IASP MINNEAPOLIS 2024

International Association for Suicide Prevention

Abstract Book

Pan-American Conference
19-22 November 2024
Minneapolis, USA

Contents

Pre-Conference Workshops

Partnerships for Life
Room 205A-B, 19 November 2024, 9:00AM - 12:30PM
Facilitated by Mark Sinyor and Daniel Sanchez Morales

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 Pan-American region.

Early Career Researcher
Room 205C-D, 19 November 2024, 9:00AM - 12:30PM
Facilitated by Rory O'Connor and Mikaela Dimick

Part 1: Understanding the dynamics around ECR status in the North and South of the Pan American Region. Aim: Understanding the dynamics around ECR status in the North and South of the Pan American Region. Method: ECR's will be invited to give a Lightning style presentation to the group as to their understanding of the dynamics around ECR status. These would be firsthand accounts and open to all workshop participants. Objective: To take some of the most prevalent issues impacting ECR's and include them in the Part 3 Hackathon.

Parts 2 & 3: Mentorship and Data Visualisation

Our hosts and invited guests will look at potential Mentor connections with participants and move into a hackathon style data visualisation session. Participants and guests/mentors will break off into smaller groups to tackle/brainstorm a series of problems originating from the region's participants.

Safe Messaging
Room 202A-B, 19 November 2024, 10:00AM - 12:30PM
Facilitated by Dan Reidenberg, Erika Crowell Global Mental Health Outreach and Partnerships Lead in Trust and Safety, Dr Wilough Jenkins Canadian and American board-certified psychiatrist specializing in child psychiatry and WHO FIDES TikTok Content Creator, Katherine Thomson IASP.

Safe messaging is critical to minimizing the risk of harm and contagion. Understanding the best practices for safe messaging is complicated, especially online when content can go viral quickly. In this workshop participants will learn best practices for safe messaging, challenges and opportunities and tips for developing messages and campaigns for online platforms. The presenters will share examples of content that is seen online for discussion with the participants that adheres to and violates community standards and policies. Additional topics to be addressed include digital literacy and educational content. Safe messaging best practices also applies to posters, newsletters, public speaking and training. The presenters will discuss the best practices for various communication mediums and share examples for participants.

SafeTALK
Room 201A-B, 19 November 2024, 9:00AM - 12:30PM
Facilitated by Glen Bloomstrom

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.

Lived Experience Collective Summit
Room 208A-D, 19 November 2024, 9:00AM - 3:00PM

The Lived Experience Collective, hosted by United Suicide Survivors International, aims to leverage the collective wisdom of those with personal experience with suicide, offering a transformative platform aligned with the International Association for Suicide Prevention's Pan American Conference. Attendees will benefit from engaging with a diverse community, turning personal pain into a collective purpose. The conference goals focus on education and collaboration, providing insights into cutting-edge suicide prevention strategies that center the work on the wisdom of people with lived experience. Participants will influence change, contributing to shaping future suicide prevention and mental health advocacy on both grassroots and global levels. The event fosters the building of an international community, connecting people with shared experiences to form a robust, global network. Attendees will learn from global practices, discovering promising methods that incorporate firsthand experiences and challenge the conventional medical model by elevating the voices of the lived experience community, and exploring innovative approaches to suicide prevention and grief support.

Opening Keynotes
Room 200ABCDGHIJ, 19 November 2024, 5:00PM - 6:30PM
Chair: Mark Sinyor

Understanding Youth Suicide
Professor Margaret Nakhid-Chatoor

Youth suicide is a critical public health issue affecting millions of young people worldwide. This presentation aims to explore the rise in youth suicide rates across different regions, the prevalence and trends, and the protective factors that mitigate suicide risk. Are the current preventive strategies related to youth suicide, and the international initiatives that have been made to address this phenomenon, effective enough? What are the cross-cultural considerations when interventions are made in diverse contexts, and are suicide prevention programs aligned with a country's cultural values and traditions? It is necessary to understand the complex interplay of psychosocial and sociocultural factors that are crucial for effective suicide prevention on a global level. To this end, it is only by fostering collaboration, raising awareness, and implementing evidence-based strategies, that we can work towards reducing youth suicide rates globally.

Yellow September: Challenges, Best Practices, and a Vision for the Future
Dr Karen Scavacini PhD

This presentation will offer a comprehensive analysis of Yellow September, Brazil's national initiative for suicide prevention and awareness. We will explore its gains, gaps and challenges including community engagement, campaigns across various sectors, impact on the lived experienced, professionals, mental health services, and the influence on public policy.

We will examine studies and papers that highlight both the successes and shortcomings of the movement, including the impact of "yellow marketing", discuss the role of digital platforms in broadening the campaign's outreach and the application of the "30 C's" framework for more effective campaign planning. Drawing on insights from the “Yellow September Best Practices Workshop” at the V Brazilian Suicide Prevention Congress, we will share outcomes from the Key questions: "What are the most effective practices you have witnessed or implemented during Yellow September? What worked well and why?" "What are the best practices?" "How can we adapt these best practices for different audiences and contexts (schools, companies, communities, etc.)?" and "What challenges do we face in implementing these practices, and how can we overcome them?"

The presentation will further examine the lessons learned from the 2024 Yellow September campaign and the Ministry of Health’s efforts, identifying key gains and areas needing change. Should we continue to have this campaign the way it is? How to change it? We’ll reflect on what adjustments are necessary to make these initiatives less iatrogenic, more impactful and sustainable. Finally, a challenge for the delegation to think about the future: imagining what could be achieved with limitless resources, and inspiring new strategies for a more coordinated and effective approach to suicide prevention campaigns.

The critical issue of LGBTQ+ young people suicide in Mexico

Edurne Balmori

2024 LGBTQ+ Mental Health Survey Findings: Key insights into the mental health challenges faced by LGBTQ+ young people in Mexico. Overview of The Trevor Project México: Our mission, services, and impact since 2022. Identifying Risk Factors: Understanding the external, socially constructed causes of LGBTQ+ youth suicide. The Dangers of Conversion Therapies and Societal Discrimination: Addressing the ongoing harm and its impact on vulnerable youth. Call to Action: The vital role professionals, policymakers, and allies play in creating a safer, more inclusive society. Final Thought: Together, we can change the narrative for LGBTQ+ young people in Mexico.

Closing Keynotes

Room 200ABCDGHIJ, 22 November 2024, 4:30PM – 5:30PM

Chair: Professor Margaret Nakhid-Chatoor

The Long Walk Home

Shelby Rowe

Strong cultural connections are recognized protective factors for preventing suicide, but finding those connections can be a complicated journey. In this presentation, Rowe weaves together her own personal journey of healing with her professional experience and expertise in suicide prevention, offering tips to help you find the way to healthy and strong community and cultural connections for yourself and the people you serve.

Lessons learned from the Refugee Population that contribute to Suicide Prevention

Elizabeth Seaward

Working with the refugee population and the many obstacles that they face permits clinicians to question human suffering on a different level. All human beings face emotional conflict, yet few are confronted with the challenges of losing their identity and their entire support systems (family, country, jobs, etc.), as well as a life project that provides an important compass with which to guide through the changing tides of daily life. So, what can be learned by this unique human experience and in what way can this knowledge impact suicide prevention programs? To begin to answer this inquiry, it is important to analyze a few more questions.

What are the voids that exist in the present programs geared towards the refugee population? What can we learn from the refugee population about suicide ideation and the interventions provided in prevention programs, and how may this knowledge impact upon other vulnerable populations, such as the LGBTQ community? What can our work with the refugee population teach us about working with suicide ideation in general?

Refugees are a population that are in constant contact with conflict, on both an internal and external level, yet interestingly not many of them are screened for suicidal thoughts or severe mental disorders like schizophrenia and bipolar disorder. The possibility of having trained teams that are given more than a couple sessions to work through the complex circumstances experienced by the person, as well as a deep understanding of trauma work and its correlation with the distinct set of tools that certain mental disorders provide (or limit), would mark a sharp and clear difference in the ability of a refugee to move from survival mode to living once again. Interestingly, this process of moving from the death drive to the life drive identified categorically in refugees permit a deeper understanding of the areas that must be worked through in interventions with all people who are experiencing suicide ideation. This closing presentation will speak of these similarities and the possible clinical tools that maybe used to help all vulnerable populations, whether they are from the LGBTQ community, refugee community or the population of people who are experiencing suicide ideation.

Plenaries

Room 200ABCDGHIJ, 20 November 2024, 9:00AM – 10:30AM

Chair: Richard McKeon

The nature of suicide and how national strategies may effectively contribute to suicide prevention

Professor Brian Mishara

This talk will present a model of the development of suicidal behaviors using an ecological perspective, and contrast this model with classic social, biological, behavioral and medical theories of suicide. A comparison of components of national strategies, their levels of financing, and their priorities, indicates much diversity and the effects of popular political considerations on what is most funded. The timing of changes in suicide rates, based upon JoinPoint trend analyses of suicide rates in 27 countries for 45 iterations of national strategies, indicates that most strategies were adopted during periods of already decreasing suicide rates, and only 11 coincided with or were followed by significant decreases in trends in suicide death rates, while 8 coincided with or were followed by a significant increase in suicide rates. We examined possible associations with the number and type of components in the strategies, levels of financing, GDP and other indications of financial changes. It is possible that macro and micro-ecological variables that are not addressed by national suicide prevention strategies have a persistent influence that confounds analyses that try to identify short-term changes in suicide rates. Evaluations of the impact of national strategies could benefit from adopting an Implementation Science approach, by taking a long-term perspective to assess impacts, and by examining relationships with macro social-ecological variables, such as changing attitudes towards seeking psychological help, stigma associated with suicide and mental health problems, changes in the status of women in the country, and cultural trends in self-disclosure of personal problems (particularly with men).

Suicide Prevention in Brazil: Current Efforts and the Road Ahead

Dr Camila Altavini

In the last years, a rising trend in suicide rates has been observed at national level in Brazil. In 2022, the suicide rate reached 8.1 per 100,000 inhabitants. Considering the notable social and cultural diversity in Brazil, equity and decentralization are central principles of our national healthcare system.

While equity mitigates the impact of social determinants by recognizing and addressing the diverse needs of different groups, decentralization confers autonomy to municipalities and states over local strategies and policies.

Nationally, the first National Guideline for Suicide Prevention was published in 2006, followed by legislation focused on mental health promotion and suicide prevention. Despite nearly two decades from initial guidelines, Brazil lacks a comprehensive National Suicide Prevention Plan. Regionally, some states and municipalities have developed plans and policies for suicide prevention, tailored to local needs. Our current work involves mapping state-level plans and policies to summarize adopted strategies, investigate their implementation, and assess their effectiveness.

Despite efforts to address Brazil's diversity, some gaps still hinder the formulation and effective implementation of a national prevention plan. There is an urgent need for robust epidemiological studies that account for Brazil's diversity to assess specific needs and to evaluate the impact of existing strategies. Additionally, integrated and coordinated actions are essential, involving sectors such as health, social assistance, education, politics, communication, technology, and others.

Challenges include limited research funding, which hinders comprehensive data collection and analysis. Implementing coordinated and integrated strategies is further complicated by regional disparities. Improving vital statistics and hospitalization registers is also necessary for proper research with official reliable data. Addressing these challenges is crucial for creating a cohesive national strategy for suicide prevention in Brazil.

Introducing the 2024 U.S. National Strategy for Suicide Prevention and Federal Action Plan

Brandon Johnson & Deb Stone

In Spring 2023, the Biden-Harris administration charged the U.S. Department of Health and Human Services (HHS) with the development of a new National Strategy for Suicide Prevention (National Strategy) and Federal Action Plan (Action Plan). Over the course of one year, more than 20 agencies across the federal government spanning 10 federal departments came together to develop and deliver a 10-year National Strategy and for the first time, an accompanying 3-year Action Plan with more than 200 actions. This new National Strategy, including input from more than 2,000 people across the United States, updates and expands on the prior 2012 National Strategy with the purpose to guide, motivate, and promote a comprehensive, whole-of-society approach to suicide prevention with an emphasis on health equity, lived-experience, and populations disproportionately affected by suicide.

This presentation will describe the process of developing the National Strategy and Action Plan and will provide an overview of the Strategy's four strategic directions and 15 goals spanning community-based suicide prevention; treatment and crisis intervention; surveillance, quality improvement, and research; and health equity in suicide prevention. Communication and dissemination of the Strategy and Action Plan along with next steps for implementation and evaluation will also be discussed.

Session Objectives

After this session, attendees will:

- Summarize key steps in the development of the 2024 National Strategy for Suicide Prevention
- Understand components of the comprehensive, whole-of-society approach
- Know how the Federal Action Plan links to the National Strategy
- Learn how to promote and use the National Strategy to prevent suicide across the United States.

Closing Plenaries

Room 200ABCDGHIJ, 21 November 2024, 9:00AM - 10:30AM
Chair: Rory O'Connor

Changing patterns in suicide in Trinidad and Tobago

Professor Gerard Hutchinson

Trinidad and Tobago is the southernmost island in the chain of islands known more generally now as the Caribbean. Demographically, there are 2 major population groups of roughly equal sizes (Africans and Indians of South Asian origin), The rates of suicide here have been higher than other English speaking Caribbean countries apart from Guyana for several decades. The Indian population as in Guyana and Suriname being mostly affected. Suicide continues to be a significant problem for Trinidad and Tobago though the higher rates evident over the past two decades are declining somewhat. What has been changing over time is the mode of suicide. In a study that sought to review suicide data for Trinidad and Tobago for the period 2000-2016 and thereby identify demographic trends and the most common methods used for completed suicide.

Of 1609 cases for the 17-year period, there was a 6:1 male to female ratio of suicide in Trinidad and Tobago. The mean age of suicide was 39.5 years, though the greatest prevalence was in the 20-29-year age group (23.8%). Indo-Trinidadians accounted for 65.9% of suicide deaths. The South, South Western, and Central regions accounted for 63.2% of suicide deaths. Poisoning was the most commonly used method of suicide, closely followed by hanging (47% and 41.8% respectively), though this represented a decline in the use of poisoning — previous reports prior to 2000 suggest a range of 65-80% and an accompanying increase in suicide by hanging (20 — 25% before 2000).

Over the succeeding 8 years, this trend has continued with roughly equal percentages of death by poisoning and hanging. In the past, preventive efforts targeted particularly vulnerable population groups (rural Indian population) and sought to detoxify easily available lethal chemicals. However, now those at risk for suicide must be protected from hanging themselves and also using other more violent methods for self harm. This rise in the rates of suicide by the method of hanging oneself coincides with a rising tide of homicides in Trinidad and Tobago and might reflect changing patterns related to violence whether to self or others.

Why I Remain Hopeful: A Decade of Progress in Suicide Prevention

Christine Moutier

In the 20 years I have served first as a volunteer and then as Chief Medical Officer for the American Foundation for Suicide Prevention, I have seen the field and culture around suicide prevention transform. Through research, we know that suicide is a complex, multi-faceted health outcome, impacted by any number of environmental, psychological and biological factors. We know more about the suicidal mindset, warning signs, risk and protective factors and what true community and clinical interventions can look like. We recognize the critical role that lived experience of suicide as well as of marginalized identities play in designing research and programs. Awareness is increasing. Stigma is decreasing. There is a readiness to engage. But as with all major health crises, a public health approach must be implemented to truly make an impact. A lens that keeps equity and lived experience at the fore is critical to an effective public health approach. Societal readiness among many regions of the world is now primed and ready to act like never before. The key will be sustained prioritization, robust investment, cross-sectoral collaboration, and broader implementation.

Dark Solutions - Exploring Core Beliefs

Marsha Oss

My name is Marsha Oss and I will be discussing my lifelong journey with Suicide. For the past 63 years, my life has been impacted by multiple suicides within my family system, leaving me with complex trauma and a multitude of life-crushing decisions. Once I found a solution for my life, I also found myself surrounded by individuals who had the same experiences but didn't have the resilience to choose life. I will share the skills and tools I use today, and every day to stay firmly grounded in this mortal coil.

In Conversation

Room 200ABCDGHIJ, 21 November 2024, 4:30PM - 5:30PM
Host: Dr Dan Reidenberg

Guests: Patrick J. Kennedy and Stephen Fried

This 'In Conversation with' session is a unique opportunity to hear from Patrick J. Kennedy and Stephen Fried being interviewed by Dr Daniel Reidenberg. The conversation will focus on their recently published book 'Profiles in Mental Health Courage' which highlights inspiring stories of individuals who have bravely faced mental health challenges.

Profiles in Mental Health Courage portrays the dramatic journeys of a diverse group of Americans who have struggled with their mental health. This book offers deeply compelling stories about the bravery and resilience of those living with a variety of mental illnesses and addictions.

This session offers a profound chance to gain insights to help change the way people think and talk about mental illness, substance use disorders and suicide, and to understand the importance of breaking the stigma surrounding mental health through personal stories of courage and resilience.

Special Lectures

Messaging and Suicide Prevention

Room 200ABCDGHIJ, 20 November 2024, 4:30PM - 6:00PM
Chair: Professor Gerard Hutchinson

Challenges and opportunities in creating safe suicide prevention messages.

Dr Dan Reidenberg

The public is exposed to more suicide prevention messages and messaging campaigns today than ever before, but are they effective? What impact do they make and more importantly, are they safe? How we communicate about suicide makes a difference. Words, images, placement, frequency all can impact the effectiveness of the message. Who conveys the message can also have an impact on the success of the message. Campaigns that are broad and general messaging vs. being targeted for specific populations can also impact the message.

Research from advertising and educational psychology confirms that we need to see or hear information 5-7 times for our brain to transition it from short-term to long-term memory. Research in suicide prevention messaging has demonstrated that messages can have negative, iatrogenic effects, they tend to have more success at changing knowledge and attitude, but there is far less effectively do they change behavior. This Special Lecture will provide a high-level overview of the challenges and opportunities in creating safe suicide prevention messages.

Changing the Narrative: Is it the most important first step to lowering suicide rates?

Dr Mark Sinyor

The World Health Organization lists interacting with the media on responsible reporting as one of four key, evidence-based strategies for preventing suicide at a population level. This recommendation arises from what is now a rich body of literature describing the Werther and Papageno effects. The theory underpinning these effects is that social learning can result in imitative behaviours in some people exposed to suicide-related media. To address this, guidelines have been released across the globe encouraging responsible reporting; these mainly include lists of putatively harmful content to be avoided and putatively helpful content to be included in media reports. Yet, there is an emerging confluence of evidence indicating that our approach to media-based suicide prevention may not be placing sufficient emphasis on the overarching narrative of suicide-related stories. This lecture will review recent evidence regarding the kinds of suicide-related media content and narratives that are associated with harms and benefits. In particular, it will draw on data from Canada including efforts to improve media discourse which resulted in far greater adherence to guidelines, continued reporting with a focus on harmful overarching narratives, and no reductions in suicide rates. It will then emphasize how narrative is relevant to all suicide prevention efforts including other key ones recommended by the WHO (means restriction, life skills for youth and early detection and intervention). Implications for future approaches to engagement with media and other stakeholders will be discussed.

The risks and potential for positive messaging on suicide.

Carol Vidal

Appropriate messaging after a suicide death is key to prevent other deaths by suicide, especially among more susceptible populations such as youth. Suicide contagion or 'copycat suicide' is a well-established phenomenon by which deaths by suicide of celebrities, as well as others less known to the public, are imitated in their suicide behavior. This phenomenon has been extensively discussed and involves characters from the literature work of Goethe by which the term 'Werther effect' came about, to those in more recent streaming shows (e.g., Netflix show '13 Reasons Why'), and to online games (e.g., 'Blue Whale Challenge'). The media has experienced rapid changes in the last few decades. The change from more traditional print, radio and television media to the current widespread use of social media, that allow for dynamic interactions between content producer and consumer, have opened up the possibility for rapid sharing of less regulated content. This content is often created by users with no or limited mental health training, and is generally unsupervised. One example are the various variations users of the platform TikTok employ to communicate about videos related to suicide. Hashtags such as #sewerside and #unalive have been used after the platform proceeded to censor posts recognized as presenting suicide content. While some short videos may be helpful, many do not follow existing communication guidelines and can potentially contribute to contagion. Outside of the online world, schools also require careful and planned postvention approaches when a death by suicide occurs within the student body. Despite the risks of suicide contagion, there is potential for positive messaging in traditional media, in schools, and in newer media. Several organizations' recommendations on how to message after a suicide in a school, and in the media, and new challenges and opportunities in the social media environment will be discussed.

988 Crisis Lines

Room 205A-B, 20 November 2024, 4:30PM - 6:00PM
Chair: Professor Madelyn Gould

Elevating Equity on 9-8-8: Suicide Crisis Helpline in Canada

Dr. Alison Crawford

Allison will share 9-8-8 Canada's approach to early implementation and a quality framework that places the service user at the centre of ensuring access, inclusion and equity, safety and effectiveness

of 9-8-8. In particular, she will critically examine attempts to improve the equity of crisis line services. She will describe ongoing, community-engaged research projects that seek to understand equity from the intersectional perspectives of equity seeking communities, service users, organizations, and 9-8-8 responders.

Early findings related to inclusion and equity have also led to some interventions geared towards making sure 9-8-8 is available, safe and meaningful to all. The importance of implementation, evaluation, and a culture of continuous improvement through the inclusion of diverse people with lived and living experience, will be discussed.

Objectives:
1. To describe early outcomes of 9-8-8: Suicide Crisis Helpline through a quality framework that centers service users.
2. To consider approaches to enhance and measure equity, inclusion, diversity and accessibility in crisis line services.
3. To contribute to a discussion on the critical appraisal of the crisis sector's approaches to equity.

The evolution of the US National Suicide Hotline Network, evaluations, impact and current critical issues

Richard McKeon

This presentation will cover several crucial areas including the evolution of the US National Suicide Hotline Network, evaluations of the effectiveness of the national network, the road to 988, the impact of 988 since the July 2022 launch, and critical issues in the current work.

The evolution of the National Suicide Prevention Lifeline network will cover the first SAMHSA grant in 2001, the launch of the National Suicide Prevention Lifeline in 2005, and the addition of specialized services including the Spanish Language subnetwork, the Veterans Crisis Line, and the start of Lifeline chat services. Also reviewed will be the evaluations of effectiveness of the US National Hotline Network and the incorporation of evaluation results into the Lifelines Standards for Suicide Risk Assessment, Guidelines for Callers at Imminent risk, and protocols for follow up.

Also highlighted will be the road to 988 including the two critical pieces of national legislation, the National Suicide Hotline Improvement Act, and the National Suicide Hotline Designation Act, as well as the role of the Federal Communications Commission, including the requirement to enable texting to 988. The increases in funding and capacity that were required to be ready for the launch will be described. Milestones and accomplishments since the launch of 988 in July 2022 will also be highlighted including the increased volume of calls, chats, and texts, increasing access and specialized services, promoting Awareness of 988, and expanding the crisis continuum with 988 as the hub.

Finally, critical current issues will be examined, including tracking and review of sentinel events including suicide losses, responding to suicide attempts in progress, coordination between 988 and 911, increasing utilization of mobile crisis services to decrease law enforcement engagement, and the utilization of clinical data for quality improvement.

Additionally,

1. Evolution of the U.S. National Suicide Hotline Network
    a. 2001-800-Suicide and the Hopeline Network
    b. 2005-launch of the National Suicide Prevention Lifeline-800-273-TALK
    c. 2007-Spanish language subnetwork and Veterans Crisis Line

d. 2013-launch of Lifeline chat

2. Evaluation of the Effectiveness of the U.S National Hotline Network
    a. Initial evaluation studies 2001-2004
    b. Standards for Suicide Risk Assessment
    c. Guidelines for Callers at Imminent Risk
    d. Follow up of Suicidal Callers
    e. Evaluation of Lifeline chat services
3. The Road to 988
    a. The Utah advocacy
    b. The National Suicide Lifeline Improvement Act
    c. The National Suicide Hotline Designation Act
    d. Federal Communications Commission Rulemaking
    e. Increases in funding and capacity
4. 988 since the July 2022 launch
    a. Increase in Volume in calls, chats, texts
    b. Increased Access and Specialized Services
    c. Promoting Awareness of 988
    d. Developing the Crisis continuum
5. Critical Issues
    a. Sentinel event review
    b. Suicide Attempts in Progress
    c. 988/911 Coordination
    d. Utilization of Mobile Crisis
    e. Clinical Data and Quality Improvement

National Evaluation of 988 and the Behavioral Health Crisis Services Continuum
Michelle Cornette

Consistent with the U.S. Substance Abuse and Mental Health Service Administration's (SAMHSA's) commitment to evidence-based programming and data driven decision making, the National Evaluation of 988 and the Behavioral Health Services Continuum was funded in late 2023. The evaluation applies a multi-component multi-method approach to understanding the implementation, outcomes and impacts of the national 988 and crisis service initiative. This presentation will review the purpose and approach to this ambitious evaluation effort, and share information about core evaluation pillars and methods, and the associated timeline for learning. A brief background and purpose will be followed by a review of the crisis system-level evaluation component, the crisis client-level evaluation component, and the impact evaluation component. Each component review will include purpose, questions to be answered, and methodology. The presentation will close with a cross-component summary, the anticipated timelines for findings, approaches to dissemination, and the iterative learning loop that will drive future crisis service programming and planning.

Lived Experience

Room 205C-D, November 20, 2024, 4:30 PM - 6:00 PM
Chair: Professor Rory O'Connor

From solitude to solidarity — how purposefully building the road upon which we walk has led to a vibrant, powerful force for innovation and a catalyst for change — the lived experience of suicide movement.

Bronwen Edwards

Looking backwards is sometimes the only way to move forward. But what happens when you turn around to start walking and the path is unclear, filled with bumps, steep ascents, potholes and a very real possibility of getting lost, along the way and within yourself? You build the road upon which we need to walk - by leaning into our lived experience of suicide, adopting the mindset of an explorer, asking the tough questions and bringing compassionate curiosity to sentiments of risk aversion, differing beliefs and apathy.

This year's theme for World Suicide Prevention Day of 'Changing the Narrative' is a perfect backdrop to reflect on how the lived experience of suicide movement in Australia has shifted from being content with informing and influencing the way suicide is spoken about and understood to insisting on being central to innovating the suicide prevention landscape, driving system reform, transforming service design and implementation and delivering non-clinical peer led options and choices for people.

This special lecture will provide a glimpse into some of the milestones of transformation people with lived experience of suicide have made in Australia, lessons learned along the way, challenges ahead and the opportunities that beckon us to continue. It will also reflect in parallel on the impact of the work, the issue of sustainability across the workforce and the rarely explored legacy of suicide.

Eye of the Survivor: Lessons Learned from United Suicide Survivors International and the Power of Storytelling in Suicide Prevention and Suicide Grief Support

Dr Sally Spencer-Thomas[1]
[1]United Suicide Survivors International

This presentation focuses on the transformative healing power of storytelling in suicide prevention and grief support. Storytelling provides a unique opportunity for individuals with lived experiences to process their journeys, fostering healing not only for the storyteller but also for the listener. Research demonstrates that sharing personal narratives around suicide facilitates meaning-making and recovery for the storyteller, while simultaneously promoting empathy and connection in the listener. This process is essential for reshaping societal perceptions and reducing stigma related to suicide.

Studies indicate that when carefully implemented, storytelling interventions significantly enhance mental health by fostering self-agency, hope, and a sense of solidarity. Storytelling also promotes communal healing by challenging stigma and fostering deeper understanding.

Failure to Launch - Delivering the Promise of Support - from the perspective of a Suicide Prevention and Technology Activist.

Maria Divina O'Brien

Maria O'Brien survived another's suicide in 2011, that led to her journey as a mental health advocate and suicide prevention activist. During this journey, she survived her own ideation, addiction, breast

cancer, continues to be a person living with PTSD and Anxiety, and has spent her time finding gaps in the resources available for persons like herself, and building ecosystems to support sustainable development of those resources. Her advocacy has led her to spaces such as Girls in ICT Regional conferences, speaking to hundreds of girls about mental health, where she has discovered how much suicide and self harm has become the new normal, for a generation that is plagued with change and crisis. Her work serving on the National MHPSS Technical Working Group also highlighted the silos in free and accessible support.

In Trinidad and Tobago, statistics visualized by her team at Mindwise Project and collected from the Police show that the suicide rate of men and boys is 4 times that of women and girls. Each year the professional and advocate communities invite persons to share their feelings, build coping skills and to foster community safe spaces, yet so many who need this support and community the most, often find there is no actual safe space to go to - physical or otherwise. The only visible pathway being promoted being inpatient or outpatient therapy or treatment, which can be a leap for those still coming to terms with their situation and need for professional support. Not to mention the damage done from bad experiences with service providers, severing often the belief that treatment can help.

From her non medical, but collected lived experience and that of her partners and peers - she believes this gap in the ecosystem leads to many a person's failure to launch into the treatment plans they so desperately need, often self medicating or accepting their situation as unchanging.

From her lived experience as a cancer patient and woman living through cycles of ideation, a suicide prevention activist, a national MHPSS partner and a regional Technology Community Leader - she aims to shed light on the despair and trauma of absent spaces, the miracle of surviving those moments, and the role technology now plays in taking one's agency in dark times. It is her hope to add to the conversation on the challenge of meaningfully delivering inclusive, accountable and sustainable programmes that fulfill the promise of Support and through support- resilience to Suicide.

Genetics and suicide prevention

Room 205A-B, 22 November 2024, 12:05PM - 1:00PM
Chair: Professor Brian Mishara

Chronic Inflammation and Suicidal Behaviors: The Importance of Lifestyle Habits for Prevention

Marcus Zanetti

Markers of increased neuroinflammation have been consistently documented in individuals with suicidal behaviors, even in comparison with non-suicidal patients suffering from mood disorders. Neuroinflammation is nowadays recognized as a possible consequence of systemic chronic inflammation, a frequent condition in the general population linked to unhealthy lifestyle habits and which underlies a range of common health problems, including metabolic syndrome, cardiovascular diseases, autoimmune diseases, cancer, depression and dementia. Poor dietary habits, physical inactivity, substance use, disturbed sleep and chronic stress have all been shown to negatively impact the gut microbiome and the gut-brain axis, leading to immune, metabolic and neurotransmission abnormalities that may ultimately impair mood and cognition. Interestingly, an association of these unhealthy lifestyle factors with aggressive behaviors, non-suicidal self-injury and suicidality has been documented, at the same time that population and intervention studies point to a protective (and eventually therapeutic) role of healthy lifestyle habits. Moreover, altered sleep and substance use have long been considered as important risk factors for impulsive and suicidal behaviors, as well as acute triggers for suicide attempts. Lifestyle interventions are safe and inexpensive, being currently considered fundamental in health prevention strategies worldwide. Recently, it is being advocated also as a therapeutic tool for the treatment of mood disorders. For all these reasons, addressing the

importance of lifestyle habits and programs should be considered of great relevance for suicide prevention.

Understanding the Role of Genes and Biology on Suicide risk: Myths and Facts

Gustavo Turecki

Research has consistently shown that genetics contribute to the risk of suicide and suicidal behavior. Over the past few decades, there has been significant effort to identify specific genes involved in this predisposition and to understand the brain's functional and molecular changes associated with suicidal behavior. However, the concept of genetic predisposition to suicide is often misunderstood, and the technical nature of biological research in this field can be challenging for professionals from other domains of suicide prevention. This talk will provide a summary of key findings in genetic and neurobiological research on suicide and suicidal behavior, along with a discussion on how these findings should—and should not—be interpreted.

Youth Suicide Prevention

Room 205C-D, 22 November 2024, 12:05PM - 1:00PM
Chair: Dr Allison Crawford

Psychosocial Determinants of Youth Suicide: Insights from the Quebec Longitudinal Study of Child Development

Marie-Claude Geoffroy, PhD

Youth mental health is in crisis, with an increasing number of young people reporting serious thoughts of suicide or engaging in self-harm. Suicidal ideation, often called the 'hidden' part of the 'suicidality iceberg,' signals profound distress and can lead to serious consequences if left unaddressed. Some youth attempt suicide, but many don't seek help, making early intervention more challenging. This underscores the urgent need for prevention strategies tailored to vulnerable youth, supported by the early identification of modifiable risk and protective factors. While epidemiological research can inform such efforts, in Canada, the lack of high-quality cohort limits our understanding of these determinants of youth suicidality.

This presentation adopts a developmental and socioecological lens to examine the psychosocial determinants of youth suicidal ideation and self-harm, drawing from the Quebec Longitudinal Study of Child Development. This cohort followed 2,120 children born in the late 1990s in the Canadian province of Quebec through their transition into adulthood, with self-reported suicidal ideation and self-harm collected at ages 13, 15, 17, 20, 23, and 25, linked to emergency department visits for suicidality. Across multiple publications, we documented key psychosocial determinants at the individual, familial, school and community levels, including early emotional and behavioral challenges, school bullying, familial poverty, and access to mental health care. We identified distinct trajectories of suicidal ideation from adolescence into adulthood, highlighting different psychosocial profiles. Protective factors, such as physical activity and social support, are emphasized as critical buffers against suicide risk. Special attention is given to vulnerable groups, such as 2SLGBTQI+ youth, who report higher rates of suicidal ideation and attempts, and boys, who face a higher risk of suicide mortality despite lower reported ideation. Our research underscores the importance of targeting a wide range of determinants across multiple systems and the need for early intervention.

Protecting Youth from Suicide-Related Content on Social Media: From Bottom to Top

Dr Rachel Mitchell

This presentation will debate two approaches to protecting youth from suicide-related content on social media: top-down regulation versus bottom-up empowerment. While both strategies have merit, the concluding argument will emphasize a weighted focus on user responsibility and empowerment as part of a broader goal to build resilience and prevent suicide in young people.

Panels

Saving youth lives on social media: Youth are urgently fighting the surge in suicidal ideation and suicide online and aren't waiting for Big Tech or government to act.

Room 205A-B, 20 November 2024, 12:05PM - 1:00PM

Panel Moderator: Erich Mische, Executive Director, SAVE-Suicide Awareness Voices of Education

Panelists: Jose Perez, Taylor Ly, Shama Tolbert, Shamail Henderson

For many of today's youth, Big Tech is the new Big Tobacco. As tech giants pour resources into lobbying and PR campaigns to block regulations and avoid accountability, young people aren't waiting for change. They're raising their voices—online, in government, and directly challenging Big Tech. This panel will feature three young individuals who have experienced the harmful effects of social media, along with others fighting for reform. They will share why they believe this battle is for their future—and their very lives.

High Risk Industries

Room 205C-D, 20 November 2024, 12:05PM - 1:00PM

Dr Sally Spencer-Thomas[2], Fire Chief Nathan Stoermer[5], Dr Jodi Frey[1], Mr Christopher Wojnar[2], Stephanie Downey

[1]University of Maryland, School of Social Work, [2]United Suicide Survivors International, [5]City of Greensburg

Workplace suicide prevention is critical, especially in high-risk industries like construction, healthcare, and agriculture, where unique cultural nuances influence risk and protective factors. According to the CDC, suicide rates in these industries are significantly higher than the national average, highlighting the urgent need for targeted approaches. A comprehensive strategy must address specific stressors and support systems within these communities. This symposium emphasizes innovative, research-based interventions tailored to the distinct needs of each industry to reduce stigma, promote help-seeking behaviors, and enhance mental health support, ultimately saving lives and fostering healthier work environments.

Suicide Prevention Among Tribal Populations

Room 205A-B, 21 November 2024, 12:05PM - 1:00PM

Shelby Rowe, Dr Pamela End of Horn, Renee Gaines, Captain Karen Hearod

Please join us for the panel discussion, "Suicide Prevention for First Nations People," which will be featured at the IASP Pan-American Conference. The panel will be moderated by Suicide Prevention Resource Center (SPRC) Executive Director Shelby Rowe. Panelists will include Captain Karen Hearod, MSW, LCSW, director of the Office of Tribal Affairs and Policy (OTAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA); Dr. Pamela End of Horn, DSW, LICSW, the national suicide prevention consultant at the Indian Health Service (IHS); and Renee Gaines. The moderator and panelists are Tribal community members and national suicide prevention experts. Although this panel primarily represents the United States, it centers Indigenous perspectives, which are represented throughout the world.

LGBTQI+ and Suicide Prevention

Room 205C-D, 21 November 2024, 12:05PM - 1:00PM

Edurne Balmori[1], Kat Rohn[2], Emily Pyle[3]

[1]CEO The Trevor Project MX, [2]Exectutive Director OutFront Minnesota, [3]The Trevor Project's Community Philanthropy Manager

How TikTok Prioritizes Safe Educational Content on TikTok

Room 205A-B, 21 November 2024, 11:00PM - 12:00PM

Dr. Jessica DiVento Dzuban, Global Issue Policy Lead, Mental Health, Dr Kira Riehm, Product Policy Manager at TikTok

Learning Objectives (3):

- How do TikTok Safety Features Work?
- Learn how to use TikTok Safety Features
- Pan-American 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 Pan-American 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 Pan-American 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 Pan-American 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.
- Pan-American localised approaches we take with specific examples

Breaking barriers and upholding rights: Achieving Pan-American decriminalisation of suicide
Room 205C-D, 21 November 2024, 11:00PM - 12:00PM
Moderator: Maria OBrien

Coalition Speakers: Desarie Nicholas — Grenada, Emily Anna Bachan - Trinidad and Tobago, Leon Cherry - St. Lucia, Lisa Pinder — Bahamas, Professor Gerard Hutchinson — Trinidad and Tobago

Symposia

Symposium #01
Room 205A-B, 20 November 2024, 2:35PM - 4:00PM

Collaborating with Youth and School Staff to Prevent Youth Suicide
Dr. Carolina Vélez-Grau[3], Dr. Janelle Goodwill[4], Ashley Aguilar[4], Dr. Miwa Yasui[4], Dr. Jonathan Singer[5], Dr. Anna Mueller[2], Dr Sarah Diefendorf[2], Dr. Seth Abrutyn[6], Dr Pamela Morris-Perez[1], Jana Sczersputowski[7], Mr Adam Benzekri[1], Devin Saragosa-Harris[7], Dr. Rachel Abenavoli[8], Stan Collins[7], Dr. Kiara Alvarez[10], Dr. Stephen Russell[9]
[1]New York University, [2]Indiana University Bloomington, [3]Boston College of Social Work, [4]University of Chicago, [5]Loyola University, [6]University of British Columbia, [7]Youth Creating Change, [8]Child Trends, [9]University of Texas at Austin, [10]Johns Hopkins Bloomberg School of Public Health

Symposium: Collaborating with Youth and School Staff to Prevent Youth Suicide
Chair: Pamela Morris-Perez

Adolescent suicide deaths and attempts have been rising for over a decade (CDC, 2023a; 2023b) and the pandemic's toll has led medical professionals to declare a National Emergency in Child and Adolescent Mental Health (American Academy of Pediatrics, 2021). Yet, barriers to care makes reliance on the mental health system insufficient for reaching youth early in their "suicide risk trajectory." Researchers and policymakers alike need a blueprint for strategies informed by those on the front lines and designed for seamless integration into normative settings where adolescents already are (i.e., schools, community-based organizations).

