indirect relationships between these factors and suicidality, with controls for age and gender.

Results: The SEM analysis indicated a satisfactory fit to the underlying data with the following fit indices: $\chi^2(144) = 1228.98$, $p < .001$, CFI = .936, TLI = .907, and RMSEA = .071. The model demonstrated a significant positive direct effect of bullying perpetration on suicidality ($\beta = .772$, $p < .001$), highlighting the importance of focusing on perpetrators in addition to victims. Psychological distress showed a significant direct negative association with suicidality ($\beta = -.115$, $p < .001$), and the indirect effect mediated by the bully perpetration is -0.138 ($p < 0.001$). Exposure to bullying also had a direct positive effect on suicidality ($\beta = .138$, $p < .001$), and the indirect effect mediated by the bully perpetration is 0.089 ($p = .023$). Interestingly, a positive outlook on the future society and self was associated with lower levels of suicidality, signifying potential protective factors.

Conclusion: This study addresses a significant gap in the literature by illuminating the suicidality risk among bullying perpetrators, influenced by a web of psychosocial factors. The findings advocate for an inclusive approach in anti-bullying interventions that consider the mental health needs of all involved, including perpetrators. By doing so, we can develop more effective strategies to reduce suicidality among young people engaged in bullying behaviours.



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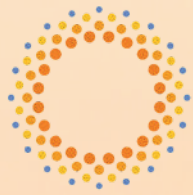
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