



International
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Prevention

Abstract Book

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Table of Contents

Scientific Co-Chairs	30
Scientific Committee Members.....	30
Pre Congress Workshops	32
Partnerships for Life: connecting for learning, mutual inspiration and effective collaboration	32
Early Career Researcher Workshop	32
Suicide among Older Adults Workshop.....	34
Integrating Lived Experience in Program Design Workshop	34
Creating global circles of safety: a collective approach to mental health first aid.....	35
Keynotes	36
Opening Keynotes June 10th, 2025, 3:15pm – 4:15pm	36
115 Years of Suicide Prevention: What Have We learnt?	36
Building bridges for suicide prevention: from Werther to Papageno effects.....	36
Closing Keynotes June 13, 2025, 3:40pm – 4:40pm	37
Treatment of Suicidal Intrusions with EMDR: A Tribute to Erwin Ringel.....	37
AI – looking into the future.....	38
Plenary	38
Plenary #1 June 11 th , 2025, 8:30am – 10:00am	38
Adolescent and Youth Self-Harm and Suicide Prevention in Low- and Middle-Income Countries (LMICs).....	38
Strengths & Suicide-protective factors in low-and-middle-income countries: implications on global suicide prevention.	39
Economic interventions for the prevention of mental health problems and suicide: the role of cash transfers	39
Plenary #2 June 12, 2025, 8:30am – 10:00am.....	39
Older adults at risk of suicide.....	40
Hope in the Hallways – suicide prevention and self-harm in schools, universities and workplaces.	40
Science or Magic?: What a Harry Potter-Based Program for Middle Schoolers Can Teach Us About Changing the Narrative on Suicide	40
Plenary #3 June 13 th 8:30am – 10:00am	41
"Time Is On Our Side: A Rolling Stones Guide to Suicide Prevention"	41
Understanding the role of genes and biology on suicide risk: myths and facts	41
Suicidality in LGBTQ Populations: Insights from Current Research and Future Direction	42
Special Lectures	42

2025 Ella Arensman Special Lecture Award June 10 th , 2025, 5:00pm – 5:30pm	42
Transformative research: imagining new ways to do research with people impacted by suicide and suicide distress.....	42
Special Lecture # 1 June 12 th , 2025, 3:00pm – 4:30pm	43
The role of culture and religion in suicide prevention: A proposed framework based on the WHO LIVE LIFE approach.....	43
Music and Suicide Prevention: Viennese and International Examples	43
Women at Work, Men in Care: A Path to Suicide Prevention.....	44
Special Lecture # 2 June 12 th , 2025, 3:00pm – 4:30pm	44
Suicide and self-harm in Sri Lanka: Examining life after self-harm – to explore potential preventive strategies.....	44
Suicide prevention in school settings	45
Suicide Prevention Beyond Recognition: Reflections Toward Action in First Nations, Métis, and Inuit Contexts	45
Special Lecture # 3 June 12 th , 2025, 3:00pm – 4:30pm	46
21st Century Calling: A Historical Perspective on the Future of Crisis Hotlines	46
Online Suicide Prevention Program: Challenges and Opportunities	46
Research on work and suicidal behaviour – quo vadis?.....	47
Panel/Round Tables.....	47
Panel 1, June 11 th , 2025, 2:00pm – 3:00pm	47
The Lancet Commission on self-harm: Challenges and Opportunities.....	47
Panel 2 June 11 th , 2025, 2:00pm – 3:00pm	47
Social media: Hopes and Fears about the Suicide Prevention Field’s Scalable Future.	47
Panel 3 June 11 th , 2025, 2:00pm – 3:00pm	48
Women & Girls	48
Panel 4 June 13 th , 2025, 10:30am – 11:30am.....	49
Refugees	49
Panel 5 June 13 th , 2025, 10:30am – 11:30am.....	49
Partnerships for Life.....	49
Panel 6 June 13 th , 2025, 10:30am – 11:30am	50
Chair: Alexandra Pitman.....	50
A public health approach to suicide prevention: Insights from the recent Lancet Public Health Series	50
Panel 7 June 11 th , 2025, 10.30am – 12.00noon.....	50
TikTok Panel.....	50
Pecha Kucha	52
Pecha Kucha June 11 th , 2025, 7:00pm – 10:00pm The Social Hub	52

Access to Healthcare and Suicide Mortality in Chile: A Descriptive Study of Psychological Autopsies.....	52
Suicide, Social Media and LGBTQ+ Youth: Insights from a National Study.....	52
Suicide among patients with dementia: analysis of national consecutive suicide case series data....	52
Developing and producing a short film on suicide: Perspectives from filmmakers	53
Balancing Safety and Support: User Experiences of Social Media Restrictions on Self-Harm Content	53
A comprehensive model of LGBTQ+ youth suicide attempts to advance LGBTQ+-specific and sensitive suicide prevention.	53
Symposium	54
Symposium #1 June 11 th , 2025, 10:30am – 12:00noon	54
Suicidality in women: Understanding the female perspective	54
Symposium #2 June 11 th , 2025, 10:30am – 12:00noon	56
Accelerating research translation in suicide prevention.....	56
Symposium #3 June 11 th , 2025, 10:30am – 12:00noon.....	60
Harnessing Intersectoral Collaboration to Advance Suicide Prevention: Innovations and Integrated Approaches.....	60
Symposium #4 June 11 th , 2025, 10:30am – 12:00noon.....	63
Integrating Digital and Experimental Approaches to Uncover Suicide Behavior Phenotypes.....	63
Symposium #5 June 11 th , 2025, 10:30am – 12:00noon.....	66
Psychological Interventions for Young People and Adults presenting (in crisis) with Self-Harm....	66
Symposium #6 June 11 th , 2025, 10:30am – 12:00noon.....	69
Understanding and addressing older adults’ suicidality in geriatric healthcare settings.....	69
Symposium #7 June 11 th , 2025, 10:30am – 12:00noon.....	73
IASP’S SIG Media & Suicide Symposium part I: Practical and policy-related developments in media monitoring and media guidelines	73
Symposium #8 June 11 th , 2025, 3:00pm – 4:30pm	78
Partnerships for Life: Progress and Challenges from its First Five Year Programme and Plans Going Forward	78
Symposium #9 June 11 th , 2025, 3:00pm – 4:30pm	80
Enhancing equity in suicide prevention crisis lines through the engagement of lived experiences ..	80
Symposium #10 June 11 th , 2025, 3:00pm – 4:30pm	84
Social Media for Suicide Prevention and Postvention: Challenges and Opportunities	84
Symposium #11 June 11 th , 2025, 3:00pm – 4:30pm	88
Evaluation of effectiveness of postvention interventions for communities and professionals	88
Symposium #12 June 11 th , 2025, 3:00pm – 4:30pm	92

Advanced psychometric understanding and clinical implications in suicide risk assessment: The Death/Suicide-Implicit Association Test	92
Symposium #13 June 11 th , 2025, 3:00pm – 4:30pm	97
Improving the quality and impact of digital interventions and clinical trials in the prevention and treatment of mental health and suicidal thoughts and behaviours	97
Symposium #14 June 11 th , 2025, 3:00pm – 4:30pm	101
Mental Health and Suicidality in China: A Three Decades' Review	101
Symposium #15 June 11 th , 2025, 3:00pm – 4:30pm	104
Brief cognitive behavioral therapy (BCBT) and crisis response planning (CRP) for suicide prevention: global adaptations and implementation efforts	104
Symposium #16 June 11 th , 2025, 3:00pm – 4:30pm	107
Improving LGBTQ+ Suicide Care and Prevention.....	107
Symposium #17 June 11 th , 2025, 3:00pm – 4:30pm	111
Suicide risk in neurodiverse populations: understanding, preventing and supporting.....	111
Symposium #18 June 11 th , 2025, 5:00pm – 6:30pm	115
Data Monitoring: International Approaches and Surveyance Systems.....	115
Symposium #19 June 13 th , 2025, 11:30am – 1:00pm	119
Suicide Prevention in Latin America: Evidence, Innovation, and Public Policy.....	119
Symposium # 20 June 11 th , 2025, 5:00pm – 6:30pm.....	123
The Lancet Commission on Self Harm	123
Symposium #21 June 11 th , 2025, 5:00pm – 6:30pm	127
Digital solutions for young people who self-harm.....	127
Symposium #22 June 11 th , 2025, 5:00pm – 6:30pm	131
Clinical, Behavioral and Neurocognitive Measures of Suicidal Behavior Risk in Acute Care Settings: Possibilities and Potential Problems	131
Symposium #23 June 11 th , 2025, 5:00pm – 6:30pm	136
Gender, Cultural, and Social Factors in Male Suicide: Implications for Prevention and Care.....	136
Symposium #24 June 11 th , 2025, 5:00pm – 6:30pm	140
Examining the effectiveness and feasibility of a Safety Planning Group Intervention and a Safety Planning Evaluation Findings	140
Symposium #25 June 11 th , 2025, 5:00pm – 6:30pm	143
Advancing School-Based Suicide Prevention: Global Innovations, Implementation Challenges, and Future Directions.....	143
Symposium #26 June 11 th , 2025, 5:00pm – 6:30pm	148
Beyond Borders: Global Perspectives on the Emotional and Professional Impact of Patient Suicide on Clinicians – Findings from research: the UK, Ireland, Malaysia, and Japan.....	148
Symposium #27 June 11 th , 2025, 5:00pm – 6:30pm	152

Workplace Suicide Prevention and Postvention: Culturally Responsive Approaches for High-Risk Industries	152
Symposium #28 June 12 th , 2025, 5:00pm – 6:30pm	157
Door A or Door B: Medically assisted death or suicide prevention, do we know when to provide which and which to provide when?	157
Symposium # 29 June 12 th , 2025, 5:00pm – 6:30pm.....	161
Advancing Suicide Prevention Through Psychotherapy – Bridging Science and Practice. The ASSIP Approach (Attempted Suicide Short Intervention Program).....	161
Symposium #30 June 12 th , 2025, 5:00pm – 6:30pm	166
IASP SiG education and training in suicide prevention insights into suicide prevention tertiary-based curriculum: design, delivery, attitudes, experiences and competency impacts.....	166
Symposium #31 June 12 th , 2025, 5:00pm – 6:30pm	170
Police engagement for better data for action in low- and middle-income countries.....	170
Symposium #32 June 12 th , 2025, 5:00pm – 6:30pm	173
Postvention Approaches for Supporting Clinicians after Patient Suicide: Global Models from Austria, UK, Malaysia, Ireland and The Netherlands	173
Symposium #33 June 12 th , 2025, 5:00pm – 6:30pm	177
Advances in the development and implementation of suicide prevention education and training programmes.....	177
Symposium #34 June 11 th , 2025, 5:00pm – 6:30pm	182
Suicide prevention: From individuals to populations	182
Symposium #35 June 12 th , 2025, 5:00pm – 6:30pm	184
Understanding and Addressing Loneliness: Insights for Suicide Prevention through Research, Assessment, and Interventions	185
Symposium #36 June 12 th , 2025, 5:00pm – 6:30pm	188
Work-Related Suicide: Workplace Special Interest Group.....	188
Symposium #37 June 13 th , 2025, 2:00pm – 3:30pm	192
Regional perspectives on suicide prevention through a country-specific lens: The South-East Asia story.....	193
Symposium #38 June 13 th , 2025, 2:00pm – 3:30pm	197
Suicide and suicidal ideas following ketamine: clinical trial, psychoanalytic, biological, research and clinical practice findings.....	197
Symposium #39 June 13 th , 2025, 2:00pm – 3:30pm.....	201
Advancing Railway Suicide Prevention: Insights, Strategies, and Multisectoral Interventions.....	201
Symposium #40 June 13 th , 2025, 2:00pm – 3:30pm	204
Real-time responsibility: Participant safety procedures in ecological momentary assessment studies on suicidal thoughts and behaviours	204
Symposium #41 June 13 th , 2025, 2:00pm – 3:30pm	207

Unpacking the “unknowns”: Exploring the inputs, outputs, outcomes, and impacts of national strategies.....	207
Symposium #42 June 13 th , 2025, 2:00pm – 3:30pm	212
Identifying the impact of suicide and needs for support: Implications for support	212
Symposium #43 June 13 th , 2025, 2:00pm – 3:30pm	216
Suicidal behaviour in Africa and the Middle East- stigma and the law.....	216
Symposium #44 June 13 th , 2025, 2:00pm – 3:30pm	217
When society does not reflect the self: Improving understanding of LGBTQ suicide risk through methodological and theoretical innovations.....	217
Symposium #45 June 13 th , 2025, 2:00pm – 3:30pm	221
The commercial determinants of suicide: A new lens to accelerate suicide prevention efforts	222
Symposium #46 June 13 th , 2025, 2:00pm – 3:30pm	224
IASP’S Special Interest Group Media & Suicide Symposium part II: Media Representations of Suicide and their Effects	224
Symposium #47 June 13 th , 10.30am – 12.00noon	230
Suicide among young women and girls: A global health crisis	230
Symposium #48 June 13 th 10.30am – 12.00noon	233
Suicide Prevention in Primary Care	233
Workshops	237
Workshop #1 June 11 th , 2025, 10:30am – 12:00noon	237
Benefits of Suicide Fatality Review Committees and Psychological Autopsy Investigations When Implementing Community Suicide Prevention Initiatives	237
Workshop # 2 June 11 th , 2025, 10:30am – 12:00noon.....	238
Global Innovations in Postvention: New Approaches and Best Practice	238
Workshop # 3 June 11 th , 2025, 10:30am – 12:00noon.....	239
Building a self-harm registry in low- and middle-income countries: a practical guide.....	239
Workshop #4 June 11 th , 2025, 3:00pm – 4:30pm.....	240
An Emotion-Focused Skills Training Program Integrating Suicide Prevention Techniques for Caregivers of Young People with Suicidal Thoughts and Behaviors	240
Workshop #5 June 11 th , 2025, 5:00pm – 6:30pm.....	241
Developing clinical decision support systems that assist the assessment and management of patients with self-harm in Emergency Department settings – An interactive Workshop.....	241
Workshop #6 June 12 th , 2025, 10:30am – 12:30pm	243
Enhancing university suicide prevention curricula	243
Workshop #7 June 12 th , 2025, 5:00pm – 6:30pm.....	244
Teachers and young people: a global imperative for skills based early intervention training	244
Workshop #8 June 12 th , 2025, 5:00pm – 6:30pm.....	244

Crisis Response Planning with High-Risk Suicidal Patients	244
Workshop #9 June 13 th , 2025, 10.30am – 12.00noon	245
Suicidality and suicide prevention in people with Intellectual Disability (ID).....	245
Workshop #10 June 13 th , 2025, 2:00pm – 3:30pm	247
H.O.P.E. in Action: Lived Experience, Restorative Culture, and Resilient Systems for Workplace Suicide Prevention.....	247
Workshop #11 June 11 th , 2025, 5:00pm – 6:30pm	248
Content Creation and Suicide Prevention	248
CRISIS Workshop/Forum June 12 th , 2025, 2.00pm – 3.00pm	249
Crisis Editor Forum: An overview of manuscript preparation, the peer-review process, and	249
publication ethics.....	249
Orals	250
Oral #1 June 11 th , 2025, 12.00noon – 1.00pm	250
Trends, risk and protective factors related to self-harm and suicide in children and adolescents ...	250
1.1 Suicidal behaviour among young people in England:what do we know and what should we do?	251
1.2 Suicide deaths among women and girls in Australia: A case study.....	252
1.3 Rising Suicide Rates Among Young People in the Netherlands: Causes and Challenges	252
1.4 Trends in age of first hospital presentation with self-harm in children and adolescents in Ireland: A national registry study	253
1.5 Trends in self-harm in children aged 5-12 years in Ireland: 2015-2023	253
2.1 Suicide and self-harming behaviours among young carers: a prospective study using Australian cohort data	254
2.2 Autistic adults' experiences with safety planning for suicide prevention.....	255
2.3 Characterizing suicidal thoughts and behavior in autistic youth and adults using the Columbia- Suicide Severity Rating Scale: A multinational study	256
2.4 Suicide in the Australian Construction Industry using 21 years of Coronal data	257
2.5 Care home transition and risk of suicidal behavior: A nationwide Danish registry-based study	257
Oral #3 June 11 th , 2025, 12.00noon – 1.00pm	258
3.1 Risk of hospital-presenting self-harm among adolescents exposed to smoking, substance use and maternal mental disorder during pregnancy: A population-based study.....	258
3.2 Communication about self-harm and suicide on social media among migrants in Australia	259
3.3 Assessment of the Short-Term Impact of the Noto Peninsula Earthquake on Suicide Using Time-Series Data.....	260
3.4 Suicide prevention at the intersection of health and welfare: two data linkage studies examining death by suicide and experiences of unemployment and homelessness	260
3.5 Exploring the relationship between ADHD and suicide risk through the lens of the Integrated Motivational-Volitional Model of Suicidal Behaviour	261

Oral #4 June 11 th , 2025, 12.00noon – 1.00pm	262
4.1 Short- and long-term impact of children’s self-injurious thoughts and behaviors on caregivers	262
4.2 Clinician suicide risk assessment for prospective prediction of suicide attempt in a large US healthcare system	263
4.3 From Distress to Despair: Towards understanding the Psychological Pathway to Suicide.....	264
4.4 The longitudinal association between variability in suicidal ideation and subsequent suicide attempt.....	264
4.5 Assessing psychological pain in suicide attempters, ideators, and non-suicidal patients: findings from the translated german Mee-Bunney Psychological Pain Assessment Scale.....	265
Oral #5 June 11 th , 2025, 12.00noon – 1.00pm.....	266
Suicide Prevention, mental health care, and psychotherapy: Interventions across boundaries of geography, diagnosis, and resources.	266
5.1 Suicidal Young Adults Struggling with Autonomy, Separation, and Identity Development: ...	266
5.2 A Contemporary Psychodynamic view on Erwin Ringel’s Presuicidal Syndrome.	267
5.3 A Psychodynamic Perspective on Suicide Prevention and Mental Health Care for Refugees at European Borders:.....	268
5.4 An E-Learning Program on Suicide Prevention in the German Health System:	268
5.5 A Pilot Study to Address the Risk for Patients Recently Discharged from Inpatient Care:	268
Oral #6 June 11 th , 2025, 12.00noon – 1.00pm.....	269
Suicide Prevention 360: Exploring New Methods in Research and Practice	269
6.1 Carola Claus: “Momentary hopelessness and suicidal urges: Insights from an EMA study in individuals with borderline personality disorder”	270
6.2 Stephanie Homan: "Visual and Auditory Digital Markers: Promising Correlates of Suicidal Ideations"	270
6.3 Marie-Anna Sedlinská: “Nonverbal elements in therapy sessions with suicide attempters: Association between movement synchrony and psychological pain”	271
6.4 Anna Monn: "Personalized Non-Invasive Brain Stimulation to Reduce Rumination in Individuals with Active Suicidal Ideation"	271
6.5 Joelle Wallerus: "Bridging the gap in adolescent suicidality"	272
Oral #7 June 11 th , 2025, 12.00noon – 1.00pm	272
Urgent needs and possibilities for suicide prevention among users of health services: Nordic perspectives	272
7.1 Variations in suicide risk and risk factors over time in hospitalized depression - A study of postdischarge suicides in Finland in 1996-2017	273
7.2 Retrospective investigation of health care utilisation of individuals who died by suicide in Sweden 2015.	273
7.3 Substance use issues preceding suicide: a Swedish nationwide record review	274
7.4 Lessons learned from The Norwegian Surveillance System for Suicide in Mental Health and Substance Misuse Services and implications for the revised national guidelines for suicide prevention.....	275

7.5 Danish national action plan for prevention of suicidal behaviour	275
Oral #8 June 11 th , 2025, 12.00noon – 1.00pm	276
8.1 The Promise of Upstream Prevention: Reducing Suicide Attempts and Mortality through Peer-Led, Upstream Public Health Interventions	276
Beyond the Story: Leveraging the Wisdom of Lived Experience for Systems and Cultural Change	277
8.2 Lived Experience Collective from Story to Strategy and Solidarity: Building and Sustaining the Lived Experience Workforce in Suicide Prevention – Lessons Learned from United Suicide Survivors International	277
8.3 Co-Designing Suicide Prevention Research, Policy, and Programs in Collaboration with People with Lived Experience – Lessons Learned from United Suicide Survivors International.....	278
8.4 Suicide decedents in the Emergency Department: A ten year data linkage analysis of presentations in the year preceding suicide in Victoria, Australia.....	279
Oral #9 June 11 th , 2025, 12.00noon – 1.00pm	280
9.1 Storytelling as an Intervention for Gatekeepers: Potential for Suicide Postvention and Prevention	280
9.2 Strategies to prevent suicide and attempted suicide in Montana (United States): Safe storage of firearms, income support, and assertive aftercare following hospital presenting suicidal behaviour	281
9.3 Youth Universal Safety Planning for Suicide Prevention: CODE RED Feasibility and Acceptability	282
9.4 Rationale and preliminary findings for suicide risk screening and evaluation in early adolescents	282
9.5 The iceberg model of suicidal ideation and behaviour in Danish adolescents: Integration of national registry and self-reported data within a national birth cohort	283
Oral #10 June 11 th , 2025, 12.00noon – 1.00pm	284
10.1 Estimating hidden suicides within “garbage codes” at the national level: A comparative approach of reclassification using aggregated and individual-level mortality data.	284
10.2 The impact of patient suicidality: examining anxiety and its determinants in mental health professionals.....	285
10.3 Discovering Liveability: from death prevention to a critical exploration of the possibilities of ‘liveability’	285
10.4 The associations between debt-related indicators and suicide mortality in South Korea: Time series analyses	286
10.5 Comparing Physiological Arousal Mechanisms of Action in Cognitive Behavioral Therapies for PTSD and Suicide Prevention	287
Oral #11 June 11 th , 2025, 12.00noon – 1.00pm	288
11.1 Suicide prediction: can digitalization save us?”	288
11.2 Strengthening Workplace Relationship Networks to Prevent Suicide in the US Air Force	288
11.3 Study of perceived self-stigma, suicidal cognitions and self-esteem among patients with current suicide attempts: a tertiary care centre study.	289

11.4 Project Hayat: A Ground-up Approach to Developing Singapore's National Suicide Prevention Strategy.....	289
11.5 Increase in suicide death rate in India during COVID-19 pandemic: findings from a nationally representative sample of deaths.....	290
Oral #12 June 12 th , 2025, 10.30am – 12.00noon	292
12.1 Effectiveness of Online Gatekeeper Training Programme for Youth on Suicide Prevention: A Systematic Review of Randomised Controlled Trials	292
12.2 Psychosocial hazards for young workers in the Australasian building and construction industry: Site-based strategies for ongoing support and intervention.	292
12.3 Suicidality among people requesting Medical Assistance in Dying based on Psychological Suffering (MAID-PS).....	293
12.4 Confronting taken-for-granted truths – a systematic review of risk and protective factors associated with suicide risk in veterinary professionals.....	294
12.5 The association between gender nonconformity and suicidality among youth in Denmark – a longitudinal study based on the Danish National Birth Cohort	295
12.6 Feasibility of a national register of probable suicide in mental health services in Ireland: a mixed methods study.....	296
12.7 Risk factors for suicide and suicidal behaviour among public safety personnel: findings from a systematic review.	297
12.8 Harming oneself, harming others: Questioning aggressive behaviours and the link to suicide	297
12.9 Study of depression and suicide risk among families of Nepalese migrants	298
Oral #13 June 12 th , 2025, 10.30am – 12.00noon	299
13.1 Suicide rates among male and female physicians and changes over time (systematic review and meta-analysis).....	299
13.2 Current care experiences and care needs to deal with suicidality of people who request psychiatric-MAID	300
13.3 How to tailor suicide prevention for individuals with autism: adapting clinical guidelines and interventions.	300
13.4 Understanding psychosocial risk factors for suicide among middle-aged men (40-70) through a masculinity lens.....	301
13.5 ‘I did not think they could help me’: UK-based autistic adults’ reasons for not seeking public healthcare when experiencing suicidality	302
13.6 Assessing risk factors for gambling-related suicidal ideation: evidence from regular sports bettors in the UK	303
13.7 How does sleep influence suicidal ideation the next day? Findings from a cohort study using ecological momentary assessments and actigraphy and implications for suicide prevention.....	304
13.8 Exploring Self-Harm Patterns in a Tertiary Care Setting in Kenya: A Five-Year Retrospective Review.....	305
13.9 The relationship between incongruent stigma beliefs and suicidal ideation and attempts: data from the 2022-2023 healthy minds study.....	305
Oral #14 June 12 th , 2025, 10.30am – 12.00noon	306

14.1 A retrospective cohort study of people who have survived opioid overdoses before and during the pandemic to examine differences in mental health morbidity and mortality	306
14.2 Suicidal thoughts and behaviors (STB) among psychiatric patients at the emergency unit of a university hospital in Belgium (UZ Leuven). A twenty-year longitudinal follow-up.	307
14.3 Beyond the Surface: Understanding Self-Harm Subgroups through Latent Class Analysis of Hospital-treated Patients and Their Prospective Health Outcomes	308
14.4 Co-designing recommendations to improve crisis line services for first responders: Results from a Canada-wide multi-methods study	309
14.5 Withdrawn.....	309
14.6 Intersectional Crisis: Comparing the Complex Needs of 2SLGBTQIA+ and Culturally Diverse Individuals in Canada.....	310
14.7 The association between loneliness and suicidal behavior among adolescents exposed to a relative or friend's suicidality: longitudinal analysis of the Add Health cohort	310
14.8 Disparities in experiences of distal minority stressors, mental distress, and suicidality among sexual and gender minority adults in the rural United States.....	311
14.9 Messages and notes left before self-harm: examining their immediacy, frequency, and link to suicidal intent	312
Oral #15 June 12 th , 2025, 10.30am – 12.00noon	313
15.1 “I can carry it in my pocket”: A qualitative study on youth and professional perspectives regarding digital tools for suicide prevention	313
15.2 Gender-Sensitivity in Suicide Interventions: A Systematic Review.....	314
15.3 The safety plan as a tool for intervention in the emergency department: the viewpoint of care users and healthcare professionals.	314
15.4 Changing interaction patterns among the wish to live and the wish to die signal the emergence of suicidal behavior	315
15.5 Current status and challenges of support for suicide attempters in emergency medical centers: based on data from the Japan registry of self-harm and suicide attempts.....	316
15.6 Minplan – an app-based safety plan: a randomized controlled trial.	317
15.7 Comparing the Impacts of Crisis Response Plan and Safety Plan Use in Real Life on Key Clinical Outcomes.....	318
15.8 Home Alone: How Location and Social Context Shape Suicidal Ideation.....	319
15.9 Can repetitive self-harm be conceptualised as an addictive behaviour?	319
Oral #16 June 12 th , 2025, 10.30am – 12.00noon	320
16.1 Advancing community suicide prevention training research.....	320
16.2 Randomised controlled trial of an online mental health and suicide gatekeeper resource for parents and caregivers	321
16.3 Withdrawn.....	322
16.4 Suicide prevention training in older men: A cluster randomized controlled trial of the Conversations about Suicide course in Australian Men's Sheds.....	322
16.5 A survey of suicide prevention skills among community members in Chile and Argentina...	323
16.6 RedOPA System: Transforming Mental Health Care and Suicide Prevention in Educational Communities	323

16.7 The relationship between Non-suicidal Self-injury and cultural variables in a New Zealand sample.....	324
16.8 Mental health first aid program for depression and suicidal behavior in Slovenia – results of a pilot study.....	325
16.9 Efficacy of LivingWorks Start Online Community Helper Training	326
Oral #17 June 12 th , 2025, 10.30am – 12.00noon	327
17.1 I still think there’s like a huge stigma’’: Understanding suicide-related stigma among those with lived experiences.....	327
17.2 Social Media Influencers and the Papageno Effect: Experimental Evidence for the Suicide-Preventive Impact of Social Media Posts on Hope, Healing, and Recovery	327
17.3 Suicides in Kerala: An Interpretative Phenomenological Analysis of Lived Experiences Among Attempt Survivors	328
17.4 Perceptions of the survivors on newspaper reporting of suicide death in their household: insights from a community survey in India.....	329
17.5 Experiences of Self-Stigma Among Individuals Who Have Attempted Suicide.....	329
17.6 How Longitudinal Online Research Studies Manage Suicide Risk? Opinions of People with Lived Experience of Suicidality	330
17.7 Not a Moral Failing: Shifting Toward Empathy in Suicide Prevention.....	331
17.8 How People Who Attempted Suicide Described COVID-19's Influence: A Qualitative Study Beyond Peak Pandemic	332
Oral #18 June 12 th , 2025, 10.30am – 12.00noon	332
18.1 Rethinking Suicide Prevention: From Prediction to Understanding. Nine problems with the Current Suicide Prevention Landscape	333
18.2 Suicide Prevention in High-Risk Settings: A Scoping Review.....	333
18.3 The German population’s view on the possibility of assisted suicide	334
18.4 Self-harm in low- and middle-income country prisons; the example of Morocco	335
18.5 Wellbeing of frontline suicide researchers: a study from Sri Lanka of experiences, impacts and resilience relevant to research collaborations.....	335
18.6 Coverage of police case registration for suicide deaths in India: insights from a community survey	336
18.7 The Impact of Suicide Beliefs on Support for Suicide Prevention and Physician-Assisted Suicide.....	337
18.8 Implications of global climate change for suicidal behaviours – An empirical and conceptual review	338
18.9 How to Engage the Head of Government in Suicide Countermeasures: The Case of Japan... ..	339
Oral #19 June 12 th , 2025, 10.30am – 12.00noon	339
19.1 Profiles of suicide reasons and their associations with suicide-related behaviour in South Korea	339
19.2 Association of two Netflix drama series and one suicide prevention media story with gas poisoning suicide in South Korea: A time trend analysis	340

19.3 Mental health days - Suicide prevention for schools, their pupils, apprentices, teachers and parents/guardians.....	341
19.4 Safe Online Standards	342
19.5 Examining the Prevalence and Correlates of Inconsistent Reporting of Suicidal Thoughts and Attempts in large cohort of Australian Males	343
19.6 Nothing about teenagers without teenagers, goodbye to adult-centrism.	343
19.7 Co-developing a universal, self-harm prevention intervention for Australian primary school students – lessons learnt	344
19.8 Deductively coding psychosocial autopsy interview data using a few-shot learning Large Language Model.....	345
19.9 Evaluating the Quality of Suicide-Related Narratives Generated by Large Language Models (LLMs)	346
Oral #20 June 12 th , 2025, 10.30am – 12.00noon	346
20.1 Interpersonal factors differentiating current states of suicidal ideation among young Internet gamers with past suicidal ideation	346
20.2 Associations Between Physical Activity and Self-Harm in Youth: Preliminary Findings from a Longitudinal Population-Based Study	347
20.3 Research on media and suicide in low- and middle-income countries: A systematic review and narrative synthesis.....	348
20.4 Exploring experiences of social media platforms policies and restrictions related to self-harm content: an online cross-sectional survey and in-depth interviews	349
20.5 Risk of suicide and suicide attempt among individuals with congenital disorders.....	350
20.6 Experience effects: Personal exposure to depression influences stigmatizing attitudes and help-seeking behavior in an Estonian sample	350
20.7 Real-time Suicide Surveillance: Insights from a Regional Suicide Observatory in Ireland	351
20.8 Divergent Patterns of Suicide Methods and Their Regional Impact on Standardized Mortality Rates: A Tale of Two High-Income Countries	352
20.9 Suicide ideation amongst psychiatry out-patient attendees in remote Northern Pakistan	353
Oral #21 June 12 th , 2025, 10.30am – 12.00noon	354
21.1 Assisted suicide and autonomy - an approach from the perspective of psychiatry, psychotherapy and psychoanalysis.....	354
21.2 Caregiver-adolescent concordance in reporting self-harm, depressive symptoms, and psychological well-being among adolescents in Taiwan	355
21.3 Perfectionism, feelings of not mattering, and suicidal ideation: A longitudinal test of the Integrated Motivational-Volitional Model of suicidal behaviour	355
21.4 is it possible to kill oneself? psychoanalysis, the subject, and the suicidal act.....	356
21.5 Examining Suicide-Related Content on Social Media: Insights from Experimental Studies..	357
21.6 The Potential Difficulties of Conducting Research Related to Suicide: A Systematic Review.	358
21.7 Mechanisms of brief intervention to prevent suicide reattempt: an updated systematic review.	358

21.8 Evaluating Risk and Protective Factors Associated with Suicidal Behavior Among Students After the Pandemic.....	359
21.9 Navigating Crises: A Qualitative Study on Individuals’ Experiences During the COVID-19 Pandemic and Post-Pandemic Period.....	360
Oral #22 June 12 th , 2025, 2.00pm – 3.00pm.....	362
Understanding high-risk groups for suicide and suicidal behavior.....	362
22.1 Risk of deliberate self-harm and suicide in young offspring bereaved from parental death by specific natural and external causes – a national study.....	362
22.2 The effect of social media use on suicidal ideation in college students: Mediation by daytime sleepiness and sleep quality	363
22.3 Incidence of suicide and suicide attempts following a diagnosis of cancer: a nationwide study using Danish registry data.....	363
22.4 Suicide and associated factors following hospital presentation for non-fatal deliberate self-harm: a national cohort study.....	364
22.5 Premature Death, Suicide, and Non-Lethal Intentional Self-Harm Following Psychiatric Discharge.....	365
Oral #23 June 12 th , 2025, 2.00pm – 3.00pm.....	365
23.1 A validated clinical model for differentiating suicidality: a historical comparison.....	365
23.2 The Under the Radar Study: A RCT of the effects of brief online videos on men’s help seeking behaviour and intentions	366
23.3 A national survey of self-harm and suicide-related social media use among LGBTQIA+ Australians.....	367
23.4 Trends in suicide among adolescents aged 14-17 years in India: 2014-2019.....	368
23.5 The associations between job occupation and suicide: A nationwide cohort study.....	369
Oral #24 June 12 th , 2025, 2.00pm – 3.00pm.....	370
The role of context and connection: understanding suicide risk across the life span through individual and social factors.....	370
24.1 “I had no safe space.” Painful childhood experiences in the lives of men who are suicidal: A global qualitative thematic analysis	370
24.2 Lived experience of suicidal thoughts and behaviours in people with Attention Deficit-Hyperactivity Disorder.....	371
24.3 Young people seeking help for suicidal Crisis in the UK: The role of hope in a text-based crisis service.....	372
24.4 Association between loneliness and suicidal thoughts and attempts in adolescence and young adulthood: a longitudinal analysis of a nationally representative US sample.....	372
24.5 Falling into nothing: Modelling suicidal ideation as the person-situation-interaction of personality pathology and loneliness	373
Oral #25 June 12 th , 2025, 2.00pm – 3.00pm.....	374
Recent adaptations and advancements of Brief Cognitive Behavioral Therapy (BCBT) for Suicide Prevention.....	374
25.1 Participant satisfaction and treatment utilization following telehealth delivery of Brief Cognitive Behavioral Therapy (BCBT) for suicide prevention	374

25.2 Brief Cognitive Behavioral Therapy: An Inpatient Adaptation and Implications for Clinical Care	375
25.3 Examining the feasibility and acceptability of BCBT among sexual and gender minoritized folks.....	376
25.4 Adaptation of Brief Cognitive Behavioral Therapy (BCBT) for People with Disabilities.....	376
25.5 Optimizing the Sequence of Brief Cognitive Behavioral Therapy for Suicide Prevention Among Veterans: Preliminary Findings.....	377
Oral #26 June 12 th , 2025, 2.00pm – 3.00pm.....	377
26.1 Effectiveness of a psychoeducational program for adolescents focused on the primary prevention of social isolation and loneliness.....	377
26.2 Strategies for Reducing Suicide at Railroads: A Review of Evidence and Gaps	378
26.3 Intravenous ketamine to treat severe suicidal ideation: the KETIS study.....	379
26.4 "Building Resilient Communities: Integrating the Okanagan Charter and Innovative Approaches in Suicide Prevention on a college campus and local community"	379
26.5 "My answer doesn't fit your options": measuring self-harm and suicidality with autistic adults using the Self-harm Injurious Thoughts and Behaviours Inventory (SITBI).....	380
Oral #27 June 12 th , 2025, 2.00pm – 3.00pm.....	381
27.1 Stress and amygdala volume in schizophrenia with high suicidality.....	381
27.2 Epigenetic Insights into Suicide: DNA Methylation Patterns in an Indian Cohort	382
27.3 Characterizing anhedonia and reward function as predictors of suicide risk and treatment response.....	383
27.4 Mental health during menopause: two qualitative studies on women and their supporters.....	384
27.5 The effect of a psychiatric assessment of self-harm at the emergency department on subsequent risk of self-harm repetition and suicide.....	384
Oral #28 June 12 th , 2025, 2.00pm – 3.00pm.....	385
Perspectives on enhancing and improving suicide bereavement support	385
28.1 Testing the continuum of survivorship: Empirical reflections for research and service provision	386
28.2 Exploring the appropriateness of common outcome measure tools in suicide postvention: a modified Delphi study.....	386
28.3 Suicide Bereavement in the Canadian Context: The Role of Peer Counselling	387
28.4 Gatekeepers' competencies delivering youth-suicide postvention.....	387
28.5 How postvention became part of the Austrian National Suicide Prevention Programme SUPRA – recent developments and future goals	388
Oral #29 June 12 th , 2025, 2.00pm – 3.00pm.....	389
Suicide Prevention Strategies in South Korea: Progress, Challenges, and Future Directions.....	389
29.1 Epidemiological Indicators and Data Sources on Suicidal Behaviors in South Korea.....	389
29.2 ER-based case management program for suicide attempters in South Korea.....	390
29.3 Achievements and Future directions of the "Life-linking Stethoscope Project".....	390
29.4 Current Status and Challenges of Suicide Prevention Gatekeepers in South Korea.....	391

29.5 Current Status and Challenges of Community-Based Suicide Prevention Projects.....	391
Oral #30 June 12 th , 2025, 2.00pm – 3.00pm.....	392
30.1 Who notices suicide prevention media campaigns? A study from three Norwegian regions..	392
30.2 Increasing intention to seek help for suicidal ideation and depression through a media campaign	393
30.3 The evaluation of a suicide prevention workshop for MPharm students.....	393
30.4 Exploring suicide prevention Gatekeeper Interventions for Schools: A Scoping Review	394
Oral #31 June 12 th , 2025, 2.00pm – 3.00pm.....	395
National Clinical Programme for Self Harm and Suicide Related Ideation in Ireland- Programme Updates, Implementation of Data Collection Strategies and High Risk group findings.....	395
31.1 The National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI)- Programme updates:	396
31.2 Integrated Care, Advancing Community Practice – The Suicide Crisis Assessment Nurse (SCAN) Service Ireland	396
31.3 Development of a national data collection system for the National Clinical Programme for Self-harm and Suicidal Ideation (NCPSHI) - Suicide Crisis Assessment Nurse (SCAN) Service..	397
31.4 Thoughts of suicide and self-harm: A national study on young people presenting to non paediatric acute hospitals in Ireland.	398
31.5 The impact and implementation of a national clinical programme self-harm and suicidal ideation in emergency departments.....	398
Oral #32 June 13 th , 2025, 11.30am – 1.00pm.....	399
32.1 Lived Experience of Suicide-Informed and Inclusive Culture Change Framework.....	399
32.2 Qualitative Study on Coping Resources of Indigenous Inuit Youth Who Have Survived Suicide Attempts and Are Thriving Today	400
32.3 Navigating Assisted Suicide in Austria: Experiences and Views of Physicians, Medical and Nursing Directors	401
32.4 Unspoken Stories: Exploring the Narratives of Self-defined Family Members who have Experienced Suicide Bereavement.....	401
32.5 Self-harm and suicide in prisons in low- and middle-income countries: a systematic review and meta-analysis of prevalence and risk factors.....	402
Oral #33 June 13 th , 2025, 11.30am – 1.00pm.....	403
33.1 Unveiling the Hidden Wounds: A Cross-Sectional Study on types of Abuse and Self-Injurious Thoughts and Behaviors Among Domestic Violence Survivors in Hyderabad, India.....	403
33.2 Self-harm among Irish prisoners: findings from a national surveillance project (SADA) 2022- 2023	404
33.3 Sex-related impact of traumatic event exposure and impulsiveness on adolescent suicide risk: results from the EPISAM-School study	405
33.4 The association between childhood adverse experiences, self-harm and suicidality among young people: a prospective cohort study	405
33.5 Risk-Rescue: A two-factor approach to lethality for suicide attempts.....	406

33.6 Suicide risk in relation to socioeconomic disadvantage and related occupational stressors in males of middle- and old age – a contextual effect.....	407
33.7 Longitudinal association between psychotic-like experiences and suicidal behaviors.....	408
Oral #34 June 13 th , 2025, 11.30am – 1.00pm	408
34.1 Addressing depression and suicidal behaviour in public health emergencies and beyond through evidence-based EAAD community intervention approaches	409
34.2 Intentional self-harm among people who survived an opioid overdose during the COVID-19 pandemic: A qualitative study.....	409
34.3 Suicidal ideation severity analysis using natural language processing in a sample of patients with a suicide attempt.....	410
34.4 Suicide prevention guideline adherence among mental healthcare professionals: Insights from a mixed-methods survey	411
34.5 Why do people self-harm and what helps them stop?.....	412
34.6 The experiences of and attitudes towards clinical and non-clinical services for people who self-harm.....	412
34.7 Modeling the “push-pull” between the wish to live and wish to die signals worsening in suicidal ideation and demarcates suicide risk states.....	413
Oral #35 June 13 th , 2025, 11.30am – 1.00pm	414
35.1 Withdrawn.....	414
35.2 Capturing the dynamics that may lead to a suicide attempt: a meta-analysis of interventions with vs. without a narrative assessment on suicide attempts.	414
35.3 Mental healthcare utilization and suicide risk: disparities, engagement, and gaps.....	415
35.4 Steps to evaluate a regional telephone helpline for people in need of acute psychiatric care .	415
35.5 Experiences and needs of those bereaved by suicide in the Armed Forces community: A qualitative study	416
35.6 The Impact of Suicide Methods and Attempt History on In-Hospital Mortality: Insights from Emergency Department Surveillance Data	417
35.7 Rapid reduction in suicidal ideation and depressive symptoms with personalised accelerated non-invasive brain stimulation in treatment-resistant depression	418
Oral #36 June 13 th , 2025, 11.30am – 1.00pm	419
36.1 Evaluation of a peer support program for providing workplace-based support after a suicide, fatality or workplace accident	419
36.2 Evaluation of a Large-Scale Online Gatekeeper Training to Prevent Youth Suicides in the Netherlands.....	420
36.3 Development of a national distress brief intervention: a multi-agency service to provide connected, compassionate support for people in distress.....	421
36.4 Assessing Suicidal Ideation, Utilization, and Satisfaction in a 24/7 Messenger-Based Psychological Counseling Service	422
36.5 A pilot project for community-based suicide prevention amongst Australian Freemasons. ...	422
36.6 Community Influences on Suicidality: Insights from a Systematic Review of Qualitative Studies	423

36.7 Using Social Media for the Prevention of Self-Harm and Suicide: A 10-Year Systematic Review.....	424
Oral #37 June 13 th , 2025, 11.30am – 1.00pm	425
37.1 Adverse effects of general perceptions and myths about suicide on carers in underprivileged areas of Bangladesh and access to the services of suicide attempt survivors.	425
37.2 Diurnal Variation in Suicide Deaths: A National-Level Analysis Before and During the COVID-19 Pandemic	426
37.3 Lethality and method switching in repeated suicide attempts: Insights from In-depth Injury Survey in South Korea	427
37.4 Withdrawn.....	428
37.5 Reducing the cognitive availability of suicide: conceptual review and proof-of-concept study	428
37.6 A Feature-Based Framework for Online Platform and Social Media Regulation and Research: A Platform-Agnostic Approach to Enhancing Online Safety, Mental Health, and Preventing Suicide	429
37.7 Rethinking the relationship between Google Search Volume and Attempt and Suicide Rates according to the IMV-Model of Suicidal Behaviour: A Retrospective Study in Indonesia	429
Oral #38 June 13 th , 2025, 11.30am – 1.00pm	430
38.1 Insights into assisted suicide practices in Austria: A content analysis of reports from the ASCIRS platform (2022–2024)	430
38.2 Collaboration Between the Flemish Suicide Prevention Helpline and Educational Institutions: An Innovative Approach to Reducing Unanswered Calls	431
38.3 From Chaos to Clarity: Offering Suicide Hotline Support to Frequent Users by means of Categories and Transparency	432
38.4 Simulation of a ‘suicidal mind’: Using the Integrated Motivational Volitional model of suicide to demonstrate dynamic suicidal states.	433
38.5 A transformative journey of continuous evaluation and innovation in a national suicide postvention program.....	434
38.6 Adolescent Struggles and Strengths: A Content Analysis of Creative Expressions on Mental Health and Suicidal Behaviour.....	435
38.7 Experiences of informal carers for people who have made a suicide attempt when seeking and engaging with support provisions: A systematic review of qualitative literature	435
Posters	437
Poster Walk Wednesday, June 11th 1:20pm – 2:00pm	437
11. Suicide Phenotype: from Linguistics to Neurology	437
19 An audit on sensitive documentation of suicide attempts and behaviour in Mount Carmel Hospital	438
29 “You will earn your bread...” Genesis, Chapter 3, Verse 19: BIBLE.....	438
88 Exploring Inner Turmoil: Examining the Pathway from Self-Disgust to Suicidal Ideation.....	439
109 The Suicide Chronicles: collaborative attempts towards an articulation	440

It is an intimate, dreamlike, contemplation on being here and not here. And despite still living every day with impossible questions which may have no answers, as Chris reflects ‘leaving is not an option’.	441
182 How do positive psychological factors impact associations between moral injury and suicide ideation in male veterans and first-responders?	441
183 Psychache revisited: An initial investigation of a visual analogue scale for assessing psychological pain.	442
227 Coping and Support in Crisis: Machine Learning Insights from Online Social Messaging	442
276 How do the functions of eating disorder behaviours compare with those characteristic of self-harm: A qualitative evidence synthesis.	443
323 Suicide research priorities for the Western Pacific Region.	444
384 Effectiveness of Advanced C.A.R.E Suicide Prevention Gatekeeper Training Program Among Crisis Intervention Officers in Miri.	444
390 Katatagan Program: Prevention of Suicide Cases Among Filipino Passinhon Leaners	445
403 Understanding of, and Intervening against Suicidal Behaviour in Foster Youth: Baseline Results from A Suicide Prevention Training for Foster Parents in the Netherlands	446
404 Understanding Help-Seeking Processes of LGBTQIA+ Youth with Suicidal Thoughts in Rural Quebec.	447
406 Australia’s National Suicide Prevention Outcomes Framework: Measuring progress against the National Suicide Prevention Strategy 2025-2026.	447
414 “elegy for an elephant”: a picture-book pairing illustrated storytelling with lived experience as a therapeutic tool supporting suicide bereavement in readers aged 7+ (https://narrativesofnature.com/)	448
421 Pilgrimage for Men Bereaved by Suicide. Shared experiences from a grief support initiative in Norway	449
426 Trends and pattern of suicide in Nepal: an ecological study using 11 years of data	450
436 Internet-based Therapy for Patients with Suicidal Ideation: A Qualitative Study of Patients' Experiences	451
488 Lifestyle Behaviour and Mental Health Outcomes in Slovenian Adolescents	451
506 Enfranchising suicide grief; facilitating continuing bonds with an annual national hybrid suicide bereavement remembrance service	452
507 Finding Hope and Healing After Suicide; Designing and delivering a suicide postvention activity to adults bereaved by suicide using an iterative approach.	453
590 Mental health care utilization behavior prior to suicide in adolescence	454
556 Beyond Shame: The Role of Social Support in Protecting Against Self-Harm among Adolescent Survivors of Child Sexual Abuse	454
560 A comparative analysis of coroner’s records for suicide deaths occurring in pre-pandemic and pandemic periods in Ontario, Canada.	455
562 Family Conflict in Adolescents with Acute Suicidality, Depression, and Controls	455
570 A study on relationship between Attitudes toward suicide and help-seeking behavior in Korea	456
593 Bridging the Gap: A Paraprofessional-Delivered Stepped Care Model for Youth Suicide Prevention.	457

600 Barriers and Opportunities in Implementing Media Guidelines for Suicide Reporting in Singapore: Insights from a Qualitative Study	457
658 Suicidal risk and experiences in three cases of Fibromyalgia in Mexico.	459
Poster Walk Friday June 13th, 1.20pm – 2.00pm.....	459
345 “We Are Left, Marked by His Death”: Compliance with Responsible Media Guidelines for Reporting on Suicide in Youth Literature in Slovenia.....	459
378 Psychological autopsies study for identifying suicidal risk factors in the French Overseas Territories survey (AUTOPSOM): preliminary results in Martinique and French Polynesia	460
601 Assessing Free Responsibility in Assisted Suicide: Gaps and Challenges in German Medical Guidelines.....	461
602 Suicide assistance from the perspective of the S-3 guideline ‘ Management of suicidal behaviour’	462
603 Generational Trends in Suicide Risks and Stressors in Singapore: A Comparative Study.....	462
604 Temporal patterns of adolescent in suicide-related crisis in Singapore: A descriptive study...	463
606 Postvention Needs for Social Workers Who Experience Client Suicide: A Qualitative Study	464
615 Implementing a nurse-led safety planning intervention in emergency departments to prevent suicide reattempts: a stepped-wedge randomized controlled trial protocol	465
618 suicide risk in psychiatric inpatient care: analyzing risk factors and development of clinical suicide prevention strategies	466
622 Opt-out versus opt-in parental consent for teenagers who volunteer for surveys on suicidal thinking and behaviour: A natural experiment.....	467
624 A Study on Predictors of Complicated Grief Risk Among Suicide Survivors	467
635 Factors associated with suicidal ideation and behaviour: Analysis from the National Suicide Prevention Helpline in Lebanon.....	468
638 Hospitalizations due to intentional self-harm in Croatia in the period from 2017 to 2023.....	469
646 Comparison of Suicidal Ideation Before and After the COVID-19 Pandemic Between Multicultural and Non-Multicultural Adolescents in Korea	469
651 Organizational guidelines and recommendations for responding to a death by suicide: A scoping review.....	470
652 Suicide in Bosnia and Herzegovina and the City of Sarajevo with Special Reference to Ethnicity	471
653 Deliberate self-harm and ethnicity in the city of Sarajevo; Bosnia and Herzegovina	471
667 Comparing Risk Factors for Non-Suicidal Self-Injury among Perpetrators, Victims, and Perpetrator-Victims of School Violence in Korean Adolescents.....	472
670 Age of onset of self-harm in children and adolescents: A scoping review	473
671 The Effect of Stress on Suicide Risk among Out-of-School Youth: Multiple Additive Moderating Effects of Family Relationship Quality and Community Support	473
672 Addressing Suicide Risk Through Caregiver Support: Effectiveness of the 360° Anywhere Care Program for Families of Persons with Disabilities	474
680 Prevention of self-destructive acts’ recurrence through differential diagnostics of their clinical-motivational types in patients with schizophrenic spectrum disorders	475

683 Bringing Help and Hope to Military Veterans: Evaluation of a Peer Suicide Risk Detection Training Program	476
694 Exploratory analysis of suicidal thoughts in Japanese children: a text mining approach to messages posted on an online bulletin board "Facing Suicide"	477
699 Reflections from the field: The challenges of undertaking suicide related research with people on probation.....	478
707 Vienna Suicide Prevention Program (VSPP): an early intervention program for leadership staff	478
713 No Single Trauma Predicts Suicidality in Elementary and Preadolescent Children.....	479
714 The Critical Role of Leveraging Partnerships as a Public Health Strategy for Suicide Prevention	480
781 Clinical profiles in a phone-based suicide prevention program. L	481
289 Preferences of Homeless Veterans for Suicide Care: A Treatment Development Study	482
Digital Posters Only viewable on the Congress App	483
16 Characteristics of surveillance systems for suicide and self-harm: A scoping review	483
41 Posttraumatic growth types of mental health professionals who have experienced a client's suicide.....	484
42 A pilot study on the factors associated with posttraumatic growth of psychiatrists who have experienced patient suicide	485
44 Suicide following discharge from inpatient psychiatric care: A retrospective case study.....	485
46 The associations of household firearms and unsafe firearm storage prevalence with firearm and non-firearm suicide: an ecological study in two U.S. states, 2020-2022	486
53 Modeling temporal dynamics of suicidal ideation and risk factors on social media via network analysis	487
55 Suicide-specific rumination as a chronifying factor for suicidal behavior	488
57 Fostering ethical clarity: bridging personal foundations and professional stance in suicide prevention.....	488
58 Possible causes of lower-than-expected suicide rates in Taiwan and South Korea during the COVID-19 pandemic	490
60 "reaching in" timely and effective postvention responses through a collaborative approach with Western Australia police.	490
65 The High Place Phenomenon and relations to positive and negative mental health markers.....	491
93 Effects of community knowledge and attitude on suicide prevention . Suicide is not only personal which again is outside the society. A cross sectional study.	492
112 Social Determinants of Trait Resilience for Self Harm	493
142 Suicide Rates in China: What will be the Next?	493
144 Aconte(s)cer: a process of subjectivation beyond suicidal ideation.	494
179 Group Therapy for Adolescents at Suicide Risk.....	495
206 Identifying high-risk groups for self-harm in adolescents using the Avon Longitudinal Study of Parents and Children (ALSPAC): a cross-cohort comparison latent class analysis study.....	495
207 Beyond loss: grieving process in a suicide survivor in Mexico.....	497