This panel presents research informed by youth and school staff for a public health approach to adolescent suicide prevention. Papers 1-3 present the results of studies conducted with youth (papers 1, 2) and school staff (paper 3) to garner their perspectives on mental health, suicide, and suicide prevention. Paper 4 identifies the organizational roots of youth suicide prevention in schools. Paper 5 presents the results of an innovative intervention integrated into a school setting for Latine youth. Together this panel will chart a path forward for adolescent suicide prevention nationally and internationally.

Paper 1: "See Me and Hear Me:" A Photovoice Study to Understand Youth' Concepts of Mental Health and their Priorities.

Author: Carolina Vélez-Grau

Financial Disclosures: The author has no financial disclosures to report.

Youth Community Centers (YCCs) serve as support systems utilized by disadvantaged youth, providing them with equitable and non-stigmatized access to care, particularly beneficial for ethnoracially minoritized youth. Youth supported by trusted adults in the community show a lower

incidence of depression and self-injury mortality. Thus, YCCs are potential yet unexplored spaces for suicide prevention.

This community-based participatory research (CBPR) aimed to engage ethnoracially minoritized youth in YCCs to inform a task-shifting (shifting mental health tasks from specialized providers to lay providers) youth suicide prevention program within YCCs. Ethnoracially minoritized youth's perspectives are often overlooked in suicide research. Their conceptualization of mental health matters because it reflects their beliefs about their health and how and why they access care. This information is key to designing population-based suicide prevention strategies. Photovoice, a method of CBPR, was used to explore how ethnoracially minoritized youth in YCCs conceptualize mental health and prioritize their needs. Photovoice was chosen for its ability to facilitate the exploration of sensitive issues like mental health without requiring specific literacy levels.

Six focus groups with youth (N=8) were conducted from April to July 2024 in Boston and involved introducing members to Photovoice, sharing and discussing selected photographs using the SHOWeD questioning technique, and conducting member checks. Findings revealed that mental health was viewed within the youth's environmental context (i.e., individual, relational, family, and neighborhood contexts), emphasizing aspects like self-confidence, trust, shared lived experiences, immigrant-family cultural negotiations, access to safe neighborhood resources, and judgment-free spaces. Reduced stigma around help-seeking within families and the broader community, access to mental health information, and the importance of "relatedness" as a way to discuss mental health problems were also highlighted. These insights underscore the potential of YCCs as spaces for culturally responsive upstream suicide strategies tailored to the lived experiences of these youth.

Learning Objectives: By the end of this presentation, audience members will understand 1) the youth's point of view on the interconnection between environmental context and their mental health and 2) Photovoice as a method to elicit youth perspectives to inform youth suicide research and programs. Implications for mental health professionals will be discussed, including population-centered and culturally responsive care.

Paper 2: Developing a culturally adapted, school-based suicide prevention intervention for Black youth in Chicago

Authors: Janelle R. Goodwill, Ashley Aguilar, and Miwa Yasui

Financial Disclosures: This study was supported by a grant from the National Institute of Mental Health (R34MH129789). The authors have no disclosures to report.

Background: Existing research that explores the mental health experiences of Black youth in Chicago is overwhelmingly focused on exposure to violence and its detrimental effects on adolescent development. Few studies have considered how suicide also persists as an understudied, yet overlooked form of violence among Black youth in Chicago. As a result, we conducted qualitative interviews with Black families to learn what specific topics they believe should be included in the development of a culturally adapted, suicide prevention intervention.

Methods: We applied thematic analysis techniques to identify patterns in qualitative data collected from Black families in Chicago. We conducted a total of 22 one-on-one interviews with Black adolescents and one of their parents. Eligibility criteria required participants to (1) identify as Black American and (2) have a 6th - 8th grade student attending school in Chicago, IL. All interviews were conducted online via Zoom from Fall 2023 to Winter 2024.

Results: We extracted primary themes from our analysis that highlight experiences of (1) educational inequities; (2) racism and racial violence; (3) interpersonal conflict with family; (4) interpersonal conflict in schools; and (5) community violence. Black middle school participants in our study identified disparate access to adequate schools as a structural, race-based stressor that uniquely impacts Black youth's mental health in the city. Some students specifically named direct and vicarious

encounters of racism and explained how watching harrowing events or deaths on the news shaped their psychological wellbeing. The areas of overlap and divergence reiterate the importance of probing for within-group differences in working to understand and incorporate perspectives from both Black youth and their parents today.

Conclusions: Black youth and their parents identified a series of individual and structural-level factors that adversely impact Black youth's mental health and in Chicago. Findings generated from this study will be used to inform the development of a culturally adapted suicide prevention intervention that will be implemented among Black 6th — 8th grade students in Fall 2024.

Learning Objective: By the end of this presentation, audience members will gain insight be able to identify some of the race-specific and multilevel stressors that impact Black youth's risks for suicide.

Paper 3: Comparing School Mental Health Professionals and Administrators: Experiences, Priorities, and Training Needs in Suicide Prevention

Author: Jonathan B. Singer

Financial Disclosures: The author has no disclosures to report.

Background: Schools play a critical role in adolescent suicide prevention. Recent studies highlight gaps in understanding best practices in implementing school-based suicide prevention programs (Porter et al., 2024; Tynan et al., 2020; Yu et al., 2023). Understanding the perspectives of school mental health professionals (SMHPs) and administrators can highlight strengths and gaps in current protocols.

Purpose: This study aimed to gather insights from SMHPs and administrators regarding their experiences and challenges in school-based suicide prevention in order to identify gaps and enhance implementation efforts.

Methods: Five focus groups were conducted in two school districts in Illinois: four with SMHPs and one with administrators. Qualitative data from these sessions were analyzed to identify key themes and action items.

Results: The analysis revealed several common challenges: Inconsistent protocols regarding suicide risk assessment and intervention protocols across different school. Both SMHPs and administrators reported insufficient and inconsistent training, with counselors feeling particularly underutilized and inadequately prepared for crisis interventions. SMHPs noted tension between district oversight and building-level autonomy, affecting their ability to effectively address crisis situations. SMHPs and administrators discussed the importance of implementing preventive measures such as social-emotional learning curricula, mental health education for parents, and specific suicide prevention training. Responsive measures included clear re-entry protocols for students returning from hospitalization. High staff turnover and lack of stability at the district level were mentioned as significant concerns, impacting the consistency and effectiveness of support provided to students.

Conclusion: The findings underscore the need for standardized protocols, comprehensive training, enhanced communication, and clear role definitions in suicide prevention efforts. Addressing these areas could improve the consistency and effectiveness of suicide prevention strategies across the district. These insights can inform the development of targeted interventions to better support school communities in preventing adolescent suicide.

Learning Objective: By the end of this presentation, audience members will be able to identify challenges faced by SMHPs and administrator in implementing school-based suicide prevention.

Paper 4: What makes schools effective at suicide prevention? Identifying the Organization Roots of School-Based Suicide Clusters

Authors: Anna S. Mueller, Sarah Diefendorf, and Seth Abrutyn

Financial Disclosures: This project was supported by grants from the National Institute of Mental Health (R01MH127170), the American Foundation for Suicide Prevention (SRG-1-090-18), and the Western Colorado Community Foundation. The authors have no disclosures to report.

Despite decades of research, youth suicide remains difficult to understand and predict, and thus challenging to prevent. Drawing on the literatures on organizations, education, and major industrial accident prevention we recognize schools as formal organizations facing competing demands, goals, and constituencies, all of which can compromise the school's ability to prevent suicide. We hypothesize that differences in how schools as organizations prioritize suicide prevention and embed it through all aspects of schooling will shape the robustness of school-based mental health safety nets and thus a school's organizational vulnerability to suicide clusters.

To examine this hypothesis, we draw on data (observations [18 months]; interviews [N=199]; surveys [n=2,234]; archives) from a community-engaged mixed-methods research study of two similar high schools — one with a serious youth suicide/suicide cluster problem (Rocky Vista) and one without (Grand Prairie). In short, we identified highly salient differences in the mental health safety nets at each school that are consequential for suicide prevention. These differences stem from Grand Prairie's much stronger organizational orientation towards mental health and impact when and how staff work to prevent suicide. These differences result in Grand Prairie staff being more effective at identifying and acting on weak signals of potentially suicidal students than Rocky Vista. These differences also shape student attitudes and behavior: Grand Prairie students are more willing to seek mental health help from school staff than Rocky Vista; something that is vital to suicide prevention.

Learning Objectives: By the conclusion of this presentation, audience members will gain a better understanding of (1) how to build functional mental health safety nets in schools and (2) new practical actionable strategies for identifying potentially suicidal youth in schools. We conclude by setting a new agenda for research on suicide prevention in schools.

Paper 5: "Directing Change" in school communities: An innovative approach to school-based suicide prevention

Authors: Pamela Morris-Perez; Jana Sczersputowski; Adam Benzekri; Devin Saragosa-Harris; Rachel Abenavoli; Stan Collins, Kiara Alvarez, Stephen Russell

Financial Disclosures: This study was supported by grant #201947 from the William T. Grant Foundation. The authors have no disclosures to report.

Schools are important communities for adolescents, with potential for increasing help-seeking and reducing suicide risk (Wyman, 2012; Singer et al., 2019). Yet, school-based suicide prevention programs are rare, have not typically examined impacts on minoritized youth, and have rarely been conducted in partnership with community-based organizations (Singer et al., 2019; Morris-Perez et al., 2023).

This paper presents the first-year results of a community-engaged partnership that tests the impact of a mental health/suicide prevention program, Directing Change, thought to be a catalyst for changing norms about suicide, mental health, and help-seeking in schools. Directing Change, with a decade-long history of implementation and early evidence of efficacy (Ghirardelli & Bye, 2016), takes the form of a film contest in which youth-generated brief films in mental health awareness and suicide prevention (with "guardrails" for safe messaging) are created and disseminated to the school community. Group-based filmmaking is thought to facilitate learning about prevention while sparking conversations and connections between youth and classmates and between youth and teachers. As youth discuss and disseminate films in schools, Directing Change is expected to reduce stigma, change norms and shared beliefs, and bolster connectedness, providing the vehicle for filmmaking and non-filmmaking youth to increase helping and help-seeking behavior (with implications for suicidality).

We will present results of a cluster-randomized waitlist control study of Directing Change involving 38 high schools serving Latine youth in California. Film-making students were surveyed in the fall prior to randomization and in the spring following film submission. Implementation was strong with ~150 films submitted across 19 treatment-assigned schools. Impact analyses will be conducted in an intent-to-treat framework (2-tailed, α=.05) on quantitative survey measures of hypothesized constructs, accounting for school clustering. Given the dearth of suicide prevention programming in schools, findings could lead to take up of this innovative program nationally and internationally, with important implications for adolescent suicide risk.

Learning Objective: By the end of this presentation, audience members will understand the components and impact of an innovative approach to youth suicide prevention in schools.

Symposium #02

Room 205C-D, November 20, 2024, 2:35 PM - 4:00 PM

Multimethod research addressing key gaps in understanding acute risks for suicidal behaviors

Professor Kenneth Conner[1], Dr Courtney Bagge[2], Dr Jaclyn Kearns[3], Professor Rory O'Connor[4], Dr Shannon Lange[5]

[1]University of Rochester Medical Center, [2]University of Michigan, [3]National Center for PTSD, VA Boston, [4]University of Glasgow, [5]Centre for Addiction and Mental Health

Data on acute risks for suicidal behavior are limited, attributable to the low incidence rate of suicidal behavior, among other challenges. Three presenters use data from adults admitted to hospital following a suicide attempt to address key gaps in the acute risks' literature. 1) Courtney Bagge reports latent class analyses showing that behaviors observed within hours of the index attempt (e.g., risky behaviors), predict unique patterns of suicidal ideation and suicide reattempt over 12-month follow-up. In analyses of patients' narrative stories of their suicide attempt, 2) Jaclyn Kearns characterizes linguistic elements of the stories (e.g., frequent use of negative sentiment tone), and 3) Kenneth Conner explores participants' common use of self-persuasion to attempt suicide, conceptualized as a marked escalation in acute risk. 4) In an experimental study of adolescents and young adults, Rory O'Connor examines electrodermal activity (EDA), a physiological marker of emotional arousal, to compare heightened EDA in response to a stress task in individuals with a history of suicide attempt, ideation without attempt, and low risk controls. 5) Using U.S. national data, Shannon Lange estimates the proportion of suicide deaths 'attributable' to acute use of alcohol overall and in subpopulations defined by age, sex, and method of suicide.

Presentation 1 (Courtney Bagge): Can Profiles of Behaviors Occurring within 48 hours of a Suicide Attempt Predict Future Severity of Suicidal Thoughts and Reattempt?

Learning Objective: To describe whether classes, characterized by disparate patterns of behavioral warning signs (BWS) for an index suicide attempt, can predict subsequent serious suicidal ideation and behavior 12 months post-discharge from a psychiatric hospitalization.

Background: Behavioral warning signs (BWS) are near-term changes within individuals, which aid in determining imminent risk for suicide attempts. Since BWS are observable, their identification holds particular interest to clinicians, family and friends of an at-risk person, and other constituents. However, those who attempt suicide differ in their engagement of BWS, and it is unclear if these differences relate to future risk of suicidal behavior. Objective: To determine whether classes, characterized by disparate patterns of BWS for an index suicide attempt, could predict subsequent serious suicidal ideation and behavior 12 months post-discharge from a psychiatric hospitalization. Methods: Participants (n=181) were individuals hospitalized within the 48 hours following a suicide attempt who completed in-hospital assessments for a research study at the primary study site and

consented to future recontact. Baseline BWS were assessed via the Timeline Followback for Suicide Attempts Interview. Among those eligible for follow-up, 155 (86%) were located. Of those found, 146 (94%) were deemed eligible (n=9, incarcerated or deceased). Among eligible individuals, 132 (90%) consented to participate (73% overall). The final sample's demographics included female biological sex (71%); White (61%), Black (36%) and other ethnic/racial (3%) composition; Mean age=36 (SD=13). Phone follow-up interviews were conducted to assess worst suicidal ideation and presence of a reattempt during the 12 months following discharge. Results: Latent class analyses (LCAs) conducted on 6 behaviors (i.e., alcohol use, nightmares, interpersonal negative life events, suicide communication, risky behavior, low sleep, and high sleep) found a 5-class solution optimally fit the data. One identified class, characterized by engagement in risky behaviors the hours before an attempt differed from other identified classes in terms of risk for future suicidal ideation and behaviors. For instance, participants in the "High Risky Behavior" class (vs. participants endorsing typical patterns of WS) had higher rates of 12-month suicide reattempt (18% vs. 43%), and significantly higher levels of worse suicide ideation (21.50 vs. 13.00; $p<.05$; Cohen's $d=0.77$) during the 12 months following their index attempt. Conclusion: The current study demonstrates that patterns of BWS may be utilized as their own prognostic indicator of future suicidal ideation and behaviors among high-risk individuals reporting a recent suicide attempt, which can inform post-discharge clinical intervention and prevention efforts.

Presentation 2 (Jaclyn Kearns): Towards a linguistic understanding of suicide: An examination of lexical, sentiment, and psychological process characteristics in first-person suicide attempt narratives

Learning Objective: To understand linguistic aspects (i.e., lexical, sentiment, psychological processes) of first-person suicide attempt narratives thereby providing insight into the natural language of suicide.

Background: The understanding of how individuals talk about suicide attempt (SA)—specifically the natural language—remains limited. This study examines first-person SA narratives given by individuals admitted to acute inpatient psychiatric care for a SA. Method: Participants were 21 individuals (M age=35.95) who completed a brief therapy which included an unstructured narrative of their SA. Narratives were temporally coded into four time periods: historical, warning signs (WS), SA, and after the SA. We examined the complete narrative and the temporally coded narrative on the following linguistic domains: lexical, sentiment, emotion content, and psychological processes. Analyses were conducted using the Linguistic Inquiry and Word Count and R. Results: Narratives were in the 27th percentile for sentiment tone, indicating high levels negativity. Narratives used more present- (11%) and past-focused (9%) verbs with more first-person pronouns (12%) compared to third-person pronouns (3%). Anger, anxiety, and sadness words were infrequently used (>1%); fear words were most frequent (2.5%). Together, this suggests a lower degree of resolution (present tense) or greater psychological distance (past tense) in relation to the SA with an overall greater negative attentional focus (sentiment tone) on the individual (pronouns). For the temporally-coded periods, WS and SA were negative in sentiment tone (WS: 23rd percentile; SA: 21st percentile), with a high focus on cognitive processes (WS: 14.2%; SA: 12.7%) and low focus on affective processes (WS: 3.7%; SA: 3.2%). The presence of death- and suicide-related words (i.e., death, kill suicide) was limited in narratives. During the WS period, these words were only used 64 times across 21 narratives — making up less than 1% of the WS word count. In addition, we will examine differences between single and multiple suicide attempters. Conclusion: This may inform how we understand the language of suicidal individuals which may be considered a dynamic (or state) characteristic. The language of suicidal individuals is a considerable part of what providers rely upon in clinical settings when conducting a risk assessment.

Presentation 3 (Kenneth Conner): Qualitative exploration of the theorized warning sign 'self-persuasion to attempt suicide'

Learning Objective: To understand the novel WS 'self-persuasion to attempt suicide' and its potential co-occurrence with other WS during the 24-hour period before suicide attempt.

Background: Our recent qualitative report of adult patients' narrative stories of their attempts identified numerous instances when individuals described talking themselves into making the attempt, a novel warning sign (WS) we labeled 'self-persuasion to attempt suicide.' We theorize self-persuasion marks a dangerous escalation in acute risk, particularly when it co-occurs with other WS signaling acute consideration, preparation, or intent for suicidal behavior, motivating this exploration of such co-occurrence. Method: Participants were 35 adults ages 18 and older (51% female, 49% white non-Hispanic) hospitalized after a suicide attempt in an urban medical center in the northeastern U.S. where they enrolled in a study of a brief psychotherapy intervention. The intervention began by asking participants to tell the story of their suicide attempt, and these stories were videotaped and transcribed. Using directed qualitative content analysis, we coded excerpts of the transcripts where participants referred to the 24-hour period prior to the attempt (i.e., the WS period). Along with coding putative WS based on research and theory, we sought to identify additional novel WS inductively, with self-persuasion to attempt suicide being commonly identified. For this sub-analysis, we examined each excerpt where self-persuasion was observed, with a focus on identifying WS that co-occurred with it. Results: Sixteen (45%) transcripts contained a total of 25 segments where participants described self-persuasion to attempt suicide, and 20 (80%) of these segments were coded with an additional WS. As expected, self-persuasion frequently co-occurred with WS indicating acute consideration, preparation, or intent for suicidal behavior (n=12), including the WS 'actively weighing the decision to attempt suicide', 'resolving to attempt suicide', 'settling on a specific plan or refining a plan', and 'preparing personal affairs', the latter WS being especially common (n=5). Self-persuasion also repeatedly co-occurred with acute 'loneliness" and 'entrapment', potentially because these experiences preceded and contributed to self-persuasion to attempt suicide. Examples of self-persuasion and co-occurring WS from the transcripts will be provided as illustration. This exploratory study is limited by its post-hoc methodology and small sample recruited from a single site. Conclusion: Self-persuasion to attempt suicide may be a common and potent WS for suicidal behavior in adults that commonly co-occurs with other WS, particularly those that signal acute consideration, preparation, or intent for suicidal behavior.

Presentation 4 (Rory O'Connor): Emotion processing and electrodermal activity in young people who self-harm

Background: There is a dearth of research investigating the biological underpinnings of self-harm risk in young people. Self-harm is often related to emotion regulation, and electrodermal activity (EDA) has been suggested as one physiological marker of emotional arousal. Specifically, EDA is a non-invasive measure of changes in the electrical conductance of the skin, and it depends upon the quantity of sweat secreted by eccrine sweat glands, usually of the fingers or palms, that reflects the influence of the sympathetic nervous system. Methods: Three groups of young people (16-25 years) with different self-harm (SH) histories were recruited to an experimental study: those who had thoughts of self-harm (SH ideation, n=51), those who had self-harmed (SH enaction, n=67) and those with no history of SH ideation or enaction (controls, n=63). EDA was measured via electrodes attached to participants' non-dominant hand. EDA has two components: skin conductance level (SCL), representing a background and slow tonic component, and skin conductance response (SCR) reflecting a faster phasic element of the signal appearing in reaction to presentation of stimuli.

Participants took part in two tasks to measure different aspects of EDA, 1) an auditory tones task to measure physiological habituation, and 2) a psychosocial stress task to measure SCL during stress. Results: Findings suggest that the SH enaction group had a heightened EDA response (hyperreactivity) during both tasks. The SH enaction group reported a slower habitation rate to auditory tones and a higher SCL during the psychosocial stress task compared to the control and SH ideation groups. During the psychosocial stress task, participants in the SH enaction group who were younger (16-20 years) and male elicited a higher SCL compared to those in the SH ideation group. Conclusions: Findings suggest that young people who engage in self-harm have a different physiological response to both emotive and non-emotive stimuli compared to those who think about self-harm, indicating that this may be a bio-marker that could distinguish between these groups. Furthermore, age and sex may moderate this effect. Future research is required to better understand the underlying mechanisms which could inform interventions to support young people at risk of self-harm.

Presentation 5 (Shannon Lange): Estimating the proportion of suicide deaths attributable to alcohol in the US

Learning Objective: To provide up-to-date estimates of the proportion of suicide deaths attributable to alcohol using the direct method of estimation via ascertainment of blood alcohol concentration.

Background: Alcohol use is an established risk factor for death by suicide, suggesting that interventions targeting alcohol use may be a promising area for suicide prevention. However, a comprehensive up-to-date assessment of alcohol-attributable suicide deaths in the United States (US) is needed. Objective: To 1) estimate the alcohol-attributable fraction (AAF) for suicide deaths—i.e., the proportion of suicide deaths attributable to alcohol—in the US, and 2) determine whether there are sociodemographic differences and means-specific differences (firearm-involved compared with all other means) in the AAF for suicide. Methods: Using restricted-access data from the National Violent Death Reporting System for 2021, we estimated the sex-specific AAF for death by suicide, among those ≥15 years of age, by sociodemographic characteristics. An alcohol-attributable suicide was defined as that for which the decedent had a blood alcohol concentration of ≥0.10 g/dL—an indication of excessive use of alcohol. Sociodemographic variables included age group, education level, marital status, and race/ethnicity. In addition, firearm-involved suicides were compared with all other means of suicide. The Chi-square test was used to compare the AAFs between the sexes. A multivariable logistic regression model, stratified by sex, provided adjusted odds ratios and 95% confidence intervals, which were then converted to relative risk (RR) to avoid overestimation. Results: In 2021, the AAF for suicide deaths among males (20.2%) was significantly higher than that among females (17.8%; p <0.001). The AAF was highest for individuals aged 64 years and younger, with a lower level of education (below a bachelor's degree), married, in a civil union or domestic partnership. The AAF for suicide was higher for both males and females who used a firearm as the means of suicide (23.4% and 22.8%, respectively; RR=1.56, 95% CI: 1.47-1.65 and RR=1.40, 95% CI: 12.3-1.58, respectively) compared to their counterparts who used other means (16.5% and 15.9%, respectively). Conclusion: Despite some variation, AAF for suicide were consistently high with about one in five suicides in the US being attributable to alcohol use. The findings suggest that suicide prevention initiatives targeting alcohol use are needed in the US.

Symposium #03

Room 200ABCDGHIJ, November 20, 2024, 2:35 PM - 4:00 PM

Centering Suicide Prevention on Lived Experience

Dr Sally Spencer-Thomas[1], Sarah Gaer, Rick Strait, Ursula Whiteside
[1]United Suicide Survivors International,

Centering suicide prevention, intervention, and postvention efforts on the wisdom of people with lived experience is crucial. Their insights foster authenticity, empathy, and practical relevance in addressing and understanding suicide and pathways to healing. Integrating lived experience can be achieved through storytelling, which humanizes and destigmatizes suicide; co-designing research and programs to ensure they meet real needs; and advocacy, empowering those affected to drive systemic change. These approaches not only validate survivors' experiences but also enhance the effectiveness and reach of mental health initiatives, creating a more compassionate and responsive support system for those at risk.

Eye of the Survivor: Evaluating the Impact of a Storytelling Retreat on People with Lived Experience with Suicide

Presenters: Sally Spencer-Thomas, Psy.D., United Suicide Survivors International & Sarah Gaer, MA

This study examines the impact of a storytelling retreat on individuals with lived experience of suicide, emphasizing the power of narratives in suicide prevention and mental health promotion. Stories are essential for community change, moving hearts and building connections. Historically, suicide stories have focused on tragedy, creating a sense of helplessness. To inspire change, stories must highlight overcoming adversity, offering hope and recovery.

Objective: To assess the experience of participants, primarily male construction workers, completing a full-day storytelling retreat.

Methodology: On February 26, 2024, during the pre-conference session of the Construction Working Minds Summit in Kansas City, 15 participants completed a storytelling retreat. The retreat consisted of three sections:

1. Exploring "Am I Ready"
2. Best practices in safe and effective storytelling
3. Developing and practicing sharing their hero's journey of personal experience with suicide and turning pain into purpose

Pre- and post-survey data were collected to measure participants' satisfaction with the learning experience, the degree of impact, and confidence in sharing a five-minute version of their story.

Results:

- Impact: The retreat was highly impactful, with 80% finding it extremely impactful and 93.33% very likely to recommend it.
- Goals: It met or exceeded expectations for most participants.
- Structure: The retreat's organization and time frame were rated as very or extremely effective.
- Confidence: Participants felt more confident sharing their lived experiences, both privately and publicly.
- Interest in Sharing: Many were interested in sharing their stories in various settings such as conferences, workplace conversations, and public speaking engagements.
- Key Takeaways: Themes like the hero's journey, the power of storytelling, and creating a supportive environment were frequently mentioned.

Participants described the retreat as transformative, providing a safe space for vulnerability and connection. They emphasized the importance of storytelling for personal growth and advocacy.

Conclusion: The storytelling retreat significantly enhanced participants' confidence and willingness to share their experiences with suicide, highlighting the potential of storytelling as a powerful tool for

suicide prevention and mental health advocacy. By fostering a supportive environment and emphasizing recovery and hope, storytelling can inspire change and reduce the stigma associated with suicide.

Soul Exhaustion, Soul Care, and Suicide Prevention

Presenter: Sarah Gaer, MA

Objective: This study explored the concept of “soul exhaustion” through the perspectives of individuals who have experienced suicidal thoughts, attempts, or the loss of loved ones to suicide, as well as those in caregiving roles for people facing suicidal experiences. The aim was to find new ways to better understand and address suicide. By examining definitions of soul exhaustion, the study also considered how soul care might offer alternative pathways to healing for those with personal experiences related to suicide.

Participants: The study involved 172 participants who had significant experiences with mental health crises and suicidal behavior.

Key statistics include: 79.07% had been close to someone dealing with suicidal thoughts, addictive behaviors, or mental health challenges. 62.21% had personally contemplated suicide. 56.40% had lost a loved one to suicide. 36.63% had been impacted by a suicide death of someone not personally close. 20.35% had attempted suicide themselves. 96.49% believed in the existence of a "soul," with 87.79% identifying it as the essence of a person’s being or the deepest part of oneself.

Methods: This study disseminated a survey called “Beliefs about the ‘Soul’ and Life Challenges” through various social media and to audiences attending suicide prevention presentations. The qualitative analysis focused on identifying themes related to "soul exhaustion" and its connection to experiences with suicidal experiences.

Results: The analysis revealed five major themes related to soul exhaustion:

Emotional Depletion: Participants described soul exhaustion as a profound tiredness extending beyond physical fatigue to a complete depletion of emotional energy and inner resources. This is often linked to the emotional labor of managing one's mental health or supporting others.

Burnout: Soul exhaustion was closely associated with a deep form of burnout affecting one's inner being or soul, beyond mental or physical capacities.

Depression and Hopelessness: Many participants connected soul exhaustion with feelings of depression, a loss of hope, and a pervasive sense of emotional weariness.

Numbness and Disconnection: Some participants reported feeling emotionally numb or merely existing rather than living fully, indicating a disconnection from life and a lack of engagement or fulfillment.

Overwhelm and Exhaustion: A recurring theme was a sense of overwhelming exhaustion, where even minor tasks or responsibilities felt too burdensome.

Discussion: The findings suggest that addressing soul exhaustion may provide a unique framework for understanding and healing from suicide loss, attempts, thoughts, or caregiving roles. Unlike traditional self-care practices that focus on immediate relief, soul care involves deeper, more holistic approaches aimed at restoring individuals’ connection to their core essence, fostering resilience, and rediscovering purpose.

Conclusion: Framing the healing process in the context of soul exhaustion opens up alternative pathways to recovery through “soul care”. By addressing the root causes of emotional and mental depletion, individuals may find new strength and meaning in their lives, contributing to more comprehensive mental health strategies and potentially preventing further suicidal behavior. Future

research should explore how integrating soul care into mental health interventions can enhance overall well-being and support those at risk of suicide.

Integrating Lived Experience and Clinical Skills within the Zero Suicide Framework: Helping Mental Health Providers Support Their Loved Ones and Themselves Through Suicide Intensity — A Fireside Chat

Presenters: Rick Strait & Ursula Whiteside, Ph.D.

Suicide intensity can exist among many family members and loved ones, creating complex and deeply personal challenges and opportunities. This fireside chat explores how integrating lived experience with clinical skills, within the Zero Suicide framework, can bridge the gap between understanding and effectively addressing suicide intensity among loved ones and in healthcare systems.

Objective: To examine the impact of combining lived experience and clinical skills in addressing generational suicide intensity within the Zero Suicide framework, focusing on enhancing intervention and prevention strategies.

Background: Rick Strait and Ursula Whiteside, both mental health professionals with personal experience in suicide intensity for themselves and loved ones, highlight the need to blend clinical expertise with the insights gained from lived experience. Additionally, they are able to apply this wisdom within the Zero Suicide framework, providing a comprehensive approach to suicide prevention, emphasizing systemic change and continuous improvement by focusing on the mental health needs of mental health care providers and their loved ones.

Methodology: The study utilizes a mixed-methods approach, incorporating qualitative interviews with families affected by generational suicide intensity and quantitative analysis of intervention outcomes. Key components include:

1. Lived Experience Narratives from Mental Health Providers: Collecting stories from providers who have personal experience with suicide intensity within their families to understand the emotional and psychological impact of generational suicide, their challenges and coping mechanisms.
2. Clinical Interventions: Implementing evidence-based practices within the Zero Suicide framework to address identified needs based on lived experience wisdom.
3. Integration Techniques: Developing strategies to effectively combine lived experience with clinical skills in therapeutic and support settings.

Results: Preliminary findings indicate that integrating lived experience with clinical skills significantly enhances the effectiveness of suicide prevention efforts. Families who have both mental health professionals and loved ones with suicidal intensity report the need for understanding, empathy, and practical support, leading to improved mental health outcomes for them and those they serve. The Zero Suicide framework's structured approach provided a solid foundation for these interventions. The discussion will include research supporting the development of a theory for unplanned suicide attempts and a new brief intervention based on qualitative research with attempt survivors and guidance from individuals with lived expertise. This intervention can be woven into Safety Planning as part of Zero Suicide recommended standard care. Additional details can be found here: https://bit.ly/UnplannedAttemptsIntervention.

Conclusion: Bridging the gap between lived experience and clinical skills within the Zero Suicide framework offers a powerful approach to addressing familial and generational suicide intensity. This integration not only improves individual and family outcomes but also contributes to broader systemic changes in suicide prevention practices. By valuing personal stories and clinical expertise equally, we can create more effective and compassionate support systems.

Symposium #04

Room 201A-B, 21 November 2024, 2:35PM - 4:00PM

Dr Sally Spencer-Thomas[1], Steven Bittle[2], Mr Christopher Wojnar[1], Dr Chris Caulkins, Erik Zabel[3]
[1]United Suicide Survivors International, [2]Department of Criminology, University of Ottawa, [3]Minnesota Department of Health

Chair: Sally Spencer-Thomas, Psy.D. with support from Jorgen Gullestrup and the Work-Related Suicide Task Force of the IASP Workplace Special Interest Group

The symposium on work-related suicide — when suicide or suicidal intensity is due in part or in whole to work-related factors. Recent research has highlighted significant links between work conditions and suicide risks, emphasizing the need for urgent action by public health authorities, workplace health and safety regulators, trade unions, employers, and suicide prevention associations.

Calls to Action from the Work-Related Suicide Task Force

1. Defining Work-Related Suicide: Establishing a clear definition is crucial for identifying and addressing work-related suicides.
2. Identifying and Investigating: Suicides occurring in or connected to the workplace should be thoroughly investigated to determine work-related factors. This includes examining suicide notes, work-related stressors, and circumstances surrounding the suicide.
3. Recording and Monitoring: Accurate data collection and monitoring of work-related suicides are essential for developing effective policies and interventions. Surveillance programs should track trends and rates over time, focusing on high-risk sectors like healthcare, education, and construction.
4. Regulating and Controlling Risk Factors: Work-related risk factors for suicide, such as unmanageable workloads, bullying, insecure work, and chronic stress, should be regulated similarly to other workplace hazards. Employers must implement adequate control measures to mitigate these risks.
5. Compensation for Work-Related Suicides: Suicides linked to workplace conditions should be eligible for government compensation, recognizing them as work-related injuries or deaths.

The symposium emphasizes the importance of systemic change to address work-related suicides. Effective policy frameworks, comprehensive surveillance, and proactive interventions can create healthier, safer workplaces and reduce the incidence of work-related suicides.

Needs and Strengths Assessment in Construction as Part of the H.O.P.E. Certification: Colorado Cohort Identifying Psychosocial Hazards at Work — Two Case Studies

Presenter: Sally Spencer-Thomas

Abstract: This study examines the implementation of the H.O.P.E. (Helping Our People Elevate through tough times) Certification within the construction industry, focusing on a Colorado cohort. By identifying psychosocial hazards and assessing organizational strengths and needs, this research aims to enhance mental health and suicide prevention strategies in construction.

Objective: To conduct a comprehensive needs and strengths assessment in construction organizations participating in the H.O.P.E. Certification, identifying key psychosocial hazards and evaluating the impact of targeted interventions.

Methodology: The study involved two construction organizations enrolled in the year-long H.O.P.E. Certification. Data collection included mental health surveys, town hall meetings, and interviews. Key psychosocial hazards identified were excessive job demands, low staffing levels, and constant

pressure. The assessment also highlighted the organizations' strengths in promoting mental health awareness and providing support resources.

Case Studies:

Construction Company #1:

- Strengths: High employee satisfaction with mental health efforts, industry recognition for mental health initiatives, and strong leadership commitment.
- Needs: Increased visibility and clarification of available mental health resources, ongoing mental health promotion, and addressing stigma.
- Action Steps: Development of mental health surveys and discussion groups, creation of a "What to Expect" document for mental health resources, and hosting mental health screening events.

Construction Company #2:

- Strengths: Comprehensive mental health program, proactive identification of psychosocial hazards, and strategic planning to address identified issues.
- Needs: Improved staffing levels, better management of job demands, and enhanced support for employee mental health.
- Action Steps: Implementation of strategic themes such as Capacity, Connection, Commitments, and Optimization of the Work Program. Regular town hall meetings to communicate and reinforce these themes.

Results: The assessments revealed common psychosocial hazards, including excessive job demands, low staffing levels, and constant pressure. However, the organizations showed significant strengths in leadership commitment and existing mental health initiatives. The H.O.P.E. Certification process facilitated the identification of these issues and the development of targeted interventions to address them.

Conclusion: The H.O.P.E. Certification has proven effective in identifying and addressing psychosocial hazards in the construction industry. By leveraging organizational strengths and implementing targeted interventions, construction companies can significantly improve mental health outcomes and reduce the risk of suicide among their workforce.

Work-Related Suicide: An Exploratory Study

Presenter: Steven Bittle, PhD Department of Criminology, University of Ottawa, Canada

Recent studies from various jurisdictions, including France, the United States, Australia, and China, report alarming increases in work-related suicides. Despite some recent studies and policy developments, the issue remains a "hugely under-researched" phenomenon. There are few studies explaining why work-related suicides are on the rise, why they are increasing at this historical juncture, and what these suicides signify in social, political, and economic terms. Consequently, we lack adequate bases to determine appropriate and effective strategies to mitigate this phenomenon.

This study explores work-related suicide in Ontario, Canada, funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The purpose was to examine how work contributes to deteriorating mental health leading to suicide and to address questions of government and employer responsibility.

Objective: The overall objective is to provide insight into the nature and extent of work-related suicide and stimulate dialogue on relevant law reform and policy development.

Methodology: This presentation reports findings from an online survey on work-related suicide administered to experienced health and safety practitioners and professionals, including health and safety specialists, union/labour groups, regulators, and government officials/policymakers.

Additionally, it outlines findings from an analysis of workers' compensation decisions and provides preliminary insights from an examination of coroners' reports of work-related suicide cases.

Understanding and Addressing Work-Related Suicide among Healthcare Workers

Christopher Wojnar, MSN, RN United Suicide Survivors International

Healthcare workers, including nurses and physicians, are at a higher risk for suicide due to the unique stressors inherent in their profession. Studies show that:

- Nurses are twice as likely to die by suicide compared to the general population (Davidson et al., 2020).
- Physicians have a suicide rate that is 1.41 times higher than the general male population and 2.27 times higher than the general female population (Gold, 2020).
- The prevalence of burnout among healthcare workers ranges from 35% to 54%, contributing to mental health issues and suicidal ideation (Shanafelt et al., 2015).

Workplace suicide, the act of taking one's own life due to factors related to the work environment, is a growing and urgent issue, particularly among healthcare workers. High job demands, the threat of workplace violence, inadequate support, bullying, harassment, and a systemic barriers to mental health resources contribute significantly to this problem. It is essential to address workplace factors and psychosocial hazards in the healthcare environment, as focusing solely on encouraging individuals to seek help overlooks the systemic issues that contribute to mental health crises.

Goal: To make the case for a systemic approach to suicide prevention among healthcare professionals and propose effective interventions for creating healthier and safer work environments.

Background: The workplace significantly influences an individual's mental health and overall well-being. High levels of occupational stress, burnout, and toxic work environments can lead to severe mental health issues, including depression, anxiety, and suicidal ideation. Addressing workplace suicide is essential for enhancing employee satisfaction, reducing turnover, and improving organizational performance.