211 Examining multidimensional discrimination, traumatic violence exposure in the media, racial trauma, and suicidal thoughts and behaviors in a sample of diverse youth	497
220 Synchronisation of life and time on Earth in overcoming suicidal challenges	498
225 Suicide prevention via a SafetyPlan intervention for patients after a suicide attempt or in suicidal crises in suicidal crises (SAFETY+).....	498
226 Perinatal depression and suicidal behavior in adult women from Saltillo, Coahuila, México .	499
237 Psychometric Evaluation of the revised Suicide Crisis Inventory (SCI-2) in a German Online and Outpatient Sample	500
239 Religiosity, Spirituality, Meaning-Making, and Suicidality in Psychiatric Patients and Suicide Attempters: an Overview and Meta-analysis	501
241 Themes and profiles of people expressing suicidal thoughts online: A mixed-method approach	501
242 How is knowledge about suicide (suicide literacy) connected to other personal characteristics and what does that mean for suicide prevention campaigns?	502
243 Rates of Suicide Ideation and Associated Risk Factors Among Female Secondary School Students in Iraq.....	503
244 Multi-modal Approach to Preventing Suicide in Schools (MAPSS): Learnings from Conducting a School-Based Suicide Prevention Trial.....	504
248 Children and young people seeking help in Emergency Departments in England for suicidal crisis: A case series study over the COVID-19 pandemic	505
261 Predictors of disclosure and help-seeking before and after a non-fatal suicide attempt.....	505
266 Examining defeat and entrapment as mediators between social comparison and subjective social rank and suicidal thoughts across racial backgrounds	506
273 Situational impact, psychosocial factors, and suicidality among young adults during and after the COVID-19 pandemic: A repeated cross-sectional network analysis	507
275 The Insight study: A case-control psychological autopsy study examining factors associated with suicide in middle-aged people.....	508
277 Emotional Storms and Self-Destructive Risk: The Interplay of Dysregulation, Impulsivity, Hostility, Self-Harm, and Suicidality in Individuals with Borderline Personality Disorder	508
278 Treasure: a randomized controlled trial of brief online cognitive behavioral therapy for suicide prevention.....	509
280 Training pharmacy teams as gatekeepers for suicide prevention: evaluation of an online gatekeeper training	510
284 Working towards a definition and classification of harm minimisation for self-harm	511
288 Evaluating the Collaborative Assessment and Management of Suicidality (CAMS) Framework in Ireland: An Implementation-Evaluation Approach.....	511
290 Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients	512
308 Prevalence of suicide in adolescents and youth at ultra high risk for psychosis: a systematic review and meta-analysis	513
321 StandBy Support After Suicide: Strengthening Postvention Through Community Empowerment, Peer Models and Specialist Services	514
322 Epidemiology of suicide in prisons in Japan.....	515

326 Integration of lived experience into suicide postvention in Australia: Strengthening support through authentic connection	515
327 Who we are: The people and principles behind StandBy - Support After Suicide.....	516
328 The importance of postvention planning as a critical component of suicide prevention strategies	517
331 Development of psychological support hotline unannounced standardized callers.....	517
341 Words left unspoken: Exploring the unspoken narratives of loved ones supporting a person who has survived a suicide attempt.....	518
344 Development of an evidence-based implementation plan for a gatekeeper intervention in schools.....	519
357 Unspoken narratives in the context of suicide: a comparison of the bereaved, and the ‘almost’ bereaved	520
360 Developing the HARMONY Approach: Co-creating a standardized suicide-evaluation through focusgroups with healthcare professionals in the Netherlands	520
363 Risk and protective factors for self-harm and suicide in children and young people: a systematic review and meta-analysis	521
367 Social Factors Contributing to Rural Male Suicide in Bangladesh.....	522
369 Suicide in Prisons/Custodial Settings in Bangladesh.....	523
370 Traditional Chinese Adaptation of the Psychache Scale by Ronald Holden and Colleagues: A Preliminary Study with a Non-clinical Sample in Taiwan.....	523
372 Beyond the assessment: an ethnographic study of mental health practitioners' aftercare decisions for individuals in suicidal crisis	524
373 Examining the Content, Implementation and Measurement Properties of Suicide Risk Assessment Tools in Mental Health Services: A Scoping Review	525
376 Adolescent Depression with Self-destructive behaviour: sex differences	525
379 A new journey for counseling volunteers: an analysis of the effectiveness of text-based counseling in suicide prevention among young generations—the experience of Taiwan Lifeline International	526
383 Long-term Trajectories of Composite Linguistic Indicators in Crisis Hotline Conversations of People who Died by Suicide	527
386 Developing a brief intervention to reduce repeated self-harm: A qualitative study of co-design team member research experience	528
393 Innovative data-driven approaches to suicide prevention.....	529
396 Supporting 2SLGBTQIA+ crisis line caller subgroups	529
400 ‘Not angels but humans’ A qualitative study of female nurses with lived experience of self-harm.....	530
401 Pneumoconiosis and Suicide Risk in Taiwan: A Nationwide Population-Based Study	531
402 What do we mean by self-harm recovery what personally modifiable factors can help with recovery?	532
409 Mediation analysis of the Conversations about Suicide course: effects of confidence, knowledge, and stigmatising attitudes on intended suicide prevention action	532
412 Prevalence of deaths by suicide and suicidal thoughts among adolescent girls and young women in poverty-stricken villages and slums of two southwestern districts of Bangladesh.....	533

413 Personal Growth from Volunteering. The Samaritans of Thailand: a Suicide Prevention Charitable Organisation.....	534
415 Responding to Crisis: Supporting the Greyhound Racing Community Through Industry Closure	535
418 Suicide and the law: A study of public attitude towards criminalization of attempted suicide in Ghana	536
419 A comprehensive model of LGBTQ+ youth suicide attempts to advance LGBTQ+-specific and -sensitive suicide prevention	536
420 Building resources for elucidating the genetic etiology of suicide outcomes in India	537
427 Factors associated with intent to die among self-harm patients at a tertiary care hospital in Karachi, Pakistan.....	538
429 The development of a suicide prevention intervention tailored for the Irish construction industry	539
430 Gender, marital status, and suicidal behavior in Pakistan.....	539
431 Patterns of suicidal behavior in Pakistan	540
434 Support needed by families after a suicide death: Insights from a community survey in India	541
452 The importance of social connectivity in preventing elderly suicide.....	542
455 “You Have to Make It Normal, That’s What We Do”: Construction Managers’ Experiences of Help-Offering	543
467 Building Stronger Foundations: Evaluating the 2024-2026 Suicide Prevention Plan of Ohio for Sustainable Impact	543
471 “People don’t want to talk about it”: How medical doctors evaluate and document suicide risk in a country with high suicide rates.....	544
480 Exploring the views of young people, including those with a history of self-harm, on the use of their routinely generated data for mental health research	545
481 Suicide and Self-harm by Burns in Pakistan: A Scoping Review.....	545
484 Symptoms of a feather flock together; Dynamic time warp analysis of 11 single case time series of suicidal ideation and related symptoms	546
485 Are the elderly in Pakistan protected against suicidal behaviors?	547
487 Comparing Self-Harm in Nairobi and Karachi: Epidemiological Patterns and System-Level Insights	548
493 Understanding the young adult experience in adult inpatient psychiatry and its impact on future help-seeking behavior: a preliminary analysis	549
501 Retrospective cohort study of suicide attempters and patients visited suicide prevention outpatient clinic among teenager in Japan	549
525 Breaking the silence: Addressing educators’ mental health through promotion and early intervention training	550
529 Alcohol use and suicide risk among youth in one U.S. state, 2023	551
530 Acute Suicidal Affective Disturbance Inventory Lifetime (ASADI-L): Initial Validation of a German Version	552
533 Half-day training program for professionals working with young people and vulnerable population: Implementation and evaluation study	553

534 Assessing changes in suicidality during treatment in mental health care patients using routine outcome data	553
538 The situation of suicide and suicide prevention in the resource-limited country, Bangladesh, policy limitations, and opportunities to reduce suicide through advancing actions.....	554
539 Navigating methodological and ethical challenges in exploring first-hand accounts of adolescent self-harm in a sub-Saharan African country.....	555
543 Uncertainties in Modeling Psychological Symptom Networks: Implications for Suicide Prevention.....	556
544 Bridging Gaps, Building Resilience: A World Café to Strengthen Crisis Response.....	557
550 Toward Cultural Humility: Improving Crisis Intervention for Diverse Communities	558
559 A systematic review of empirical studies examining the facilitators, barriers, and mechanisms of implementing suicide prevention interventions with veterans and active-duty service members.....	559
563 Safety planning interventions for suicide prevention with children and adolescents: A meta-analysis	559
566 Supporting multilingual crisis line callers.....	560
569 Developing a Self-Harm Registry: Insights from Two Years of USHAS Study in Bengaluru, India.....	561
574 "CONSOLE: Pioneering Peer-Driven Postvention and Prevention in Plymouth County, Massachusetts"	562
579 Psychometric properties of the literacy of suicide scale (LOSS-SF) and the stigma of suicide scale (SOSS-SF) in general population sample from Hungary.....	563
581 Intimate Partner Violence and Its Relationship with Mental Health Symptoms and Suicide Risk Among Chilean University Students.....	563
584 Contextual Factors Associated with Self-harm Among Adolescents in Low- and Lower-Middle Income Countries: An Ecological Study.....	564
585 The Impact of Motor Impulsivity and Loss Aversion on Decision-Making in Suicide Attempters	565
586 Family Always Remains ... Why Do Patients Involve or Not Involve Family Members in the Treatment of Suicidality.....	566
588 Clinical characteristics and self-harm behaviour in detainees incarcerated for the first time and needing acute psychiatric care.....	567
591 Association between cytokine levels and suicidal symptoms in adolescents and young adults: A cross-sectional study of major depressive disorder.....	569
592 Automated Detection of Suicidal Ideation Using Speech Analysis during Regular Clinical Consultations.....	569
595 Suicide prevention in Montana: Analyzing preliminary data to inform targeted efforts	570
597 Economic evaluation of suicide preventions: a systematic review	571
609 Effects of a one-day online Interprofessional Education (IPE) program for students on the topic of suicide prevention	572
610 Implementation of a low-threshold follow-up after hospitalization for suicide attempt in child and adolescent psychiatry department of Geneva.	572
611 Exploration of psychosocial characteristics associated with the process of recovery following suicide attempts in adolescents	573

612 Prevalence and associated risk factors for suicidality among apprentices in the Irish construction industry	574
614 Self-harm hospitalization in last decade at Hospital “Gintermuiža” (2014-2024)	575
620 The Negative Influence of Public Figures on Suicide Prevention Efforts: A Scoping Review	576
623 Research on media and suicide in low- and middle-income countries: A systematic review and narrative synthesis	576
626 The Black Box Project: How Digital Forensics Could Save Lives	577
627 Sexual orientation disparity in suicidal ideation among adolescents in Hong Kong: a decomposition analysis	578
628 Wish to die and healthcare use in older people: findings from The Irish Longitudinal Study on Ageing (TILDA)	579
630 2025 Suicide Prevention Continuing Education: State Licensure Requirements for Registered Nurses and Advanced Practice Registered Nurses Across the United States	580
631 Heterogeneity of internet gaming disorder and psychosocial profiles among young gamers and associations with suicidality - a latent profile analysis	580
632 Predictors of Suicidal Thoughts among Young Autistic Users of a Mental Health App.....	581
633 Childhood income inequalities in youth suicide attempts and deaths.....	582
636 Development of an educational program for the cultivation of help-seeking in junior high school students	583
639 Keep calm and answer the phone ! Protocol of Training in Crisis Unit with Suicide crisis Helpline for young people in Geneva University Hospital	584
641 Making sense of sensing: Ontological integration of multimodal and missing data in suicide research.....	584
642 The influence of somatic symptoms in depressed patients on the severity of suicidality and its protective factors	585
643 Administration and perceptions of safety-planning type interventions among a diverse, national sample in the United States	586
645 Psychiatric/physical functions in suicide attempters with severe traumatic injuries transferred from an emergency department to a psychiatric ward	587
647 Serial Dual Mediating Effects of Stress-Vulnerability and Phobia-Anxiety in the Relationship Between Traumatic Experiences and Suicidal Ideation Among South Koreans: Pre- and Post-Counseling Effects	587
648 Bridging the gap with hard-to-reach elderly: Transforming invisibility into community	588
650 Relationship between reappearing suicidal ideation in Iranian young adults with PTSD from one’s own suicide attempt, and the mediating role of future-oriented thinking	589
654 "Health Mode On": A multicentric study for mapping psychological distress and suicidal behaviours, and promoting well-being among university students – study protocol and design	590
655 Suicide posts on Reddit and automated integrative complexity	591
660 What do you meme? -- Identifying characteristics and user perceptions of suicide memes in social media.....	591
661 Future paths for low-middle income countries suicide prevention : a futures study method for researchers and policy makers.....	592

665 Post-traumatic instances involving non-fatal suicide attempts, family and social behaviours, difficulties receiving mental health care, and the likelihood of recurrent suicidal ideation.	593
669 An Exploratory Trial on Maternal Mental Health in Japan	594
673 Designing Affirming and Accessible Online Gatekeeper Training for Two-Spirit, lesbian, gay, bisexual, transgender, queer (2S/LGBTQ+) Communities: Insights from Expert Interviews.....	595
675 At the Intersection of Public and Private: An Analysis of Public–Private Partnerships in South Korea’s Suicide Prevention Centers.....	596
676 Twelve years of remote suicide crisis intervention in Romania via phone and email: Telefonul Verde Antisucid 0800801200 and sos@antisucid.ro	596
678 A systematic review of the epidemiology of non-fatal suicidal behaviours among tertiary students in Africa	597
679 Understanding how autistic people use apps to cope with suicidal thoughts and behaviours ..	598
681 Hope as a Protective Factor for Suicide Risk: Insights from the Stigma Narratives of Young Latino Sexual Minority Men	599
685 Trends in maternal suicide and associated factors in 2014-2022 in Japan.....	600
687 Suicide rates among women in three districts of Bangladesh have risen due to domestic and external violence.	600
688 Identifying Patterns of Suicidal Thoughts and Behaviors in Hospitalized Adolescents: A Cluster Analysis of Retrospective Data	601
689 The school-based Youth Aware of Mental Health (YAM) program for prevention of suicidal behaviour: a cluster-randomised, controlled trial in Danish 9th-grade students.....	602
690 Suicide among older adult nursing home residents in Austria: A national retrospective cohort study (2019-2023)	603
691 Enhancing Help-seeking Intentions and Perceived Effectiveness of Online Text-Based Emotion and Crisis Support Among Adolescents and Early Adults: A Network Psychometric Analysis in Hong Kong	604
693 Suicides among the young-old, middle-old and oldest-old in Austria.....	605
699 Change in psychological distress and associated factors among Hong Kong young adults in post-COVID-19 era: a latent transition analysis	605
697 Identifying high-risk groups for self-harm in adolescents using the Avon Longitudinal Study of Parents and Children (ALSPAC): a cross-cohort comparison latent class analysis study.....	606
703 Ensuring Quality in Suicide Prevention: Implementation of Resource Person Training in Life on the Agenda.....	607
704 Signs and symptoms recorded before self-harm and suicide in children and young people with depression and anxiety.	608
710 Role of Neutrophil-Lymphocyte Ratio (NLR) and Mean Platelet Volume (MPV) as biomarkers of suicidal ideation in Depression: A cross-sectional study.....	608
711 Assessing the Impact of Suicide Prevention Training on Knowledge, Attitudes, and Self-Efficacy Among Medical Students	609
712 AinaAI: Empathetic Conversational AI Robot for Multilingual Psychological Counselling and Suicide Prevention.....	610
715 Non suicidal self- injury among primary and middle school children: School teacher’s knowledge, experience and response	611

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Pre Congress Workshops

Pre-Congress workshops, June 10th, 2025 9:00am – 12:30pm

Partnerships for Life: connecting for learning, mutual inspiration and effective collaboration

Facilitated by the Partnerships for Life Steering Group.

This workshop is sponsored by Partnerships for Life (PfL), the global initiative to prevent suicide, launched in 2020 by the International Association for Suicide Prevention (IASP), the leading international NGO in the field of suicide prevention. PfL aims to establish an international collaboration of experts, supporting the development of a comprehensive, strategic and evidence-informed approach to suicide prevention at national and regional levels.

The workshop is intended to promote collaborative action and peer-learning and networking among experts from a wide range of countries, regions and areas (research, policy and practice). Participants will receive information on how to get started on the journey and more. Ultimately, the workshop aims to promote listening and learning from others' stories as well as offering "tools" to take home.

Participants are invited to engage wholeheartedly in an interactive, enriching and enjoyable event, which will maximise the opportunity for discussion and peer-learning in both large (plenary) and small groups.

Apart from finding out more about IASP and the PfL initiative, participants will be invited to focus on five (and maybe more) timely and urgent topics and challenges for national suicide prevention action: (1) What is known about suicidal behaviour? (2) Suicide prevention: what's the story? (3) What is the relevant context? (4) How to make things happen? and (5) How will we know that we're on the right track? Discussion will also take into consideration key aspects of lived experience, mentorship and collaboration.

We hope to especially attract participants from (a) countries at the start of the suicide prevention journey (b) lower- and middle-income countries, (c) countries that have limited capacity and resources for suicide prevention and (d) countries that do not yet have a national suicide prevention strategy/programme. The workshop is, however, also targeted at: representatives from countries with experience of developing, implementing and evaluating national suicide prevention strategies, who are willing to share their experiences and learn with and from others, who are at a different stage of the suicide prevention journey (peer learning experience).

Most of the workshop will be spent in small topic groups, in which each of the above-mentioned topics is introduced by a short input, followed by time to explore key questions and issues, leading to the development of an agreed set of priority actions, for each topic.

The workshop will be conducted in the English language.

Early Career Researcher Workshop

Facilitated by Jo Robinson & Olivia Kirtley, assisted by Nikolaj Hoier.

Part 1:

Join us for an engaging and collaborative workshop designed to foster connection, mentorship, and the exchange of ideas. The event kicks off with a keynote address from Olivia Kirtley, who will share her insights on open science and its role in shaping the future of our field, followed by a Q&A session. We'll also introduce the IASP Early Career Group and IASP Special Interest Groups, highlighting opportunities for involvement and collaboration.

Part 2:

Panel Discussion — Research at risk: how to thrive in uncertain times

Panellists: Emmanuel Nii-Boye Quarshie, Ryn Linthicum.

Suicide among Older Adults Workshop

Cognitive Reappraisal Intervention for Suicide Prevention (CRISP) for Middle-Aged and Older Adults Hospitalized for Suicidality

Facilitated by Dimitris N. Kiosses and Dora Kanelopoulos.

Suicide rates for middle-aged and older adults are high and the risk increases within the first 3 months after a psychiatric hospitalization. Psychosocial interventions for middle-aged and older adults hospitalized for suicidality are limited. Cognitive Reappraisal for Suicide Prevention (CRISP) is a 12-week psychosocial intervention designed to reduce suicide risk in this population within 3 months after discharge from a suicide-related hospitalization. CRISP's theory of suicide prevention is based on the following assumptions: 1) hospitalization for suicidality is preceded by a personal emotional crisis ("perfect storm")—hospitalized patients have had difficulty dealing with this emotional crisis, leading to increased suicidal ideation and/or a suicide attempt; 2) this emotional crisis is related to personalized (patient- and situation-specific) triggers; and 3) identifying these personalized triggers and the associated negative emotions and providing strategies for an adaptive response to these triggers and negative emotions will reduce suicidal ideation and improve suicide prevention. CRISP aims to reduce suicide risk by using simplified, easy to administer and use, cognitive reappraisal strategies (i.e., a widely used emotion regulation strategy). The therapists utilize these techniques in situations that trigger negative emotions, suicidal ideation, and suicidal behavior.

The workshop will focus on the clinical applications of CRISP during its 4 stages. Specifically, the four stages include: identification of the "perfect storm"; identification of situations/triggers, negative emotions and thoughts; examination of the utility of negative emotions; personalized cognitive reappraisal techniques. It will also highlight additional aids to utilize the CRISP techniques during periods of stress and heightened negative emotions such as the WellPATH tablet app and written step-by-step plans. The workshop will include clinical training of the techniques, case studies, and discussion on the challenges of helping middle-aged and older adults after a suicide-related hospitalization.

Learning Objectives

1. Identify and overcome the challenges in helping middle-aged and older adults who have been recently hospitalized for suicidality.
2. Develop rapport and involve the family when appropriate.
3. Identify the "perfect emotional storm", the personalized triggers and the negative emotions, and develop personalized techniques to reduce the negative emotions associated with suicidal behavior.

Integrating Lived Experience in Program Design Workshop

Facilitated by Bronwen Edwards, CEO Roses in the Ocean

This interactive workshop explores the meaningful integration of lived experience of suicide into program design, emphasizing respectful engagement and collaborative approaches to create more effective and inclusive programs.

Through a range of small group activities, practical application and collaborative discussions, this workshop addresses critical aspects of integrating lived experience, including:

- Assessment of various participatory methods.
- Determining when co-design is (and isn't) the most appropriate approach.
- Applying essential principles for engaging with people with lived experience
- Key considerations for meaningful integration of lived experience into program design.

By the end of the workshop, participants will be equipped to:

- Implement effective strategies for engaging people with lived experience;
- Design more inclusive and responsive programs;
- Create safe and supportive environments for lived experience consultation;
- Embed guiding principles for meaningful integration of lived experience in program design;

- Honour and value lived experience contributions.

Creating global circles of safety: a collective approach to mental health first aid

Facilitated by Dr Jakqui Barnfield and Dr Anat Wilson

Mental Health First Aid (MHFA) has established a global network of 8 million individuals equipped to intervene in mental health crises, but how can we ensure its impact reaches communities in low and middle-income countries and those that prioritise collective mental health?

This pre-congress workshop will explore a new model of MHFA that moves beyond an individualistic approach, focusing on community-driven, culturally responsive mental health support, particularly in low and middle-income countries.

Led by Dr Jakqui Barnfield and Dr Anat Wilson, this interactive 3-hour session will build capacity for those working with populations at higher risk of distress or suicide. The session will draw on insights from diverse populations and lived experience, examining how culturally holistic, collective approaches to mental health and suicide prevention can be integrated into global MHFA frameworks. As global megatrends such as conflict, climate change, and economic instability contribute to rising distress, scalable and sustainable solutions are increasingly essential. The session will also explore how technology access issues can be overcome, as well as how we can leverage it to expand MHFA's reach and impact, building on the success of the past 25 years.

The final 2-hour consultation offers attendees the opportunity to contribute to the development of a world-first global MHFA program that can support low- to middle-income countries, ensuring every community can access evidence-based community-led models of care.

Designed for researchers, practitioners, and workforce leaders, this workshop will help shape MHFA as a collective, global initiative focused on overcoming barriers to disclosure, support, and professional care — ultimately creating circles of safety to strengthen global mental health systems.

Keynotes

Opening Keynotes June 10th, 2025, 3:15pm – 4:15pm

Chair: Chan, Lai Fong

115 Years of Suicide Prevention: What Have We learnt?



Professor Mark Goldblatt

Vienna reminds us of the start of studies of psychic distress and suicidal desperation. Freud's interest in listening to his suicidal patients led to the first symposium on student suicide in 1910. Erwin Ringel founded the world's first suicide prevention center in Vienna in 1948 and the International Association for Suicide Prevention in 1960. These ideas live on in IASP today with our focus on suicide prevention and interdisciplinary collaboration with worldwide inclusivity.

Initially, studies generally focused on identifying risk factors, including psychiatric disorders, related to suicidal distress. Epidemiological studies noted causal connections which led to 'means restrictions' which have had a global impact. Psychopharmacological studies have led to the use of life saving medications. Clinical suicidology has developed from case reports and clinical descriptions of treatments, revealing insights into the mental experiences of suicidal patients, their subjective experiences and their relationships to others, past and present.

Suicide prevention is complex and involves many approaches that have been empirically validated. Psychotherapy is practiced throughout the world and used effectively to prevent suicide in a wide range of suicidal situations. New modalities for psychotherapy have been developed and shown to be effective. Psychotherapy enables the desperate patient to recognize and re-evaluate their internal experience and external connections which are life sustaining. Clinical contributions of psychodynamic psychotherapy have stressed the importance of empathic engagement with the suicidal individual's internal subjective experience, attending to the emotional dynamics of the therapeutic relationship, and the role of hope in suicide prevention.

We have learned much from subjective and objective studies of suicidal states. We know about risk factors and epidemiology. We also know that empathic engagement, while staying independent and attentive, counteracts unbearable affects, like isolation and aloneness, and supports sustaining capacities to maintain hope and prevent desperate self-attack.

Building bridges for suicide prevention: from Werther to Papageno effects



Professor Thomas Niederkrotenthaler & Mr. Golli Marboe

In this talk, Golli Marboe and Thomas Niederkrotenthaler will discuss the historical development of suicide prevention research in the area of media, highlighting the crucial roles of living experience of suicide as well as scientific developments in the field. The talk will shed light on the sometimes

precarious relationship between scientific discovery and personal experience and consolation. Building on the Viennese tradition in suicide research and prevention, it becomes obvious that it is not only the quantifiable and measurable things that do matter for suicide and its prevention.

Treatment of Suicidal Intrusions with EMDR: A Tribute to Erwin Ringel



Professor Ad Kerkhof, Leiden

Erwin Ringel described the presuicidal syndrome in individuals at high risk of suicide, characterized by cognitive and emotional constriction, inhibited aggression turned inward, and suicidal fantasies. If Ringel were alive today, I believe he would refer to these fantasies as visual intrusions.

Although clinicians frequently encounter patients with this presuicidal syndrome, no specific psychological interventions have been developed to address these intrusions. Having mastered EMDR as an intervention for flashbacks in PTSD, I began to wonder whether the EMDR Flashforward protocol—used for OCD and GAD—might also be effective in treating suicidal intrusions.

I applied the EMDR-Flashforward protocol to suicidal patients in my private therapeutic practice and found it to be remarkably successful, as well as quick and easy to implement. This initial success led to securing a grant for a larger experimental study, conducted at VU University in Amsterdam and eight specialized mental health care centres across the Netherlands.

Suicidal imagery manifests as vivid, uncontrollable, and compelling mental images, such as taking an overdose or its consequences (e.g., seeing one's own funeral). These images can be emotionally distressing yet simultaneously comforting. Their intrusiveness—their involuntary and unexpected occurrence—intensifies the emotional impact of suicidal thoughts, making them both disruptive and difficult to control.

We conducted a multicenter randomized trial among adult psychiatric outpatients (N=91; TAU = 45, EMDR + TAU = 46) with elevated depressive symptoms and distressing suicidal intrusions. The primary outcomes were the severity (SINAS) and frequency (CISI) of intrusive suicidal mental images, as well as verbal suicidal ideation (SIDAS), assessed at one week post-treatment and at a three-month follow-up. The results showed that EMDR + TAU led to greater reductions in both severity and frequency of suicidal intrusions over time compared to TAU alone. Moreover, EMDR was found to be safe to administer.

AI — looking into the future



Professor Matt Spittal

Artificial intelligence has the potential to revolutionise healthcare. Yet for most of us, it is unclear what artificial intelligence is, how it is useful, if it will have a long-lasting impact and what the potential uses of it are. In this keynote, I survey current uses of artificial intelligence in healthcare and focus on its potential for the prevention of suicide and self-harm. I present examples of how artificial intelligence is being used currently, the evidence for its effectiveness, and how artificial intelligence could be used in the future for prevention, treatment and service delivery.

Plenary

Plenary #1 June 11th, 2025, 8:30am – 10:00am

Chair: Thomas Niederkrotenthaler

Adolescent and Youth Self-Harm and Suicide Prevention in Low- and Middle-Income Countries (LMICs)

Emmanuel Nii-Boye Quarshie, PhD.
Department of Psychology, University of Ghana



Self-harm is the strongest known risk factors for death by suicide. Self-harm and suicide occur throughout the lifespan and in every region of the world. Besides representing serious public health problems, self-harm and suicide are associated with significant financial burden across all sectors in low- and middle-income countries (LMICs). In 2021, nearly 73% (three quarters) of global suicides occurred in LMICs; suicide was the third leading cause of death among persons aged 15–29-years. Recent pooled school-based health survey data suggest that, in the previous 12 months, nearly 1 in 5 young people in LMICs had suicidal thoughts (16.9%), made a suicide plan (17.0%), or attempted suicide (17.0%). Indicator 3.4.2 of the of the United Nations' Sustainable Development Goals (SDGs) seeks to reduce by one-third premature mortality from suicide by the year 2030. This target of the SDGs directs global attention onto self-harm and suicide prevention, particularly in LMICs. However, while evidence-based, often low-cost prevention and intervention efforts and national responses are being developed and expanded in high-income countries, there is a paucity of evidence regarding the most effective intervention models and prevention approaches for adolescent and youth self-harm and suicide in LMICs — where the majority of the world's adolescents and youth reside. This presentation will focus on three objectives: 1] Highlight some of the interventive and preventive models known to have some effect in high-income countries and the need to adapt and tailor them to LMICs; 2] Identify and explore the promising role of the individual level and population-based intervention and prevention approaches emerging from LMICs; and 3] Call urgent attention to, and underscore the need for further, expansive epidemiological and interventive studies on adolescent and youth self-harm and suicide in LMICs, particularly among young people who are typically excluded or severely underrepresented in public (mental) health research.

Strengths & Suicide-protective factors in low-and-middle-income countries: implications on global suicide prevention.



Chan Lai Fong*
Nur Ajrina binti Abdul Rahman*

*Department of Psychiatry, Faculty of Medicine, National University of Malaysia

The majority of suicides occur in low-and-middle-income countries (LMIC). However, there is a mismatch between the burden (73%) of suicide and the percentage (15%) of suicide-related scientific publications in LMIC. Furthermore, suicide-protective factors have received less emphasis in research compared to risk factors for suicide. This plenary aims to address this gap in knowledge by synthesizing the evidence of suicide-protective factors in LMIC across the life-course based on the socio-ecological model. Nuances of what constitutes as risk or protective factors in LMIC, juxtaposed against high-income countries (HIC) will be discussed. The extent to which cultural factors such as filial piety can prevent suicidal behaviour, taking into account the diversity and heterogeneity of LMIC, will be examined. Addressing the intersection of religion and politics in LMICs and HICs is crucial in reducing suicide worldwide. Opportunities for bi-directional learning between LMIC and HIC in terms of suicide prevention will be highlighted. An example of these include successful restriction of lethal means of suicide in the form of pesticide bans in Sri Lanka, India, Nepal, China and Malaysia; which has implications on the contentious issue of gun ownership that contributes to the leading method of suicide in USA. The implementation of decriminalization of attempted suicide is not only relevant to LMIC as there are still criminal sanctions against suicidal behaviour in UK. This plenary will also include an early-career researcher's perspective on exploring the impact of decriminalisation of attempted suicide on help-seeking among individuals in recovery from previous suicide attempts in a Malaysian sample. Postvention and lived experience advocacy that is very much alive in the LMIC are also areas for future research.

Economic interventions for the prevention of mental health problems and suicide: the role of cash transfers



Daiane Borges Machado

The strong, bi-directional link between social disadvantage and poor mental health highlights the heightened risk posed by poverty-related factors. Economic interventions, particularly cash transfers, hold promise in alleviating mental health burdens and preventing suicide. This presentation will examine evidence supporting the effectiveness of cash transfers in reducing mental health issues and suicide rates across various contexts. Drawing from the Brazilian case study, it will discuss the imperative for such interventions and explore strategies for their scalable implementation, along with implications for research and policy.

Plenary #2 June 12, 2025, 8:30am – 10:00am

Chair: Jane Pirkis

Older adults at risk of suicide



Annette Erlangsen

Older adults aged 80 years and over are the fastest growing segment of the population. Recent cohorts of older adults are much fitter than previous cohorts. Nevertheless, older adults continue to have the highest suicide rate of all age groups. Markers of excess risks among older adults include recent stressful life-events, such as loss of significant persons, chronic disorders, and mental disorders. Although mental disorder may play a less significant role with regard to suicidality in older adults than for younger adults, undiagnosed depressive disorders remain a key concern. Another central factor is perceived burdensomeness — or lack of being able to maintain an independent life style. On the other hand, engaging in social networks seem to have beneficial effects on suicide risks in older adults. Older adults at risk of suicide are fully able to verbalize their thoughts and, thereby, also responsive to interventions. Promising suicide preventive efforts have been shown in connection with better diagnosis and treatment of depression as well as physical activity and collaborative care.

The aim of this talk is to review the existing evidence regarding risks and interventions to address suicide among older adults.

Hope in the Hallways — suicide prevention and self-harm in schools, universities and workplaces.

Ann John



In the past the focus of suicide prevention efforts has often been on healthcare settings. In this talk I'll discuss wider settings across the lifecourse— schools, universities, family courts and the workplace. I'll discuss a program of research using 'big' routinely collected data that examined risks and trajectories. I'll then go on to describe the pathways from this research to co-produced national guidance for these settings and the constraints, challenges, impact and transformation this can bring.

Science or Magic?: What a Harry Potter-Based Program for Middle Schoolers Can Teach Us About Changing the Narrative on Suicide

Mark Sinyor



Public narratives in the media depicting suicide and resilience can have substantial effects on suicide rates across the population through Werther and Papageno effects, respectively. In acknowledgement of these important findings, IASP has made “Changing the Narrative” its World Suicide Prevention Day theme from 2024 to 2026. Among the key challenges in the area of suicide and the media are that evidence generally emerges in the context of unplanned natural experiments (e.g. the death of a celebrity or the release of a television series) and that these media events mainly involve Werther narratives. This plenary will challenge the audience to consider whether it is possible for our field to shift from reactive efforts to prevent Werther effects to proactive efforts to

promote Papageno effects. It will specifically use a story-telling approach to illustrate the power of stories, focusing on an innovative effort to use a popular narrative (Harry Potter and the Prisoner of Azkaban) to increase resilience and prevent suicide in youth. The presentation will challenge the audience to consider whether it is always necessary to focus on suicide when formulating narratives aimed at suicide-prevention and to be vigilant and seek out emerging popular narratives that might be used to teach about hope and recovery.

Plenary #3 June 13th 8:30am – 10:00am

Chair: Lakshmi Vijayakumar

"Time Is On Our Side: A Rolling Stones Guide to Suicide Prevention"



Gergo Hadlaczký

This presentation explores the critical role of Time as a suicide prevention strategy, grounded in evidence of the dynamic nature of suicidal processes. Research demonstrates that suicidal states fluctuate between periods of ideation and acute crises, rather than following a linear trajectory. Through a review of temporal studies examining the duration of suicidal crises, this presentation highlights how understanding these fluctuations can inform more effective preventive interventions. The evidence supports that "buying time" – implementing strategies that help individuals move through periods of acute risk – should be a fundamental component of both public health and clinical suicide prevention approaches. This temporal perspective offers important implications for the design and implementation of comprehensive suicide prevention strategies.

Understanding the role of genes and biology on suicide risk: myths and facts



Gustavo Turecki MD PhD FRSC

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.

Suicidality in LGBTQ Populations: Insights from Current Research and Future Direction



Ilan H. Meyer, Ph.D.

In 1896, Magnus Hirschfeld encountered a military officer who was deeply distressed about his homosexuality. The officer later took his life just before an arranged marriage was to take place. In a letter to Hirschfeld, the officer had written that he lacked the “strength” to tell his parents the “truth.” This tragic death deeply affected Hirschfeld—it motivated him to study sexuality and campaign against the criminalization of homosexuality under Germany’s Paragraph 175. Almost 130 years later, LGBTQ researchers and advocates still wrestle with the suicidality of LGBTQ people who, similarly to Hirschfeld’s officer, are distressed by societal rejection of their sexual and/or gender identities. The long history of suicidality of LGBTQ people corresponds to the long history of social rejection motivated by stigma and prejudice. I have referred to these social conditions as leading to minority stress that adversely impacts the health and wellbeing of LGBTQ people. Research on suicide ideation and attempt has shown vast disparities between LGBTQ and cisgender straight populations. And while we know a lot about disparities, we still lack understanding about aspects of suicidality that are important to understand, including prevalence of deaths by suicide in LGBTQ populations and, importantly, strategies for prevention. In this talk, Dr. Meyer will reflect on past and current research, including many research innovations and insights from recent research in the United States, Europe, and other countries. As we meet for the 33rd World Congress of the International Association for Suicide Prevention we see a world that is turning more hostile to LGBTQ people — a reminder that progress is slow and not linear. Researchers, therapist and counselors, and advocates are called to take on the task that Magnus Hirschfeld championed over a century ago—to combat stigma, prejudice, and violence against LGBTQ people across the globe.

Special Lectures

2025 Ella Arensman Special Lecture Award June 10th, 2025, 5:00pm – 5:30pm

Chair: Jo Robinson

Transformative research: imagining new ways to do research with people impacted by suicide and suicide distress



Sarah Hetrick

In order to bridge the gap between research, implementation and policy, ensuring that inequities are addressed, while being a treaty partner who upholds Indigenous (Māori) sovereignty, and a woman in suicide prevention research, requires new ways of doing research. I will describe a different approach to being a researcher, and how I have approached new ways of leading teams, asking different types of research questions, and using new kinds of methods and processes to answer those questions.

Doing transformative research requires maintaining integrity to these new methods and processes, rather than maintaining adherence to the traditional metrics and expectations of the dominant (male) Western empirical research and academic world. Bravery and a strong back is required to undertake research that results in knowledge that is implemented in sustainable ways to transform practice and policy in order to change the realities of people impacted by suicide and suicide distress.

Centering research knowledge and practice on those with lived and living experiences of suicide and its impact requires ongoing disruption of systems and challenging of the power that is designed to maintain the status quo.

Special Lecture # 1 June 12th, 2025, 3:00pm – 4:30pm

Chair: Jo Robinson

The role of culture and religion in suicide prevention: A proposed framework based on the WHO LIVE LIFE approach



Sanderson Onie

Although epidemiology and intervention studies have long been central to suicide prevention, anthropological and qualitative methods allow us to explore key factors that influence both suicide and its prevention. In this special lecture, we will examine crucial aspects of culture and religion, and how they affect help-seeking behaviors, perceptions of suicide, and experiences of population distress and trauma, arguing for the inclusion of cultural analysis in suicide research. We will also present a case study

in which anthropological inquiry brought together religious leaders in Indonesia to enshrine suicide prevention in national legislation. Finally, we will propose a framework consisting of key questions for integrating cultural into the WHO LIVE LIFE framework, presenting practical guidance on harmonising qualitative and cultural studies with national strategies to create more relevant and acceptable interventions.

Music and Suicide Prevention: Viennese and International Examples



Till, Benedikt

Vienna is often called the "City of Music" due to its musical legacy, as it was home and workplace of many famous classical musicians (e.g., Wolfgang Amadeus Mozart, Johann Strauss, and Ludwig van Beethoven). Suicide is not only a common theme in classical and contemporary Austrian music, but is also a topic in many popular international songs. Based on studies on the Werther effect and the Papageno effect, it has been hypothesized that suicide-related content in music may impact suicidal ideation and

suicidal behavior in audiences. Over the past few decades, several studies have explored to what extent suicidal behavior and suicide risk is reflected in a person's individual music preferences. However, the results of these studies have been heterogeneous and inconclusive. Furthermore, only recently have researchers started to investigate whether music could also be associated with protective effects that are consistent with the Papageno effect. This special lecture will provide 1) notable examples of how suicidal ideation and suicidal behavior are expressed in Austrian and international music, 2) an overview of how research on associations between suicide risk and individual music preferences has developed over the years, 3) a discussion of different methodological approaches used in this line of research, 4) an update on relevant findings in recent studies on music and suicide. Furthermore, limitations and implications of current research on suicide and music for suicide research and prevention will be discussed. Most importantly, the lecture will explore to what extent music can actively contribute to suicide prevention.

Women at Work, Men in Care: A Path to Suicide Prevention



Ying Yeh Chen

The relationship between female labor-force participation (FLFP) and suicide has long been debated. Early theories suggested that FLFP contributed to higher suicide rates among women, but evidence has been mixed, varying across time periods, cultures, and population characteristics.

Suicide rates are consistently higher in men than in women, often attributed to public-life stressors such as unemployment. However, men's private lives also play a crucial role. Men's lower engagement in family carework may leave them particularly vulnerable when their economic-provider roles are threatened or lost. Overinvestment in paid work, without parallel investment in family carework, limits men's sources of meaning, purpose, and social connection—key factors in suicide prevention.

This talk will examine global patterns of FLFP and suicide rates, showing that FLFP is generally protective for women, despite their continued disproportionate burden of unpaid family carework. Women balance both paid and unpaid work, yet the overall benefits of FLFP—including in suicide prevention—outweigh the costs.

For men, recent evidence suggests an association between higher engagement in family carework and lower suicide rates, particularly in times of high unemployment. Previous studies have linked parenthood (a structural proxy for caregiving) to lower suicide risk in high-income countries, yet few have examined the direct role of caregiving work itself in men's suicide prevention across multiple contexts.

Expanding social-protection programs to support both FLFP and men's involvement in family carework could offer a broader, more sustainable framework for suicide prevention. Moving beyond employment-based interventions—which reinforce men's over-identification with paid work—toward policies that encourage shared caregiving responsibilities would strengthen social resilience. Recognizing both FLFP and family carework as essential to economic and social well-being, rather than as competing demands, could have far-reaching benefits for gender equity and mental health.

Special Lecture # 2 June 12th, 2025, 3:00pm – 4:30pm

Chair: Murad Khan

Suicide and self-harm in Sri Lanka: Examining life after self-harm — to explore potential preventive strategies.

Thilini Rajapakse



In 2022 the rate of suicide in Sri Lanka was 15 per 100,000 population, well above the global average. The most common method of suicide was by hanging, with ingestion of pesticides being the second common method. Attempted (non-fatal) self-harm is also a prominent public health issue in the country, most often by medicinal overdoses. But surprisingly, evidence suggests that rates of repeat self-harm are much lower in Sri Lanka (and other South Asian regions) compared to the West. The reasons for this are not known.

In an attempt to understand these phenomena better, we explored the experiences of those who have attempted self-harm by self-poisoning, with timeframes ranging from one year ago, to ten years ago, in both urban and rural settings. Participants described multiple experiences in the aftermath of the self-harm attempt, including a strong sense of regret, shame, and the protective impact of support from close others, especially family. Restriction of access to toxic pesticides remains an important part of suicide and self-harm prevention in Sri Lanka, but it is now also timely to also explore further innovative protective strategies.

Suicide prevention in school settings



Lakshmi Vijayakumar

Suicide rate has decreased in many countries in the last decade. However in many countries there has been an increase in adolescent suicide rates.

Schools are opportune setting for suicide prevention efforts of children and adolescence as they spend most of their day in the school environment.

School based suicide prevention efforts vary widely in their content, target audience, mode of delivery and duration. A recent meta analysis noted improvement in suicide knowledge and awareness, decrease in

suicidal thoughts and behaviours and an increase in help seeking skills.

As part of the spirit project, YAM a school based universal intervention was adapted for Indian culture and context . 3422 school students in 49 clusters underwent the intervention. Suicidal ideation was reduced at the end of 3 months but there was no difference at the end of 12 months.

There is a need to identify the effective components of school suicide interventions and develop a framework which can be easily adapted and contextualised across countries and cultures.

Suicide Prevention Beyond Recognition: Reflections Toward Action in First Nations, Métis, and Inuit Contexts



Jeffrey Ansloos

This presentation offers a critical synthesis of suicide prevention research with First Nations, Métis, and Inuit communities over the past decade, contextualized by Canada's Truth and Reconciliation Commission. It highlights growing recognition of structural and social determinants of suicide—including housing, water access, education, and intergenerational impacts of colonial policy—while underscoring persistent gaps in distinctions-based data, upstream intervention research, and inclusion of diverse knowledge systems.

Disproportionate suicide impacts among Indigenous children, youth,

2SLGBTQ+ people, older adults, women, incarcerated, and unhoused populations reflect broader dynamics of social and economic marginalization. These patterns resonate globally, particularly in contexts shaped by systemic inequity, racialized exclusion, and uneven political attention. The presentation calls for a renewed commitment to human rights-informed suicide prevention that supports both structural and frontline interventions. Insights are offered to inform more responsive research and policy frameworks capable of addressing the complex, layered realities of suicide risk across diverse settings.

Special Lecture # 3 June 12th, 2025, 3:00pm – 4:30pm

Chair: Brian Mishara

21st Century Calling: A Historical Perspective on the Future of Crisis Hotlines



John Draper

In the more than 60 years of their existence, crisis hotlines frequently emerged as a “grassroots” community resource designed to be an alternative to accessing traditional mental health services. After findings from evaluations of American crisis hotlines in the early 21st Century showed they can reduce caller distress and suicidality, several nations have expanded their role as a broad scale public health intervention through 3-digit phone numbers, digital technologies and a professionalization of services. This plenary reviews what we have

learned from the international experience of hotlines about what works, and how decisions about staffing, policy, technologies and outreach are affected by evolving cultural expectations of what crisis lines can do to promote access to care and reduce suicide. How further integrating these non-traditional anonymous services into more traditional behavioral health care systems could transform both these systems and crisis line care in the coming years will be discussed.

Online Suicide Prevention Program: Challenges and Opportunities



Paul Yip

Jockey Club Online Youth Emotional Support, Open Up, is a free 24/7 online text-based counselling service for individuals aged between 11 and 35 years experiencing emotional distress. It is accessible through the Open Up website, WhatsApp, or Facebook anonymously, allowing help-seekers to chat with Open Up counsellors or trained volunteers. The platform has been operating for seven years with the support of the Hong Kong Jockey Club Charities Trust. Open Up has established a close partnership with five local non-governmental organizations (NGOs) and The University of Hong Kong for the operation of Open Up.

Since its 2018 launch, Open Up has had over 500,000 incoming chats and served over 189,000 chat sessions to a diverse user base. Over 56,000 sessions were provided by 875 trained volunteers, demonstrating strong dedication. To improve service quality, Open Up regularly evaluates user needs using data-driven methods. This approach has enabled the development of a text-based service model and the use of technology to enhance efficiency, aiming to better serve help-seekers.

Open Up acknowledges that there is a limit to the service capacity but remains committed to enhancing service efficiency. Open Up has embraced the latest technological advancements, such as Natural Language Processing for text data analysis. This has enabled Open Up to better understand the changes in the mental health landscape among young people and emerging trends in help-seeking behaviours. Open Up has also showcased the use of ChatGPT in Cantonese sentiment analysis, which will be fundamental for text-based analysis in the long term.

Open Up firmly believes that technology enhances counselling and user experience. The commitment to innovation and development has enabled Open Up to provide more effective support to users. As Open Up moves forward, it will continue to explore new technologies to refine the platform and elevate online text-based services worldwide.

Research on work and suicidal behaviour — quo vadis?



Professor Ellenor Mittendorfer-Rutz

The broader field of work and mental health has received worldwide attention due to the focus of the related WHO report in 2022 and the dedication of the World Mental Health Day 2024 to this topic. Research regarding work and suicidal behaviour has traditionally focused on the association between unemployment and suicidal behaviour as well as suicidal behaviour in specific professional groups. During the last approximately 10 years, this field has expanded the focus on the association of characteristics of an adverse psychosocial work environment as well as work disability with subsequent suicidal

behaviour. Moreover, new promising findings have emerged regarding suicide prevention initiatives at the workplace. This invited lecture will present a comprehensive literature summary of the current state-of-the-art knowledge, discuss methodological challenges and how to overcome them as well as provide novel ideas to advance in this emerging research field.

Panel/Round Tables

Panel 1, June 11th, 2025, 2:00pm – 3:00pm

Chair: Rory O'Connor

The Lancet Commission on self-harm: Challenges and Opportunities

Panel: Rory O'Connor, Nav Kapur, Helen Christensen, Paul Moran

The Lancet Commission on self-harm was published in 2024. It describes the scale of self-harm globally, illustrating its complex aetiology and highlighting groups of people at high risk, such as young women and girls. The perspectives of people from low-income and middle-income countries, Indigenous peoples and those with lived and living experience of self-harm are central to the Commission. It makes 12 recommendations which we hope will improve the lives of people who self-harm. It calls for governments across the world to do more to address self-harm and it highlights the need for a step change in societal attitudes and radical redesign of mental health care. It urges the global community to tackle the stigma and prejudice towards people who self-harm and it calls for the punishment of people who self-harm to end. It also recommends a concerted focus on delivering compassionate, person-centred support to people who self-harm, which is co-developed with people with lived and living experience of self-harm. In publishing the Commission, The Lancet has shone a global light on self-harm. The time to act is now. In this panel, we will discuss the Commission recommendations, as well as highlighting the challenges and opportunities that these provide.

Panel 2 June 11th, 2025, 2:00pm – 3:00pm

Chair; Dan Reidenberg

Social media: Hopes and Fears about the Suicide Prevention Field's Scalable Future.

Panel: Meta —Dave Miles, VP Global Head of Safety, Tik Tok — Jessica Di Vento Dzuban, Head of Global Trust and Safety for Mental Health, Snap — Jacqueline Beauchere, Global Head of Platform Safety, Lived Experience — Bronwen Edwards, Founder Roses in the Ocean, Researcher, expert in suicide prevention — Paul Yip

Social media has changed the world. It has connected us in ways never imagined, increased the speed of transmission of information, created entertainment and joy. Social media has also challenged companies, users and governments on issues of privacy, false information, time management, social comparison, and, tragically as well as suicide and self-harm. The news has been

filled with concerns about the use of and impact of social media on people's mental health and increased risk of suicide, with estimates as high as 90% of teens 13–17 use or have social media. According to DataReportal, as of January, 2025, 86.6% of the world's population over the age of 18 (5.24 billion up more than double from 2.07 billion in 2015) are active on social media with the number of social media users worldwide projected to increase to over 6 billion by 2028 (Statista). They also found social media use in terms of time remains significant with internet users worldwide online 143 minutes per day (down from 151 minutes in 2024). A Global Media Statistics study found that the average person has 6.7 social media accounts. Google receives more than 1 billion health related searches every day, and both Meta and YouTube Transparency Reports indicate they are removing 99% of suicide and self-harm violating content daily. Despite this, according to data from several cross-sectional, longitudinal, and empirical research, smartphone and social media use among teenagers relates to an increase in mental distress, self-harming behaviors, and suicidality (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10476631>).

Regulations have been implemented through the Digital Safety Act in the UK, restrictions on age use to those under 16 in Australia has recently been implemented, and various US states now have laws regarding social media and technology use for youth under 18. Two new programs to address some of the issues facing social media and technology on suicide and self-harm include Thrive, the world's only signal sharing platform and Safe Online Standards (SOS). What are the technology companies doing in this space and how can they help the suicide prevention community? During this extraordinary event, three of the world's largest technology companies will come together on one panel to talk about the challenges and opportunities facing them around suicide and self-harm content, policies and practices. A social media user with lived experience, both positive and negative, will share their experience using social media.

Learning objectives:

By the end of the presentation, attendees will be able to identify 3 ways in which technology is advancing suicide prevention.

By the end of the presentation, attendees will have greater knowledge of the challenges of bringing scalable solutions to suicide prevention.

By the end of the presentation, attendees will learn 3 new ways to help patients, consumers, users of social media around online safety.

Panel 3 June 11th, 2025, 2:00pm – 3:00pm

Chair: Jo Robinson and Lakshmi Vijayakumar

Women & Girls

Panel: Puimee Bandara, Pooja Saini, Matthew Spittal, Louise La Sala, Diana van Bergen

Rates of suicide and suicide-related behaviour are increasing in women and girls in many parts of the world however, this is often overlooked.

The factors that contribute to suicide risk are multiple and often reflect a complex interplay between broad social and structural determinants and individual risk factors. But the pathways that lead to suicide in women and girls are not well understood and as a result there is a lack of specific suicide prevention interventions for this population.

IASP has recently developed a task force to examine these topics and to identify opportunities for intervention across all settings, including in low, middle and high-income countries.

This panel, hosted by the Women and Girls Task Force, will discuss key topics impacting suicide and self-harm in women and girls across the lifespan. Topics will include the role of social media, especially among young women, the impacts of domestic and intimate partner violence, sexual orientation and gender, plus the role of sexual and reproductive health.

In addition to discussing the challenges experienced, the panel will have a strong focus on opportunities for intervention and steps IASP can take to tackle this problem

Panel 4 June 13th, 2025, 10:30am – 11:30am

Chair: Ellenor Mittendorfer-Rutz

Refugees

Panel: Nicholas Procter, Lakshmi Vijayakumar, Paul Yip, Samah Jabar

The last 5 years have witnessed a significant increase in the number of people fleeing their countries of origin and seeking refuge in host countries. There are currently over 117 million forcibly displaced people worldwide, and approximately 45 million of these are refugees and asylum-seekers. Despite exposure to substantial adversity, many refugees do not develop clinically significant mental health conditions. Where this does occur, post-traumatic stress and depression are associated with suicidal thoughts and behaviour. At the same time many host countries are implementing harsh policy settings regarding asylum and refugee applications. There is growing evidence of restrictive policy settings being associated with worsening mental health. Today's panel will consider these issues and much more. Specifically, factors that are associated with good mental health in refugees and best practices in suicide prevention to inform governments, policymakers, practitioners and researchers working with refugees.