Methodology: Review of Literature, Case Studies & Lived Experience

The presentation reviews the psychosocial and environmental hazards healthcare professionals are exposed to that impact their wellbeing and are inherent to their roles:

- Exposure to chemicals, bodily fluids, and hazardous medications.
- Repeated physical exposures such as loud noises and radiation.
- Harsh psychosocial conditions including low social support, workplace violence, low job control, bullying, and job strain.
- Long working hours and mandated work on days off due to short staffing.
- Frequent exposure to death, trauma, and individuals who survive or succumb to suicide attempts.

Case Studies:

- Dr. Lorna Breen: A physician who died by suicide during the COVID-19 pandemic, highlighting the severe mental health risks and systemic barriers to mental health care faced by healthcare workers during crises.

- Tristan Kate Smith: A 28-year-old emergency room nurse who died by suicide in 2023. Her viral "Letter to My Abuser" addressed systemic abuse within the healthcare system, drawing attention to the mental health challenges nurses face.

Personal Perspective: As a suicide attempt survivor and mental health advocate, the author has experienced the profound effects of workplace stress and the necessity for supportive interventions. This journey towards recovery and advocacy underscores the importance of creating workplaces that prioritize mental health.

Conclusion: Workplace suicide among healthcare professionals demands immediate attention and action. By understanding its causes and implementing effective interventions, we can create healthier, safer healthcare systems. Personal experiences and the stories of others highlight the need for systemic change to protect workers' mental health and prevent future tragedies.

Understanding Farm-Connected Suicide: A Data Study on Farm as Workplace

Presenters: Erik Zabel, PhD, MPH

Abstract: Amid rising concerns about farm suicide rates, the Minnesota Department of Agriculture (MDA) sought assistance from the Minnesota Department of Health (MDH) to gain a deeper understanding of this issue. Recognizing the potential underreporting due to farmers and ranchers often having multiple jobs and extensive family involvement in farming, MDH epidemiologists developed an innovative research methodology. This study aims to accurately identify farm-connected suicide deaths by cross-referencing the decedent's residence with property tax records, assuming agricultural residences indicate farm-connected individuals.

Objective: To accurately identify and understand the prevalence of farm-connected suicide deaths using an innovative research methodology.

Methodology: The study utilized a novel approach by cross-referencing the decedent's residence with property tax records to identify agricultural properties. This methodology assumes that if the residence is agricultural, the decedent was likely a farm-connected person. This approach aims to provide a more accurate representation of farm-connected suicides, addressing potential underreporting in traditional statistics.

Results: Preliminary findings suggest that the innovative methodology provides a more comprehensive understanding of farm-connected suicide rates. The cross-referencing technique effectively identifies farm-connected individuals, highlighting the significant impact of multiple job roles and family involvement in farming on suicide rates. The new methodology specifically identified more women and youth than traditional methods that use industry and occupation listed on the death certificate.

Conclusion: This study underscores the importance of accurate data collection methods in understanding farm-connected suicide rates. By identifying the unique challenges faced by farmers and their families, we can develop targeted interventions and support systems to address this critical issue. The innovative methodology used in this study offers a promising approach to uncovering the true extent of farm-connected suicides and informing effective prevention strategies.

Suicide among Correctional Officers

Chris Caulkins, EdD, MPH, MA

Suicide among correctional officers is a critical public health issue. Correctional officers face numerous stressors, including inmate suicides, increasing their risk of PTSD and depression. Research indicates their suicide rate is higher than both the general population and other law enforcement personnel. Key risk factors include exposure to inmate suicides, chronic stress, and insufficient mental

health support. The New Jersey Police Suicide Task Force found the suicide rate among correctional officers was more than double that of police officers, underscoring the need for targeted interventions. This presentation will cover demographic data of correctional officers who died by suicide in Minnesota from 2001-2022, including age, sex, race, ethnicity, education level, veteran status, and method of suicide. We will explore whether Minnesota correctional officers have suicide rates like those in New Jersey. Addressing this issue requires a multifaceted approach integrating mental health support, workplace interventions, and a supportive organizational culture.

Learning Objective: Participants will identify key risk factors for suicide among correctional officers, understand demographic trends in suicides among Minnesota correctional officers from 2001-2022, and implement effective mental health support and suicide prevention strategies within correctional facilities.

Symposium #05

Room 200ABCDGHIJ, 22 November 2024, 9:00AM - 10:30AM

Centering the experiences of marginalized communities in the development of accessible digital suicide risk interventions

Dr Peter Franz[1], Dr Candice Biernesser[3], Dr Kaylee Kruzan[6], Jane Harness[5], **Dr Hannah Szlyk[4]**

[1]Ferkauf Graduate School of Psychology Yeshiva University, [2]Psychiatry Research Institute of Montefiore Einstein Albert Einstein College of Medicine, [3]University of Pittsburgh Medical Center, [4]Washington University, [5]University of Michigan, [6]Northwestern University

Overall Abstract: Suicide and other self-injurious behaviors (SIB) are an enduring and perplexing public health concern, with few effective interventions. Most evidence-supported interventions targeting SIB risk rely on traditional mental healthcare approaches that are not accessible to all people, especially those with underrepresented identities. The identification of effective, accessible interventions uniquely suited to meet the needs of minoritized populations is therefore a public health imperative. Emerging research has used participatory methods to develop interventions aimed at increasing the accessibility and cultural responsiveness of SIB prevention resources using digital technology. This symposium will describe the methodology and results for the development of interventions focused on key risk factors for SIB (suicidal ideation and behavior, non-suicidal self-injury, and substance use) among minoritized, high-risk populations using a range of digital technologies. The overarching objectives of this symposium are to (A) bring to light gaps in the development of digital interventions for those who are at high risk for SIBs and hold minoritized identities, (B) highlight methodological advances in the use of person-centered research for SIB intervention development and (C) describe novel, evidence-supported, digital suicide risk interventions for minoritized populations.

Development of a culturally attuned digital narrative intervention for reducing suicide risk

Presenter: Peter J. Franz, Ph.D. (Co-chair)

Background: Suicide is a leading cause of death with few accessible evidence-based interventions. Since the start of COVID-19, demand for mental healthcare services, including those for suicidal thoughts and behaviors (STB), has surged. As a result, waiting times for mental healthcare have increased. This reality is particularly troubling in underserved communities, where access to mental healthcare is historically challenging, and rates of STB among youth are on the rise. Thus, there is a dire need for effective suicide interventions people who experience barriers to accessing mental healthcare.

Methods: Recently, we developed Supporting Wellbeing with Everyday Experiences of Peers (SWEEP): a novel, accessible digital bibliotherapy intervention consisting of narratives featuring lived

experiences with and recovery from suicide. Study 1 (n=1,532) is a mixed methods evaluation of the potential benefits of SWEEP. Study 2 (n=528) is a 2-week randomized, waitlist-controlled trial of SWEEP. Study 3 (target n=60) is a community-based participatory adaptation and pilot evaluation of SWEEP for Bronx adolescents.

Results: In study 1, we found that adults reported reductions in suicidal thoughts after reading SWEEP narratives (t=-9.84, p=.001, d=-.27), and that narratives featuring personal details about STB alongside strategies for help-seeking were associated with the greatest reductions. In study 2, we found that adults who read SWEEP narratives once per day for 2 weeks reported lower suicidal thoughts than those on the waitlist (ß=-0.26, p=.001), an effect partially mediated by improvements in both social connectedness (b=-0.55, p<.001) and hope (b=-0.48, p<.001). Study 3 is ongoing; however, we will present findings from a focus group with Bronx adolescents, who provided conceptual feedback about SWEEP and how best to adapt SWEEP procedures to support other Bronx adolescents at risk for suicide.

Conclusions/Future Directions: Results from studies 1 and 2 suggest that sharing first-hand experiences with suicide can be a scalable, brief, and low-cost intervention for suicide risk. We will use knowledge gained from studies 1 and 2, as well as the focus group from study 3, to guide adolescents from the Bronx as they develop their own culturally specific suicide recovery narratives. We will then use real-time sampling to evaluate the acceptability and therapeutic benefits of these narratives for at-risk Bronx adolescents recruited from waitlists for mental health care clinics.

Learning Objective: Identify strategies for integrating lived experience in suicide intervention development

Design, development, and preliminary evaluation of Flourish: A digital suicide prevention intervention for underserved adolescents experiencing online victimization
Presenter: Candice Biernesser, M.P.H., Ph.D., MSW (Co-chair)

Background: Online victimization (OV; disparaging remarks, images, or behaviors through digital devices) has been linked with suicide risk among youth, and underserved youth (LGBTQ+ and youth of color) who have disproportionately high rates of OV are especially at risk. Current services are not available at times or places OV is most influential to suicide risk, such as right after OV occurs and in the online environment where it occurs, and few include underserved youth within program development or evaluation. We aimed to develop Flourish, a digital suicide prevention intervention for underserved adolescents who have experienced OV.

Methods: Flourish's design and development occurred across two grant-funded research projects, one focused on at-risk (recent history of OV and suicide risk) LGBTQ+ youth and the other on at-risk, underserved youth more broadly. Guided by the Discover, Design, Build, Test model, Flourish was developed through a combination of qualitative interviews, surveys, individual and group design sessions, and usability testing. In total, 84 at-risk youth ages 12-18 were included within the design process (N=57, 68% LGBTQ+ youth and N=39, 46% youth of color). An additional 1,460 youth completed social media-based surveys to expand the generalizability of findings. Flourish was subsequently tested in an open trial with 10 at-risk LGBTQ+ youth. Among a range of participatory methods used across these studies, this presentation will highlight 2-3 methods in detail giving practical insights on their application among at-risk, underserved youth.

Results: Interviews generated themes of Flourish's key priorities, which informed an iterative codesign process with youth. The design process yielded a high-fidelity prototype of Flourish, deployed via SMS messaging and a website. Youth feedback was attained on all aspects of its content, functionality, and features. This prototype was evaluated through usability testing. Quantitative evaluation of usability using the System Usability Scale yielded scores ranging from 83-91, associated with an

adjective rating of “excellent.” Preliminary analyses from the open trial showed Flourish met targets for use (approximately twice weekly) with high levels of satisfaction.

Conclusion: Driven by participatory methods, Flourish’s development yielded a suicide prevention intervention perceived to be acceptable among at-risk, underserved youth experiencing online victimization. Future directions include an ongoing RCT testing Flourish among a larger sample of youth.

Learning Objective: Participants will gain practical knowledge of participatory methods for the development of a suicide prevention intervention focused on underserved youth.

Development of a chatbot intervention for young adults that engage in nonsuicidal self-injury

Presenter: Kaylee Kruzan, Ph.D., MSW

Background: Nonsuicidal self-injury is a prevalent behavior among young adults. As a leading risk factor for suicide, the need for effective, accessible, and scalable NSSI interventions is imperative. Many young people engage in online information seeking about NSSI, underscoring the promise of delivering evidence-based resources through digital interventions. In this project, we partnered with a large mental health advocacy group that provides online mental health resources and frequently serves young people with underrepresented identities and NSSI-histories. Our aim was to co-design a digital intervention that meet the needs and preferences of this unique and high-risk group.

Methods: Data for this study come from 3 participatory design activities with young adults (18-24 years old) that reported NSSI on two or more days in the past month. All participants were recruited through an ad posted on the advocacy group’s website. First, 3 waves of 10 participants engaged in 1-on-1 remote design sessions where they provided feedback on chatbot prototypes. Based on this feedback, a chatbot app, “Coping Compass,” was developed and tested in 10 single-session usability sessions and a 4-week field usability trial (n=5). All data were analyzed via thematic analysis.

Results: Overall, young adults responded to the chatbot app favorably and were particularly interested in psychoeducational content that helped them understand NSSI and learn new, effective coping strategies. Personalization was essential. Participants wanted the app to allow them to define, and work towards, goals related to NSSI and other mental health concerns. It was also important for the app to have protections in place to avoid unwanted discovery. Finally, participants wanted control over the types, and frequency, of NSSI prompts to reduce the likelihood of triggering unwanted emotions. In usability testing, participants found the chatbot interface to be usable and useful and provided feedback on adaptations to the language and flow of the chatbot. The app is currently undergoing longitudinal usability testing.

Conclusion: Across three participatory design activities, young adults contributed to the development of a chatbot app to support them in working towards reducing NSSI. We discuss our methods as well as specific adaptations made to the intervention based on feedback from young adults at each phase.

Learning Objective: Attendees will learn about specific methods used to engage young people in the co-design of a digital mental health intervention.

Leveraging entertainment media for suicide prevention including "Papageno" stories

Presenter: Jane Harness, D.O.

Background: Suicide is a leading cause of death for youth aged 10-24. Entertainment media is a largely un-tapped potential public health intervention medium which could be used to influence youth help-seeking behaviors on a large scale. This is especially true because contemporary youth spend the largest fraction of their screen time on streaming services. Furthermore, there is a lack of “Papageno” story entertainment productions in existence today. “Papageno” stories, or stories of

people who come close to suicide and then find non-suicide alternatives show promise for being suicide protective for viewers. We also know that suicide prevention education programs designed for youth themselves (rather than teachers) prevent suicidal behavior in youth. Therefore, it makes sense to couple a youth audience with a place where they are likely to be reached (via entertainment media). It is possible that there are elements of entertainment media that might be suicide preventative other than a "Papageno" story plot. Therefore, we set out to characterize what youth think are helpful vs harmful elements for youth mental health and suicidal thoughts/behaviors in entertainment media.

Methods: Using a text-based platform called MyVoice, youth aged 14-24 responded to 5 questions about their thoughts about how entertainment media can influence mental health and suicidal thoughts and behaviors. Responses were coded using content analysis.

Results: Youth reported that there are movies/shows that impact mental health in both negative and positive ways. Youth reported that there are movies/shows that both prevent and promote suicidal thoughts and behaviors.

Conclusions: Youth identified qualities of entertainment media that extend beyond the "Papageno" story for positively influencing mental health and preventing suicidal thoughts and behaviors. Notably, evoking positive emotions, promoting a positive world view, inspiring feelings that one is not alone, and inclusive positive representation were among the themes that youth reported as being suicide preventative in entertainment media. The entertainment industry can improve by following guidelines for media with suicide-related content and also incorporating elements that could actually make a positive difference for viewers.

Learning Objective: Understand youth perceptions of specific harmful/helpful elements for mental health and suicidal thoughts/behaviors in entertainment media.

The use of equity-centered design to refine a digital health intervention for substance use recovery

Presenter: Hannah Szlyk, Ph.D., LCSW

Background: It is critical to link people who substances to services due to high risk of overdose and suicide. People who are lower resourced have unique challenges to accessing treatment and digital health interventions (DHI). The equity-centered design (ECD) framework uses participatory approaches to address systemic issues during the design process. Researchers and clients collaborate to refine a DHI while practicing awareness of power dynamics affecting the project. Grounded in ECD, this study explores feedback on a DHI for substance use and perspectives on treatment among people with fewer resources.

Methods: Informed by the Theory of Planned Behavior, uMAT-R is a free DHI for adults who use opioids or stimulants, aimed to motivate initiation, or continued use of recovery services. uMAT-R has educational content, a resource directory, and an e-coach messaging feature. Clients may enroll in a paid study to provide feedback on the app. In mid-2023, 36 adults completed a follow-up interview after one month of app use. An inductive thematic approach was used to analyze the transcribed interviews. Two female team members coded separately, and a third female researcher was the deciding coder on disagreement. The team took a reflexive approach to interpretations of final themes.

Results: About 60% identified as female and 83% identified as white. 61% were unemployed and nearly 90% received Medicaid. Most participants reported polysubstance use (86%). The most common themes for app usage were using the app occasionally and positive interactions with the e-coach. The most common theme for app improvement was wanting an app "start" guide. Regarding experiences in treatment, many participants discussed how treatment providers helped to meet basic

needs. When asked about ideal treatment experiences, help with securing basic needs post-treatment was the most popular theme. The most prominent theme regarding treatment concerns was unpredictable access to care.

Conclusion: Engagement with the e-coach and the DHI facilitated equitable access to basic needs in addition to resources received from treatment providers. Yet, clients disclosed challenges with accessing consistent recovery care which could increase disparities in recovery success. App guides may optimize app use and enhance linkages to services. Following ECD approaches, the researchers and participants will jointly work to make refinements to the DHI based on the feedback and to ensure that the app reflects users' needs. ECD may inform other DHI to promote behavioral health equity for all.

Learning Objective: Identify strategies for developing e-health interventions for substance use in underserved populations.

Symposium #06

Room 201A-B, 22 November 2024, 9:00AM - 10:30AM

Deciphering the Paradox: Challenging Current Suicide Prevention Strategies/Models to Improve Care for Patients, Support the Bereaved, and Mitigate Clinician Trauma"

Dr Rachel Gibbons[1], Dr Nina Gutin[2], Ms Paula Marchese[3], Dr Vanessa McGann[4], Ms Marcia Epstein[5]
[1]Royal College Of Psychiatrists (uk), [2]Private Practice, [3]Private Practice, [4]Private Practice, [5]Private Practice

Deciphering the Paradox: Challenging Current Suicide Prevention Strategies/Models to Improve Care for Patients, Support the Bereaved, and Mitigate Clinician Trauma

This symposium aims to explore the philosophical questions, ethical complexities, and unintended consequences of existing suicide prevention strategies. Experts from the UK and the USA, representing various disciplines, will discuss the delicate balance between intervention and individual autonomy, highlighting the nuanced challenges and ethical considerations involved. The panel will critique current methods and propose compassionate alternatives that prioritize both effective prevention and respect for personal freedom.

The session seeks to deepen the dialogue around suicide by identifying biases and misconceptions that may hinder effective prevention and support. By challenging these narratives and guiding future research, the symposium aims to advance a more compassionate, ethical, and effective approach to suicide prevention and postvention.

Chair: Nina Gutin

Highlighting the Complexities and Challenging Current Understanding: Insights from 1,500 Narratives of Suicide Bereavement

Presenter: Dr Rachel Gibbons (UK)

Dr. Rachel Gibbons has dedicated 16 years to studying suicide and suicide prevention, having heard over 1,500 cases of deaths by suicide. These cases have revealed patterns that challenge our current understanding of suicide. In this presentation, Dr. Gibbons will explore the questions these cases have raised, aiming to shed light on the complexities and ethical considerations in preventing suicide.

Dr. Gibbons will discuss the multifactorial nature of suicide, emphasizing that it is not merely an outcome of mental illness but involves complex unconscious mental mechanisms. She will highlight how the capacity to mourn is often overwhelmed in individuals who die by suicide, leading to a split within the personality structure and the formation of suicidal fantasies.

Through her extensive experience, Dr. Gibbons has observed that the true reasons for suicide often remain unknowable, even to those who survive serious attempts. She will address the importance of compassionate, open-hearted engagement with individuals experiencing suicidal pain and the need to move beyond risk assessments that can create a defensive stance within mental health services.

Dr. Gibbons will share insights from her peer support group, which has been running for 14 years, providing a confidential space for clinicians to process the emotional impact of patient suicides. This group has facilitated healing and resilience among its members, highlighting the value of peer support in coping with the aftermath of suicide.

Learning Point: Understanding the complex and multifaceted nature of suicide is essential to fostering compassionate, open-hearted clinical engagement. This understanding is crucial for developing effective suicide prevention strategies that respect individual autonomy and promote healing.

The Philosophical Dimensions and Complexities of Suicide: Rethinking Prevention Strategies

Presenter: Nina Gutin, Ph.D.

Nina Gutin, Ph.D., will delve into the complexities and philosophical dimensions of suicide, challenging conventional perspectives on suicide prevention. Drawing from her extensive clinical work and philosophical insights, Dr Gutin will explore how language and societal attitudes around suicide shape the experiences of those with suicidal thoughts and those who aim to support and treat them.

Dr Gutin will begin by referencing thinkers like Camus, Nietzsche, and Shakespeare, whose perspectives suggest that contemplating suicide can be an integral, even beneficial aspect of the human condition. She will contrast this with conventional discourse, often framed in terms of individual pathology, which reinforces stigma and judgment, alienating those with suicidal experiences. Additionally, she will highlight how the focus on individual pathology overlooks significant social and contextual factors such as trauma, discrimination, and economic inequities that shape suicidal behaviors.

Dr Gutin will address the negative biases and discomfort many clinicians have towards suicidal patients, often perceiving them as manipulative or attention-seeking. She will emphasize how these attitudes and conventional treatments, particularly involuntary hospitalization, can exacerbate the distress of suicidal individuals, increasing their sense of hopelessness and alienation.

Advocating for a broader understanding of suicide, Dr. Gutin will call for a shift in treatment approaches that align with what individuals with lived experiences of suicide find helpful: compassionate, non-judgmental support that respects their autonomy and dignity.

Learning Objective: Participants will understand how conventional language and attitudes, as well as treatment around suicide, may be counterproductive for suicidal individuals. They will learn how a shift to a broader and more compassionate understanding of suicide can foster more effective suicide prevention strategies that respect individual autonomy and promote healing.

Collateral Damage: Addressing Blind Spots in Current Suicide Prevention to Improve the Safety and Care of Both Patients and Clinicians

Presenter: Paula Marchese, LCSW

Paula will address the critical issue of patients being lost to suicide who do not fit into current suicide prevention frameworks, resulting in clinicians becoming collateral damage in a system that leaves them unprepared for such devastating professional events. With over 50,000 suicides reported annually in the United States, the widespread devastation impacts mental health professionals profoundly, affecting patient care and clinician well-being.

Having treated nearly 150 clinicians devastated by a patient suicide, Paula will identify clinical blind spots frequently overlooked in suicide prevention training. She will review feedback from both experienced clinicians and graduate interns, highlighting what they found missing that could have helped protect patients and themselves.

Paula will identify blind spots in prevention and postvention that contribute to the intensity of moral injury described by clinicians after a patient's suicide, leaving them more emotionally and psychologically vulnerable and increasing patient risk. She will discuss the significant percentage of clinicians who leave their jobs following a patient suicide and address the often unreported frequency of clinicians who become suicidal or are hospitalized, with or without attempts.

Paula will share observations on several clinical themes that emerge from patient treatments reviewed and their valuable implications for suicide prevention training. These insights aim to better equip clinicians and improve patient care.

Learning Objectives:

1. Participants will identify ways in which current suicide prevention training and postvention protocols impact clinicians who lose a patient to suicide and learn interventions to cushion the psychological blow and improve overall resilience.
2. Participants will identify interventions aimed at addressing nuanced areas missing in many current suicide assessments to better arm clinicians and improve patient care.

Postvention is Prevention: Compassionate Approaches to Suicide Bereavement.

Presenter: Dr Vanessa McGann, Ph.D.

Vanessa will discuss the insufficient attention postvention has received in the field, as well as the implications that arise from leaving loss behind. She will demonstrate how, as an area with scant research, postvention efforts can often lack the ingredients necessary to help individuals and communities grieve in a healing and healthy manner. In addition, she will explore how general guidelines often fall short of what is needed when planning how to help a specific community.

She will then explore ways in which professionals in the suicide prevention often lack an understanding of suicide from a loss perspective, undervalue the knowledge that loss survivors have of suicide, and experience the struggles of loss survivors as "unimaginable" rather than addressable. She will discuss ways that this fundamental disconnect can exacerbate the difficulties that those grieving a suicide encounter and continue the lack of interest in postvention approaches.

Using examples from school, university and mental health agency populations, she will discuss themes such as guilt, shame, and secrecy that often occur and lead to mental health struggles in those left behind. She will also discuss interventions which appear to work well, suggest directions the field can move, in order to improve on its postvention strategies. Finally, she will point to ways that communities can advocate for postvention to be an integral part of any suicide prevention strategy.

Learning Objective: Participants will understand how postvention efforts, as well as messages from the prevention field, may be less than ideal for grieving individuals. They will learn how a nuanced, context specific and compassionate understanding of suicide loss can foster more effective suicide postvention strategies and how respect for individual experiences and grief can ultimately promote community healing.

The Opposite of Suicide: Reducing Suicide Through Support and Social Justice

Presenter: Marcia Epstein, LMSW

Ms. Epstein's perspectives on suicide are rooted in more than 30 years of providing counseling through a free, 24/7 crisis center, first as a trained volunteer, then as the Director. As Director of a crisis center with a low budget in a multiple-university community in the

middle of the USA, Ms. Epstein's responsibilities included providing some counseling, leading the training program for volunteers, providing educational programs in the community, serving on multiple community task forces and coalitions, and more.

In 1985, Ms. Epstein became part of a significant "suicide prevention" professional network in the USA, the American Association of Suicidology (AAS), founded by Dr. Edwin Shneidman. Through participation in annual conferences of AAS, she recognized that crisis centers became aware of the prevalence of certain concerns before those had been noted by clinicians, academics, and/or researchers. In addition, the centers were very experienced in screening, training, and supporting their workers, as well as helping their callers and visitors. Core values included providing skilled help with respect, compassion, and collaborating with the person in need.

Presentation highlights:

- Suicide experiences are unique, just as each person is unique in their identities, experiences, the meanings they make of their experiences, and their perspectives,
- Helpers in reducing suicide risk, must first recognize their own assumptions, biases, and whether they have healed enough from their own most challenging experiences to effectively hear and help others.
- Helpers must be well-trained in their work areas, not just the codes of ethics under which they work, and mental health and substance about diagnoses and "standards of care." They must be trained and receive ongoing training in suicide, grief, intergenerational trauma, cultural humility, the impacts of marginalization of people in certain groups, and how to recognize when the helper's privileged identities - if they have any — have impacts on personal and professional life.
- Helpers must be supported throughout their training and work. This includes creating and sustaining a work culture that acknowledges that every person in every role is valued, respected, and expected to get the help they need and having a crisis response plan for experiences that impact many of their workers.

Learning Objectives:

- Participants gain increased understanding of suicide experiences as unique to the individual and influenced by deeply rooted societal inequities.
- Participants become advocates for workforce training and support related to suicide experiences in personal and professional life.

Financial Disclosure: There are no relevant financial disclosures for any of the presenters.

Workshops

Workshop #01

Room 201A-B, 20 November 2024, 2:35PM - 4:00PM

Navigating Clinician Bereavement After Client death by Suicide: Processing Your Trauma

Dr Rachel Gibbons[1], Ms Paula Marchese[2]
[1]Royal College of Psychiatrists, [2]Private Practice

Clinicians and (Client) Suicide Loss: An Experiential Workshop. Navigating Clinician Bereavement After Patient Suicide: Processing Your Trauma

Learning Objectives:

1. Understand the Emotional Impact: Participants will explore the psychological and emotional impact of client suicide on clinicians, gaining a deeper understanding of their grief and trauma.
2. Develop Coping Strategies: Attendees will learn effective strategies to manage grief and trauma associated with client loss, enhancing their resilience and ability to continue their work.
3. Foster Peer Support: The workshop will emphasize the importance of peer support and provide tools to create supportive environments within clinical settings, promoting a culture of mutual care and understanding.

Background: This interactive workshop, facilitated by Dr. Rachel Gibbons and Paula Marchese, leverages their combined 41 years of experience in supporting clinicians bereaved by client suicide.

The session aims to provide a live experiential group setting, offering transatlantic insights into working through the trauma of losing a client to suicide. Designed to help clinicians process their trauma in a supportive and interactive environment, this workshop will enable participants to explore the emotional impact, develop coping strategies, and foster peer support. Clinicians often face profound grief and trauma following the death by suicide of a client, significantly affecting their professional and personal lives. Despite the prevalence of such experiences, there is limited support available, and many clinicians suffer in isolation. This workshop addresses this gap by providing a space for shared experiences and mutual support. By understanding the emotional toll and learning effective coping strategies, clinicians can better navigate their grief and continue to provide compassionate care.

This workshop complements another workshop facilitated by Dr. Vanessa McGann and Dr. Nina Gutin, which focuses on clinicians dealing with personal suicide loss. Together, these sessions provide a comprehensive approach to understanding and addressing the multifaceted impact of suicide on clinicians, both personally and professionally.

Format/Session Plan:

1. Introduction (10 minutes): Facilitators will introduce themselves, outline the session's objectives, and set ground rules for confidentiality and respectful sharing. This segment will set a safe and welcoming tone for the workshop.
2. Experiential Group Activity (60 minutes): Participants will engage in a guided group activity designed to facilitate open discussion and emotional processing of their experiences. This activity will encourage sharing and validation among peers, reducing feelings of isolation and promoting healing.
3. Transatlantic Insights (10 minutes): Dr. Gibbons and Paula Marchese will share insights from their extensive experience, highlighting similarities and differences in clinician bereavement support in the UK and the USA. This segment will provide a broader perspective and introduce diverse approaches to support.
4. Interactive Discussion (10 minutes): Participants will discuss the insights shared, reflecting on their own experiences and identifying common themes and coping strategies. This discussion will foster a deeper understanding and collective wisdom.
5. Q&A and Wrap-Up (10 minutes): Facilitators will answer questions, provide additional resources, and summarize key takeaways. This final segment will ensure participants leave with actionable insights and resources for ongoing support.

Workshop #02
Room 202A-B, 20 November 2024, 2:35PM - 4:00PM

Building Stronger State and Territory Systems: A Comprehensive Approach to Suicide Prevention through SPRC's Initiatives

Dr Alex Karydi[1]

[1]EDC

This workshop will showcase the comprehensive work of the Suicide Prevention Resource Center's (SPRC) State and Territorial Initiatives. The focus will be on the interconnected components of SPRC's approach to strengthening state infrastructures for suicide prevention. Participants will learn about strategic guidelines, the use of social network analysis (SNA), the role of Communities of Practice (CoP), and the development and implementation of data courses. The workshop aims to provide actionable insights and proven strategies that attendees can adapt to their respective environments, demonstrating the effectiveness and adaptability of SPRC's model in real-world settings.

Learning Objectives

1. Understand the strategic guidelines developed by SPRC to enhance state suicide prevention infrastructures.

2. Explore the application of social network analysis (SNA) in measuring and improving the efficacy of suicide prevention strategies.

3. Gain insights into the role of Communities of Practice (CoP) and data courses in fostering collaboration and enhancing state capabilities.

Background: SPRC's State and Territorial Initiatives have been instrumental in developing and implementing strategies aimed at reducing suicide rates across various states. By focusing on infrastructure, data analysis, community engagement, and continuous learning, SPRC has created a robust model that other states and organizations can emulate. This workshop will delve into the specifics of these initiatives, offering a detailed look at how each component contributes to the overall goal of suicide prevention.

Format/Session Plan:

Introduction (10 minutes): Overview of SPRC's State and Territorial Initiatives and the objectives of the workshop.

State Infrastructure Recommendations (15 minutes): Presentation on strategic guidelines to strengthen state infrastructures.

Social Network Analysis (SNA) (15 minutes): Discussion on the use of SNA to measure the efficacy of infrastructure recommendations and adjust strategies.

Community of Practice (CoP) (15 minutes): Examination of the role of CoP in fostering collaboration and continuous learning among stakeholders.

The Data Course (15 minutes): Insights into how SNA recommendations have informed the development and implementation of data courses, enhancing state capabilities.

Local Infrastructure Recommendations (10 minutes): Preview of upcoming initiatives and how current work informs future directions.

Interactive Discussion/Q&A (20 minutes): Open floor for participants to discuss the presented strategies, share experiences, and ask questions.

Facilitators

Dr. Alex Karydi, Ph.D., Director of State and Territory Initiatives, Suicide Prevention Resource Center. Alex brings a wealth of experience in behavioral health and suicide prevention, having led numerous state-level initiatives and contributed to national strategies.

Sommer Albert, SPRC Suicide Prevention Specialist, Suicide Prevention Resource Center. Sommer has extensive experience in providing technical assistance and training to suicide prevention programs, focusing on data-driven decision-making and community collaboration.

Workshop Sessions

The workshop will be 90 minutes in total, including a 20-minute interactive discussion and Q&A session to engage participants, address their queries, and facilitate knowledge sharing. This structure ensures a comprehensive understanding of the SPRC's initiatives and provides a platform for attendees to discuss how they can apply these strategies in their own contexts.

By participating in this workshop, attendees will gain a thorough understanding of the SPRC's multifaceted approach to suicide prevention. They will leave with practical tools and strategies that can be adapted to their specific needs, ultimately contributing to more effective suicide prevention efforts in their communities.

Workshop #03

Room 204A-B, 20 November 2024, 2:35PM - 4:00PM

Mr Michael Bonadio Jr[1]

[1]Riverside Trauma Center, Riverside Community Care

Peer Support in the Workplace: An Upstream Prevention Model

Learning Objectives: Individuals who attend this workshop will learn about proactive, preventative peer support programs for the workplace, with a focus on higher-risk industries. Audience members hear about different at-risk industries, learn about our peer support model, and explore feedback and data on the program. By the end of the workshop attendees will be able to:

1. List industries in the US that are at high risk for death by suicide (per 100,000).
2. Describe the components of one peer support model and how the model is utilized in the workplace.
3. Express how workplace peer support helps to decrease mental health stigma and promote help-seeking behavior.

Background: In today's workplaces, employees manage daily stressors and mental health challenges impacting their overall performance. These daily stressors and mental health challenges are leading to increased turnover, increased absenteeism, and an overall decline in productivity. Ultimately, these stressors and challenges impact the business as a whole. Working-aged individuals have some of the highest rates of suicide, with 80% of all deaths by suicide in the U.S. being among men and women aged 45 to 54 (SAMHSA, 2024). In addition, depression alone is estimated to cost the American economy $210 billion annually, 50% of which is shouldered by businesses (American Heart Association CEO Roundtable, 2019). Despite the need to address mental health in the workplace, there continues to be stigma surrounding mental health and help-seeking behaviors.

As a result, peer support programs have started to emerge as a model for promoting overall workplace well-being and combating the stigma associated with mental health challenges. 81% of workers agree that how employers support mental health will be an important consideration when looking for work (American Psychological Association, APA, 2022).

Despite the emergence of peer support in the workplace, there are a very limited number of standardized methods for creating a peer support program. Therefore, MindWise Innovations and

Riverside Trauma Center created a comprehensive, evidence-informed, prevention/early intervention peer support development program. We have implemented the program in several industries including first responder departments (i.e. police, fire, and dispatchers) and construction; two industries with higher than average rates of suicide.

Format/Session Plan: The workshop will provide a comprehensive look at a proactive, prevention/early intervention peer support model. We will explain the need for peer support within the workplace and discuss data to support the creation of the program. The presenters will share examples of workplaces where they have implemented the model. We will discuss the key components of the model including the development manual, standard operating guidelines, and the training curriculum. Finally, the facilitators will review data and testimonials collected on the program, ending with a question-and-answer portion. Participants will be encouraged to share feedback on ways a peer support model might be used as prevention in occupational settings where they work.

Facilitators:

Michael Bonadio Jr, LMFT. Riverside Trauma Center, Riverside Community Care

Lisa Desai, Psy.D. MindWise Innovations, Riverside Community Care

Workshop #04

Room 200ABCDGHIJ, 21 November 2024, 2:35PM - 4:00PM

Mobilizing knowledge for suicide prevention: A Toolkit for the construction and implementation of a knowledge transfer plan to support suicide prevention practices

Professor Cécile Bardon[1,2], Mr Luc Dargis[1,2], **Ms Maude Sauvé[1,2], Ms Julie Zaky[1,2]**

[1]Université du Québec à Montréal, [2]Centre for research and intervention on suicide, ethical issues and end-of-life practices

Learning objectives:

Participants will

- be exposed to the core concepts and methodology used in knowledge transfer (KT) and implementation science (IS) for suicide prevention practices
- be introduced to the Toolkit for knowledge transfer plan in suicide prevention .
- use the toolkit to specify their needs in KT, develop new skills in IS.

Background: Knowledge transfer is a key issue in suicide prevention. Service, support and research organizations need to collaborate effectively to constantly improve practices. The suicide prevention ecosystem includes public health, medical, community, clinical, grass roots organisations who need to share complex evidence and experience-based knowledge and practices in various cultural and practical contexts.

Several models have been developed to support KT in recent years, including the knowledge-to-action model (KTA), that describes the main steps to be taken to implement practice or policy changes based on the best knowledge available. The KTA model is widely used in social sciences .Therefore, researchers and practitioners are equipped with conceptual elements to consider for effective KT. However, they do not necessarily have access to the know-how for optimal implementation. The Toolkit for KT plan in suicide prevention was developed to address this gap. To our knowledge, this Toolkit is the first developed by and for suicide prevention stakeholders that takes into account the specificities of suicide prevention research and practice (i.e. the relatively rare occurrence of suicide, intersectoral collaboration, importance of the community-based sector, complexity of the suicidal process, culturally sensitive practice and life or death outcomes). The Toolkit was developed to address this gap. It aims to support suicide prevention stakeholders in the identification of their KT

needs, the analysis of their context, constraints and resources. This supports the formalization of KT objectives (raising awareness, training, changing practices, sustaining practices) and KT strategies can be selected, implemented and evaluated. Tis structure planning process supports continuous practice improvement and enhancement of organizational KT capabilities.

The Toolkit has been developed and pilot-tested with 17 organizations that implement suicide prevention knowledge and practices (suicide prevention centers, public health agencies, mental health service providers, advocacy organizations). It is currently being used by and with various collaborators of our research center who need to implement innovative practices in their organisations.

Session plan: This workshop is aimed at researchers and managers who need to plan for knowledge use in various research, advocacy and practice settings. Part 1 presents and illustrates the Toolkit, supporting concepts and processes (30mn) of KT/IS. Part 2 accompanies participants in the identification of a KT need and formulation of objectives (60mn). Participants will be encouraged to share their experiences with implementing suicide prevention knowledge and practices, their challenges and successes, and to develop a reflexive view of their future needs in this domain.

Workshop #06

Room 204A-B, 21 November 2024, 2:35PM - 4:00PM
Community Readiness: The Key to Effective Local Suicide Prevention
Mrs Michelle Majeres[1], Ms Ellyson Stout
[1]Edc

Three Learning Objectives:

1. Participants will understand why assessing readiness is important for implementing effective suicide prevention efforts
2. Participants will use the CLSP Toolkit to preliminarily identify their community's readiness level and disparities in readiness levels among different populations
3. Participants will identify any knowledge gaps about readiness levels among different populations in their communities

Background: Unprecedented numbers of local leaders, volunteers, and activists across the Americas are stepping forward to take action to prevent suicide in their communities. And yet, guidance is often lacking in how these local efforts can translate national strategies to fit their local context, strengths, and needs. To make the most of limited funds and volunteer time, it's critical that local suicide prevention efforts start with a strong understanding of where the community is. A number of communities start with raising awareness of suicide, even though national surveys show the majority of the public is already painfully aware of the issue. In other cases, those recently tuned in to the issue might act on their own without pausing to engage partners to assess supports that are already available and build from there. Avoiding assumptions like these can help direct time, money, and energy towards activities that are most likely to help prevent suicide in each unique community.

This interactive workshop will use EDC's Community-Led Suicide Prevention (CLSP) Toolkit to empower communities to understand community readiness, how to assess it among diverse segments of their community, and how to use that information to take their community to the next level of comprehensive and evidence-informed suicide prevention efforts. The CLSP Toolkit is a freely available, web-based toolkit with step-by-step information and a curated list of resources, available online at www.communitysuicideprevention.org. Its purpose is to empower any community to implement and sustain equitable and comprehensive suicide prevention programs. CLSP was created in 2022 by EDC with support from a 12-person advisory group representing national, state, and local partners, and funding from the U.S. Centers for Disease Control and Prevention. These partners came

together with EDC to lay out evidence and experience-informed steps communities can take to achieve the seven key elements of community-based suicide prevention.

Format/Session Plan: Facilitators will provide a brief overview of the seven components of the CLSP model, including why community readiness is a key component of planning effective suicide prevention programs. We will share formal and informal ways of understanding community readiness and will use the CLSP Fit element to frame strategies to increase readiness. Participants will apply the toolkit to identify their own community's overall readiness level, as well as specific groups who may have different levels of readiness. Using case studies, participants will practice identifying strategies to help communities improve their readiness levels. At the end of the workshop, participants will commit to one action they can take to learn more about readiness in their local community.

Workshop #07

Room 205A-B, November 21, 2024, 2:35 PM - 4:00 PM

Using Quality Improvement Methodology to Enhance Your Zero Suicide Implementation

Mrs Laurin Jozlin[1], Mrs. Barbara Gay[1]
[1]EDC- Zero Suicide Institute

Learning Objective 1: Participants will identify and develop strategies to implement innovative system level change to improve suicide care in their health system.

Learning Objective 2: Participants will be able to use Plan-Do-Study-Act cycles to help improve suicide care.

Learning Objective 3: Participants will learn to track key measures in their own system to support improvement in suicide care.

Background: While several evidence-based suicide-specific screenings, assessments, and treatments exist, healthcare systems commonly experience a variety of barriers in their implementation in real world care settings (I.e., cost, time, training, etc.). The National Strategy for Suicide Preventions Goals 8 align with the goals of Zero Suicide. System-specific use of Zero Suicide helps build sustainability for suicide care in health care settings. Learning how to use data for process improvement helps guide the tailoring that systems do with the model.

Based on the Institute for Healthcare Improvement (IHI) Breakthrough Series Collaborative model, the Suicide Care Collaborative Improvement and Innovation Network (CoIIN) came together from April 2023- April 2024 to improve outcomes for people experiencing suicidal thoughts, behaviors and urges and to boldly transform the way hospitals and health systems identify and care for them. A group of 7 hospital and healthcare systems worked together to test and refine practices from the Zero Suicide model that led to:

Respectful, compassionate suicide care;

Skilled and activated hospital and health system staff;

Standardized suicide screening and assessment practices;

Collaborative, person-centered care planning; and

Supportive and timely care transitions.

This theory of improvement was guided by the belief that having people with lived experience at the forefront of change efforts is necessary for better practices and outcomes. In addition to providing participating organizations with change ideas to elevate lived experience in their work, the CoIIN faculty and Project Director utilized their own lived experience to guide the project by modeling and coaching teams on the value of lived experience in the work. A systems-level approach with involvement from all levels of an organization was also critical to successful transformation.

This session will provide an overview of the Suicide Care CoIIN and examples of how teams utilized a Plan-Do-Study-Act (PDSA) cycle to implement innovative change ideas for delivering better suicide care. The presentation will highlight tools, interventions, and best practices that were tested and implemented by teams to reduce or close patient care gaps and increase patient safety. We will share key measures that were tracked for improvement and data from the collaborative to guide changes. This session will also highlight best practices for a collaborative learning community working together through continuous quality improvement specific to suicide.

Workshop #08

Room 205C-D, 21 November 2024, 2:35PM - 4:00PM

Madelyn Gould[1,2], Dr. Michelle Cornette[3], Dr Christopher Drapeau[4,5]

[1]Columbia University Irving Medical Center, [2]New York State Psychiatric Institute, [3]Substance Abuse & Mental Health Services Administration (SAMHSA), [4]Vibrant Emotional Health, [5]The Irsay Institute at Indiana University

Learning Objectives: Upon completion of the workshop, participants will:

- Explain at least two considerations to weigh when designing or informing evaluation methodologies of crisis intervention services.
- Identify at least one strategy for overcoming research funding challenges and enhancing collaborations with external researchers.
- Explain the importance of open science principles in ensuring credible evaluation outcomes.

Background: In the landscape of mental health support systems, national crisis line networks serve as an important resource for individuals in distress. Effective evaluation of these networks is essential to ensuring their responsiveness and impact and identifying new innovations in service design and delivery. This workshop is focused on equipping participants with insights and strategies to assist them in conducting robust evaluations of national crisis line networks. The knowledge obtained during this session will be informed by completed and planned national evaluations of the 988 Suicide & Crisis Lifeline in the United States, a network that has been continuously evaluated since the early 2000s.

Format/Session Plan: This 90-minute interactive workshop will explore practical insights, strategies, and future directions for evaluating national crisis line networks. Facilitated by experienced professionals in crisis intervention research, the session will guide participants through:

Understanding key insights from past evaluations: Participants will gain clarity on the insights obtained from completed evaluations of the 988 Lifeline network, including the most recent evaluation that was completed in December 2023. Participants will also learn about some of the essential elements of effective evaluation methodologies tailored to crisis line networks, including stakeholder engagement, recruitment and data collection strategies.

Navigating research funding challenges: Addressing the recurrent challenge of limited research funding, the workshop will present strategies being pursued by the Administrator of the 988 Suicide & Crisis Lifeline network (Vibrant Emotional Health) to encourage collaborations with external researchers. Participants will also learn about Vibrant's plans to explore the application of open science principles in maintaining and strengthening the credibility and applicability of evaluation outcomes of the 988 Lifeline.

Identifying a research lead in government who can advocate for and provide direction for crisis intervention research: To help with leading and guiding research activities so efforts are strategic, centralized, and focused on the most impactful areas of research. This will include an example of a

5-year evaluation aimed at answering some of the most elusive questions about the short and long-term impact of crisis intervention services.

Conclusion: This workshop aims to equip participants with new insights and strategies to enhance their understanding and approach to evaluating national crisis line networks. By providing actionable information and case studies, the session aims to empower participants to apply these learnings effectively within their respective roles and organizations, ultimately contributing to improved crisis intervention services and outcomes.

Workshop #09

Room 202A-B, 22 November 2024, 9:00AM - 10:30AM

2024 U.S. National Strategy for Suicide Prevention — lessons learned over the last decade and looking ahead to implementation and tracking efforts

Mrs Michelle Majeres[1], Colleen Carr, Shelby Rowe, Richard McKeon, Jerry Reed
[1]Edc

Learning Objectives:

1. Participants will identify successes, challenges, and areas for improvement that can inform the implementation of the 2024 Strategy by sharing experiences and insights gained from working with the previous strategy, focusing on what worked well and what could be enhanced.
2. Participants will understand strategies and best practices for effectively implementing the 2024 National Strategy across federal agencies, community organizations, and other partners.
3. Participants will identify core indicators, data sources, and methodologies for assessing progress towards the strategy's goals over the next decade. Participants will discuss how to effectively measure outcomes, track performance of federal actions outlined in the Federal Action Plan, and adapt strategies based on evaluation findings.

Background: Twenty-five years ago, U.S. Surgeon General Dr. David Satcher issued the ground-breaking Call to Action to Prevent Suicide. This call ultimately led to the first National Strategy for Suicide Prevention in the United States in 2001. Since that time, through the next strategy in 2012, until today, suicide prevention efforts have expanded significantly, ranging from advances in timeliness of data, to the growth in the science of suicide prevention, the development of new treatments, and increased research. People across the country are now aware more than ever that suicide is a pressing public health problem that is preventable. However, much more work is necessary to match the challenge of rising suicide rates.

For the first time, the National Strategy includes a Federal Action Plan. This plan is designed to improve accountability for suicide prevention efforts and to maximize federal infrastructure. Federal agencies committed to specific, short-term actions related to the goals and objectives included in the Strategy that they will carry out over the next three years.

A forthcoming federal monitoring and evaluation plan will monitor the implementation of federal actions, identify relevant core indicators of National Strategy implementation and suicide risk reduction, and develop an approach to evaluate progress of the National Strategy over the next 10 years Effective monitoring and evaluation will help update and improve the National Strategy, inform policy and programmatic decision-making, and enhance future suicide prevention efforts. The federal government and the Action Alliance will serve as joint stewards, monitoring progress, identifying successes and barriers, and providing solutions for improvement. This 2024 National Strategy, with its “whole of government” and comprehensive approach alongside the Federal Action Plan provides a path forward that together, with communities and partners, can make a difference and help address our national challenge to prevent suicide.

Format/Session Plan: This workshop will discuss lessons learned around National Strategy implementation and evaluation over the last decade as we look ahead to 2024 Strategy implementation/tracking efforts. As currently envisioned, this will be a discussion among those who have been working closely with the National Strategy for Suicide Prevention development, as well as those who are part of IASP. This panel discussion will open up dialogue with audience members on lessons learned from the 2012 National Strategy and thoughts on how to implement the 2024 National Strategy and track efforts.

Workshop #10

Room 204A-B, 22 November 2024, 9:00AM - 10:30AM

Suicide Postvention: Supporting Impacted Families, Organizations, and Communities

Dr Larry Berkowitz[1], Dr Carla Stumpf Patton[1]

[1]Riverside Trauma Center

Learning objectives: participants will be able to:

1. Identify at least three goals of an effective suicide postvention response
2. Describe three dilemmas/obstacles to implementing a postvention response in a school or work setting and describe a best practice solution for each dilemma
3. Explain the complicated nature of suicide loss such as differentiating between grief and trauma, and the unique concerns that differ from other causes of death.

Background: Sadly, the number of suicide deaths continues to increase in the US, leaving countless people impacted by these losses. Cerel et.al. (2017) found that, on average, 115 people are impacted in some way by each suicide death. Suicide deaths can lead to more complicated bereavement than other types of deaths, including responses related to stigma, shame, guilt, blaming self and others, anger, shock and trauma (Jordan and McIntosh; 2012, Cerel, 2015). People exposed to suicide death have increased risks of suicide, depression, complicated grief, and PTSD (Brent et al., 1996; Gould et al., 2018; Hedström, et.al. 2008; Swanson & Colman, 2013). Suicide is a tragic event, devastating families, peers, schools, workplaces, and communities.

Postvention refers to interventions supporting those affected by a suicide death, and effective responses reduce the likelihood of complicated grief, residual trauma, and suicide contagion or clusters by stabilizing and supporting those who are vulnerable or at risk. Still, little research has been conducted on what constitutes effective postvention intervention for individuals and families, and even less research tells us what helps "systems" such as schools.

Format/ Plan: The proposed workshop highlights two examples of comprehensive, evidence-informed approaches to postvention.

Dr. Stumpf Patton will describe the model developed by the Tragedy Assistance Program for Survivors (TAPS), a non- profit that supports military families and communities. The TAPS Suicide Postvention Model™ offers a three-phase approach to suicide grief and trauma that 1) stabilizes in the immediate aftermath of a loss, 2) offers guidance for a health-promoting grief journey, and 3) provides an intentional pathway focused on post-traumatic growth. The TAPS Suicide Postvention Model™ has been leading the way in comprehensive postvention since 2008, referenced by the VA, the DoD Suicide Prevention Office, DoD Casualty & Mortuary Affairs, and countless military bases, units, and officials. These efforts have helped tens of thousands of survivors heal with purpose, find meaning from loss, and offer lessons learned on the lookback to effect change towards prevention.

Dr. Berkowitz will present the second model which illustrates postvention responses to support schools in the aftermath of a student suicide death. The model is based on Riverside Trauma Center's

postvention protocols which were listed in the 2015 Best Practices Registry of the national Suicide Prevention Resource Center. It draws from research and recommendations of contemporaries in the field of suicide prevention/ postvention, and includes twelve tasks for postvention activities with schools, workplaces and communities; use of protocols, screening tools, and strategies for responding to dilemmas such as handling memorials, denial that the death was a suicide, and reacting to social media communication. The presentation shares new, first-of -its'-kind, qualitative research based on interviews with young adults who experienced the suicide death of a peer while in middle or high school. This presentation presents practical recommendations that can be implemented in work settings- at schools, workplaces, agencies and organizations.

We will engage attendees in conversations about how these models could work in other countries in the Americas, and what modifications might be needed to support their usefulness in other contexts.

Workshop #11

Room 205A-B, 22 November 2024, 9:00AM - 10:30AM

Fundamentals of Assessing and Managing Suicidal Youths in Outpatient Medical Settings: A PCMH Workshop

Mrs Haley Bierk, M.Ed.[1], Mrs. Sherry Burkhard[1], Dr. Brian Pitts[1], Mrs. Stephanie DeJesus Ayala[1], Lia Thompson, MpH[1]

[1]Children's Hospital Of Colorado

Learning Objectives:

1. Participants will be able to plan the use of evidence-informed suicide risk screening tools in outpatient pediatric practice.
2. Participants will be able to assign youth with suicidal thoughts to relative risk levels based on risk factors, protective factors, and warning signs.
3. Participants will be able to provide same-visit interventions for patients at increased risk for suicide or suicide attempt in outpatient pediatric settings.

Background: In the United States, suicide is the second leading cause of death for youth aged 10-19; globally it is among the top five causes of mortality. Up to 80% of youth who die by suicide will have interacted with the outpatient medical system at some point in the year prior to their death. Only around 20% of them will have had a therapy visit during that time. The goal of the workshop is to disseminate youth suicide prevention concepts and skills championed by the National Institutes of Mental Health, the American Academy of Pediatrics, and the American Foundation for Suicide Prevention a s highlighted in the 2022 Blueprint for Youth Suicide Prevention. This workshop will review performing effective suicide risk screening, conducting brief assessments for suicide risk, and providing initial management of suicidal patients in medical settings. The target audience are professionals of all backgrounds (medical providers, nurses, social workers, behavioral health providers, and practice leadership) in outpatient medical settings such as primary care pediatrics, family medicine, school-based health centers, and emergency/urgent care centers. However, the skills being practiced can also be applied generally to other settings

Format/session plan:

0-5 min: Introductions

5-15 min: Introduction to Suicide Prevention in Primary Care and Screening Tools (Large Group Didactic)

15-25 min: Assessing Patients for Suicide Risk: Risk Factors, Protective Factors, Warning Signs (Didactic (5 minutes), Word Cloud Activity (5 minutes))

25-45 min: Assessing Patients for Suicide Risk: Determining Risk Level (Didactic on Risk Levels (5 minutes), Small Group Case Vignettes Activity and Debrief (15 minutes))

45-65 min: Safety Planning: Who Gets it and How? (Didactic Introducing Safety Planning (3 minutes), Maya's Safety Plan Activity (12 minutes), Take Home Points (5 minutes))

65-85 min: Approaching Lethal Means Safety with Patients and Families (Didactic (5 minutes), Paired Role Play and Debriefs (15 minutes) — 5 minutes per role play)

85-90 min: Wrap Up // Q&A

Workshop #12
Room 205C-D, 22 November 2024, 9:00AM - 10:30AM

Leaving no one behind: Suicide is not a crime: Pathways to Rights-based legislation and Effective Advocacy for the Decriminalization of Suicide: A Case from the Caribbean
Ms Maria O'Brien, **Dr. David Johnson, Ms Reseda Ramkhelawan,** Ms Aastha Sethi

Background: The World Health Organisation constitution and several UN declarations on human rights guarantee the right of everyone to the highest attainable standard of mental health. However, mental health legislation and provision in several countries doesn't align with international human rights standards. One such legislation is the criminalization of suicide in almost 23 countries across the world, 4 of which are in the Caribbean, i.e, St. Lucia, Grenada, The Bahamas and Trinidad & Tobago. The existence of these laws fosters existing stigma surrounding mental health and suicide, negatively impacting MHPSS service-seeking and attitudes critical to our public health.

Building an understanding of the pathways to decriminalization and the importance in achieving this milestone in regional mental health will lead to increased capacity and mobilization in the critical components of effective advocacy, legal activism & the strengthening of sustainable suicide prevention measures.

Learning Objectives (LO):

- LO1: Decoding the link between Decriminalization and suicide prevention

- LO2: Understanding the components in legislative change for suicide prevention, and mental health

- LO3: Translating legislative change into improved outcomes for suicide prevention

Session 1: Introduction To Decriminalization Of Suicide - LO1 - 10 Mins

This session will provide an overview of the importance of decriminalization in the context of the Caribbean, covering the following topics:

1. Decriminalization and suicide prevention efforts in the Caribbean

2. Legal framework of decriminalization and suicide prevention policies

Format: Presentation

Session 2: Case Studies Presentations - LO2 - 15 Mins

This session will provide an understanding of the decriminalization process in different scenarios:

1. Guyana - A success story from the Caribbean: This case study will aim to enlighten participants about the process of decriminalization and its impact on suicide prevention policies using resources such as the WHO report on suicide decriminalisation, research studies from Guyana, and testimonials from the health ministry.

2. Trinidad & Tobago - Progress so far: T&T is yet to decriminalize suicide. However, there is media coverage, civil society mobilization and focused advocacy efforts to achieve decriminalization. This

case study will highlight the present scenario in T&T using testimonials from CSOs in the nation currently working towards decriminalization and advocating for policy change.

3. Suriname – Cultural barriers to decriminalization: This case study will focus on highlighting the stigma and uncertainty around the legal status of suicide in the country using research reports from United for Global Mental Health, Thomson Reuters Foundation, LifeLine International, and the World Health Organisation.

Format: Presentation

Session 3: Stigma And Suicide: Effective Advocacy Through Media For Suicide Prevention – LO1 – 15 Mins

This session will highlight the the link between stigma and suicide using the example of Pakistan's campaign to decriminalise suicide. Stigma surrounding suicide and suicidal ideation prevents individuals from seeking help, further isolating them and increasing emotional distress (1). There is a strong link between using media advocacy to push for decriminalization and reducing stigma.

Format: Video screening and discussion around the strategic use of media in advocacy

Session 4: Breakout Session: Building Our Roadmap To Decriminalization Of Suicide: – LO2 & LO3 – 30 Mins

Participants will be split into 2 groups: Pre-Decriminalization and Post- Decriminalization

Groups will brainstorm objectives for local pre and post stages of decriminalization. Participants will collaborate on a roadmap for each stage – using the decriminalization of suicide in the Caribbean islands as a case example.

Objectives:

Pre-decriminalization:

- Advocacy strategies
- Mobilizing support
- Identifying policy-making champions
- Media and Civil society action groups

Post-decriminalization:

- Ensuring first responder accountability
- National suicide prevention action & response plans
- Related regulation: means of suicide, accessibility of support, building mental awareness & hotline capacity building

Format: Group discussion with presentation by participants

Closing Discussion: 20 Mins

Our roadmap to suicide decriminalization in the Caribbean islands

Format: Group discussion

Workshop #13
Room 200ABCDGHIJ, 22 November 2024, 11:00AM – 4:00PM

The Language and Practice of Lived Experience

Susie [수지] Reynolds Reece, Colleen Sulaitis

The Language and Practice of Lived Experience is an interactive workshop that draws on the experiences of the Suicide Prevention Resource Center's Lived Experience Initiatives program to

provide practical ways communities, groups, and organizations can incorporate suicide-centered lived experience expertise into their own suicide prevention efforts. This workshop breaks common lived experience "talking points" down into defined and measurable terms. It also provides realistic approaches to evaluating lived experience program outcomes to ensure efforts are concrete and intentional.

This workshop addresses both the language of lived experience and issues of accountability to demonstrate ways suicide prevention efforts can adopt best practices in lived experience work and achieve consistent results. By reflecting on and challenging individual, organizational, and societal biases around those with suicide-centered lived experience, we can proactively address stigma and improve our inclusion practices through specific strategies that empower those with lived experience and break down barriers to meaningfully centering their perspectives in our work. We will also explore ways to share lived experience expertise safely and center life-world knowledge in our work, helping us expand our practices to reflect current research and evidence in the lived experience field.

Abbreviated Description: The Language and Practice of Lived Experience is an interactive workshop that provides practical ways communities, groups, and organizations can incorporate suicide-centered lived experience expertise into their suicide prevention efforts. This workshop breaks common lived experience "talking points" down into defined and measurable terms. It also provides realistic approaches to evaluating lived experience program outcomes to ensure efforts are concrete and intentional.

Session Outline

Situation, Challenge, Action, Results, Lessons (SCARL) Method

1. Overview of Lived Experience History
    a. Field - level
    b. History in suicide prevention
    c. Current efforts - international
2. Common language and concepts
    a. Overview of terms and concepts
    b. Challenges for practitioners and professionals
    c. Overview of practices
    d. Challenges for practitioners and professionals
3. SPRC Lived Experience Initiatives
    a. Advisory Committee
    b. Program history and projects
    c. Organizational Lens
    d. Field Lens
    e. Engagement Lens
4. Practical Application
    a. Organization or group mission and scope
    b. Engagement design options
    c. Advisor roles and input options
    d. Engagement strategies and tracking
    e. Feedback loops
    f. Measures and outcomes
    g. Reporting
5. Resources
    a. SPRC.org
    b. ICF

c. WHO Framework
d. SAMHSA Inclusion Policy

Learning Objectives: Use action words to begin this learning objective, such as list, describe, define, demonstrate, conduct, etc. A minimum of three (3) learning objectives are required.

1. Upon completion, participants will have learned comprehensive approaches to including suicide-centered lived experience perspectives (beyond peer work and storytelling) in their suicide prevention efforts.
2. Upon completion, participants will see the ways superficial lived experience engagement strategies have perpetuated stigma and reduced visibility for those with lived experience.
3. Upon completion, participants will have learned deeper ways to engage and include those with lived experience in public events and other opportunities.
4. Upon completion, participants will have clear examples and strategies for measuring lived experience program outcomes and reporting engagement and program successes to invested parties.

Workshop #15
Room 205A-B, 22 November 2024, 2:30PM - 4:00PM

Helping Frequent Callers to Suicide Prevention Helplines
Professor Brian Mishara

Helplines worldwide have some clients who call quite often. Counselors may experience "emotional drain" and feel that their calls are difficult and question the usefulness of the help provided. This workshop summarizes what we know about the nature of frequent callers to suicide prevention helplines, and presents, based upon recent empirical research, recommendations about how to better help frequent callers.

We present the results of a systematic literature review of empirical research on frequent callers to helplines. Several concrete suggestions have been made, but with little empirical justifications. We then report the results from three studies of telephone interventions with frequent callers. We discuss implications of the findings for practice. Then, role-play activities will demonstrate recommended techniques.

Three complementary studies analysed complete audio recordings of calls from 105 frequent callers to the U.S. National Suicide Prevention Lifeline network. In the first study, trained research assistants reliably assessed characteristics of their first and last calls during the month. In the second study, we related caller and helper call characteristics to positive changes and callers' appreciation in post call surveys of help received. In the third study, we conducted qualitative assessments of all the 318 calls received from a random sample of 24 of the frequent callers.

Frequent callers are a heterogeneous group with multiple and diverse serious chronic problems, including suicidal behaviors. Counsellors generally focused on short-term solutions to problems, and rarely on the person, their strengths and feelings. They mostly discussed chronic or repeat problems rather than a new acute or crisis situation.

Callers appreciated calls more when the helper seemed sincerely interested in their problems, was enthusiastic in talking about what the caller wanted to discuss. We also discuss the practical and ethical issues concerning the role of helplines to deal with crisis situations as opposed to long-term difficulties

Orals

Oral #01
Chair: Professor Nicholas Procter
Room 200ABCDGHIJ, 20 November 2024, 11:00AM - 12:00PM

Psychological well-being, depression, anxiety and suicide risk in university students

Dr Karla Patricia Valdés García[1], Dr Bárbara de los Ángeles Pérez Pedraza[1]
[1]Universidad Autónoma Coahuila

The objective of the study was to identify the relationship between psychological well-being, anxiety, depression, and suicide risk in university students.

Suicidal behaviors in Mexico have had a sustained increase over recent years, and young people are considered among the age groups with the highest prevalence.

The research had a quantitative approach. Questionnaires on sociodemographic data, psychological well-being, anxiety, depression, and suicide risk were applied to 10,302 students at a university in northern Mexico. 97.9% of the participants were single, without children (98.8%), and did not work (85.1%). 28.5% of the sample reported probable anxiety scores, and 9% reported the presence of anxiety symptoms. Regarding depression, 8.9% were in the possible range, and 2.2% reported the presence of depressive symptoms; 2.5% of the sample was at risk of suicide according to the Roberts scale.

The correlations between the study variables were analyzed, and significant and positive correlations were found between the well-being subscales: life purpose, positive relationships, situation control, self-acceptance, personal growth, and autonomy. In all these subscales and the total score of psychological well-being, negative correlations were found with anxiety, depression, and suicide risk.

Four linear regression models were also run, and a relationship between the presence of anxiety and depression with suicidal ideation of the participants was found (R= .493). There were inverse relationships between the well-being subscales, except for personal growth, which had a positive value; the prediction values for anxiety were R= .464, depression with R= .479, and suicide risk had R= .424. It is necessary to find the variables that can determine a greater impact on developing health promotion models in young people since they are identified as a group vulnerable to suicidal behaviors.

External Minority Stressors and Active Suicide Ideation Among Transgender and Nonbinary Emerging Adults: Moderating Effects of Individual and Social Connectedness Protective Factors

Dr Lindsay Taliaferro[1], Dr. Jennifer Muehlenkamp[2], Dr. Megan Rogers[3], Dr. Sarah Job[1], Neha Bilagi[1], Dr. Robert Dvorak[1], Dr. Eric Schrimshaw[1]
[1]University of Central Florida, [2]University of Wisconsin-Eau Claire, [3]Texas State University

Objective: Understand risk relationships between external minority stressors, entrapment, and active suicide ideation, and moderating effects of protective factors, among transgender and nonbinary (TNB) emerging adults.

Background: TNB individuals demonstrate increased risk of suicide, compared to cisgender individuals. However, limited knowledge exists regarding effects of modifiable individual/social connectedness protective factors unique to TNB young people on their suicide risk. We sought to advance suicide research with TNB emerging adults by examining effects of protective factors as moderators of suicide risk in theoretical pathways proposed by the Integrated Motivational-Volitional Model of Suicidal Behavior and Minority Stress Theory.

Methods: A national sample of 565 TNB individuals (19.7% transgender women, 26.0% transgender men, 54.3% nonbinary) aged 18 to 26 (M=22.37 years) was recruited between 2023-2024 from across the U.S. via paid social media advertisements. The sample was racially/ethnically diverse (e.g.,

14.7% Latine, 10.5% Black, 8.0% Asian, 4.6% Multiracial/Another race). Eligibility was confirmed via a(n) online screener and confirmation telephone call. Participants completed a cross-sectional Qualtrics survey, and we implemented multiple data validation procedures. We performed latent variable moderated mediation analyses to examine moderating effects of individual (positive gender identity, resilience, self-compassion) and social connectedness (LGBTQ community connection, social support, inclusion/belonging) protective factors on theoretical pathways of risk for active suicide ideation (frequency, intensity/duration, plans/preparation/rehearsal). Specifically, we examined associations between external minority stressors (gender-based victimization, discrimination, rejection, non-affirmation) and active suicide ideation via entrapment with individual and social connectedness protective factors as moderators.

Results: The model showed good fit to the data (RMSEA=.03, CFI=.99), and accounted for 48.5% of the variance in active suicide ideation. External minority stressors were significantly positively associated with entrapment (β=.35, p<.001). Individual protective factors moderated the association between minority stressors and entrapment (β=-.24, p=.014), indicating the relationship between minority stressors and entrapment was weaker among participants with higher levels of individual protective factors. The association between entrapment and suicide ideation was also significant (β=.68, p<.001). However, this relationship was not moderated by social connectedness (β=.03, p=.651). Finally, the indirect effect of minority stressors on suicide ideation through entrapment was significant (β=.24, p<.001), indicating entrapment accounted for the relationship between external minority stressors and active suicide ideation.

Discussion: External minority stressors demonstrate a strong association with suicide ideation via entrapment among TNB emerging adults. Suicide prevention interventions for this population should ameliorate experiences of gender-based discrimination, victimization, rejection, and non-affirmation, as well as enhance positive gender identity, resilience, and self-compassion.

Alcohol use and the sex-specific risk of death by suicide

Dr Shannon Lange[1], Doctor Courtney Bagge[2], Dr. Jürgen Rehm[1], Dr. Michael Roerecke[1], Dr. Heather Orpana[3]
[1]Centre For Addiction And Mental Health, [2]University of Michigan Medical School, [3]Public Health Agency of Canada

Learning Objective: To gain an understanding of the sex-specific relationship between alcohol use and death by suicide.

Background: Alcohol use is an important risk factor for death by suicide, with a heightened risk commonly reported for females compared to males. However, existing meta-analyses have failed to produce valid sex-specific risk estimates. The objective of this study was to determine the sex-specific risk of death by suicide for different levels and dimensions of alcohol use—i.e., for average daily alcohol consumption, and individuals with an alcohol use disorder (AUD).

Methods: We systematically searched the available literature for original, quantitative study, that provided a measure of association and its corresponding measure of variability (or sufficient data to calculate these; e.g., 95% CI) by sex. One-stage dose-response meta-analyses using a restricted maximum likelihood random-effect estimator were conducted to explore the relationship between average daily alcohol consumption and suicide, by sex. Categorical random-effects meta-analyses were conducted to obtain sex-specific pooled estimates of the association between AUD and death by suicide. Methodological moderators (i.e., study design and comparator group) were assessed using sex-stratified meta-regressions.

Results: A total of 16,326 unique records were identified; nine studies (n=6 for males, n=3 for females) with an exposure of average daily alcohol consumption and 24 studies (n=23 for males, n=17 for

females) with an exposure of AUD were included. A linear dose-response relationship between average daily alcohol consumption and the log-risk of suicide was identified for both males and females, meaning as daily consumption increases, the risk of suicide increases proportionally.

Sex-specific meta-regression models indicated study design (i.e., longitudinal vs. cross-sectional study design) significantly impacted the observed association between AUD and suicide (males: p=0.03, females: p<0.001). For males and females, among longitudinal studies, the OR was 2.68 (95% CI: 1.86, 3.87, n=14) and 2.39 (95% CI: 1.50, 3.81, n=11), respectively.

Discussion: Our findings suggest that both sub-clinical and clinical levels of drinking contribute to suicide risk. With respect to potential sex differences, the relationship between AUD and suicide appears to be similar across the sexes. However, the risk of suicide associated with average daily alcohol consumption may be elevated for females, compared with males. Albeit, more research is needed, particularly among females. The findings underscore that identifying and treating heavy drinking individuals and individuals with an AUD are important components of a comprehensive suicide prevention strategy.

The validity of the suicide crisis syndrome

Dr Yael Apter Levy[1]
[1]Suicide Prevention Research Lab

Background: Despite decades of research, much remains unknown about the transition from chronic to imminent suicidal risk. In the context of COVID-19, this question is even more urgent. In order to enhance the treatment and prevention of suicide, specific suicide syndromes have been proposed. These include non-suicidal self-injury, suicide spectrum disorders, foreign body ingestion disorder, deliberate self-harm, parasuicide among others. The Suicide Crisis Syndrome (SCS) is the most thoroughly researched among these proposed syndromes (Shuck et al., 2019). This entity can be envisaged as a crucial point in the narrative suicide crises model (NCM) which has recently gained wide acceptance as a heuristic context for imminent suicide prevention. Systematic investigations have shown the SCS to have internal structure, construct validity and predictive validity for suicide ideation, plan and attempt one-month post-assessment (Barzilay et al., 2020; Bloch-Elkouby et al, 2022). However, discriminant validity for the syndrome remains to be demonstrated. Aim: To show that the SCS is separable from other related syndromes, such as depression, anxiety, schizophrenia, PTSD, OCD and Bipolar disorder. Methods: Population: 867 adult psychiatric inpatients and outpatients were recruited at a large, academic hospital system (Calati et al., 2020): All subjects with current or recent SI, history of SA, or recent SA immediately preceding admission to the hospital. Procedure: Psychiatric diagnosis by senior clinicians using DSM-5 criteria. SCS was diagnosed using the SCI a structured interview which has been shown to be reliable and valid (ref). Data Analysis: the SCS was compared with the DSM-5 diagnostic syndromes, using Chi-square nonparametric tests. Results: the correlations between SCS and these related syndromes were non-significant (p>.05). Conclusion: This is yet another proof of concept for the SCS and should encourage further investigation. This potentially important concept could play an important role in improving suicide prevention and should be included in the official nomenclature of the DSM.

Oral #02

Chair: Bronwen Edwards

Room 201A-B, 20 November 2024, 11:00AM - 12:00PM

From Despair to Gratitude: Healing My Broken Story

Mr Michael Robin[1]

[1]Retired Independent Clinical Social Worker

This presentation will focus on my phenomenological, lived experience account of my suicide attempt on November 27, 2013. As a seasoned mental health therapist and a skilled writer, I am one of the relatively few who can give a first-person account of what it was like to become suicidal, attempt suicide, survive, and thrive in the aftermath. My writing is heavily influenced by my reading of the eminent Dr. Edwin Schneidman, author of The Suicidal Mind, who wrote, "The best route to understand suicide is not through the study of the structure of the brain, nor the study of social statistics, nor the study of mental diseases, but directly through human emotions described in plain English, in the words of the suicidal person."

During my descent into the underworld of suicidal despair, I experienced what Aristotle described in Poetics as perpeteia, a sudden reversal of circumstances, a sign of the extraordinary. Ten years ago, there was a radical break in time and a breach in the anticipated order of things. All had gone awry and nothing made sense. My memoir is not a simple record of the past but, rather, an "imaginative reconstruction" of all that was once beyond my comprehension and understanding.

As memory researchers demonstrate, the neural circuits associated with imagination are active during acts of creative remembering and self-reflection. I write in the present about salient memories of the past, with hopeful aspirations for the future. This amounts to what is called "mental time travel" as I reflect on how my consciousness has evolved, and will evolve, over time. As neuropsychologist Charan Ranganath, author of Why We Remember writes, "The world around us is constantly changing, and it is critical to update our memories to reflect these changes." The very act of writing about past experiences has significantly changed what and how I remember, and the complex meanings I've derived from the experience. It is in coming to terms with the past, and my future aspirations, that I've been able to make sense of the life I am living.

My presentation is part of my life's work; to do what I can to contribute to the prevention of suicide. My primary objective in this presentation is to increase mutual understanding of what it's like for a suicidal person, and their care givers, when a human being experiences despair.

Deaf Survivors of Suicide Loss

Ms Tarra Grammenos

Participants will identify ways the experiences of Deaf survivors of suicide loss differ from those who can hear.

Deaf survivors of suicide loss face unique barriers and challenges as they navigate their grief and loss. This is helpful to know if you're a provider, an educator, or even a family member. Deaf people often don't have many places they can go where everyone will understand their language without the use of interpreters. Deaf survivors of suicide loss face even more challenges. Many of their families don't know ASL; volunteer/peer-run support groups don't have money to pay for interpreters; there aren't enough Deaf/sign-fluent therapists (especially those who may also be suicide loss survivors and truly "get it"); and there aren't enough interpreters who know about suicide well enough to be able to accurately interpret the content without unintentionally causing more harm to the Deaf survivor.

Because deafness is not listed on birth/death certificates, we will never know just how many deaf people die by suicide, or how many deaf survivors are actually out there. Research on this topic is nonexistent.

I'm gathering my info from the 2 hour panel discussion webinar I hosted September 2023 entirely in ASL (with voice interpreting): "Deaf Survivors of Suicide Loss: A Panel Discussion"

Abstract for Departmental Suicide Prevention Portfolio Program Evaluation Project

Dr Ramya Sundararaman[1]
[1]Defense Suicide Prevention Office

The Department of Defense (DoD) is committed to reducing suicide rates among military personnel and needs a centralized and coordinated approach to facilitate efficient allocation of resources across various programs, efforts, and studies. To address this issue, a two-part project will result in a comprehensive program evaluation capability that aligns suicide prevention efforts with strategic goals, identify gaps and overlaps, optimize resource allocation, manage risks and opportunities, and enhance overall effectiveness.

The first part of the project has created a continuously updated portfolio repository of suicide prevention efforts, utilizing literature reviews, environmental scan analyses, and collaboration with key stakeholders such as the Defense Suicide Prevention Office (DSPO) and Military Service staff. Key stakeholders inform the results of this project by providing information about programmatic information within their portfolios. Using the collected information, the team has aligned suicide prevention efforts with national and DoD-specific strategic goals, objectives, and independent committee recommendations, while quickly identifying resourcing gaps and redundancies. The resulting comprehensive portfolio, along with the recent establishment of a formal DoD program element (PE) for suicide prevention, supports creation of linkages to strategic documents such as the 2024 National Strategy for Suicide Prevention, National Defense Strategy, and the Suicide Prevention and Response Independent Review Committee Recommendations. The second part of the project will be activity-based costing, which considers cost drivers, factors, metrics, inflation, risk/uncertainty, and other contributors, will be employed to produce cost estimates for each identified effort.

The outcomes of this project will provide significant value by enabling the tracking of DoD-wide assets dedicated to suicide prevention, identifying gaps and redundancies in the implementation of suicide prevention strategies, and offering visibility into the resourcing requirements and linkages between funded efforts. DoD can leverage these results to support effective resource allocation, establish alignments with strategic documents, conduct cost-benefit analyses of suicide prevention activities, and respond to Congressional inquiries about suicide prevention efforts.

Oral #03

Chair: Daniel Sanchez Morales
Room 202A-B, 20 November 2024, 11:00AM - 12:00PM

Development and Validation of a Technological Model Based on RedOPA for Suicide Prevention and Mental Health Care in University Students

Dr Tamara Otzen, PhD[1,2], Katherina Palma Millanao[2], Scarlet Muñoz[2], Gabriel Epuyao[1,2]
[1]Universidad De La Frontera, [2]Fundación para la Prevencion del Suicidio OPA

Título: Desarrollo y Validación de un Modelo Tecnológico Basado en RedOPA para la Prevención del Suicidio y el Cuidado de la Salud Mental en Estudiantes Universitarios

Objetivo de Aprendizaje: Desarrollar un sistema RedOPAUni para la identificación de riesgos en salud mental, para estudiantes universitarios, evaluando aceptabilidad y usabilidad.