Panel 5 June 13th, 2025, 10:30am – 11:30am

Chair: Vanda Scott

Partnerships for Life

Partnerships for Life (PfL), launched in 2021, is a flagship initiative of the International Association for Suicide Prevention (IASP) that promotes the planning, implementation and evaluation of national suicide prevention strategies (NSPSs) worldwide and encourages cross-national collaboration within and between the World Health Organization's six world regions. PfL aims to expedite efforts globally to reduce the incidence of suicidal behaviour by sharing expert knowledge, skills and experience across all borders, thereby contributing to effective suicide prevention action. During this panel, several key issues relating to Partnerships for Life (including but not restricted to: learning from the first four years of operation, barriers to and facilitators of progress, future strategic and operational plans, and meeting the challenges of evaluation) will be discussed by a group of experts who have key leadership roles in four global regions within the programme:

Anish V Cherian, Additional Professor of Psychiatric Social Work & Lead, NIMHANS – Suicide Prevention, Research, Implementation, Training, and Engagement (N-SPRITE) Centre, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India.

Kairi Kölves, Professor, Australian Institute for Suicide Research and Prevention and Director, WHO Collaborating Centre for Research and Training in Suicide Prevention, Griffith University, Australia.

Ingrid Lui, Research Assistant, The Hong Kong Jockey Club Centre for Suicide Research and Prevention, University of Hong Kong.

Thomas Niederkrotenthaler, Professor in Public Health, Head of Public Mental Health Unit, Centre for Public Health, Medical University, Vienna, Austria.

Steve Platt, Emeritus Professor of Health Policy Research, Usher Institute, University of Edinburgh, Scotland, UK.

Mark Sinyor, Psychiatrist, Sunnybrook Health Sciences Centre, and Associate Professor, Department of Psychiatry, University of Toronto, Canada.

The panel will be moderated by Vanda Scott OBE, Chair of the International Advisory Council to the International Association for Suicide Prevention.

Panel 6 June 13th, 2025, 10:30am – 11:30am

Chair: Alexandra Pitman

A public health approach to suicide prevention: Insights from the recent Lancet Public Health Series

Panel members: Jane Pirkis, Keith Hawton, Murad Khan

In 2024, the Lancet Public Health published an invited Series on a public health approach to suicide prevention. This panel involves five of the Series authors who will lead a discussion about why a public health approach is needed and how it might best be implemented. The crux of the discussion is that the social determinants of suicide (e.g., financial hardship, domestic violence and abuse) have received insufficient policy attention to date, and if we are serious about reducing the global suicide rate we need to rectify this. We need strong whole-of-government commitment to tackle major social determinants of suicide at their source. We also need high-quality data and methodologically rigorous evaluation to monitor the success of this approach.

Panel 7 June 11th, 2025, 10.30am – 12.00noon

TikTok Panel

Panel Members: Jessica DiVento Dzuban (Head Global Mental Health Policy, TikTok) Lived Experience Org (either United Survivors International or Roses in the Ocean), WHO creator, Dr. Dan Reidenberg (IASP)

Moderator: Dr. Dan Reidenberg (IASP)

The panel would highlight our collaboration with the lived experience community, showcasing how we incorporate their language suggestions into our in-app prompts. It could also feature our partnerships and spotlight a WHO creator, demonstrating how we integrate expert and lived experience feedback into policy, product updates, and language choices. Additionally, we can emphasize how we're elevating evidence-based content to reach people's For You Feeds (FYFs) globally.

1. (Opening Question to All)

"Today's discussion highlights the integration of lived experience and expert feedback into TikTok's mental health content. Can each of you briefly share your role in this collaboration and how it's impacting the platform's approach to mental health messaging?"

Question to TikTok Representative:

1. "TikTok is a platform with a global reach, and people share mental health content on the platform. Can you tell us a bit about how TikTok approaches what is and isn't allowed when it comes to mental health content, and how do you support folks who share their story?"

2. "What role does the 'For You Page' play in elevating mental health content, and how are you optimizing the visibility of these resources globally?"

3. "Can you share an example of a recent policy or product update where feedback from lived experience organizations significantly shaped the outcome?"

Lived Experience Organization Representative (United Survivors International or Roses in the Ocean)

1. "From your perspective, how does TikTok's approach to collaborating with the lived experience community impact the mental health support available to users?"

2. "Can you speak to the importance of language when it comes to mental health content? How have you seen TikTok incorporate suggestions from the lived experience community to make their content more inclusive and supportive?"

3. "In your experience, what are the key challenges when it comes to ensuring that the voices of people with lived experience are truly heard and integrated into platforms like TikTok?"

WHO Creator

1. "As a content creator working with the WHO, how do you ensure that the mental health content you produce is accessible and resonates with a global audience on TikTok?"

2. "What's the role of evidence-based content in your work? How do you balance this with the need to create content that feels authentic and relatable to users?"

3. "What are some challenges you face in creating mental health content that is both informative and engaging, especially given the fast-paced nature of platforms like TikTok?"

IASP Representative (Dr. Dan Reidenberg)

1. "As the moderator and an expert in suicide prevention, how do you see platforms like TikTok contributing to global efforts around mental health awareness and prevention?"

2. "With your work in the International Association for Suicide Prevention (IASP), how do you view the role of lived experience in shaping mental health policies and initiatives on social media platforms?"

3. "In your experience, what are the key elements that make mental health content on social media effective? How can these platforms balance being supportive while maintaining safety and evidence-based practices?"

4. "What do you think are the next steps for collaborations like the one we're discussing today, especially in terms of improving the reach and impact of mental health resources worldwide?"

Closing Question to All Panelists

"Looking ahead, what are your hopes for the future of mental health content on platforms like TikTok, and how can we continue to improve the way we use digital spaces to support individuals' well-being?"

Pecha Kucha

Pecha Kucha June 11th, 2025, 7:00pm – 10:00pm The Social Hub

Host: Rory O'Connor

Access to Healthcare and Suicide Mortality in Chile: A Descriptive Study of Psychological Autopsies

Dr Martina Mella Lukács

Universidad de los Andes

Background: In Chile, 1,800 people die annually from suicide, with gender disparities and increasing rates among adolescents. Psychological autopsies (PAs) are used to investigate suicide cases, but little is known about access to primary healthcare (PHC) and specialized mental health care (MHC) among these individuals. Objectives: To evaluate PHC access in individuals who died by suicide in Chile using PAs data. Methodology: A retrospective study analyzed PAs conducted in Chile (2014–2019) using data obtained via Transparency Law. Sociodemographic data, suicide methods, healthcare access, and health diagnoses were analyzed. Results: Of 46 cases analyzed, 69.6% were male, 50% aged 10–29 years. While 61% accessed PHC, only 22% accessed specialized MHC. Substance use disorder was the most prevalent diagnosis, followed by mood disorders. Women accessed PHC more than men. Conclusions: Findings reveal gaps in healthcare access, highlighting the need for strengthened PHC and targeted prevention for high-risk groups in Chile.

Suicide, Social Media and LGBTQ+ Youth: Insights from a National Study

Charlie Cooper

Monash University and Orygen, Centre for Youth Mental Health, University of Melbourne

LGBTQ+ youth are disproportionately affected by self-harm and suicide, yet little is known about how they engage with self-harm and suicide-related content on social media. In this presentation, I will share results from a national cross-sectional survey (conducted Jan–Mar 2024) that investigated LGBTQ+ individuals' engagement with self-harm and suicide-related content, perceived impacts, psychological distress, and views on platform regulation and safety features. Descriptive statistics examined exposure, content creation, wellbeing impacts, and suicide-related help-seeking on social media. Regression models assessed associations with distress, LGBTQ+ identity, and lived experience. Subgroup analyses explored differences across LGBTQ+ cohorts. Over 90% of LGBTQ+ young people reported exposure to suicide-related content, most before age 16. LGBTQ+ individuals had twice the odds of exposure compared to their non-LGBTQ+ peers, and 38% used social media to seek support - more than double the proportion of non-LGBTQ+ participants. Nineteen percent reported engaging in self-harm following exposure. These findings raise concerns about algorithmic amplification of harmful content and highlight the need for LGBTQ+-informed platform policies and safer digital help-seeking environments.

Suicide among patients with dementia: analysis of national consecutive suicide case series data

Hamish Naismith

Alzheimer's Society clinical research fellow, University College London

Recent studies have found that an elevated risk of suicide in the 3 months after dementia diagnosis and in under 65s with young-onset dementia. We were interested in analysing characteristics of patients with dementia who died by suicide using the National Confidential Inquiry into Suicide (NCISH) case series for all years available (1996–2021). We compared characteristics of patients with young-onset dementia and late-onset dementia (based on diagnosis pre/post 65). There were 462 patients with a diagnosis of dementia: in 308 patients dementia was their primary diagnosis. Young-onset dementia patients were more likely to have an additional psychiatric diagnosis compared to patients with late-onset dementia (67.9% vs. 31.1%, respectively). Depression was the most common psychiatric comorbidity, followed by anxiety and alcohol misuse. The findings will

improve our understanding of suicide risk factors in people with dementia, which could have important implications for support delivered after a dementia diagnosis.

Developing and producing a short film on suicide: Perspectives from filmmakers

Madeleine Jaeger

Medical University of Vienna

The portrayal of suicide is a common theme in film and the accurate and sage portrayal is a public health priority. However, there are currently no studies available that have explored how filmmakers experience the production of a film on suicide. In this study, we interviewed members of a professional film team that produced a short film about a suicidal crisis. Preliminary results show that team members reported some negative mental health impacts of their exposure to suicidal ideation and behavior in the film plot. This impact depended strongly on the role and individual involvement in the film production. While individuals with high involvement in the production reported negative effects on their mental health, individuals with less creative involvement were not much affected. The findings highlight the importance of careful communication within the team, reflection about one's own mental health, and supervision of filmmakers during the development and production process.

Balancing Safety and Support: User Experiences of Social Media Restrictions on Self-Harm Content

Dr Amanda Marchant

National Centre for Suicide Prevention and Self-Harm Research, Swansea University

This presentation explores how social media policies on self-harm content impact users' experiences of safety, support, and community. This presentation draws on findings from previous systematic reviews and a collaborative study with Samaritans. In this study we conducted a national survey and in-depth interviews to explore user experiences of changes to social media platforms policies and restrictions related to self-harm content. Participants reflected on the necessity of restrictions for safety, the value of online communities and negative experiences of censoring such as removal of posts where healed self-harm scars are visible. Improvements to signposting, stronger age verification and greater control over content were discussed. To our knowledge this is the first study to directly capture user perspectives, including those with a history of self-harm, on platform policies. Findings highlight the need for evidence-based approaches that protect safety whilst harnessing supportive online spaces

A comprehensive model of LGBTQ+ youth suicide attempts to advance LGBTQ+-specific and sensitive suicide prevention.

Tobias Kuhnert

LGBTQ+ youth are particularly vulnerable to suicide attempts, and existing models either lack consideration of broader living situations or fail to account for specificities of LGBTQ+ youth suicide attempts. Our Grounded Theory study investigated the dynamics, background, and subjective meaning of suicide attempts among LGBTQ+ youth, their experiences with care and support, and the role of SOGI (sexual orientation and gender identity). We conducted qualitative interviews with LGBTQ+ youth in Switzerland who had attempted suicide, and their social environment. The study identified three types to describe the role of SOGI in the suicide attempt process: SOGI-related factors as the main drivers; general factors as the primary reasons; and a combination of both. This empirical model provides a foundation for the development and advancement of LGBTQ+-specific and -sensitive suicide prevention strategies, as well as their coordination with and acknowledgement by general suicide prevention strategies and public health policy.

Symposium

Symposium #1 June 11th, 2025, 10:30am – 12:00noon

Chair: Dr Lakshmi Vijayakumar

Suicidality in women: Understanding the female perspective

Dr Lakshmi Vijayakumar^{1,2}, Dr Nina Krohne^{3,4}, Professor Pooja Saini⁵, Professor Silvia Canetto⁷

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The presenting authors do not have any conflicts of interest to disclose, financial or otherwise.

Suicidal thoughts and behaviours among women and girls are a significant public health issue, particularly in low- and middle-income countries. Women and girls experience higher rates of suicide ideation, self-harm and suicide attempts. Global rates of suicide have traditionally been higher for males compared with females; however, over recent years there has been an increase in rates of suicide in women and girls.

This symposia will bring together research and lived experience expertise from India, Slovenia, England and the United States to examine suicidality in women. Specifically, this symposia will include (1) a discussion of suicide rates and the related risk factors in low-and-middle income countries where the male to female ratio of suicide deaths is 1.5 compared to 3.5, (2) an investigation of the role of intimate partner violence and suicidality in women, (3) a lived experience perspective on suicide, (4) an examination of the relationship between menopause and suicide and (5) a cultural scripts perspective of suicidality in women.

Suicide in Women in Low- and Middle-Income countries

Lakshmi Vijayakumar

Learning objective: Attendees will have a greater understanding of suicide among women in low-and-middle-income countries.

Seventy-six (76%) percent of suicide occur in low- and middle-income countries (LAMICS) with majority occurring in Asian region with young woman forming a particularly vulnerable group. The male female ratio of suicide in LAMICS is 1.5 compared 3.5 in high income countries signifying that more woman die by suicide in these countries compared to woman in developed countries. In South East Asian region the suicide rate is high in woman between 15 to 29 years of age.

Suicides due to family problems, marital conflict, love failure, extra marital affairs, divorce and illegitimate pregnancy and other conflicts related to marriage are common in Asian women. Unique cultural factors like dowry, one child norm, preference for male child are considerable stressors for young women of Asia. The frequent occurrence of suicide pacts and family suicides where women outnumber men are seen in India, Sri Lanka and China. Considering the human and economic resource constraints, suicide prevention strategies should be “nested” in programmes which addresses education, economic empowerment and enhanced social status of woman.

Suicidality in Women: Understanding and Addressing the Role of Intimate Partner Violence

Nina Krohne, Diego De Leo, Vita Poštuvan

Learning objective: Participants will gain a comprehensive understanding of the intricate interplay between risk factors and resilience mechanisms underlying the suicidality of female intimate partner violence survivors. Additionally, they will be provided with evidence-informed strategies for applying this knowledge to develop targeted interventions.

The evidence concerning intimate partner violence (IPV) and suicidality in women is conclusive – IPV survivors repeatedly show an increased risk of suicidal ideation, attempts, and death by suicide. In this presentation, we aim to elaborate on this association, explore the underlying mechanisms explaining it, and suggest possible intervention approaches.

Through an online panel, we surveyed a representative sample of 1,016 adult women from Slovenia. Subsequently, we identified 275 women who experienced IPV in their lifetime.

Our study reveals that approximately one-third of adult women in Slovenia have experienced some form of IPV, encompassing emotional, physical, and sexual abuse. These individuals exhibited a 50–100% higher likelihood of experiencing some form of suicidality compared to those without IPV experiences. Cluster analysis identified four distinct groups of IPV survivors, categorized by different levels of risk and resilience related to suicidality. The clusters resulted in a model called The IPV Risk-to-Resilience Spectrum Matrix, enabling deeper insight into the suicidality of IPV survivors. Our findings highlight the critical need for targeted screening and intervention for suicidal ideation among IPV survivors. The IPV Risk-to-Resilience Spectrum Matrix offers a valuable theoretical framework for understanding and addressing suicidality in this group. By mapping survivors onto this spectrum, we can tailor intervention strategies more effectively, recognizing the varied impacts of IPV on individuals and ensuring personalized care.

Menopause and Suicide: A Systematic Review

Olivia Hendriks, Jason C. McIntyre, Abigail K. Rose, Laura Sambrook, Daniel Reisel, Clair Crockett, Louise Newson, **Pooja Saini**

Learning objective: To examine and appraise the existing research on the relationship between menopause and suicide risk, highlight potential gaps in the current literature, and suggest recommendations for future research and healthcare.

The menopausal transition is a critical phase in a woman's life marked by hormonal fluctuations that can result in a wide variety of physical and psychological symptoms. These symptoms vary in strength and their negative impacts on women's health and well-being. One of the most severe impacts of (peri)menopause is increased vulnerability to suicidality in some women, yet no systematic review has examined the holistic relationship regarding this potential link.

Following PRISMA guidelines, a systematic search was conducted across MedLine, CINAHL, PsychINFO, Web of Science, and Cochrane Library to identify studies addressing (1) menopause and (2) suicidality. Studies were screened independently by two reviewers, with data extraction focused on suicidal ideation, attempts, and completed suicide among menopausal women. The quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT). Seventeen studies published between 1987 and 2023 met the inclusion criteria. The majority found an association between the menopausal transition and increased suicidality, particularly in perimenopausal women. Hormonal changes, pre-existing mental health conditions, physical symptoms, and limited social support emerged as key factors associated with increased suicide risk. Three studies did not find a significant link. Menopause appears to be associated with an elevated risk of suicidality, particularly during perimenopause. The review highlights the importance of integrating mental health support within menopause care and suggests further research to clarify the mechanisms underpinning suicide risk during the menopausal transition. Enhanced screening and supportive interventions may benefit menopausal women experiencing suicidality.

Women and suicidality: A cultural scripts perspective

Silvia Sara Canetto

Learning objective: The learning objective of this presentation is for attendees to learn about the persisting myths about female suicidality, and about the value of taking a cultural perspective on female suicidality in terms of theory and research about, and the prevention of female suicidality.

A dominant idea in suicidology is that women's suicidality is basically the same everywhere, in terms of triggers, motives and outcomes. A prevailing belief is that women everywhere are suicidal because of relatively trivial emotional or relationship problems; and that everywhere women are less likely to die of suicide because they are not serious about suicide and because they are not psychologically capable to take their lives; in contrast to men's suicidality, which is believed to be driven by major impersonal (e.g., an illness) or social/economic (e.g., unemployment) adversities, and therefore tragically, deliberately if not unambivalently fatal. In this presentation I challenge, based on evidence, these lingering dated and biased views of female suicidality; and I propose, based on evidence, new ways to understand female suicidality. I start with a review of the often-overlooked variability in the triggers, motives and outcomes of women's suicidality, with examples across communities and countries. Next, I describe cultural-scripts theory of suicidality and discuss how taking a cultural-scripts perspective helps making sense of the differences and of the similarities in women's suicidality across communities and countries, and by intersectionalities of, for example, age. My presentation ends with examples of how taking a cultural-scripts perspective on female suicidality stimulates new ideas for its prevention.

Symposium #2 June 11th, 2025, 10:30am – 12:00noon

Chair: Dr. Lennart Reifels

Accelerating research translation in suicide prevention

Dr Lennart Reifels¹, Ms Sadhvi Krishnamoorthy², **Prof Kairi Kõlves**², **Ms Bronwen Edwards**³, **Professor Fiona Shand**⁴, **Dr Karl Andriessen**¹, Dr Trisnasari Fraser¹, Dr Karolina Kryszinska¹, Dr Mohammed Owais Qureshi⁴, Associate Professor Michelle Tye⁴, A/Pro Mark Larsen⁴, Dr Sandra Diminic⁵, Dr Claudia Pagliaro⁵, Ms Eryn Wright⁵, Mr Manuel Wailan⁵, Dr Jaelea Skehan⁶, Ms Kate Campbell⁶, Mr Max Tran⁶, A/Prof Amanda Neil⁷, Prof Gregory Carter⁸, Dr Alison Asche⁹, Mr Mark Bekerman⁹, Professor Jo Robinson¹⁰, Prof Andrea Phelps¹¹, Prof Sandra Eades¹², Associate Professor Dianne Currier¹, Professor Jane Pirkis¹

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Australia, ⁶Everymind, Newcastle, Australia, ⁷Menzies Institute for Medical Research, University of

Tasmania, Hobart, Australia, ⁸Calvary Mater, Newcastle, Australia, ⁹Eastern Melbourne Primary Health

Network, Box Hill, Australia, ¹⁰Orygen, The University of Melbourne, Parkville, Australia, ¹¹Phoenix

Australia, The University of Melbourne, Carlton, Australia, ¹²Faculty of Medicine, Dentistry and Health

Sciences, The University of Melbourne, Carlton, Australia

Overall Abstract/Concept: Utilising the best available evidence on what we know to work in suicide prevention and translating it into effective supports for those at risk, and in the places and ways that matter most, is key to addressing the global public health challenge of suicide. Effective research translation in suicide prevention requires input from multiple stakeholders (including researchers, people with lived experience, communities, service providers, and policy makers) and a concerted approach that enables evidence-informed decision-making in policy and practice.

This symposium will feature five presentations that showcase a national approach and key initiatives to mobilise the evidence, drive effective research translation, support practical implementation and

evidence-informed decision making in suicide prevention. The featured initiatives will outline useful tools and practical resources to advance research translation in the broader suicide prevention field.

This symposium will be of relevance to a wide range of sector stakeholders with an interest or role in advancing the collective impact of suicide prevention whilst providing a model and key strategies that can be readily utilised and adapted by countries at the global stage to accelerate research translation in suicide prevention.

Lifeways — A concerted approach to drive research translation (L Reifels)

Lifeways is a national consortium led by The University of Melbourne and conducted with key partners from seven other universities and non-government organisations with the aim to strengthen Australian suicide prevention research and facilitate its effective translation into policy and practice. Lifeways is delivered via five interrelated workstreams that focus on consulting with stakeholders, strengthening the evidence base, creating translational tools, implementing change, and building capacity. To enhance broader utility and impact, all Lifeways initiatives are directly informed by identified sector needs, lived experience perspectives, and conducted with relevant stakeholders, experts, and end users in mind. This presentation will outline the overall Lifeways approach and highlight current key initiatives and translational tools, including a new national service planning model for suicide prevention, the suicide prevention implementation hub, and a suite of systematic reviews and translational tools that can be readily utilised and adapted by stakeholders at the global stage to accelerate and drive effective research translation in suicide prevention.

Learning objective: To gain insights into a national approach to driving research translation in suicide prevention that can be readily utilised and adapted by stakeholders at the global stage.

Harnessing implementation science for suicide prevention and research: An international Delphi expert consensus study (K Kolves)

Objectives: Suicide research and prevention are complex. Many practical, methodological, and ethical challenges must be overcome to implement effective suicide prevention interventions. Implementation science can offer insights into what works, why, and in what context. Yet, there are limited real-world examples of the application of implementation science in suicide prevention. This study aimed to identify approaches to employ principles of implementation science to tackle important challenges in suicide prevention

Methods: A questionnaire on harnessing implementation science for suicide prevention was developed, guided by a thematic analysis of stakeholder narratives. Statements were categorized into six domains: research priorities, practical considerations, intervention design and delivery, lived experience engagement, dissemination, and future directions. The questionnaire underwent three rounds of administration: round 1 – 52 statements, 62 international experts; round 2 – 44 statements, 48 experts; and round 3 – 9 statements, 45 experts. The panel included suicide researchers, leaders, project team members, and lived experience advocates. Participants rated each statement on a Likert scale based on importance and priority. Statements endorsed by at least 85% of the panel were included in the final guidelines.

Results: Eighty-two of the 90 statements were endorsed for inclusion in the final guidelines. The recommendations emphasized broadening research inquiries to assess overall program impact; addressing resource needs in translating evidence into practice; integrating implementation science into intervention design and delivery; engaging individuals with lived experience in meaningful ways; identifying effective channels for disseminating implementation-related findings; prioritising next steps to routinely leverage the strengths of implementation science in suicide prevention research, practice, and training.

Conclusion: An interdisciplinary panel of suicide prevention experts reached consensus on optimal strategies for using implementation science to enhance the effectiveness of policies and programs aimed at reducing suicide.

Learning objective: To appreciate key findings and recommendations from the International Delphi Expert Consensus Study and identify future pathways for harnessing implementation science to address suicide prevention related challenges.

Finding creative ways to measure impact of non-clinical peer led services (B Edwards)

With the welcomed emergence of non-clinical peer led services amidst a suicide prevention system that is still largely dominated by traditional services, it is important that we collectively capture evidence of the outcomes and impact of these alternatives. Non-clinical services offer no-wrong-door peer-based supports designed to provide a safe place for people with a lived experience of suicide to connect with others with a similar lived experience of suicide through mutuality. Offering an alternative to existing clinical and community-based supports, access to services does not require referral, intake, triage or assessment processes.

Recent attempts to evaluate and research safe spaces and other non-clinical peer led services have experienced difficulty in capturing key feedback from guests (service users) who are currently utilising, or have recently accessed these services. This is of course completely understandable, given that many guests are experiencing emotional distress or suicidal crisis.

This presentation provides an overview of a program of work in Australia being led through a partnership between researchers and people with lived experience to co-design innovative ways to capture this most valuable real time information in a way that is simple, quick and unobtrusive, as well as honouring the principles of non-clinical services.

An initial workshop, conducted at the national Lived Experience SUMMIT in Brisbane with people with lived experience of suicide and other stakeholders resulted in a report identifying key barriers to collecting critical information and feedback and offering possible solutions. This was then followed by another workshop with researchers to reflect on

the findings and further elaborate possible approaches.

This presentation will present the findings from this initial phase of the project and provide an overview of the work that will continue through a series of co-design activities, prototyping, piloting and evaluating various innovative data collection methodologies. Ultimately the goal is to translate research findings and co-design outputs into improved evaluation practice to support real time continuous improvement in non-clinical peer led services.

Learning objective: To appreciate how traditional research methods can present barriers to engaging guests of non-clinical peer-led services and how creative, less obtrusive ways of measuring effectiveness will enable translation of findings into continuous real time improvements.

Mobilising the evidence to address social determinants of suicide (F Shand)

Objectives: Suicide is a complex interaction between social, economic, cultural, historic, and individual factors. While there are many evidence reviews of individual-level treatments, we lack a clear understanding of the evidence to address the social determinants of suicide. This project aims to synthesise evidence for interventions for social determinants at various levels of government and society, and to develop a framework of interventions for regional suicide prevention networks that can be tailored to local needs.

Methods: A systematic review was conducted to identify all studies that address the social determinants of suicide that measured a suicide outcome. We searched in PubMed, PsychInfo, and

ERIC. We identified level of implementation (national, state, or local), effectiveness of the intervention, target population, study design, and country.

Results: Searches returned 21,325 papers, with 64 studies included in the final review. Studies were spread across national, state, and local level interventions, with most conducted in high income countries.

Conclusion: Findings will lead into broader consultations and design workshops to develop regional frameworks to address social determinants of suicide.

Learning objective: To understand evidence-based interventions to address the social determinants of suicide at the national, state, and regional level.

Guiding effective postvention protocol responses: A Delphi consensus study (K Andriessen)

Background: Suicide postvention involves a range of services that provide immediate and ongoing support for those bereaved by suicide. Effective postvention is understood to contribute towards suicide prevention and therefore represents a key component of suicide prevention strategies. Currently there are several regional suicide postvention protocols and response groups operating at varying stages in Australia. However, little evidence and guidance is available for developing and implementing postvention protocols.

Aims: The study aims to develop the evidence base for best practice implementation of regional suicide postvention protocol response groups. The study supports work by the Eastern Melbourne Primary Health Network (EMPHN) in establishing regional suicide postvention protocol response groups and will inform the development of an implementation guide as a next step in the overall project.

Methods: We designed a two-round Delphi expert consensus study. The study survey includes statements on key aspects of the implementation of regional postvention protocol response groups (e.g., establishment, stakeholder engagement, governance, practice principles, operational aspects, external communication, data surveillance, preventative capacity, sustainability). The statements have been extracted from thematic workshops conducted by EMPHN community of practice, as well as scientific and grey literature. The expert panels consist of (i) postvention protocol response group members and postvention experts, and (ii) relevant community representatives and people bereaved by suicide. Panellists rate each statement on a Likert scale. Statements rated by 80% or more of panellists as “essential” or “important” across both panels will be included.

Discussion: The study, currently ongoing, aligns with a growing interest in suicide prevention protocols nationally, supported by the Fifth National Mental Health and Suicide Prevention Plan. An update on the findings will be presented at the conference.

This study builds on existing work by EMPHN and other groups, creating links between research and service provision and ensuring high research impact. The Delphi consensus method is an ideal approach to improve our understanding of best practice implementation of suicide postvention protocol response groups, given the empirical gap in knowledge in this field, and the complex systemic nature of postvention protocol response group implementation. Development of guidelines will generate new insights to move postvention protocol response group implementation forward.

Learning objective: To appreciate initial findings of the Delphi consensus study and emerging topics regarding the development and implementation of regional postvention protocol response groups.

Harnessing Intersectoral Collaboration to Advance Suicide Prevention: Innovations and Integrated Approaches

Dr Karen Scavacini^{1,2}, Evaluation of national suicide prevention strategies: systematic review and meta-analysis Camila Altavini^{3,2}, Dr Carlos Felipe D'Oliveira², Ms Raquel Pinheiro Niehues Antoniassi², Loren Beiran⁴

¹Instituto Vita Alere, São Paulo, Brazil, ²ABEPS – Brazilian Association for Studies and Suicide Prevention, Maringá, Brazil, ³Universidade de Brasília, Brasília, Brazil, ⁴Institute of Psychiatry of the Hospital das Clínicas, Faculty of Medicine, University of São Paulo, São Paulo, Brazil

Suicide prevention is a complex and multifaceted challenge requiring coordinated efforts across multiple sectors. While mental health services play a crucial role, preventing suicide demands an integrated approach that involves public health, education, social assistance, communication, technology, and public security. This symposium explores how intersectoral collaboration can enhance prevention strategies, improve early identification of at-risk individuals, and foster sustainable interventions.

The session will feature five presentations, each addressing a critical aspect of intersectoral suicide prevention. The first will analyze the gaps in Brazil's national suicide prevention strategy and the consequences of limited coordination between sectors. The second will examine the role of communication, digital platforms, and campaigns in raising awareness and reaching vulnerable populations effectively. The third will highlight Cabo Verde's pioneering intersectoral approach, offering lessons that can be adapted to other settings. The fourth will focus on the case of Maringá, where a municipal committee successfully implemented intersectoral suicide prevention measures, facing both achievements and challenges. The final presentation will showcase the development of a multidisciplinary outpatient clinic at a leading Brazilian hospital, emphasizing the integration of research, assistance, and teaching in suicide prevention.

Suicide Prevention in Brazil: Intersectoral Challenges in a Diverse Society

Considering the notable social and cultural diversity in Brazil, our national healthcare system works under the principles of equity and decentralization. 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. Despite its complexity, suicide prevention in Brazil often lacks the intersectoral coordination necessary to address underlying factors effectively. Integrated and coordinated actions are essential, involving multiple sectors such as health, social assistance, education, politics, communication, technology, and others. Challenges faced for the development of such strategies in Brazil include limited research funding, which hinders comprehensive data collection and analysis. Implementing coordinated and integrated strategies is further complicated by regional disparities and economic inequalities. Improving vital statistics and hospitalization registers is also necessary for proper research with official reliable data, which in turn could help tailoring intersectoral strategies addressing regional and local specificities. Addressing these challenges is crucial for creating an effective and cohesive national strategy for suicide prevention in Brazil. This presentation will explore how siloed strategies, with limited collaboration between public health, education, social assistance, and security sectors, hinder progress. Specific case studies and data will illustrate how gaps in intersectoral collaboration impact suicide prevention outcomes, emphasizing the urgent need for integrated and comprehensive frameworks. Recommendations for fostering collaboration and improving outcomes in the Brazilian context will be presented.

Learning Objective: Participants will understand the current state of suicide prevention in Brazil, including challenges and gaps for intersectoral strategies. They will also learn about the importance of an intersectoral approach for suicide prevention, addressing the populations' needs and explore pathways to enhance collaboration across sectors.

Communication, the Digital World, and Campaigns: Driving Awareness and Engagement

In the digital era, communication and technology play an increasingly central role in suicide prevention. This presentation will explore how intersectoral collaboration – combining the expertise of communication professionals, technology platforms, and public health stakeholders – can create impactful campaigns and interventions. The discussion will focus on three core areas: 1) utilizing social media platforms to disseminate evidence-based messages and raise awareness,

2) developing targeted, data-driven campaigns to engage at-risk populations, and 3) fostering digital literacy to ensure safe and effective interactions online. Key themes will include leveraging social media for campaigns, promoting digital literacy, and using data-driven approaches to design targeted interventions. Examples of effective digital campaigns will be shared, along with insights into ethical considerations and minimizing risks associated with digital platforms.

Learning Objective: Participants will explore how communication strategies and digital tools, supported by intersectoral collaboration, can amplify suicide prevention campaigns and foster meaningful community engagement.

Cabo Verde's Intersectoral Suicide Prevention Strategy: Lessons Learned

Cabo Verde has developed a pioneering intersectoral approach to suicide prevention, leveraging collaboration between health, education, and community sectors. This presentation will explore the key components of this strategy, highlighting the integration of culturally sensitive practices, community-based interventions, and policy-driven initiatives. Lessons learned from Cabo Verde's experience will be discussed, with a focus on how these practices can be adapted to other contexts.

Learning Objective: Participants will gain insights into Cabo Verde's intersectoral suicide prevention strategy and learn how to adapt successful elements to their own contexts. For example, identifying the intersectoral representatives and their responsibility and role in sustainability of the Strategy.

An Intersectoral Suicide Prevention and Postvention Program in a Municipal Public Health System: proposals, perspectives and limitations

Brazil's legal framework for suicide prevention, including Law No. 1876/2006 and Law No. 3.819/2019, highlights the importance of intersectoral strategies. However, practical implementation remains inconsistent. This presentation will analyze the experience of Maringá-PR, where a Suicide Prevention and Postvention Municipal Committee was established in 2015 to coordinate mental health interventions across sectors.

The committee led impactful initiatives, such as training 740 healthcare professionals, streamlining mental health service referrals, monitoring self-inflicted violence cases, and fostering public-private partnerships. Despite early success, challenges arose, including the departure of key personnel, the COVID-19 pandemic, and political shifts that disrupted continuity. These setbacks underscore the fragility of intersectoral structures when institutional commitment wanes.

This session will discuss lessons learned from Maringá's efforts, highlighting the importance of sustained political will, cross-sector partnerships, and adaptive governance. The case study will serve as a critical reflection on the necessity of long-term, structural integration of suicide prevention policies beyond electoral cycles. Participants will explore strategies to reinforce intersectoral collaboration and ensure resilience in suicide prevention frameworks.

Learning Objective: Participants will examine the case of Maringá, identifying both successes and challenges in intersectoral suicide prevention and discussing strategies for sustainability and resilience.

Lessons Learned from Creating a Multidisciplinary Outpatient Clinic for Treatment-Resistant Depression, Self-Injurious Behaviors, and Suicidality at a Brazilian hospital

Suicide prevention requires specialized care. The Outpatient Clinic for Treatment-Resistant Depression, Self-Injurious Behaviors, and Suicidality at the Institute of Psychiatry of the Hospital das Clínicas, Faculty of Medicine, USP, was established in 2024 to address this gap, offering an integrated, multidisciplinary approach.

Our clinical model is grounded in evidence-based practices, starting with an extensive review of the scientific literature to identify the most effective interventions. From this foundation, we adapted these strategies to the Brazilian context, a low- and middle-income country (LMIC) with unique socioeconomic and cultural particularities. This process involved not only ensuring the feasibility of interventions within the Brazilian public health system but also considering cultural factors that influence treatment adherence and mental health care access.

The clinic is structured around three core objectives: 1) Assistance: Providing specialized care for individuals at high suicide risk within the public health system, ensuring access to tailored interventions that address suicidality; 2) Research: Contributing to the advancement of suicide prevention and treatment by collecting and analyzing clinical data, generating scientific evidence, and sharing insights on the management of complex cases; 3) Teaching: We train a multidisciplinary team of psychology residents and psychiatry, psychology, nutrition, and nursing interns, fostering professional development in suicide prevention and complex case management.

The clinic provides comprehensive, multidisciplinary treatment, including pharmacological interventions, biological therapies (such as electroconvulsive therapy and ketamine infusion), and evidence-based psychotherapies (CBT, DBT, and others). Additionally, our approach includes specialized nutritional support, and a dedicated nursing team trained in suicide prevention and complex case management. This coordinated approach aims to improve patient outcomes by addressing the multifactorial nature of suicidality, ensuring holistic and integrated care.

This presentation will explore the step-by-step process of implementing an evidence-based outpatient clinic in a resource-limited setting, discussing challenges such as resource allocation, workforce training, and cultural adaptation. We will share key lessons learned from treating individuals with high suicide risk, emphasizing the need for continuous assessment and refinement of therapeutic strategies. Additionally, we will highlight insights into the determinants of treatment of suicidality, with the goal of improving interventions and ultimately reducing suicide risk.

Learning Objectives: Understand the process of adapting evidence-based interventions for suicidality to a low- and middle-income country context.

Explore the benefits of a multidisciplinary, intersectoral approach to suicide prevention in individuals with severe mental health conditions.

Identify key strategies for cultural adaptation, implementation challenges, and solutions to enhance patient outcomes in resource-limited settings.

Symposium #4 June 11th, 2025, 10:30am – 12:00noon

Chair: Dr. Shira Barzilay

Integrating Digital and Experimental Approaches to Uncover Suicide Behavior Phenotypes **Dr. Shira Barzilay^{2,3}, Prof Enrique Baca-Garcia⁴, Dr. Philippe Courtet¹, Mr. Oren Shahnovsky^{2,3}, Professor Alan Apter^{3,5}**

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This symposium explores the integration of digital and experimental methodologies to advance the understanding and prevention of suicidal behaviors. By combining cutting-edge technologies with innovative research designs, the presentations uncover new insights into suicide risk phenotypes and inform tailored intervention strategies. The first talk focuses on refining suicidal phenotypes through ecological momentary assessment and experimental studies, emphasizing the clinical and biological factors that underlie variability in suicidal ideation. The second presentation highlights the role of smartphone-based monitoring in accurately predicting suicidal behaviors while enhancing emotional connectedness and self-awareness in adolescents. The third talk demonstrates the potential of digital behavioral monitoring systems to identify early warning signs, such as changes in sleep patterns and social withdrawal, enabling personalized and proactive care. The fourth presentation investigates the use of passive smartphone monitoring of sleep disturbances as an imminent suicide risk indicator, offering real-time solutions. Finally, the fifth talk introduces the Death-Suicide Implicit Association Test as a tool for detecting and predicting short-term suicide risk, particularly during the critical post-emergency discharge period. These talks illustrate how integrating digital and experimental approaches can reduce the heterogeneity of suicidal behaviors, improve risk assessment, and inform innovative prevention strategies.

Enhancing Suicide Risk Prediction in Adolescents Through Digital Footprints and Machine Learning

Passive sensing of cellphone usage data offers a novel and scalable approach to detecting suicidal risk in adolescents by capturing behavioral phenotypes associated with escalations in suicidal thoughts and behaviors (STB). This study evaluates the predictive power of machine learning models derived from cellphone data in identifying high-risk STBs. It compares their performance with traditional clinical assessments and intensive longitudinal self-reports. High-risk adolescents with recent STB were monitored over six months in an outpatient clinical setting. Data collection encompassed continuous passive tracking of cellphone usage patterns, weekly self-reported digital surveys on STB risk factors, and periodic in-clinic assessments of suicidal risk. Machine learning and deep learning models were trained to predict high-risk STB occurrences based on three data sources: the previous week's passive cellphone data, digital self-reports, and prior clinical assessments. The study included 33 adolescents across 176 clinical visits, with retention rates of 81% over six months. Deep learning models utilizing passive cellphone data demonstrated superior predictive accuracy (Overall accuracy = .92, Precision = .64, Recall = 1.00, F1 = .78) compared to self-reported assessments (Overall accuracy = .78, Precision = .68, Recall = .79, F1 = .71) and standard clinical assessments (Overall accuracy = .90, Precision = .67, Recall = .57, F1 = .62). These findings underscore the enhanced predictive value of passive digital phenotyping over conventional assessment methods. Passive cellphone monitoring emerges as a viable, low-burden tool for identifying imminent suicidal risk in high-risk adolescents. By leveraging machine learning models trained on passive data, clinicians can enhance risk detection and intervention strategies beyond self-reported measures and traditional clinical evaluations. This approach holds significant promise for improving long-term monitoring and personalized care in adolescent suicide prevention.

Learning Objective: Understand how passive cellphone usage data, analyzed through machine learning models, can enhance the prediction of adolescent suicide risk and compare its effectiveness to traditional clinical and self-reported assessments.

Research And Therapeutic Applications Of Digital Behavioural Monitoring Systems

Research and clinical activity has been severely constrained by limited time for patient-therapist interaction. This is especially relevant in public service contexts where accessibility is critical and the time of the professionals is very scarce given the high demand. On the other hand, the capacity for introspection in many people is a barrier that makes this work even more difficult. The capacity for introspection varies greatly from person to person, which is another major obstacle. Some patients have difficulties in managing their emotions, thoughts or controlling their behaviour, which further complicates the therapeutic process. This lack of self-awareness reduces the effectiveness of interventions and may initially mislead the therapist. Digital monitoring technologies can objectively track behavioural patterns, allowing clinicians to make more accurate and timely diagnoses. In the context of suicidal behaviour, digital systems can monitor indicators such as changes in circadian rhythms, sleep patterns, social withdrawal or physical activity. By identifying changing patterns, they can recognise early warning signs. They can thus facilitate the patient's full awareness of his or her own mental state. This proactive approach not only facilitates early intervention, and empowers clinicians to provide more personalised and effective care. They can also generate all this knowledge about the patient passively as they go about their unique daily lives. We will present results on models of behaviour pattern identification, risk estimation based on change point detection, self-interventions coupled with risk detection systems.

Learning Objective: Understand how digital monitoring technologies can enhance the detection of behavioural patterns, enable early intervention for suicidal behaviour, and support personalised care through risk estimation and self-intervention models.

Phenotyping suicidal behaviour: what could we learn from digital and experimental studies

Digital studies based on the continuous monitoring of patients in their natural environment help to refine the suicidal phenotypes. Studies using ecological momentary assessment revealed the existence of different patterns of suicidal ideation (SI) based on both their severity and variability. Specifically, variable SI may be a frequent pattern of suicidal ideation that appears to be related to some clinical features (social withdrawal, impulsive aggression, suicide attempts), rooted in childhood trauma and serotonergic dysfunction and associated with the reactivity to stressful life events. Some individuals, in response to stress could experience both psychological pain and decision-making impairment in social contexts, leading to suicide risk. Then, the description of the suicidal pattern may help to define clinically and biologically homogeneous groups of at-risk patients. In this sense, experimental studies where patients are submitted to a social stress task reported that patients who were more sensitive to a social stress, as measured with a higher salivary cortisol response, were less depressed, more impulsive, and made suicide attempts with a higher intent. Investigating the regulation of the immune inflammatory response to the social stress task, we recently reported that suicide attempters and ideators showed less dynamic inflammatory stress responses in comparison to psychiatric controls, and that platelet activation responses to stress were blunted in individuals with suicidal ideation. Last, we will present new data of cardiovascular and emotional responses to the virtual Trier Social Stress Test in women with a history of depression and with or without a history of suicide attempt. Combining digital and experimental studies could help to refine the suicidal phenotypes and reduce the heterogeneity of suicidal behaviors that are led by different processes, in order to develop specific therapeutic approaches for a better suicide prevention.

Learning Objective: Explore how continuous digital monitoring and experimental studies enhance the understanding of suicidal phenotypes, linking patterns of suicidal ideation, stress responses, and biological markers to develop tailored therapeutic strategies for suicide prevention.

Beyond Self-Reports: Utilizing Real-Time Smartphone Passive Monitoring of Sleep Disturbances as an Imminent Suicide Risk Indicator.

In recent years, sleep problems have been identified as potential imminent risk factor for suicidal thoughts and behavior. However, accessible methods for continuously monitoring sleep disturbances

over time are sometimes limited, posing a significant challenge for early detection and intervention. Traditional self-report methods are inherently biased, as they mostly rely on consistent and accurate patient cooperation, which may not always be feasible. In response to these limitations, passive digital monitoring through smartphones has emerged as an alternative approach to objectively track and analyze sleep patterns in real time. The current study presents a method for monitoring sleep patterns over time through tracking participants' smartphone usage behaviors. Furthermore, this study attempts to examine the longitudinal associations between sleep patterns and subjective measures of mood, loneliness, and suicidal ideation. A total of 100 high-risk adolescents aged 11–18 years with recent suicidal thoughts and behaviors participated in this study. Over six months, participants engaged in brief weekly self-report assessments while their passive smartphone usage was continuously monitored using a designated research app (iFeel). Self-reports data included loneliness, suicidal thoughts and behaviors, and data usage was used to estimate nighttime smartphone usage patterns, used as proxy-sleep measures. There were significant associations over time between self-reported loneliness and suicidal ideation, with stronger associations among those at higher mean level of suicidal ideation severity. Furthermore, preliminary findings demonstrate associations over time between sleep patterns as measured through smartphone usage, specifically awakenings during nighttime, and levels of self-reported loneliness and suicidal ideation severity. The findings suggest relationship over time in emotional instability and disrupted sleep patterns among adolescent at high risk for suicidal behaviors. Adolescents experiencing greater distress including increased loneliness and suicidal thoughts, may present more pronounced sleep disturbances which might be observed using passive smartphone monitoring. This approach may be used for monitoring suicidal risk fluctuations in high-risk adolescents without relying solely on traditional self-report questionnaires or less accessible actigraphy devices. This approach provides valuable insights into real-time risk assessment and may contribute to the development of early intervention strategies, potentially serving as a practical tool for large-scale mental health monitoring.

Learning Objective: Learn how passive smartphone-based monitoring has the potential of providing real-time insights into sleep patterns and their associations with mental health indicators such as mood, loneliness, and suicidal ideation.

Implicit Identification with Death Detects and Predicts Short-Term Suicide Risk among Adolescents after Discharge from the Emergency Room

Implicit identification with death, measured by the Death–Suicide Implicit Association Test (D/S-IAT), has been found to predict long-term suicide risk among adolescents. However, previous studies did not examine the discriminative and predictive utility of D/S-IAT on short-term suicide risk among adolescents, especially during the critical period following recent discharge from the emergency room (ER after admission for suicidal behaviors. One hundred and fifteen adolescents aged 9–18 years (77.4% female) were assessed at clinic intake, following ER discharge. All participants completed D/S-IAT and self-report measures for suicide risk, depression and anxiety during intake and one-month follow up. The D/S-IAT distinguished and predicted participants who were at high suicide risk at follow up, above and beyond depression, anxiety and suicide risk level at intake. D/S-IAT may be utilized in post-ER discharge risk assessment to detect high-risk suicide states and predict near-term suicide risk severity.

Learning Objective: Understand the utility of the Death–Suicide Implicit Association Test (D/S-IAT) in predicting short-term suicide risk among adolescents post-ER discharge, surpassing traditional measures of depression, anxiety, and initial suicide risk assessments.

Psychological Interventions for Young People and Adults presenting (in crisis) with Self-Harm

Prof Rose McCabe¹, Dr Alexandra E Bakou¹, Dr Maria Long¹, Dr Cathy Brennan², Ms Mary Ryan

¹School of Health and Psychological Sciences, City St George's, University Of London, London, United Kingdom, ²Division of Psychological and Social Medicine, University of Leeds, Leeds, United Kingdom

This symposium will present current research in England on psychosocial interventions for young people and adults who harm themselves with an overarching aim to explore and discuss the emerging evidence base for effective interventions in these populations. We will present experiences of delivering and receiving three psychological interventions. The first is the ASSURED trial, which has recruited 630 people who have presented to Emergency Departments with self-harm. This is investigating the cost-effectiveness of a rapid intervention following ED attendance. The intervention involves up to five follow-up sessions that consist of a narrative interview and enhanced safety planning session along with three solution-focused sessions. The second SASH trial is investigating the cost-effectiveness of a similar intervention for young people aged 12–18 following ED attendance which also includes therapeutic assessment of self-harm. The third intervention is FReSH START, a programme of work developing and evaluating a co-produced intervention for adults who self-harm. The FReSH START approach is focused on understanding the underlying functions of self-harm for the person and working with them to minimize damaging episodes of self-harm and improve quality of life. Finally, we will present a systematic review on the effectiveness of psychosocial interventions for self-harm in males compared to females.

ASSURED

Learning Objective: To learn about practitioner and people's experiences of delivering and receiving a rapid, solution-focused psychological intervention for adults presenting to the Emergency Department with self-harm and/or suicidal thoughts

Authors: Alexandra E Bakou, Mary Ryan & Rose McCabe; School of Health and Psychological Sciences, City St George's University of London, London, UK

People with self-harm and suicidal ideation are increasingly presenting in Emergency Departments (ED) in the UK. Self-harm and suicidal thoughts are key risk factors for suicide. NICE recommends that people who present with self-harm receive a psychosocial assessment conducted by specialist mental health practitioners in the ED. However, while many people need further support, there is often limited capacity and access to resources and treatment. ASSURED is a randomised controlled trial conducted in EDs for people who present with self-harm and/or suicidal thoughts. The aim of this trial is to assess the clinical and cost-effectiveness of the ASSURED intervention; a rapid, solution-focused intervention that is delivered as follow-up care by mental health practitioners in liaison psychiatry teams, compared to Treatment as Usual (TAU). ASSURED is an NIHR-funded study and has received National Health Service (NHS) Ethical and Health Research Authority (HRA) approval (IRAS: 279991). Participant recruitment for ASSURED commenced in July 2022 and was completed in December 2024. This presentation will focus on the design of the intervention (narrative interviewing, enhanced safety planning and the solution-focused approach) and the experiences of practitioners and people receiving and delivering the ASSURED intervention.

SASH TRIAL

Learning Objective: To learn about experiences of delivering and receiving a rapid psychological intervention supporting young people aged 12–18 after presenting to the Emergency Department with self-harm

Authors: Maria Long, Sally O’Keeffe, Rose McCabe

Suicide is a leading cause of death in children and young people (CYP) globally and the strongest predictor is self-harm, irrespective of suicidal intent. Visits to the Emergency Department (ED) are associated with a much higher risk of repeat self-harm and suicide. Supporting CYP after presentation at ED offers a unique opportunity to intervene to prevent self-harm becoming an entrenched coping strategy. Evidence in adults and a non-randomised study in CYP suggest promising results for Therapeutic Assessment (TA) and Solution-focused (SF) follow-ups in reducing self-harm and increasing engagement with care after ED attendance.

Designed with input from CYP with lived experience, the SASH intervention is a brief intervention including TA, SF follow-ups and letters, delivered after young people present at the ED. TA is a novel approach to the assessment of self-harm where the practitioner empowers the young person to identify their cycle of self-harm. A SF approach is used to identify ways to break the cycle, drawing on the young person’s strengths and resources. Follow-up contacts focus on the young person’s hopes for their future. We have recruited 42 CYP crisis team and other mental health practitioners who are currently delivering SASH across five teams in three public (NHS) healthcare organisations in London, England. A randomised controlled trial with a target of 144 CYP is currently underway to evaluate its clinical and cost-effectiveness. This presentation will present practitioner experiences of delivering the intervention and young people and carers’ experiences of receiving the intervention when in crisis.

Therapeutic Assessment of Self-Harm

Learning Objective: to learn about therapeutic assessment of self-harm with young people aged 12–18 following ED attendance with self-harm

Authors: Maria Long, Sally O’Keeffe, Rose McCabe

Therapeutic Assessment (TA) is a promising new brief therapeutic intervention designed to form part of the assessment of self-harm. Aimed at helping the young person understand their difficulties, instil hope and enhance motivation, and help the young person explore alternatives to self-harm, the young person and practitioner co-produce a diagram identifying the young person’s cycle of self-harm. The cycle of self-harm is enacted when an event triggers the ‘core pain’, which is the thoughts, feelings and images the young person has about themselves which the self-harm often offers temporary respite from. Many young people then often experience negative consequences of self-harm, intra and interpersonally, which feeds back into the core pain, completing and reenforcing the cycle. Helping the young person identify other coping strategies to break the cycle of self-harm is the functional aim of TA. The SASH trial is evaluating TA as part of a brief intervention delivered to young people aged 12–18 and their carers after presentation at A&E with self-harm or suicidal ideation across nine hospitals in London. While TA is delivered as part of the first session, SASH includes up to a total of six sessions delivered across approximately 8 weeks. This presentation will discuss the patterns of triggers and core pain young people report to understand more about the function of self-harm and the therapeutic needs of young people accessing crisis services in London, England.

FRESH START

Learning Objective: to explore the underlying functions of self-harm for individuals and how this can be used in therapeutic interventions.

Authors: Cathy Brennan, Division of Psychological and Social Medicine, University of Leeds; Marsha McAdam, chair of the FReSH START expert by experience forum

Self-harm is a common and serious health problem in the UK and is strongly associated with suicide. Yet people who attend services after an episode of self-harm often fail to receive therapeutic follow up – partly related to patterns of mental health service delivery and partly because of a lack of evidence about therapeutic effectiveness. FReSH START aimed to develop and evaluate a theoretically-informed, therapeutic approach deliverable within existing NHS structures, for the problem of repeated self-harm. Using methods derived from current approaches to evidence synthesis and effectiveness-implementation designs for intervention development, we co-produced a therapeutic package with experts by experience and experienced therapists. We began with a theoretical model that inferred an important component in the maintenance of self-harm might be underlying drivers in addition to acute precipitants. Engaging with these underlying drivers for the individual is therefore a key part of the therapeutic intervention. The FReSH START intervention is currently in the final stages of a cost-effectiveness trial in England and Wales. This presentation will outline some of the key theoretical underpinnings of our approach and how we incorporated these into the intervention. We will discuss how evidence from interviews with participants and therapists in the trial has helped us understand how the intervention might work to facilitate change.