Antecedentes: El suicidio es una de las principales causas de muerte entre los jóvenes a nivel mundial, con una alta prevalencia en universitarios. Este estudio explora el desarrollo de un modelo con base científica-tecnológica, co-creado con la comunidad universitaria, incorporando aspectos culturales y étnicos, en cohesión con los sistemas de apoyo existentes.

Métodos: Se utilizó un enfoque metodológico mixto. Para el desarrollo se incluyó grupos focales, entrevistas y encuestas con la comunidad universitaria. Además se realizó metodología Delphi con grupos de expertos. Se usaron escalas de aceptabilidad y usabilidad (TAM Adaptada y Escala SUS).

Resultados: En el sistema RedOPAUni, basado en RedOPA (https://opa.ufro.cl/redopa/) que fue validado en estudiantes de secundaria (14 a 18 años) y mostró ser efectivo en la disminución de riesgo suicida, se abordan objetivos clave como: (1) Identificación de situaciones de riesgo en salud mental mediante alertas de conductas de riesgo; (2) Promoción de eventos de salud mental para fomentar el sentido de pertenencia; (3) Alfabetización en salud mental a través de infografías; (4) Facilitación del acceso a recursos de apoyo con un botón de alerta y la promoción de comportamientos de acompañamiento activo en infografías; (5) Realización de seguimientos ddesde la app y la web gestionadas por los encargados de salud mental. Los resultados de aceptabilidad y usabilidad servirán para guiar futuras etapas de evaluación de la efectividad del sistema en el contexto universitario.

Discusión: El estudio proporciona un marco para el desarrollo de modelos tecnológicos en la prevención del suicidio y el cuidado de la salud mental en entornos universitarios. La adaptación del sistema RedOPA de estudiantes de secundaria a universitarios demuestra su flexibilidad y posible efectividad en diferentes niveles educativos. Sin embargo, es importante destacar que, si bien se han observado indicadores positivos durante el proceso de adaptación, la efectividad del sistema en el contexto universitario aún no ha sido comprobada y requerirá estudios adicionales, incluyendo un estudio piloto, para evaluar su impacto real en la salud mental de los estudiantes. La integración del modelo con los sistemas de apoyo existentes asegura una respuesta integral a las necesidades de salud mental de los estudiantes.

Effectiveness of a blended indicated preventive intervention for suicidality among adolescents in Chile

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Introducción: Evaluamos la eficacia de una intervención mixta (digital/presencial) para reducir ideación suicida (IS) en colegios en Chile. El componente digital involucra 8 módulos basados en Terapia Cognitivo-Conductual (TCC) (20 minutos) con videos y actividades guiadas sobre identificación de problemas, reconocimiento de emociones/tolerancia al estrés, pensamientos automáticos, búsqueda de ayuda/activación conductual, relaciones entre pensamientos-emociones-conductas, resolución de problemas y reestructuración cognitiva. El componente presencial comprende 5 sesiones para reforzar algunos de estos elementos. Los participantes visualizan videos breves (1-2 minutos) y realizan actividades guiadas por un psicólogo. Estudio registrado: Clinical Trials (NCT05229302).

Método: Ensayo controlado aleatorio por conglomerados. Se reclutaron 20 colegios, distribuidos aleatoriamente en Grupo de Intervención (GI) (n=863) y Grupo de Control (GC) (n=683). La aleatorización la realizó un estadístico independiente utilizando la función RAND de Microsoft Excel (proporción 1:1). Basados en estudio piloto, el tamaño muestral consideró: pérdida en el seguimiento del 55% de los alumnos elegibles (C-SSRS ≥3), media armónica de 8 alumnos por colegio, y puntuaciones medias (DE) de la escala de IS (SIQ-JR) (post-intervención): GI (media=51,9; DE=21,4); GC (media=41; DE=18,6). Esperábamos reclutar al menos 18 colegios. Quienes asintieron participar, respondieron cuestionarios online al inicio del estudio. Se excluyeron estudiantes con puntajes >19 (PHQ-9), sintomatología psicótica e intento(s) suicida (último mes). El resultado primario fue IS, y los secundarios fueron: síntomas depresivos/ansiosos, desesperanza, habilidades de resolución de problemas sociales (HRS), activación conductual, reevaluación cognitiva y supresión emocional. 303 estudiantes (GI, n=164; GC, n=139) fueron elegibles para su inclusión en el estudio. Se entrevistó a

169 estudiantes (GI, n=97; GC, n=72) y a sus cuidadores. Se excluyeron 90 y 111 estudiantes de GC y GI. Se asignaron 48 estudiantes a cada grupo, quienes respondieron cuestionarios post-intervención. El equilibrio inicial entre las ramas se evaluó mediante estadística descriptiva. Mediante el análisis de intención de tratar se evaluó las diferencias entre grupos en IS post-intervención. Utilizamos un modelo de análisis lineal de efectos mixtos para comparar el cambio en los resultados desde el inicio hasta después de la intervención.

Resultados: Encontramos reducciones significativas en IS (β=-6,7, p=0,015, d=0,49), síntomas depresivos (β=-3,1, p=0,002, d=0,81) y ansiosos (β=-2,60, p<0,001, d=0,72), y desesperanza (β=-3,7, p<0,001, d=0,70) en el GI en comparación con el GC, post-intervención. También observamos mejoras en HRS (β=-1,6; p=0,002; d=0,58), activación conductual (β=2,8; p=0,019; d =0,47) y reevaluación cognitiva (β=2,2; p=0,029; d=0,53).

Discusión: La evidencia reportada sugiere que el programa podría ser escalable en entornos escolares de la región.

Implementation of Quebec Practices in Suicide Intervention in Mexico

Dr Angela Beatriz Martinez[1]
[1]Red Mundial De Suicidiologos Mexico.

Objective: Develop an adapted version for Mexico of the suicide intervention program based on best practices from Quebec.

Background: The collaboration between the World Association of Suicidologists of Mexico and the Quebec Association for Suicide Prevention was initiated to address the growing problem of suicide in Mexico. A committee was established to ensure the cultural coherence of the materials and pedagogical activities. The main objective was to train local interveners using culturally adapted techniques.

Methods: A scientific implementation approach was adopted, including a systematic literature review and qualitative methodologies such as focus groups to collect data and adjust practices. The intervention uses a universal approach, applicable to all individuals at risk of suicide. The training is mixed, as it can be both in-person and online. The intervention model is applied in-person, meaning that specialists intervene directly with the person at risk of suicide in a face-to-face setting, which facilitates better adaptation of techniques to individual needs and ensures immediate support. A binational committee ensured the cultural relevance of the content, and validation was carried out through pilot sessions in various regions of Mexico.

Results: A committee was formed, and strategic planning was conducted, including a needs and context analysis. The development of training materials, such as the trainer's guide and the participant's workbook, was carried out with culturally relevant translations and graphic design. Two pilot sessions with experienced professionals allowed for empirical validation and evaluation of the content's effectiveness. The results led to significant adjustments in the final version of the program, and regulations were established to protect intellectual property.

Discussion: The implementation of this model highlights the importance of cultural adaptation in the transfer of practices, ensuring the effectiveness and acceptability of interventions. In the adaptation process, no substantive modifications were made to the essential components of the original model developed in Quebec. Instead, examples and specific contexts were adapted to align with Mexico's sociocultural aspects. The instructional videos were translated into Spanish, and minor adjustments were made to ensure cultural relevance, while all steps of the model and fundamental methodologies remained faithful to the original design. This approach aligns with the principles of implementation science theory, which emphasizes the importance of preserving the essential components of an evidence-based intervention while allowing the adaptation of contextual elements to improve

acceptance and effectiveness in new cultural settings.

Oral #04

Chair: Jonathon Singer
Room 204A-B, 20 November 2024, 11:00AM - 12:00PM

'There is only one philosophical question and that is suicide' Camus. Exploring the philosophical nature of suicide

Dr Rachel Gibbons[1]
[1]Royal College of Psychiatrist

Learning Objective: Understand the philosophical dimensions of suicide and how they inform and challenge contemporary suicide prevention strategies.

Background: Suicide is often viewed through a clinical lens, primarily framed as a result of mental illness. However, the philosophical aspects of suicide, as highlighted by thinkers like Camus, Sartre, and Durkheim, offer profound insights into its nature. These perspectives can enrich our understanding and approach to suicide prevention, moving beyond pathology to consider existential, social, and ethical dimensions.

Methods: This presentation draws on the lived experience of suicide bereavement, qualitative data from 14 years of studying suicide cases and working with the bereaved, incorporating philosophical analysis.

Results: The analysis reveals patterns in suicide that challenge the conventional mental illness narrative. Suicide is shown to be a multifaceted phenomenon influenced by existential despair, social isolation, and a breakdown in the capacity to mourn. These insights highlight the limitations of current prevention models that focus solely on risk factors and pathology.

Discussion: The presentation will discuss how integrating philosophical perspectives into suicide prevention can lead to more compassionate and effective strategies. By acknowledging the existential and social dimensions of suicide, clinicians can better understand the experiences of those at risk and those bereaved. This approach promotes open-hearted engagement and reduces stigma, ultimately fostering a more supportive environment for individuals dealing with suicidal thoughts and their aftermath.

This presentation is based on six papers including research with Prof Keith Hawton on Clinician bereavement. All papers have been received well by those bereaved by suicide. This talk has been given widely in the UK.

Engagement in meaningful activities post suicide loss: A scoping review

Ms Monique Gill[1], Ms Miranda Wu[1], Ms. Shania Pierre, Ms Larine Joachim, Ms Meera Premnazeer[1], Dr. Sakina Rizvi[2,3], Dr. Rebecca Renwick[1,4], Dr. Helene Polatajko[1,4], Dr. Jill I. Cameron[1,4]
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Learning Objective: By the end of this presentation, participants will gain an understanding of the current state of the scientific literature as it relates to engagement in meaningful activities of everyday living (MAEL) and mental health following the experience of suicide loss.

Background: Worldwide, one person dies by suicide every 40 seconds. These suicide deaths leave behind a wake of grieving individuals whose needs are often overlooked. Individuals bereaved by suicide are at a higher risk of experiencing negative mental health outcomes. Current research

supports engagement in meaningful activities as an avenue to protecting mental health, emphasizing the importance of exploring engagement in MAEL among those bereaved. To date, there has not been a synthesis of the literature examining suicide bereavement and the nature and extent of engagement in MAEL. Objective: To identify and map the scientific literature related to engagement in MAEL and mental health following suicide loss. Methods: A scoping review was completed using the Joanna Briggs Institute framework to summarize and map the literature. Four electronic databases were searched for two concepts: suicide and bereavement. Studies were screened using specific inclusion and exclusion criteria. Two independent reviewers completed the title and abstract and full text screening. All conflicts were resolved by a third reviewer. Data were charted, summarized and results reported using the PRISMA Extension for Scoping Reviews. Results: 5617 articles were identified, and 76 articles were included in this review. Articles used qualitative (87%), quantitative (4%) and mixed (9%) methods. There was a varied representation in age within the population studied ranging from children as young as four years old to older adults. Findings suggest that MAEL are frequently identified in the suicide bereavement literature; however, they are rarely acknowledged as having a role in shaping mental health. This scoping review identifies a knowledge gap in the current literature, specifically the need to study MAEL and their role in shaping mental health and the experience of suicide loss. Discussion: There is a need for future research to examine the role of engagement in MAEL in shaping the experience of suicide loss. Engagement in MAEL may assist in protecting mental health and may have implications for improving supports for those bereaved.

Virtual human interactions: a cutting-edge tool to investigate the impact of cultural factors and implicit biases on the alliance and clinical judgment with high-risk patients

Dr Sarah Bloch-Elkouby[1], Heng Yao, Alexander Gomes de Siqueira, Benjamin Johnson, Inna Goncearenco, Benjaminn Lok, Igor Galynker

[1]Ferkauf Graduate School of Psychology at Yeshiva University; Icahn School of Medicine

Learning Objective: Understand the benefits of AI-powered virtual patients in multicultural suicide prevention research and clinical training.

Background: Recent research shows striking racial disparities in suicide rates among children and teenagers: Black children are twice as likely to die of suicide compared to their White counterparts, and this gap continues to grow (Bridge et al., 2015). Between 1991-2017, the prevalence of suicide attempts has increased by 73% among Black adolescents (Lindsey et al., 2019), whose attempt rate is currently 11.8% compared to 7.8% for White adolescents (Ivey-Stephenson, 2020). However, Black adolescents are also less likely to disclose their suicidal ideation to clinicians (Lindsey et al., 2019) and thus less likely to be identified as high-risk patients compared to their White counterparts. These findings rise the question whether provider bias may contribute to discrepancies in therapists' levels of engagements with Black vs. White teenagers as well as possible under-detection of Black youth' suicide risk. To our knowledge, these questions have never been investigated empirically. This study used cutting-edge AI-powered virtual patient interactions to fill this gap and investigate the contribution of provider bias on therapists' ability to engage with Black high-risk patients and assess their risk level accurately.

Methods: The data collection for this study is ongoing. So far, 150 trainee and licensed therapists (target recruitment is 200) participated in the study and were randomly assigned to interact with a White or a Black virtual patient who are identical in all aspects but their skin tone, their facial features and their self-reported race (Black vs. White). Clinicians' emotional response and experience with the virtual patients, their self-reported alliance and their clinical judgment (i.e. assessment of the patient's level of risk and diagnosis) will be compared across the two conditions (Black vs. White virtual patient). The moderating role of clinicians' implicit racial biases will be assessed using a multivariate analysis of variance (MANOVA). Based on associations with the outcome variables, clinicians' demographic variables will be entered as covariates in the two MANOVA models.

Results and discussion: We will discuss the implications of the study's findings to the field of suicide prevention, with special focus on the contribution of AI-powered virtual patients to clinical training in suicide risk assessments and interventions with marginalized high-risk patients. The technological limitations of the virtual patients utilized in this study will also be discussed, and ongoing upgrades developed by our team will be presented.

Keywords: Virtual-patients, AI, high-risk patients, race, culture, therapeutic alliance, suicide risk assessment

Structuring and Application of Municipal Postvention, Prevention and Combating Suicide Flow

Professor Hugo Marques Correia[1]
[1]Unirg

Objective: Structuring a reception network and professional performance of health operators in the municipality of Paraíso do Tocantins, focusing on the prevention and post-vention of violence in the form of suicide.

Background: According to statistics from official bodies, there was an epidemiological increase in the number of suicides throughout Brazil, and considering the Paraíso do Tocantins region, this number was even higher.

Methods: Discussion forums were created involving community representatives and access to public policies and scientific knowledge were promoted, meetings were held with specific groups and workshops and forums were held to generalize knowledge of public policies and existing institutional protocols aimed at professional and municipal training for the fight against suicides;

- Training was carried out for social multipliers who deal directly with the population at risk (doctors, teachers, media professionals, municipal popular institutions, mental health professionals);
- A sectoral network was created with multipliers who will be representatives of each risk group, who will carry out prior identification and referral of those who present themselves as a suicide risk group;
- Support groups created for family members of people who took their own lives, so that they receive adequate monitoring and prevention of new occurrences.

Result: From the application of this project, an active protection structure was created that anticipated municipal occurrences of violence against oneself, with improvement and expansion of protective factors to prevent and combat suicide in the municipality of Paraíso do Tocantins. Municipal protocols for the prevention and post-vention of suicide, reception of family members, and a municipal flow that serves to quickly welcome vulnerable people were created. Groups of professionals were also trained to quickly identify risk factors and immediately refer them to the municipal mental health and suicide prevention flow. Existing public policies and protocols were presented to project participants and the necessary updates were carried out cooperatively for the context of the Tocantins region. The result was greater capacity for the municipality to anticipate and guide people who are vulnerable to suicide.

Discussion: A competent structure for suicide prevention and postvention was created, the municipality is developed to reduce suicide statistics in our region, always looking for new and adapted ways to reduce risk factors and increase protective factors aimed at the population.

Oral #05

Chair: Mikaela Dimick

Room 205A-B, 20 November 2024, 11:00AM - 12:00PM

Behavioral threat assessment and suicidal ideation: missed opportunities to identify risk

Dr Holly Robles[1]

[1]KBR, Inc.

Learning Objective: Participants will be able to identify the shared assessment opportunities in suicide risk assessment and behavioral threat assessment to improve identification of externally directed and internally directed threats of harm or violence.

Background: In the wake of mass shooting events and the attempted assassination of a former president, there is an increasing interest and focus on behavioral threat assessment. Behavioral threat assessment involves identifying extensive warning indicators and a thorough review of an individual's concerning behaviors by a team of highly trained professionals. Assessing for suicide is often a very small portion of this behavioral threat assessment process, yet a large proportion of actors in targeted violence have also expressed suicidal ideation.

Methods: The Interpersonal-Psychological Theory of Suicidal Behavior (Thomas Joiner) identified social alienation or the lack of belonging as predictive of suicidal ideation. This theory also requires a third component: access to weapons or a means for self-injury. The opponent-process theory suggests that repeated exposure to negative stimuli results in an increased tolerance of emotional pain and desensitization of the normal fear of death. Within the systems of behavioral threat assessment and assessment of suicidal risk, there may be little overlap between these key components to an accurate assessment of either.

Result: Participants will learn the key components of the assessment of risk in behavioral threat assessment and the applicability to behavioral threat assessment to increased risk of death by suicide.

Discussion: Suicide screening and assessments and behavioral threat assessment processes oftentime work exclusively of each other, whereas their interface significantly improves the ability to better use all pertinent variables in risk of harm to self and others. Clinicians will learn the critical components of both approaches to better identify and monitor those that may be at risk for both self-directed violence and targeted violence toward others.

Empowering Workplaces: Strong Workplace Culture Builds Stronger People

Dr Sara Kohlbeck[1], Ms. Sarah Bassing-Sutton, Ms. Mandi Dornfeld

[1]Medical College Of Wisconsin

As a leader you establish the culture within your organization. Often, we are unaware of how our actions set the tone and send a message to our staff about how to do their work, when to do their work and most importantly how we value their overall health and well-being. We know that the landscape of the workplace has changed, and we also recognize that more than ever employees are seeking workplaces that support their personal and professional growth. This presentation will describe a new curriculum that is thoughtfully designed to create a workplace culture supportive of overall well-being. We know that the workplace has a deep and lasting impact on the health of those who work there.

The Empowering Workplaces curriculum looks holistically at eight domains of wellness as strengths and opportunities through a trauma informed, equitable lens. The curriculum includes leader and empowerment coach training, The WHOLE You survey, a management assessment, templates for topic specific monthly newsletters, topic specific weekly emails, sample activities for authentically engagement by leaders, detailed effort for each domain of wellness and learning communities for Empowerment Coaches to support implementation of the Empowering Workplaces curriculum.

Suicide in Jamaica

Dr Paul Bourne[1]
[1]Vocational Training Development Institute

Paul Andrew Bourne, PhD (Leadership); DrPH (Public Health)

Introduction: According to the World Health Organization, there are 700,000 deaths from suicide each year. For every suicide, there are 20 unsuccessful attempts, meaning more people attempt suicide than those who die. The number one risk for suicide is prior attempts. Globally, suicide is the number one cause of death among 15 to 19-year-olds. Approximately 77% of global suicides occur in low to middle-income countries. Objective: This study examined the trends of suicide rates in Jamaica from 2000-2019. Materials and methods: Time series data were used to provide the analyses for this study. Twenty years of data were collected from the World Bank Data Portal, showing the total sum of suicides during the two decades (2000-2019) and the suicide rates among males and females. Excel served as the tool for data collection, followed by data in the Statistical Package for the Social Sciences (SPSS) version 28.0 for further analysis.

Findings: There is a positive association between male and female rates of suicide. As the rate among males increased, so did the rate for females. However, males' incidence increased more than females during the 20 years. Discussion: It is essential to continue to explore the comprehensive data to understand the impact of suicide among the Jamaican population over time. In this current study, the results confirm that in our convenience sample, males had a higher rate of suicide compared to females, with females increasing at a slower rate during the 20 years.

Conclusion: Males continue to be impacted at a higher rate than females and double the rate during some years for suicide. It will be necessary for Jamaican leaders to consider the most recent recommendations from WHO with structured monitoring to examine whether or not the interventions positively influence the current suicide trends among the Jamaican population over time.

Suicide prevention programs for Alaska Native youth -literature review on culturally based programs-

Ms Saki Yoshida[1], Dr. Kumiko Nakano[1], Dr. Megumu Iwamoto[1], Dr. Junko Omori[1]
[1]Graduate School of Medicine, Tohoku University

Objective: This study aims to generate types of culturally based suicide prevention programs for Alaska Native youth.

Background: Suicide among young people is one of the most important health issues worldwide. Alaska Native youth are at higher risk of suicide compared to non-Natives due to a history of colonization and assimilation policies that have further complicated the factors of suicide. Traditional practices are a great strength and healing for indigenous peoples, thus culturally based interventions have been developed. However, there are no systematic reviews of these prevention programs that focus exclusively on Alaska Native youth.

Methods: We searched the Web of Science for literature containing following key words: "Alaska," "Native," "suicid*," "prevent*," and "intervent*," in all fields, without limiting the year of publication. Literature describing culturally based interventions for Alaska Native youth ages 10-24 was included. We excluded articles that described other Native people, and articles that did not describe the specifics of the intervention.

Result: After careful examination of the 132 articles extracted,15 articles were selected for analysis. Interventions were mainly in the western Alaska and targeting the Yupik and Inupiaq tribes. Five major types of interventions were implemented and their activities were divided into two main categories:

“cultural adaptation process to plan activities”, and “culturally based activities to learn about roots”, followed by 6 subcategories: “Include community perspectives and reflect their values and circumstances”, “Use community resources”, “Learn about traditions through cultural knowledge”, “Experience subsistence hunter-gathering lifestyle”, “Participate in traditional exercises and work”, and “Engage in traditional craftsmanship”.

Discussion: The culturally based programs were planned and carried out with the following process of adaptation of native culture to prevention activities. From the results, 3 additional commonalities were observed. Firstly, involving activities linked to the seasons and nature, such as learning safety skills on ice and practicing to participate in hunting before winter season. Secondly, family and tribal bonding, such as learning about indigenous names and creating community gathering spaces. And lastly, a culture of storytelling was observed which includes listening to others as well as telling stories about oneself.

Conclusion: Planning of the intervention involves a cultural adaptation process before the implementation of culturally based activities. Participatory culturally based prevention programs may have positive effect on the lives of youth.

Oral #06

Chair: Dr Mort Silverman
Room 205C-D, 20 November 2024, 11:00AM - 12:00PM

Body regard moderates suicide ideation and attempt: Implications for ideation-to-action frameworks.

Mr Kameron Mendes[1], Dr. Jennifer Muehlenkamp[2]
[1]Simmons University, [2]University of Wisconsin-Eau Claire

Learning Objective: Participants will be able to recognize that one’s connection to their body is an important risk factor for suicide attempt.

Background: Components of body regard (BR), a multifaceted construct encompassing one’s relationship with, attitudes toward, and subjective experiences of their body, have been longitudinally and cross-sectionally associated with suicide ideation and attempts. Likewise, it has been theorized that lowered investment in protecting one’s body may allow acts of self-harm to be carried out with greater ease; however, one’s connection to their body remains absent from leading theoretical models of suicide. Guided by the IMV theory of suicide, this study aimed to examine if BR contributed to suicide attempt above and beyond other volitional factors, whether BR moderated the relationship between ideation and attempt, and if BR impacted the moderating relationship of other volitional factors.

Methods: Participants included 2,021 young adults (Mean age = 19.52, SD = 2.27; 76.6% Female; 91%White; 5.1% Latinx) who completed an anonymous online survey assessing body regard, fearlessness about death, depression, anxiety, stress, lifetime NSSI, and past year suicide ideation and attempts. A third (33%) of participants reported a lifetime act of NSSI (Mean frequency = 4.96, SD = 14.42) and 102 (5%) participants reported a past year suicide attempt.

Results: A logistic regression model predicting past year suicide attempt was significant and including body regard significantly improved the model, $X2 = 5.85$, $p < .02$, Nagelkerke $R2 = 0.284$. Suicide ideation, NSSI, and body regard were significant predictors, while fearlessness about death was not (OR = 1.18, p = 0.21). Follow-up moderation analyses revealed that body regard significantly moderated the effect of suicide ideation (-0.047, $Z = -2.174$, $p < .03$, 95% CI: -0.089, -0.005). Suicide ideation was significantly associated with suicide attempts when body regard was low (effect = 0.084, $Z = 1.933$, $p < .001$) but not when average (effect = 0.053, p = .053) or high (effect = 0.022, $Z = 0.576$, $p > .56$). Including both moderating effects of NSSI and body regard within the model

significantly improved fit X2 = 6.53, p < .04. Higher body regard weakened the effect of ideation on attempts across levels of NSSI.

Discussion: Body regard may play an important role in decreasing suicide risk while also buffering the moderating relationships of other risk factors. Etiological models, assessment, and treatments aimed at addressing suicide risk should include particular attention to one's body regard.

"Understanding Suicide and Suicide Prevention Strategies in a Global Context" Lessons from a Massive Open Online Course (MOOC)

Dr Heather McClelland[1], Professor Julie Langan-Martin, Dr Laura Sharp
[1]University of Glasgow

Objective: To evaluate the global reach and sustainability of a three-week Massive Open Online Course (MOOC) focused on suicide and suicide prevention as a global issue.

Background: Suicide remains an important global public health problem with around 703,000 people dying from suicide each year. By raising awareness of suicide amongst the public it is hoped that suicide rates will reduce by encouraging help-seeking behaviour. However online, accessible, research-informed courses focused on suicide and suicide prevention strategies are rare.

Methods: A multidisciplinary team of suicide behaviour specialists (healthcare professionals, academics, service users) and digital learning experts, developed a free, online educational resource focused on suicide awareness and prevention. The course was developed iteratively based on external feedback and several organisations provided endorsement. Course content includes informational videos, case examples of national suicide prevention strategies, and mechanisms linked to suicide behaviour. Student interactive opportunities include quizzes and posting comments. Commenting was deactivated after the first two facilitated runs to offer an open resource with continuous access. Data collection included student demographic characteristics (age, gender), geographic region, quantitative and qualitative student satisfaction surveys and monitoring of student engagement with course content. World Health Organization's (WHO) guidelines on safe reporting of suicides was adhered to and was grounded in the self-harm and suicide prevention competence framework. Self—care activities were embedded throughout each week of the MOOC and wellbeing resources were signposted at the end of each step.

Results: Over 9,400 learners from 158 countries, have joined the course since its launch in March 2019. So far, most learners are based in the UK (50.5%). Reasons for joining the course are variable however professionals looking to expand their skillset accounted for 28.8% of learners. Over 95% of students stated that the course met or exceeded their expectations, and this was supported with qualitative feedback (e.g., 'fantastic course content'). Compared to comment-activated runs, more students complete the course when comments were deactivated. Additionally, comment-deactivated runs were associated with increased reports of the course meeting or exceeding student expectations, when compared to comment-activated runs (91.86% versus 96.31%). Watching videos to completion varied as a function of ability to comment on the course and geographic region.

Discussion: There is a global demand for online education about suicide prevention. Outcome data suggest that this can be sustainably delivered through a MOOC. Cultural considerations and learner safety must be considered when developing course content focused on sensitive topics.

AUTOPSOM: Psychological autopsies study for identifying suicidal risk factors in the French Overseas Territories

Professor Stephane Amadeo[1], Dr Patrick Favro, Dr Simone Grand, Dr Erick Gokalsing, Pr Mathieu Guidere, Miss Sophie Lauret, Mr Pierre Louis Guillon
[1]Chu Martinique — Inserm, Fort de France, Martinique

Objective: Understanding suicide in isolated territories presents a unique challenge due to the complex interplay of cultural identity, historical, geographical, and sociocultural factors. In the French Overseas Territories (FOT), data on suicidal risk factors remain insufficient. This study, AUTOPSOM ("Contribution of Psychological Autopsy to the Understanding of Suicidal Behaviors in Overseas France"), aims to disentangle socio-cultural and clinical suicide risk factors by integrating an innovative anthropological and psycholinguistic approach into the psychological autopsy method. The goal is to identify both common and unique suicide risk factors across four FOT.

Background: Suicide is a significant global public health issue, causing over 700,000 deaths annually. Certain sub-populations, such as indigenous peoples in isolated territories, are particularly affected. The French Overseas Territories, consisting of eight remote inhabited regions, exhibit disparities in suicidal behaviors compared to mainland France. Existing studies focus primarily on epidemiological comparisons and trends in suicide rates, indicating that FOT did not experience the same decrease in suicide mortality as mainland France since 2001. Current suicide rates in FOT range from 6 to 13.6 per 100,000 inhabitants per year, with a decrease from 18 per 100,000 in 2000 to 13.7 per 100,000 in 2015. These rates are likely underestimated, complicating the identification of specific risk factors.

Methods: A multicenter epidemiological study will be conducted in four FOT (French Polynesia, Martinique, La Réunion, and French Guiana) and a comparison site in mainland France (La Somme). The methodology employs a mixed-method approach (quantitative and qualitative) utilizing the psychological autopsy method to gather clinical data and life events from the deceased's lives. The study will implement an exploratory strategy combining psycholinguistic and anthropological analyses of semi-structured interviews with a semi-automated analysis of the discourse from relatives bereaved by suicide. The study protocol has received approval from the French National Ethics Committee and the Ethics Committee of French Polynesia.

Results: The findings from this study are expected to inform more effective suicide prevention strategies that account for the distinct historical and cultural contexts of FOT, which differ significantly from metropolitan France.

Discussion: There is a critical need for suicide studies in remote regions with unique cultural identities and sociocultural characteristics. By integrating the study of these socio-cultural specificities, this research aims to identify specific suicide risk factors and develop tailored prevention strategies to address the needs of these remote cultural groups.

Transforming Crisis Phone Line and Text Supports: Voices of Frontline Staff on Sexual and Gender Affirming Practices

Dr. Monica Sesma Vazquez, Dr Tara Collins[1], Karen Lazaruk, Melissa Melissa Mostert, Nathanael Hammond, Nasiha Fazal, Tristan McSwiney
[1]University Of Calgary

Learning Objective: Recognize the importance of using research findings to better inform frontline practice and policy and funding decisions to better support 2SLGBTQIA+ callers/texters to crisis lines who are at risk of death by suicide.

Background: Suicide ranks the second leading cause of death amongst Canadians aged 15 to 34 and ninth overall. Annually, approximately 840,000 people experience thoughts of suicide. The pronounced disparities of suicidal ideation among individuals of different sexual orientations, with bisexual women demonstrating the highest proportion at 49.9%, surpassing rates observed amongst heterosexual women (11.9%), add an additional layer of concern to this important social problem. A systemic review regarding the efficacy of suicide/crisis hotlines have found this mode of intervention effective in supporting clients during crises. A Canadian study of suicide text crisis support revealed that at the end of the service, 48.2% felt that they were better able to deal with their circumstances. Most services, however, are not geared towards meeting the needs of diverse sexual and gender populations (SGD), and thus do not utilize SGD affirming approaches. Despite the critical importance of crisis services, there is a notable gap in research exploring how crisis phone lines and text-based support services can be tailored to the needs of 2SLGBTQIA+ populations within Canada.

Methods: In response this study, drawing on Intersectionality and Queer Theories, conducted semi-structured interviews with 17 frontline responders of Canadian crisis line organizations with experience supporting SGD callers to identify what is needed to better support 2SLGBTQIA+ people and transform crisis services in Canada.

Results: Themes from frontline crisis responders include the underpinnings of training and workplace culture in providing supportive care, the experiences and feelings of clients and responders around disclosure on crisis lines, perceived challenges for responders in offering effective support, barriers for 2SLGBTQIA+ service users in crisis support, best practice proposals, and recommendations to improve training and service provisions.

Discussion: Suggestions for addressing these challenges will be provided including methods for targeted and tailored support, fostering useful disclosures from 2SLGBTQIA+ callers/texters, updating training material with a gender inclusive focus, navigating political tension and its impact on the SGD community, and best practices. Recommendations will be of interest to 2SLGBTQIA+ community members and allies, staff members of crisis services, crisis intervention model epistemologists, trainers, authors, and policymakers.

Oral #07

Chair: Sally Spencer-Thomas
Room 200ABCDGHIJ, 21 November 2024, 11:00AM - 12:00PM

Six-month Predictors of Suicide Attempts among Black Adolescents

Professor Cheryl King[1], Dr Nadia Al-Dajani, Dr. David Brent, Dr. Jacqueline Grupp-Phelan, Dr. T. Charles Casper, Doctor Courtney Bagge, Dr. Polly Gipson Allen
[1]University Of Michigan Medical School, [2]University of Michigan Injury Prevention Center

Learning Objective: To list five clinical risk factors for suicide attempts among Black adolescents.

Background: The suicide rate among Black youth in the US has increased substantially during recent years, and Black youth were the only adolescent racial/ethnic group in the US with a recent increase in injuries related to suicide attempts. There is an urgent need to address the knowledge gap regarding suicide risk among Black youth. In addition to the possibility of unique cultural, historical and structural risk factors, clinical indicators of risk may be unique for Black adolescents. Study objectives were to identify 1) socio-demographic and clinical correlates of a lifetime history of suicide attempt, and 2) prospective predictors of an attempt within 6 months among Black adolescents.

Methods: We conducted secondary analyses of data from the Emergency Department (ED) Screening for Teens at Risk for Suicide study, which enrolled 6,641 participants from 14 pediatric EDs. Our analytic sample was comprised of 1,719 youth, ages 13 to 17 (968 female, 677 male, 37 gender minority, 37 missing) with a racial identity of Black only (n =1466) or Black and one or more other

races (n = 253). Adolescents completed a self-report survey of suicide risk factors identified in previous studies sampling primarily White adolescents. Follow-up interviews were conducted at 3- and 6-months. We fit univariable logistic regression models, with lifetime and 6-month follow-up suicide attempt as outcome variables. Additional analyses will be conducted with multivariable models.

Results: Gender and sexual minority, duration of suicidal thoughts, nonsuicidal self-injury, depression, hopelessness, agitation, anxiety, aggression, alcohol use, peer victimization, bullying, and negative life events were significantly associated with higher odds of a lifetime attempt. Male gender and school, peer, and family connectedness were significant protective factors. The predictors of an attempt prior to 6-month follow-up were history of multiple attempts, suicidal ideation frequency and duration, hopelessness, impulsivity, depression, and agitation. Connectedness and male gender were protective. Significant odds ratios ranged from .58 (CI: .54 - .63) to 22.63 (CI: 12.89 — 40.72).

Discussion: Findings extend our understanding of Black youths' risk for suicide attempts. Clinical risk factors largely overlap with those reported for other racial groups. Study limitations include that we did not capture the diversity of Black racial identities, structural risk factors such as systemic racism, and protective factors (e.g., racial identity) that may be of importance to Black youth.

Investigating the social correlates associated with getting help after a suicide or not: An important unexamined bereavement question.

Dr Julie Cerel[2], Dr William Feigelman[1]
[1]Nassau Community College, [2]Department of Social Work, University of Kentucky

Learning Objective: To investigate the diverging social characteristics, grief experiences and other grieving related attributes associated with getting help from professional counselors or support groups or not after experiencing a close other's suicide during the last six years.

Background: Seeking to provide more systematic information on treatment-seeking and those not availing themselves of such aid after a recent suicide loss, this study investigated the demographic, experiential and grief problems related correlates of these phenomena among a sample of recent suicide bereaved adults.

Method: We conducted an on-line survey of a large and diverse sample of U.S. 1,132 adults drawn from the community at large, all of whom sustained the loss of a close person, during the last six years, that had been emotionally distressing.

Results: Focusing upon the first-degree relative loss survivors (n=222) we hypothesized that that those not pursuing treatments would be over-represented among those with conventional religious practice, those experiencing greater social support from friends and family and those pursuing alternative treatment modalities. Instead, we found those who had not obtained treatments almost twice as likely to not attend any religious services, as those that sought traditional grief help. Social support enhanced a bereaved's pursuit of traditional treatments and those who did not obtain traditional grief help also appeared reluctant to gain non-traditional treatment support. And strong social support from friends and family members enhanced a loss survivors' chances of obtaining professional or peer help after a loss.

Discussion: One of the most important findings of this investigation showed that those who obtained grief help were more likely to show higher levels of post traumatic growth after their losses, than their counterparts that didn't seek help. Also help seekers showed less evidence of feeling that suicide presented them with a role handicap of feeling stigmatized as a result of enduring their loss.

The technology of survival: reducing stigma and promoting engagement in first responders

Mr Russell Peterson, Major Ned Crofts
[1]Center For Growth And Potential

Military and first responders, the majority of whom are men, are among the first to serve their communities but are often last to be served with regard to mental health and suicide prevention. This reflects a component of first responder culture where getting help can be interpreted as a sign of weakness.

Learning Objectives: The Technology of Survival is a framework for engaging front line personnel by: 1) framing emotions as survival instincts, 2) explaining why emotions fail safe into over-function, and 3) challenging military/first responders to seek optimal mental health as part of their sense of mission, through the metaphor of the "tune up."

Background: Author (Peterson) began his career serving parolees whose release from prison depended on seeking and maintaining mental health treatment. Various treatment approaches failed as these parolees had been strongly socialized (in prison) to avoid discussing emotion for fear of appearing weak amongst peers.

This realization led to the gradual development of the Technology of Survival, wherein clients could approach emotion (without using the word) by talking instead about how it facilitated survival. Survival is seen as strength in a masculinized community, creating safety and permission to engage. "Getting help" is reframed as "fine tuning" as the new approach powerfully articulates why military/first responders in need aren't broken.

The engagement and ramifications for suicide prevention have been profound. While previous discussions of mental health and suicide prevention have been met with silence for fear of self-identifying as needing help, the framework has produced measurable indications of engagement:

1. Many audience members have been observed taking pictures of the framework after it has been written in real time during the presentation.
2. Questions and discussion have been lengthy and robust, fully utilizing all the allotted time for training.
3. Unit leaders have actively and repeatedly requested the training for service members in their respective commands.
4. Author has been invited to present the framework to the entire leadership structure at Hill Air Force Base of approximately 20,000 personnel.

Help seeking in suicidal young people: results from a systematic review qualitative analyses

Mrs Joëlle Elias[2], Mrs Laura-Maude Arès[1], Doctor Jessica Rassy[2], Mr Luc Dargis[1], Doctor Brian Mishara[1]
[1]Université du Québec à Montréal, [2]Université de Sherbrooke

Background: Globally, suicide is the third leading cause of death among people. While various treatments have shown effectiveness in reducing suicidal thoughts and attempts, accessing these benefits requires active seeking. Despite quantitative studies identifying factors that facilitate help-seeking behaviors, their integration is yet to be fully understood. This presentation aims to summarize existing knowledge on these factors through qualitative and mixed studies, focusing on help-seeking behaviors among suicidal people aged 25 and under.