The effectiveness of psychosocial interventions for self-harm in males compared to females: A systematic review and meta-analysis

Learning Objective: To understand current evidence about the effectiveness of psychosocial interventions for males compared to females

Authors: Oliver Matias, Alexandra E Bakou, Kirsten Barnicot & Rose McCabe; Department of Health Services Research and Management, City St George's University of London, London, UK

Males are three times more likely to die by suicide than females. The biggest risk factor for suicide is self-harm. Limited evidence suggests that psychosocial interventions for self-harm may be less effective for males than females. We aimed to establish more conclusively whether this is the case. We conducted a systematic review and meta-analysis, using data from trials identified in two Cochrane reviews of psychosocial interventions for self-harm published in 2021; and updating searches in CENTRAL, MEDLINE, Embase and PsycINFO up to 15.05.2024. Studies were eligible if they included participants who had self-harmed within the past six months; had at least one male and one female in the intervention arm; evaluated the effectiveness of a psychosocial intervention; were randomised-controlled trials; and collected data on an eligible outcome. Data by sex was extracted/requested and appraised using the Cochrane risk of bias tool for randomised trials. The primary outcome was repetition of self-harm post-treatment analysed on an intention-to-treat basis, where possible. PROSPERO registration number: CRD42020225630. 108 trials were identified. We obtained outcome data by sex at post-treatment for 46 trials involving 15,405 participants. 11,723 were female. Intervention males were significantly more likely to have repeated self-harm than intervention females (risk ratio 1.21, 95% CI 1.03-1.42; n=6291; k=33; I²=33%). Eight trials were considered at high risk of bias. Omitting them did not materially affect the result. PSIs were more effective than comparator conditions for females, but there was no significant effect of PSIs versus comparator conditions for males. Psychosocial interventions for self-harm appear to be effective for females but not for males. As males are more likely to die by suicide, psychosocial interventions should better address the needs of males who harm themselves.

Understanding and addressing older adults' suicidality in geriatric healthcare settings.

Dr. Sarah K. Liddle¹, MD, PhD Margda Waern^{2,3}, PhD Stefan Wiktorsson^{2,3}, Prof. Sylvie Lapierre⁴, Professor Marnin Heisel⁵, Dr Annette Erlangsen⁶

¹Monash University, Clayton, Australia, ²University of Gothenburg, Gothenburg, Sweden, ³Institute of Neuropsychiatry and Physiology, Gothenburg, Sweden, ⁴CRISE, University of Quebec in Montreal, Montreal, Canada, ⁵Western University, London, Canada, ⁶Danish Research Institute for Suicide Prevention, Hellerup, Denmark

Prof. Dr. Sylvie Lapierre (Symposium Organizer)

Members of IASP Special Interest Group on Suicide among Older Adults will present research on suicide prevention in geriatric healthcare settings (such as long-term care facilities and homecare services) from various countries in the world, emphasizing the need for specialized training for caregivers who regularly report feeling ill-equipped to address this issue, and lacking the skills to assess suicide risk and intervene effectively.

The lack of knowledge and training in geriatric healthcare providers is partly explain by the scarcity of studies focusing on suicidal behaviors in older individuals with functional and/or cognitive impairments who need help to manage personal care independently and who require mental support to cope with their physical decline. There is also a lack of research on older patients' experiences with healthcare interactions, despite many having consulted a professional in the months before their suicide. Therefore, care providers struggle to address the distress of frail older patients expressing a wish to die or who attempt suicide to end their suffering. The difficulty is especially high for those who care for persons with dementia, who can't verbalize their anguish and who often exhibit behaviors such as agitation and aggressivity. This symposium will address all these training issues.

Co-Designing Suicide Prevention Training for Aged Care: Insights from Aged Care Workers, Industry, and Lived Experience.

Sarah K. Liddle & Kylie E. King

Background: Suicide among older adults is a significant public health issue exacerbated by psychological, social, and physical challenges. While various suicide prevention programs exist in Australia, few are tailored to the aged care sector. A co-design process was undertaken to determine the utility of suicide prevention skills training for aged care workers to support older people who use aged care services.

Method: The co-design process included interviews, focus groups, and Think Tank working groups with seven aged care workers, five industry representatives, 13 individuals with lived experience (older person or family member), and the study advisory group (6 people with relevant academic or practical expertise). It was undertaken to explore the potential utility of suicide prevention skills training for aged care workers, the key elements of training, and an implementation plan for training for workers.

Results: Participants described challenges in recognising suicide risk, particularly in distinguishing thoughts of death from suicidality, and among residents with cognitive impairments. They emphasised the need for compassionate spaces where older adults could discuss death without stigma. Participants highlighted that aged care workers frequently noticed early signs of suicidal distress among the older people they cared for but felt ill-equipped to engage in complex conversations due to time constraints, concerns about the emotional burden, and perceived lack of knowledge or skills to intervene. Participants suggested a flexible tiered training model, with online awareness and skill modules for all staff and in-person, more comprehensive training for supervisors to support workers. Participants also stressed the importance of organisational support, clear referral pathways, and culturally responsive approaches.

Discussion/conclusion: Normalising discussions around death and mental health, equipping staff with practical strategies, and ensuring management buy-in were identified as key components of suicide prevention for older people using aged care services. Suicide prevention efforts in aged care should extend beyond crisis response to proactive, ongoing engagement that fosters connection, purpose, and autonomy for older adults.

Learning objective: To understand the unique challenges of suicide prevention in aged care settings and explore a tiered training approach that supports staff in identifying and responding to suicide risk while fostering a compassionate and person-centred care environment.

[“I Felt Like I Was Shrinking”: An Interpretive Phenomenological Analysis of Experiences of Health Care Interactions in Older Adults with Non-Fatal Suicidal Acts.](#)

Sjöberg, M., Hed, S., Wiktorsson, S., Berg, A.I., Doering, S., Strand, J., Waern, M.

Background: Physical illness and functional disability are common in older adult populations and strongly linked to suicidal behavior in this age group.

Aim: To explore how older adults who engaged in a suicidal act experienced their interactions with healthcare providers both before and after the act.

Method: Participants were recruited among consecutive patients in treatment at a geriatric psychiatric outpatient clinic in a large Swedish city. Inclusion criteria were age 70+ and a suicidal act during the past 3 years. Persons with dementia were excluded. The sample comprised four women and five men (age range 71–92 years). Prior to the suicidal act, all had their main care contact in primary care and all but one were on antidepressants. Two separate semi-structured interviews were conducted with each participant; transcripts were analyzed using Interpretative Phenomenological Analysis.

Results: “I felt like I was shrinking” summarized the participants’ experiences of contacts with health care providers. Participants described interactions that amplified their feelings of alienation, loneliness, worthlessness and self-stigma. Difficulties accessing care increased their sense of powerlessness. Some of the participants were cognizant of their mental health needs but experienced obstacles that hindered them from managing their illness in a way they knew would be helpful, which reduced their sense of agency. These situations could increase feelings of frustration and hopelessness and contribute to the development of suicidal behavior. Situations in which participants felt listened to in trustful and validating relationships helped restore self-respect and agency, which fostered engagement in suicide preventative strategies.

Conclusions: Findings can inform clinical approaches to the care and management of older adults with symptoms of common mental disorders. Exploring experiences of care interactions before and after suicidal acts across different clinical settings and cultures could be relevant areas for future research.

Learning objective: Interactions with health care can amplify negative feelings in vulnerable older adults, but validating relationships can help to restore self-respect and agency after a suicidal act.

[Attitudes Towards Suicide among Long-Term Care Staff in Sweden.](#)

Stefan Wiktorsson, Sabrina Doering, Madeleine Fässberg Mellqvist, Elias Asteberg, Sylvie Lapierre, Anne Ingeborg Berg, Lena Johansson, Ellinor Salander Renberg, Katarina Wilhelmson, Margda Waern.

Background: Studies focusing on care providers and their attitudes towards suicide are lacking.

Aim: To compare attitudes towards suicide in care staff and heads of care units.

Method: Employees in western Sweden anonymously answered the “Attitudes Towards Suicide” (ATTS) questionnaire, which measures various perceptions and attitudinal dimensions. Responses

were noted on a 5-point Likert scale ranging from “strongly agree” to “strongly disagree.” Proportions are aggregated for responses “strongly agree” and “agree”.

Results: Questionnaires were completed by 701 staff members and 32 heads of care units. Almost half of the heads had experienced a suicide in a care recipient compared to only 16 percent of the staff ($p < .001$). A higher proportion of heads (93%) agreed with “Most people avoid talking about suicide” compared to care staff (73%, $p = 0.018$). Care staff were more likely to agree with “Most suicide attempts are impulsive actions” compared to heads (27% vs 10%, $p = 0.031$). This was also the case for “Once a person has suicidal thoughts, they will never let them go” (18% vs 4%, $p = 0.045$). Relatively low proportions of both heads and staff agreed with the statement “People who commit suicide are usually mentally ill” (36% vs 41%). The same was the case for the statement “It is mainly loneliness that drives people to suicide” (19% vs 28%). Almost eight out of ten agreed with the statement “Suicide can be prevented” in both groups.

Discussion/Conclusion: A vast majority of heads and care staff believe that suicide could be prevented. However, findings suggest a need for educational interventions to identify and support older suicidal care recipients.

Learning objectives: While both staff and unit heads had a positive view on suicide prevention, findings suggest a need for educational interventions to improve knowledge in those who care for frail older adults in home care and in care facilities.

Evaluation of a Clinical Guide to Prevent Suicide in Older Patients with a Neurocognitive Disorder: Perceptions of Geriatric Healthcare Professionals.

Sylvie Lapierre, Cécile Bardon, Jean Vézina, Charles Viau-Quesnel, Rock-André Blondin.

Background: Recent studies have reported the presence of suicidal ideation and behaviors in individuals with neurocognitive disorders (NCD), such as Alzheimer’s disease. Since patients with NCD often lack judgement, experience confusion, or have difficulties in clearly expressing their thoughts and feelings, suicide prevention techniques and questionnaires, created for the general population, are not suitable for this population. Health professionals working with these patients have stated the need for tools to assess suicide risk as well as effective intervention strategies to prevent suicide attempts.

Aim: A multidisciplinary team of experts (researchers in older adults’ suicide, healthcare providers and managers of geriatric healthcare services) has developed a clinical guide based on a systematic review of the literature. The guide includes information and tools to assess suicide risk and intervene with distressed patients with NCD. The aim of this pilot study was to evaluate the effectiveness of the clinical guide and the acceptability of its possible implementation in geriatric care settings.

Method: The guide was presented to 16 healthcare providers, aged between 24 to 47 years ($M = 36.25$ years), working in long-term care facilities ($n = 8$) or in home-care services ($n = 8$). They had an average of 13.4 years of experience (ranging from 3 to 26 years). Participants from each geriatric care setting discussed the strengths and limitations of the guide’s content and the relevance of the evaluation forms in a focus group. The semi-structured interviews were audio-recorded and fully transcribed.

Results: The qualitative analysis of the data revealed that participants believe that the guide effectively supports the clinical process in assessing the situation and distress of the patient, taking into account its neurocognitive clinical features, communication difficulties, environmental triggers, and life history. They appreciate the emphasis on shared responsibilities and teamwork, as well as the importance given to family involvement and to the established relationship with a specific health provider. However, they feel that the guide lacks examples of cases involving major NCD.

Discussion: Various improvements of the guide are being implemented. Nonetheless, it is clear that training of all staff members is necessary to tackle preconceived notions about the low risk of suicidal

behavior in individuals with NCD, and the trivialization of behaviours indicating distress, which are often interpreted as merely “normal” symptoms of dementia.

Learning objective: Knowledge of a clinical guide to prevent suicide in older adults with neurocognitive disorder.

Screening for Suicide Risk in Long-Term Care (LTC) Homes: A Multi-Stage Study

Marnin J. Heisel, Gordon L. Flett, Alastair Flint, Simon Hatcher, Sylvie Lapierre, Paul S. Links, Gerald P. McKinley, Sisira Sarma, Saverio Stranges, David L. Streiner, David Conn, Claire Checkland, Mara Grunau, Robert Olson, Iris Gutmanis, Danielle Sinden.

Background: Older adults have among the highest rates of suicide worldwide; healthcare initiatives are critically needed that effectively enhance suicide risk detection and inform prevention. Although accreditation bodies have mandated routine screening for suicide risk in Long-Term Care Homes (LTC), many homes struggle to meet the intended aim of that requirement, given a dearth of knowledge and access to appropriate suicide screening tools.

Aim: The aim is to improve pragmatic suicide risk detection and response in Canadian LTC Homes. To achieve this goal, we will investigate the integration of routine suicide screening into LTC Homes, assess the prevalence of suicide ideation (SI) and suicide behaviour (SB), investigate real-world response characteristics and psychometric properties of the Geriatric Suicide Ideation Scale-Screen (Heisel & Flett, 2022), and test a conceptual model of the onset and/or exacerbation of suicide risk among LTC residents.

Method: In carrying out this large-scale, multi-phase study, we will:

- i. Conduct interviews and focus groups with LTC administrators, healthcare providers, and staff-members assessing perceived limitations and proposed remedies for screening for suicide risk in LTC, and requesting feedback on our training program;
- ii. Refine, deliver, and evaluate a late-life suicide prevention educational training program seeking to enhance provider knowledge, skills, competence, and comfort in screening for and responding to resident suicide risk;
- iii. Investigate the real-world response characteristics of the GSIS-Screen, administered by on-site LTC personnel, and investigate the prevalence of resident SI and SB;
- iv. Conduct a validation study of the GSIS-Screen and test our conceptual model of late-life suicide risk, incorporating consideration of risk and resiliency factors; and
- v. Broadly disseminate findings.

Results/Discussion: We will present and discuss initial findings from this on-going study, focusing on experiences regarding processes of outreach to LTC Homes, refinement, delivery, and evaluation of in-person and/or virtual educational trainings for frontline LTC personnel on the epidemiology, risk and protective factors, screening/detection, and approaches to reducing late-life suicide, and pragmatic evaluation of routine suicide screenings in LTC settings.

Learning objective: By the end of this presentation, participants will be able to identify challenges associated with routine detection of suicide risk among older LTC residents, and demonstrate familiarity with the methods and initial findings from a large multi-phase project designed to enhance suicide risk detection in LTC.

Symposium #7 June 11th, 2025, 10:30am – 12:00noon

Chairs: Thomas Niederkrotenthaler & Benedikt Till

IASP'S SIG Media & Suicide Symposium part I: Practical and policy-related developments in media monitoring and media guidelines

Sinéad Dalton¹, Prof. Keith Hawton², Mrs Lorna Fraser³, Mediha Mahmood⁴, Amalia binti Mohd Suhaimi⁴, Prof. Chan Lai Fong⁵, Dr Ravivarma Rao Panirselvam⁶, Professor Jane Pirkis⁷, Dr Simone Scotti Requena⁷, Dr. Vikas Arya⁷, Prof. Dr. Thomas Niederkrotenthaler^{8,9}, Dr. Mark Sinyor^{10,11}, Assoc. Prof. Michiko Ueda^{12,13}, Professor Matthew Spittal⁷, Prudence Po Ming Chan¹⁰, Dr. Vera Yu Men¹⁴, Sarina Rain¹⁵, Amy Posel¹¹, Navitha Jayakuma¹⁶, Dr. Rachel Mitchell¹¹, Dr. Ayal Schaffer¹¹, Dr. Rosalie Steinberg¹¹, Professor Marnin Heisel¹⁵, Dr. Benjamin Goldstein¹¹, Dr. Donald Redelmeier¹¹, Professor Emeritus Academy steven Stack¹⁷

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Overall abstract: This symposium hosted by the IASP Media & Suicide SIG aims at providing an overview of the latest research findings and experiences in media monitoring and strategies to improve media reporting about suicide. The symposium includes important insights from research and policy groups from five countries and four continents that could help to improve suicide media reporting. Aine O'Mara will present how adjustments and refinements to methodologies in media monitoring for suicide reporting in Ireland improved monitoring efficiency and analyst safety. The development of the Samaritans' media monitoring service in the UK will be presented by Keith Hawton and Lorna Fraser and will highlight how to effectively engage media to ensure responsible suicide reporting. Mediha Mahmood will provide an overview of activities implemented in Malaysia to improve suicide reporting, including development and implementation of media guidelines, outreach to journalists to address irresponsible media reporting, and organization of advocacy sessions for media content creators. Jane Pirkis will present results of a meta-analysis providing important evidence on the impact of media guidelines on suicide reporting in different countries. A content analysis by Mark Sinyor and colleagues will provide insights on the quality of suicide reports in different US cable news shows.

: Efficiencies and Opportunities: Refining Media Monitoring for Suicide Reporting in Ireland

Presenter: Sinéad Dalton

Learning Objective: To understand how a redeveloped media monitoring methodology improved efficiency, enhanced analyst safety, and expanded insights into responsible suicide reporting.

Background Media coverage of suicide can profoundly influence public attitudes and behaviors. While harmful reporting risks contagion effects, responsible journalism fosters awareness and help-seeking. Traditional media monitoring often focuses solely on identifying harmful reporting, overlooking opportunities to analyze and promote positive practices. The volumes of suicide and

mental health content have also grown exponentially in recent years with many monitoring programmes not receiving adequate funding to address these increased volumes. This has led to delays in analysis, superficial reporting and increased risk of vicarious trauma for analysts. A new methodology was developed to address these and other concerns.

Methods: The redevelopment involved six key activities:

1. SWOT Analysis: Understanding the existing model's strengths and weaknesses.
2. Quantitative Refinement: Reducing content volume while ensuring comprehensive trend analysis.
3. Seasonal Optimization: Aligning monitoring with peak reporting periods for timely insights.
4. Resource Allocation: Streamlining workflows, integrating advanced analytical tools, and adjusting analysts' role.
5. Enhanced Coding Framework: Expanding to include markers of responsible reporting, such as helpful language, inclusion of helplines, and lived experience inclusion.
6. Improved Data Storytelling: Employing visualization and narrative techniques to highlight positive reporting trends alongside areas for improvement suitable for a non-academic audience.

Result: The updated methodology significantly reduced analyst workload and exposure to distressing content, improving safety and efficiency. The streamlined approach led to faster delivery of actionable insights, with outputs now reaching stakeholders in near-real-time, uncovering trends and behaviors that previously went unnoticed while also looking at the full picture of cross-platform multi-region suicide reporting. Findings now include actionable examples of positive practices, equipping journalists with insights to replicate and expand responsible coverage, as well as a deeper exploration of themes and reporting of key events.

Discussion: This redevelopment demonstrates how targeted adjustments to monitoring methodologies can address critical challenges while maintaining the integrity and impact of suicide-related media analysis. The efficiencies gained not only ensure the programme's sustainability but also position it as a model for adaptive, impactful monitoring practices.

This presentation will detail the innovations introduced, share lessons learned during implementation, and explore the broader implications for media monitoring and suicide prevention efforts worldwide. It aims to foster dialogue and collaboration among global experts, advancing shared goals of improving journalism standards and safeguarding public mental health.

Suicide reporting trends in the UK: The role of Samaritans' Media Monitoring Service

Presenters: Keith Hawton, Lorna Fraser

As part of a UK-based programme of work to engage and educate journalists and encourage responsible press reporting of suicide, UK charity, Samaritans has been closely monitoring UK press reports of suicide since 2012, providing a rich source of data on reporting trends.

This lecture will present findings from this study including media events which have prompted irresponsible, high-risk reporting and the impact of different types of interventions by Samaritans, to educate and support journalists and encourage responsible journalistic practice. This will include variables, such as type of suicide incidents covered, including demographic data of those who have died by suicide and how these factors may influence press reporting. The long-term nature of this programme has supported our understanding of what has and has not worked with engaging media and regulatory bodies — with recommendations for improving practices.

The articles are gathered on a daily basis by a press clippings agency and the team also uses Google alerts and social media to monitor reports relating to specific terms such as novel suicide methods,

cases including high-profile deaths and high-risk locations. The average number of articles monitored per year over this period of time has been approximately 6000.

All press articles are assessed systematically, based on areas of risk highlighted in international studies into the impact of media coverage and article adherence to individual items in Samaritans' Media Guidelines for Reporting Suicide. Key reporting measurements collected include: details of suicide methods reported and whether or not this appeared in the headline, the individual's age, type of incident such as individual or suicide pact (or inquest), the inclusion of signposting to sources of support, and details of contact with the publication.

This rich source of data provides valuable insight into reporting approaches and changing trends over time. This partly reflects an overall shift in media culture in relation to covering suicide, with recognition of its importance and the potential for media influence on people's behaviour. It has also provided a basis for research projects (e.g., evaluation of news reporting on suicide related to the COVID-19 pandemic, and reporting of high-risk locations). Daily monitoring also serves to alert us to problematic stories breaking, meaning we are able to contact editors to raise concerns about high-risk content.

Learning outcome: How to effectively engage media to educate and influence good practice and the value of measuring impact of interventions and testing approaches in media guidelines work.

Leveraging Media and Policy: The Role of the Content Forum as Self-Regulation Organisation in Suicide Prevention Efforts in a Low-and Middle-Income Country (LMIC)

Presenter: Mediha Mahmood

Learning Objective: Participants will be able to describe the role of media regulators in LMICs in supporting suicide prevention through policy development, capacity building, and advocacy while fostering collaboration for ethical communication.

Background: The Communications and Multimedia Content Forum of Malaysia (Content Forum) is an industry self-regulatory organization established under the Communications and Multimedia Act 1998 and registered with the Malaysian Communications and Multimedia Commission. It oversees content across electronic networks in Malaysia and plays a role in media policymaking and advocacy by developing and promoting ethical standards.

Aims and Objectives: The Content Forum focuses on fostering responsible reporting and content sharing on suicide through self-regulation.

Strategies: A key initiative is the revision of the Communications and Multimedia Code (Content Code), developed through nationwide consultations with mental health practitioners and advocates. This revision includes provisions mandating ethical reporting standards on suicide. The Forum actively conducts outreach to address irresponsible reporting for real-time amendments. Additionally, it is developing Guidelines on Ethical Reporting and Sharing of Suicide-Related Content, which cover issues such as celebrity suicides, youth suicides, suicides in multifaith communities, and responsible content sharing by social media influencers or individuals with lived experience.

To enhance accessibility, the Content Forum partnered with #ZeroSuicideSarawak to produce the Sarawak Suicide Reporting Card (SASaR), a multilingual resource for media practitioners. Advocacy efforts also support cyberbullying prevention laws and collaborative policymaking to address suicide holistically.

In 2024, the Content Forum conducted 97 advocacy sessions for journalists, filmmakers, content creators, educators, and youth, emphasizing content creation using practical tools and case studies. Age-appropriate initiatives, such as university debate competitions, further addressed suicide prevention in innovative ways. Approximately 77.7% of respondents reported the highest level of knowledge about the Content Code after the training sessions.

A regular media presence by the Content Forum across platforms aims to deliver these messages to the public and industry.

Future Directions, Limitations, and Conclusion: The Content Forum aims to develop certification programs and trust badges for influencers and content creators to highlight accountability in addressing mental health topics. It also leverages partnerships with broadcasters, media platforms, and creators to facilitate public consultations and advocacy campaigns. However, challenges include limited regulatory powers, adoption and adherence by non-members, and the development of effective real-time media surveillance and response systems.

By fostering collaboration, promoting ethical standards, and raising awareness, the Content Forum exemplifies how media regulators can drive suicide prevention efforts in LMICs.

Media guidelines on the reporting of suicide: Summarising the evidence for their effectiveness

Presenter: Jane Pirkis

Learning objective: To understand the role media guidelines play in suicide prevention

There is strong evidence that the media can exert a powerful influence on suicidal thoughts and behaviours. Since the 1970s, numerous studies have demonstrated that media reporting of suicide can have a harmful impact, triggering additional suicides in the general community (the Werther effect). More recently, there has been an emphasis on the preventive influence that the media can have on suicide. Various studies have shown that media stories of coping, hope and recovery from a suicidal crisis can lead to reductions in suicide and suicidal thinking, and may also promote help-seeking (the Papageno effect). Guidelines have been developed in many countries to assist media professionals to minimise the risk of the Werther effect and, to a lesser extent, maximise the likelihood of the Papageno effect, and the World Health Organization and the International Association for Suicide Prevention have also produced an international set of guidelines. A number of studies have evaluated the impact of these media guidelines, typically considering whether the quality of media reporting of suicide improved once a given set of guidelines were introduced. A sub-set of these evaluations have gone one step further and considered whether the introduction of the guidelines has been associated with decreases in suicide. We conducted a meta-analysis to pool the evidence from the most up-to-date corpus of studies, and this presentation will summarise the results.

“Fair and Balanced?”: The Quality of Suicide-Related Reporting on Major U.S. Cable News Networks

Presenter: Mark Sinyor & Prudence Po Ming Chan

Background: The quality of news reports about suicide can influence suicide rates. Many researchers have aimed to assess the general safety of news reporting in terms of adherence to responsible media guidelines, however, none have focused on major U.S. cable networks, a key source of public information in North America and beyond.

Aims: To characterize and compare suicide-related reporting by major U.S. cable television news networks across the ideological spectrum.

Methods: We searched a news archive (Factiva) for suicide-related transcripts from “the big three” U.S. cable television news networks (CNN, Fox News, and MSNBC) (2012–2022). We included and coded segments with a major focus on suicide (death, attempt, and/or thoughts) for general content, putatively harmful and protective characteristics, and overarching narratives. We used chi-square tests to compare these variables across networks.

Results: We identified 612 unique suicide-related segments (CNN:398; Fox News:119; MSNBC:95). Across all networks, these segments tended to focus on suicide death (72–89%) and presented stories about specific individuals (61–87%). Multiple putatively harmful characteristics were evident in segments across networks, including mention of a suicide method (42–52%) with hanging (15–30%)

and firearms (12–20%) the most commonly mentioned, and stigmatizing language (39–43%). Only 15 segments (2%) presented a story of survival.

Conclusions: Coverage of suicide stories by major U.S. cable news networks was often inconsistent with responsible reporting guidelines. Further engagement with networks and journalists is thus warranted.

Symposium #8 June 11th, 2025, 3:00pm – 4:30pm

Chair: Prof. Steve Platt¹

Partnerships for Life: Progress and Challenges from its First Five Year Programme and Plans Going Forward

¹University of Edinburgh, Edinburgh, UK, Partnerships for Life symposium

Background

Stephen Platt, Emeritus Professor of Health Policy Research, University of Edinburgh, Scotland, UK

The development of National Suicide Prevention Strategies (NSPSs) has been identified as a promising systematic, evidence-based response to preventing suicidal behaviour that combines both community-based approaches and government policy. To date, more than 40 countries are known to have developed a NSPS, and in many other countries there are regional programmes or less comprehensive suicide prevention projects and activities. Partnerships for Life (PfL), launched in 2021, is a flagship initiative of the International Association for Suicide Prevention (IASP) that promotes NSPSs worldwide and encourages cross-national collaboration within and between the World Health Organization's six world regions. PfL aims to expedite efforts globally to reduce the incidence of suicidal behaviour by sharing expert knowledge, skills and experience across all borders, thereby contributing to effective planning, implementation and evaluation of national suicide prevention strategies. This symposium will cover the challenges of suicide prevention implementation in the South-East Asia region, report the findings of situation analyses undertaken in 20 countries in The Americas region, describe and consider the potential of the surveillance system of suicidal behaviour in the Western Pacific region, and present the evaluation process adopted in the EU Joint Action ImpleMENTAL pilot implementation of Suicide Prevention in Austria (SUPRA) using the Theory of Change framework. In my introduction I will provide a brief overview of progress to date of PfL and outline some preliminary ideas concerning its future development.

Suicide prevention implementation challenges in South-East Asia

Anish Cherian, Additional Professor of Psychiatric Social Work & Lead, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India

Suicide remains a significant public health concern in South-East Asia, with the region accounting for a substantial proportion of global suicide deaths. Despite increasing recognition of the need for comprehensive suicide prevention strategies, implementation efforts face numerous challenges. Cultural stigma and deep-rooted societal taboos surrounding mental health and suicide inhibit help-seeking behaviours and open dialogue, particularly in rural and traditional communities. Mental health systems in many countries across the region are under-resourced, with severe shortages of trained professionals and limited integration of mental health into primary care. Legal frameworks in some nations continue to criminalize suicide attempts, creating further barriers to care and reporting. Moreover, the lack of reliable surveillance and data collection systems leads to underreporting and hampers evidence-based policymaking. Easy access to lethal means such as pesticides and the absence of robust means restriction policies further exacerbate the problem. Vulnerable groups,

including youth, migrant workers, and LGBTQ+ individuals, often remain underserved by current interventions. Additionally, suicide prevention initiatives are frequently underfunded and suffer from poor coordination across sectors. These multifaceted implementation challenges underscore the urgent need for context-sensitive, multi-sectoral approaches tailored to the socio-cultural and economic realities of the region. Addressing these barriers is critical to advancing effective suicide prevention in South-East Asia.

Suicide and its prevention in the Americas: a situation analysis

Mark Sinyor, Associate Professor, and Daniel Sanchez Morales, Research Assistant, Department of Psychiatry, University of Toronto, Canada

Although the number of suicides worldwide has decreased somewhat in recent decades, the Americas is the one World Health Organization region that has seen substantial increases. Yet the countries in the Americas, their cultures, patterns of suicide, and approaches to prevention (including the existence of regional and national suicide prevention strategies) are distinct. This presentation will describe details of a situation analysis undertaken involving interviews and workshops with 20 countries in the Americas (Antigua and Barbuda, Anguilla, Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Grenada, Guyana, Mexico, Peru, Saint Lucia, the United States, and Uruguay). Topics covered will include stigma and stigma reduction efforts across Latin America, the ongoing criminalisation of suicide in some countries (e.g. Saint Lucia), successful efforts at decriminalisation (e.g. Guyana), the key role of lethal means (e.g. firearms in the United States; pesticides in South America), the key role of governments and political stability in influencing suicide prevention activities, and successes and challenges promoting suicide prevention strategies.

Sentinel surveillance in the Western Pacific Region — a preliminary framework

Kairi Kolves, Professor, and Sharna Mathieu, Research Fellow, Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Brisbane, Australia

Background: The surveillance of suicidal behaviours is considered central to suicide prevention. Accurate data collection strengthens all other core activities by assisting planning, identifying key risk groups and areas for targeted interventions, and is useful for evaluating the effectiveness of suicide prevention activities/strategies. Recognising this important priority, the Australian Institute for Suicide Research and Prevention collaborated with the WHO Western Pacific Regional Office aiming to develop a Framework for Regional Sentinel Surveillance System of Suicidal Behavior. The aim of the current presentation is to introduce the Preliminary Framework of the Western Pacific Regional Sentinel Surveillance System of Suicidal Behavior developed in 2021 and discuss the potential of its future implementation.

Methods: Development of a Preliminary Framework – the Western Pacific Regional Sentinel Surveillance System for Suicidal Behaviour (WPR4S) involved different research activities to strengthen the evidence base for data-informed suicide prevention strategies within the WPR; consultations with the WHO and WPRO; and the best practice recommendations.

Results: The presented framework is guided by the Suicide Surveillance Indicator Framework in Canada and the iceberg model of suicide and related behaviours and associated indicators. The SSIF provides detailed indicators for suicide, suicide attempts and self-harm, suicidal ideation, and associated risk factors. Based upon initial discussions, for the purpose of the sentinel WPR4S system and to ensure feasibility in the short term these have been limited to suicide, self-harm, and ideation.

Conclusion: This WPR4S Framework is a first step in developing a regional sentinel surveillance system for suicide and self-harm across the WPR.

Symposium #9 June 11th, 2025, 3:00pm – 4:30pm

Chair: Dr. Allison Crawford

Enhancing equity in suicide prevention crisis lines through the engagement of lived experiences

Dr. Allison Crawford^{1,2}, Susan Anderson¹, Ms. Gisell Castillo¹, – Carolina Navas¹, Ms. Anne Kirvan^{1,2}, Ms. Myera Iftikhar¹, Dr. Nadia Nandlall¹, – CRG members will decide who wishes to be named and who can travel if accepted Community Resource Group¹, – Gil Angela Dela Cruz¹, Dr. Kristie Serota¹, Dr. Michelle Firestone¹, – Thiya Rajaratnam¹, – Team has not all consented to be named but will be acknowledged in presentation and some will contribute to video Lived Experience Caucus¹

¹Centre for Addiction and Mental Health – 9-8-8: Suicide Crisis Helpline, Toronto, Canada,

²University of Toronto, Toronto, Canada

Overall abstract: On November 30, 2023, Canada launched the 9-8-8: Suicide Crisis Helpline. As part of Canada's National Suicide Prevention Action Plan, the three-digit number represents a public health commitment to improve access to crisis supports. 9-8-8: Suicide Crisis Helpline is free, available 24/7 by call or text, in English and French. Coordinated by the Centre for Addiction and Mental Health (CAMH), services are delivered through network partners across the country.

Working with people with lived experience (PWLE) has been foundational to service development, implementation, delivery, and evaluation. Driven by a community-engaged approach that values an equitable, person-centred, accessible, safe, effective, and evidence-based service, 9-8-8 prioritizes partnering with PWLE in decision-making. The lead PWLE partners are the Lived Experience Caucus (LEC) – a diverse team of advisors with personal or family lived experience relating to suicide or using crisis lines. This symposium illustrates how 9-8-8 has included PWLE in: 1) developing equity-based communications; 2) 9-8-8 user experience research; 3) co-research and co-design of equity-focused quality improvement; 4) developing competencies for 9-8-8 responders; and 5) evaluation, with an emphasis on equity.

For each presentation, we will demonstrate our approach and highlight lessons learned for PWLE engagement in suicide prevention implementation and research.

"We're here to listen": How engaging people with lived experience shaped the 9-8-8 marketing and promotion strategy

Learning Objective: To relate how PWLE contribute to the development of equitable, diverse, inclusive, and accessible marketing and communication strategies.

The 9-8-8 team developed a robust communications strategy to improve the reach, visibility and accessibility of the service across Canada. To ensure the communications strategy reflected the needs and preferences of past, current, and potential service users, the 9-8-8 Lived Experience Caucus (LEC) are key partners in this work. The LEC's perspectives were complemented by a simultaneous national market research survey engaging priority populations across Canada.

As a national service, 9-8-8 must connect and resonate with diverse populations across Canada. To ensure the varied intersectional perspectives of diverse communities informed the service's communications strategy, a nationwide survey was developed to capture awareness of crisis helplines (including 9-8-8), and likelihood of using these services. Collected data included demographics, suicide literacy, suicide stigma, and respondents' priorities for crisis line features (e.g., confidentiality,

language options). This survey prioritized oversampling from historically marginalized populations disproportionately impacted by suicide (e.g., LGBTQ+ and Indigenous communities).

Through segmentation analysis (employing latent class analysis), the results reflected five clusters of needs and perspectives, informing which features of crisis services were most useful, how to improve accessibility, and the overall impacts of suicide literacy and stigma on crisis line use, for each group. These results will allow communications and marketing to be developed for each unique segment, better meeting the needs of diverse communities, with consideration of and how suicide literacy and stigma influences our service delivery and advertising.

We have worked with the LEC to develop marketing tools building on these learnings. The LEC is a team of community members who have used crisis lines, experienced suicidal thoughts/behaviours, and/or have supported those experiencing a suicide-related crisis. Members are crucial partners in 9-8-8's communications strategy, shaping tools including advertising campaigns, public service announcements, social media content, and messaging. The LEC has provided concepts and given feedback on drafts of various marketing materials to ensure they convey an encouraging message of hope that positions 9-8-8 as a safe, approachable and trusted resource for everyone. Key outcomes of this collaboration include improved imagery, content, user experience, and navigation across tools including the 9-8-8 website, advertising campaigns, etc. Members of the LEC will present on the team's impact through a brief video.

Community-based consultations and equity-driven journey mapping of user experience for 9-8-8: Suicide Crisis Helpline

Learning Objective: To appraise how to engage the intersectional identities of people with lived experiences and to apply this user experience to adapt suicide and crisis interventions.

User experience is central to the design and implementation of digital health interventions. However, users bring intersectional identities, needs, and strengths that may influence their experience; this is especially true for equity-deserving communities accessing suicide prevention services. With the launch of 9-8-8, understanding user experience is critical to ensuring the service is accessible, safe, effective, and equitable. To this end, our team employed several engagement strategies to understand the perspectives of diverse callers and texters of the service including: 1) Community-based consultations with distress centres and agencies serving equity-deserving communities; and 2) Journey mapping, a semi-structured process for eliciting important moments, strengths, pain points, and barriers at various stages of service use. We prioritized engaging participants diverse in geography, race, sexuality, gender, and abilities to capture, assess, and synthesize their unique experiences.

Engagement with communities and callers/texters highlighted salient moments in experiences while accessing 9-8-8 and potential areas for service improvement. Recommendations based on community consultations and journey mapping methods will be presented, with a discussion of both shared and unique experiences across diverse user groups. Findings were organized according to Levesque's dimensions of access (including corollary abilities that service users bring to care): approachability (ability to perceive); acceptability (ability to seek); availability and accommodation (ability to reach); affordability (ability to pay); and appropriateness (ability to engage). We also reflect on research challenges in ensuring diverse participant cohorts, avoiding the over-generalization of findings and ensuring a strengths-based approach. Examples of how we prioritize recommendations and work to iteratively adapt 9-8-8 based on user and community feedback in the areas of evaluation, training, service quality, and technology will be discussed.

The findings from this project emphasize the importance of community engagement in providing actionable steps to improve caller/texter experience across multiple domains, including equity, person-centered services, psychological and cultural safety, and acceptability. Through this presentation, we hope to empower participants to integrate user-centered feedback mechanisms into the design of suicide prevention and digital services.

Enhancing trust, accountability, and equity of crisis services: Co-researching with Public Safety Personnel with lived experience

Learning Objective: To illustrate the value of engaging people with lived experience as co-researchers in a participatory research study and to solve barriers to meaningful engagement.

Public Safety Personnel (PSP) in Canada experience elevated rates of mental distress, occupational exposures to potentially traumatic events, and suicidal thoughts/behaviours. There is a need to identify and bolster mental health and suicide prevention supports for PSP. Crisis lines may be an appropriate mental health resource as they are an evidence-based, potentially life-saving intervention option. Questions remain regarding PSP experiences with crisis line services, including accessibility barriers and their perceptions of inclusivity, equity, safety, and efficacy. We co-designed this project with PSP with lived experience, to explore the crisis line needs of PSP and co-create actionable recommendations for 9-8-8 service improvements. In this talk, we outline how we approached lived experience engagement and offer reflections on the merits and challenges of community-engaged work in a crisis line context.

Guided by participatory research methodology, and principles outlined in the national Strategy for Patient Oriented Research Patient Engagement Framework, we organized a co-researcher group (CRG) of PSP with lived experiences of mental distress, suicidal thoughts/behaviours, bereavement, and supporting peers with suicide-related crises. Through monthly and ad hoc meetings, we collaborated on study design, data collection tools (i.e., national survey, interview guides), recruitment strategies and materials (i.e., website, posters), data collection (i.e., interviews, co-facilitating workshops), interpreting results, and translating knowledge into actionable recommendations.

Engaging with PSP with lived experience has ensured our research questions and data collection methods remained relevant to, and rooted in, the realities of the public safety sector. Our study materials were continuously revised to ensure they resonated visually and verbally. The CRG facilitated connections to the public safety sector by fostering trust between PSP communities and the research team. The insights and reflections the CRG shared from their lived experience helped surface nuances in the interpretation of study findings. Most importantly, they held the research team accountable to ensure study learnings were translated into concrete and impactful outcomes.

Engaging people with lived experience in crisis line and suicide research is not only a means to improve quality and rigour, but an ethical imperative to ensure research processes and findings honour and benefit those most impacted by our work.

Implementing competency-based education in 9-8-8: Suicide Crisis Helpline.

Learning Objective: To summarize the development and application of a scaffolded approach to building competency in suicide prevention in the crisis line sector.

The Canadian Crisis Line Response Competency Framework for Suicide Prevention was developed using a validated method for competency development, drawing from research, practice, and Lived Experience Caucus (LEC) perspectives. This framework is structured around four competency domains: 1) engagement; 2) risk and strength assessment; 3) safety planning and action; and 4) support and navigation. These competencies are applied through four interrelated responder roles: communicator, professional, advocate, and life-long learner.

The approach to 9-8-8 education and training, grounded in the competency framework, is designed to scaffold learning to support competency development and the delivery of an evidence-based approach to suicide prevention for individuals contacting 9-8-8. The pedagogical approach includes multiple educational modalities, including written foundational materials, live and recorded webinars, and an e-learning course. To ensure relevance and appropriateness of training, an advisory group has informed core elements of the training (e.g., e-learning course content, case scenarios). This

advisory group is comprised of LEC members, individuals from the crisis and mental health service sectors, and those with backgrounds in curriculum development.

To further support competency development in the four domains outlined above, 9-8-8 responders and supervisors can join a community of practice to share best practices, apply knowledge to real-world cases, and receive mentorship. This community of practice is facilitated by a resource team with knowledge of suicide prevention research, education, crisis line experience and practice, mental health care, and lived experience.

Evaluating 9-8-8 training is essential to understanding responder preparedness and identifying additional necessary supports. As the service continues growing, it will be important to ensure that training initiatives are effective at preparing responders to be confident and competent in responding to callers/texters' diverse needs.

We are evaluating the training's core elements using Moore's outcome framework for continuing education, focusing specifically on participation, satisfaction, learning, and competence. Competence is assessed using a newly developed competency self-assessment tool, aligned with the Canadian Crisis Line Response Competency Framework for Suicide Prevention.

We will share the pedagogical approach used for 9-8-8 education, discuss how people with lived experience were integral in shaping 9-8-8 training, and provide preliminary findings that will be used to support quality improvement and further development of education initiatives to support high quality service delivery for 9-8-8.

Engaging communities and those with lived experience to evaluate helpline equity, reach, and impact

Learning objective: To design evaluation strategies for crisis services that engage people with lived experience at all stages of evaluating service quality with an emphasis on equity.

There are well-known inequities in suicide rates and access to services across diverse communities in Canada. Advocates, community groups, the telecommunications sector, researchers, health professionals, and government leaders collaborated to create a three-digit crisis line accessible across Canada as a key pillar in enhancing equity in suicide prevention efforts. Seeking ways to evaluate equity in service provision is crucial to monitoring and continually improving 9-8-8.

We highlight two complementary methods for evaluating 9-8-8:

- 1) Conducting Health Equity Impact Assessments adapted to include the Digital Health supplement (HEIA-DH) to assess equity impacts and co-design mitigation strategies.
- 2) A post-interaction electronic survey to collect self-reported service user experience, including sociodemographic information to drive equity-based quality improvement. Lived Experience Caucus (LEC) members have been key partners in co-creating the survey and an accessible resource addressing callers/texters questions about survey data governance.

We apply these methods in partnership with community members with lived experience to monitor the service's reach, impact, and inclusiveness. This allows us to iteratively identify opportunities for quality improvement and collaborations to promote equity in service provision.

We will present early implementation learnings and outcomes from the first phase of piloting the post-interaction survey. We will describe how our technology enables linking survey data with de-identified call/text interaction data (e.g., timing, geographic region), providing nuanced insights on who 9-8-8 is currently reaching, highlighting variations in experiences, and identifying areas for further exploration. Survey data limitations (e.g., response rate, limited questions) will be discussed.

We will then describe how the HEIA-DH has been used to conduct an in-depth qualitative assessment of potential needs and opportunities for improvement in serving diverse communities. During early implementation of 9-8-8, we engaged diverse priority populations to understand

participants' perspectives and co-create suggested mitigation tactics for enhancing equity. Participants included self-advocates, family members, and community leaders across various populations. HEIA-DH results will demonstrate the impacts these conversations have on shaping improvement initiatives.

These equity-driven evaluation tools facilitate continuous quality improvement to strengthen equity of services across diverse regions and communities in Canada. Using nimble mixed methods to evaluate equity of services is most effective when done through robust involvement of community partners and PWLE.

Symposium #10 June 11th, 2025, 3:00pm – 4:30pm

Chair: Dr Louise La Sala

Social Media for Suicide Prevention and Postvention: Challenges and Opportunities

Dr Louise La Sala^{1,2}, Professor Jo Robinson^{1,2}, Dr Bridget Kenny^{1,2}, Mr Charlie Cooper^{1,2}, Dr Michelle Lamblin^{1,2}, Professor Matthew Spittal⁵, Professor Jane Pirkis⁵, Professor Ann John⁹, Dr Angela Nicholas⁵, Dr. Rachel Mitchell^{6,7,8}, Ms Simran Dhaliwal⁶, Ms Jasmine Amini¹⁰, Ms Gillian Grant-Allen⁷, Ms Lezhi Wang¹¹, Dr Vincent Tang⁷, Dr Mira Shuman¹³, Dr Stephen Lewis¹⁴, Prof. Dr. Thomas Niederkrotenthaler¹⁵, Dr Janet Song^{7,8}, Dr. Mark Sinyor^{6,7,8,10}, Dr Elke Elzinga^{3,4}, dr. Salim Salmi^{3,4}, Monique van den Eijnden^{3,4}, Professor Renske Gilissen^{3,4}, Saskia Merelle^{3,4}, Dr Georgia Dempster⁵, Ms Amanda Sabo^{1,2}, Dr. Juveria Zaheer^{7,12}, Rachel Lebovic^{6,10}

¹Orygen, Parkville, Australia, ²Centre for Youth Mental Health, The University of Melbourne, Parkville, Australia, ³113 Suicide Prevention, Amsterdam, The Netherlands, ⁴Amsterdam UMC, Amsterdam, The Netherlands, ⁵Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia, ⁶Hurvitz Brain Sciences Platform, Sunnybrook Research Institute, Toronto, Canada, ⁷Temerty Faculty of Medicine, University of Toronto, Toronto, Canada, ⁸Department of Psychiatry, Sunnybrook Health Sciences Centre, Toronto, Canada, ⁹Swansea University Medical School, , United Kingdom, ¹⁰Institute of Medical Science, University of Toronto, Toronto, Canada, ¹¹Ontario Institute for Studies in Education, Toronto, Canada, ¹²Centre for Addiction and Mental Health, Toronto, Canada, ¹³Department of Family Medicine, Sunnybrook Health Services, Toronto, Canada, ¹⁴Department of Psychology, University of Guelph, Guelph, Canada, ¹⁵Department of Social and Preventive Medicine, Center for Public Health, Medical University of Vienna, , Austria

Concept: Bringing together current and ongoing research from Europe, Australia and North America, this symposium explores the complex and evolving role of social media in addressing self-harm and suicide-related outcomes across the lifespan. Social media presents significant opportunities to support those at risk of suicide, amplify prevention efforts, and provide postvention care for individuals impacted or bereaved by suicide. However, there are also important questions to ask relating to online-specific harms, unintended consequences, and the need to ensure safe online contexts. As such, understanding the nuances of how and why people post and engage with suicide-related content online is essential for informing interventions that are safe, appropriate, and impactful.

A key focus of this symposium is the importance of co-creation and involving individuals with lived experience in research and designing interventions that meet their needs. Engaging end-users ensures that strategies are both relevant and effective, fostering safe and constructive online environments. Each presentation will speak to how end-users have been involved, shedding light on how social media users engage with, and navigate, suicide-related content online.

Finally, this symposium highlights the need for continued research to balance the benefits and risks of social media, ultimately aiming to harness its potential for suicide prevention and postvention in innovative and responsible ways.

Viewing and posting self-harm and suicide-related content online by young people and adults: An Australian national survey (Jo Robinson)

Background and aims: Suicide is the leading cause of death among young Australians aged 12 to 25 years. Suicidal ideation and self-harm are more common, and rates appear to be increasing. The reasons for self-harm and suicide-related behaviours are complex, however many have cited the rise in social media as a possible contributing factor. Research supports social media being both helpful and harmful, however very little is known about the extent to which individuals post, view, or respond to suicide-related content online, and how that impacts wellbeing. Therefore, the aims of this study were to examine (i) the extent to which young people, compared to adults, are exposed to self-harm or suicide content online, (ii) how and why young people post about self-harm or suicide online, and (iii) views on social media safety features, specific to self-harm and suicide.

Methods and results: An online national cross-sectional survey was conducted between January and March 2024. Quota sampling was used. Participants from across Australia were recruited from the Roy Morgan Single Source Panel, a panel managed by Pureprofile and via snowball sampling. Descriptive statistics were used to examine respondents' experiences; logistic regressions examined differences between young people and adults. Participants were 3,663 social media users (972 young people; 2,691 adults). Just over half had been exposed to self-harm or suicide-related content on social media. Young people were more likely to be exposed than adults (OR 3.97; 95%CI: 3.32–4.76). For almost two-thirds of people, exposure worsened their mood and a minority reported engaging in self-harm as a result; again, this was more common in young people (OR 4.46, 95%CI: 2.72–7.52). However, many people, in particular young people, reported using social media to seek support.

Discussion: There is concern about the impact of social media on self-harm and suicide and our findings support the need for improvements in the online safety features available to social media users who encounter this content. However, the fact that people use social media to access help suggests that a nuanced and evidence-based approach is required that includes the perspectives of young people and those with lived experience.

Learning objective: (i) The extent to which social media is used to communicate about self-harm and suicide (ii) considerations for ways social media companies could improve safety.

Tik, Tok or Talk? Understanding the Discourse on Self-harm and Suicide-Related Content on TikTok (Rachel Mitchell)

Background: Suicide rates among North American youth have increased disproportionately among females aged 10 to 14 years over the last 40 years. Historically, adolescent males have had higher suicide rates than females, but in Canada, this gap may be narrowing due to the rising suicide rate among younger female adolescents. In parallel, nearly all teens in North America now have access to a smartphone, and TikTok has emerged as one of the most frequently used social media apps with the vast majority of teens reporting daily or even constant use. TikTok hosts a plethora of mental health content, including posts related to suicide and self-harm. While social media use has been linked to both mental health benefits (e.g., support and connection) and risks (e.g., exposure to distressing content), there is growing concern about exposing youth to self-harm and suicide-related material, given their heightened vulnerability to suicide contagion.

Methods and results: This presentation will review the main findings from a thematic analysis of self-harm and suicide-related content on TikTok. Specifically, it will discuss the five overarching themes identified in a sample of 188 TikTok videos containing self-harm and suicide-related content: (1) Emotional distress; (2) Hope and recovery-based messaging; (3) Grief and memorialization of those who died by suicide; (4) Social functions associated with self-harm/suicide-related content; and (5) Shame and guilt associated with self-harm/suicide-related behavior. This presentation will also share

quantitative and qualitative results from a clinical study on TikTok use and mental health among adolescents, including mental health status, quality of life, as well as how youth perceive their TikTok use (beneficial vs. problematic).

Discussion: These findings will be discussed in the context of the possible risks and benefits associated with exposure to mental health-related content on social media, especially among those at higher risk of self-harm and/or suicide. Specifically, the quantitative findings will provide an overview of the association between mental health symptoms and TikTok use; while the qualitative findings will provide a more nuanced insight into the youth experience engaging with self-harm and suicide-related content and mental health content more broadly, on the platform.

Learning outcome: (i) How youth engage with this content and understanding how these findings may inform prevention and intervention strategies.

Evaluating the #ChatsafeNL social media campaign: Enhancing safe online communication about suicide among young people in the Netherlands (Elke Elzinga)

Background: Young people identify social media as a contributing factor to their suicidal thoughts and emphasize the need for improved online safety around suicide-related content. #Chatsafe, a set of guidelines accompanied by a social media campaign, was developed by Orygen in Australia to promote safer online discussions about suicide. Adapted into Dutch as #ChatsafeNL, the campaign has been evaluated through a randomized controlled trial in the Netherlands.

Methods: A randomized controlled trial was conducted to evaluate whether participants exposed to the #ChatsafeNL intervention demonstrated a significantly greater ability to communicate safely about suicide online compared to those exposed to control content on sexual health and identity. The intervention consisted of an 8-week social media campaign. Participants completed questionnaires before the intervention (T1), immediately after (T2), and four weeks post-intervention (T3). This analysis focuses on acceptability and feasibility, defined as participants' self-reported confidence in safely discussing suicide online at T2, along with qualitative insights into positive experiences and adverse effects.

Results: Currently, 533 participants are enrolled in the RCT, with 324 (61%) having completed the intervention and T2 questionnaires (n=166 in the intervention group, n=156 in the control group). Among the intervention group, 72% reported feeling more confident communicating safely about suicide on social media, compared to 39% in the control group, with 26% reporting significant improvements. However, 13% reported negative effects, compared to 6% in the control group, and 4% stated that the content made them feel more suicidal or unsafe (vs. 3% in the control group). In open-text responses, some participants noted that the content reactivated earlier negative experiences, trauma, or thoughts of suicide. Despite this, the majority appreciated the content, particularly learning about the importance of initiating conversations about suicidality to support others, setting boundaries, and understanding that they are not solely responsible for their online friends.

Discussion: Although the final analysis is yet to be conducted, these preliminary results present a promising outlook on the acceptability and feasibility of the #Chatsafe campaign in enhancing young people's ability to communicate safely about suicide online. The key challenge moving forward lies in translating this intervention from a controlled setting to broader, real-world applications.

Learning objective: (i) How a social media campaign can enhance young people's confidence and ability to communicate safely about suicide online

The 2500: Stakeholder feedback on a co-created social media campaign promoting hope in suicidal crisis (Angela Nicholas)

Background: Co-designing interventions with people with lived experience of suicide is best practice in the development of suicide prevention interventions of all types. Media campaigns are no exception, though there is so far limited literature regarding this co-design process.

Methods: Suicide prevention media researchers from the University of Melbourne partnered with Australian lived experience organisation, Roses in the Ocean, and award-winning advertising company, The Hallway, to co-create with people with lived experience of suicide a social media campaign aimed at promoting hope among people in suicidal crisis. The co-design process included targeted recruitment, two co-design workshops in which the group shared their stories while the advertising company observed the group remotely, a concept session in which the group provided feedback on potential campaign concepts, and filming of videos with each individual member of the lived experience group. Once the initial edits of the social media videos were complete, we sought feedback from an advisory group and other stakeholders.

Results: At the centre of this campaign are six people with lived experience of suicidality, including chronic suicidality and suicide attempts, talking about their own experiences of finding hope during a suicidal crisis and promoting the idea that others in crisis can also learn to manage their suicidal thoughts and stay. Their experience of the co-design process was uniformly positive, though there were many challenges in identifying the most impactful concept for the final campaign.

Discussion: In this session, we will outline the co-design process and outcomes of stakeholder input. We will present example videos from the campaign, lessons learned from this process and our learning that may be useful to others creating suicide prevention social media campaigns.

Learning Objective: (i) The process and outcomes of testing a co-created social media campaign before public release, (ii) Working with an advertising company on a suicide prevention project.

Can social media support young people after suicide bereavement? (Louise La Sala)

Background and aims: Young people are known to use social media to communicate about suicide, including to grieve or memorialise those who have died by suicide. Those bereaved by suicide are at greater risk of developing suicidal thoughts, feelings or behaviours and therefore, there is significant concern about the impact of social media and the potential for young people to be over-exposed to suicide-related information during the early stages of their bereavement. Research supports the use of social media as a tool for suicide prevention, however very little is known about what constitutes the best postvention response for young people, and even less is known about how to incorporate social media into such an approach. The aims of this study were to explore (i) how young people use social media to communicate about suicide immediately after suicide bereavement, and (ii) if, and how, social media could be used as a source of support during this time.

Methods and results: In-depth semi-structured interviews were conducted with 9 young Australians aged 19 — 23 years who had been bereaved by suicide and had viewed or posted about suicide on social media. Participants were asked about their general social media use and the content they viewed or posted on social media specifically after being bereaved by suicide. Participants were also shown #chatsafe social media content and asked if, and how, social media could have supported them during this time. Interview data were transcribed verbatim and analysed using reflexive thematic analysis. Participant reflections relating to the helpful (i.e., speaking with friends, seeking connection) and harmful (i.e., quantity and volume of suicide content) aspects of using social media post suicide bereavement will be presented, as well as themes relating to grief and the need for personalised, age-appropriate, and youth-friendly postvention supports.

Discussion: These findings are being used to inform an age-appropriate and evidence-based suicide postvention response that can be delivered via social media to young people who are impacted by suicide. To date, this approach has reached >3 million people in Australia and New Zealand, highlighting the utility of social media to provide real-time bereavement support to young people worldwide.

Learning objective: (i) The ways social media are used by young people following suicide bereavement with the goal of improving postvention supports.

Symposium #11 June 11th, 2025, 3:00pm – 4:30pm

Chair: Myfanwy Maple

Evaluation of effectiveness of postvention interventions for communities and professionals
Professor Myfanwy Maple¹, **Prevention Manager Sandra McNally**², **Dr Ravivarma Rao Panirselvam**³, **A/Prof Edouard Leune**^{4,11}, **Dr. Sally Spencer-thomas**⁵, Dr Sarah Wayland⁶, Dr Izzaty binti Hammid⁷, Dr Aisyah Hidayati binti Abdullah⁷, Dr Nur Iwana bt Abdul Taib⁸, Dr Nur Farahin Khirudin⁹, Dr Noor Raihan bt Khamal¹⁰, Dr Heloise Rouze^{4,11}

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Over the decades various types of suicide bereavement support have been developed, including individual counseling or psychotherapy, and support groups. Support has been targeted at suicide-bereaved individuals, but also at specific groups such as schools, health professionals, and the broader community. While more interventions have become available, evaluation studies of the effectiveness of these interventions are still scarce. The aim of this symposium is to present findings from recent evaluation studies and discuss challenges in developing and implementing interventions.

Learning objective: The symposium will discuss findings and insights regarding evaluation of effectiveness of interventions from various countries around the world, and the challenges for such studies.

Evaluation of the Seasons for Life Project, an initiative to improve resilience following exposure to suicide or other loss among high school students in Australia

Myfanwy Maple (University of New England, Australia), Sarah Wayland (Central Queensland University, Australia)

Learning objective: Participants will understand the complexities of independent evaluation in school contexts in relation to suicide bereavement and other significant losses and consider the ethical position of these complexities and tensions.

This presentation will provide an overview of the Seasons for Life (SfL) initiative and the ongoing evaluation of this program in high schools across Australia. The SfL program is supplementary to the Seasons for Growth program which has been running throughout primary and high schools in Australia for 20 years by McKillop Seasons. The aim of SfL is to reduce the impact of exposure to suicide and other significant losses and increase resilience through grief literacy and coping strategies. SfL targets vulnerable populations and communities, while providing increased support of children and young people experiencing a range of losses, thereby aiming longer-term to address the risk factors that may lead to suicide and suicide attempts. Through a co-designed evaluation program, SfL is being evaluated for reach, coverage and impact. This presentation will provide insights into the development and implementation of the SfL program across Australia, along with some significant barriers in evaluating the project. One significant barrier encountered which will be explored in this

presentation is the ethical requirements of evaluating programs in schools which limits the timeliness and quality of external evaluations, a limitation which does not exist for those providing services within schools. This tension between service provision and the need to develop a robust evidence base for such services for vulnerable young people will be discussed.

Local Outreach to Suicide Survivors (L.O.S.S.): Paving the Way for Effective Postvention

Sandra T. McNally, MA, LISAC, EMPACT–Suicide Prevention Center, USA

Learning Objective: Participants will identify key components of the L.O.S.S. approach and its effectiveness in connecting those bereaved by suicide to Survivors of Suicide support groups.

Background: Each year, approximately one million people die by suicide worldwide. Research has shown that the experience of losing someone to suicide can be complicated and traumatic, resulting in unhealthy coping and loved ones being at risk for self-destructive or suicidal behavior if proper grief support is not offered in a timely manner. Therefore, an active postvention model such as Local Outreach to Suicide Survivors (L.O.S.S.) can be instrumental by having trained first responders, who are Survivors of Suicide themselves, reach out to those bereaved by suicide as close to the suicide death as possible to provide effective postvention assistance, with the purpose of reducing risk and promoting healing.

Aim/Method: Data was collected from registration forms which were completed by 263 new group members who attended a Survivors of Suicide support group in Arizona during a 12-month timeframe (within the 2023–2024 program year). This data included the date of their first group session, the date of their loved one's death, and whether they were referred by the L.O.S.S. program.

Results: For group participants who were referred by the L.O.S.S. program, the average length of time between the date of the suicide and the date they first attended group was 40 days. For participants who were not referred by the L.O.S.S. program, the average length of time between the date of the suicide and when they first attended group was 3.04 years.

Conclusion: It was determined that the L.O.S.S. approach is successful as an active postvention model, connecting those bereaved by suicide to support groups in a significantly shorter period of time than individuals who didn't have exposure to the L.O.S.S. program. One limitation of this study was that data was collected only from participants who attended a support group sponsored by EMPACT–Suicide Prevention Center, potentially restricting the ability to apply these findings to other communities. Still, the findings would indicate that the L.O.S.S. approach is beneficial in guiding newly bereaved individuals to postvention activities, such as support groups, soon after their loss.

Postvention in Resource–Challenged Communities

Ravivarma Rao Panirselvam

Department of Psychiatry and Mental Health, Hospital Miri, Sarawak, Malaysia & #ZeroSuicideSarawak, 2 Izzaty binti Hamidi, Miri Division Health Office, Sarawak, Malaysia, 3. Aisyah Hidayati binti Abdullah, Miri Division Health Office, Sarawak, Malaysia, 4. Nur Iwana bt Abdul Taib, Department of Psychological Medicine, Faculty of Medicine and Health Sciences, University of Malaysia, Sarawak, Malaysia & Dee Hati Grief Centre, 5. Nur Farahin Khirudin, Sarawak Social Development Council, Ministry for Women, Early Childhood, and Community Wellbeing Development, Sarawak, Malaysia, 6. Noor Raihan bt Khamal, Mental Health Crisis Intervention Sector, National Centre of Excellence for Mental Health, Ministry of Health Malaysia.

Learning Objective: Attendees will be able to describe the challenges, strengths, and adaptations required to implement a postvention service in resource–challenged communities (e.g., low- and

middle-income countries, LMIC) through the experience from a Division (i.e., group of administrative districts) in East Malaysia.

Background: Resource-challenged communities, such as LMIC, face a significant burden from suicide loss and subsequent bereavement, including the risk of developing future suicidal behavior. Evidence indicates that the mismatch between the burden of suicide and the availability of resources, including evaluations of interventions, impedes suicide prevention efforts. However, there is a growing recognition of harnessing the inherent strengths within these communities: social cohesion, community resilience, adaptations to reform, cultural diversity, and a robust public health system.

Malaysia is a federation comprising two land masses: West and East Malaysia. East Malaysia is culturally diverse but significantly less developed than its counterpart. In 2023, Malaysia decriminalized suicide attempts as part of an ongoing effort to enhance suicide prevention. Effective surveillance systems for suicides are still in development, and the stigma surrounding suicide and bereavement obscures the needs of local communities. Nevertheless, Malaysia has one of the most extensive and accessible public health systems in the region.

Aims: This presentation describes a multisector, lived-experience-informed postvention model developed in a division of East Malaysia. The model utilizes health and social services to provide postvention while building capacity through an integrated public health network in Sarawak.

Findings and discussion: The framework was developed in response to identified needs. Ad-hoc responses to suicide deaths in the community alerted service leaders to the community's needs and difficulties in linking services during crises. Physical and digital connectivity is a significant concern in East Malaysia. A significant barrier was the identification of suicide deaths and affected individuals. This resulted in engagement meetings among stakeholders in health, social care, media, NGOs, and individuals with lived experience, leading to an integrated workflow and shared responsibilities. Key components of the service include surveillance of deaths, identifying bereaved, media management, and active outreach in the community via primary care officers. Didactic and simulation training, in partnership with individuals with lived experience, including hands-on mentorship, is employed as a strategy to rapidly increase capacity among untrained workers.

The presentation will conclude by highlighting case vignettes, ongoing challenges, and the evaluation of the service, including plans to scale the service to other parts of Malaysia.

The impact of patient suicide on general practitioners in France: results from a large online survey

Edouard Leaune^{1,2}, H  lo  se Rouz  ^{1,2}

¹ Hospices Civils de Lyon, Lyon, France, ² Research on Healthcare Performance (RESHAPE), INSERM U1290, Universit   Claude Bernard Lyon 1, Lyon, France

Learning objective: Understanding the personal and professional effects of patient suicide on general practitioners and their need for support in the aftermath.

Background: General practitioners (GPs) play a critical role in suicide prevention and are highly prone to encounter patient suicide (PS) during their career. However, there is a lack of research that addresses the effects of PS on GPs. Indeed, no quantitative study has addressed the issue of encountering PS in GPs.

Aim: To assess the frequency of the exposure to PS and the personal and professional impacts of PS in French GPs.

Methods: A national survey was used in 2022 to assess (a) the frequency of exposure to PS, (b) the emotional, traumatic and professional impacts of PS, and (c) the perceived support in the aftermath of PS in French GPs. Participants were contacted through email and social media to answer the online questionnaire, including a measure of traumatic impact through the Impact of Event Scale-Revised.

Emotional and professional impacts, and perceived support were assessed through non-validated scales.

Results: The sample included 1,422 participants, of which 176 were residents. 45.8% (n= 651) reported an exposure to PS. The mean IES-R was 13.9, with 9.4% (n= 61) reporting an IES-R higher than 34 (for a maximum score of 88). The mean emotional score was 8.7, with 7.5% reporting an emotional score higher than 18 (for a maximum score of 30). A total of 28.3% (n= 184) of those exposed reported a negative professional impact, including loss of self-confidence in professional competencies, of whom 17.9% (n= 33) considered changing their career path. A total of 58.2% (n= 379) reported having received no support in the immediate aftermath of PS, only 1.4% (n= 9) having benefited from a postvention program. In the multivariate analysis, female gender and feeling responsible for the death were significantly associated with higher traumatic and emotional impacts ($p < 0.001$) and more frequent negative professional impact ($p < 0.01$), while having a strong therapeutic alliance with the deceased was associated with higher traumatic and emotional impact ($p < 0.001$).

Conclusion: A great proportion of GPs encounter PS during their career and exhibit traumatic, emotional and professional effects in the aftermath. The lack of support and of postvention programs dedicated to GPs is a critical issue that needs to be addressed in future studies.

Navigating the Tsunami After Suicide: Piloting an 8-Session Treatment Model for Clinicians Helping People Cope with Grief, Trauma, and Distress

Sally Spencer-Thomas, Psy.D., Sally Spencer-Thomas LLC, Conifer, Colorado, USA

Learning objectives: 1. List the components of the 8-session treatment model for supporting clients with complicated suicide bereavement. 2. Describe the preliminary evaluation of the clinicians' experience in the two-day training.

Background: Suicide loss can lead to life-disrupting and complicated grief and trauma, often involving unique challenges like shunning, unanswered questions, and intense guilt. The 8-session treatment model, "Navigating the Tsunami After Suicide," offers clinicians a framework to support individuals coping with these challenges. This model equips clinicians with tools to address the emotional and psychological complexities of suicide bereavement, integrating adaptable therapeutic techniques for diverse cultural backgrounds. Key components include fostering psychological safety, building resilience, and addressing trauma-induced grief while creating safe spaces for clients to express their grief and receive empathetic care.

Methodology: On November 5, 2024, 19 mental health providers from Riverside Behavioral Health participated in a two-day training. The learning objectives included:

Day 1:

- Understanding clinicians' own lived experiences, biases, and fears
- Identifying the diverse ways suicide death impacts people

Day 2:

- Learning the 8-session treatment model for complicated trauma and grief after suicide loss
- Supporting a community impacted by suicide loss

Results: Survey findings revealed that most participants (84%) rated the workshop as "very useful" or "extremely useful." Participants highlighted the safe and supportive environment, opportunities for self-reflection, and the interactive nature of the session as key strengths. Many found the personal stories shared during the session particularly impactful, emphasizing how they connected theory to real-life application.

Areas for improvement included requests for greater inclusion of diverse perspectives and more structured resources for implementing the 8-session model. Specific feedback suggested clearer formatting of session materials and incorporation of video demonstrations. Participants also noted the importance of culturally adaptable approaches to suicide bereavement.

Conclusions: The Navigating the Tsunami After Suicide model is a promising framework for clinicians addressing the complex needs of individuals grieving suicide loss. While participants reported increased confidence and preparedness, feedback highlighted the need for enhancements in resource organization and inclusive representation. Future iterations should incorporate participant suggestions to optimize training delivery and model implementation in diverse clinical settings.

Symposium #12 June 11th, 2025, 3:00pm – 4:30pm

Chair: PD Dr. phil. Anja Gysin-Maillart, M.Sc. Lara Marie Aschenbrenner

Advanced psychometric understanding and clinical implications in suicide risk assessment: The Death/Suicide-Implicit Association Test

M.Sc. Lara Marie Aschenbrenner^{1,2}, PD Dr. Anja Gysin-Maillart^{1,4,7}, M.Sc. Adriana Frei^{1,2}, Prof. Dr. Thomas Forkmann³, Dr. Dajana Schreiber³, Prof. Dr. Heide Glaesmer⁴, Dr. Juliane Brüdern⁴, PD Dr. Maria Stein⁵, M.Sc. Marie-Anna Sedlinská^{1,2}, Prof. Dr. Kristina Adorjan¹, Prof. Dr. Sebastian Walther^{1,6}, **M.Sc. Myren Sohn**^{8,9,10}, Dr. Signe L. Bray^{9,10,11}, Dr. Alexander McGirr^{8,9,10}, **Dr. Brian O'Shea**^{12,13}, M.Sc. René Freichel¹⁴, Dr. Matthew Nock^{13,15,16}, **Dr Marc Besnier**¹⁷, M.Sc. Lila Barillot¹⁷, Prof. Dr. Armand Chatard¹⁷, **Associate Professor/research Scientist John Keilp**¹⁸, Assistant Professor of Psychiatric Epidemiology Donna Ruch¹⁹, Professor of Psychiatric Epidemiology Jeff Bridge¹⁹, Assistant Professor Of Psychology In Psychiatry Marianne Gorlyn¹⁸, Professor Of Psychiatry Katalin Szanto²⁰

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Suicide risk assessment has long relied on self-report measures, yet implicit cognitive processes, i.e., automatic associations beyond conscious awareness, play a crucial role in shaping suicidal ideation and behaviour. Implicit measures offer a promising way to capture these unconscious processes, complementing explicit assessments and improving predictive accuracy. This symposium brings together researchers from Canada, England, Switzerland, France, and the USA to explore the Death/Suicide-Implicit Association Test (D/S-IAT), a well-established tool in clinical and research contexts, designed to assess implicit associations with life and death. Presentations will examine its psychometric properties, including reliability, validity, and predictive value, as well as innovative adaptations such as the Control D-IAT, which measures internal control biases related to death in high-risk groups. The symposium will also include recent research on pharmacologically enhanced neuromodulation, network outcome analyses of psychological risk factors for suicide risk, cross-cultural validations, and discussions on how age influences the D-IAT's predictive accuracy. By providing a comprehensive overview of the D/S-IAT, this session will offer valuable insights into its clinical and research applications. Participants will gain a deeper understanding of how this tool can inform suicide prevention efforts, making this symposium particularly relevant for those interested in advancing evidence-based assessment strategies.

Pharmacologically enhanced repetitive transcranial magnetic stimulation decreases suicidal ideation and implicit suicide risk

Myren N. Sohn

Background: A critical challenge in suicide prevention is that clinical risk assessments rely on patient-disclosed suicidal ideation. While the assessment of suicidal ideation is crucial, it can change rapidly and, thus, has limited temporal validity. The Death-Implicit Association Test (D-IAT) is an objective computerized measure of differences in implicit associations with life and death. A meta-analysis confirmed that stronger implicit associations with death are associated with a 3-fold increased risk of suicide attempt within the next 6 months, suggesting that performance on the D-IAT reveals an implicit vulnerability to suicide. Therefore, we aim to identify a treatment that can reduce implicit suicide risk measured on the D-IAT. Neuromodulation treatments may be particularly promising as they allow for targeted remodelling of neural circuits involved in suicide risk. One such treatment is repetitive transcranial magnetic stimulation (rTMS), which is a non-invasive brain stimulation technique used for treatment-resistant depression, a population at high risk for suicide. We have demonstrated that pairing rTMS with D-Cycloserine, a partial agonist of the N-Methyl-D-Aspartate receptor, increases the antidepressant effects of rTMS treatment. However, the effects of rTMS with adjunctive D-Cycloserine on implicit (D-IAT performance) and explicit (suicidal ideation) suicide risk have not been investigated.

Methods: We conducted two 4-week clinical trials using rTMS+D-Cycloserine targeting the left dorsolateral prefrontal cortex in adults with major depressive disorder (an open-label trial [n = 12] and a randomized placebo-controlled trial [RCT, n = 50]). In both studies, the D-IAT was completed at baseline and post-treatment. The clinician-rated Montgomery-Asberg Depression Rating Scale (MADRS) was also conducted to measure changes in depressive symptoms and suicidal ideation throughout treatment.

Results: Open-label rTMS+D-Cycloserine reduced implicit suicide risk on the D-IAT and rapidly resolved suicidal ideation. In the RCT, rTMS+D-Cycloserine resulted in a greater decrease in D-IAT scores and was superior in reducing suicidal ideation compared to rTMS+placebo. These results remained statistically significant when controlling for changes in other depressive symptoms.

Conclusion: These findings demonstrate that D-IAT scores can be modified with treatment and suggest that pharmacologically enhanced rTMS may be a promising strategy to reduce both implicit and explicit suicide risk in depression.

Learning Objective: To understand that implicit (D-IAT performance) and explicit (suicidal ideation) suicide risks are reduced using rTMS with adjunctive D-Cycloserine.

Using the Death-IAT in a prospective network outcome analysis of psychological risk factors driving suicide risk in emergency department patients

Brian A. O'Shea

Background: Different theories of suicide propose somewhat different psychological factors that lead to suicidal thoughts and behaviors. For example, Beck's (1986) theory highlights hopelessness, while Joiner's (2005) interpersonal—psychological theory of suicide emphasizes burdensomeness, lack of belonging and fearlessness about death. Surprisingly, few studies have tested which theoretically proposed psychological factors are most predictive of suicidal thoughts and behaviors. Additionally, previous studies have demonstrated that implicit (Death/Suicide-IAT score (Nock et al., 2010); reaction time difference between “Me” + “Death” word sorting task versus “Me” + “Life”) and explicit associations with the concepts of suicide and non-suicidal self-injury are specifically predictive of engagement in these suicidal behaviors both concurrently and prospectively (that is, over 6—12 months; Freichel et al., 2024; Sohn et al., 2021) and were also included here.

Methods: We used network outcome analysis (Epskamp et al., 2012; 2018; Haskbeck et al., 2020) to disentangle the effects of the above-described constructs in predicting suicidal ideation, suicide plans and attempts. Participants were 1,412 patients presenting to an emergency department with psychiatric complaints, with follow-up assessments one month and six months (n = 938) later.

Results: We showed that different psychological factors predicted different parts of the continuum of suicidal thoughts and behaviors. Lack of belongingness was most predictive of suicidal ideation (partial correlation (pcor) = 0.14), acquired capability for death (i.e., fearlessness of death) was most predictive of suicide planning (pcor = 0.08), and hopelessness was most predictive of suicide attempts (pcor = 0.12). Individuals' explicit associations with death (i.e., death = me) prospectively predicted all three outcomes (pcor = 0.13—0.23), while the Death/Suicide-IAT indirectly related to all three outcomes through explicit associations with death.

Conclusion: Our findings suggest that implicit measures (Death/Suicide-IAT score) represent a convergent marker of explicit suicide cognitions that, in turn, predict suicide-related outcomes. This finding is in line with recent studies showing no evidence for direct associations between Death/Suicide-IAT scores and suicide attempts in high-risk samples (Rath et al., 2021). Overall, we find that the occurrence of suicidal thoughts and behaviors is best predicted using constructs from several different theories of suicide. Future theoretical and empirical work should integrate components of existing theories.

Learning Objective: To understand how different psychological factors uniquely predict suicidal thoughts and behaviors: lack of belongingness predicts ideation, fearlessness predicts planning, and hopelessness predicts attempts.

Exploring suicidal behaviour through implicit identity and control biases: Findings from the Death-Implicit Association Test and its control-adaptation

Lara M. Aschenbrenner

Background: This study applied the standard identity Death-Implicit Association Test (iD-IAT) along with an adapted control version (cD-IAT) to examine identity and control biases in relation to life and death among multiple and recent suicide attempters. Relationships between both D-IATs and explicit psychological variables, as well as reliability and validity of the cD-IAT compared to the iD-IAT, were evaluated.

Methods: Included were 116 patients (58.1% female; age M = 33.6, SD = 12.4), classified into behavioural subgroups (single vs. multiple attempters; recent vs. lifetime attempters). Implicit biases were measured using the iD-IAT and cD-IAT. Self-report measures assessed suicidal ideation,

depression, locus of control, psychological pain, and positive mental health. Clinical diagnoses were confirmed through structured interviews.

Results: Recent attempters showed weaker self-life ($t(114) = 2.18, p = .016$) and internal control-life ($t(114) = 2.26, p = .013$) associations than lifetime attempters. Multiple and single attempters only differed in the cD-IAT ($t(114) = 2.25, p = .007$). The iD-IAT positively correlated with suicidal ideation ($rs(114) = .20, p = .032$), depression ($rs(114) = .20, p = .033$) and external control ($rs(114) = .21, p = .021$); the cD-IAT with suicidal ideation ($rs(114) = .25, p = .006$) and depression ($rs(114) = .26, p = .006$). The cD-IAT's D-value added in the regression model was a significant predictor of multiple suicidal behaviours ($\chi^2(1, 116) = 5.14, p = .023$). The cD-IAT demonstrated higher reliability ($rsb = .75, p < .001$) and discriminant validity ($AUC = .64, p = .013$ identifying multiple attempters; $AUC = .62, p = .028$ identifying recent attempters) than the iD-IAT ($rsb = .49, p < .001$; $AUC = .57, p = .179$; $AUC = .60, p = .073$).

Conclusion: The cD-IAT effectively captures control biases and shows promise as a reliable and valid tool for furthering the understanding of suicidal behaviour. Differences in implicit biases between recent and lifetime, and multiple and single attempters, suggest internal control constructs related to life and death may be particularly relevant for individuals with more recent and multiple suicidal behaviours. These findings underscore the value of implicit measures in capturing cognitive vulnerabilities associated with suicidal behaviour, warranting further refinement and validation of these tools for clinical applications.

Learning Objective: To understand how implicit identity and control biases relate to suicidal behaviour and how the novel control D-IAT improves reliability, validity, and discriminant utility in differentiating suicide risk subgroups.

Unveiling hidden risks: Predicting suicide attempts with implicit cognition in two clinical studies

Marc Besnier

Background: Implicit biases have been shown to provide valuable insights into complex human behaviors, including suicide risk (for a recent meta-analysis, see Sohn et al., 2021). This talk presents findings from two studies examining the predictive validity of the Suicide-Implicit Association Test (S-IAT), a measure of implicit identification with death/suicide.

Methods: The first study was a direct replication of the seminal work by Nock et al. (2010), originally conducted in the United States. This replication involved 165 patients seeking treatment at the emergency psychiatric department of a hospital in France (Tello et al., 2020). At baseline, participants completed the S-IAT, a semi-structured interview, and a self-report measure of suicide ideation. Suicide attempts were assessed six months later through phone interviews and medical record reviews. The second study, conducted in Morocco, included 203 patients with diverse psychiatric conditions (Chatard et al., 2025). In addition to replicating earlier findings in a different cultural context, this study aimed to identify specific patient subgroups for whom the S-IAT might be particularly effective.

Results: The first study found that the S-IAT predicted future suicide attempts beyond established predictors, achieving an 85% correct classification rate. Predictive utility remained stable over three years. The second study confirmed the S-IAT's ability to predict suicide attempts at a six-month follow-up. Its predictive utility was particularly pronounced among patients with anxiety and depressive symptoms – a subgroup at elevated suicide risk.

Discussion: These findings support the clinical applicability of the S-IAT across diverse cultural and psychiatric settings. By identifying individuals at elevated risk of suicide, the S-IAT demonstrates significant potential for improving suicide prevention strategies. Implications for future research and clinical practice will be discussed.

Learning Objective: By the end of this session, participants will be able to describe the predictive validity of the S-IAT across diverse clinical populations and cultural contexts; explain the diagnostic value of the S-IAT in identifying individuals at risk of suicide; identify the subgroups for whom the S-IAT may be particularly effective in clinical practice.

Psychometric considerations and limitations of the Implicit Association Test for assessing risk for suicidal behavior

John G. Keilp

Introduction: The implicit association paradigm is the latest in a long line of psychometric approaches to uncovering thoughts, motives, and urges that are not explicitly stated or acknowledged. Its primary outcome measure is the d-score, the standardized difference in reaction times in blocks of trials where one is making associations to the self (or proxies for the self) vs. the non-self. In the context of research on suicidal behavior, the death/suicide Implicit Association Test (d/s IAT) employs this differential reaction time methodology to uncover implicit associations between the self and death that are associated with actual risk for suicidal ideation and behaviors.

Methods: Our recent multi-site study examining clinical, behavioral, and neurocognitive measures' associations to suicidal behavior across the adult lifespan identified limitations of the d/s IAT in its clinical sensitivity and psychometric features (Ruch et al., 2023). Participants ranged in age from 16–80, stratified across this range, and included depressed individuals with past suicide attempt (n=82), depressed individuals without past attempts (n=80), and healthy volunteers (n=86).

Results: 12.4% of the original sample failed quality control metrics, and were significantly older, less educated and with lower estimated intellectual ability. The d-score was able to identify 15.2% of past suicide attempters under the age of 40 ($\chi^2=6.72$, $p=.035$), but was no longer sensitive in older participants. The d-score was correlated with both age ($r= -.46$, $p<.001$) and overall reaction times ($r= -.32$, $p<.001$) across all groups. Moreover, detailed examination of response times across its block structure revealed embedded practice effects that may impact validity. Data from a separate study of intravenous ketamine or midazolam suggest separate effects with repeated assessment for short “practice” blocks vs. longer “test” blocks when comparing performance before and one day after IV treatment.

Conclusions: The d/s IAT appears somewhat sensitive to acute suicidal behavior risk, primarily in younger examinees, but specificity appears weak. The computation of the d-score may not be optimized for older individuals given that the d-score is correlated with both age and overall response times in samples covering a wide age range. Older and less intellectually accomplished examinees may fail performance validity metrics, further restricting the task's potential usefulness as an individual clinical assessment measure. Further development of the task's outcome measure and further validation studies are recommended.

Learning Objective: Attendees will understand the format of the d/s IAT, developmental effects on its outcome measures, and potential limitations to its implementation.

Symposium #13 June 11th, 2025, 3:00pm – 4:30pm

Chair: Mark Larsen & Michelle Tye

Improving the quality and impact of digital interventions and clinical trials in the prevention and treatment of mental health and suicidal thoughts and behaviours

Associate Professor Michelle Tye¹, A/Pro Mark Larsen², Professor Phil Batterham³, A/Pro Sarah Hetrick, Michella Heinrichsen^{5,6,7}

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Overall Abstract/Concept: Well-designed digital interventions and high-quality clinical trials are the cornerstone of establishing effective and safe interventions for the prevention and treatment of self-injurious thoughts and behaviours and mental health conditions. However, there is substantial room for improvement in the quality of behavioural interventions and their associated clinical trials, including in the areas of understanding mechanisms of change, harm, inclusivity, and implementation. Weaknesses in intervention and trial design can jeopardise the quality and validity of evidence established, waste resources, and limit the impact of trials. This symposium brings together evidence from consensus-building activities on improving the informativeness and safety of clinical mental health trials with clinical trial case studies in the area of suicide prevention to illustrate important considerations for improving the design, delivery, and reporting of digital mental health and suicide prevention interventions and trials. Over the course of five presentations, attendees will understand how to design and deliver digital interventions and clinical trials in ways that are innovative, rigorous, and which can advance current understandings of why interventions are effective, to inform future practice in this field.

Improving the impact of suicide prevention research through more informative clinical trials of digital interventions

Philip Batterham

Co-authors: Bridianne O'Dea, Eliza-Rose Gordon, Fergus Lyons, Mindy Taylor, Matthew Whitten, Bojana Vilus, Jasmine Turner, Sally Rooke, Mirjana Subotic-Kerry, Melinda Achilles.

Background: Despite a proliferation of clinical trials of digital mental health interventions (DMHIs), few trials lead to changes in policy and practice. Trials of online interventions to reduce suicide risk are often underpowered, poorly designed, incremental, or do not address key implementation gaps. There is also insufficient inclusion of lived experience and other stakeholder perspectives. Building on an existing definition of informative trials, we developed a framework to assess the informativeness of DMHI trials.

Methods: A scoping review was conducted to identify indicators of informative trials that are relevant to DMHIs. Qualitative interviews were conducted with lived experience partners to expand the scope of indicators. A Delphi study incorporated four panels (n=90): (i) Lived Experience (consumers and carers) (ii) Researchers (iii) Statisticians/Methodologists (iv) Implementers (e.g., service providers, policy makers). To evaluate the state of the field, we applied the final framework to assess the informativeness of 153 recent trials of DMHIs.

Results: From the scoping review of 120 relevant papers, we identified 167 potential indicators of informativeness, which were winnowed into 62 statements. Thematic review of initial criteria identified seven broad domains: significance, expertise, planning, design, reporting, safety and translation. The Delphi study found very little consensus between panels. Using a cut-score approach, 15 top-ranked criteria were selected into the informativeness conceptual framework. Quality of recent trials was mixed, with only 8 of the 15 criteria present across more than 50% of studies.

Conclusion: Despite challenges in reaching consensus, a framework to assess the informativeness of DMHI trials can stimulate the suicide prevention field to improve trial quality and impact. There is

significant scope for improving informativeness of suicide prevention trials, which may be aided through aligning funding criteria, enhancing trial registries and refining reporting checklists. Informativeness is critical to ensuring that research leads to positive impact.

Learning Objective: Attendees will understand the range of factors that increase the informativeness of clinical trials in suicide prevention, providing greater opportunities for research evidence to improve practice.

Challenges of measuring harm of a smartphone app for depressive symptoms in adolescents: The MobiliseMe trial

Sarah Hetrick

Co-authors: Mirjana Subotic-Kerry, Sophie Li, Melinda Achilles, Andrew Mackinnon, Philip Batterham, Helen Christensen, Aliza Werner-Seidler, **Bridianne O'Dea**

Background: Depression is a leading cause of disability in adolescents worldwide. This paper presents an investigation of safety outcomes among adolescents participating in the MobiliseMe RCT that aimed to determine the effectiveness of a CBT-based smartphone app (called ClearlyMe) for improving the mental health of adolescents with depression.

Methods: A three-arm RCT with outcomes assessed at baseline, 6-weeks endpoint, 3-month follow-up. Adolescents aged 12–17 with mild to moderately severe depressive symptoms who were not in treatment and did not have recent suicide attempts or ideation were eligible. Participants were randomised to (i) self-directed use of the CBT-based ClearlyMe app, (ii) guided use (via weekly SMS support) of ClearlyMe or (iii) active control (weekly SMS psychoeducation). The primary outcome was depressive symptoms measured by the Patient Health Questionnaire — Adolescent (PHQ-A-9). Safety was reviewed in terms of symptom deterioration, the frequency of suicidal ideation reported in item 9 on the PHQ-A-9 and other outcomes.

Results: A total of 3145 individuals were screened. Of these, 942 (30%) were excluded because of suicide ideation or attempts in the past month. A further 264 (8%) were excluded due to frequent suicidal ideation in the past two weeks. Final sample consisted of 569 youth (Mage: 15.9, SD:1.3, 74% F). Throughout the trial, 102 participants (18%) reported 171 safety events. The majority of these (93 events, 54%) were the presence of frequent suicidal ideation with mental health hospitalisations accounting for an additional 12% (21 events). The frequency of these events was significantly higher in the control condition than the intervention conditions. Of the 13 mental health welfare callback requests made by participants, only 6 were accepted.

Conclusion: Despite strict baseline exclusion criteria, frequent suicidal ideation did emerge as the key safety event throughout the trial and the rates were higher in the control condition. The mental health welfare call was rarely taken up by youth.

Learning objective: Attendees will understand the importance and challenges of measuring harm and take away strategies for improving intervention standards and harm measurement in digital mental health trials.

Improving the quality and impact of app-based interventions for young people in self-management of suicidal ideation: Lessons from the LifeBuoy trial

Michelle Tye

Co-authors: Quincy Wong, Lauren McGillivray, Daniel Gan, Jin Han, Sarah Hetrick

Background: While digital interventions targeting suicidal ideation are an important service model for young people, they are rare. Consequently, there is limited understanding of whether they are helpful or harmful, or how we might improve them. This talk is an honest exploration of findings from our recent trial of a youth-specific suicidal ideation self-management app, to understand what happened and what it all means for optimising intervention design.

Methods: An automated 3-arm randomised controlled trial, involving Australians aged 17–24 with suicidal ideation, was conducted during 2023 to test the efficacy and harms of the LifeBuoy app. Participants randomly received LifeBuoy (exposure; with or without access to an adjunctive engagement strategy) or a look-alike placebo app (control). Primary endpoint: change in total ideation scores; Secondary outcomes: depression, anxiety; Harms: number and severity of incidents of non-suicidal self-harm and suicide attempt. Change assessed at: 30-, 60-, and 120-days post-baseline.

Results: 692 participants were randomised (control: n=233; combined intervention: n=459). There were small effects for ideation and depression favouring LifeBuoy at 60-, 120-days post-baseline (range $d=0.14-0.48$), and null differential effects for anxiety, non-suicidal self-harm (NSSH) and suicide attempts at all time points.

Conclusion: LifeBuoy is a potentially useful self-management tool for suicidal ideation. It very convincingly does not change self-harm behaviour nor improves co-occurring mental health problems. Our null findings are likely an artefact of a “logic mismatch” between the intervention activities and the outcome measures and demonstrate the importance of designing to activate change in the risk processes uniquely linked to the onset in the specific outcome/s that the tool intends to prevent.

Learning objective: Attendees will understand how to approach intervention design to ensure that these are purposely designed to activate change in the outcome/s of interest, and how to capture mechanisms of change in trial design.

Balancing anonymity and trial integrity in online digital trials: Experiences from the RAFT trial

Mark Larsen

Co-authors: Adam Theobald, Natasha Josifovski, Philip Batterham, Stella Antoniou

Background: Completely online trials — digital trials of digital interventions — offer potential benefits such as expanding the reach of digital mental health interventions and affording increased privacy and anonymity to help-seekers. However, such anonymity can also risk the integrity of trials due to the potential for fraudulent registrations.

Methods: Drawing on the recently completed Reconnecting after self-harm (RAFT) trial and other studies, this presentation will explore factors affecting fraudulent trial sign-ups, and how these can be monitored during studies. Mitigation strategies in trial design, conduct, and analysis will be explored, including potential post-trial validation studies. Perspectives from lived experience advisors on balancing anonymity and trust will also be reported.

Results: 467 participants registered for the RAFT trial. Data quality monitoring during the trial identified 30 (6.4%) individuals who were not eligible to join the study and were excluded. A further 8 (1.7%) registrations were considered to be suspicious, however a sensitivity analysis found that these did not impact the study findings.

Discussion: Some degree of fraudulent registration was detected and resolved during the RAFT trial, at a similar rate to other reported studies. Identification strategies did not provide absolute confidence in all cases. Additional validation, for example using data linkage, may improve confidence while balancing participant trust and privacy.

Learning objective: Attendees will understand how a combination of strategies can be used to minimise the impact of fraudulent sign-ups in digital trials, while balancing participant privacy and trust.

Flag alerts and risk management in a Multi-site trial investigating IERITA in addition to TAU compared to TAU alone in NSSI engaging out-patient adolescents.

Michella Heinrichsen

C-authors: Bo Møhl, Professor; Lotte Rubæk; Katherine Krage Byrialsen, Olivia Ojala; Clara Hellner; Anne Katrine Pagsberg, Johan Bjureberg, Britt Morthorst

Background Though different in etiology and motive many adolescents engaging in non-suicidal self-injury (NSSI) also experience and report suicidal ideations and behaviours. NSSI is also one of the most prominent risk factors for suicide attempts and death by suicide, emphasizing the importance of monitoring risk behaviour during trial conduct.

Method An investigator-initiated, multi-site, randomised, parallel group, clinical superiority trial with blinded outcome assessment to evaluate the benefits and harms of the IERITA-program when offered to youth treated in psychiatric outpatient clinics for NSSI is in progress. IERITA is the acronym for Internet-based Emotion Regulation Individual Therapy for Adolescents, an eleven-module program based on principles from CBT, DBT and ACT for the youth and six modules for parents. Though imminent suicidal risk is an exclusion criterion at baseline, patients may be rereferred and assessed for eligibility once the crisis has subsided. Suicidal events occurring during the trial does not result in exclusion but is reported to an Ethical Committee. Participants must fill in electronic questionnaires every three weeks during the trial, including information on risk behaviours and assessments. The IT-architecture supporting the interventional platform and research database entails a flagging system, which will alert the IERITA therapists if a reply exceeds a fixed cutoff implying increased risk. The IT-architecture also sends out text messages as reminders in case of non-responders to limit missing data and thus ensure that flagging and risk screening can be performed.

Results Since May 2022, the system has sent 8.475 text messages with direct questionnaire links as reminder to non-responders. Currently, we have 282 participants included but strive for 356. So far, 266 Serious Adverse Events (SAEs) have been reported to Ethical Authorities. Detailed data on additional resources including flag alerts from the electronic system as well as risk assessment phone calls and actions will be ready and presented in time for the conference.

Conclusion Safety calls, text messages, risk assessment and handling take up large resources when conducting digital trials. Also, reporting of SAEs should be considered and handled.

Learning objective: Attendees will gain an understanding of possible ways to manage risk and adverse events in digital interventions, as well as the scope and extent of resources this may require.

Symposium #14 June 11th, 2025, 3:00pm – 4:30pm

Chair: Jie Zhang

Mental Health and Suicidality in China: A Three Decades' Review

Professor Yueqing Huang³, Prof. LIANG ZHOU⁵, Professor Paul Yip⁴, Professor Cunxian Jia¹, Professor Dan Zhang¹

¹Shandong University School of Public Health, Jinan, China, ²SUNY Buffalo State University, Buffalo, United States, ³Peking University, Beijing, China, ⁴The University of Hong Kong, Hong Kong, China, ⁵Guangzhou Medical University, Guangzhou, China

Overall Abstract:

Over the past three decades, China has witnessed a dramatic shift in suicide rates, declining from 23 to 8.6 per 100,000 population. During the same period, indicators of mental health disorders, such

as depression, anxiety, and suicidal ideation, have shown a slight increase. While global suicide rates have generally risen since the 1950s, China's downward trend stands out as particularly remarkable. This unique phenomenon calls for further research to better understand the mechanisms driving the rapid decline in suicide rates in China. Suicidality is widely understood to be influenced by a combination of mental health conditions, socioeconomic factors, cultural and social dynamics, and physical health issues. The United Nations and the World Health Organization advocate for a public health approach to suicide prevention, which includes: 1) restricting access to means, 2) enhancing mental health services, 3) fostering community support, 4) promoting education and awareness, and 5) implementing national suicide prevention strategies while improving data collection. The five research papers featured in this symposium examine historical data and explore the factors contributing to the fluctuations in China's suicide rates over the past thirty years.

Suicide rate trends in China from 2002 to 2021

HUANG Yueqin,

LIU Zhaorui, HUANG Junjie ZHANG Tingting, Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing 100083, China

Objective: To describe the time trend of suicide rate in China from 2002 to 2021, and to identify target groups and regions for suicide prevention.

Methods: The crude suicide rates were obtained from China Health Statistical Yearbook, and the standardized suicide rate was calculated based on Population Census of China as the standard population. Poisson regression model was used to test the time trend of the average annual rate of suicide rate and to calculate average annual percentage change (AAPC) to describe suicide rates and trend in China.

Results: Since 2002, the suicide rates in urban population, rural population, male and female have decreased significantly. Urban population had higher decreasing trend than rural population, and female had higher decreasing trend than male. Suicide rates among women of reproductive age (15–49 years) both in rural and urban areas had significantly decreasing trends, and in recent years were lower than male with same ages. The annual average suicide rate from 2012 to 2015 was 6.75/100 000. From 2016 to 2021, the crude suicide rate in urban residents was lower than that in rural residents. Crude suicide rate of the male was higher than that of the female in both urban and rural regions. The suicide rate of adolescents, urban men aged 35–39 years, and men aged 55–59 years in urban and rural regions had significantly increasing trends. The average annual suicide rate from 2016 to 2021 was 6.03/100 000, with a trend of increasing with age. Rural residents and men had higher average annual suicide rate.

Conclusions: The overall suicide rate decreased over the period of 2001–2015. The crude suicide rate and the standardized suicide rate from 2016 to 2021 showed an overall decreasing trend, but some age groups including adolescents and middle-aged population showed increasing trends. Appropriate intervention strategies should be updated for adolescents and middle-aged population in response to the increasing trend of suicide rates and efforts to prevent suicide in rural regions and the elderly need to be continued.

Learning objective: It obviously shows that the time trend of suicide rate in China from 2002 to 2021 has decreased. The suicide rates in young rural women have no longer high nowadays. Adolescents and rural residents are target groups and regions for suicide prevention.

Building bridges and pushing boundaries: suicide prevention in Hong Kong.

Paul Yip

In this talk we have examined the change of suicide rate in Hong Kong over period 1981–2020. The change of population structure especially ageing has contributed significantly to the increase of suicide rate as older suicide rate is about twice higher than that of the population. Furthermore, the emerging new method of charcoal burning suicide since 1997 has contributed to the increase of suicide rate with limited substitution phenomenon. Some evidence based and effective suicide prevention measures will be discussed including the restriction of means, promoting responsible media reporting and community-based suicide prevention programs. Implementing suicide prevention program is a dynamic and ever challenging mission.

Frailty and suicidal ideation among older adults living alone in the community: a moderated mediation model of perceived burdensomeness and positive emotions

Dan Zhang

Background: Suicide rates among community – dwelling older adults living alone are relatively high. Frailty, a condition common in older adults, has complicated association with an increased risk of suicidal ideation. This study aimed to explore the prevalence of suicidal ideation among such older adults, and how some possible underlying factors might influence the relationship between frailty and suicidal ideation. According to the interpersonal psychological theory of suicide and the broaden-and-build theory of positive affect, we proposed a hypothesized model, in which participants' perceived burdensomeness mediated the relation between frailty and suicidal ideation, and their positive emotions, as a psychological coping resource, moderated either the indirect or direct effect of the mediation model.

Methods: A total of 893 community – dwelling older adults living alone in Xintai City, China, were recruited using cluster sampling from September 2021 to March 2022. participants' suicidal ideation, frailty, perceived burdensomeness, and positive emotions were assessed using the Beck Suicidal Ideation Chinese Version Inventory (BSI-CV), the Chinese version of Edmonton Frail Scale (EFS), the Interpersonal Needs Questionnaire (INQ), and the Positive and Negative Affect Scale (PANAS). The sociodemographic information, and physical, cognitive and mental health conditions were also evaluated as covariates. the PROCESS 4.0 macro program was used to conduct the mediation model and moderated mediation model analyses

Results: 15.57% older adults living alone reported suicidal ideation, and the prevalence of frailty was 50.73% in the study. The results demonstrated that perceived burdensomeness acted as a partly mediating factor in the relationship between frailty and suicidal ideation. In addition, the direct and indirect effects of the mediation model were moderated by positive emotions. When levels of positive emotion were high, frailty had a weaker effect on suicidal ideation, and perceived burdensomeness had a weaker effect on suicidal ideation.

Conclusion: Suicidal ideation is common among community – dwelling older adults living alone. Our findings highlight the significant roles of perceived burdensomeness and positive emotions. Interventions enhancing positive emotions could protect frail older adults living alone from suicidal ideation. However, the study has limitations such as sample representativeness and potential biases due to self – reported data.

Learning Objective: After attending this session, participants will be able to understand the prevalence of suicidal ideation of Chinese older adults living alone, and define the influence of perceived burdensomeness, positive emotions, and frailty on their suicidal ideation.

The prevalence of 12-month suicidal ideation and associated factors among university students in China: Findings from a three-wave cross-sectional study from 2021 to 2023

Cunxian Jia, Shandong University School of Public Health

Background: Many studies have shown that the COVID-19 pandemic has increased the risk of suicidal tendencies among the public. However, there is limited research reporting on the changing trends in suicidal ideation after 2020 in the context of the long-term normalization of COVID-19 prevention and control measures in China.

Methods: The self-administered online questionnaire was adopted to collect 12-month suicidal ideation, depressive symptoms, anxiety symptoms, stress, and some demographic information from university students by convenient cluster sampling in Shandong, Shaanxi, and Jilin Provinces, China. Multivariate logistic regressions were performed to assess the association between different factors and suicidal ideation.

Results: The prevalence of 12-month suicidal ideation from 2021 to 2023 among university students was 3.89 %, 5.81 %, and 4.33 %, respectively, showing a trend of first increasing and then decreasing. The trends presented a similar tendency in the subgroups according to gender, majors, and grades, except among urban freshman-year students. The associated factors of suicidal ideation were different among university students in different surveys. However, female gender, poor mental health, and depressive symptoms were linked to a higher risk of suicidal ideation.

Limitations: More representative large-scale longitudinal studies should be used to monitor the suicidal behavior of university students.

Conclusions: The prevalence of 12-month suicidal ideation among Chinese university students exhibited a pattern of initial increase followed by a subsequent decrease from 2021 to 2023. Despite the complete lifting of COVID-19 prevention and control measures in China, the prolonged three-year epidemic may have enduring adverse effects on university students, underscoring the ongoing importance of providing continuous mental health services to this population.

Keywords: Prevalence; Risk factors; Suicidal ideation; University students

Learning Objective: The objective is to understand suicidal ideation in college students in specific event.

Suicide prevention among older adults in rural China

Liang Zhou

The Affiliated Brain Hospital of Guangzhou Medical University

In this study we have described the suicide rates among older adults in China during 2000 to 2020. Then risk factors of elderly suicide include mental illness, depression, lack of social support, life events, chronic disease, pain, etc. Most frequently used suicide means is pesticides, followed by hanging. There are several unique challenges in preventing suicide among older adults in rural China, including socio-economic disadvantages, low mental health literacy, limited resources of mental health services as well as high quality health services in rural China, and rapid urbanization. Previous suicide prevention efforts in this population are rare. The results of our preliminary feasibility study of community-based participatory social support intervention, and the protocol of an ongoing multi-centered group randomized controlled study are reported. Then universal, selective, and indicated suicide prevention strategies that are potentially feasible and effective in rural China are proposed.

Symposium #15 June 11th, 2025, 3:00pm – 4:30pm

Chair: Craig Bryan

Brief cognitive behavioral therapy (BCBT) and crisis response planning (CRP) for suicide prevention: global adaptations and implementation efforts

Professor Craig Bryan¹, Dr. Berglind Gudmendsdottir², Phd. Psychology Alexander Muela³, Ms. Lorem Beiram⁴, Prof Dr Tobias Teismann⁵

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Overall Abstract: Brief cognitive behavioral therapy (BCBT) and crisis response planning (CRP) are empirically supported psychological interventions that have been shown to significantly reduce suicidal ideation and suicide attempts in multiple clinical trials conducted in North America. Owing to consistent findings across studies, clinicians and researchers have initiated programs and efforts to adapt these interventions in several nations around the world. This presentation provides an overview of these efforts in the U.S., Spain, Iceland, Brazil, and Germany. Presenters will discuss the adaptations made to tailor these interventions to their local cultural context, preliminary results, and lessons learned to date.

The United States suicide rate has increased by more than 30% since 1999 despite increased efforts to enhance public education and screening. A critical gap in the U.S. healthcare system is the availability of empirically supported treatments and interventions for suicide prevention. Brief cognitive behavioral therapy (BCBT) and crisis response planning (CRP) for suicide prevention are two interventions that have been shown to significantly reduce suicide attempts in multiple randomized clinical trials. Efforts to implement these treatments into existing healthcare systems are often stalled by institutional barriers that degrade intervention fidelity and quality. In contrast to traditional strategies that emphasize compliance metrics and training large numbers of clinical generalists, much greater success has been achieved by adopting a specialty care model. This presentation will provide an overview of the STRIVE model first implemented at a U.S.-based academic medical center and subsequently adopted by several non-profit, government, and private institutions within the U.S. Lessons learned and recommendations for successful implementation of specialized suicide care pathways will be discussed.

Suicide in adolescence and youth is a global public health problem. Adolescents and young people in residential childcare tend to present risk factors for suicidal behavior as many of them have experienced childhood trauma, psychosocial adjustment difficulties and high indicators of psychopathology. The main aim of this study was to examine the problematic of suicidal behavior in the context of residential childcare in Spain and to promote a targeted suicide intervention based on Brief Cognitive Behavioral Therapy (BCBT, Bryan & Rudd, 2018). The study sample consisted of 412 adolescents aged 10–19 years ($M=15.76$, $SD=1.76$). 52.7% were boys, 46.6% were girls, and 0.7% were non-binary. A high percentage of suicidal behavior was found: 42.3% had experienced suicidal ideation at some time in their lives and 25.9% had made at least one suicide attempt. However, none of the adolescents had received interventions focused on suicidal behavior, despite the fact that many were in psychiatric or psychotherapeutic treatment. In this context, the BCBT was adapted to the OverCome program, consisting of 8 individual sessions distributed in three phases: Beginning, Advanced and End. In the Beginning phase, the program is introduced, a suicidal crisis response plan is developed and the recognition of the patient's suicidal behavioral style is worked on in order to interrupt the chain of events that increase the risk. Emotional regulation strategies are also taught to reduce mental pain and improve emotional tolerance, as well as resolution of ambivalence between reasons for living and dying. The Advanced phase addresses modification of the suicidal belief system and promotes cognitive flexibility. Finally, in the Final phase, the suicidal crisis response plan is redefined and consolidated, and a relapse prevention and follow-up plan is designed. This tailored

approach aims to provide a brief, effective and personalized intervention to address suicidal behavior in a context of high vulnerability.