Method: These qualitative results are part of a mixed systematic review. Adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, searches were performed in Pubmed, Psychinfo, and Cinahl from their inception to 2023. Two trained researchers conducted independent screenings based upon titles and abstracts, followed by a secondary

screening of selected articles where researchers thoroughly reviewed each article. Risk of biases in the studies were assessed using the Mixed Methods Appraisal Tool (MMAT). Both researchers performed data extraction to ensure consistency and reliability in the process.

Result: Four studies, one qualitative and three mixed, were retained. Anticipated consequences, including stigma, rejection, and misunderstanding, are reported as acting as barriers to open discussion about emotions and seeking help, particularly among vulnerable populations such as LGBTQ+ youth. Although there are few identified structural barriers, being aware of available resources does not necessarily lead to seeking help. Thus, due to having experienced prior negative past adult responses, youths may be reluctant to express their distress to others.

Discussion: Although the research on the topic is limited, the available research indicates that help-seeking behaviors are multi-determined and influenced by individual, societal, and cultural factors. Our results indicate that it is important to clearly distinguish help-seeking and service utilization. Many studies that purport to study help-seeking report only on a consequence of help seeking, the use of services. A substantial proportion of people who seek help, do not find acceptable help, or do not proceed to use available services. Help-seeking is an intentional prerequisite to obtaining help which is not well understood. We need more research not only on what impedes youths from seeking help, but also on how help-seeking behaviors can be effectively encouraged.

Oral #08

Chair: Bronwen Edwards
Room 201A-B, 21 November 2024, 11:00AM - 12:00PM

Understanding the young adult experience in adult inpatient psychiatry and its impact on future help-seeking behavior: a preliminary analysis

Ms Rachel Lebovic[1], Dr Holly Wilcox[1]
[1]Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Learning objective: To understand the experiences of young adults in adult inpatient psychiatry and the impact of these experiences on future help-seeking behaviors.

Background: Suicide is a major public health problem among young adults aged 18-25. The purpose of this study was to explore the experience of emerging adults acutely hospitalized for suicide-related concerns in adult inpatient psychiatric units and how these experiences impact their help-seeking behaviors in future mental health crises.

Methods: Using an online survey, data was collected from 41 participants regarding inpatient experience, perceptions of mental health care, and the impact of hospitalization on future help-seeking behavior. Inpatient experience scores were measured using the Psychiatric Inpatient Experience Questionnaire (PIX). Multinomial logistic regression was conducted to examine the relationship between inpatient experience and future help-seeking.

Results: Individuals with higher PIX scores, indicating a more positive inpatient experience, had greater odds of agreeing with statements such as "a psychiatric hospital is a therapeutic environment' (OR=12.9), "if a friend was in a mental health crisis, I would encourage them to go to the hospital" (OR=26.3), and "I would seek treatment from a hospital if I was in another mental health crisis" (OR=18.4) compared to those with lower PIX scores, indicating a more negative inpatient experience. Some statements had widespread agreement throughout the sample, regardless of PIX score, such as, "I felt most comfortable around other patients who were close in age to me" (70.7% agreement), "most doctors and mental health providers don't understand what it is like to be a patient in a psychiatric hospital" (65.8% agreement), "I have lied or withheld information about my well-being to avoid being hospitalized again" (65.9% agreement), and "I am scared to be hospitalized again" (73.2% agreement).

Discussion: These preliminary findings indicate a relationship between adult inpatient psychiatric experience and future help-seeking behaviors of emerging adults, demonstrating a need to improve crisis care for this group to ensure those at risk for suicide are comfortable seeking help and the help they seek is beneficial.

A qualitative exploration of meaningful activities of everyday living, mental health, and life transitions among young adults who have experienced suicide loss: A pilot study

Ms Monique Gill[1], Dr. Helene Polatajko[1,2], Ms Miranda Wu[1], Dr. Sakina Rizvi[3,4], Dr. Rebecca Renwick[1,2], Dr. Jill I. Cameron[1,2]

[1]Rehabilitation Science Institute, Temerty Faculty of Medicine, University of Toronto, [2]Department of Occupational Science and Occupational Therapy, Temerty Faculty of Medicine, University of Toronto, [3]Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, [4]Arthur Sommer Rotenberg Suicide and Depression Studies Program, St. Michael's Hospital

Learning Objective: Participants will understand the importance of completing a pilot study when working with vulnerable populations to ensure safety and comfort of participants.

Background: Suicide is the second leading cause of death among young adults (YAs) ages 18-29. YAs bereaved by suicide face higher risks of mental health challenges while navigating the transition into adulthood. Suicide loss is also associated with a decrease in participation in everyday activities. Research supports engagement in meaningful activities of everyday living (MAEL) as an avenue to protecting mental health. This emphasizes the urgency to explore their role in shaping the mental health and life transitions of YAs bereaved by suicide. To date, research has not explored YAs' experiences of suicide loss and the potential role of engagement in MAEL on mental health and life transitions. Objective: To conduct a pilot study testing recruitment strategies and interview guides.

Methods: Qualitative research methods employing a biographical narrative interviewing approach were used. Methods. Sample: Two YAs, ages 18-29, were recruited with the following eligibility criteria: 1) experienced a suicide loss of a family member or friend six months to two years ago; 2) reside in Canada; and 3) able to participate in two interviews and phone conversations in English. Recruitment occurred using online advertisements through various mental health organizations. Data collection: Each participant received a follow-up call for feedback on the recruitment and interview process after completing a two-part, in-depth interview. Interviews and phone calls were audio recorded and transcribed. Data analysis: Using reflexive thematic analysis, feedback from participants was analyzed and themes generated. Themes were discussed and finalized with the research team. Results: The follow up phone calls were approximately 10 minutes. Themes were generated related to recruitment methods, the interview process and participants' experiences. The following theme was generated related to recruitment methods: revise methods to target a diverse group of YAs. Themes were also generated in relation to the interview process and experience: 1) ways to improve interviewing including increased guidance and limiting repetitiveness; and 2) factors invoking difficult memories and emotions.

Discussion: Results of this pilot study have informed the design of the larger study. This study ensures the safety and comfort of participants, while outlining steps to improve the recruitment and interviewing process.

Uncovering Psychiatric Risk Factors for Suicide in Pakistan through Case-Control Psychological Autopsy (2021-2022)

Dr Tamkeen Saleem[1], Dr Syeda Ayat-e-Zainab
[1]Shifa Tameer-e-millat University

Background: Suicide is a leading cause of death worldwide, and identifying risk factors has been considered as the key initiative of suicide prevention. It has been widely accepted that about 90% of people who die by suicide suffer from at least one psychiatric disorder. Hence, the treatment of psychiatric disorders has been recommended as an important prevention strategy. Objective: In order to formulate data-driven suicide prevention interventions, the current study investigated the differences across psychiatric risk factors of suicide in cases and controls using case-control psychological autopsy method. Methods: Purposive sampling was used to gather retrospective data records from police stations and hospital forensic departments in Rawalpindi and Islamabad, Pakistan, between January 2021 and July 2022. In total, 60 samples (30 cases and 30 controls) were used in this autopsy investigation. As with the majority of case control studies, the study sample cases were matched in terms of age (±2 years), gender, year of death (±2 years), and length of hospital stay to controls who had died by suicide. At least two close bereaved family members (parent, sibling, or spouse) served as the primary information sources for cases, and data was gathered using the Semi Structured Interview Protocol for Psychological Autopsy, Generic Version (2018). Results: Purposelessness, sleeping difficulties, hopelessness, social isolation, emotional instability, suicidal ideation, anger, impulsivity, constricted thinking, irritability, lack of motivation, feelings of being a burden to others, psychiatric and traumatic history was identified as a risk factor of suicide. Based on Chi Square analysis, a significant difference among cases and controls was identified for the feeling of hopelessness, suicidal ideation, feelings of being a burden to others, emotional instability, history of self-harm, and these factors prevail for about a month former to suicide. Further, sleeping difficulties, constricted thinking, lack of motivation, purposelessness, irritability, emotional instability, and social isolation was evident seven days prior to suicide attempt. Depression and anxiety were present in both the study groups (the cases and controls), $X^2=12.27$, $p<.001^{***}$, indicated a significant difference in this respect in the outcome. Conclusion: It is necessary to learn more about psychiatric elements contributing to risk factors of suicide, and culturally appropriate prevention methods used in Pakistan. This study reveals novel targets for suicide prevention and may aid policy-making by an improved understanding of predictors, and specific psychiatric characteristics of suicide in Pakistan.

Key Words: Suicide; Risk Factors, Case—Control Study, Psychological autopsy, Pakistan

Oral #09

Chair: Maggie Hardiman
Room 202A-B, 21 November 2024, 11:00AM - 12:00PM

Improving Wellness by Building Resilience as a Protective Factor

Dr Holly Robles[1]
[1]KBR, Inc.

Learning Objective: Participants will identify practices for coaching or clinical use in solution-focused brief therapy to improve outcomes.

Background: Practitioners in suicide prevention may be outstanding at identifying and assessing suicide risk, but many interventions focus on identifying risk, then transferring to a higher level of care, with little attention given to relative periods of stability prior to or between suicidal crises. Actionable steps for coaches and practitioners are needed to help develop distress tolerance, improve resilience, and build protective factors and skills prior to a suicidal crisis are also needed.

Methods: Using research-based methodology, participants will learn essential skills to support the building of grit and hope with strategies from Positive Psychology and Solution-Focused Brief Therapy. Strategies for improving distress tolerance with a focus on shifting perspectives and building gratitude enhance the development of optimism, skills for managing more negative emotions, and the setting and attainment of personal goals for the future.

Result: Improving distress tolerance skills by building hope, identifying strengths and resources, and modifying attitudes is consistent with safety planning and identifying crises in early stages. Key elements of effective safety plans are utilizing internalized coping strategies when escalating into periods of intense negative emotions or hopelessness. Clients with improved resilience have a reduced frequency of suicidal crises and are able to utilize distress tolerance skills to work through distressing emotions. Identifying and utilizing effective strategies to build effective coping skills using positive psychology during periods of relative stability is needed to improve outcomes during such periods of crisis.

Discussion: Coaches and practitioners are often provided information on how and when to refer for suicidal ideation, and can be highly skilled in assessments and interventions at the time of a suicidal crisis. However, many practitioners and coaches may struggle with having a shortage of strategies to build resilience in clients, or have manualized curriculum that does not adequately address or personalize all of components of wellness needed by their clients. Using Positive Psychology to build grit and hope, gratitude, and a focus on positive aspects of thoughts and life circumstances can be useful for clients to reduce the rapid escalation of negative emotions. Coaching clients through how they personalize their skills and abilities to distract escalating thoughts of suicide during a crisis is needed through skill development during periods of relative stability.

How does this work? Changing suicide risk assessment behaviors in mental health professionals through training

Mr Lewis Evans[1], Sara Dennis[1], Kenny Le[1], Lisa Borntrager[3], Dr. Kim Gryglewicz[2], Dr. Marc Karver[1]
[1]University of South Florida, [2]University of Central Florida, [3]Virginia Commonwealth University

Learning Objective: Understanding more about the variables that are associated with how SRA training works

Background: Despite the prominent role of mental health professionals (MHPs), many have reported low levels of self-efficacy in their ability to assess and manage suicide risk (Mitchell et al., 2020). With approximately 30% of those who die by suicide being in recent contact with a MHP (Stene-Larson & Reneflot, 2019; Walby et al., 2018), it is crucial that MHPs feel prepared and confident when helping a person in crisis. Suicide risk assessment (SRA) trainings have attempted to address these concerns. Overall, these trainings have displayed positive changes in provider attitudes, confidence, and related variables (Song et al., 2018; Wakai, 2020), many of which stem from the Theory of Planned Behavior (TPB) (Azjen, 1991). However, findings have been mostly limited to pre-post training changes, have incorrectly used TPB variables as distal outcomes, and have not examined follow-up data. In fact, there have been very few evaluations of change in MHP behaviors following an SRA training (Mirick et al., 2016; Jacobson et al., 2012), thus the mechanism of how these trainings function and how behavior change occurs over time is unclear. The goal of this study is to examine whether TPB variables can provide insight into how SRA trainings might change suicide risk assessment behaviors in MHPs.

Methods: Question, Persuade, Refer, Treat (QPRT) trainees completed measures of TPB variables and suicide risk assessment behaviors at pre-training, post-training (N=177), and 3 months follow-up (N=65). Analyses were conducted using partial least squares structural equation modeling (PLS-SEM) with 1,000 bootstrapped samples (Hair et al., 2021; Roemer et al., 2016). We hypothesized that

improvement in TPB variables over time will be related to changes in suicide risk assessment behaviors in MHPs who receive SRA training.

Results: TPB variables were found to be significantly related to both behavioral intentions and SRA behaviors at each time point. Longitudinally, however, TPB variables differed in their relationship to later behavioral intentions and SRA behaviors, revealing intriguing relationships between variables over time.

Discussion: This study's findings suggest that suicide risk assessment behaviors may be influenced by more than just SRA training but also by characteristics that MHP trainees bring into training. Further investigation of SRA training with MHPs is warranted, particularly into what components beyond TPB variables are potentially related to changes in suicide risk assessment behaviors.

Rethinking Suicide Prevention: From Prediction to Understanding – Addressing Biases and Assumptions in Suicide Prevention research

Dr Rachel Gibbons[1]
[1]Royal College of Psychiatrists

Learning Objective: Critically analyse biases and assumptions in current suicide prevention strategies to enhance understanding and effectiveness.

Background: Suicide prevention often focuses on predicting individual suicides, conflates self-harm and suicide, and assumes causality from mental illness. These approaches are flawed and overlook the underlying psychological mechanisms that can aid in our understanding. This narrow focus introduces significant biases in current suicide research.

Methods: This presentation examines research and data on suicide prevention, highlighting biases and limitations. By analysing various studies and qualitative insights, it explores the need for a shift from prediction to understanding.

Results:

1. Focus on Individual Predictability:
    - Bias: Emphasis on predicting individual suicides.
    - Findings: Predictive models have been shown to have a very low predictive value
    - Solution: widespread interventions that help people put their feelings into words and expression of care for those in distress.

2. Correlation vs. Causality:
    - Link Between Suicidal Ideation, Self-Harm, and Suicide:
        - Bias: Assuming they are the same.
        - Findings: Different behaviours, different intentions and different aetiology. One is to communicate with others and with the other there is a withdrawal of communication from others.
        - Solution: To treat differently in research and investigate both group separately. A greater focus on psychological autopsy
    - Link with Mental Illness:
        - Bias: Causality assumed.
        - Findings: Correlation, not causality. Mental illness and suicide same aetiological factors.
        - Solution: Broaden the research to focus on those with no known history of mental illness

3. Underlying Psychological Mechanisms:

- Bias: Insufficient exploration.
- Findings: Psychological processes are key.
- Solution: Conduct psychological autopsies and in-depth research.

Discussion: Dr. Gibbons will discuss shifting from prediction to understanding distress leading to suicidality, enhancing therapeutic capacity, and improving emotional communication. Engaging with bereaved families and reducing stigma by understanding that no one is to blame for another's death by suicide is crucial.

No one is to blame: Understanding suicide loss: Helping the bereaved and reducing stigma in clinical practice and beyond

Dr Rachel Gibbons[1]
[1]Royal College of Psychiatrists

Learning Objective: Equip clinicians with strategies to support those bereaved by suicide and reduce stigma, thereby enhancing open hearted clinical engagement with affected families.

Background: Suicide bereavement profoundly impacts individuals, often leading to intense emotional turmoil and a sense of blame. Despite its prevalence, there is limited research in this area. Clinicians play a crucial role in mitigating this pain and addressing the stigma associated with suicide loss. Understanding the psychodynamics of suicide bereavement can inform more compassionate and effective clinical practices.

Methods: This presentation is based on Dr. Rachel Gibbons' work with over 1,500 cases of suicide bereavement, as detailed in her well-received paper, "Someone is to Blame: The Impact of Suicide on the Mind of the Bereaved (Including Clinicians)". It integrates qualitative data from clinical practice, insights from psychological/psychotherapeutic literature, support groups, and research findings to outline effective approaches for supporting bereaved individuals.

Results: The analysis highlights clear patterns in the responses of those bereaved by suicide. A common delusional narrative often places the bereaved at the center of blame, significantly impacting their mental health and increasing the risk of suicide. Effective support strategies that address these narratives can mitigate harm and foster psychological growth.

Discussion: Dr. Gibbons will discuss practical strategies for clinicians to support the bereaved, emphasizing the importance of addressing delusional narratives and fostering open, compassionate engagement. By understanding the unique challenges of suicide loss, clinicians can better support families and reduce the stigma associated with suicide, reinforcing the notion that no one is to blame for another's death by suicide.

Oral #10

Chair: Jonathon Singer
Room 204A-B, 21 November 2024, 11:00AM - 12:00PM

A "Safety Net" for Survivors of Suicide Loss: Implementation and Evaluation of an Longitudinal Active Postvention Program in an Urban Setting

Ms Tricia Monroe[1], Ms. Alyssa Ruedinger[2], Dr Sara Kohlbeck[1]
[1]Medical College Of Wisconsin, [2]University of Wisconisin-Milwaukee

Objective: Attendees will understand the impact of a longitudinal active postvention program on mental health and suicide risk for individuals experiencing a suicide loss, including possible racial or ethnic differences.

Background: Postvention is the collaborative approach to provide support and resources to any person impacted by a suicide loss. Those who have participated in an active postvention model receive mental health services sooner (an average of 45 days vs. 4.5 years), are more likely to attend support groups, attend support groups more often, and have a decrease in suicidal thinking and behavior. Additionally, providing active postvention may be cost-effective in terms of psychological treatment for suicide loss survivors. Evaluation of active postvention programs is limited, especially programs that follow participants over an extended period of time. This project sought to evaluate the outcomes of a longitudinal active postvention program in Milwaukee County.

Methods: Survivors of suicide loss were identified through local medical examiner office reports, police department reports, and an online referral form. Participants were contacted for initial outreach and were offered follow-up at three timepoints throughout the year. Semi-structured interviews were used to identify needs and connect participants with resources. Demographic information was collected, along with information on suicide risk, prolonged grief, and postvention experiences.

Results: Preliminary analyses found no differences in suicide risk and prolonged grief questionnaire score distributions by sex or relationship to decedent. While no differences in score distributions by race and ethnicity were found at follow-up timepoints, a difference in suicide risk score distributions was found at initial outreach between Black and non-Hispanic White participants. Significant differences in prolonged grief questionnaire score distributions were observed between those who self-reported use of resources and those who did not use program-provided resources. The program found high levels of satisfaction among participants.

Discussion: Overall, participants found the active postvention program to be beneficial. Current data suggests potential differences in prolonged grief among those who use program-provided resources and those who don't, though further research is needed to fully investigate the relationship between participation, suicide risk, and prolonged grief. Additionally, understanding contextual factors that may impact differences in suicide risk, especially for Black participants, is warranted. As this program is ongoing, sample sizes are limited for some analyses and may limit power of some statistical tests conducted. The use of some non-random sampling methods may lead to a non-representative sample and reduce generalizability of findings.

The Construction of a community based network for Suicide Prevention in Costa Rica

Elizabeth Seaward[1]

[1](ACEPS) Asociación Para El Estudio Y La Prevención De La Conducta Suicida

Elizabeth Seaward: Licensed Clinical Psychologist, founding member and President of the Asociación para el Estudio y la Prevención de la Conducta Suicida (ACEPS).

Dr. Mauricio Campos: Licensed Psychiatrist, founding member and Vice President of the Asociación para el Estudio y la Prevención de la Conducta Suicida (ACEPS).

Isabel Villalobos: Licensed Clinical Psychologist.

Mario Machada: Licensed Clinical Psychologist.

For the past decade, Costa Rica has consciously been aware of the need to focus some of its public resources (both human and economic) directly within the areas of promotion and prevention of mental health, thus shifting its full attention from physical health to a more integrated perspective of the human being and their needs. This outlook culminated in the approval of the first Mental Health Policy in 2012. One of the areas that was specifically emphasized in this public policy initiative was the prevention of suicide, situated within a community-based model, which has permitted the country to educate and attend a large part of its population with a small public budget. This model has been very effective in serving the four main pillars (education, the two areas that conform

prevention, intervention and postvention), the main foundations for all suicide prevention programs. The flexibility that this model provides, whilst establishing a solid and clear work structure, makes it adaptable to the unique characteristics of any community, respecting the diversities and differences of the social, cultural, geographical, and individual fabrics that make up each singular group that forms a nation.

This oral presentation will cite the first pilot plan that was implemented in one of the main urban districts of Costa Rica, and the principal elements that have fomented the network's continual growth into a successful suicide prevention program that continues to thrive 7 years later.

Implementing a Harry Potter-based Cognitive Behavioural Therapy Skills (MyOWL) Intervention to Prevent Suicide and Self-harm in Middle Schoolers

Prudence Po Ming Chan[1], Daniel Sanchez Morales[1], Dr Mark Sinyor[1]
[1]Department of Psychiatry, Sunnybrook Health Sciences Centre

Learning Objective: The goal of this presentation is to learn about the progress, challenges and future directions of a school-based mental health intervention.

Background: There are few research studies examining whether popular narratives of survival can be used to prevent suicide and related outcomes in school children. To address this gap, our group created a 3-month teacher-led literature unit designed to impart Cognitive Behavioural Therapy (CBT) skills to middle schoolers while reading the third book in the Harry Potter series. Students follow the journey of challenges and recovery of the protagonist in the novel to learn CBT skills that overcome the protagonist's crisis.

Methods: We established feasibility and acceptability in an in-person classroom setting (2016-2018). In 2020-2021, we conducted a randomized control trial (RCT) at the largest urban school board in Canada. However, this was cut short by the COVID-19 pandemic. The following school year was conducted virtually and all research processes were moved to an online setting (2021-2023). After the pandemic, we continued to study this curriculum in a suburban school board in 2023-2025.

Result: In our large urban school board RCT, we found that, compared to controls, young people who received the curriculum had lower scores of suicidal ideation, self-harm and behaviour, and less emotional dysregulation, depression and anxiety symptoms. The intervention appeared to have large benefits to youth manifesting significant symptoms of depression and anxiety and small benefits to those without those symptoms at baseline. The school-based studies during the pandemic (2021-2023) continued to create many challenges including logistical challenges and higher teacher burnout and dropout. We have since created strategies to resolve and improve the research process.

Discussion: We are currently analyzing our data from 2023-2025. We have also continued to expand our connections and liaise with our partners through Partnerships for Life-Americas Region to introduce this program and school-based study to schools across the Americas Region. Our future directions include planned studies in Hong Kong, Vienna, Colombia, and Sao Paulo.

Understanding and Preventing Veteran Suicide in Virginia: A Comprehensive Survey Study

Dr Mayumi (May) Gianoli[1], Dr Andrew Meisler[1]
[1]Yale School Of Medicine

Learning Objective: To understand the effects, interactions, and implications of an array of risk and protective factors for suicide in a large community sample of military veterans

Background: The present study represents a comprehensive analysis of suicide risk and protective factors for military veterans in the Commonwealth of Virginia. Virginia ranks third in the nation for its percentage of state residents who are veterans, is among the highest in number of active duty service

members and military retirees, and has one of the highest number of women veterans. With its strong Department of Veteran Services (VDVS) — the sponsor of research and programming in response to the Governor's Suicide Prevention challenge which includes the current project — Virginia represents an ideal place to examine risk and protective factors for suicide among the veteran population.

Research has estimated that veterans are 2.3 times more likely to die by suicide than non-veterans (Kaplan et al., 2007), even after adjusting for many established suicide risk factors. Men and women veterans were more likely to die by suicide by firearm, with women veterans at greatly increased risk compared to non-veteran women (Kaplan et al., 2009; McFarland et al., 2010). Although there are national data on suicide risk factors for veterans, there is likely significant state-by-state variability due to regional differences in known risk factors. To date, there are no data available regarding risk factors and protective factors for suicide in the Virginia veteran population.

Methods: The study utilizes anonymous survey methodology; the survey is sent to all veterans in Virginia who are registered with VDVS (over 700,000). The survey contains established clinical and research assessment measures to obtain data on a wide array of risk and protective factors, including sociodemographics, military history, trauma, psychiatric history, substance use and other addictive behaviors, current symptoms/diagnoses, mental and medical healthcare utilization, education, work history and current status, disability status, social supports, and firearm ownership and safety.

Results/Discussion: Data collection is currently underway. By the date of the conference in November 2024 we will have a substantial dataset with completed analyses highlighting key risk and protective factors, along with discussion of implications for improved screening, risk assessment, and policy to enhance suicide prevention efforts for veterans in Virginia and beyond. We anticipate that information gained from this study will improve the ability of policymakers to tailor large-scale efforts to more effectively reduce suicide in the veteran community.

Oral #11

Chair: Professor Brian Mishara
Room 205A-B, 21 November 2024, 11:00AM - 12:00PM

A whole-of-government and whole-of-community approach to suicide prevention though legislation. What is the contribution of clinical suicidology?

Professor Nicholas Procter[1]
[1]University of South Australia

Learning Objective: Understand the contribution of clinical suicidology to support and implement legislative mechanisms designed to reduce the incidence of suicide and promote best practice in suicide prevention.

Background: In 2021 the South Australian Suicide Prevention Act 2021 (SA) (the Act) was passed to establish a range of measures to reduce suicide in South Australia. It is the first of its kind in any jurisdiction in Australia. The Act allows the Minister, the Chief Public Health Officer or the Chief Psychiatrist to make recommendations relating to suicide prevention. Objects of the Act include reducing the incidence of suicide in the State and promoting best practice suicide prevention policies. The Act also states legislative requirements for major authorities (e.g., Child Protection, Correctional Services, Police, Transport, Education, Fire and Emergency) to prepare an Action Plan setting out a clear and comprehensive approach to how they will prevent suicide, including strategies and measures to: Identify and support people at risk of suicide; Reduce access to means of suicide; Promote mental health and wellbeing; Build employee resilience to suicide; Reduce the stigma associated with suicide.

Methods: The author of this paper is a clinical suicidologist and suicide prevention researcher. This discursive presentation presents the author's firsthand experience of working side-by-side with

statutory officials and major authorities empowered to implement the Act. The role of independent clinical suicidology is to promote a whole-of-government and whole-of-community focus on suicide prevention, underpinned by sustained engagement with the community, government and non-government agencies.

Results: Suicide prevention though a legislative mechanism elevates conversations about suicide. Independent suicidology expertise brings evidence-based advice and decision support to prevent suicide/ suicide related harm. There are additional contributions in the form of guidance, support, critical review, and commentary on actions proposed and/or taken by State authorities.

Discussion: Recommendations draw from best available evidence underpinning interventions in early intervention and prevention, right through to the final moments of a suicide act, (e.g., help offering signage, barriers in public places, workplace practices, and/or engineering means that may prevent or interrupt a trajectory to suicide). Additional recommendations include suicide prevention education and training, employee psychological safety, wellbeing and postvention support. Cost, practical implementation, effectiveness, cultural practices, lived experience expertise and possible iatrogenic effects of targeted steps and interventions are also highlighted.

Using and Presenting Data: Wisconsin's 988 Data Dashboard

Ms Janae Goodrich[1], Ms Erin Skalitzky[1], Mr Caleb Hogeterp[1]
[1]University Of Wisconsin Population Health Institute

Learning objective: Attendees will learn how creating and implementing a data dashboard and ensuring data sharing and transparency worked for the 988 initiative in Wisconsin.

Background: As the demand for 988 Suicide & Crisis Lifeline services increases across the country, experts have stressed the vital need to closely track their effectiveness using data, dashboards, and reports. Data dashboards can be useful tools for improving transparency, trust, and accessibility of local 988 information. Behavioral health agencies can employ interactive dashboards to monitor 988 operations, share information with various stakeholders, and advocate for funding resources. Nevertheless, creating meaningful data dashboards demands substantial investments in data infrastructure and reporting commitments, leaving many state behavioral health agencies without these crucial monitoring tools for their crisis continuum (NASMBPD 2022).

Methods: Due to the uptick of demand for 988 services and information within Wisconsin, including increasing requests for information, Wisconsin 988 partners recognized the need for an accessible 988 data dashboard. In June 2023, the Wisconsin Department of Health Services (WI DHS) brought together a core team for developing the data dashboard, comprising grant and outreach coordinators from WI DHS and the Wisconsin 988 Lifeline call center, alongside evaluation researchers from the University of Wisconsin (UW). Each entity contributed distinct expertise and insights, culminating in the creation and launch of the public-facing data dashboard in January 2023.

Result: The UW evaluation researchers developed the product via SAMHSA 988 grant funding and the dashboard was launched in February 2024. Since then improvements have been made based on ongoing feedback gathered, and maintenance of the dashboard occurs monthly. Wisconsin's 988 team has presented the dashboard to state and national audiences since it launched. The dashboard has received much state and national attention and was used as a basis for creating a national 988 data dashboard.

Discussion: The focus of this presentation will be on the collaborative journey undertaken by Wisconsin 988 partners in creating an interactive data dashboard. Insights into dashboard development and timeline will also be discussed, ranging from initial phases like software considerations and planning for data needs, to the six-month iterative review process. This includes data collection, data sources, and secure data sharing considerations. Best practices will also be

shared. Additionally, the presentation aims to share lessons learned from the dashboard's launch, enhancements, and ongoing maintenance.

Hidden in Plain Sight – the widespread impacts of staff exposure to suicide and responses to a new model of workplace postvention

Ms Alison Clements[1]
[1]University Of Western Australia

To explore the self reported experiences of staff exposed to suicide and the effectiveness of a new model of workplace postvention.

Qualitative interviews and interagency focus groups with 54 staff and managers in 22 Australian workplaces ranging in size from 100-57000 staff. Participants represented workplaces in government, commercial and community sectors and included funeral services, first responders, health and mental health, child protection, education, community postvention, homelessness and financial and legal support.

All 54 participants reported experiencing one or more instances of suicide by a colleague or client. Only one of the 22 agencies had a postvention process in place. None of the agencies had provided preparatory training for staff or responders.

The absence of workplace response exacerbated the negative impacts of the death on staff, increasing feelings of isolation, doubt, blame and suicidal ideation.

Interviewees described visceral memories of the emotional impact of their losses: shock, questioning, self-doubt, distress and delayed grief. The lack of postvention preparedness in the workplace exacerbated staff doubt, confusion, fear and questioning when conducting an unplanned postvention response and delayed grief following a loss.

The new postvention model was effective in engaging and preparing staff and managers to respond to suicide, improving awareness, confidence and support. Participants recommended that the approach, informed by the lived experience of staff could help workplaces manage and mitigate risks associated with exposure to suicide, improve practice and client and community outcomes.

Project Advisory Group: Karl Andriessen (Uni Melbourne), Sharon Bower (Suicide Prevention Australia), David Kelly (Lived Experience Consultant), Sharon McDonnell (Suicide Bereavement UK), Rachael McMahon (Australian Public Sector Commission) & Darragh O'Keefe (National Mental Health Commission)

One call at a time: Updates and challenges of a collaborative partnership between suicide prevention experts in Ecuador, Costa Rica and Canada

Mr Daniel Sanchez-Morales[1], Other Elizabeth Seaward[2], Mr. Pablo Analuisa[3], Mr. Freddy Narváez[3], Dr. Lorena Campo[4], Dr Mark Sinyor[5]
[1]Sunnybrook Health Sciences Center, Department of Psychiatry, [2]Private practice, [3]Health Secretariat of the Municipality of Quito, [4]Universidad Central del Ecuador, [5]Department of Psychiatry, University of Toronto

Learning objective: To provide an overview, updates, and challenges in the implementation of a crisis line training project in Quito, Ecuador.

Background: Similar to other Latin American countries, suicide prevention efforts in Ecuador are often limited due to the lack of funding for mental health resources and infrastructure, policy gaps, political instability, mental health stigma in general, and taboos specifically associated with suicide. Research that explores evidence-based suicide prevention strategies in Latin America, and Ecuador in

particular, is scarce. Suicide Crisis Helplines represent an important, cost-effective, and potentially widely accessible option for population-based suicide prevention. Following a recent emergency call to respond to a sudden increase in suicide cases in Quito, Ecuador, local experts, along with experts in Costa Rica and Canada have worked to design a study examining training of crisis helpline responders in Ecuador. This initiative aims to help to alleviate the current crisis experienced in the city.

Methods: This study will use a mixed-methods design and use a sample of 17 helpline professionals. Training will be led by a clinical psychologist with crisis line training experience from Costa Rica. For the quantitative portion, we will take pre- and post-training measures the already translated to Spanish, Suicide Intervention Response Inventory (SIRI-2) as the primary instrument to assess change in knowledge of suicide crisis management. For the qualitative portion, we will conduct two focus groups (pre- and post-training (1-month after) to obtain insights about the training. Interview questionaries and analysis follow an Institutional Ethnography (IE) framework, with a thematic analysis used as a primary method.

Result: We have received approval from the Sunnybrook Research Ethics Board (REB) to start our project. During the process of protocol development, we identified a number of challenges related to study methodology, practical issues regarding implementation, navigating the ethics approval process in the context of different international requirements, and cultural factors among others. Preliminary results will also be available at the time of conference presentation.

Implications: There is a current gap in evidence-based suicide prevention strategies from Ecuador and Latin America overall, and our project aims to contribute to this major literature gap. By providing access to culturally-informed suicide prevention interventions, such as suicide crisis intervention training for helpline workers, we hope to amplify existing prevention efforts using an evidence-based approach. Finally, identifying key international collaboration challenges in project implementation is fundamental for later collaborations among countries in the region.

Oral #12

Chair: Dr Mort Silverman
Room 205C-D, 21 November 2024, 11:00AM - 12:00PM

What is the Risk of Simultaneously Wanting to Not Be Alive and Actively Seeking Death? The Concurrence of Passive and Active Suicidal Ideations Among Older Adolescents

Mr Adam Benzekri[1], Dr Pamela Morris-Perez[1]
[1]New York University

Learning Objective: By the end of this presentation, audience members will understand the potential risk of passive and active suicidal ideation on attempt risk among a universal sample of adolescents in school settings.

Background: Rising rates of suicide attempts among adolescents necessitates the need for research on targets for prevention. Empirical research has primarily focused on a sole cognition: active suicidal ideation (SI) as a predictor of attempted suicide. This is despite adolescence not only as a developmental period of heightened prevalence of active SI, but also for passive SI (the desire to no longer be alive). This study examines how patterns of older adolescent SIs are associated with suicidal behavior.

Methods: This study used survey data collected at baseline and follow-up assessments (3-months) with students (n=1,090, M(age)=16.0) from 36 high schools in California, as part of a RCT. Five dimensions of SI at baseline were measured using the Columbia Suicide Severity Rating Scale, assessing past month: active SI, passive SI, ideation frequency, duration, and intent. The outcome is

lifetime suicidal events —having done, started to, or prepared to do anything to end their life. We use an exploratory, enumeration approach to identify the optimal number of classes.

Result: Latent class analyses indicated that a three class model fit best with the data: (1)No SI, (2)Passive SI, (3)Concurrent SI. The Passive SI class (10% of the sample) was characterized by high probabilities of passive SI; and low to moderate probabilities of active SI, frequency, duration, and intent (.02—.37), whereas the Concurrent SI class (6%) had high probabilities of passive and active SIs, frequency, duration, and intent (.59—1.00). The No SI class (84%) had low probabilities across characteristics of SI (<.01). On average, when controlling for demographics and suicide events at baseline, the Concurrent SI class had significantly higher risk of a suicide event at the immediate follow-up as compared to the No SI class (RR = 3.04, p<.05).

Discussion: This study finds that the co-occurrence of SIs with high frequency, duration, and intent was positively associated with the risk of suicide events in late adolescence. The presence of three SI classes of adolescents indicate an equifinality in pathways from cognition-to-action. Future research should seek to understand how to prevent the clustering of SIs during late adolescence in the prevention of suicide.

Understanding Suicidal Behaviours: Implications for Community-Based Prevention and Postvention Measures in a rural setting in Ghana

Professor Charity Sylvia Akotia[1], Professor Joseph Osafo[1], Dr. Angela Gyasi-Gyamerah[1], Dr. Johnny Andoh-Arthur[1], Mr. Seth Mawusi Asafo[1], Mr. Jonathan Kuma Gavi[1], Ms. Nana Ama Bimpomaa Oti[1]
[1]University Of Ghana

Suicide is a complex behaviour that has been identified as a growing public health concern globally. The aim of this study was to explore the meanings of suicide in the Ghanaian community. The study also aimed to understand the motivations for suicide, community reactions to suicidal behaviour, perceptions of prevention and postvention measures, and existing and potential partnerships and support systems for suicide prevention, intervention, and postvention measures in the community. A qualitative research design was employed to collect data using a semi-structured interview guide with seventeen participants. Thematic analysis was used to analyse the data. The study found that participants viewed suicide mainly as a result of ill behaviour or life adversities. A conflation of motivations and causes of suicide was seen in five broad categories including life misfortunes, shame avoidance, family and relationship issues, supernatural causes, and mental disorders. It was also observed that reactions towards suicidal behaviours were both positive and negative. Perceptions of ways to prevent suicide included support systems, religion, education, and punishments. Postvention measures were mainly focused on support. The findings of this study have implications for designing suicide prevention, intervention, and postvention measures for the community. This includes providing mental health education, access to mental health services, and addressing cultural, social, and economic factors that contribute to suicidal behaviours. Furthermore, gatekeepers, and/or lay counsellors, religious faith, and support networks can protect people in suicidal crisis in resource poor settings.

Suicide Prevention and Response Independent Review Committee (SPRIRC) landscape assessment of suicide prevention training programs — a consolidated look into training programs used to address this public health crisis.

Dr. Liz Clark[1], Dr Ramya Sundararaman[1], Ms. Jennifer Gofreed[1], Mr. Will Minor IV[2], Dr. S. Hope Gilbert[2], Ms Courtney Federoff[2], Dr. Audra Toms[2]
[1]Defense Suicide Prevention Office (DSPO), [2]Deloitte Consulting

To learn about the current landscape of military and civilian sector suicide prevention training programs — what works, gaps that need to be addressed, and actionable recommendations for the future.