There is debate about the question, whether suicide-specific psychotherapies are more effective than non-suicide-specific therapy programs in the prevention of suicide attempts (van Ballegooijen et al., 2025). However, RCTs in which a suicide-specific therapy is directly tested against a non-suicide-specific psychotherapy are largely missing. Against this background, the primary objective of this research project is to investigate the efficacy of Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT; Bryan & Rudd, 2018), a suicide-specific psychotherapy approach that has proven highly effective in a series of studies, compared to Behavioral Activation (BA; Martell et al., 2001), an extensively examined treatment for depression, in a multicenter randomized control-group study. The primary outcome variable is the occurrence (frequency and incidence) of suicide attempts within a 24-month follow-up-period. Secondary outcomes include suicidal ideation, depression, hopelessness, suicide cognitions and in-patient treatment days. 480 depressed outpatients who attempted suicide within the past six month and who suffer from current suicidal ideation ($BSS \geq 5$) as well as depressive symptoms ($BDI-II > 14$), will be recruited. Participants will either receive 12 sessions of BCBT or BA within a 3-month treatment period. The primary efficacy analysis will be performed by a Cox regression model using treatment arm as major independent factor and two stratification criteria (gender and 0 vs. 1 vs. >1 lifetime suicide attempts) as further factors of interest. The results of the study are of great importance for the treatment of patients after suicide attempts and/or in suicidal crises. The study will provide further information about the potential efficacy of BCBT as well as regarding the necessity to use specific treatment strategies when treating depressed suicidal patients. Cultural adaptations of the translated BCBT manual as well as strengths and limitations of the study protocol will be discussed.

Suicide prevention in low- and middle-income countries (LMICs) faces significant structural and resource-related barriers, requiring adaptations of evidence-based treatments to improve accessibility and scalability. In developing a specialized outpatient clinic for treatment-resistant depression, self-injurious behaviors, and suicidality within the Brazilian public health system, our team conducted an extensive review of the scientific literature to identify the most effective suicide-focused interventions. Brief Cognitive Behavioral Therapy (BCBT) emerged as a promising evidence-based approach due to its demonstrated efficacy in reducing suicide attempts. However, its individual format posed feasibility challenges in a resource-limited setting. To address this, we adapted BCBT to a group-based format, balancing treatment fidelity with scalability, and structured the clinic around three core objectives:

1. Assistance — Providing specialized care for individuals at high suicide risk within the public health system, ensuring access to tailored interventions.
2. Research — Generating scientific evidence by systematically collecting and analyzing clinical data on suicide prevention in LMICs.
3. Teaching — Training a multidisciplinary team of psychology residents, psychiatry, psychology, nutrition, and nursing interns to develop expertise in suicide-focused care.

The adaptation process included:

- Maintaining fidelity to BCBT principles while modifying the format to group therapy to increase access and peer support;
- Training clinicians across disciplines—including psychologists and psychiatrists—on suicide-focused care using BCBT and Crisis Response Planning (CRP);

- Addressing cultural and systemic barriers, such as stigma, mental health illiteracy, and limitations within the Brazilian public health system.

Preliminary results suggest high feasibility and acceptability, with patients benefiting from structured crisis response plans, emotion regulation skills, and reinforcement through peer interactions. Challenges included engagement and adherence in a group setting, training limitations, and systemic barriers. Lessons learned from this adaptation will be discussed, along with recommendations for integrating suicide-focused psychotherapies into LMIC mental health services.

Suicide risk is one of the greatest security threats for individuals seeking mental health services from Landspítali – the National University Hospital of Iceland. Located in Reykjavik, the capital of Iceland, it provides tertiary level of care and specialized services for the country. A comprehensive quality assessment within the mental health services at the hospital conducted in 2018–2019 showed that between 50–60% of admissions to inpatient wards were due to suicidal thoughts and/or suicide attempts. Furthermore, suicidal risk was frequently brought up during outpatient services at any time during treatment. The evaluation also revealed a gap in training and majority of staff reported that working with suicide risk was stressful and complex. Many feared making a mistake and often found that patients seeking services had difficulty expressing their thoughts, experienced shame and the risk could change unpredictably within a day and between sessions. Employees were calling for a more comprehensive training in how to assess and respond to suicide risk. Different time-limited training efforts were made in 2018 until 2022. It became clear that a more comprehensive approach was needed. This led to the implementation of the Crisis Response Planning (CRP) training model in the fall of 2023. The goal of the implementation efforts was twofold 1) establish a sustainable training model where enough staff received quality training in training other staff in how to use CRP when responding to suicide risk and 2) train clinical staff in using CRP with patients experiencing suicide risk. The CRP training model has provided a solid foundation for training staff that works with diverse population with suicide risk. Additionally, the CRP training model has been the foundation for revised work processes at the hospital that aim to reduce variability of the services being offered and documentation of suicide risk. Implementing the CRP training model still is in its early stages and an ongoing effort. The structure of training, standard procedures for performing CRP and registration in medical records will be presented. The evaluation of the project is ongoing and will be presented with special emphasis on barriers in implementing the training model, training of staff and utilization of CRP in day-to-day work with individuals with diverse mental and physical problems at different departments within the hospital.

Symposium #16 June 11th, 2025, 3:00pm – 4:30pm

Chair: Rosie Bauder

Improving LGBTQ+ Suicide Care and Prevention

Dr Hazel Marzetti⁴, Dr. Rosie Bauder¹, Dr Jessica Stubbing³, Dr. Katherine Sarkisian²

¹The Ohio State University, Columbus, United States, ²Nationwide Children's Hospital, Columbus, United States, ³Cambridge Health Alliance, Cambridge, United States, ⁴University of Edinburgh, Edinburgh, Scotland

This symposium will explore diverse approaches to improving LGBTQ+ suicide care and prevention. First, Dr. Marzetti will review a systematic mapping of UK community-based LGBTQ+ suicide prevention services, highlighting the varied understandings and practices of suicide prevention among different organizations. Second, Dr. Bauder will discuss the acceptability of a current suicide-

focused intervention among sexual and gender minoritized individuals, emphasizing the need for tailored interventions that address unique risk factors. Next, Dr. Stubbing will discuss the integration of gender minority stress themes into inpatient therapy sessions and the associations between gender minority stress, social connection, and suicidal ideation among hospitalized gender diverse adults. Fourth, Dr. Sarkisian will present findings on the feasibility and acceptability of a self-compassion-based safety plan complement for LGBTQ+ youth, showing high levels of acceptability and perceived utility among participants. Finally, Dr. Sarkisian will discuss suicidal ideation and suicide attempt endorsement among non-binary and transgender adolescents in an outpatient psychiatric crisis clinic, underscoring the need for specialized suicide risk screening and interventions for this population.

What is LGBTQ+ Suicide Prevention?

Background: Lesbian, gay, bisexual, trans and queer (LGBTQ+) people are well-established as having higher rates of suicidal thoughts and attempts when compared to their cisgender (non-trans), heterosexual counterparts. In response to this, the UK's four national suicide prevention strategies have identified LGBTQ+ people as a priority group for tailored prevention practices. However, what such practices should, or even could, look like is left to individual groups, services and practitioners to interpret independently, with no holistic or strategic guidance provided.

Methods: In this study we systematically mapped UK community-based LGBTQ+ suicide prevention services — from early intervention to more indicated approaches – recording the types of support offered, staff and volunteer training provided, the involvement of service users in service design, and any specialisation within the service; ultimately mapping a little over 200 services and organisations. Wherever possible the desk-based research was followed up by informal conversations with service providers which provided a wealth of contextual information.

Findings: Organisations and services had a wide and varied understanding of what constituted suicide prevention. These could be categorised into three typologies: organisations whose primary method of suicide prevention was through combatting loneliness and isolation through the provision of community connectedness; organisations providing mental health support in which service users could, but did not have to, disclose or discuss suicidal distress; and organisations that had services that were explicitly and directly tailored for LGBTQ+ people who were suicidal. Although all groups were open to supporting suicidal people, there was no provision of LGBTQ+ crisis services, and the majority had a policy of emergency services escalation if an individual disclosed that they were actively suicidal. Furthermore, some organisations still expressed a nervousness about explicitly mentioning suicide, even when they described themselves as providing suicide prevention support.

Discussion: We argue that within the organisations mapped, suicide prevention occupied a somewhat restless and contested space: being simultaneously something that all organisations were providing, and something that only specialist, clinical services could offer. In discussion with our lived experience advisory board, it was proposed that such contestation could at times create some confusion, uncertainty or disorientation for community members trying to seek out support. As such, to conclude we wish to make the case for the need for services and organisations to be clear and explicit about the provisions, and limitations, of services provided in order to allow for easier navigation of care.

Learning Objective: Understand the diverse approaches and challenges in LGBTQ+ suicide prevention services in the UK, and the importance of clear communication about service provisions and limitations to improve accessibility and support for community members.

Understanding the acceptability of a current suicide-focused intervention among those with SGM identities

Background: Suicide remains a pressing global public health concern, with nearly 50,000 people dying by suicide in the United States in 2022. Suicidal thoughts and behaviors are particularly

prevalent among sexual and gender minoritized individuals (SGMs). A recent meta-analysis of transgender individuals globally demonstrated that 45% had seriously thought about suicide in the last year, 50% had thought about it in their lifetime, 11% had attempted in the last year, and 29% had attempted in their lifetime. These disparities highlight the need for effective interventions to reduce STBs among at-risk SGMs. Research on the effectiveness of interventions in reducing STBs among SGMs is still in its early stages. Behavioral interventions tailored to SGMs and those designed to target STBs are often separate bodies of literature. Suicide research and clinical trials are less likely to collect data on the sexual or gender identity of participants. Likewise, behavioral interventions tailored to SGMs do not commonly examine STBs as primary outcomes. This limits our ability to determine what interventions may best reduce STBs for SGM patients. However, a recent scoping review found promising results from suicide-specific cognitive-behavioral interventions in benefitting SGMs as much as their heterosexual/cisgender peers. Further research is needed to test if suicide-specific interventions can be effective for SGMs. Brief cognitive behavioral therapy for suicide prevention (BCBT) is one suicide-focused therapy that may effectively reduce STBs among at-risk SGMs. BCBT is a multiphased evidence-based treatment designed to directly target STBs. Clinical trials have found significant reductions in STBs compared to treatment as usual and active-component controls. However, the effectiveness of BCBT for SGMs has not yet been determined.

Methods: This study entails an open-label, single-arm pilot study with repeated assessments utilizing surveys, objective data, and semi-structured qualitative interviews. The primary outcomes will be participant satisfaction and engagement with the intervention; suicide ideation and attempts throughout and after treatment are exploratory secondary aims.

Findings: Recruitment and enrollment are ongoing. Preliminary findings based on baseline symptom and related measures will be presented.

Discussion: As current suicide-focused interventions do not directly address the role of oppression and minoritized stress, SGM folks with suicide risk may not fully benefit from current treatments. Additional research is needed to improve personalized recommendations to those with unique suicide risk factors.

Learning Objective: Review the acceptability of a current suicide-focused intervention among sexual and gender minoritized individuals and the need for tailored interventions that address unique risk factors

Gender minority stress and suicidal thoughts and behavior: Understanding risk and resilience in adults admitted for hospitalization

Background: Gender diverse people are more likely to experience STBs than their cisgender peers. Gender minority stress, including psychosocial stressors and discrimination, is linked to elevated STBs for gender diverse people, while resilience factors, like social connection, may be protective. To date, explorations of associations between gender minority stress and STBs have often been limited to outpatient or non-clinical samples. Adults admitted for hospitalization are at higher risk of suicidal behavior following admission, and understanding risk and resilience factors contributing to STBs is essential to improving outcomes. This project aimed to explore how experiences of gender minority stress and resilience factors are associated with STBs for a sample of gender diverse adults admitted for inpatient hospitalization through two related studies.

Methods: In study 1, we reviewed the integration of gender minority stress themes into sessions of BCBT — Inpatient. Study 1 involved conducting content analysis on transcribed treatment sessions for six transgender participations in a randomized controlled trial of BCBT-I.

In study 2, we reviewed associations between gender minority stress, social connection, and STBs for a sample of 50 gender diverse adults admitted to an inpatient unit for hospitalization. Participants completed measures of gender minority stress, social connection, and suicidal ideation.

Findings: In Study 1, we identified that gender diverse adults regularly discuss gender minority stress themes in relation to their STBs. Both proximal and distal components of the gender minority stress were discussed, including discrimination and anticipation of negative events, with social connection and disconnection the most frequently discussed resilience and risk factors.

In Study 2, we identified that proximal, but not distal, minority stress was significantly correlated with Suicidal Ideation. Perceived Burdensomeness partially mediated this relationship.

Discussion: The relationship between gender minority stress and STBs for gender diverse adults admitted for hospitalization is complex. Evidence from two studies indicates that improving our understanding of risk and resilience factors, and in particular proximal risk, for this population is important. Recommendations for clinicians include integrating discussion of gender minority stress into clinical formulations with patients, ensuring our work is responsive to individual patterns of risk and resilience.

Learning Objective: Understand the importance of the gender minority stress model to conceptualizing suicidal thoughts and behaviors for gender diverse people; and approaches to integrating the gender minority stress model into care.

Feasibility and Acceptability of a Safety Plan Complement for LGBTQ+ Youth Based on Principles of Self-Compassion and Community Engagement

Introduction: Compared with heterosexual and cisgender peers, sexual and gender minority youth are 3.5 and 5.9 times more likely to have made a suicide attempt, respectively, yet there is not an evidence-based suicide prevention approach that is specialized for LGBTQ+ adolescents. Minority stress is conceptualized as an added stressor that may increase suicide risk for LGBTQ+ individuals, and self-compassion appears to mitigate minority stress by enhancing psychological wellbeing and combatting internalized homophobia or transphobia.

Methods: In an initial phase of this study, 14 community members (transgender and gender diverse youth, caregivers of transgender and gender diverse youth, and clinicians) provided qualitative input regarding the design and delivery of a self-compassion intervention that would be delivered alongside a suicide prevention safety plan. In an ongoing phase of this study, a total of 52 additional individuals (LGBTQ+ youth, caregivers of LGBTQ+ youth, and clinicians) will give input on the design of the intervention (n=32 community members will provide qualitative input; n=20 LGBTQ+ adolescents will complete pilot testing of the intervention). Mixed-methods assessment will focus on: 1) community members' qualitative input and 2) quantitative analysis of pilot testing participants' self-compassion, suicide risk factors, experiences with minority stress, and suicidality before and one week after pilot testing. These results will give insights into the acceptability and preliminary efficacy of this intervention for LGBTQ+ adolescents who are receiving the self-compassion plan as a complement to a traditional suicide prevention safety plan.

Results: Analysis of quantitative responses from transgender and gender diverse adolescents about the self-compassion intervention indicates high acceptability (4.6/5), perceived utility (4.7/5), and feasibility (4.5/5). Both qualitative and quantitative responses from ongoing data collection will be incorporated into additional analyses.

Discussion: There is a significant unmet need for specialized suicide prevention interventions for LGBTQ+ youth that reflect community needs and preferences and target unique risk factors experienced by this marginalized group. Preliminary findings indicate a strong positive response from transgender and gender diverse youth about our safety plan complement based on principles of self-compassion. The ongoing phase of this study will focus on broadening applications of this tool across the LGBTQ+ youth community.

Learning Objective: Understand how qualitative input from LGBTQ+ adolescents can be used to shape the content, formatting, and delivery of a specialized suicide prevention intervention that is responsive to community needs and preferences.

Suicidal Ideation and Suicide Attempt Endorsement among Non-Binary and Transgender Adolescents in an Outpatient Psychiatric Crisis Clinic

Introduction: Sexual and gender minority youth experience significantly increased risk for suicidal ideation and suicide attempts in general. However, the specific nature of suicide risk elevations for non-binary and/or transgender adolescents in psychiatric crisis treatment settings is severely understudied. Clarifying the frequency with which non-binary and/or transgender adolescents who are receiving psychiatric crisis services endorse suicidal thoughts (past or current) and suicide attempt(s) has critical implications for design and implementation of suicide risk screening procedures and specialized interventions.

Methods: Using a retrospective chart review design, Ask-Suicide Screening Question (ASQ) responses provided by adolescents who self-identified as non-binary (n=690) and transgender (n=958) who underwent suicide risk screening in an outpatient psychiatric crisis clinic embedded within a metropolitan children's hospital were analyzed. Gender minority adolescents' responses were compared with those of cisgender adolescents seen in this clinic. Frequency of endorsement for each ASQ item was calculated for non-binary adolescents, transgender girls, transgender boys, and cisgender adolescents so rates of endorsement could be compared across groups.

Results: While 40% of cisgender adolescents reported that they had made at least one prior suicide attempt, 48.4% of transgender girls, 60.2% of transgender boys, and 41.3% of non-binary adolescents reported a suicide attempt history. Rates of acute positive screening results (i.e., active suicidal ideation during suicide risk screening session) were also higher for transgender girls (6.0%) and non-binary individuals (4.5%) compared with cisgender adolescents (3.8%).

Discussion: Gender minority adolescents who present for outpatient psychiatric crisis services differ meaningfully from cisgender peers with regard to their suicide attempt history and likelihood of experiencing active suicidal ideation during the suicide risk screening process. These preliminary findings from a large clinical sample will be expanded upon with additional analyses of differences in suicidality endorsement between these groups and significance testing for all comparisons. Clarifications regarding specific elevations in suicidality history and suicide risk have critical implications for enhancing suicide risk screening and treatment for gender minority youth.

Learning Objective: Understand elevated rates of suicidal ideation and suicide attempt endorsement for gender minority youth in crisis intervention settings to facilitate effective identification and treatment for at-risk individuals.

Symposium #17 June 11th, 2025, 3:00pm – 4:30pm

Chair: Joy Benatov

Suicide risk in neurodiverse populations: understanding, preventing and supporting
Dr. Joy Benatov^{1,5}, Mr. Oren Shahnovsky^{1,6}, PhD, MD Judit Balazs^{2,7}, Dr. Ella Sarel-mahlev^{3,5}, Dr Darren Hedley⁴

¹University of Haifa, Haifa, Israel, ²Lorand University, Budapest, Hungary, ³College of Management and Academic Studies, Rishon Letzion, Israel, ⁴La Trobe University, Melbourne, Australia, ⁵Geha Mental Health Center, Petah Tikva, Israel, ⁶Schneider Children's Medical Center of Israel, Petah Tikva, Israel, ⁷Oslo New University College, Oslo, Norway

Overall abstract: Neurodivergent people face a variety of challenges due to neurological differences and social barriers. Studies show that they are at an increased risk of suicidal thoughts and behaviors (STB) as well as non-suicidal self-injury (NSSI). This symposium aims to shed light on the complex interplay between neurodiversity and suicide risk, particularly among autistic individuals and people

with attention deficit hyperactivity disorder (ADHD). The presented studies will highlight both potential mechanisms explaining the heightened suicide risk and strategies to promote adapted and accessible prevention and support measures.

The Association between Hyperactivity and Suicidal Behavior and Attempts among Children Referred from Emergency Departments

Oren Shahnovsky, Alan Apter, Shira Bazrilay

The global prevalence of suicidal behaviors in children is rising, with attention-deficit hyperactivity disorder (ADHD) proposed as a contributing factor. This study examines the association between ADHD facets (hyperactivity and inattention) and suicidal behavior and attempts in children. Additionally, it seeks to compare self-reported ADHD symptoms and suicide-related incidents with parental reports. A cohort of 71 children referred from emergency departments due to suicidal thoughts and behaviors completed self- and parental report questionnaires. The results revealed that elevated hyperactivity scores, surpassing the ADHD diagnosis threshold, were significantly associated with increased rates of suicidal behavior. Hyperactivity demonstrated a stronger association with lifetime suicide attempts compared to inattention. Moreover, children's self-reported ADHD symptoms exhibited a stronger correlation with suicide attempts than parental reports. This study highlights the critical role of hyperactivity in understanding suicidal behaviors among children with ADHD. It underscores the importance of considering hyperactivity-related symptoms in assessment and treatment approaches for suicidal behavior in this population.

Learning Objective: Better understand the relationship between ADHD and suicidal behavior in children and be minded of self-reported vs. parental report of ADHD symptoms, as well as applying these findings to improve assessment of suicide risk.

Attention-Deficit Hyperactivity Disorder and Suicidal and Non-Suicidal Self-Injury

Judit Balazs

Attention-deficit hyperactivity disorder (ADHD) is one of the most prevalent psychiatric disorders among children and adolescents, and in 40–60% of cases, it continues into adulthood.

Recently, there has been growing interest in ADHD as a potential risk factor for self-injury. There are several theoretical explanations for the possible association between ADHD and both suicidal and non-suicidal self-injury. First, impulsivity is a core symptom of ADHD, and it is known to correlate with both forms of self-injury. Second, two-thirds of ADHD cases have at least one comorbid psychiatric diagnosis, most commonly conduct disorder, substance use disorder, or major depressive episode. These comorbid conditions are well-known risk factors for both suicidal and non-suicidal self-injury.

The current lecture aims to present recent studies on this topic by the Youth Mental Health Research Group at Eötvös Loránd University and Semmelweis University in Budapest. Specifically, the lecture will: 1) explore whether there is a direct association between ADHD and suicidal/non-suicidal self-injury across different age groups, with a special focus on the role of comorbidities and gender; 2) investigate the association between perfectionism and suicide in adolescents with ADHD; 3) Examine the suicide risk in ADHD patients with longitudinal study design. The lecture will highlight the role of these studies in suicide prevention.

Learning Objective: Understand the association between ADHD and suicidal/non-suicidal self-injury (NSSI), considering the role of impulsivity, psychiatric comorbidities, and gender differences, and apply this knowledge to suicide prevention strategies.

Depression and Suicide Risk Among Autistic Adults

Joy Benatov, Ella Sarel-Mahlev, Shahar Bar-Yehuda

Our talk will present two studies that explore the unique risk factors and potential mechanisms for depression and suicidality among autistic people. The first study examined the associations of social camouflaging of autistic traits and autistic burnout to depression, as well as the interplay between them in predicting depression. The second study explored the rates of STB during lifetime and the past year, the disclosure of STB among autistic adults, and the potential role of autistic burnout as a risk factor for STB.

Method: The study involved community experts throughout every stage of the study as part of a long-running research group that brings together autistic and non-autistic researchers, clinicians, educators, social activists and family members. The studies used self-report questionnaires to measure camouflage (Camouflaging Autistic Traits Questionnaire – CAT-Q), depression (Patient Health Questionnaire 9 – PHQ-9), and burnout-exhaustion (an adapted version of the Parental Burnout Assessment – PBA). Study 1 and 2 included 92 and 144 autistic adults living in Israel, respectively.

Results: Study 1 found social camouflaging and autistic burnout positively correlated with depression, and autistic burnout partially mediated the association between camouflaging and depression ($C' = 1.39$, CI: 0.16–3.38). Study 2 indicated high rates of STB among participants. Furthermore, burnout-exhaustion was found to be associated with STB, and it doubled the risk for suicidal ideation during the past year (OR = 2.09).

Conclusion: Unique risk factors, such as social camouflaging of autistic traits and autistic burnout, seem to play a significant role in depression and suicide risk among autistic adults. Thus, it is important to evaluate them as part of the psycho-social suicide risk assessment, as part of prevention efforts.

Learning Objective: To identify several unique risk factors for depression and suicide among autistic individuals and implement them in suicide risk assessment.

Adapting the Safety Planning Protocol for Autistic Youth: Understanding Required Modifications and Visual Support Needs

Ella Sarel Mahlev, Shahar Bar-Yehuda, Joy Benatov

Background: Suicide risk among autistic youth is significantly higher compared to their neurotypical peers, yet evidence-based interventions specifically adapted for this population remain limited. While a Safety Planning Intervention has been adapted for autistic adults (Rodgers et al., 2023), further modifications are needed to address the unique developmental needs of autistic youth and incorporate appropriate visual supports.

Objectives: This qualitative study has two primary aims: (1) to identify necessary modifications to adapt the existing adult Safety Planning Protocol for autistic youth, and (2) to understand what visual aids and supports are needed for each component of the safety plan to enhance comprehension and engagement among autistic youth.

Methods: Semi-structured interviews will be conducted with 10 autistic youth (ages 13–18) with recent history of self-harm or suicidal thoughts, 10 parents, and 5 autistic adults 5 professional. Participants will be recruited from community mental health clinics, and autism support organizations.

Results: The study is currently in its data collection phase. As an example of emerging findings, analysis of one interview suggests several potential adaptations. First, the plan may need to be flexible to accommodate two distinct scenarios: when individuals have access to their usual safe spaces and coping resources, and when they are in situations without access to their typical regulation strategies. As the participant noted: "We need to ask what happens when I can't escape, when I'm in a place where I can't hide? How can I calm down then, if at all?" Second, crisis intervention components appear to require significant modification, particularly around communication expectations. As this participant emphasized: "When I'm suicidal, I can't guide myself... having a supportive adult say 'come

into this room, I'm here if you need me' – I'm not available for verbal communication... I need space." The participant also suggested incorporating non-verbal ways to signal distress to others, allowing the environment to understand and respond appropriately without requiring verbal communication during crisis periods. While these initial insights are drawn from a single interview in our ongoing data collection, they illustrate the type of valuable feedback that may help shape the adaptation of safety planning protocols for autistic youth.

Learning Objective: Participants will learn about the adapted Safety Planning Protocol for Autistic Youth and how it is implemented.

Co-design and development of a novel autism suicide prevention resource hub: Training, assessment, intervention, policy and practice

Darren Hedley, Claire Brown; Jodie Wilson; Philip Batterham; Mark Deady, Stacey Rabba, Tayla John, David Nicholas, Mark Stokes

Background: Autistic adults have a three to five-fold elevated risk of premature death by suicide compared to the general population; in the United Kingdom autistic people are now identified as a priority population for suicide prevention policy and practice. However, mental healthcare professionals (MHP) lack confidence, training and resources to effectively support autistic adults at risk of suicide. In Study 1 and Study 2, we interviewed autistic adults and MHP with the aim of co-developing autism specific suicide prevention training materials. In Study 3, we adapted and validated two suicide screening and assessment protocols for use with autistic adults.

Methods: Ethics: HEC20235, HEC24134. Study 1: 33 autistic adults (21–68 years) with a history of suicidal behavior participated in semi-structured interviews to discuss their experiences seeking support for their mental health. We analyzed data using reflexive thematic analysis. Study 2: 60 community members (autistic, n=30; MHP, n=30) participated in working groups to identify gaps and develop content to improve identification and support for autistic people experiencing suicidal thoughts and behavior within healthcare services. Study 3. We co-designed and assessed the psychometric properties of two autism adapted suicide screening and clinical assessment measures in a sample of 105 autistic adults (60% women, 7.6% nonbinary; 20–71 years). We compared the instruments with clinician assessment and validated mental health (PHQ-9, DASS) and suicide (SBQ-R, C-SSRS) measures.

Results: Study 1. We developed a new framework to inform and improve healthcare services for autistic adults with suicidal thoughts and behavior. Study 2. With our working groups, we co-designed multi-media training material based on the framework from Study 1. Study 3. The adapted measures demonstrated excellent psychometric properties (e.g., reliability, $\omega=0.80-0.93$, convergent validity, $r=.399-.744$), providing MHP with validated resources to identify and assess suicidal thoughts and behavior in autistic adults.

Discussion: By utilizing principles of co-design and implementation science, we identified training and resource gaps leading to reduced capacity to identify and support autistic adults experiencing suicidal thoughts and behavior. We utilized our findings to develop new training material and resources to improve the identification and assessment of suicidal thoughts and behavior in autistic adults. We centered the lived experiences of autistic adults to acknowledge the need for them to feel safe, and for MHP to build trust to effectively support their mental health and wellbeing. Our resources will be made available to healthcare clinicians and services via a freely accessible online portal.

Learning Objective: To identify how implementation science and principles of co-design can be used to translate research into practice within the healthcare and suicide prevention sector.

Data Monitoring: International Approaches and Surveyance Systems.

Dr Piamee Bandara¹, Dr Murad Moosa Khan², Dr Paul Corcoran³, Dr Matthew Spital and Chris Killick-Moran⁴, Dr Annette Erlangsen⁵ Keith Hawton (discussant)

¹World Health Organization, Geneva, Switzerland, ²Dept of Psychiatry and Brain & Mind Institute, Aga Khan University, Karachi, Pakistan, ³National Suicide Research Foundation, Cork, Ireland and School of Public Health, University College Cork, Cork, Ireland, ⁴Melbourne University and Suicide and Self-harm Monitoring Unit, Australian Institute of Health and Welfare, Melbourne and Canberra, Australia, ⁵Danish Research Institute for Suicide Prevention (DRISP), Hellerup, Denmark

The number of countries with a national plan for suicide prevention is now higher than ever before. Accurate and up-to-date data are essential for identifying at-risk groups, evaluating intervention outcomes, and tracking trends over time. While real-time data are not always feasible, they offer a clear advantage in guiding timely interventions.

The World Health Organization (WHO) has provided guidelines for the surveillance of suicide and self-harm. These address diverse data sources and strategies to enhance data quality. Different surveillance systems may be operated at national, regional, and local levels and provide unique insights.

This symposium provides an overview of recommendations and different approaches for data monitoring from around the world, highlighting best practices and lessons learned. The goal is to inspire and guide the development of robust monitoring systems.

WHO's guidance on surveyance systems for suicide prevention

Piamee Bandara & Alexandra Fleischmann,

Affiliations: World Health Organization, Geneva, Switzerland.

Background: As a part of the Sustainable Development Goals, the United Nations introduced the goal of a 33% reduction in suicide mortality by 2030. Up-to-date data from established surveillance systems of suicide and self-harm are essential for informing national strategies for suicide prevention. With the LIVE LIFE implementation guide, the World Health Organization (WHO) provides practical advice regarding implementation of suicide preventive measures on local, regional and national level, including surveillance systems. The aim of this talk is to outline WHO's guidelines for setting up or improving existing surveillance systems.

Methods: Different data sources have been used to monitor self-harm and suicide. These include: 1) Civil registration and vital statistics, 2) Health and police records, 3) Verbal autopsy, and 4) Population-based surveys.

Results: Examples of successful surveillance systems from several countries will be presented. Implementation of surveillance systems and quality improvements may be achieved through different strategies. In countries with few data, surveyance may be developed in local sites or regions. In countries where some data already exist, an up-scaling of efforts may be a feasible target, while goals in countries with comprehensive data may focus on obtaining real-time data. Quality issues, such as under-reporting, incomplete and inaccurate data, lack of data, and sensitivity of data, may be addressed through specific strategies.

Discussion: Surveillance systems help to inform suicide preventive measures, for instance, by highlighting trends in suicidal behaviour, identification of clusters, at-risk groups, and new methods. Ideally, they should be set up before or at the beginning of implementation of national strategies as it

will allow countries to monitor implemented efforts. Preference should be given to obtaining high-quality data from several representative locations rather than poor quality data that cover the entire country.

Learning objective: To learn about different data sources, which may be used for surveillance of suicidal behavior and strategies for identifying feasible targets for data monitoring.

Monitoring Self-Harm in Pakistan: Key Findings from AKU-SHaMS

Murad M Khan, Mohammad Zaman, Aisha Noor, Nargis Asad

Affiliation: Department of Psychiatry and Brain & Mind Institute, Aga Khan University, Karachi, Pakistan

Background: Surveillance of suicide attempts a self-harm is a core component of national suicide prevention strategies. However, many low and middle income countries (LMIC) lack this. We describe the process of establishing and maintaining a low-cost, long term health facility based surveillance system for self-harm in Karachi, Pakistan

Methods: all cases of self-harm that present to the emergency department and/or admitted to the Aga Khan University Hospital undergo a psychiatry evaluation and receive an ICD code at the time of discharge. This information is retrieved periodically and noted on a specially devised data extraction form including socio-demographic details of the self-harm subject and details of the act. This information is entered into a database and analysed on a variety of variables.

Result: over the period of more than 20 years that the self-harm monitoring system has been functioning, information on more than 2000 cases have been entered in the database. Women outnumbered men by a ratio of 1.7:1, with young married women being the largest group. Majority of cases were under the age of 30 years and ingestion of benzodiazepines was the most common method in both genders, followed by organophosphate insecticides. Interpersonal relationship problems, family conflicts and financial difficulties were the most common reasons cited. About a third were diagnosed with clinical depression, followed by acute stress and/or adjustment disorder.

Discussion: the AKU-SHaMS is the only monitoring system of self-harm in Pakistan. It has been maintained for more than 20 years. Although the number of cases that present to the facility are relatively small, the monitoring system has provided information on the unique pattern of self-harm in Pakistan. In settings where national or sub-national data on self-harm is lacking, health facility-based monitoring systems provides a useful alternative that can inform national or sub-national suicide prevention strategies.

Learning objective: Understand the process of setting up and maintaining a surveillance system for self-harm in low resource environments.

The role of self-harm surveillance data in public health approaches to suicide prevention

Dr Paul Corcoran, Mary Joyce, Ella Arensman, Eve Griffin

Affiliations: National Suicide Research Foundation, Cork, Ireland and School of Public Health, University College Cork, Ireland

Background: To inform suicide prevention strategies, it is essential for countries to have up-to-date surveillance systems for suicide and self-harm. Adequate data collection and vital registration systems are necessary for suicide surveillance systems and improving data quality of self-harm and suicide mortality data is one of the key priorities highlighted by the WHO for suicide prevention. The National Self-Harm Registry Ireland is a national surveillance system of hospital-treated self-harm.

Internationally, the Registry is recognised by the World Health Organisation as a template for self-harm surveillance, which has been implemented in an increasing number of countries globally. Hospital presented self-harm represents an important indicator to determine impacts of national suicide prevention programmes and can serve as proxy for suicide in outcome evaluations. In Ireland, the Registry represents a unique national surveillance system aimed at informing Ireland's national suicide reduction strategy on key priorities for self-harm and suicide prevention and providing indicators to determine its impacts.

Methods: Since 2006, the Registry has recorded data on presentations to all Irish hospital emergency departments as a result of self-harm.

Results: Rates of self-harm are consistently higher among young people, in deprived and urban areas. These findings highlight the priorities in responding to self-harm, engaging vulnerable populations and tackling health inequalities. The Registry has been used to examine the impact of national and global trends which may impact on the health of the population. For example, the Registry demonstrated the impact of the great recession of 2008 and the impact of Covid-19 and national restrictions. Data from the Registry have also been used to evaluate the impact of activities to restrict access to frequently used means of suicide and self-harm, including changes in paracetamol pack sizes and regulations on the sale of codeine-containing medication. The Registry also inform service provisions, resource deployment and the development of national guidelines for the management of self-harm in clinical settings.

Discussion: Data from Registries such as this are important from a public health perspective. Long-term monitoring of self-harm in Ireland has helped to identify vulnerable and at-risk groups and to inform policy changes. Registry data have been used to inform Ireland's national suicide prevention strategy and will form part of the strategy's outcomes framework. In addition, data are used by a range of stakeholders, including governmental agencies, clinical staff, international agencies and the research community.

Learning objective: To present findings from the National Self-Harm Registry Ireland and to highlight the associated impact of such data.

Monitoring suicide in real time

Chris Killick-Moran and **Matthew Spittal**

Affiliations: Suicide and Self-harm Monitoring Unit, Australian Institute of Health and Welfare and Melbourne School of Population and Global Health, The University of Melbourne

Background: In Australia, most states and territories have developed suicide registers, and many now provide near-real time information on the incidence of suicide. But even where the data is available in real-time, tools to understand and interpret the data have yet to be developed. This poses challenges when determining if there are any sudden changes or longer-term trends in suicides, or local clustering of suicides.

Methods: In collaboration with the Coroners Court of Victoria, we are currently developing a decision-support tool that can identify if there are changes in suicide rates in time and/or the emergence of suicide clusters. These decision-support tools are being designed with a view to generalisability to other suicide registers, and other data sources such as emergency department or ambulance attendances.

Results: Regarding changes in time, we show how two sources of variation — shocks and gradual changes — can be detected using Shewart charts and exponentially weighted moving average charts. We discuss how to identify appropriate 95% and 99% confidence limits and present information on using secondary criteria rules used to boost detection of increases. Regarding suicide clusters, we show how the scan statistic can be applied to geocoordinates of the deceased's residential address

to identify the possible emergency of clusters. This information has been highly informative for the Victorian State Coroner, who has used these tools when communicating with the public about suicide trends.

Conclusion: The availability of near real-time data presents new challenges for decision making. However, modern epidemiological methods that have been used in other areas of health and medicine offer a potential framework for guiding decision-making about changes in suicide rates and the presence or absence of suicide clusters.

Learning objective: To gain insights challenges which may arise when setting up monitoring systems based on real-time data.

FORSAM: A monitoring system for the Danish national plan for suicide prevention

Erlangsen A, Madsen T, Nordentoft M

Affiliations: Danish Research Institute for Suicide Prevention (DRISP)

Background: In 2015, the United Nations introduced the goal of a 33% reduction in suicide mortality by 2030. After more than 15 years of not having a national plan for suicide prevention, it seems that the Danish Parliament will pass a bill for a national plan in 2024. An updated surveillance system may help identify high risk groups and monitor on-going efforts. The aim of this study is to present the findings from the monitoring system FORSAM (www.forsam.dk).

Methods: National register data on all individuals living in Denmark at some point during 1st of January to 31st of December, 2000–2022 were obtained. The outcomes of interest were suicide, suicide attempt, bereaved by suicide and affected by suicide attempt. Incidence rates were calculated per 100,000 person years with respect to sex, age group, calendar year, socio-demographic, health-related factors as well as recent stressors. Further, rates were presented at various geographical levels (national, regional, health cluster, municipal).

Results: The age-standardised suicide rate decreased from 12.0 suicides to 11.4 per 100,000 inhabitants between 2015–2022; equivalent of a 5.6% decrease. In the FORSAM-database, suicide/suicide attempt rates are available by geographical units, thus, enabling a comparison between, for instance, municipalities. Rates by socio-economic groups reveal that suicide are most frequent among retired and recipients of disability pensions. Approximately 49% of those who died by suicide had previously been in psychiatric treatment. In all, 30.6 (n=20,809) individuals per 100,000 inhabitants experienced a bereavement by suicide of a close relative during 2000–2021. Of those, 24% were below 29 years when bereaved. Most of those who were bereaved had lost a partner (36%). A total of 91.5 (n=62,263) individuals per 100,000 experienced a suicide attempt of a close relative. Of those experiencing a suicide attempt in a close relative, 48% were below 29 years of age at the time of the event. It was most frequently a sister (30%) or a daughter (20%) who had had a suicide attempt.

Conclusion: Half-way toward the year of 2030, only a marginal decrease has been observed in the Danish suicide rate. Almost half of those who died by suicide had never been seen at psychiatric clinics. Being able to present figures for individuals bereaved by suicide or affected by suicide attempt will help emphasize the problems that these groups face. Having updated and complete data available makes it possible for researchers, clinicians, policymakers and the general public to orientate and engage in suicide prevention.

Learning objective: To understand possibilities for dissemination and visualization of data for stakeholders.

Suicide Prevention in Latin America: Evidence, Innovation, and Public Policy

Dr. Belén Vargas^{1,2,3}, Dr. Felipe Agudelo-Hernández⁴, Dr. Carolina Santillán⁵, Dr. Alejandra Moreira⁶, Mr Álvaro Jiménez-Molina⁷

¹Ministry Of Health, Santiago, Chile, ²Nucleus to Improve the Mental Health of Adolescents and Young People-Imhay, Santiago, Chile, ³Universidad de Chile, Santiago, Chile, ⁴Universidad de Manizales, Bogotá, Colombia, ⁵Universidad Autónoma de México, Ciudad de México, México, ⁶Faculty of Medicine; Universidad de la República, , Uruguay, ⁷Universidad San Sebastián, Santiago, Chile

Suicide prevention is a global challenge, but in Latin America, it faces unique particularities that require specific strategies. Interventions based on local evidence and adapted to the context are needed to address its complexity effectively.

Latin America faces unique social, cultural, and structural determinants that influence suicide risk and the responses of health systems. While global frameworks provide valuable guidance, regional research is essential to develop culturally relevant and contextually appropriate policies and interventions. This session emphasizes the importance of strengthening Latin American scientific production on suicide prevention, ensuring that public policies are grounded in local evidence and sustainable implementation strategies.

The symposium brings together pioneering research from Chile, Colombia, Mexico, and Uruguay, showcasing innovative approaches to suicide prevention, including epidemiological surveillance, gatekeeper training, artificial intelligence applications, and postvention strategies.

Through the integration of epidemiological analysis, mental health promotion, digital innovation, and public health policies, this symposium provides a roadmap for advancing suicide prevention in the region. Participants will learn how evidence-based research can directly inform public policy decisions, improve resource allocation, and drive structural changes in Latin American countries.

Seasonality of Suicide in Chile: Key Insights for Timely and Effective National Prevention

Belén Vargas, Bert Kaempfe, Rocío Martínez-Gutiérrez, Christian García, Alejandro Riquelme-Bórquez, Vania Martínez

The seasonality of suicidal behavior is characterized by regular population-level fluctuations occurring at specific times of the year. This phenomenon has been documented across various geographic contexts, revealing distinct temporal variations. Unimodal patterns, marked by a single peak of maximum incidence per year, and bimodal patterns, with two periods of increased activity, have been identified. However, these patterns are inconsistent across regions or populations, underscoring the need for country-specific identification of seasonality to develop context-sensitive interventions.

To identify seasonal patterns of suicidal behavior in Chile and inform the National Suicide Prevention Program, time-series analyses were conducted. Official vital statistics for suicide mortality in Chile from 2010 to 2019 were analyzed using an autoregressive integrated moving average model to detect recurring cycles. Additionally, national emergency department records from the public healthcare system between 2022 and 2023 were analyzed to identify seasonal trends and detect increments in self-injuries using seasonal decomposition of time series by Loess STL-IQR.

An unimodal seasonal pattern was identified for both suicide mortality and self-injury cases treated in public emergency services. Suicide mortality showed an upward trend starting in August, peaking between late December and early January. Similarly, self-injury cases began to increase in August,

reaching their peak between October and November. Based on these findings, a national alert strategy was developed for the public health system. This strategy includes intensified preventive interventions, strengthened response teams, active case detection for at-risk individuals, and coordination with government agencies responsible for populations with higher vulnerability. Guidelines were also disseminated to general intervention teams.

The results confirm the presence of an unimodal seasonal pattern in suicidal behavior in Chile, demonstrating the feasibility of designing evidence-based prevention strategies at a national level. Future work will involve evaluating the implemented measures and conducting deeper analyses of contextual factors to explain this pattern, aiming to optimize interventions and their public health impact.

Learning objective: Recognize the importance of seasonality analysis for suicide prevention and how it can optimize the development of early warnings and coordinate cross-sectoral responses at the national level.

Reasons for Living for Mental Health: Hybrid Implementation Study in a Latin-American Context.

Felipe Agudelo-Hernández, Eduardo Marulanda López, Luz María Salazar-Vieira, Leonardo García-Rincón, Marcela Guapacha-Montoya

Suicidal behavior is less frequently addressed within health service settings, yet fostering reasons to live in these environments has been identified as a key factor in improving prognosis. This study aimed to describe the implementation of the Reasons for Living strategy, developed by the Pan American Health Organization in Colombia, and evaluate its impact on acute mental health symptoms, psychosocial disability, and the perception of healthcare services among individuals diagnosed with mental disorders in Caldas, Colombia.

A quasi-experimental methodology was conducted, incorporating elements of a Type I hybrid implementation study. Data were collected from 45 individuals with a history of mental disorders and suicidal ideation, both before and after the implementation of the 'Reasons for Living' strategy. Primary healthcare researchers administered questionnaires grounded in community-based rehabilitation frameworks, including the Self-Reporting Questionnaire, the Zarit Caregiver Burden Scale, and the Caldas Scale, to evaluate psychosocial disability associated with mental disorders.

The strategy transformed the relationship between the quality and perception of health services and the psychosocial disability associated with mental disorders, demonstrating its impact. The strategy's implementation framework, structured around seven phases, was designed for universal, selective, and targeted prevention settings in Colombia. Its approach is grounded in key pillars such as strategic planning, community empowerment, leadership development, and political, technical, and academic support. To ensure sustainability, the strategy emphasizes integration into comprehensive health planning. Additionally, specific implementation indicators are proposed to facilitate monitoring and evaluation of its progress and outcomes.

The implementation of the strategy fostered institutional engagement in promoting mental health while also contributing to the improvement of acute mental health symptoms and psychosocial disability outcomes. Mental health promotion strategies can be effectively integrated into implementation frameworks to support their development within specific sociopolitical contexts.

Learning objective: Identify the core components of implementing a strategy to promote 'Reasons for Living', transitioning from the sectoral to the individual level, through a demonstration experience in the Colombian context aimed at reducing mental health risks and enhancing the well-being of individuals with mental disorders.

Gatekeeper Training for Suicide Prevention in Teenagers: Evaluation of an Online Educational Program with Middle School Educational Staff in Mexico

Carolina Santillán, Miguel Marín, Itxchel Galvan-Estrada, Rosario Valdez-Santiago.

Suicide prevention is key in youth as death rates continue to rise. Mexico has recently implemented a National Suicide Prevention Program incorporating gatekeeper training. Gatekeeper training for suicide prevention has shown promising results in educational contexts. Theoretical models have explained gatekeeper behaviors. There is a need to have evidence-based interventions for suicide prevention that are part of the National Policy.

The objectives of this study were to evaluate pre-post differences in levels of self-efficacy, likelihood, readiness as well, and self-perception of competencies related to the referral of students at risk of suicide in high school-level educational staff after online gatekeeper prevention training and to compare scores on measures between two sub-samples: teachers and psychologists.

A convenience sample of 70 Mexican middle school educational staff in four states answered a pre-post test online survey to assess levels of the described variables through the Gatekeeper Behavior Scale and the Self-Perception of Skills of Teachers in the Prevention of Adolescent Suicidal Behavior. The online educational program consisted of two components: an informative and behavioral skills training, lasted 5 hours and was self-paced. The training included role-plays and elements of motivational interviewing to familiarize school staff with specific skills. School staff recorded audio after the training showing the skills learned. Scores were tested with the Wilcoxon test to compare differences between the two groups; Hedges g measure of effect size was used.

Scores for Likelihood, Readiness, and Self-Efficacy to have a conversation about asking for help with adolescents and the Self-Perceived Competence Components showed a statistically significant increase. Compared to teachers, the psychologists' sub-sample showed higher scores. Both interventions' impacts were high, with a Hedges $g=2.34$ for Self-Perceived Competence Components and a Hedges $g=1.96$ for Gatekeeper Behavior Scale.

The results of this online intervention show that middle school teachers and psychologists can benefit from brief training that incorporates elements of theoretical models that explain gatekeeper elements. Teachers are in need and motivated to enhance students' identification and referral skills. Other key members of the communities (general practitioners, religious leaders, and counselors) and cultural diversity should be considered. The lived experience of school staff should be incorporated into gatekeeper training.

Learning objective: Understand the impact of online gatekeeper training on high school educational staff's self-efficacy, readiness, and skills for identifying and referring students at risk of suicide and analyze how theoretical models can inform the implementation of Mexico's National Suicide Prevention Program.

Funding: National Council of Science, Humanities and Technology, Mexico

Harnessing Artificial Intelligence for Suicide Prevention: Opportunities, Challenges, and Ethical Considerations from the Uruguayan Experience

Alejandra Moreira, Denisse Dogmanas, Laura de Álava, Matías Rodríguez

Suicide is a serious public health issue in Uruguay, which has one of the highest rates in the Americas, with 21.39 deaths by suicide per 100,000 inhabitants. In 2023, the suicide rate among men decreased, from 37.2 in 2022 to 30.8, while it increased among women, from 9.9 in 2022 to 10.9, reaching a historic high. Women accounted for 71.6% of suicide attempts, with a rate of 188.94 per 100,000 inhabitants, highlighting the urgent need for evidence-based policies with a gender-sensitive approach.

Since 2022, Uruguay has implemented the National Online Registry System for Suicide Attempts, which is mandatory for all healthcare providers nationwide. This unique system collects real-time data, enhancing epidemiological characterization, user follow-up, and compliance with the National

Health System's Protocol for Care and Follow-up of Suicide Attempt Survivors. The Ministry of Public Health monitors adherence to this protocol and applies sanctions for non-compliance.

Despite these advancements, the magnitude of the problem demands innovative, cross-sectoral, and impactful strategies.

In 2024, Uruguay secured funding from the National Agency for Research and Innovation to develop an Artificial Intelligence (AI) solution to optimize the Ministry of Health's database analysis. This initiative seeks to identify patterns and trends, predict future behaviors, and create predictive models to direct resources and interventions toward the most vulnerable groups. Additionally, it aims to improve the accuracy and speed of data analysis, enabling more informed and timely decision-making to strengthen public health management.

This projects that the use of AI in suicide prevention will present both significant opportunities and challenges, with a particular focus on addressing data privacy concerns. By leveraging insights from international research and Uruguay's experience, the results are expected to highlight key advancements, identify limitations, and extract valuable lessons learned. These findings aim to foster critical reflections on the ethical and practical applications of AI technologies in mental health care, providing a foundation for informed decision-making and future developments in this field

Learning objective: Attendees will gain insights into how AI can be utilized to enhance suicide prevention efforts and learn about the ethical considerations surrounding data privacy and AI in mental health. This knowledge will equip participants with practical strategies to apply in their contexts to improve public health management and intervention outcomes.

Funding: Agencia Nacional de Investigación e Innovación, Uruguay.

[Bridging Gaps in Suicide Postvention: Integrating Evidence, Expert Consensus, and the Voices of Healthcare Professionals and Survivors in Chile](#)

[Álvaro Jiménez-Molina](#)

Suicide postvention is a critical public health necessity, with estimates indicating that 1 in 20 individuals will experience exposure to a suicide death annually and 1 in 5 over their lifetime. In Chile, the National Suicide Prevention Program, established in 2013, has introduced general postvention guidelines, primarily targeting educational and media sectors. However, recent evaluations highlight systemic gaps in postvention practices, including insufficient professional competencies and a lack of evidence-based protocols for tailored interventions.

This presentation synthesizes findings from a three-phase research project designed to address these challenges:

Exploratory Qualitative Study: Semi-structured interviews with 18 suicide survivors, 14 healthcare professionals, and one policymaker revealed unmet survivor needs, structural, cultural, and attitudinal barriers to accessing support, and professionals' self-reported limitations in crisis management.

Content Validation Study: A Delphi consensus method engaged 28 national and international experts (researchers, policymakers, clinicians, and survivors) to codify core postvention components. These were organized into three dimensions: immediate preparedness/response, ongoing support, medium-to-long-term follow-up, and essential competencies (knowledge, skills, and attitudes). Outputs included an evidence-based guideline and an online training program for healthcare providers.

Pilot Program Evaluation: A mixed-methods assessment of the training program's feasibility, acceptability, and perceived effectiveness is underway with public healthcare professionals across three Chilean regions. Pre-post evaluations and 3-month follow-ups will identify implementation barriers and facilitators.

Based on the results of these studies, a discussion will be held on the necessary actions to strengthen effective and culturally sensitive postvention strategies aligned with the needs of individuals, families, and communities affected by a suicide death.

Learning Objective: By the end of this presentation, participants will be able to identify systemic gaps in suicide postvention within Chile's current public health framework and analyze core components for designing contextually adapted postvention strategies, including a multilevel approach.

Funding: ANID / FONIS Project SA23IO181, Chile.

Symposium # 20 June 11th, 2025, 5:00pm – 6:30pm

Chair: Paul Moran

The Lancet Commission on Self Harm

Professor Paul Moran¹, Dr. Mark Sinyor², Professor Jane Pirkis³, Dr Olivia Kirtley⁴, Assoc Professor Jeffrey Ansloos⁵, Professor Helen Christensen⁶, Professor Nav Kapur⁷, Professor Rory O'Connor⁸

¹Centre for Academic Mental Health, Population Health Sciences Department, Bristol Medical School, University of Bristol, Bristol, UK, United Kingdom, ²Department of Psychiatry, University of Toronto, Toronto, Canada, ³Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia, ⁴KU Leuven, Leuven, Belgium, ⁵University of Toronto, Canada, ⁶University of New South Wales and the Black Dog Institute, Randwick, Australia, ⁷University of Manchester, Manchester, UK, ⁸University of Glasgow, Glasgow, UK

Self-poisoning or injury, irrespective of apparent purpose, is common around the world, although investigations of its nature have been neglected. The views of people with lived experience, those from Indigenous communities, and those from LMICs have been ignored. This symposium aims to summarise the key findings from The Lancet Commission on Self Harm and to draw out new insights into how we should respond across public health and clinical arenas. Experts will introduce the aims and methods of the Commission (Moran) (1), address the importance of societal factors, including the role of policy (Pirkis, Sinyor) (2), describe individual determinants (Kirtley) (3), present the voice and knowledge of indigenous communities (Ansloos) (4), summarise the views of those who self-harm (Christensen) (5) and the perspectives of LMICs, where most self-harm occurs (Kapur) (6). At the end a QandA session will be led by Rory O'Connor. The goal of the symposium is to expose the varied interpretations of self-harm and the consequent need to develop well-coordinated, whole-of-society, and whole-of-government efforts, in tandem with better integrated health and social care services.

Background, aims and methods of the Commission

There are at least 14 million episodes of self-harm annually across the world, with the greatest burden felt in low- and middle-income countries (LMICs). Yet, this public health problem has been neglected by governments.

The incidence of self-harm is much higher among young people and within this population, rates appear to be increasing, especially among young women. People who self-harm are at risk of premature mortality and about 2% of people die by suicide in the year after presentation to hospital with self-harm. Populations at risk of self-harm include indigenous peoples, LGBTQIA+ individuals, individuals with mental health disorders, veterans, prisoners and migrants.

Self-harm serves a variety of functions and numerous psychological and social factors are associated with self-harm. Psychological treatments can help some people who self-harm, but service users and

practitioners differ in their opinions about the focus of treatment. Treatment provision remains highly variable. In many settings, there is a lack of a caring, empathic response.

The Lancet Commission on Self-Harm was established to integrate missing perspectives about self-harm, alongside mainstream scientific knowledge, with the aim of raising the profile of self-harm in the policy arena and improving the treatment of people who self-harm.

We adopted a broad definition of self-harm including overdoses of medication, ingestion of harmful substances, cutting, burning, or punching. Body modification or mutilation and anorexia nervosa were considered out of scope. We considered relevant literature on suicide, referring to the latter construct as fatal self-harm.

An Executive Group provided overall leadership for the Commission. Four working groups of Commissioners were formed (lived experience, indigenous populations, LMIC, individual and societal influences) and were asked to a) summarise the current state of knowledge related to self-harm, b) to identify key gaps in knowledge and c) to formulate key recommendations for action. The written output was regularly reviewed by the Executive Group and was shared online. The findings and key recommendations from these documents were also discussed at a meeting held in Sydney in November 2022 attended by 250 stakeholders. Feedback from the audience was incorporated into final document.

Societal Perspectives

This presentation will discuss efforts to address self-harm at a societal level. The Lancet Commission on Self-Harm identified three key areas of potential intervention going forward. First, self-harm often arises in the context of deficits in key social determinants of health that can lead to hopelessness and misery across societies. These include income and social protection, education and literacy, employment and job insecurity, food and water security, housing and the environment, early childhood development, social inclusion and discrimination, structural conflict, and access to health services. Any effort to address the incidence of self-harm across societies must take meaningful steps to the society-level psychosocial antecedents of distress that can contribute to self-harm. A whole-of-government approach is likely to be most effective in addressing the upstream conditions that promote self-harm. Second, global increases in self-harm are almost certainly, in part, driven by social transmission including through traditional and social media. To address this issue, it is necessary to increase societal efforts to model healthy coping, particularly to young people. Such efforts must simultaneously include avoiding depictions presenting self-harm as an adaptive or “useful” coping strategy. Societal discussions about self-harm should therefore focus on relatable stories of survival, recovery, coping, and help seeking, with an emphasis on practical strategies. Third, the above efforts and all societal efforts must include interventions codesigned with people from populations at the highest risk, including people with lived experience. They should be robustly supported to lead and participate in the design, delivery, leadership, and evaluation of outcomes. Considering the rising rates of self-harm among young people, they should be particularly involved in the codesign of interventions.

Individual approaches to understanding, preventing, and managing self-harm

I will describe the key findings and recommendations from the Lancet Commission on Self-Harm regarding individual approaches to self-harm thoughts and behaviours. Even when taking an individual approach to research, policy, and clinical practice, we advocate for considering self-harm thoughts and behaviours in their broader context. A socio-ecological approach can help us here, by characterising context at different levels, from the internal, individual level, to the external relationship, community, and society levels. With context at the heart of our individual approach to understanding, preventing, and managing self-harm thoughts and behaviours, we outline three key foci for the future. First, self-harm thoughts and behaviours (and their antecedents) are dynamic,

changing over days, hours, and even minutes. Yet, our approach to assessing self-harm thoughts and behaviours in research and clinical practice is generally static. Using digital technology, such as the experience sampling method, we can take personalised approaches to understanding, preventing, and managing self-harm, paving the way for individually-tailored, digital interventions delivered during an individual's daily life, when they need them the most. Second, given that self-harm is multifaceted, there is a need for research approaches that can capture this complexity. Machine learning, network analysis, and latent profile analysis are examples of such approaches, which can help us map the complex and dynamic nature of self-harm, its antecedents, and consequences. However, these “big data” techniques warrant a high quality and volume of data. To create these data, it is crucial that we focus on setting up large-scale monitoring systems for self-harm. A multifaceted approach is also required in healthcare. There is a pressing need for coordinated care and culturally sensitive intervention and management initiatives for self-harm, that understand social determinants as playing a key role in the individual context of self-harm thoughts and behaviours. Third, the meaningful involvement of individuals with lived and living experience in self-harm research, policy, and healthcare responses is vital to ensure that researchers and clinicians are focusing on what matters most to people who self-harm.

Indigenous perspectives

This presentation focuses on the work of the Indigenous working group within the commission, a significant global effort to address inequities in self-harm and suicide prevention. Central to the group's work is the inclusion of diverse voices, particularly those historically underrepresented in prevention efforts. These include Indigenous peoples, individuals with lived experience of self-harm, and communities in Low- and Middle-Income Countries. The Indigenous working group, comprising representatives from Australia, Aotearoa (New Zealand), Canada, the United States, and Sweden, collaborated under the guidance of Professor Pat Dudgeon AM. Together, they developed six guiding principles designed to prevent self-harm and suicide among Indigenous populations. These principles specifically address two structural drivers of health inequity – colonisation and racism, which are embedded in social, economic, and political systems, perpetuating cycles of colonial violence, oppression, and trauma. Conventional suicide prevention and mental health services, often grounded in ethnocentric and biomedical paradigms, may not fully meet the unique needs of Indigenous peoples. In some cases, these approaches can inadvertently cause harm by failing to ensure cultural safety and by neglecting the impacts of institutional racism. Integrating Indigenous social, psychological, cultural, and environmental knowledge is critical to addressing these gaps and fostering more culturally responsive and effective care. The Indigenous chapter of the Commission advocates for ecological reflexivity and systems-based approaches to self-harm prevention. This presentation will outline the six guiding principles.

1. Human Rights — Recognising colonisation's impacts and prioritising Indigenous self-determination as fundamental to effective self-harm prevention.
2. Community Control — Empowering Indigenous-led organisations that challenge colonial paradigms and offer counter-colonial approaches.
3. Life Promotion — Shifting from risk detection and death prevention to fostering long-term thriving and holistic wellbeing.
4. Upstream Approaches — Addressing systemic inequities and the social determinants of health at a macro level.
5. Cultural Determinants — Recognising culture as essential to holistic health and social and emotional wellbeing.
6. Indigenous Knowledges — Advocating for epistemic pluralism to advance decolonisation and improve mental health outcomes.

By examining these principles and considering their research implications, this presentation will demonstrate their potential to decolonise health systems and reshape global suicide prevention frameworks.

Lived experience perspectives

This presentation reflects the themes that arose from the 'life experience' authors who contributed to the Commission. Led by Amy Chandler, all life-experience coauthors had different lived – and living – experience of self-harm. This group drew on their experiences, research and knowledge to provide insights and outline ongoing injustices. The coauthors identified the heterogeneous nature of the individual experience of self-harm, and that the behaviour serves dynamic, multiple purposes, including self-care, self-expression, and the enaction of power or agency. How people who self-harm are understood is affected by not only the meanings attributed to self-harm, but also to the social position of the person who self-harms and where in the world they live. Those who self-harm may have very different views about self-harm to that of clinicians, and the public, and do not necessarily prioritise prevention and treatment as goals.

Those with experience of self harm have confronted poor care. Research into self harm is limited as a result of the discriminatory research practices. Research does not prioritise the preferences and needs of those who self-harm.

The perspectives of the life experience coauthors profoundly influenced the solutions and recommendations of the Commission. They pointed to the need to

foster different attitudes to self harm, decriminalise self-harm, counter stigmatising attitudes from health professions and reform the poor clinical care that is provided, educate professionals, develop, research and promote new models of self-harm care including those involving peer support, crisis support, and intervention opportunities in educational environments. The coauthors called for participatory and qualitative research methods, with life experience seen to be as a critical source of insight and expertise, not just an object of study.

Self-harm in low and middle income countries

The burden of self-harm is highest in low and middle income countries (LMICs) but the gaps in our knowledge in these settings are profound. India and China account for 40% of self-harm episodes but only 3% of self-harm research and less than 1% of self-harm research funding.

The information we have suggests that there are some similarities with self-harm in high income countries (HICs) for example, a predominance among young people and the fact that self-harm can have a variety of meanings (from being a marker of underlying distress to a means of emotional regulation or communication).

But there are notable differences – the biggest is case fatality. Self-harm is much more likely to result in death in LMICs which makes the distinction between 'suicide' and 'non-fatal self-harm' even more arbitrary than it is in HICs. It also makes restricting the availability of dangerous methods of self-harm vital. Social determinants may be more important in LMICs and the role of mental health systems and clinical guidelines are less clear. Repetition rates are low and so primary prevention could be a more effective strategy than intervention.

We need new ways of thinking about and responding to self-harm in LMICs. Established concepts and models of self-harm are of questionable relevance to many LMIC settings. Peer support and non-clinical interventions may be key. Implementing evidence-based approaches such as banning toxic pesticides is likely to have a major impact. Existing technology-based solutions have been developed in HICs. There are unique challenges in researching and implementing these approaches in LMICs but opportunities should be explored. There should be a national and international focus on self-harm in LMICs, with dedicated funding for surveillance and research

Recommendations and Q and A

Learning objectives

- To understand the public health burden of self-harm and the rationale and methods behind the Commission (1).
- To understand the complex array of societal factors that have an influence on self-harm (2)
- To understand how individual approaches to self-harm can advance our ability to understand, prevent, and manage self-harm (3)
- Participants will be able to examine how colonisation and racism contribute to inequities in self-harm and suicide, and articulate how the six guiding principles can address these challenges in prevention efforts (4).
- Understand the diversity and complexity of self-harm from a 'live experience' perspective (5).
- To understand gaps in our knowledge of self-harm in LMICS and to identify new ways of thinking and responding (6).

Symposium #21 June 11th, 2025, 5:00pm – 6:30pm

Chair: Lauren Jerome

Digital solutions for young people who self-harm

Dr Bethany Cliffe², PhD Student Lauren Jerome¹, Katherine Bird⁴, Dr Celeste Foster⁵, Dr Martina Di Simplicio³

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The prevalence of self-harm in adolescents globally is ~16%. Self-harm is also one of the strongest predictors of suicide death. Digital solutions represent an opportunity to undertake accessible research, and deliver interventions and support in many ways, utilising various therapeutic approaches. Support delivered digitally could improve young people's access to support, and improve our understanding of self-harm behaviour. This will provide young people who self-harm with the opportunity to access support and activities based in therapeutic principles as and when they need it most, and improve our ability to provide effective evidence-based treatment.

Nationally in the UK, and indeed internationally, there are calls to employ digital solutions for mental health more widely in healthcare services and research settings. We must ensure any digital solutions offered are evidence-based and acceptable to their intended user. This symposium presents five novel digital interventions and research tools designed specifically for use with young people who self-harm. Each takes a unique approach to supporting and understanding young people's mental health, and present interventions and tools at various stages of development. All demonstrate a solid evidence-based foundation and thorough testing to ensure what is offered is acceptable and engaging for young people who self-harm.

Evaluating a smartphone app for university students who self-harm

Introduction: Self-harm is becoming more prevalent amongst university students yet help-seeking in this population remains low. Reasons can include stigma, waiting lists and fear of disclosure. Digital interventions may provide a useful option for support.

Aim: Explore whether digital interventions, specifically a smartphone app, could be helpful, acceptable and safe for students who self-harm. This research also aimed to explore what outcomes students perceived to be meaningful with regards to self-harm support.

Methods: Firstly, students (n=25) were interviewed to understand their perceptions of interventions (including digital) for self-harm, and to explore what 'recovering' from self-harm would mean to them. Secondly, a smartphone app was evaluated with students (n=16) alongside counselling from university services, to ensure a 'safety net' while the app was assessed in this population. Questionnaires pre- and post-intervention and follow-up interviews explored the apps' helpfulness, acceptability and safety. Finally, the app was made available for any student at the university to download; brief pre and post measures were used to assess effectiveness (n=27).

Results: Students were open to a digital intervention as they believed it would help them to access support that they may otherwise struggle to. When evaluating the app, students valued its anonymity, accessibility, and convenience. They believed it could be a standalone intervention or used alongside other support. They found it helpful for distracting them in difficult moments, as well as changing their perspective on their mood and helping them to learn alternative coping mechanisms. These were key indicators of 'recovery' for students, as they wanted healthier coping strategies, and to address their wider mental wellbeing and the 'cause' of their self-harm. Importantly, students indicated that reducing self-harm did not necessarily indicate improvement, emphasising the need for a more holistic understanding of 'recovery'.

Conclusion: A smartphone app was helpful and acceptable to students who self-harm, based on outcomes that they valued. They believed the app was safe to be used as a standalone intervention by students not yet ready or able to access professional support, or as an adjunct to therapy.

Learning objective: A balanced understanding of how students perceive interventions for self-harm, including digital interventions.

Developing and testing a novel digital intervention, based on solution-focused therapy, for young people who self-harm

Introduction: Digital interventions to support mental health that currently exist tend to be applications, requiring a smartphone or the internet, and the majority are based on Cognitive Behavioural Therapy. Solution-focused therapy is one approach used with individuals who self-harm that is not currently applied in an autonomous digital intervention. Although smartphone use is nearly ubiquitous in the UK, ~1 million young people do not have a smartphone or access to the internet at home, but will have access to a mobile phone that can send and receive text messages.

Aim: To describe the development of a novel digital intervention, delivered by text message as an autonomous conversation, based in principles of solution-focused therapy. Additionally, to test the usability and acceptability of the intervention with young people with lived self-harm experience.

Methods: The digital intervention was developed following the Medical Research Council's Complex Intervention Development guidance, taking an iterative approach to its design. This involved an examination of existing literature, focus groups with young people with lived self-harm experience and with clinical experts, and an analysis of face-to-face solution-focused therapy sessions occurring between a clinician and young person following self-harm. Initial prototypes were iteratively refined following feedback from young people with lived self-harm experience and clinical experts. The first phase of testing will use a 'Think Aloud' procedure with 5 young people with lived self-harm experience to establish usability and acceptability of the intervention.

Results: We will present the novel digital intervention we have developed including the content it will deliver and our logic model describing how we expect it to impact young people's mental health. Additionally, initial findings from testing including whether the intervention works as we designed it to and whether young people felt it was acceptable and engaging to use.

Conclusions: Developing a novel digital intervention based in solution-focused therapy for young people who self-harm presents a new application of solution-focused therapy that would be accessible to young people. Establishing its usability and acceptability is an important first step to considering its viability as a potential intervention.

Learning Objective: To learn about the development process of a novel digital intervention, based in solution-focused therapy, for young people who self-harm and to explore participant perceptions after testing this intervention. Additionally, to learn about the use of 'Think Aloud' procedures for testing digital interventions.

Co-developing the CaTS-E: A pilot study and thematic analysis of content updates for the Card Sort Task for Self-Harm (CaTS) with people with lived self-harm experience

Background: Existing self-harm research tools typically focus on single risk factors meaning the temporal interplay between factors and their impact on self-harm is unknown. The card sort task for self-harm (CaTS) addresses this by using 117 cards to examine multiple self-harm factors along a timeline (from '6-months prior' to 'after self-harm'). In-person research is time-consuming, costly, and limits participation opportunities. Developing an electronic version of CaTS (CaTS-E) is necessary to address these issues, capture large datasets, and provide a stronger evidence base. Since CaTS' inception, understanding of self-harm has evolved, including increasing awareness LGBTQIA+ people are at high-risk. Updating CaTS is essential to ensure it's relevant to both LGBTQIA+ and cisgender-heterosexual self-harm.

Objective: We present results from two studies. Study 1 is a pilot study assessing the feasibility of CaTS-E. Study 2 utilised qualitative interviews and thematic analysis to identify additions or amendments to CaTS/CaTS-E to increase its relevance as understanding of self-harm evolves.

Methods: Study 1 recruited thirteen UK residents (aged 18-30) with lived self-harm experience. Feasibility and acceptability of CaTS-E were assessed using the Systems Usability Scale (SUS) and visual analogue scale (VAS). Study 2 recruited UK residents (n=13; LGBTQIA+ n=9; cisgender-heterosexual n=4; 21-29 years) with lived self-harm experience to one-on-one interviews.

Results: Study 1 found CaTS-E to be a feasible web-app for use in self-harm research. VAS data showed no significant difference between pre- and post-study mood. In Study 2, thematic analysis resulted in 13 additional cards (e.g., 'Before 6-months'; 'I don't feel comfortable in my body'; 'I was bullied on social media'; 'Self-harm gave me a feeling of control'). Cards were worded clearly, but minor amendments to increase LGBTQIA+ inclusivity were identified (i.e., changing 'boyfriend/girlfriend' to 'partner'). While participants felt selective additions were necessary, too many may overwhelm participants. Therefore, future additions should be carefully considered.

Conclusions and learning objectives: Pilot testing shows CaTS-E is a usable, feasible web-app to examine self-harm and capture large datasets. Importantly, completing CaTS-E does not negatively impact participants' mood. Updates and key additions were made to CaTS from consultation with people with lived self-harm experiences. These increase the relevance of CaTS and ensure LGBTQIA+ inclusivity. Future research in other high-risk populations may identify additional group-specific cards to increase relevance in specific populations.

Mood on The Move: Developing digital wearables to help young people, in mental health hospital settings, who self-harm.

Learning objective: To examine the potential for smartwatch technology to deliver ecological momentary assessment approaches to improve shared understanding of the factors driving repeated self-harm in mental health inpatient settings. Additionally, the importance of co-production with young people at every point in the development process.

Background: ~20% of young people (CYP) who self-harm do so on a severe, repeated basis. Repeated self-injury often overlaps with periods of suicidality in CYP and many in this group are at risk of spending time in mental health inpatient settings. Evidence suggests that hospital treatment does not have good outcomes for these CYP and may reinforce their relationship with self-harm over time, resulting in delayed discharge and recovery.

Understanding the factors that contribute to self-harm becoming a repeated response in the inpatient context is therefore important. Innovative methodologies are needed to safely capture self-report data from CYP who are in hospital settings in real-time. This will support them and their care teams to develop more effective individualised treatment plans, and improve the evidence-base for treatment.

Aims:

- To co-produce with CYP a digital wearable system that enables in-the-moment tracking of emotions and mental states of CYP who repeatedly self-harm in hospital settings.
- Support CYP and their care-providers with understanding their self-harm.
- Assist CYP who self-harm to spend less time in hospital.
- Improve our understanding of factors for effective hospital-based care for CYP who self-harm.

Mood on the Move: An interdisciplinary team including a young citizen scientist with lived experience of the clinical issue, and mental health hospitalisation-experienced CYP and their clinical care teams have developed bespoke software for smart watches. This software safely captures self-report data in real-time (ecological momentary assessment), enabling CYP to review patterns in their data and share with selected members of their clinical team. This aids communication, understanding, and resolution of their cycle of self-harm.

Methods: Co-design principles and collaborative research methods were implemented to co-produce the Mood on the Move smartwatch mood tracker with CYP and clinicians. Additionally, a usability and acceptability test in which CYP acted as experts by experience evaluates the prototype.

Findings: We will present barriers to young people adopting mental health digital apps and devices; software usability and design refinements; safe implementation procedures for inpatient settings; data visualisation requirements; and early indicators of clinical helpfulness and benefit.

IMAGINATOR: a blended digital mental imagery-based intervention targeting self-harm behaviour in young people

Digital solutions could be crucial to reach large numbers of young people (YP) with self-harm in need and are generally favoured by this population. Imaginator is a novel mental imagery-based intervention targeting self-harm, supported by a smartphone app co-designed with YP experts-by-experience. Imaginator focuses on a single therapy technique called Functional Imagery Training: training individuals how to use mental imagery (i.e. visualisation) to engage in alternative adaptive behaviours when they feel the urge to self-harm. Crucially, Imaginator counteracts a proximal mechanism maintaining self-harm behaviour: self-harm mental imagery, present in 80% of clinical samples and playing a critical role in driving the behaviour.

Here we present quantitative and qualitative findings from the development journey of Imaginator. Over two studies, participants recruited from children & adolescent, adult mental health services, and the community in the United Kingdom underwent three face-to-face FIT sessions in which the app was introduced, followed by five brief phone support sessions. Outcome assessments were conducted after completing therapy, approximately 3-months post-baseline, including questionnaire measures and a qualitative feedback interview. Two focus groups were also conducted to gather therapist's perspectives around the Imaginator intervention. Qualitative data were analysed using a co-produced thematic analysis method with lived experience co-researchers.

Between 38.5–45.2% of YP referred enrolled in the studies, with good adherence to treatment protocol (57–59%) and medium/high attrition (25–48%). We found a 40.2–54.6% average reduction in number of self-harm episodes over 3-months in 14–25 years old with repetitive self-harm both in community and clinical settings. No adverse events were reported. YP and clinicians indicated that Imaginator fills a gap in current services offer and was impactful in changing behaviour. The use of mental imagery techniques was initially challenging but helpful. The Imaginator app was rated as worth trying, easy to use, and useful in addition to the therapy sessions delivered by low intensity therapists; however, YP expressed the need for the app to be more integrated with the therapy.

In summary, our work suggests that Imaginator is feasible, acceptable and has potential as a brief intervention reducing self-harm in YP. A future RCT is needed to robustly test the intervention efficacy and explore mechanisms of action.

Learning objective: to understand the role and potential impact of mental imagery based interventions in self-harm behaviour and their translation into digital tools.

Symposium #22 June 11th, 2025, 5:00pm – 6:30pm

Chair: John G. Keilp

Clinical, Behavioral and Neurocognitive Measures of Suicidal Behavior Risk in Acute Care Settings: Possibilities and Potential Problems

Associate Professor/research Scientist John Keilp¹, Professor Of Psychiatry Katalin Szanto³, Professor of Psychiatric Epidemiology Jeff Bridge², Assistant Professor of Psychiatric Epidemiology Donna Ruch², Assistant Professor Of Psychology In Psychiatry Marianne Gorlyn¹

¹Columbia University/NY State Psychiatric Institute, New York, United States, ²Nationwide Children's Hospital and the Ohio State University Medical Center, Columbus, United States, ³University of Pittsburgh and Western Psychiatric Institute, Pittsburgh, United States

John G. Keilp, Jeffrey A. Bridge, Donna A. Ruch, Marianne Gorlyn, Katalin Szanto

Abstract: Standard suicide risk assessments focus on identifying thoughts, intentions, plans, and history. Research has identified a number of clinical, behavioral, and neurocognitive measures that have the potential to enhance clinical risk assessment, but with various barriers to their implementation. This symposium reviews these findings, with emphasis on data from the AFSP-funded Lifespan project. Dr. Bridge will begin by presenting findings on specific symptoms of Borderline Personality Disorder and subtypes of aggressive behavior identifying those at highest risk, measures amenable to clinical assessment. Dr. Ruch will discuss findings regarding the death/suicide Implicit Association Test (IAT), whose discriminating power appears to be limited by psychometric and demographic factors. Dr. Gorlyn will discuss psychometric issues and practical limitations of decision-making tasks for the assessment of individual patients in clinic settings. Dr. Keilp will follow by discussing neurocognitive data highlighting the importance of basic information processing, rather than complex higher-order functioning, on suicidal behavior risk. Dr. Szanto will conclude by illustrating how subtypes defined around the stage of life of symptom onset can complicate straightforward assessments of risk, via differences in risk profiles between early-life onset and late-life onset suicidal behavior.

Financial Disclosures: Dr. Keilp has stock in Pfizer, Zoetis, and Viatris, but no conflicts with materials here. All other authors report no conflicts of interest.

Specific Features of Aggression and Borderline Personality Disorder Distinguish Suicide Attempters with MDD: Implications for Risk Assessment

Jeffrey A. Bridge, Marianne Gorlyn, Donna A. Ruch, Katalin Szanto, John G. Keilp

Introduction: Aggressive behavior and borderline personality disorder (BPD) are established risk factors for suicidal behavior. However, aggression is a heterogeneous construct comprised of several distinct subtypes (physical aggression, verbal aggression, hostility, anger); similarly, BPD is comprised of several discrete features including affective instability, identity problems, negative relationships, and self-harm. The research objective is to determine if specific aspects of aggressive behavior and BPD distinguish patients with a history of suicide attempt, when controlling for other risk factors that may obscure these associations.

Methods: In this multi-site study, participants ranged in age from 16–80, stratified across this range, and included individuals with major depressive disorder (MDD) with past suicide attempt (n=105) and without past attempts (n=95), and healthy volunteers (n=97). Clinical assessments included measures of depression severity, hopelessness, and suicidal ideation. History of suicidal behavior was conducted using the Columbia Suicide History form. BPD traits were assessed with the Personality Assessment Inventory — Borderline Scale (PAI-BS). The Buss Perry Aggression Questionnaire (BPAQ) was used to measure trait aggression and the Brown–Goodwin Aggression History measured overall history of aggression.

Results: In simple univariate analyses, participants with and without past attempts did not differ on the Brown–Goodwin but differed on the BPAQ Anger ($p=0.02$) and Physical Aggression ($p<.001$) subscales, as well as the PAI-BS Self-Harm subscale. Stepwise logistic regression identified three significant predictors of suicide attempt status: suicidal ideation, BPAQ Physical Aggression, and PAI-BS Self-Harm; no other variable entered the model. This function classified 75.8% of non-attempters and 68.4% of attempters.

Conclusions: Physical aggression and self-harm traits are two features of aggressive behavior and BPD, respectively, that distinguish patients with a history of suicide attempt, while controlling for other risk factors. These are characteristics easily added to standard risk assessments, beyond suicidal ideation, intent, and planning. Implications for how study findings may help to frame targets to improve suicide risk assessment in medical settings will be discussed.

Learning Objective: Attendees will identify specific aspects of borderline personality disorder (BPD) and aggressive behavior that can be used to distinguish patients with a history of suicide attempt.

[Additional Utility of the Implicit Association Test for Assessing Risk for Suicidal Behavior in Acute Clinical Settings](#)

Donna A. Ruch, Marianne Gorlyn, Jeffrey A. Bridge, Katalin Szanto John G. Keilp

Introduction: The death/suicide Implicit Associations Test (d/s-IAT) is an objective measure of suicide risk relative to patient self-report. Its primary outcome measure is the standard D score, a composite response time measure averaged across trial blocks when an individual makes associations between self and death. We examined if the d/s-IAT distinguished depressed suicide attempters, depressed non-attempters, and healthy controls across the adult lifespan (Ruch et al., 2023), to determine if the d/s-IAT is effective at identifying additional markers of suicide risk, including current and worst point suicidal ideation, number of past suicide attempts, attempt lethality, and suicidal intent among attempters.

Methods: This multisite AFSP-funded study included 82 past suicide attempters in a current depressive episode, 80 depressed patients with no suicide attempt history, and 86 healthy volunteers who completed the d/s-IAT. Participants were recruited from 3 U.S. medical centers and ranged in age from 16 to 80. Outcome measures for the d/s-IAT included the standard d-score, overall response times, and error scores. Analyses covaried for age, study site, and demographic/clinical variables of relevance.

Results: Across all groups, overall response time correlated $-.32$ ($p<.001$) with the d-score. As global response time slowed down, the d-score fell. Regardless of attempt status, overall response time was correlated with current suicidal ideation, though d-score was not. Both measures were mildly

correlated with worst point suicidal ideation, but overall response time correlation appeared to be a group difference effect. Among suicide attempters, the d-score did not correlate with number of past attempts, lethality, or suicide intent scores. The overall response time, however, was significantly correlated with suicide intent, both for maximum lethality attempt ($r = .288$, $p = .009$) and most recent attempt ($r = .294$, $p = .008$).

Conclusion: Findings suggest the overall response time measure on the d/s-IAT, rather than the d-score, provides meaningful information about suicide attempt characteristics. D-score was associated with worst point ideation, an indicator for longer term risk. Associations may be tempered in older adults and those with declining intellectual and cognitive abilities.

Learning Objective: Attendees will learn about the d/s-IAT's ability to identify suicidal behavior risk, and limitations to its implementation in the clinic.

Decision Making Tasks: Do They Have a Role in Applied Clinical Settings?

Marianne Gorlyn, Donna A. Ruch, Katalin Szanto, Jeffrey A. Bridge, John G. Keilp

Introduction: Impaired performance on tests of decision making, such as the Iowa Gambling Task (IGT) and Cambridge Gambling Task (CGT), has been linked to suicidal behavior. However, these tasks differ both conceptually and psychometrically, making it challenging to identify the specific cognitive or behavioral deficit that may be associated with increased attempt risk. Most critically, results of prior studies are inconsistent across different patient populations and demonstrate small effect size differences, though results for violent attempt groups are more consistent. We consider applicability of decision-making tests for assessing suicide risk at the individual level, as well as the broader challenges of characterizing decision-making deficits in suicidal behavior.

Methods: In an earlier study, we examined IGT performance in depressed adult past suicide attempters, depressed nonattempters, and healthy volunteers (Gorlyn et al., 2013). In the AFSP Lifespan study, we examined Cambridge Gambling Task performance in samples of depressed past suicide attempters ($n = 97$), depressed nonattempters ($n = 91$), and healthy volunteers ($n = 94$), across an age range from 16–80.

Results: Earlier IGT net scores across blocks of trials did not distinguish among groups ($F(2,111) = 0.68$, $p = .51$), though a small subgroup of violent attempters exhibited poorer performance consistent with other studies (Perrain et al., 2021). CGT scores in AFSP Lifespan revealed appropriate task compliance, as reflected in normative Delay Aversion scores and systematic changes in amounts bet with changing odds. However, age and education affected response times ($p < .001$), decision making ($p = .004$, $p = .001$), and risk adjustments to changing odds ($p < .001$). Females bet less ($p = .011$) and took fewer risks ($p = .013$). Attempter vs. non-attempter differences in decision making quality were significant at younger ages (below 50; $F[1,114] = 6.91$, $p = .010$; above 50; $F[1,60] = .69$, $p = .408$, ns), but reflected group difference in proportion of individuals who made less rational choices, rather than a group difference in risk taking metrics.

Conclusions: Decision making tasks have been used to identify differences between suicide attempters and psychiatric comparison groups in choice behavior under conditions of ambiguity or risk. Results have been difficult to interpret due to psychometric issues related to demographic effects, task complexity, and insufficient normative data, which in turn makes prediction of suicide risk for the individual patients problematic. Face validity versus content validity of decision making as a feature of suicidal behavior requires closer, conceptual examination as related to suicidal behavior risk.

Learning Objective: Attendees will understand the complexity and limitations of standard decision-making tasks for clinical applications.

Neurocognitive Dysfunction and Suicidal Behavior: Identifying Core Deficits to Improve Clinical Risk Assessment

John G. Keilp, Marianne Gorlyn, Donna A. Ruch, Katalin Szanto, Jeffrey A. Bridge

Introduction: Neurocognitive dysfunction in depression is associated with increased risk for suicidal behavior. One goal of prior research has been to identify those core neurocognitive deficits that might serve as prospective risk markers, given that neurocognitive deficits tend to be independent of depression severity or suicidal ideation severity and can make an independent contribution to prospective risk assessment.

Methods: The AFSP Lifespan study examined a variety of neurocognitive and behavioral tasks that have been associated with suicidal behavior at three different levels of complexity, including basic information processing (reaction time, processing speed, attention control, memory, working memory, language fluency), executive functioning (decision making, reversal learning, delay discounting), and processes affected by emotional content (IAT, Emotional Stroop). Participants ranged in age from 16–80, stratified across this range, and included depressed individuals with past suicide attempt (n=103), depressed individuals without past attempts (n=95), and healthy volunteers (n=94).

Results: Analyses adjusted for age, age squared, sex, education, and site revealed that deficits at the level of basic information processing – in reaction time (pairwise $p=.026$), processing speed (pairwise $p=.002$), memory (pairwise $p=.089$) – and core executive skills such as set maintenance (pairwise $p=.060$) best distinguished depressed patients with past suicidal behavior from depressed patients without suicide attempt across the lifespan. Other tasks relying on differential reaction times (i.e. standard Stroop task) or more complex decision making processes tended to only be effective in younger participants – those below age 55.

Conclusions: Assessment of basic neurocognitive skills can be an important addition to risk assessment. Information regarding fundamental neurocognitive functions such as reaction time, processing speed and memory, can easily be gathered to supplement standard risk assessment. Further research is needed to examine these functions' contribution to suicidal behavior risk prospectively, in combination with standard assessments of suicidal ideation and intent, and other behavioral characteristics associated with suicidal behavior risk.

Learning Objective: Attendees will identify the basic neurocognitive functions associated with past suicidal behavior across the adult lifespan, and their potential for improving assessment of prospective risk.

Parsing the Heterogeneity of Multidimensional Determinants of Suicide Risk in Depressed Older Adults: Focus on Cognition, Personality, and Social Risk Factors

Katalin Szanto, Hanga Galfalvy, Beth Campbell, Anna Szűcs

Introduction: Research focused on suicide attempt characteristics (planned vs impulsive, by method, intent to die, or medical lethality) without regard to stage of life does not appear to capture meaningful subgroups or longer-term pathways to suicidal behavior. Late-life suicide attempters provide a unique opportunity to delineate suicidal trajectories, based on whether suicidal behavior is linked to a first suicidal crisis in late adulthood (late-onset [LO]) or to a continuation of recurrent or chronic suicide risk from early life (early-onset [EO]). Previously, we found that elderly whose first suicide attempt occurred during adolescence or young adulthood exhibited higher neuroticism, introversion, and cluster B traits, were more likely to have childhood abuse, and higher levels of familial transmission than LO attempters and depressed non-attempters. In contrast, LO suicidal behavior was associated with high conscientiousness and cognitive deficits, including in processing speed, memory, and executive dysfunction.

Methods: This updated analysis aims to identify the importance of cognitive, personality, and clinical factors discriminating EO and LO suicide attempters from depressed non-attempters in a sample of 540 depressed older adults enrolled in the in the Longitudinal Research Program in Late-Life Suicide.

Results: Suicide attempters (n=243) were classified into two groups based on the age of onset of suicidal behavior. Missing data were addressed using Multivariate Imputation by Chained Equations by cognitive, personality, social, clinical, and demographic domains, and then combined, generating 100 versions of the dataset with 50 variables. Penalized multinomial logistic regression models were fit using cross-validation for each of the 100 versions of the dataset to distinguish EO- and LO attempters from each other and from depressed non-attempters. Models were trained on 70% of the data and tested on the remaining 30%. Variable importance (the median proportion of the models in which the variable was retained) was 6 for EO and 11 for LO. Domain importance was assessed based on the maximum and median importance of variables within that domain (Maximum variable importance by domain: Demographic: EO=99%; LO=23%, Cognitive: EO=46%; LO=82%, Clinical: EO=72%; LO=100%, Personality: EO=42%; LO=69%, Social: EO=78%; LO=76%).

Conclusions: Our study underscores the importance of lifetime developmental factors and of examining multiple risk factors together to identify unique pathways to suicidal behavior.

Learning objective: Distinguish life-long vulnerabilities for suicidal behavior that emerge in youth or young adulthood from those that emerge much later in life.

Symposium #23 June 11th, 2025, 5:00pm – 6:30pm

Chair: Kylie King (ECR), Co-Chair of the Suicide Prevention for Boys and Men SIG.

Gender, Cultural, and Social Factors in Male Suicide: Implications for Prevention and Care
Dr Kylie King¹, Professor Silvia Canetto², Professor Marnin Heisel³, Dr Humaira Maheen⁴, Pauline Stas⁵

¹Monash University, Clayton, Australia, ²Colorado State University, , USA, ³Western University, London, Canada, ⁴University of Melbourne, Australia , ⁵Flemish Centre of Expertise in Suicide Prevention, Ghent University, Ghent, Belgium

This symposium explores various cultural, social, and gender-related factors that influence suicidal behavior among men. Silvia Canetto's research challenges the dominant view that male suicidality is primarily driven by public life issues, such as employment, highlighting the importance of private life factors, like family care, in suicide rates. Marnin Heisel's research investigates the role of masculinity norms in suicide ideation among middle-aged male military veterans and first responders. Humaira Maheen's study focuses on ethnic differences in suicidal behavior among Australian males, emphasizing the need for culturally sensitive interventions. Pauline Stas's first study examines gender differences in help-seeking behaviors in Belgium, revealing that men are less likely to seek help, with key barriers including a preference for independence and fear of weakness. They argue for male-specific suicide prevention strategies. Pauline Stas's second study explore healthcare providers' experiences with male patients in Belgium, noting challenges in addressing male suicidality due to societal stigma and emotional norms. The symposium calls for gender-responsive and culturally tailored interventions to improve mental health support and prevent male suicides.

Mark Kaplan will join as a discussant to facilitate audience engagement and learnings from the symposium.

Men and suicidality: A cultural scripts perspective

Author (presenter underlined): Canetto, Silvia Sara

Author's Affiliation: Colorado State University, USA

A dominant idea in suicidology is that men's suicidality is the same everywhere, in terms of triggers, motives and outcomes. A prevailing belief is that everywhere men's suicidality is driven by public life

(e.g., employment) problems--in contrast to women's suicidality, which is believed to be driven by private-life (e.g., close relationship) problems.

Based on these dominant ideas it is predicted that men's suicide rates would be higher when employment is under threat, like in times of economic crisis or following retirement. However, studies find that unemployment and retirement do not account for men's high suicide rates. New evidence suggests that men's behavior in their private lives, specifically in the family, matters in their suicide likelihood. For example, our study found that men's suicide rates were lower in countries where men did more family care work, including when unemployment rates were high. Data from single countries, for example, from the United States, also show that suicide rates are not uniformly higher around retirement age, for men across ethnicities. In the United States male suicide rates are highest around retirement age among European-descent men, and low among African-descent men. This indicates that retirement is not suicidogenic for all men; only, potentially for European-descent men.

In this presentation I challenge, based on evidence from our research and beyond, common views of male suicidality; and I propose new ways to understand male suicidality.

I start with a review data on of the often-overlooked variability in the triggers, motives and outcomes of men's suicidality, with examples across communities and countries. Next, I describe cultural-scripts theory of suicidality and discuss how taking a cultural-scripts perspective helps making sense of the differences and the similarities in men's suicidality across communities and countries, and by intersectionalities of, for example, age. My presentation ends with examples of how taking a cultural-scripts perspective on male suicidality stimulates new ideas for its prevention.

Learning objective: The learning objective of this presentation is for attendees to learn about the persisting myths of male suicidality, and about the value of taking a cultural perspective on male suicidality in terms of theory, research and prevention.

Investigating Associations between Conformity to Masculinity Norms and Suicide Ideation among Middle-Aged Male Veterans and First-Responders Facing Career Transition

Authors: **Marnin J. Heisel**, Ph.D., C.Psych., and the Meaning-Centered Men's Group for Veterans and First-Responders (MCMG-VFR) project team.*

Author's affiliations: Western University (London, Ontario, Canada)

Background: Suicide risk is elevated among middle-aged and older men in high-stress occupations (McCreary, 2016). Adherence to traditional masculinity norms has been identified as a potential suicide risk factor (Canetto, 2017; Joyce et al., 2024); findings vary regarding associations among masculinity ideologies, mental health, and suicide risk (Eggenberger et al., 2024; Seidler et al., 2016), necessitating further investigation.

Aim: To investigate cross-sectional associations between conformity to masculinity norms (CMN), suicide ideation (SI), and related psychological factors among male military veterans and first-responders (VFR), 50 and older, facing career transition.

Method: Male VFR were recruited for an online trial of Meaning-Centered Men's Group (MCMG; Heisel et al., 2018), a 12-session upstream intervention for men transitioning to retirement. Eligible individuals completed an assessment pre-randomization to MCMG or a Wait-List control. They completed the 30-item Conformity to Masculine Roles Inventory (CMNI-30, assessing: Emotional Control; Winning; Playboy; Violence; Heterosexual Self-Preservation; Pursuit of Status; Primacy of Work; Power over Women; Self-Reliance; Risk Taking), and measures of positive and negative psychological factors, and SI (Geriatric Suicide Ideation Scale or GSIS).

Results: Little overlap was seen between masculinity norms and overall SI among the study's initial 40 participants. However, significant positive correlations emerged between self-perception as a "Playboy" and GSIS-Suicide Ideation ($r=.33$) and Death Ideation subscales ($r=.44$), and negative correlations between "Pursuit of Status" and "Self-Reliance" with GSIS-Perceived Meaning in Life

($r=-.33$; $r=-.32$). The “Playboy” norm was associated positively with hopelessness ($r=.40$) and negatively with reasons for living ($r=-.44$) and meaning in life (MIL; $r=-.33$). MIL was negatively associated with “Emotional Control” ($r=-.43$), “Winning” ($r=-.43$), and “Self-Reliance” ($r=-.35$). Hopelessness with “Self-Reliance” ($r=.36$) and “Risk-Taking” ($r=.33$), and Depression with “Violence” ($r=.32$; Note: all p -values $<.05$).

Discussion/Conclusion: Whereas strong overall associations did not emerge between CMN and SI, specific norms were associated with elements of SI and poor perceptions of MIL. Adherence to specific masculinity norms may thus negatively impact psychological well-being and contribute to thoughts of suicide in male VFR facing career transition. Study findings and limitations, including small sample size, cross-sectional analyses, and a low prevalence of reported SI, will be discussed in the broader context of the need for research and practice on men’s mental health in the workplace and beyond.

Learning objective: Participants will be able to discuss the concept of masculine ideologies and their potential impact on the mental health and suicide risk among middle-aged and older men, including those retiring from high-stress occupations.

Suicidal Behavior of Australian Males, From an Ethnicity Perspective

Author: **Humaira Maheen**, Tilahun Haregu, and Gregory Armstrong

Affiliation: University of Melbourne

Background: Suicide is the 10th leading cause of death among Australian males. Despite the cultural diversity in Australia, there is a significant research gap in knowledge of suicidal behaviour among Australian males from ethnically and culturally diverse backgrounds. The study aimed to estimate the prevalence and risk of suicidal behaviours among Australian males based on ethnic backgrounds.

Methods: We used data from the first wave of the Australian Longitudinal Study on Male Health. Multiple logistic regression models were used to determine the risk of suicidal behaviour (lifetime suicide attempt, lifetime suicidal ideation, and recent suicidal ideation) by ethnicity.

Results: The highest prevalence of lifetime suicidal thoughts was among Pacific Islander (13.5%) and South American (14.6%) males. Pacific Islander males also had the highest prevalence of lifetime suicide attempts (12.2%), while Middle Eastern (2.3%) and South/Northeast Asian males (2.9%) had the lowest rates. South American males had the highest recent suicidal ideation (18.2%), followed by Pacific Islanders (14.2%) and Africans (10.3%). Most groups had a lower risk of lifetime suicidal ideation. There was inconclusive evidence regarding differences in recent suicidal ideation and lifetime suicide attempts between ethnic minorities and Australian background males.

Conclusion: We provided evidence of some differences in suicidal behaviour of Australian males based on ethnicity. Future research should use inclusive methodologies to confirm these associations and explore the underlying factors contributing to higher rates of suicidal behaviour in specific populations.

Learning objective: The learning objective of this presentation is for participants to understand the ethnic differences in suicidal behaviors among Australian males, recognize the importance of inclusive research methodologies, and explore the factors contributing to higher suicide risks in specific populations, ultimately informing culturally sensitive prevention strategies

Understanding Gender Differences in Seeking and Receiving Help: Barriers and Facilitators for Males Experiencing Suicidal Thoughts in Belgium

Author: **Stas P. (ECR)** , De Jaegere E., & Portzky G.

Author affiliation: Flemish Centre of Expertise in Suicide Prevention, Ghent University, Ghent, Belgium

Introduction. Worldwide, males are at increased risk for suicide. Moreover, males tend to seek help less often and current healthcare might not be adapted to their needs and preferences. This study examined gender differences regarding seeking, finding and maintaining help, associated barriers and risk factors, and support needs.

Methods. An online questionnaire was used to assess help-seeking behavior, support needs, emotional openness, barriers to seeking formal help, self-reliance, and stigma. A total of 360 participants were recruited, with 171 (41.5% males) completing the questionnaire. Mediation analyses were conducted to identify factors explaining gender differences in help-seeking behavior.

Results. Males reported lower levels of help-seeking (standardized mean=0.37 compared to 0.46 among females; $p=0.007$), particularly from formal healthcare professionals, and expressed lower satisfaction with the help received from mental healthcare professionals ($M=2.39$ compared to 2.86 on a scale of 0–4; $p=0.010$). The reduced experienced need for support was identified as the primary mediating factor ($b=0.0275$; $t=4.809$), with males reporting less perceived need for support (6.02 compared to 7.10 on a scale of 0–10; $p=0.003$). Key barriers among males in seeking professional help included a preference for solving problems independently (83.1%), fear of being perceived as weak for having suicidal thoughts (78.9%), and the belief that the problem would improve on its own (77.5%).

Conclusion. This study highlights gender differences in suicide-related help-seeking. Despite limitations, our findings provide key insights for tailoring male-specific suicide prevention strategies, by enhancing males' perceived need for support, promoting psycho-education to help them recognize when seeking help is necessary and beneficial, and ensure healthcare services are tailored to their specific needs and preferences to improve engagement and satisfaction.

Learning objective: The learning objective of this presentation is for participants to understand gender differences in help-seeking behavior among males with suicidal thoughts, identify key barriers to seeking professional help, and explore strategies for developing male-specific suicide prevention interventions that enhance perceived need for support and improve engagement with mental healthcare services.

Mental healthcare for males with suicidal thoughts: Experiences and needs of healthcare providers in Belgium

Author **Stas P. (ECR)**, Cornelis, E., De Jaegere E., & Portzky G.

Author affiliation: Flemish Centre of Expertise in Suicide Prevention, Ghent University, Ghent, Belgium

Introduction. Males are at increased risk for suicide. Yet, they are less likely to seek and maintain professional help. This discrepancy suggests that current healthcare services may not be adequately tailored to males' needs. The current study aims to explore the experiences, barriers, and needs of healthcare providers (HCPs) in supporting males with suicidal ideation to inform gender-sensitive mental healthcare practices.

Methods. A mixed-method design was employed, combining quantitative data from an online questionnaire assessing gender differences on several aspects of treatment and needs of HCPs, with qualitative data derived from focus groups, interviews and open-ended questionnaire responses. A total of 128 HCPs from diverse professions and work settings participated, including 8 HCPs who contributed through interviews or focus groups.

Results. The findings revealed gender differences in several aspects of treatment. HCPs reported that they found it harder to discuss suicidal ideation ($M=1.4$ on a scale of 1–3; 59.4%) and underlying emotions ($M=1.21$; 77.1%) with males in treatment. Furthermore, they indicated that males tend to prefer practical, goal-oriented interventions and require more motivational interviewing ($M=2.47$; 46.9%) and psychoeducation ($M=2.33$; 46.9%). Qualitative analyses provided further insight into possible mechanisms behind these gender differences, emphasizing the profound influence of

societal stigma and traditional gender norms on males' socialization and emotional expression. HCPs also noted that males often sought care only during acute crises.

Conclusion. This mixed-method study provides valuable insights into the needs and experiences of HCPs in supporting males with suicidal ideation, with important implications for mental healthcare services. The findings underscore the importance of gender-responsive practices in mental healthcare services to address systemic barriers faced by males with suicidal ideation. Tailored interventions, destigmatization efforts, and enhanced HCP training are essential to improve engagement and outcomes for this high-risk group.

Learning Objective: The learning objective of this presentation is for participants to understand the challenges healthcare providers face in supporting males with suicidal ideation, recognize gender differences in treatment preferences, and explore the importance of gender-responsive practices, tailored interventions, and destigmatization efforts to improve engagement and outcomes for high-risk males

Symposium #24 June 11th, 2025, 5:00pm – 6:30pm

Chair: Dr Shane McInerney

Examining the effectiveness and feasibility of a Safety Planning Group Intervention and a Safety Planning Evaluation Findings

Dr Shane McInerney^{1,2,3}, Ms Anna Glynn¹, Ms. Suzanna Chalecka², Ms Hannah Wood¹, Associate Professor Ruth Melia⁴, Ms Robyn Fitzgerald⁴ John Bogue

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Overall Abstract: This symposium will address safety planning interventions given the current gap in safety planning for individuals with suicidality. Firstly, the The Safety Planning Group Intervention (SPGI) will aim to reduce levels of hopelessness and develop coping strategies during future suicidal crisis situations. The role of loneliness will be studied as well as occupational competence, coping self-efficacy, and reasons for living in this suicidal population.

The symposium will also describe the process undertaken to inform the co-production of safety planning resources in youth mental health services in Ireland through stakeholder engagement, focus groups, and online surveys. The PILAR integration process facilitated the integration of findings.

Safety Planning Group Intervention in a regional community mental health service- History and Implementation.

Learning Objective: Attendees will learn about the development of the SPGI, from its inception, its completion with grant funding and its implementation.

Introduction: This talk will address the current gap in safety planning for individuals with suicidality. In the Irish healthcare system, there is an insufficient immediate treatment approach to suicide starting and ending with risk assessment. The safety planning group intervention is an educational and collaborative recovery focused approach which would lead to the group participants having more knowledge of their warning signs of suicidality. It may lead to safer hospital discharges and a possible reduction in further suicidal behaviour. The advancement of this project would be to roll out this intervention to community teams, clinicians and to other CHO inpatient areas. To our knowledge, this will be the first mental health inpatient safety planning intervention group in Ireland and will be run over 3 sessions with pre- and post- outcome measures. Group work also builds peer understanding, strengthens friendships, learning from one another and social support, reducing a sense of loneliness and increasing belonging and reasons to live. While the plan for 3 group sessions is brief, a systematic

review of 4 brief psychosocial interventions (McCabe et al., 2016) and a brief psychological intervention of 3 sessions showed this time frame with a follow-up contact proved to be effective in reducing suicide and suicide attempts (Gysin-Malliar et al., 2016).

There are noted gaps in training and inconsistency in the use of safety planning among staff, therefore streamlining training for staff on the use of safety planning would be beneficial (Moscardini, 2020, Chesin et al., 2017). Butchart (2020) found that educating staff on safety planning improved their knowledge, confidence and overall benefitted the patient in producing a comprehensive safety plan.

Measuring loneliness in people experiencing Suicidality in an Adult Acute Mental Health Service.

Learning Objective: This study aims to investigate the relationship between loneliness and suicidality in Ireland's acute mental health sector. By exploring how loneliness impacts suicidality, this research will contribute to the understanding of the interplay between these two factors and will guide the development of more effective interventions.

Introduction: Loneliness has emerged as a significant public health issue globally, with Ireland reported as having the highest rates of loneliness in Europe according to a 2023 EU-wide poll by the European Parliament and the Joint Research Centre. Approximately 20% of respondents in Ireland expressed feelings of loneliness. The Central Statistics Office (CSO) revealed that 13.7% of people felt lonely most of the time during the pandemic, with younger individuals, particularly those between 18–34 years old, experiencing higher levels of loneliness. The COVID-19 pandemic has exacerbated these rates, especially among young people and those with mental health challenges. Loneliness is a complex emotional state linked to both mental and physical health deterioration. Research has demonstrated that loneliness is often associated with depression, suicidality, and exacerbated mental health conditions.

Method: Participants were recruited from the Adult Acute Mental Health Unit (AAMHU) of University Hospital Galway and psychiatric day hospitals in Galway city and county. The study focuses on adults aged 18 to 65 who have experienced suicidality, evidenced by the development of a safety plan. Exclusion criteria include patients with active psychotic or dementia-related illnesses or those who are involuntarily admitted. The study will utilise validated assessment tools such as the UCLA 3-item Loneliness Scale and the Columbia Suicide Severity Rating Scale (CSSRS) to measure loneliness and suicidality.

Results: The findings of the study will provide valuable insights into the extent to which loneliness is a precursor or exacerbating factor in suicidality. By examining the prevalence of loneliness in individuals experiencing suicidality, the study will identify any significant patterns or correlations. It is expected that the research will confirm that individuals who report high levels of loneliness are at a higher risk of suicidality, particularly those suffering from depression.

Conclusion: This study will contribute to the growing body of evidence linking loneliness to suicidality, highlighting the significance of addressing loneliness as a component of suicide prevention. It will emphasise the need for tailored interventions aimed at reducing loneliness, particularly those who are at heightened risk for both loneliness and suicidality.

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

Learning Objective: This paper examines the effectiveness of a group-based safety planning intervention in mental health patients experiencing suicidality, when delivered by Occupational Therapy, and considering Kielhofner's 2002 Model of Human Occupation.

Background: Safety-planning interventions are used in clinical practice for patients at risk of suicide. Research suggests the effectiveness of a group approach to safety-planning interventions for reducing suicidal thoughts, behaviours, depression, and hopelessness in patients at risk of suicide.

More research is needed to determine if these interventions are effective in increasing occupational competence, coping self-efficacy, and reasons for living, particularly when delivered through an Occupational Therapy lens.

Method: The sample comprised (N=70) patients aged 18–61 for whom a safety plan was clinically indicated. Over a nine-month period, participants completed pre-and-post psychometric assessments, attended a three-week 90-minute group safety-planning intervention, and created a personalised safety plan. Skills taught within the intervention align with Occupational Therapy values of addressing risk factors for suicide, connecting clients with networks and community resources, planning goals, and structuring their daily lives to participate in meaningful and necessary activities.

Results: The intervention significantly improved scores of occupational competence, coping self-efficacy, and reasons for living, and decreased scores of suicidality, perceived burdensomeness, and thwarted belongingness (all p values ≤ 0.002).