At the direction of Secretary Austin, the Suicide Prevention and Response Independent Review Committee (SPRIRC) reviewed clinical and non-clinical suicide prevention and response programs across the Department of Defense (DoD). This review identified five lines of effort (LOE), with this proposal focused on the Revise Suicide Prevention Training and Promote a Culture of Lethal Means Safety LOEs. The Defense Suicide Prevention Office (DSPO) has made significant progress in establishing processes for oversight of all implementation efforts, including tracking, and evaluating the progress of SPRIRC implementation in coordination with the Office of the Secretary of Defense (OSD), Suicide Prevention General Officer Steering Committee (SPGOSC), and the Services. This effort is tasked with the formative assessment to identify the landscape of military and civilian suicide prevention training programs as follows: what programs are being used, what are the current gaps in training programs, and what are the actionable recommendations for the future.

Through a strategic information collection methodology and a robust literature review, the team is synthesizing findings across four key domains: fidelity, impact and efficacy, feasibility and sustainability, and improvement with aligning evaluation questions.

To address this effort's domains of interest, two activities were launched to collect information for analysis: (1) information collection tool launched with the Services to capture targeted answers on their current suicide prevention training programs and supporting materials, and (2) a 20 plus year literature review to capture relevant findings on military and civilian sector suicide prevention training programs.

To expedite the review of over 2,000 peer-reviewed articles and grey literature, the team has incorporated the use of an advanced artificial intelligence (AI) research assistant. This AI tool extracts both quantitative and qualitative information and supporting evidence, based on specific prompts and descriptions identified and programmed by our evaluators. These include, but are not limited to the following: populations, regions, modality, training delivery method, theoretical frameworks, outcomes, evaluations, gaps/barriers, impact, and actionable recommendations.

This presentation will outline the process, mapping, and key steps taken to conduct activities and explore the outcomes, and will leverage examples like training, education, and prevention recommendations.

The team will share thoughts on processes, outcomes, and actionable recommendations in addition to the implication(s) for future evaluation processes and lessons learned.

Bridging the gap: Developing a community engagement intervention for high-risk veterans

Dr Jason Chen, Dr. Steven Dobscha, Ms. Aimee Johnson, Ms. Avery Laliberte, Dr. Julie Lowery, Dr. Sarah Ono, Mr. Brandon Roth, Dr. Alan Teo, Dr. Anais Tuepker, Veteran Engagement Group Veteran Engagement Group, Dr. Tracy Weistreich, Mr. Jason Zimmerman, Dr Paul Pfeiffer

Learning Objective: 1) Increase knowledge of multicomponent intervention strategies for increasing community engagement among Military Veteran populations

Background: Recently psychiatrically hospitalized United States Military Veterans are at elevated risk for death by suicide in the days and weeks after leaving inpatient care. A notable risk factor is the limited social connections present among this Veteran group. Social connectedness, which can address aspects such as perceived belonging and burden on others, has been identified as a robust protective factor against suicidal ideation. Consequently, bolstering social connectedness through supporting the development of new relationships, such as through facilitating engagement in community activities, may help to decrease future suicide risk among recently psychiatrically hospitalized Veterans. The current paper describes the development of a peer specialist-facilitated intervention for building connections in the community grounded in feedback from Veterans (e.g., Veteran participants, Veteran advisory boards) and those who care for them (e.g., nonprofit groups, mental health providers).

Methods: Utilizing the Behavior Change Wheel model (Michie, van Stralen, & West, 2011), feedback collected from Veterans and those who care for them in prior interview studies was synthesized to identify key intervention targets including aspects impacting Veterans' capability (e.g., social skills), motivation (e.g., attitudes towards developing new relationship), and available opportunities (e.g., knowledge of community activities) for engaging in community activities. These intervention targets were utilized for developing a draft intervention manual which was iteratively refined with Veteran, community partner, and mental health clinician feedback.

Results: The study team and partners identified several key areas for intervention including but not limited to supporting the development of problem-solving skills, addressing challenges with stigma, and increasing knowledge of community activities. These areas, in turn, informed specific strategies for peer specialists and community partners to support Veterans following psychiatric hospitalization. Challenges such as peer specialist hiring and community capacity were notable barriers to implementation.

Discussion: Increasing engagement in community activities may be an important area for increasing social connectedness among Veterans at risk for suicide. Future studies should consider local systems-level capacity and the importance of broader education regarding peer specialist and community roles to support community engagement interventions.

Oral #13
Chair: Maggie Hardiman
Room 202A-B, 22 November 2024, 2:30PM - 4:00PM

Alliances between public policy and health care providers in the building of community based suicide prevention networks in Costa Rica

Elizabeth Seaward[1]
[1](ACEPS) Asociación Para El Estudio Y La Prevención De La Conducta Suicida

Elizabeth Seaward: Licensed Clinical Psychologist, founding member and President of the Asociación para el Estudio y la Prevención de la Conducta Suicida (ACEPS)

Presenter: Elizabeth Seaward

Costa Rica is a small Central American country that has a long history of implementing programs that protect and strengthen the human rights of its citizens. One of the main areas in which public policy has been utilized to continue this rich history is in the area of mental health, and in the last ten years specifically in the area of suicide prevention. The strategic alliances that the mental health professionals made with the legislative system has permitted the lay work for a strong legal structure, that in turn has favored the building of multiple community-based programs across the nation. Without this robust legislative aperatuse, the diverse initiatives that were popping up around the country would have been solely individual attempts to lower the alarming statistics without much impact nationwide.

This oral presentation proposes to outline the main accomplishments in Costa Rican public policy that have permitted the strong commitment that all areas wothin the private and public sectors have with the lowering of suicide rates in the country.

Targeted suicide prevention education for people supporting refugees and asylum seekers with insecure or unstable visas living in the community: Improvements in competence, attitudes and confidence.

Professor Nicholas Procter[1]
[1]University of South Australia

Learning Objective: To understand how targeted suicide prevention education can facilitate improvements in support workers' confidence, competence, and attitudes towards suicidal behaviour among people of refugee and asylum seeker background.

Background: More than 120 million individuals have been forcibly displaced worldwide as a result of persecution, conflict, violence or human rights violations. We are now witnessing the highest levels of displacement on record. At the same time, international studies report elevated rates of suicidality (ideation, behaviour, and deaths) among asylum seekers and refugees living in host or resettlement countries across Europe, in the United States and Australia. Many more are living in living with temporary and insecure visas in protracted displacement situations. Several countries have implemented restrictive and harsh immigration policies that are likely to compound existing trauma and despair, including suicidal distress. Tailored suicide prevention initiatives developed in close partnership with people of refugee and asylum seeker background are emerging as a an important and urgently needed resource. This presentation will describe the development and impact of a tailored 2-day suicide prevention education program developed in Australia. The program was co-designed with people of refugee and asylum seeker background with lived or living experience of suicidal distress as well as health and social service professionals working with people of asylum seeker and refugee background with insecure visa status.

Methods: Attendees of the education program completed internationally validated self-report questionnaires at pre training, post training, and 4—6 months follow-up.

Results: Over 400 people took part in the refugee and asylum seeker suicide prevention education program. A series of linear mixed-effects models revealed significant improvements in outcome measures from pretraining (n = 247) to post training (n = 231). Improvements were maintained at follow-up (n = 75).

Discussion: Findings suggest that a 2-day tailored suicide prevention education program contributes to significant improvements in workers' attitudes toward suicide prevention, and their confidence and competence in assessing and responding to suicidal suffering and distress.

Community-engaged development, feasibility, and acceptability of a smartphone-based ecological momentary assessment of minority stress and suicidal ideation intensity among high-risk sexual and gender minority youth

Ms Kaitlyn Phillips[1], Ms Elisa Park[2], Ms Alexandra Argiros[3], Joseph Sexton[2], Danait Issac[2], Emma Walker[1], Melissa Cyperski[4], Dr Evan Kleiman[5], Dr John Pachankis[6], Dr Kirsty Clark[1]

[1]Department of Psychology and Human Development, Vanderbilt University, [2]Department of Medicine, Health, and Society, Vanderbilt University , [3]Department of Psychology, McGill University , [4]Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center , [5]Department of Psychology, Rutgers University , [6] Department of Social and Behavioral Sciences, Yale School of Public Health

Learning Objective: The objective of this study was to understand how integrating qualitative feedback from community stakeholders can improve the feasibility and effectiveness of smartphone-based EMA studies on minority stress and suicidal ideation in high-risk sexual and gender minority youth (SGMY).

Background: The purpose of this study was to utilize qualitative data from community members to develop and assess the feasibility and acceptability of a smartphone-based ecological momentary assessment (EMA) study of minority stress and suicidal ideation intensity among high-risk SGMY.

Methods: The EMA protocol was developed iteratively, incorporating qualitative feedback from focus groups with 16 parents of SGMY, 16 SGMY, and six clinicians and researchers. This feedback guided the selection, adaptation, and development of EMA measures and informed study features, including the EMA survey schedule, reminder notifications, incentive structures, and safety and risk monitoring protocols. We then recruited 50 SGMY ages 13-24 with past-year suicidal ideation and current depressive symptoms from multiple states in the Southeastern United States. Participation involved a baseline assessment, 28 days of EMA surveys (3x per day), and an optional post-study exit interview. Exit interviews were audio-recorded and transcribed and analyzed by two trained research assistants using a qualitative content analysis (QCA) approach.

Results: In total SGMY completed 3,369 EMA surveys, reflecting on average 80% compliance over the 28-day study period. QCA of exit interview data revealed several themes, including barriers to engagement, facilitators for engagement, recommendations for improvement, and intervention implications. Barriers included feelings of repetitiveness, schedule conflicts, and disruptions to daily life, while facilitators emphasized the convenience of the EMA surveys and emotional awareness/reflection prompted by completing the EMA surveys. Recommendations for improvement included greater personalization and question variety. Participants also noted the potential utility of an app-based mental health intervention for both routine emotion monitoring as well as managing emotions during crisis periods.

Discussion: This study highlights the importance of incorporating community member feedback into developing and testing EMA protocols for high-risk SGMY. Overall, the EMA study had high compliance, highlighting the feasibility of smartphone-based EMA studies in suicide research with high risk SGMY. Findings from post-study interviews identified barriers and facilitators to engagement in the EMA study that can be used to inform future research and intervention.

Sleep moderates real-time associations between minority stress exposure and next-day suicidal ideation intensity in high-risk LGBTQ+ youth: An ecological momentary assessment study

Mr Alexandros Nikolaidis-Konstas[1], Ms Annabelle Mournet[2], Dr John Pachankis[3], Dr Evan Kleiman[2], Dr Kirsty Clark[1,4]

[1]Department of Psychology and Human Development, Vanderbilt University, [2]Department of Psychology, Rutgers, The State University of New Jersey, [3]Department of Social and Behavioral Sciences, Yale School of Public Health, [4]Department of Medicine, Health, and Society, Vanderbilt University

Learning Objective: Recognize the moderating effect of sleep quality on the relationship between LGBTQ+ minority stress and next-day suicidal ideation intensity, focusing on within-person changes from real-time data.

Background: Poor sleep is associated with greater suicidal thoughts and behaviors (STB), and both sleep and STB are sensitive to the impact of social stress. These psychosocial factors may be particularly relevant for LGBTQ+ youth, who experience greater social stress (i.e., minority stress), poorer sleep, and heightened STB compared to non-LGBTQ+ youth. However, a scarcity of research has utilized intensive longitudinal data to capture associations among these psychosocial factors as they unfold in everyday life. This study used ecological momentary assessment (EMA) data to elucidate the role of sleep on the relationship between minority stress exposure and next-day suicidal ideation (SI) intensity among high-risk LGBTQ+ youth.

Methods: Fifty LGBTQ+ youth (average age = 18.52, range = 13-24; 76.0% assigned female, 56.0% transgender, 78.0% non-Hispanic White) living in the US Southeast were enrolled into a smartphone-based EMA protocol (3 EMA/day for 28 consecutive days). Participants reported daily sleep quality and duration, minority stress exposure, and active SI intensity (desire to kill oneself), passive SI intensity (desire to stay alive), and self-harm ideation intensity (desire to hurt oneself). Data were aggregated at the day-level, and linear univariate mixed effects models with fixed slopes and varying intercepts were used to determine within-person relationships among minority stress, sleep, and next-day SI intensity.

Results: Interaction models showed that sleep quality significantly moderated the relationship between presence of minority stress (dichotomous variable) on next-day active and passive SI intensity and between level of minority stress exposure (continuous variable) and next-day passive SI intensity. Interaction probing showed that higher sleep quality was a significant protective factor, such that the within-person association between minority stress exposure and next-day SI intensity was significant and negative. For low values of sleep quality, the within-person association between minority stress exposure and next-day SI intensity was significant and positive. No significant results were found for the measure of sleep duration.

Discussion: Sleep quality is an important protective psychosocial factor that can disrupt the real-time suicidogenic impact of minority stress. Smartphone-based EMA is an effective way to capture real-time fluctuations in minority stress, sleep, and SI intensity in LGBTQ+ youth. Clinical providers should consider sleep quality and ways to increase it when working with high-risk LGBTQ+ youth facing minority stress.

A systematic review of familial risk and protective factors associated with suicide outcomes in Black, Indigenous, and Other Youth of Color

Ms Amanda Jiang[1], Ms Dakota Daniels[2], Dr Nadia Al-Dajani[1]
[1]University of Louisville, [2]University of Rochester Medical Center

Learning objective: The presentation will provide evidence on varied familial factors associated with BIPOC youth suicide and discuss the implications of findings on BIPOC youth suicide prevention and intervention.

Background: Rising rates of suicide among Black, Indigenous, and other Youth of Color (BIPOC) warrants a closer investigation of risk and protective factors of suicide relevant to these youth. For BIPOC populations, suicide risk is most concentrated during youth, a developmental stage where the family environment has a significant impact on the individual's mental health functioning. The role of family in suicide development and prevention can vary for different BIPOC communities, and a greater understanding of these variations can inform culturally relevant suicide prevention efforts. There is no study that has systematically reviewed this literature to identify key findings and potential gaps in evidence. The current review will 1) summarize research on familial risk and protective factors associated with suicide outcomes among BIPOC youth and 2) explore the role of family in suicide intervention for these youth.

Methods: Peer-reviewed articles were searched using four databases (PubMed, PsychInfo, Social Sciences Abstracts, and Psychology and Behavioral Sciences Collection) in March 2024. At the full text stage, peer-reviewed English language articles that had a focus on examining familial factors and BIPOC youth suicide risk and/or family-based suicide prevention or intervention for BIPOC youth living in the United States were included.

Results: Following duplicate removal, two study investigators screened 3179 titles and abstracts during initial review. Of these, 2808 were excluded and 371 moved to full text analysis. A cursory review suggests that disruptions within families (e.g., death in the family, familial conflicts) are commonly reported to be linked to heightened suicide risk among BIPOC youth. Conversely, family connectedness and parental support are most frequently reported to be associated with reduced suicide risk. For youth with immigrant or refugee backgrounds, familial acculturative stress, intergenerational conflicts, and having a family member detained or deported were linked with increased suicide risk. Comprehensive findings on the demographics of families, variations in familial risk and protective factors for different BIPOC populations, and notable gaps in literature will be presented at the IASP Pan-American Conference.

Discussion: Understanding familial risk and protective factors of suicide for BIPOC youth can inform a more culturally attuned lens to shaping clinical care and policy work around strengthening family processes in suicide prevention for culturally diverse communities.

Suicide screening in veterans seeking service-connected disabilities

Dr Mayumi (May) Gianoli[1,2], Dr Andrew Meisler[1,2]
[1]Yale University, [2]Department of Veterans Affairs

Learning Objective: To examine suicide risk and correlates among military veterans seeking VA disability benefits

Background: Military veterans are at greater risk for suicide than non-veterans (Kaplan et al., 2007). Holliday and colleagues' (2020) meta-analysis suggested a "complex associations" between PTSD and suicide, likely influenced by psychiatric comorbidity and other factors.

Many veterans with PTSD and other psychiatric conditions receive disability benefits from the Dept. of Veterans Affairs (VA). As of 2022, PTSD was the third most commonly service-connected (SC) disability; one-third of the 9 million veterans enrolled in VA healthcare are service-connected for PTSD alone, not counting other mental disorders. However, the role of service-connected disability in suicide risk among veterans remains unexamined. Although veterans receiving disability benefits might be suffering from more severe symptoms (and thus increased suicide risk), Dobscha and colleagues (2014) found that SC veterans were less likely to die by suicide; this could be due to a reduction in risk factors (e.g., financial strain, lack of access to healthcare). However, veterans who are in the process of applying for disability but are not yet receiving benefits represent a large and important sub-population for whom research on suicide risk is needed.

Methods: Data come from the Virginia Dept. of Veteran Services which serves as an entry point for veterans in the Commonwealth filing VA disability claims. Anonymous data were analyzed from 13,471 veterans (85% men, 15% women) screened by VDVS 07/01/22-06/30/24. Factors for analysis included: SC mental health disorder, combat zone service, and SC status post-claim (all Y/N), and score on the Columbia Suicide Severity Rating Scale (CSSRS, screening version).

Results: Overall, 83% of veterans scored at "no risk" (zero score) on the CSSRS-S; 16% scored at low risk, and only 1% combined (133 veterans in total) scored at moderate/high risk. Examined by predicted risk factors, more veterans who served in a combat zone scored as being at some risk for suicide, Chi-square = 50.41, df = 3, $p < .001$. Vets who were later SC for a mental disorder were also more likely to have screened at some risk (26.5% vs. 14.2%), Chi-square = 280.31, df = 3. $p < .001$. Multivariate analyses examining other relevant risk factors will be available at the time of the conference.

Discussion: Results highlight the importance of suicide risk screening for veterans seeking VA disability. Implications and recommendations for improved suicide prevention among this vulnerable population will be addressed.

Leveraging community partners for diffusion of best practice gatekeeper skills across geographically dispersed regions

Ms Lisa Sullivan[1]
[1]Texas Suicide Prevention Collaborative

Learning Objective: Understand a strategic approach to design and deploy training models for suicide prevention.

Background: Effectively distributing best practice suicide prevention resources across geographically dispersed stakeholders poses significant challenges. Cost, time, sustainability, and measuring outcomes are among key considerations.

Texas encompasses 160 million acres, of which 130 million are classified as rural, where suicide rates are often elevated. Reaching these communities is essential. In a cost constrained environment, finding methods to adequately deploy best practices resources requires collaboration, strategic vision, and sustainable infrastructure. This presentation discusses an example of the work underway in Texas and lessons learned in creating and managing this initiative.

Methods: The gatekeeper training model built by the Texas Suicide Prevention Collaborative originated in 2008. While effective, it was difficult to reach the levels of exposure necessary to achieve its objectives. One of the key considerations is the magnitude of the geographic population distribution in our state. Further, funding limitations created barriers to maintaining these efforts, often resulting in obsolete curriculum with outdated information or data.

In 2018, the Collaborative re-designed its strategy and began to leverage technological solutions to create an affordable, sustainable infrastructure to support widespread adoption of gatekeeper skills

and suicide prevention awareness. Utilizing a technology based Training of Trainer model targeting community influencers and partners of localized trust, we have developed and deployed a sustainable strategy that has been adopted by other organizations.

Result: Since 2019 – even through COVID, the Collaborative has created and maintained a network of over 1,000 Workshop Leaders across the state. This team of workshop leaders are known and trusted in their communities, making receptivity to their content effective. Further, because these workshop leaders know their community partners, they can target these offerings to those who need it most. Through strategic partnerships and leveraged funding, this network is able to deploy these essential skills far more broadly than a traditional training approach. By making training opportunities available broadly, we are able to deploy quickly, effectively.

Discussion: This presentation will discuss an overview of the approach and lessons learned in building and maintaining the infrastructure required to achieve these outcomes.

Oral #14

Chair: Professor Richard McKeon
Room 204A-B, 22 November 2024, 2:30PM - 4:00PM

Young adult and adolescent participant feedback on a card sort task for self-harm

Dr Amy Brausch[1], Taylor Kalgren[1], Chelsea Howd[1]
[1]Western Kentucky University

Learning Objective: Participants will be able to identify the usefulness of a card sort task for self-harm in adolescents and young adults with self-harm history.

Self-harm remains a public health issue in the United States. The Card Sort Task for Self-Harm (CaTS) was developed as a research tool to examine the dynamic interplay of thoughts, feelings, behaviors, and events that are associated with the lead up to self-harm behavior. The current study examined quantitative and qualitative feedback from adolescents and young adults who completed the CaTS for NSSI and suicide attempts.

Sample 1 included 41 adolescent inpatients, ages 12-17 (M = 14.28). Most identified as white (73.2%), female (65.9%), and sexual minority (67.5%). Adolescents completed CaTS for most recent SA (n = 26) or NSSI (n = 15). Sample 2 included 76 university students, ages 18-38 (M = 19.89). Most identified as white (84.4%), female (71.4%), and sexual minority (66.2%). Adults completed CaTS for most recent SA (n = 38) or NSSI (n = 39). Participants also completed a feedback interview about their experience. Ratings were gathered for overall experience, appropriateness, usefulness in therapy, helpfulness, difficulty level, and usefulness for understanding their own self-harm (rated from 1=not at all to 5=very much). Participants also provided free-response feedback to each item.

Mean ratings for overall experience were similar across groups (adolescent NSSI, SA; adult NSSI, SA), ranging from 3.62 to 3.95. Ratings were consistent for appropriateness (ratings from 4.2 to 4.31), and usefulness of CaTS for therapy (ratings from 4.2 to 4.41). Adolescents rated the CaTS for NSSI as more helpful (4.13) than for SA (3.77), while adults showed the opposite (NSSI=3.64 and SA=4.03). The CaTS was rated as relatively easy to use across the board (3.73 to 3.97), and as being helpful for understanding self-harm experience (3.53 to 3.85). Overall qualitative themes for the NSSI CaTS were that it was useful for expressing experiences that were difficult to put into words, but it was challenging to recall experiences leading up to an NSSI event. Themes for the SA CaTS were that adolescents found the task somewhat confusing, but found it overall helpful, and adults found it helpful to organize and explain what led to their attempt.

Results show implications for using the CaTS for different types of self-harm across age groups.

Nationally standardized Comprehensive Suicide Risk Evaluations in the Veterans Health Administration and subsequent suicide death

Dr Kevin Saulnier[1,2], Ms. Dara Ganoczy[3], Doctor Courtney Bagge[2,3], Ms. Jennifer Jagusch[2,3], Dr. Avinash Hosanagar[2,4], Dr. Mark Ilgen[2,3], Dr Paul Pfeiffer[2,3]

[1]VA Serious Mental Illness Treatment Resource and Evaluation Center, [2]University of Michigan, [3]VA Center for Clinical Management Research, [4]Ann Arbor VA Healthcare System

Learning objective: Describe suicide risk assessment responses that predict suicide in the Veterans Health Administration.

Background: The Veterans Health Administration (VHA) implemented the Comprehensive Suicide Risk Evaluation (CSRE) to standardize suicide risk assessment procedures across the healthcare system. The CSRE is a tool that specifies indicators of suicidal ideation and behaviors, warning signs, risk factors, and protective factors for clinicians to assess during suicide risk assessments. To inform clinical care, it is important to understand which CSRE items are associated with suicide. This study evaluated the relations between CSRE responses and CSRE-derived health factors and subsequent suicide in a large, national cohort of VHA patients.

Method: For 269,374 CSREs completed by 153,736 VHA patients from 11/1/2019 to 12/31/2020, multivariable proportional hazards regression models examined suicide risk in the 365 days after CSRE administration. Suicide mortality data were obtained via death certificate data from the Department of Veterans Affairs/Department of Defense Mortality Data Repository.

Secondary analyses examined suicide risk more proximal to CSRE administration (i.e., within 30 and 90 days). Analyses adjusted for demographic characteristics, clinic setting, and psychiatric diagnoses. Most patients were male (86.3%) and White (63.6%), with an average age of 50.5 (SD=15.3).

Results: In the 365 days following CSRE administration, there were 793 suicides. Multivariable proportional hazards regression indicated that suicidal ideation (hazard ratio [HR]=1.59, 95% CI [1.18, 2.15]), firearm access (HR=1.57, 95% CI [1.15, 2.15]), direct preparations for a suicide attempt (HR=1.55, 95% CI [1.08, 2.22]), and history of psychiatric hospitalization (HR=1.64, 95% CI [1.29, 2.09]) were associated with increased suicide risk, whereas anger (HR=0.56, 95% CI [0.44, 0.71]), pre-existing risk factors (e.g., trauma history; HR=0.77, 95% CI [0.62, 0.95]), recent transition from the military (HR=0.40, 95% CI [0.22, 0.71]), and positive beliefs (HR=0.81, 95% CI [0.66, 0.99]) were associated with decreased suicide risk. Patients identified by providers to be at intermediate acute suicide risk (vs. low risk; HR=1.38, 95% CI [1.12, 1.70]), and high and intermediate chronic suicide risk (vs. low risk; HR=1.72, 95% CI [1.21, 2.44]; HR=1.33, 95% CI [1.00, 1.75], respectively) were also at increased risk for suicide. Of the 793 VHA patients who died by suicide, 144 died within 30 days of the CSRE (18.16%) and 307 died within 90 days (38.71%). CSRE items differentially predicted suicide within 30 and 90 days of CSRE administration.

Discussion: Clinical suicide risk assessment in VHA should be informed by CSRE items most strongly associated with suicide.

What is known about suicide prevention gatekeeper training and directions for future research

Dr. Morton Silverman[1], Dr Sarah Spafford[2], Dr. Peter Gutierrez[3]

[1]Medical College of Wisconsin, [2]University of Oregon, [3]LivingWorks Education

Learning Objective: Participants will identify gaps in current suicide prevention gatekeeper training research and key areas for future research and practice.

Background: Suicide prevention training that teaches skills to support a person experiencing thoughts of suicide and creates community support networks, often termed, "gatekeeper" training (GKT), has been a longstanding pillar of international, national, and local suicide prevention efforts. GKT aims to

improve knowledge, attitudes, and self-efficacy in identifying individuals at risk for suicide, hopefully enhancing one's willingness and ability to intervene with a person experiencing a crisis. However, little is known about GKT's effectiveness in creating the essential behavior change (e.g., increase in intervening behaviors) it sets out to accomplish.

Methods: This presentation explores the history and theoretical background of GKT, reviews the current state of research on GKT, and provides framing and recommendations for next steps to advance research and practice around GKT.

Results/Discussion: To date, most GKT research has focused on demonstrating that the programs' learning objectives are met through comparing trainees' knowledge about suicide, attitudes about suicide and helping those in crisis, and willingness to help those people. It is time to move beyond these study designs. Through positioning GKT appropriately within the field of suicide prevention, we argue that the field of suicide prevention needs more rigorous research around GKT that includes long-term follow-up data on usage of skills learned during training, data on outcomes of those who have received an intervention from a trained gatekeeper, and the integration of implementation science to further our understanding of which trainings are appropriate for which helpers.

Confirmatory clinical trial of a screening software solution "Minds.NAVI" for depression with high-suicidal risk integrating stress biomarkers and composite psychometrics

Professor Jeong-ho Seok[1,2], Professor Sooah Jang[1,2]

[1]Research Institute, Minds.AI. Inc. , [2]Institute of Behavioral Science in Medicine, Department of Psychiatry, Yonsei University College of Medicine

Objectives: This study has been conducting to evaluate the clinical effectiveness of "Minds.NAVI", a depression screening software as a medical device (SaMD) combining psychometric measures and stress hormone biomarkers, in a confirmatory clinical trial for approval from Korea's Ministry of Food and Drug Safety. The objective is to assess its potential as a depression screening tool and investigate the associations between psychological markers and salivary hormone staging as biological markers.

Methods: Thirty-eight participants with major depressive disorder and 85 healthy controls will have been enrolled. The Minds.NAVI SaMD, utilizing the Protective and Vulnerable Factors Battery Test (PROVE) and salivary cortisol/dehydroepiandrosterone analysis have been conducted. The PROVE test is a comprehensive self-report questionnaire that assesses depressive symptoms, suicide risk, attachment style, adverse childhood experiences, mentalization capacity, and resilience. In addition, salivary cortisol and dehydroepiandrosterone levels are measured to evaluate the functional stage of the hypothalamic—pituitary—adrenal (HPA) axis.

Results: In the previous exploratory clinical trial of "Minds.NAVI", this SaMD exhibited 100% sensitivity, 91.7% specificity, and 97.9% accuracy in distinguishing patients with major depressive disorder from healthy controls. Salivary stress hormone phases showed changes with depression stage, and the proportion of patients with 'adrenal exhaustion stage' was higher in the moderate/severe episode subgroups. Result of confirmatory clinical trial will be analyzed after completion of this confirmatory clinical trial data acquisition.

Discussion: Previous study suggested possible clinical effectiveness of "Minds.NAVI", a depression screening tool that integrates psychometric measures and stress hormone biomarkers. The findings of this study support the evidence of "Minds.NAVI" solution and potential associations between depression, chronic stress, and HPA axis hyporesponsiveness. We are going to present how to prevent depressive patients from suicide with evidence-based research.

Keywords: major depressive disorder, software as a medical device, psychological indexes, salivary cortisol, biomarker, hypothalamus-pituitary-adrenal axis

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IDAS Process — suicide prevention clinical process for individuals living with intellectual disabilities or autism spectrum disorders

Professor Cécile Bardon[1,2,3], Pr Diane Morin[1,3], Ms Thomas-Persechino Sarrah[1,2], Pr Louis Philippe Côté[1,2], Ms Lorraine Millette[1,2]

[1]Université du Québec à Montréal, [2]Center for research and intervention on suicide, ethical issues and end-of-life practice (CRISE), [3]Chaire en déficience intellectuelle et trouble du comportement (Chaire DI-TC)

Individuals with intellectual disability or autism (ID-A) are at high risk of suicide and suicide behaviours (SB) and share characteristics that limit the utilization of suicide prevention tools developed for the general population.

We developed and partially validated a suicide prevention clinical process (IDAS process) that aims to address these persons' specificities and needs.

A collaborative mixed method research program was applied, with 12 organisations providing services to people with ID-A. It comprised a qualitative study (N=37 clinicians) to identify needs and recommendations for suicide prevention, a consultation process based on the Delphi method with research and clinical experts (N=23) to design a first draft of the IDAS process, a mixed method pilot test of the IDAS process with 8 rehabilitation services (N=51 clinicians and N=17 people with ID-A) and the development and mixed method evaluation of a knowledge mobilization strategy (KM) with N=7 rehabilitation services (N=17 mentors and their clinical teams).

The IDAS Process's objectives are to structure suicide prevention activities in a collaborative continuum, to screen and manage SB, to implement the adequate level of long-term intervention, to reduce the number and severity of SB.

The theoretical framework for the IDAS process is based on a validated model of suicide in individuals with ID-A (based on the motivation-volition model), collaborative suicide prevention practices between caregivers and the person, integrated service continuum, current best practices in suicide crisis management and long-term risk reduction, recurrence of SB prevention and implementation science.

The clinical process is made of four steps that can be applied by different collaborators in the service continuum: (1) screening of people who are likely to experience SB; (2) SB management, including assessment of severity of SB, needs and intervention; (3) follow-up to assess needs and intervention changes; (4) risk reduction, evaluation and long term support to reduce risk factors, increase protection, deconstruct cognitive, emotional and social mechanisms associated with increased risk, reduce recurrence of SB.

We need to develop innovative evaluation methods, useable in usual contexts of practice, to assess the effectiveness of IDAS process for identifying suicidal individuals, assessing suicide risk, applying adequate levels of intervention and reducing severity and number of SB.

Therapeutic alliance and suicidal ideation in the course of outpatient psychotherapy

Ms Laura Melzer[1], Prof. Dr Thomas Forkmann[2], Mr Soren Friedrich[1], Prof Dr Tobias Teismann[1]

[1] Mental Health Research and Treatment Center, Ruhr University, Germany, [2]Department of Clinical Psychology and Psychotherapy, University Duisburg-Essen, German

Objective: Understanding of the relationship between suicidality and the therapeutic alliance in the outpatient clinical setting. Background: The therapeutic alliance is central to psychotherapy.

However, research on the relationship between alliance and suicidality is scarce. We examined whether pretreatment suicidality is associated with an impaired alliance formation and whether the therapeutic alliance is associated with change in suicidal ideation (difference between pretreatment and posttreatment assessment), over the course of treatment. Methods: N = 643 outpatients (64% female; age M[SD] = 37.09[13.15], range:18-73), received 12 sessions of short-term cognitive-behavioral therapy. Using self-report questionnaires, suicidal ideation and behavior were assessed before and after therapy, therapeutic alliance was assessed after the fourth session and posttreatment. We performed correlation analyses and two hierarchical linear regressions, unadjusted and adjusted for possible confounding variables (age, gender, lifetime suicide attempts and depression). Results: Pretreatment suicidal ideation was not predictive of the quality of the early alliance. In addition, the therapeutic alliance was not predictive of change in suicidal ideation. Discussion: In the outpatient setting, no association was found between therapeutic alliance and suicidality. This suggests that suicidal patients are not reluctant but are just as successful as non-suicidal patients in establishing a therapeutic alliance; and that therapists are just as successful in establishing a good therapeutic relationship with suicidal patients. Furthermore, in the context of routine care psychotherapy, the reduction of suicidal thoughts does not seem to depend on a close therapeutic relationship. However, this should not be misinterpreted to mean that a therapeutic relationship is not important for suicidal patients in general. Future studies should investigate therapeutic alliance as a predictor of prospective suicidal behavior in different clinical settings.

Poster sessions

Poster #01

Chair: Dr Karla Valdes Garcia
Room 205A-B, 20 November 2024, 2:00PM - 2:30PM

Understanding the Emotional Impact on Clinicians after Losing Patients to Suicide

Dr Jaskanwar Batra[1], Ms Kimberly Montano, Dr Sahana Rajan, Ms Hillary Taylor
[1]University Of Southern California

Presenters: Kimberly Montano, MPH, Sahana Rajan, MD, Jaskanwar Batra, MD, MHA, Hillary Taylor LMFT, BCBA

One (1) Learning Objective: Participants will understand the emotional toll clinicians experience after losing a patient to suicide; support they currently receive, what they wish to receive.

Background: A patient's suicide can have a major effect on clinicians, including guilt, shame, fear, sorrow, depression, and fear of litigation. These feelings can impact the clinician's ability to take care of patients and may eventually contribute to compassion fatigue. There is no established consensus on the type of support most beneficial to clinicians' after losing a patient to suicide.

Methods: We aimed to understand the emotional impact on clinicians in different clinical disciplines and their perspective of support received, when a patient is lost to suicide. We performed an anonymous survey of psychiatrists, psychologists, social workers, and Marriage and Family therapists from a department of Psychiatry at a large academic center. Clinical discipline, number of prior patient suicide, severity of emotional reaction, subjective descriptive reaction, perceived peer support, supervisor and institutional support during this event, and frequency of caring for challenging patients at high suicide risk were characterized.

Result: A 20-question survey was completed by 77 faculty members. The group comprised of 36% psychiatrists, 25% social workers, 18% Marriage and Family therapists, 17% psychologists, and 4% other. 42.5% of those surveyed reported that they had experienced losing a patient to suicide. While the group of clinicians experienced a range of emotions, the most used words to express their emotions were sadness, shock, guilt, and fear. The survey asked the level of support they received

after losing a patient. The group reported a range of support but that support mostly came from peers. Support from supervisors was reported as lower than peers and the support from the organization leadership as even lower. The group identified what would have been most helpful in the aftermath of this loss.

Discussion: Death of a patient by suicide evokes significant emotional response from clinicians. Unlike a grieving family, clinicians do not always receive the support that they need during the difficult time to cope with such a loss. As a result of understanding the emotional response we created a workgroup to begin a more humane response to suicide. More support needs to be provided by peers, supervisors and leadership.

Investigating a feedback loop relation between binge-drinking and suicide behavior in a college student sample: a cross-lagged panel model study

Mrs Jacyra De Araujo[1], Dr. Karen Chartier[1]
[1]Virginia Commonwealth University

Learning Objectives: Understanding the relations between suicide behavior and binge-drinking among young adults from a large, diverse, urban, mid-Atlantic university using a cross lagged panel model.

Background: The increased risk of suicide behaviors related to harmful alcohol use is a known public health problem. Alcohol consumption is related to increase in suicide ideation, attempt and deaths. Binge-drinking is a common pattern of alcohol use among college students that result in high risk of intoxication, increasing suicidal behavior risk. Although many previous studies found increased risk of suicide behavior related to binge-drinking, the direction of this relation is not clearly understood.

Methods: This study uses a cross-lagged panel design (CLPM) to analyze the relation between self-report measures of binge-drinking and suicide behavior (ideation, planning and attempts) in a 3-year longitudinal diverse sample of college students (N = 982) attending a large public urban east coast university.

Results: We found a positive and significant relation from binge-drinking to suicide behavior, and also a positive and significant relation from suicide behavior to binge-drinking. This result is compatible with a feedback loop effect. In other words, binge-drinking in a previous time point affects suicidal behavior that in return affects binge-drinking in a subsequent time point.

Discussion: CLPM is a valid model to establish causal relations in panel data, as it estimates the directional effect that one variable has over another in different time points. This study adds to previous works on the positive relation of binge-drinking and suicidality. The use of CLPM allows investigating these relations taking into account between-person variance as well as within-person variance (auto-regression). This feedback loop result implies that actions that decrease binge-drinking also decreases suicide behavior in this college sample. More work is needed to clarify the mechanism by which binge-drinking affects suicide behavior, and if this relation is the same among other age groups.

Suicidal Ideation and Suicidal Behaviors: Risk Factors, Explanatory Models, and Coping Strategies Among Refugees in Humanitarian Settings in Northern Uganda WITHDRAWN

Mr Moses Bwesige Mukasa[1]
[1]Ghent and Makerere Universities, [2]Ghent University FPP -Dept of Special Needs , [3]Makerere University

Background: Suicide is a leading cause of death globally, with over 700,000 deaths annually. However, suicides typically follow a process marked by suicidal ideations and attempts. Suicidal

ideations, if not managed effectively, can lead to suicide attempts, and these attempts can progress to actual suicides. Therefore, preventing suicides necessitates addressing suicidal ideations and attempts, and promoting adaptive coping strategies among those affected. This is especially crucial for refugee communities, who are more susceptible to severe distress and mental health disorders, including suicides. Uganda, hosting nearly 2 million refugees, primarily from South Sudan, reports higher suicide rates among refugees compared to host communities. Between January and August 2023, there were 170 suicide attempts and 35 suicides, with over half occurring in refugee settlements in Northern Uganda. The latest Uganda suicide dashboard indicated 153 suicide attempts among refugees, with more than 70% in Northern Uganda.

Objective: This study aims to assess the risk factors for suicidal ideation and attempts, their explanatory models, and the coping strategies adopted by refugees in Northern Uganda.

Method: The study will be structured into three work packages, each employing a mixed-methods design. The first work package will use a case-control study design, while the second and third will continue with mixed-methods approaches. The target population is refugees who have resided in any Northern Uganda refugee settlement for at least three months. Settlements will be stratified by zone, with villages randomly sampled within each zone, followed by systematic random sampling of households. Participants will be purposively selected for structured and in-depth interviews. Data collection will involve structured questionnaires incorporating the Beck Scale of Suicide Ideation, the Coping Strategy Inventory, and the Mental Distress Explanatory Model Questionnaire. Qualitative data will be gathered through in-depth interviews.

By examining these factors, the study aims to develop a comprehensive understanding of suicidal behaviors among refugees, facilitating the design of targeted interventions to reduce suicides in these vulnerable populations

The Relationship Between TikTok Use and Mental Health in Adolescents Presenting to Hospital

Ms Simran Dhaliwal[1], Ms Jasmine Amini[1], Ms Joy Wang[1], Dr Thomas Niederkrotenthaler[2], Dr Juveria Zaheer[3], Dr Mira Shuman[1], Dr Janet Song[1], Dr Stephen Lewis[4], Dr Mark Sinyor[1], Dr. Rachel Mitchell[1]
[1]Sunnybrook Health Sciences Centre, [2]Medical University Vienna, [3]Centre for Addiction and Mental Health, [4]University of Guelph

TikTok is a popular social media app among adolescents that hosts mental health content that can be harmful, potentially causing suicide or self-harm contagion. Conversely, it may be beneficial to help foster community. This study explores the relationship between TikTok use and mental health symptoms in youth seeking psychiatric or primary care. Conducted in two phases, this study first examined youth (n=80) aged 14 to 19, receiving psychiatric care (n=40) and primary care (n=40; controls). Participants completed questionnaires assessing problematic TikTok use and mental health symptoms (i.e., Patient Health Questionnaire-9 [PHQ-9]). Statistical analyses, including independent t-tests and a moderated hierarchical linear regression, were conducted to compare mental health symptoms and social media usage between groups. The regression analysis tested three models: the first included demographics (sex, age, gender identity, sexual orientation); the second added social media use (hours per day) and problematic TikTok use; and the third incorporated youth quality of life. Eighty youth completed the first phase (77.5% female, MAge=17.03, SD=1.48). Youth receiving psychiatric care had higher PHQ-9 scores than controls, $t(78)=3.85$, $p<.001$, however, no difference was detected between groups on scores of problematic TikTok use, $t(78)=1.48$, $p = .144$. Only the model with social media usage AND quality of life, $F(12,67) = 15.98$, $p= <.001$, $R2=.695$) significantly improved the model, $\Delta F(1,67) = 111.98$, $p< .001$, $\Delta R2=.433$. In the ongoing second phase, qualitative interviews are being conducted with youth receiving psychiatric care. To date, 5/20 interviews have been completed, revealing three preliminary themes: the addictive nature of TikTok; the impact of exposure to harmful self-harm and suicide-related content; and the role of social comparison in

lowering self-esteem. By the time of the presentation, all remaining interviews will be complete. TikTok usage was similar across youth seeking psychiatric care or primary care, despite more severe mental health symptoms in the psychiatric care group. Quality of life explained the largest proportion of variance in mental health symptom scores; variables related to TikTok and social media use did not contribute significantly to the model. The association between TikTok, social media use, and mental health symptoms may be more pronounced in certain subgroups, which will be explored in future analyses. Emerging themes from the interviews highlight the potential harms of TikTok use, including app addictiveness and contagion from exposure to harmful content. Although limited by cross-sectional design, findings will inform future research into TikTok/social media use among youth and suicide prevention efforts.

Poster #02

Chair: Mikaela Dimick

Room 205C-D, 20 November 2024, 2:00PM - 2:30PM

The relationship between incongruent stigma beliefs and suicidal ideation and attempts: data from the 2022-2023 healthy minds study

Ms Rachel Lebovic[1], Dr Holly Wilcox[1]

[1]Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Learning objective: To understand the relationship between incongruent personal/perceived stigma and suicidal ideation/attempts in college students.

Background: Suicide is a major public health problem and one of increasing concern among college-aged students. Stigma, specifically related to mental illness and help-seeking, has been established as a risk factor for suicide. Both personal and perceived stigma have been reported in prior studies to be associated with help-seeking, however, the results for personal and perceived stigma sometimes differ or are incongruent. The present study aims to explore the relationship between stigma beliefs and suicidal behaviors in college students using data from the 2022-2023 Healthy Minds Study.

Methods: Logistic regression was used to test if odds of suicidal ideation and suicide attempts differed based on respondents having congruent or incongruent stigma beliefs.

Results: Compared to incongruent stigma endorsement, endorsing neither stigma type was protective against the odds of suicidal ideation and suicide attempts. Additionally, compared to incongruent stigma endorsement, endorsing both personal and perceived was associated with a greater risk of suicide attempts among those with suicidal ideation. However, for statements “I would/most people think less of a person who has received mental health treatment” and “I would/most people would willingly accept someone who has received mental health treatment as a close friend”, congruent stigma endorsement was associated with lower odds of suicidal ideation compared to incongruent stigma. In other words, having conflicting beliefs of personal and perceived stigma was a risk factor for suicidal ideation compared to endorsing both stigma types.

Discussion: Applications of the strain theory of suicide and the interpersonal theory of suicide may explain this finding as it is possible that holding opposing beliefs on personal and perceived stigma can create a psychological strain that imposes distress beyond stigma alone which translates to a greater risk for suicidal ideation. Since stigma is a modifiable risk factor, it is essential to understand the role it plays in suicide risk and how it can be integrated into prevention efforts.

Suicide safety planning: a systematic review supporting OT research and practice

Dr Carrie Anne Marshall[2], Ms Pavlina Crowley[1], Mr Dave Carmichael[1], Susanne Murphy[3], Roxanne Isard[2], Corinna Easton[2], Rebecca Goldszmidt[2], Suliman Aryobi[2], Julia Holmes[2]
[1]Providence Care Community Programs, [2]Western University, [3]Queen's University

Purpose: Suicide, responsible for over 700,000 deaths annually, is a significant global health issue that requires effective prevention efforts. This systematic review amalgamated research on the effectiveness of suicide safety planning interventions, a recommended strategy in mental health care.

Learning Objective: Attendees will gain a deeper understanding of various safety planning strategies, describe their impact on key outcomes, and identify opportunities for further innovation.

Methods: We conducted an interdisciplinary systematic review of effectiveness studies (quasi-experimental and randomized controlled trial designs) following JBI and PRISMA guidelines. Title and abstract screening and full-text review were performed using Covidence, with included studies undergoing narrative synthesis and critical appraisal using JBI checklists for quasi-experimental and randomized controlled trial studies. To synthesize this body of literature, we identified the components of a range of safety planning interventions and summarized the effectiveness reported in included studies on five outcomes: suicide ideation, suicide behaviour, mental health symptoms, resilience, and service use.

Results: The heterogeneity of outcomes in the included studies precluded a meta-analysis. A total of 5897 titles and abstracts remained following the removal of duplicates, of which 76 were subjected to full-text review. A total of 22 studies were included in our analyses and narrative synthesis. Critical appraisal scores ranged from 38.5-92.3 (m=63.7) out of a possible score of 100, representing moderate to high-quality evidence. Three intervention categories were identified: 1) standard and enhanced safety planning interventions (n=11); 2) electronically delivered safety planning interventions (n=5); and 3) safety planning integrated with other approaches (n=6). Only three studies identified an occupational element of suicide safety planning. With regard to effectiveness, seven studies demonstrated effectiveness for suicide ideation; six for suicide behaviour; five for mental health symptoms; two for indices of resilience; and four for improving service use.

Discussion: Evidence suggests that suicide safety planning is effective for mitigating suicide risk, but more research is needed. Suicide safety plans that include elements that promote engagement in meaningful activity may enhance the effectiveness of these approaches and warrant further study. A collaboration between researchers and health and social care professionals who focus on engagement in meaningful activities such as occupational therapists, recreation therapists, and others may offer important insights into the development of such elements. Organizational policymakers may consider incorporating suicide safety planning in their staff orientation and professional development programs, particularly where clinicians are more likely to encounter individuals at risk of suicide.

"People need people to talk to": Awareness and Usage of 988 Suicide and Crisis Lifeline in a Diverse Sample of US Youth.

Dr. Deirdre Colburn[1], Dr. Kimberly Mitchell[1], Dr Julie Cerel[2], Dr. Victoria Banyard[4], Dr Christopher Drapeau[3], Avery Powers[2], Sawyer Mustopoh[2]
[1]University of New Hampshire, [2]University of Kentucky , [3]Vibrant, [4]Rutgers

Learning Objective: To understand awareness of 988 Suicide & Crisis Lifeline and patterns of self usage and friend referrals among a longitudinal sample of youth.

Background: Past research has offered support for the effectiveness of suicide and crisis hotlines, however research remains limited on awareness of and willingness to use the new 988 Suicide and Crisis Lifeline (988), especially among minoritized youth.

Method: Participants were youth participants from Project Lift Up (n= 2,978), a longitudinal study of youth ages 13-22 oversampled for sexual and gender minority status.

Results: Overall, most youth were aware of 988 (79.9%) and reported they were likely to refer a friend (62.2%) to 988 but fewer reported they were likely to use themselves (23.1%). Sexual or gender minority (SGM) participants were more likely to be aware of 988, however they were significantly less likely to say they would be very or extremely likely to both use the hotline and refer a friend in need. In logistic regression, no significant effect of sexual or gender minority on awareness of 988 was found after adjusting for other covariates including demographics and social support. Qualitative responses revealed a range of diverse reasons why and why not to use or to refer a friend.

Discussion: Findings have implications for both the advertisement and training efforts at 988 to better support sexual and/or gender minority youth who are at a disproportionately higher risk of suicide attempts and death.

Pediatric Suicide by Overdose: 27 Years of Data

Dr Chris Caulkins
Caulkins Consulting, LLC

In the US, suicide is the 10th leading cause of death for those aged 5-9, second for those 10-14, and the third for those 15-24. This situates suicide as a significant public health issue among youth. Unfortunately, the data from the CDC is aggregated, parsed into set age ranges not conducive to the study of suicide, suppressed at low numbers, and does not go into specifics of methods beyond the general categorization. However, the State of Minnesota is one of the few states that allow the researcher to obtain detailed and specific data for analysis.

Objective: I set out to collect descriptive information on suicide deaths due to poisoning, primarily among those under the age of 21 but also among those 21 and older, to compare and contrast the findings. The hope is to anticipate what types of substances are being used to enact suicide among youth. This may yield valuable information for prevention initiatives and the restriction of suicide means.

Design/Methods: I retrieved data from death records I obtained from the Department of Health for 1994-2021. The records collected included variables such as full name, date of death, date of birth, manner of death, cause of death, sex, race, and ethnicity. I sorted and analyzed the data in a spreadsheet. The relevant data collected identified poisonings. Descriptive statistics were then formulated.

Results: Suicide is rare until age 10, when it begins to increase steadily. From 1994-2021, there were a total of 15,851 suicides, of which 2,051 (13%) were the result of poisoning. During this period, among those under the age of 21, there were 1,515 (10%) deaths by suicide, of which 73 (5%) involved poisoning.

The youngest suicide victim was five. The most common overdose was diphenhydramine, with seven instances, although the use of CO was attributed to 12. The number of substances ingested ranged from one to eight.

The use of more than one method of suicide did not appear among the decedents until age 18. Those dying by suicide are disproportionately White and non-Latinx. Minority suicide deaths tend to increase in adulthood, which yields little information on pediatric suicide among minority populations.

Conclusion(s): Pediatricians should have discussions with parents and patients about suicide before age 10. Discussion should include prescription and over-the-counter medication access, such as purchasing drugs in blister packs, locking medicines, and rationing medicines rather than giving access to the whole supply.

Poster #04
Chair: Daniel Sanchez Morales
Room 205A-B, 21 November 2024, 14:00PM - 14:30PM

Improving Continuum of Mental Health care for Students Experiencing Suicide Crisis for University Students

Dr Jaskanwar Batra, Ms Lauren Sarni, MS, MHA, Ms Tierney McNamara, LCSW, Dr Soumita Sen, Psy.D., Dr Christina Mohajerani, Psy.D, Dr Sahana Rajan, MD, Ms Hillary Taylor, LMFT, BCBA
[1]University Of Southern California

Learning Objective: Participants will identify best practices for the screening, treatment, and management of suicidal patients in a university campus setting.

Background: Suicide is the second leading cause of death among young adults. Over the years suicidal behaviors have emerged as one of the top five mental health problems in university settings across the world. Previous research has explored the various risk and protective factors related to students' suicidal behaviors, there is a paucity of research on how student health care centers can effectively address suicidal risk.

Methods: At the University of Southern California (USC), we have witnessed the profound impact of suicide on our campus community. USC Department of Psychiatry and the Behavioral Sciences pioneered a state-of-the-art universal screening process to identify students' mental health and wellness needs and match them with appropriate services, including high-risk crisis response. In response to on campus suicides at USC, we established a multidisciplinary workgroup with the primary aim to equip the clinics with the best practices in suicide prevention. The workgroup began by conducting root cause analyses for deaths by suicide that occurred between the months of September 2022 to January 2023. Subsequently, the group reviewed best practices including the Zero Suicide model from the National Action Alliance on Suicide Prevention.

Results: This effort led to several initiatives including: 1) Standardizing the assessment and screening 2) Standardizing risk categories 3) Improve communication 4) Train non-clinical staff 5) Training for clinicians in suicide focused care 6) Create a specialized care team 7) Plans for students while off campus during breaks 8) Minimize stigma and cultural barriers.

Discussion: USC now has a unified approach to suicide screening and assessment across campus. All mental health visits now include screening using a standardized tool. A team of clinicians are now trained in Brief Cognitive Behavior Therapy for Suicide Prevention and better prepared to manage and care for students at risk for suicide. Communication between counseling services and the psychiatry and behavioral clinic has improved. Care pathways and expectations have been clearly outlined. Treatment teams now have dedicated space and time for consultation and management of high-risk students.

Developing and implementing the Living Safety Plan (LSP): an intervention for suicide prevention

Dr Oyedeji Ayonrinde[1,2], Mr Dave Carmichael[1], Karin Carmichael[1], Ms Pavlina Crowley[1], Terry Landry[1], Dr Carrie Anne Marshall[3], Susanne Murphy[2], Kim Schryburt-Brown[1], Gord Unsworth[1], Dr Katherine Waller[1], Anuson Wijayaratnam[1]
[1]Providence Care Community Programs, [2]Queen's University, [3]Western University

Background: Suicide represents a significant global public health issue and is a major cause of death worldwide. There is a critical need for effective prevention strategies, particularly in community settings with unique environmental risks. Community standards for intervention vary across organizations and mental health clinicians often report feeling underprepared to address suicidality, despite the prevalence of suicidal ideation among clients. To address this gap, we have developed

the Living Safety Plan (LSP), a novel, evidence-informed, person-centred approach to suicide prevention. The LSP transcends traditional safety planning practices by centering on active engagement in meaningful activities, relationship building, and promoting hope through existential reflection. Supported by a comprehensive training program to enhance its adoption, the approach is aligned with global standards set by the World Health Organization, Health Quality Ontario, the Canadian Coalition for Seniors' Mental Health, and Accreditation Canada, ensuring its relevance and applicability across various settings and populations.

- Demonstrate an understanding of the LSP, including its application across demographic groups and settings.
- Apply the LSP tool to challenging scenarios encountered in practice.
- Describe the processes used to develop and implement the LSP and supporting toolkit.
- Introduction to the LSP's development, underpinned by evidence gathered from this working group's recent systematic review (published) and qualitative case study (manuscript in development).
- Interactive presentations of the LSP tool with scenarios involving two standardized patient actors, representing an adult and an older adult, to showcase the tool's versatility across the lifespan and in different care settings.
- Discussion facilitated by case vignettes to explore the tool's application in complex situations that arise in the community.
- Role-play exercises to practice creating Living Safety Plans, followed by participant feedback and group reflection.

Sharing of insights from the implementation of the LSP, including the Quality Improvement (QI) methodologies used in developing a clinical pathway, training modules, and framework for clinical supervision to explore how attendees might adopt the LSP in their own settings.

Conclusion: The LSP represents an enhancement of existing approaches to suicide safety planning for suicide prevention. This approach should be replicated and evaluated in future research and practice efforts.

Universal Safety Planning for Suicide Prevention: CODE RED Initial Feasibility and Acceptability

Dr Julie Cerel[1], Alice Edwards[1], Dr. Leah Murphy[1], Martina Fruhbauerova[1]
[1]University Of Kentucky

Learning Objective: To describe a new universal safety planning approach, CODE RED with initial adult feasibility and acceptability data.

Background: Suicide rates have increased in the US over the last few decades. Schools often deliver suicide prevention trainings and there is growing evidence that school is an effective location for suicide prevention training. The current study aimed to examine a new upstream approach, CODE RED in which trainees complete their own safety plan prior to a mental health emergency.

Method: Participants were adult school personnel (n=201) who completed CODE RED trainings and were surveyed during the 2021-2022 school year using three validated 4-item measures: acceptability of intervention measure (AIM), intervention appropriateness measure (IAM), and feasibility of intervention measure (FIM). Open-ended questions were analyzed using a thematic approach.

Results: Of 201 participants who completed the survey, acceptability, appropriateness and feasibility were high as assessed by standardized implementation measures. Open-ended responses further indicated a great deal of satisfaction with the training.

Discussion: As a first step in establishing acceptability and feasibility in schools, CODE RED was found to be highly acceptable to adult school employees who found it applicable, appealing as an intervention, and easy to use. Most staff are hopeful that it will be useful with youth as well. It will be important to determine how this activity is used by youth and if it can be used in mental health crises to decrease symptoms.

Digital interventions for decreasing suicidal ideation and mood difficulties

Dr Robert Hayes[1], Ms. Janna Delgado[1], Chelsea Gordon[2], Victoria Grace[2]
[1]Westfield State University, [2]Muvik Labs

Learning Outcome: Participants will demonstrate a reduction in suicidal ideation, as measured by a validated assessment tool, by at least 30% over 6 weeks of completing the intervention.

Background: Suicidal ideation (SI) remains a pressing public health issue in the United States, with an alarming estimate of 10.6 million adults, or 4.0% to 4.8% of the adult population, reporting such thoughts each year, according to the Centers for Disease Control and Prevention. While several intervention strategies have shown promise, the SI rate has continued to rise in the United States, highlighting a critical need for effective mental health interventions. This study explores the potential utility of digital, short, paced breathing and mindfulness interventions in reducing SI and improving mental health outcomes.

Methods: A pilot study was conducted with 70 university undergraduates who were randomly assigned to one of three groups: paced breathing, mindfulness, or control. Screening for SI allowed for immediate safety planning during the study. Participants were prompted via text and email to engage in their assigned digital intervention over a period of six weeks. Pre- and post-intervention assessments were conducted using the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Perceived Stress Scale (PSS), and Suicidal Ideation Attributes Scale (SIDAS). Repeated measures ANOVA was used to analyze the data.

Results: While no statistically significant effects were found from pretest to posttest on depression, anxiety, stress, or suicidal ideation, results all trended in the hypothesized direction, suggesting potential benefits of the digital interventions. The study faced significant limitations including low power due to small sample size (N=70), high attrition rates, and low adherence to the digital interventions. The sample was predominantly Caucasian psychology majors aged 18-22, limiting generalizability.

Discussion: While the pilot study did not yield significant results, the observed trends indicate that with appropriate power and a larger, more diverse sample, digital breathing and/or mindfulness interventions could potentially improve mental health outcomes. Therefore, a replication of this study amending for difficulties with power and sample size is warranted. Future research should also focus on optimizing intervention delivery to enhance engagement and explore the effects in populations with higher prevalence of suicidal ideation.

Poster #05
Chair: Maggie Hardiman
Room 205C-D, 21 November 2024, 2:00PM - 2:30PM

Suicide risk in first-generation college students (FGCS): the mediating role of belongingness and burdensomeness

Mr Lewis Evans[1], Bingjie Tong[1], Iker Aranguren[1], Kaley Liang[1], Carolina Rocha[1], Dr. Jonathan Rottenberg[2]
[1]University of South Florida, [2]Cornell University

Learning objective: Understand the role of thwarted belongingness and perceived burdensomeness in the relationship between psychological distress and suicide risk in FGCS.

Background: Many first-generation college students (FGCS) face a variety of challenges when navigating college life, such as isolation and a lack of belonging, potentially making them more susceptible to psychological distress and psychological pain, an indicator of suicide risk (Troister et al., 2015). The association between psychological distress and suicide risk is well-established in the general population (Eskin et al., 2016; Rainbow et al., 2023), but its relationship and underlying mechanism remain unclear in FGCS. Using a sample of FGCS, we examined whether perceived burdensomeness and thwarted belongingness, two constructs of Joiner's Interpersonal-Psychological Theory of Suicide (IPTS), mediated the relationship between psychological distress and psychological pain.

Methods: Sixty-four FGCS (79.70% female, Mage= 21.86) completed measures of psychological distress, perceived burdensomeness, thwarted belongingness, and psychological pain. Mediation analyses were conducted using PROCESS 4.2 developed by Hayes (2012) in SPSS.

Results: The mean psychological pain score (M = 30.73) was higher than the optimal cut-off score of 27 (Troister et al., 2015) for identifying elevated suicide risk among college students. Forty-two participants (65.63%) were above this threshold. Psychological distress was associated with thwarted belongingness (B = 1.94; $p < 0.01$), which was associated with psychological pain (B = 0.27; $p < 0.01$). The confidence interval for the indirect effect (B = 0.53) based on 10,000 bootstrap resamples was above zero (95% CI = 0.23-0.91), indicating that thwarted belongingness significantly mediated the relationship between psychological distress and psychological pain. Similarly, perceived burdensomeness (B = 0.28; 95% CI = 0.11-0.55) significantly mediated the relationship between psychological distress and psychological pain.

Discussion: Our findings highlight the importance of understanding how psychological distress is associated with thwarted belongingness and perceived burdensomeness, which contribute to elevated suicide risk. Our FGCS sample reported a mean score of psychological pain that exceeded the threshold for elevated suicide risk, warranting further investigation on suicide risk in this population to identify and inform interventions that can mitigate this risk. Targeting these mediating factors, interventions such as peer mentoring and strength-based workshops that recognize and empower resilience among FGCS might be effective at enhancing a sense of belonging and decreasing perceived burdensomeness, thus reducing the suicide risk in this population.

The Effects Of Phenomenological Characteristics Quality on Memories of Liability and Social Contribution

Ms Emma Rose Edenbaum[1], Mr Ayberk Ozgen[1], Ms Emma Oliveras[1], Ms Brianna Evans[1], Dr Victor Buitron[2]

[1]Florida State University, [2]Florida International University

Learning Objective: Evaluate the impact of the quality of social contribution versus liability memories on suicidal ideation, considering the role of depression.

Background: Recent conceptualization of perceived burdensomeness (PB), a known driver of suicidal ideation, posits a transactional model of perceived contributions and perceived liability to others. In tandem, individuals with depression vulnerable to suicidal ideation have memory deficits (e.g., greater abstraction, lesser richness). Negative memories have also been found to have greater richness and specificity than positive memories. Memory-related characteristics (i.e., clarity, sensory, contextual, thoughts and feelings, intensity of feelings) associated with burdensomeness have not been investigated and could provide information on when to consider broadband impairment when treating specific features of suicidality. The current exploratory study aimed to evaluate the association between current beliefs of burdensomeness, composite phenomenological characteristics of burden- and contribution-related memories, and suicidal ideation.

Methods: Our sample consisted of 114 young adults (M age: 19.41, SD = 1.56; 62.28% female), all scoring above the clinical depression cutoff (M = 22.31, SD = 3.55). Participants recounted memories of perceived burden and social contribution and rated memory characteristics, feelings of burdensomeness, and suicidal ideation.

Result: While clarity ($t(113) = 1.32$, $p = .19$), sensory ($t(113) = 1.33$, $p = .19$), contextual ($t(113) = 1.69$, $p = .09$), and thoughts and feelings ($t(113) = -1.43$, $p = 0.16$) did not significantly differ, intensity of feelings did ($t(113) = -5.22$, $p < .05$), with negative memories being more intense than positive. A multiple regression model of social contribution and liability memory quality, controlling for depression, age, and sex, explained 13.35% of the variance in suicidal ideation ($F(5, 108) = 3.33$, $p < .05$). Specifically, higher quality of social contribution memories was significantly negatively associated with suicidal ideation ($t = -2.60$, SE = .00, $p < .05$), whereas liability memories were not ($t = 0.37$, SE = 0.00, $p = .71$), with a one-unit increase in contributory memory quality reducing suicidal ideation by 0.01 units ($b = -0.01$, SE = .00, $p < .05$, semi-partial $r = .05$).

Discussion: These results support recent pilot interventions designed to foster perceived contribution directly with cognitive-behavioral strategies around contributory acts. Accounting for cognitive impairments associated with depression and incorporating how the encoding and rich recall of positively valenced memories, more so than negatively valenced memories, provides a promising avenue toward strengthening the long-term effects of targeted treatments.

Challenging clinical assumptions: the relations between BPD features and suicide attempt severity

Ms Elizabeth Barbour[1,2], Ms Sarah Cohen[1,2], Dr Kevin Saulnier[1,3], Dr Courtney Bagge[1,2]

[1]Department of Psychiatry, University of Michigan Medical Center, [2]VA Center for Clinical Management Research Ann Arbor Department of Veteran Affairs, [3]Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health, Department of Veterans Affairs

Learning Objective: The audience will be able to describe relations between borderline personality disorder features and characteristics of a suicide attempt.

Background: Suicide attempts are highly prevalent among those with borderline personality disorder (BPD). A clinical assumption among providers treating patients with BPD features is that their suicide attempts are not indicative of a strong desire to die. Therefore, suicide attempts among patients with

BPD features may be considered less serious compared to patients with other clinical syndromes. However, the extent to which BPD features are associated with suicide attempt characteristics (i.e., suicidal intent, actual medical lethality) and patient characteristics (i.e., demographics, psychiatric symptoms) among patients recently hospitalized after a suicide attempt is largely unknown.

Methods: Participants were 170 adult patients hospitalized within 24 hours of a suicide attempt (M age=36.57; SD=11.19; 57.1% female; 62.8% White, 31.3% Black, 5.9% other race/ethnicity). The Personality Assessment Inventory-Borderline Features Scale was used to classify participants as having elevated BPD traits (B+; n=124) or having subsyndromal BPD traits (B-; n=46). Suicidal intent was assessed by the Beck Suicide Intent Scale, and lethality of the suicide attempt was determined by the Beck Lethality Scale. Suicide attempt history was determined via self-report (66.4% had a prior attempt). Participants also completed the Alcohol Use Disorders Identification Test (scores ≥ 8 indicative of problematic alcohol use in the past year), and the Center for Epidemiological Studies Depression Screening Index-10.

Results: B+ and B- groups did not differ on demographics (i.e., age, biological sex, racial identity). The B+ group reported significantly higher depressive symptoms ($t=5.89$, $p<0.001$) and was more likely to endorse problematic alcohol use ($\chi 2=3.93$, $p=0.05$) than the B- group. Regarding attempt characteristics, the B+ group was more likely to endorse prior suicide attempts than the B- group ($\chi 2=14.96$, $p<0.001$). Notably, the groups did not differ on suicidal intent ($t=0.69$, $p=0.49$) or attempt lethality ($t=-1.37$, $p=0.17$).

Discussion: Although participants with BPD features reported more depressive symptoms and alcohol use, they did not differ on suicidal intent or attempt lethality relative to participants without BPD features. Therefore, clinical assumptions about the seriousness of suicidal behavior based solely on the presence of BPD features were not supported by our findings.

Homelessness as a factor of acute suicide risk in Veterans

Dr Petty Tineo[1], Dr. Alejandro Interian[2], Dr. Megan Chesin[3], Dr. Arlene King[2], Dr. Rokas Perskaudas[1], Ms. Vibha Reddy[2], Dr. Catherine Myers[2]
[1]War Related Illness And Injury Study Center, VA New Jersey Healthcare System, [2]VA New Jersey Healthcare System, [3]Department of Psychology, William Paterson University

Learning Objective: Discuss the association between homelessness and suicide-related risk factors among Veterans with acute suicide risk.

Background: Homelessness is a known risk factor for suicide risk. In the Veteran population, homeless Veterans die by suicide at a rate of 81.0 per 100,000. The suicide rate among the general Veteran population is 39.0 per 100,000. Homelessness is a social determinant of health driven by many other factors, such as mental illness, substance use, and experiences of traumatic events which in turn can also increase lifetime history of suicide risk. Although much is known about these factors and lifetime risk, less is known about what they signify in terms of acute suicide risk. Yet, understanding the risk occurring during acute periods has strong implications for suicide prevention efforts and clinical resources implemented in homeless service programs. To better understand acute factors of risk, this study aimed to evaluate whether past-month homelessness was associated with acute suicide risk, defined as past-week suicidal ideation (SI) and/or past-month suicide attempt (SA). Other known suicide risk factors were also assessed to determine whether the effect of past-month homelessness on suicide risk was independent of these factors.

Methods: Veterans (N=60) with acute SI and/or SA were clinically interviewed and completed self-report questionnaires as part of a larger study to test prospective predictors of suicide behavior. For the current study, secondary analyses of this existing dataset were conducted to test whether past-month homelessness was associated with past-week SI (Beck Scale for Suicide Ideation) and past-

month SA (Columbia Suicide Severity Rating Scale). Other known suicide behavior risk factors evaluated included psychiatric diagnosis, hopelessness, acquired capability for suicide, stress, aggression, combat exposure, interpersonal conflict, and substance use.

Results: Results showed that 45% of the sample reported being homeless or at risk of becoming homeless in the past month. Higher past-week SI was significantly associated with past-month homelessness status (t(58) = -2.744, p=0.008), while past-month SA was not. In terms of concurrent risk factors, post-traumatic stress disorder diagnosis, bipolar disorder diagnosis, and opioid use also varied by past-month homelessness status. However, after adjusting for these factors, SI remained significantly associated with past month homelessness (p=0.023).

Discussion: Findings highlight the potential relationship between homelessness and acute SI, and that this relationship may be independent of high-risk psychiatric diagnoses. Implications for suicide prevention approaches within homelessness care are discussed.

Poster #06

Chair: Elizabeth Seaward
Room 204A-B, 21 November 2024, 2:00PM - 2:30PM

Does Age Influence Suicide Method?

Dr Chris Caulkins
[1]Caulkins Consulting, LLC

Background: In the US, the most common methods of suicide are firearms, hanging/ligature, and poisoning. Brain development is generally complete by age 25-30, depending on sex. Little research focuses on methods used during neurodevelopmental periods for those under 30 and whether maturity plays a role. The definition of pediatric is often arbitrary and not associated with completing brain development.

Objective: I set out to collect descriptive information on suicide death methods by age. I aim to determine whether brain immaturity plays a role in the selection of the choice of means among differing age groups within sex and race/ethnicity groups.

Design/Methods: I retrieved data from death records I obtained from the Department of Health for 1994-2022. I identified and analyzed the data on age, race/ethnicity, and sex. I performed descriptive and inferential analysis to answer the research questions.

Results: Sex, age, and race/ethnicity are negatively and positively associated with various means. Some methods change over the lifespan and there are periods where individuals are more at risk for complicated and complex suicide methods.

Conclusion(s): Access to means assessment should not ignore method possibilities, but an awareness of more likely means may be preventative, especially in those not expressing a suicide plan.

Alcohol involvement and suicide attempts

Ms Sarah Cohen[1,2], Ms Elizabeth Barbour[1,2], Mr Andrew Littlefield[3], Ms Katie Himes[3], Dr Courtney Bagge[1,2]
[1]Department of Psychiatry, University of Michigan Medical Center, [2]VA Center for Clinical Management Research Ann Arbor Department of Veteran Affairs, [3]Texas Tech University, Department of Psychology

Learning Objective: Understand the importance of disaggregating the acute and chronic effects of alcohol on suicide-related characteristics.

Background: Problematic alcohol use (PAU) is a distal risk factor for suicide attempts, and acute alcohol use (AAU) is a near-term risk factor for suicide attempts. PAU and AAU as risk factors are usually examined separately. This study examined main and interactive effects of PAU and AAU on previously identified clinical and suicide attempt correlates and characteristics.

Methods: Participants included 166 recent suicide attempters presenting to a Level 1 trauma hospital (M age=36.3, SD=12.6; 68.1% female). AAU was coded positive for participants who drank within 6 hours of their suicide attempt (measured by the Timeline Follow Back for Suicide Attempts Interview) and PAU was coded positive for participants with scores > 8 on the Alcohol Use Identification Test. Logistic and linear regression was used to determine the main and interactive effects of PAU and AAU on short proximal suicide contemplation (impulsive suicide attempt), ambivalent suicide intent (somewhat wanted to die vs. wanted to die), quality of life, and depression symptoms.

Result: Interactions between PAU and AAU were identified for quality of life ((b=-2.12, p=0.007), short proximal suicidal ideation (OR=0.07, p=.002), and ambivalent intent (OR=0.11; p=.006). Simple slopes revealed that AAU had a positive relation with these outcomes for those who were PAU- but a negative relation to these outcomes for those who were PAU+. PAU (b=4.81; p=.03) had a positive main effect on depressive symptoms.

Discussion: These findings highlight the importance of disaggregating acute and chronic effects of alcohol on suicide-related characteristics to inform suicide prevention efforts. They also speak to the importance of alcohol-suicide interventions and safety planning aimed at those without PAU who drink intermittently (a group that may be less likely to be targeted for alcohol-suicide interventions), as their suicide attempts are more likely to be impulsive.

Suicide Prevention and Response Independent Review Committee (SPRIRC) logic model strategic design — Lessons learned and future directions for evaluation success

Dr Liz Clark, Dr Ramya Sundararaman, Dr Melissa Brown, Ms Ali Skarzynski, Ms Megan Hill, Mr Jonathon Schleien, Ms Taryn Sebba, Ms Joanna Levine, Dr Audra Toms, Jennifer Gofreed

Understand the benefits of leveraging a collaborative logic model for evaluation of a complex suicide prevention program.

At the direction of Secretary of Defense Austin, the Suicide Prevention and Response Independent Review Committee (SPRIRC) assessed existing clinical and non-clinical suicide prevention and response programs across the Department of Defense (DoD). Their findings were translated into 83 enabling actions spanning five lines of effort (LOE): Foster a Supportive Environment, Improve the Delivery of Mental Health Care, Address Stigma and Other Barriers to Care, Revise Suicide Prevention Training, and Promote a Culture of Lethal Means Safety.

Tasked with oversight of the SPRIRC portfolio of activities, the Defense Suicide Prevention Office (DSPO) established several mechanisms to track implementation progress for all 83 enabling actions in coordination with the Services, the Office of the Secretary of Defense (OSD), and the Suicide Prevention General Officer Steering Committee (SPGOSC). To guide implementation and program evaluation, assess impact, and communicate it to DoD leadership and across the military services — who serve as the decisionmakers and implementers of the 83 actions — DSPO leveraged principles from implementation science and other evidence-based frameworks to develop a SPRIRC Logic Model.

Given its utility as a key tool for programmatic alignment, strategically navigating users through logic model development is fundamental for evaluating complex projects. In collaboration with Deloitte Consulting, DSPO engaged in a large-scale, systematic approach to logic model development through iterative engagement, targeted training, and evaluation education.

Engaging stakeholders through logic model development enabled the collaborative identification of key milestones and evaluation questions that aligned with existing data points across the Services. Resource mapping identified current gaps to address, along with best practices, obstacles, and challenges, which will be used to advance targeted interventions and actions.

Leveraging collaborative logic model development allowed the Department to determine how the 83 enabling areas would be implemented into actual program actions and better understand the performance of the program across the DoD Enterprise. Using this collaborative approach to address a complex program supported progression of future directions in development, implementation, and evaluation of a broad variety of suicide prevention efforts to best serve Service members and their families.

Two poems being read at the Opening Ceremony by
Harry Hurley – Vietnam Navy Veteran and VP of Silent Warrior Project

The Life of a Soldier (By Jodi Kucera)

We have an understanding, you and I.
We sit in silence; nothing needs to be said.

I know the weight you carry.
You hold your head high, but inside you cry.

The life of a soldier is not an easy one.

Memories haunt you!
But you stand tall and show no fear.

The life of a soldier is not an easy one.

You hear voices of days past come rushing to your head.
You think to yourself, "He was a good one; why is he dead?"

You wonder if you should have done things differently.
No time to think, only react.

The life of a soldier is not an easy one.

The guilt is too much to bear.
Although you were wounded, you question,

"Why him and not me?"
You can't forget the faces that were there.

The life of a soldier is not an easy one.

We have an understanding, you and I.
You're a soldier for life; and it has not been an easy one.

Why Do They Fight (By Blue Butterfly)

Veterans are men and women,
who fight because they care.
They give their lives to serve our country,
by land, by sea, or by air.

They serve because they love us.
They serve because
they want a better future for their country,
a better future for their world.

Serving comes with consequences,
that they know and are willing to dare.
You can't find a braver person,
here or anywhere.

They fight for their rights.
They fight for our lives,
and we owe them all a thank you
for all that they've sacrificed.

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Join as an organisation

Benefits include; Special Interest Groups, Membership Network, Early Career Group, Congresses, Conferences, Symposiums, Workshops, IASP Awards and CRISIS.

The International Association for Suicide Prevention (IASP) is dedicated to preventing suicide and suicidal behaviour and to alleviating its effects. IASP has a leading role in suicide prevention globally, developing an effective forum that is proactive in creating strong collaborative partnerships and promoting evidence-based action in order to reduce the incidence of suicide and suicidal behaviour. As a nonprofit organization, IASP welcomes members from all over the world who are interested in and working within suicide prevention. Our membership encompasses individuals and organizations including clinicians, researchers, crisis workers, volunteers, suicide survivors and those who have been bereaved by suicide. Our global community spans 84 countries.

IASP Executive Committee 2023-2026

President	Professor Rory O'Connor (UK) 2021-2024
Vice President 1	Professor Thomas Niederkrotenthaler (Austria) 2021—2024
Vice President 2	Professor Jo Robinson (Australia) 2023—2026
Vice President 3	Professor Chan Lai Fong (Malaysia) 2023—2026
General Secretary	Professor Annette Erlangsen (Denmark) 2021—2024
Treasurer	Professor Maurizio Pompili (Italy) 2023—2026

IASP Council of National Representatives 2023-2026

Co-Chairs	Professor Charity Akotia (Ghana) 2021 - 2024 and Associate Professor Vita Postuvan (Slovenia) 2023 - 2026

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