Limitations: There was an uneven sample size in terms of gender and diagnosis. The majority of participants were young females (n= 50), with a predominate diagnosis of Emotionally Unstable Personality Disorder (EUPD). A balanced sample in terms of age, gender, and diagnosis is desirable. However, this was representative of individuals attending adult mental health services in the area at the time of the intervention. The absence of a control condition also meant that changes in scores cannot be wholly attributed to the group SPI and may be due in part to treatment as usual, which included pharmacological (92.9%) and therapeutic intervention.

Conclusion: A group-based safety-planning intervention is effective in increasing scores of occupational competence, coping self-efficacy, and reasons for living, and decreasing scores of suicidality, perceived burdensomeness, and thwarted belongingness in a non-specific suicidal population.

[An Evaluation of the effectiveness of a Safety Planning Group Intervention in reducing levels of suicidality, hopelessness, perceived burdensomeness, and thwarted belongingness,](#)

Learning Objective: This paper further evaluates the effectiveness of a group-based safety planning intervention in reducing levels of suicidality, hopelessness, perceived burdensomeness, and thwarted belongingness, when compared to a waitlist control group.

Background: Safety planning group interventions for patients at risk of suicide have suggested improvements in reducing suicidal thoughts, behaviours, depression, and hopelessness. Previous research has predominantly focused on specific cohorts such as veterans or older veterans which limits generalisability to the wider population of individuals accessing mental health services. A group-based safety planning intervention took place between 2021–2022 with a non-specific cohort of mental health patients experiencing suicidality (Phase 1). The effectiveness of this intervention for individuals experiencing acute and chronic suicidality was examined, considering Joiner's Interpersonal Psychological Theory of Suicide. However, the absence of a control condition meant that changes in scores could not be wholly attributed to the group intervention and may have been due in part to treatment as usual, including pharmacological and therapeutic intervention. Phase 2 (2024–2025) of this research is ongoing and is utilising a waitlist control to address this limitation.

Method: Participants complete a battery of pre-and-post psychometric assessments and attend a three-week 90-minute group safety planning intervention, with the final session focusing on the creation of a paper-based safety plan. Each month, prospective participants are assigned to the waitlist control group through random selection. All other participants are invited to attend the intervention at the time of referral. The final intervention group will consist solely of the waitlist control participants. Waitlist participants are not informed of their status, and complete pre-measure assessments at the time of referral (Time 1), prior to the intervention (Time 2), and complete post-measures as normal (Time 3).

Results: Phase 1 regression analysis suggested a statistically significant effect of the intervention in reducing suicidality ($p=0.003$) for the acutely suicidal individuals compared to the chronic group. There was no statistically significant difference regarding hopelessness, perceived burdensomeness, or thwarted belongingness. Phase 2 will examine changes in scores of participants who attended the intervention at the time of referral, compared to the waitlist control group.

Limitations: Although there is a month between pre-and-post assessments, a longer period is desirable to examine the longitudinal impact of participation in this intervention.

Conclusion: Phase 1 suggests a three-week group-based safety planning intervention is effective in reducing scores of suicidality. Phase 2 will further examine the effectiveness of the intervention, compared to a waitlist control.

Co-producing Safety Planning Resources with Young People.

Learning Objective: Co-production in Safety Planning Interventions is a important part of suicide prevention policy.

Background: Safety Planning Interventions (SPIs) have been found to be effective in reducing suicide outcomes. The feasibility and acceptability of SPIs for both young people and clinicians has been established. Further research is required to inform the co-production and implementation of SPIs with target groups.

Method: The current study describes the process undertaken to inform the co-production of safety planning resources in youth mental health services in Ireland. Data collection occurred in three stages; stakeholder engagement process, focus groups, and online surveys. A mixed methods research design was used. The PILAR integration process facilitated the integration of findings.

Implications for clinical practise, further co-production research, and suicide prevention policy will be discussed.

Symposium #25 June 11th, 2025, 5:00pm – 6:30pm

Chair: Jo Robinson

Advancing School-Based Suicide Prevention: Global Innovations, Implementation Challenges, and Future Directions

Professor Jo Robinson¹, Dr Emma Ashworth², Dr Daniel Núñez^{3,4,5}, Dr. Belén Vargas^{3,6,7}, Mr Dominique van Pelt^{8,9,10}

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Overall Abstract: This symposium explores innovative school-based suicide prevention strategies across diverse global settings, highlighting emerging insights and practical applications. Findings from school-based research in Australia, the UK, and Chile, along with a broader systematic review, will be discussed. The presentations will examine how multimodal and culturally adapted interventions can address suicidal thoughts and behaviours in school settings, along with exploring the role of fidelity measurement in improving implementation quality. By examining promising strategies and key implementation challenges, this session will provide actionable insights for adapting and scaling school-based suicide prevention efforts worldwide.

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

Samuel McKay^{1,2}, Eleanor Bailey^{1,2}, Sadhbh Byrne^{1,2}, Michelle Lamblin^{1,2}, Jane Pirkis³, Catherine Mihalopoulos⁴, Matthew Spittal³, Simon Rice^{1,2}, Sarah Hetrick⁵, Matthew Hamilton^{1,2}, Hok Pan Yuen^{1,2}, Yong Yi Lee^{4,6,7}, India Bellairs-Walsh^{1,2}, Maria Veresova^{1,2}, Jo Robinson^{1,2}

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2. Centre for Youth Mental Health, University of Melbourne, Parkville, Australia
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4. Deakin Health Economics, Deakin University, Geelong Australia
5. University of Auckland, New Zealand
6. School of Public Health, University of Queensland, Brisbane, Australia
7. Policy and Epidemiology Group, Queensland Centre for Mental Health Research, Brisbane, Australia

Background: Suicide is a leading cause of death in young people worldwide, and schools may be an ideal setting for the delivery of youth suicide prevention interventions. Evidence suggests that multi-modal approaches to suicide prevention (i.e., those containing universal, selective and indicated components) may be most effective in school settings. The aim of the Multi-modal Approach to Preventing Suicide in Schools (MAPSS) project is to evaluate a suicide prevention program integrating three components: 1) psychoeducation workshops delivered to all year 10 students, 2) screening to identify students at risk, and 3) delivery of online cognitive behavioural therapy (Reframe IT) to students experiencing suicidal thoughts.

Methods: Participants were 1967 young people (Age M = 15.5, 52% female) recruited from 21 high schools in Melbourne, Australia. Study outcomes include changes in self-reported suicidal ideation and willingness to seek help, along with measures of the acceptability of the different interventions.

Results: Preliminary results indicate that 30% of participants experienced some level of past month suicidal ideation, with 7% reporting severe suicidal ideation. Suicide attempts in the sample in the last 12 months (5%) were less common but still prevalent. Despite this, less than half of students experiencing suicidal thoughts were currently linked with school wellbeing supports, and the suicide risk was even less commonly known (14%). The SafeTALK evaluation findings show that students found the program enjoyable (73%) and worthwhile (94%), and not very upsetting (97%). A fully updated set of results, including the trial findings for Reframe IT, will be presented at the conference.

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

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

Financial disclosure: This research was funded by the National Health and Medical Research Council (NHRMC), Australia (GNT1153051).

MAPSS: A feasibility randomised-controlled trial of a suicide prevention intervention in UK schools

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3. Centre for Youth Mental Health, University of Melbourne, Parkville, Australia

Background: The Multimodal Approach to Preventing Suicide in Schools (MAPSS) project is a school-based suicide prevention programme originally developed in Australia. MAPSS consists of a universal psychoeducation workshop on suicide, screening to identify students at-risk, and a targeted online cognitive behavioural therapy intervention for students who disclose suicidal ideation (Reframe IT-UK).

Primary aims of this study were to assess the acceptability and safety of delivering an adapted version of MAPSS in UK schools, and the feasibility of a future large-scale trial. Secondary aims were to assess changes in mental health and wellbeing outcomes.

Methods: A feasibility cluster-randomised controlled trial was conducted in secondary schools in Northwest England. Six schools were randomised to intervention (n=4) or usual practice (n=2). 889 Year 10 students (aged 14–15) participated. Quantitative feasibility and secondary outcome data were collected at four timepoints via self-report online surveys with students. A parallel mixed-methods implementation and process evaluation was also conducted.

Findings: Data collection is ongoing until December 2025. However, preliminary analyses suggest the majority of students found the workshops interesting (79%) and useful (79%), and almost all Reframe IT-UK participants (83%) would recommend the programme. Improvements were identified in depression, quality of life, and suicide literacy pre/post workshop, and suicide ideation decreased for at-risk students after participation in Reframe IT-UK. No adverse events have been recorded to date.

Conclusion: So far, MAPSS has been shown to be feasible and acceptable for use in the UK. There is also evidence to suggest a larger efficacy trial would be possible. Further analyses of the entire dataset will be completed and shared in the symposium.

Learning Objective: To understand how suicide prevention initiatives are delivered in schools, how they are adapted across countries, and how their feasibility is assessed ahead of a large-scale trial.

Financial disclosure: This research is funded by the National Institute for Health and Care Research (NIHR), Public Health Research Programme, UK (NIHR156862)

[Evaluation of the effectiveness of Reframe-IT+ to prevent suicidal ideation and other mental health outcomes among adolescents in Chile: 3-month, 6-month and 10-month follow-up](#)

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3. Facultad de Educación, Universidad de los Andes, Santiago, Chile
4. Orygen, Parkville, Australia
5. Centre for Youth Mental Health, University of Melbourne, Parkville, Australia

Background: Internet-CBT-based interventions could improve the effectiveness of suicide prevention programs in school settings. We tested the effectiveness of an indicated internet-CBT intervention to reduce suicidal ideation (Reframe-IT+) in secondary schools in Chile. It includes 13 sessions, combining eight internet-based sessions and five face-to-face sessions.

Methodology: We conducted a cluster RCT among secondary students attending Years 9–11. We recruited 21 schools, randomized into two groups: 1) Intervention Reframe-IT+ Group (IG) and 2) Control Group (CG). The primary outcome was suicidal ideation (SI). Secondary outcomes were depressive and anxiety symptoms, hopelessness, and emotion regulation strategies, including problem-solving skills, behavioral activation, cognitive reappraisal, and emotion suppression. 48 and 47 students were allocated to CG and IG and answered online questionnaires at baseline, post-intervention, 3-month, 6-month, and 10-month follow-up.

Results: We found a non-significant global reduction in SI, but significant global reductions in depressive and anxiety symptoms and psychotic experiences. Moreover, we found time-specific reductions immediately after the intervention and close to it, particularly for depressive and anxiety symptoms, hopelessness, behavioral activation and cognitive re-appraisal. The change favoring the IG of cognitive re-appraisal was also significant at 10 months follow-up.

Discussion: Our results suggest that Reframe-IT+ reduces depressive and anxiety symptoms and psychotic experiences in the long term. Less promising results were related to suicidal ideation prevention. We discuss potential factors to understand these results and present an ongoing research project.

Learning Objective: To understand the implementation of an intervention to reduce suicidal ideation and common mental disorders among adolescents in Chile and to gain insights about potential factors influencing results in school contexts.

Financial disclosure: This work is funded by the Chilean National Agency for Research and Development through the following grants: ANID — FONDECYT 1210093; ANID — Millennium Science Initiative Program — NCS2021_081.

Gatekeeper Competency Training for Suicide Prevention in Latin American Schools: A Pilot Study

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Background: Preventing adolescent suicide relies on timely detection and access to mental health care. Schools are uniquely positioned to address this pressing issue, providing direct and sustained contact with young people. Gatekeeper training has been shown to enhance knowledge and attitudes toward suicide prevention. However, evidence on the effective adoption of gatekeeper competencies in educational settings remains scarce—particularly in Latin America, where no similar initiatives have been documented.

This study aimed to design a gatekeeper competency training model tailored for suicide prevention in Chilean schools and to evaluate its preliminary outcomes.

Methodology: A sequential exploratory mixed-methods approach was employed in two phases: (1) co-design of the training model, informed by input from key educational stakeholders, and (2) a pilot study to assess the model's feasibility, acceptability, and effects on gatekeeper competencies.

Participants' attitudes, knowledge, skills, and self-efficacy were measured through pre-training, post-training, and six-month follow-up.

Results: The co-designed training model consisted of 16 face-to-face theoretical-practical hours, strategically integrating stakeholder preferences, internationally recognized evidence-based program elements, and guidelines from Chile's National Suicide Prevention Program. The pilot study included 29 staff members from two Chilean high schools. The findings demonstrated the model's feasibility, with implementation fidelity to its original design. Participants reported high levels of satisfaction with the training experience. Additionally, significant improvements in gatekeeper competencies were observed immediately after training, with sustained enhancements in skills and self-efficacy six months later.

Discussion: This study represents a pioneering effort in Latin America, introducing the first regionally developed gatekeeper training model for schools. The findings underscore the model's practicality and acceptability in educational settings, as well as its effectiveness in equipping staff with essential gatekeeper competencies to address adolescent suicide risks.

Learning Objective: Participants will understand the development and evaluation process of a culturally sensitive gatekeeper training model for schools in Latin America. They will gain practical insights into strengthening gatekeeper competencies to enhance suicide prevention efforts in their communities.

Financial disclosure: This work is funded by the Chilean National Agency for Research and Development through the following grants: ANID/Beca doctorado nacional/ 2021-21212114; ANID — Millennium Science Initiative Program — NCS2021_081; ANID — FONDECYT -11220112/2022.

Assessing Fidelity Measurements in School-Based Anxiety, Depression and Suicide Prevention Programs: A Systematic Review

Dominique van Pelt^{1,2,3}, Saskia Mérelle², Kristel Jenniskens^{1,2,3}, Daan Creemers^{1,3}, Jan Spijker^{3,4} and Sanne Rasing^{1,3}

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4. Pro Persona, Nijmegen, the Netherlands

Background: Effective implementation of school-based anxiety, depression, and suicide prevention programmes depends on their fidelity—how closely they adhere to the intended design. Yet, fidelity measurement remains an overlooked aspect of research, limiting our ability to optimize these programmes' impact.

Aims: This review aimed to provide a comprehensive overview of fidelity measurement in school-based anxiety, depression, and suicide prevention programmes by: 1) examine the extent to which fidelity measures were used and reported in existing studies of school-based anxiety, depression and suicide prevention programmes; 2) identify which fidelity components are measured; 3) evaluate the quality of the fidelity measurements. This information is crucial for facilitating the implementation of these programmes.

Methods: We conducted a systematic search in PubMed, PsycInfo, Medline, and ERIC using a combination of terms related to schools, adolescents, depression, and interventions. Articles were screened by two independent researchers, with discrepancies resolved by a third. Inclusion criteria

focused on school-based intervention programmes, and psychological intervention techniques. Fidelity components and their measurement methods were extracted, and measurement quality was evaluated using established criteria.

Results: Of 13,131 identified articles, 190 met the inclusion criteria. Of those 190 articles, 72 (38%) reported at least one fidelity component. Adherence was most commonly measured (57 studies), followed by responsiveness (24), dosage (19), and quality of delivery (9). Notably, programme differentiation was not measured in any study. Observations, logbooks, and questionnaires were the primary assessment methods. The quality of fidelity measurements showed considerable variability. The quality of fidelity measurements was moderate for adherence, dosage, and quality of delivery, with mean scores ranging from 46.3 to 49.9. Responsiveness had a lower overall quality rating (mean score: 34.1), with most studies rated as low quality.

Conclusions: This review highlights the underutilization and inconsistent quality of fidelity measurement in school-based prevention programmes. To improve fidelity measurement, future research should prioritize the development of standardized frameworks with clear definitions and practical tools for assessing multiple fidelity components. Embedding fidelity as a central element in study designs is essential to better link implementation to intervention outcomes. Increased awareness among researchers and stakeholders about the importance of fidelity is crucial to enhance the effectiveness and scalability of prevention programs.

Learning Objective: Participants will understand fidelity measurement in school-based prevention programmes, including key components, challenges, and strategies to enhance programme implementation and effectiveness.

Financial disclosure: This study was funded by a subsidy of the Ministry of Health, Welfare and Sport in the Netherlands in the programme of the National Agenda Suicide Prevention 2021-2025

Symposium #26 June 11th, 2025, 5:00pm – 6:30pm

Chair: Dr Regina Seibl (Austria)

Beyond Borders: Global Perspectives on the Emotional and Professional Impact of Patient Suicide on Clinicians — Findings from research: the UK, Ireland, Malaysia, and Japan

Dr Regina Seibl¹, [Dr Karen Lascelles²](#), [Dr Muhammad Hanif Abd Latif³](#), [Dr Eibhlin Walsh⁴](#), [Dr Junko Kitaoka⁵](#), [Dr Rachel Gibbons⁶](#)

¹SUPRA, Austria, Austria, ²Oxford Centre for Suicide Research, Oxford, United Kingdom, ³UNIVERSITI KEBANGSAAN, MALAYSIA, ⁴National Suicide Research Foundation, Ireland, ⁵Tarumi Hospital, Japan, ⁶Royal College of Psychiatrists, London, United Kingdom

Overall Abstract/Concept

This symposium will present a multi-country investigation into the profound personal and professional effects experienced by clinicians following a patient's suicide. Originating from research conducted in the UK, this study has since expanded to Ireland, Malaysia, and Japan, offering a cross-cultural perspective on a shared but often isolated experience. Each session will detail findings from different regions, examining how cultural and systemic differences shape clinicians' responses and the support they deem necessary.

The symposium aims to provide attendees with a deepened understanding of the universal and contextual challenges clinicians face after patient suicide, the support currently available, and the unmet needs that transcend cultural contexts. Discussions will include the impact of patient suicide on clinician wellbeing, variations in institutional responses, and implications for recruitment and retention in psychiatry. Attendees will gain insights into how this research can guide development of support frameworks that address the specific cultural and professional needs of mental health practitioners globally.

Understanding the Emotional and Professional Impact of Patient Suicide on Psychiatrists in the UK

Presenter: **Dr Karen Lascelles**

Abstract: This presentation explores the groundbreaking findings from two key UK studies examining the profound effects of patient suicide on psychiatrists and mental health professionals. Patient suicide represents one of the most challenging experiences in a psychiatrist's career, often leaving deep emotional and professional scars. This research surveyed a wide sample of UK psychiatrists to investigate the short- and long-term impacts on their wellbeing, career paths, and clinical practice. Responses revealed that patient suicide frequently triggers intense emotional reactions, including guilt, shame, and self-doubt, eroding clinicians' confidence and, in some cases, leading to career shifts away from high-risk specialties, such as general adult psychiatry.

Psychiatrists in the studies reported increased anxiety in risk management and a heightened sensitivity in clinical decision-making following a patient suicide. Notably, female psychiatrists expressed a greater sense of responsibility for the death, diminished clinical confidence, and more persistent emotional impacts. Additionally, institutional responses, such as serious incident inquiries and appearances in coroner's court, were perceived as punitive rather than supportive, further compounding the distress.

A crucial finding was the lack of robust support structures. Respondents called for reflective practice groups, senior clinician-led suicide support roles, and guidance for engaging with bereaved families. These findings underline the need for systemic changes to support clinicians effectively, potentially enhancing resilience, reducing attrition, and ultimately improving patient care.

Key Papers:

- Croft, A., Lascelles, K., Brand, F., Carbonnier, A., Gibbons, R., Wolfart, G. and Hawton, K., 2023. Effects of patient deaths by suicide on clinicians working in mental health: A survey. *International Journal of Mental Health Nursing*, 32(1), pp.245–276.
- Gibbons, R., Brand, F., Carbonnier, A., Croft, A., Lascelles, K., Wolfart, G., & Hawton, K. (2019). Effects of patient suicide on psychiatrists: Survey of experiences and support required. *BJPsych Bulletin*, 43(5), 236–241. doi:10.1192/bjb.2019.26

Learning Objective:

To understand the complex emotional and professional impact of patient suicide on UK psychiatrists and identify key support mechanisms that could mitigate these effects.

Aftermath of Patient's Suicide: The Experience and Impact on Psychiatrists in Malaysia

Presenter: **Dr Muhammad Hanif Abd Latif**

Organisation: Universiti Kebangsaan Malaysia (UKM), Kuala Lumpur, Malaysia

Position: Medical Lecturer/Psychiatrist

Affiliation: Department of Psychiatry, Faculty of Medicine, UKM

Abstract: This presentation offers an in-depth exploration of the experiences of psychiatrists in Malaysia who have faced the profound impact of losing a patient to suicide. Drawing on findings from a recent cross-sectional study, we examine the personal and professional challenges encountered by these practitioners.

Notably, many Malaysian psychiatrists confront such losses early in their careers, with over half of respondents reporting a patient suicide within their first five years of practice. This phenomenon is closely linked to the clinical workload dynamics in Malaysia, where early-career psychiatrists—typically those with less than five years of experience—shoulder a heavier patient load due to senior psychiatrists being increasingly drawn into administrative roles. As a result, these young professionals

not only navigate the complexities of establishing their careers but also bear the emotional burden associated with suicide cases.

The emotional toll on psychiatrists is significant; nearly 70% reported feeling emotionally affected by such losses, and over half indicated that their clinical confidence was shaken. Despite these profound impacts, fewer than 5% took time off following the incident. This reluctance may be attributed to the critical shortage of psychiatrists in Malaysia, where there is approximately one psychiatrist for every 50,000 people—far below the WHO recommendation of one per 10,000. This scarcity intensifies the demand on the workforce, leaving little opportunity for recovery or respite.

Moreover, options for changing workplaces or career paths within Malaysia are limited; fewer than 10% considered relocating or leaving the field altogether. Many psychiatrists reported receiving inadequate support from colleagues and superiors, often encountering accusatory comments and a lack of formal support systems. The hierarchical structures prevalent in Malaysian psychiatry, influenced by deeply rooted cultural values, can exacerbate these challenges as senior staff may provide critical feedback rather than constructive support.

Responses that psychiatrists found beneficial align with global findings: personal debriefings, non-blaming attitudes from superiors, and familial support were crucial in coping with these experiences. Notably, spirituality emerged as a unique and vital source of comfort for Malaysian psychiatrists, highlighting the importance of culturally specific support mechanisms.

Learning Objective: To understand how work culture, limited healthcare resources, and hierarchical structures in an upper-middle-income country (UMIC) like Malaysia shape the experiences of psychiatrists as suicide loss survivors.

The Impact of Patient Death by Suicide on Psychiatrists and Psychiatrists in Training in Ireland

Presenters: **Dr Eibhlin H. Walsh**, Postdoctoral Researcher, National Suicide Research Foundation (other authors on the paper: Dr Clíodhna O'Brien, Dr Philip Dodd, Dr Anne M. Doherty, Dr Aoibhinn Lynch, Dr Paul Corcoran)

Abstract: Patient death by suicide is a distressing occupational event associated with far-reaching impacts on professional practice and wellbeing. This presentation explores the effects of patient suicide on the personal and professional lives of psychiatrists and identifies the resources and supports deemed helpful in mitigating these impacts.

A survey, informed by previous research led by Gibbons and colleagues, was disseminated to members of the College of Psychiatrists of Ireland. Data from 232 consultants and non-consultant respondents were analysed using frequency analyses and Independent Samples t-tests. Further analyses are ongoing to identify predictors of the impact of patient suicide on clinicians.

The majority of participants were female (61.6%) and aged between 50–59 years (28.4%) and 30–39 years (27.6%), respectively. Key personal and professional impacts of patient suicide on psychiatrists included preoccupation with suicide, decreased self-confidence, sadness, burnout, desire for career change, and fear of negative events following the suicide.

A significant difference was observed between male and female participants regarding feelings of responsibility ($F=3.69$, $dfs=2,200$, $p=.026$), with females displaying higher levels of responsibility ($M=3.9$, $SD=3.1$) compared to males ($M=2.8$, $SD=2.7$). Support from colleagues and line managers was identified as particularly helpful in the aftermath of a patient suicide.

Occupational supports such as senior clinician and peer support, as well as formal processes, are essential in assisting psychiatrists after patient suicide. Guidelines, policies, and dedicated occupational resources are necessary to help psychiatrists respond effectively to these challenging events.

The study highlights that the impacts of patient suicide on psychiatrists' personal and professional lives can persist for years. This research provides crucial insights into the experiences and needs of psychiatrists in Ireland and underscores the importance of accessible, structured support systems.

Learning Objective: To understand the impact of patient death by suicide on the personal and professional lives of psychiatrists and psychiatrists in training in Ireland, and to identify resources and supports that would be helpful in mitigating the impact of a patient suicide.

The Impact of Patient Suicide on Psychiatrists in Japan

Presenters: Dr Junko Kitaoka, Medical Staff, Tarumi Hospital; Member, Japan Young Psychiatrists Organization (other researchers: Dr Ken Suzutani, Dr Yosuke Ishijima, Dr Daisuke Fujisawa)

Abstract: The suicide of a patient can place significant physical and mental burdens on psychiatrists, including reduced motivation to work, feelings of isolation, insomnia, depression, and potential career changes. This presentation explores findings from an ongoing survey in Japan, approved by the Ethics Committee of Tarumi Hospital, which investigates the impact of patient suicide on psychiatrists, as well as the support and resources available to them.

According to 2021 data from the World Health Organization (WHO), Japan's suicide rate of 16.5 per 100,000 was the highest among G7 countries. While national suicide prevention measures have decreased the overall suicide rate, recent years have seen a troubling increase, with 2023 rates rising particularly among individuals aged 30 to 70, reaching 17.6%. Suicide remains a frequent challenge in medical institutions, with a 2005 survey showing that 29% of general hospitals and 66% of psychiatric hospitals or hospitals with psychiatric beds had experienced inpatient suicides.

Despite this prevalence, only 17% of general hospitals and 34% of psychiatric hospitals offered mental health care to medical staff involved in such incidents. The prioritisation of patient care over staff wellbeing in Japanese medical institutions contributes to this shortfall, with mental health care for healthcare professionals being undervalued and underprovided.

This study examines the psychological and professional impact of patient suicide on psychiatrists, focusing on the types of support they have received and the kinds of support they desire. Findings aim to inform the development of an appropriate support system, fostering an environment where psychiatrists can work with peace of mind, ultimately improving the quality of mental health care.

Learning Objectives:

1. To understand the psychological and professional impact of patient suicide on psychiatrists in Japan.
2. To deepen awareness of the need for an appropriate support system that enables psychiatrists to work with peace of mind.

The Impact of Suicide on Clinicians: Insights from the Global Research

Presenter: Dr Rachel Gibbons

Position: Chair of the Working Group on the Impact of Suicide on Clinicians, Royal College of Psychiatrists

Abstract: The death of a patient by suicide exerts a profound and lasting impact on those bereaved, including clinicians, who often face unique psychological challenges. Drawing on a synthesis of findings from studies conducted in the UK, Ireland, Malaysia, and Japan, this presentation explores both shared and culture-specific psychological responses to suicide loss among bereaved clinicians.

Central to these responses are intense feelings of self-blame and guilt, often reinforced by "distorted narratives" that position the bereaved as central figures responsible for the death. This phenomenon,

documented across diverse cultural contexts, illustrates how mental health professionals internalise unrealistic standards and expectations surrounding suicide preventability.

Research reveals that clinicians impacted by suicide frequently experience long-term emotional distress, diminished clinical confidence, and even career shifts. Institutional responses—such as coroner’s court appearances and internal investigations—often exacerbate feelings of blame, underscoring the need for systemic support mechanisms. However, current provisions for support are frequently inadequate.

By examining the psychological pathways affected by suicide loss and the psychodynamic processes at play, this presentation advocates for comprehensive support systems tailored to address clinicians’ unique needs. Emphasis is placed on moving beyond blame-oriented narratives to foster healthy grieving processes and provide nuanced, culturally sensitive responses to clinicians globally.

Key Paper:

- Gibbons, R., 2024. Someone is to blame: The impact of suicide on the mind of the bereaved (including clinicians). BJPsych Bulletin, pp.1–5.

Learning Objective:

To explore the psychodynamic impact of suicide on bereaved clinicians globally and understand how delusional narratives of blame inhibit grieving, calling for nuanced, supportive responses across different cultural contexts.

Symposium #27 June 11th, 2025, 5:00pm – 6:30pm

Co-Chairs, Sally Spencer-Thomas, Psy.D., Sally Spencer-Thomas LLC & Jorgen Gullestrup,

Workplace Suicide Prevention and Postvention: Culturally Responsive Approaches for High-Risk Industries

Dr. Sally Spencer-Thomas¹, Mr Jorgen Gullestrup, Founder and CEO Christopher Wojnar¹, Professor Emeritus Academy steven Stack, Sebastian Ison-Jacques³, Associate Professor Tania King, Mrs Victoria McArthur, Dr Victoria Ross

¹United Suicide Survivors International, Conifer, United States, ²Wayne State University, , United States, ³Birmingham City University, School of the Built Environment, Birmingham, United Kingdom, ⁴University of Melbourne, , Australia

Workplace Special Interest Group

Suicide risk is not distributed equally across industries—certain sectors, such as transportation, construction, healthcare, and social services, face disproportionately high rates of suicide due to the unique pressures of their work environments. This symposium will explore the urgent need for culturally responsive suicide prevention and postvention strategies tailored to these high-risk industries.

Research has shown that traditional, one-size-fits-all mental health interventions often fail to resonate within these workforces, where structural barriers, bias, and industry-specific stressors contribute to heightened risk. The presentations in this session will examine data-driven insights and practical strategies that align with the realities of these demanding professions, ensuring that suicide prevention efforts are not only effective but also relevant and accessible.

Topics include the role of financial strain in truck driver suicides, systemic failures in suicide prevention within the construction industry, the overlooked crisis of suicide among nurses, a groundbreaking cross-industry suicide prevention initiative in New Zealand’s racing sector, and the impact of workplace support on burnout-related suicidality among healthcare professionals.

By centering industry-specific risks and culturally responsive solutions, this symposium will highlight best practices for integrating suicide prevention within workplace structures, fostering a culture of care, and driving systemic change in high-risk industries.

Learning Objective: Participants will gain insights into the distinct suicide risk factors present in high-risk industries and explore industry-specific, culturally responsive strategies for suicide prevention and postvention in workplace settings.

Truck Drivers' Suicides: Role of Financial Strain

Steven Stack, PhD, Professor, Wayne State University

INTRODUCTION. As noted in works such as *The Big Rig: Trucking and the Decline of the American Dream*, de-regulation & the weakening of unions, are associated with truckers working longer hours and getting paid less than at any time during the past sixty years. In addition, social support is weakened due to long periods away from home. However, there is little systematic work on truckers' suicide. The present paper tests the hypothesis that financial strain will differentiate truckers' suicides from other suicides.

METHODOLOGY. Data refer to 27,578 suicides and are taken from the National Violent Death Reporting System (NVDRS). They include 688 truckers' suicides. Drawing from previous work on the health professions, 15 core predictors are selected, representing psychiatric morbidity, social strains, and demographics. Since the analysis seeks to differentiate trucker suicides from others, the dependent variable is a dichotomy: truckers' suicides (=1) and other suicides (=0).

RESULTS. After adjusting for the other 14 risk factors, multivariate logistic regression analysis found that truckers' suicides were 33% more apt (Odds ratio=1.33, CI: 1.06, 1.67, p=.007) than other suicides to be marked by financial strain. Other constructs differentiating truckers' suicides from other suicides included intimate partner problems (IPP), gender, and race. Truckers are 46% more apt to have IPP than other suicides, a factor that may be related to absence from home during long hauls.

CONCLUSION. The results can inform prevention efforts wherein financial strain and IPP can serve as key warning signs for truckers' suicide. This is the first systematic investigation of the drivers of suicide among truckers.

Learning Objective: Participants will understand the unique risk factors contributing to truck driver suicides, particularly the role of financial strain and intimate partner problems, and explore how these findings can inform targeted suicide prevention strategies within the trucking industry.

An Investigation Into Suicide Prevention In The Uk Construction Sector: How Is The Sector Operating?

Sebastian Ison-Jacques, Birmingham City University, School of the Built Environment, Birmingham, United Kingdom

*John J. Posillico, Birmingham City University, School of the Built Environment, Birmingham, United Kingdom and Nelson Mandela University, Department of Quantity Surveying, Gqeberha, South Africa

Purpose: This research first contextualizes mental health (specifically, suicide) within the construction industry before focusing specifically on subject matter experts' opinions on the topic, to engender wider polemic discourse and new insight into current provisions.

Methodology: The overarching epistemology adopts both interpretivist and pragmatist philosophical stances, embedded within inductive reasoning, to critically analyze extant literature as well as subject matter expert interview transcripts.

Findings: Research findings illustrate that while suicide within the construction sector has received increasing scrutiny and attention, there also exists a notable lack of connectivity among research

conducted. This lack of a cohesive nucleus in the existing body of knowledge is further intensified by the strong prevailing notion of 'individualism' — constituting a working hypothesis emergent from the research which is premised upon the notion that suicide prevention within the construction industry occurs within an 'every person/nation for themselves' mentality. Furthermore, it became evident that the pre-existing notion that mental health-related concerns mostly manifested in low-skilled craftworkers was being challenged: middle management workers are now seeing the majority of mental health stresses within the sector.

Originality: This novel research highlights the absence of a clear international agenda for suicide prevention within the construction industry and in so doing, underscores the urgent need for a more prominent collaborative and global community of practice to optimize future mental health provisions within the construction industry.

Learning Objective: Participants will gain an understanding of the current gaps in suicide prevention research within the construction industry and explore strategies for fostering a more coordinated and collaborative global approach to mental health interventions.

The Importance of Culture, Structure, and Relatability in Engaging Construction Workers in Suicide Prevention

Mr Jorgen Gullestrup (Presenter) – Deakin University

Professor Samantha Thomas — Deakin University

Associate Professor Tania King — University of Melbourne

Professor Anthony LaMontagne — Deakin University

Introduction: The WHO has set the target to reduce suicide rates by 1/3 between 2013 and 2030. Workplaces provide unique opportunities for suicide prevention. The WHO has highlighted the MATES in Construction (MATES) program as an example of good practice in community-based suicide prevention. MATES in Construction is a program developed for the Construction industry which has achieved widespread reach within the Australian Construction industry.

Methods: This presentation will describe three published studies drawn from a common dataset of semi-structured interviews with 28 Queensland Construction workers engaged in the MATES program. The studies used Reflexive Thematic Analysis to understand why workers chose to engage in workplace-based suicide prevention, how they implemented the program on their worksites, and the importance of the relationship between the MATES staff, program and organization, and the volunteer workforce in workers taking on the role of diffusing the program across their industry.

Results: Workers had a strong social identity as construction workers and identified mateship as a social norm providing obligations to look after each other within their industry. Workers who also had a lived experience of suicide felt motivated to be engaged in the MATES Program. The MATES Anger, Hope, Action engagement model was appropriate for the industry.

When MATES was implemented as a network of safety on worksites, workers incorporated suicide prevention into business as usual on their site and created spaces and opportunities to have supportive conversations with each other. Social network theory may explain MATES impact and changing social norms towards a more helping and less stigmatised culture within the industry.

The relatability of the MATES program was important in the program implementation and diffusion across the industry. This relatability applied at three levels, MATES staff being seen as peers within the industry, the MATES program empowering sites for local implementation, and the industry endorsement and ownership of the MATES organisation. The relatability of the MATES staff, program and organisation supported the program diffusion across the construction industry.

Conclusion: The MATES engagement model, local implementation focus, and relatability combined may explain MATES positive impact on mental health and suicide literacy and stigma within the industry. The findings from these three studies may inform future workplace interventions.

Learning Outcome: Participants will have an increased understanding of the importance of culture, structure and relatability of suicide prevention programs targeting male dominated workplaces.

Bringing Together the People in the New Zealand Racing Industry to Take Collective Action Against Suicide

Victoria McArthur, ONTRACK RACING LTD

Dr Victoria Ross Australian Institute for Suicide Research and Prevention, Griffith University, Australia

Learning Objective: To demonstrate how recognizing a shared identity can unite diverse groups within an industry to collaboratively address mental health challenges and prevent suicide.

Background: The New Zealand racing industry is steeped in tradition and spans three distinct codes, Thoroughbred, Harness, and Greyhound Racing. While each code has its own unique culture and challenges, they share common concerns such as high rates of depression, suicidality, and workplace stressors including bullying and job insecurity. Historically, the codes have had very little cross-code collaboration, operating largely in silos. This made the OnTrack programme development process, the first time all three codes came together for a shared purpose, this was a landmark moment in fostering a unified approach to suicide prevention.

Despite the challenges, the industry is driven by its passion for racing and the unwavering commitment to their animals, which ensures the work never truly stops. The intense demands of caring for animals, remote working and preparing for race days have contributed to the industry's relentless pace and unique pressures, underscoring the need for targeted support.

Methods: The OnTrack programme was developed through a six-phase research process, beginning with a scoping review and extensive industry consultation to understand the racing workforce's mental health needs. Surveys, focus groups, and global and local literature reviews informed the co-design of interventions that addressed industry-specific hazards and psychosocial stressors. Central to the programme was leveraging a shared identity to unite the codes, celebrating their common passion for racing while addressing systemic challenges. A Programme Logic was developed to ensure OnTrack's initiatives drive long-term, industry-wide change, including reduced mental distress and suicidality, a workplace culture where mental health is normalised, and sustainable, industry-led support systems. Developed through consultation, research, and strategic planning, it provides a structured framework for evidence-based interventions and measurable impact. Central to the programme is leveraging a shared identity to unite the racing codes, celebrating their common passion while addressing systemic challenges, and positioning the industry as one that cares about its people.

Three key interventions were developed

OnTrack to Action A foundational programme building mental health awareness and understanding how to take action to prevent suicide.

OnTrack Champions Peer support training along with SafeTalk Suicide Prevention Training to equip industry members with skills to recognise and support colleagues.

OnTrack to ASIST Advanced suicide prevention workshops to enhance intervention skills.

Results: While formal evaluations are ongoing, early feedback highlights a growing cultural shift. As one participant noted, "I love that steps are FINALLY being made to help our people in the racing industry. There has long been a stigma surrounding wellbeing and mental health, and the industry has

had a terrible reputation as non-caring and abusive.” This sentiment reflects the programmes success in fostering collaboration and breaking down barriers across codes.

Discussion: OnTrack’s emphasis on shared identity has been key to uniting the industry’s codes, addressing mental health as a collective responsibility for the first time. The cross-code strategy session marked a significant milestone in fostering collaboration, laying the groundwork for a unified approach. Following the strategy day one participant said, “I thoroughly enjoyed my day, and I walked away feeling I helped contribute to a serious issue in the racing industry”

Peer support training has been especially impactful, empowering participants to lead grassroots change while reinforcing a culture of care.

By aligning with the industry’s traditions and core values, including the ever-present focus on animal welfare, OnTrack is taking poor mental health and preventing suicide from an individual challenge to a shared priority. Through its comprehensive and collaborative approach, the programme exemplifies how an industry steeped in history can come together to create lasting cultural change, ensuring the wellbeing of its people and their commitment to their craft.

The protective role of support, work recognition and available resources in the relationship between burnout and suicidality among health and social care professionals in Switzerland

Authors: **Delavy François**¹, Maggiori Christian¹, Geiser François¹, Patt Ramona¹, Lapierre Sylvie², Michaud Laurent³, Andriessen Karl⁴, Saillant Stéphane⁵, Castelli Dransart Dolores Angela¹

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5Neuchatel Psychiatric Center, Neuchâtel, Switzerland, and University of Lausanne, Lausanne, Switzerland.

Introduction: Health and social care professionals (HSCP) are potentially at a higher risk of suicide or burnout. Regarding suicidality, studies have mostly examined risk factors related to personal and mental health characteristics. However, a growing body of research provides evidence of the association between factors related to working conditions or work environment and suicidality, as noted by the IASP Open Letter on Work-related Suicide. Data on this issue remain limited, both in Switzerland and globally.

Aim: The presentation aims to investigate the relationship between burnout and suicidality with a specific focus on the influence of workplace factors. More precisely, we examine the protective role of work recognition, institutional resources available to HSCP, and professional support on this relationship.

Methods: The mixed-methods (semi-structured interviews and an online questionnaire) cross-sectional study was conducted in seven states of Switzerland. Participants included physicians, nurses, psychologists, nursing assistants, community health workers and other caregivers, social workers, social pedagogues, and other social workers in 21 partner institutions, mostly in the mental health field. Data was collected on both personal and mental health (socio-demographic characteristics, depression, anxiety, stress, life events) and work-related factors (professional fulfillment, available resources, working conditions, support) as well as suicidality and burnout. In this

symposium, the first important findings of the quantitative part of the study will be presented. Data from N = 2388 HSCP were analyzed with double mediation structural equation models.

Results: A correlation between burnout and suicidality was found. A first model showed that private and professional support acted as protective factors, mediating the association between burnout and suicidality. A second model found that work recognition and the resources available to HSCP at workplace had the same effect. Multigroup analysis revealed no significant moderation of these relationships by gender.

Conclusion and learning objective: This research highlights the role of support and other workplace factors in the suicidality experienced by HSCP. Findings may inform the development of targeted support and interventions aimed at reducing the risk of suicidality among professionals experiencing burnout.

Symposium #28 June 12th, 2025, 5:00pm – 6:30pm

Chair: Dr. K. Sonu Gaind

Door A or Door B: Medically assisted death or suicide prevention, do we know when to provide which and which to provide when?

Professor & Chief Of Psychiatry K. Sonu Gaind^{1,2}, Dr Eric Kelleher^{3,4}, Dr Lizanne Schwenen⁵, Professor Brian Mishara^{6,7}, Dr. Allison Crawford^{1,8,9}

¹University Of Toronto, Toronto , Canada, ²Sunnybrook Health Sciences Centre, Toronto, Canada, ³University College Cork, Cork, Ireland, ⁴Cork University Hospital, Cork, Ireland, ⁵113 Suicide Prevention, Amsterdam, Netherlands, ⁶Université du Québec, Montréal, Canada, ⁷Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE), Montréal, Canada, ⁸Centre for Addiction and Mental Health, Toronto, Canada, ⁹9-8-8 Suicide Crisis Helpline, Toronto, Canada

Overall Abstract

Physician Assisted Death (PAD) or Medical Assistance in Dying (MAiD) has been legalized or decriminalized in over a dozen jurisdictions around the world. A core assumption embedded in assisted dying policies is that traditionally suicidal individuals, who could otherwise benefit from suicide prevention interventions, are not provided assisted death.

Exploring the issue of distinguishing suicidality from assisted dying requests is of increasing importance especially as assisted dying laws expand to include eligibility for more conditions and patient populations.

Leaders involved with assisted dying issues in a range of international jurisdictions will explore medicolegal, scientific, ethical and public policy issues related to assisted dying, focusing on the literature, experience and processes related to assessing and distinguishing suicidality from assisted dying requests. This symposium will include sessions reviewing the consultative process in one jurisdiction (Ireland), followed by discussion and critique of how assisted death assessments attempt to distinguish suicidality from PAD/MAiD requests, review of data regarding assisted death provisions in Canada nationally (now the largest assisted death provider globally) and specific jurisdictions (Ontario and Quebec, the largest provinces), youth requests for psychiatric euthanasia in the Netherlands, and review of a national crisis helpline's experience with requests for PAD/MAiD and potential 'next steps'.

Consultations and Recommendations on Physician-assisted Suicide and Euthanasia in Ireland

Ireland, like other western countries, has recently held a consultative process on the assisted dying. The previous Government's Joint Oireachtas Committee on Assisted Dying heard testimony over 9 month period from national and international experts as well as patients with lived experience who would be affected by the ban on assisted suicide and euthanasia, were it to change. The work of the National Office for Suicide Prevention (NOSP) and 'Connecting for Life', Ireland's National Strategy to Reduce Suicide are key, with people with chronic illness designated as a priority group requiring targeted approaches to reduce suicidal behaviour and improve mental health outcomes.

NOSP referred to the potential for assisted dying to undermine the fundamental principles that suicide is preventable, and that interventions that are proven effective in suicide prevention should take precedence across our health system. In Ireland, as internationally, there is an unequal distribution of palliative care services, a dearth of psychological and psychiatric supports available to people with challenging health journeys, and insufficient research in end-of-life care, with most ethics proposals explicitly excluding patients at end of life from research.

The College of Psychiatrists of Ireland published a position paper in 2021 opposing the introduction of assisted dying and calling for greater investment into Palliative Care services, mental health services and services for those with disability. Despite significant concerns and reservations of many groups, a majority (N=9) of the Committee (N=14) voted to legalise assisted dying in 'restricted circumstances'.

Learning objectives: To explore the challenges and conflicts patients with terminal or life limiting conditions face in expressing a wish for a hastened death, to understand proposed safeguards and their limitations, and to understand the perspective of the College of Psychiatrists of Ireland in the consultative process in opposing a change in the current law.

Are we filtering out suicidality with physician assisted death assessments, or are we providing death to suicidal patients?

Canada's medical assistance in dying (MAiD) laws were initially introduced in 2016 for those in terminal situations, and by 2023 nearly 5% of all deaths (15,343 annually, more than any other country in the world) were by euthanasia following MAiD request and provision.

MAiD was expanded in 2021 to allow death by MAiD via "Track 2" to Canadians struggling with disabilities who were not dying. As MAiD laws have expanded to those with disabilities are not otherwise dying, concerns have been raised about whether it is possible to filter out suffering due to poverty, loneliness and other marginalization fueling MAiD requests.

This session will first review guidance provided for conducting MAiD assessments, with regards to how they attempt to filter out traditional suicidality, and discuss whether such guidance effectively filters out suicidality as it is intended to. Next, analysis of recent provincial and federal data will be presented from a suicide risk factor perspective.

In analyzing data, a marginalization index based on area of residence is used to divide the population into five levels, each representing 20 per cent of the population. This session will review Ontario data (the largest province, with approximately 40% of the population) that shows a higher proportion of Track 2 MAiD recipients come from highly marginalized categories than Track 1 MAiD recipients, or the general population. People in the lowest "material resource" category represent 20 per cent of the general population, but made up 28.4 per cent of Track 2 MAiD recipients, compared to 21.5 per cent of Track 1 recipients. People in the lowest 20 per cent of the population with the worst housing instability made up 48.3 per cent of Track 2 MAiD recipients, compared to 34.3 per cent of Track 1 recipients. Track 2 recipients were also far more likely to come from the most vulnerable 20 per cent of the population in terms of age and labour force participation, with 56.9 per cent of Track 2 MAiD recipients coming from this category compared to 41.8 per cent of Track 1 MAiD recipients.

Gender gaps of more women than men receiving Track 2 MAiD will also be reviewed, in addition to reports of specific cases of concern, including people receiving Track 2 MAiD for social and housing

vulnerability, and for unclear reasons while still suffering from inadequately treated mental illness and addictions. National data will also be reviewed analyzing similar trends.

Learning Objective: To understand and appreciate the limitations of current assisted death assessments as they attempt to filter out traditional suicidality from patients requesting death by MAiD.

Review of Dutch youth seeking medical assistance in dying based on psychiatric suffering

In the Netherlands, a growing group of young people request medical assistance in dying based on psychiatric suffering (MAiD-PS). Little is known about this group, their characteristics, and outcomes. Here, we assess the proportion of requests for and deaths by MAiD-PS among young patients, outcomes of their application and assessment procedures, and characteristics of those patients who died by either MAiD or suicide.

This retrospective cohort study included Dutch individuals younger than 24 years requesting MAiD-PS between January 1, 2012, and June 30, 2021, whose patient file had been closed by December 1, 2022, at the Expertisecentrum Euthanasie, a specialized health care facility providing MAiD consultation and care.

A total Of N=397 applications were included. The most likely outcome was application retracted by the patient (188 [47.3%]) followed by application rejected (178 [44.8%]). For 12 applications (3.0%), patients died by MAiD. Seventeen applications (4.3%) were stopped because the patient died by suicide during the application process and 2 (0.5%) because the patient died after they voluntarily stopped eating and drinking.

All patients who died by suicide or MAiD (n = 29) had multiple psychiatric diagnoses (most frequently major depression, autism spectrum disorder, personality disorders, eating disorder, and/or trauma-related disorder) and extensive treatment histories. Twenty-eight of these patients (96.5%) had a history of suicidality that included multiple suicide attempts prior to the MAiD application. Among 17 patients who died by suicide, 13 of 14 (92.9%) had a history of crisis-related hospital admission, and 9 of 12 patients who died by MAiD (75.0%) had a history of self-harm.

This cohort study found that the number of young psychiatric patients in the Netherlands who requested MAiD-PS increased between 2012 and 2021 and that applications were retracted or rejected for most. Those who died by MAiD or suicide were mostly female and had long treatment histories and prominent suicidality. These findings suggest that there is an urgent need for more knowledge about persistent death wishes and effective suicide prevention strategies for this high-risk group. In this session, we will discuss clinical implications of these findings.

Learning Objective: To understand trends related to youth seeking and receiving psychiatric euthanasia in the Netherlands.

Choosing death by suicide or Medical Assistance in Dying in Quebec, Canada: a choice, rather than a last resort

Quebec Province legalized euthanasia, calling it “Medical Assistance in Dying” (MAiD), before the Canadian Federal government legalized MAiD. Originally restricted to persons with a foreseeable death from a terminal illness, MAiD was expanded to include people with disabilities and degenerative diseases, and in 2025 Quebec was the first province to accept Advance Directives for MAiD to be administered in the future when the person would no longer be legally competent to decide.

Quebec now has the highest proportion of MAiD deaths of any jurisdiction worldwide; more than one of 15 deaths annually. The liberal Quebec MAiD laws emphasize the ability to choose death as a “treatment option”, even when other means of alleviating the suffering associated with the desire to die are available. The law limits potential safeguards, including forbidding coroners from investigating MAiD deaths, limiting MAiD data to information in confidential reports provided by the MAiD

practitioner, and classifying all MAiD deaths as “natural” deaths on death certificates. Of the 23 recent instances when the committee reviewing MAiD practitioners’ death reports felt that the physician did not appear to have adhered to the criteria for obtaining MAiD, and thus forwarded the report to the Medical College for investigation, there has been no public information indicating that investigations were conducted, and only one physician is known to have had any sanctions: in 2024 a doctor was instructed to discontinue practicing MAiD.

This talk describes the cultural context that led to the Quebec MAiD laws, and the strong support for MAiD among the general population. The Quebec government, which strongly supports MAiD, continues to promote MAiD expansion, while also strongly supporting suicide prevention programmes and services. Suicide is seen as a preventable tragedy associated with mental health problems; whereas MAiD is described as a rational and desirable “treatment option” to choose for people who are suffering or anticipate future suffering.

MAiD policies and procedures are streamlined to make choosing MAiD and getting approval easy; palliative care and hospices are required by law to provide MAiD, and if a doctor does not want to practice MAiD, he is required by law to refer the patient to a doctor who does practice MAiD. Quebec MAiD legislation is an expression of respect for autonomous decision-making, but abrogates society’s obligations to first provide necessary medical and psycho-social care so that death by MAiD should be used only as a treatment of last resort.

Learning Objective: To understand the ethical premises and practical implications of obligations to prevent premature deaths by MAiD.

A national suicide crisis helpline contends with requests for medical assistance in dying — identifying evidence gaps

Medical Assistance in Dying (MAiD) in Canada has been a subject of rapid legislative evolution under Bill C-7, with subsequent legislative delay in expanding MAiD for individuals whose sole underlying medical condition is a mental illness, MAiD MI-SUMC, until March 2027. Research into understanding the degree to which suicidality and requests for MAiD MD-SUMC can be distinguished is a public health priority. This challenge has been evident in the new 3-digit national 9-8-8: Suicide Crisis Helpline (www.988.ca) service. We will report on a recently initiated multiphase study, with an emphasis on our first research question:

What are the needs and experiences of callers and texters who address MAiD during their interactions with 9-8-8 and what are the outcomes of the 9-8-8 intervention for this group?

Our study includes co-researchers with lived experience of suicidality and crisis line use who will be engaged in all study phases including data analysis and knowledge translation. We also aim to take an equity-based approach, considering the impacts of intersectional identities, including socioeconomic status, race and ethnicity, gender, and urbanicity/rurality, on experiences with 9-8-8.

Initial 9-8-8 data reveals that a significant proportion of caller/texter interactions engage in discussions of MAiD during crisis interactions. MAiD was raised by service users in 2,099 call and text interactions, out of approximately 210,000 interactions in the same period. And of those, approximately 70% also indicated that the caller/texter had thoughts of suicide in the past few days including today. We will discuss preliminary themes we are exploring through qualitative analysis of the transcripts of these text and call interactions, including requests for information; active suicidality; ambivalence; and caller/texter-responder impasse.

Presenting excerpts from caller/texter interactions will illuminate each of these themes and engage audience participants in identifying significant knowledge gaps related to crisis response in areas of clinical/crisis intervention, standards and policy, and ethics. We consider the unintended impacts of providing MAiD information on a crisis line, as well as potential opportunities for suicide prevention

in the context of MAID. We will also briefly highlight the other phases of this project, including studying the impact on crisis line responders.

Learning objective: Apply the evidence distinguishing suicidality from requests for medical assistance by considering interactions on a national suicide crisis line.

Symposium # 29 June 12th, 2025, 5:00pm – 6:30pm

Chairs: Anja Gysin-Mallart, Erkki Isometsä

Advancing Suicide Prevention Through Psychotherapy — Bridging Science and Practice. The ASSIP Approach (Attempted Suicide Short Intervention Program)

PD Dr. Anja Gysin-Maillart¹, Prof. Erkki (chair) Isometsä², Ph.d. Stephanie Homan^{3,4}, Prof. Tony Pisani⁵, PhD Annamarie Defayette⁵, Phd Selma Gaily-Luoma⁶, Drs. Teunis Van Den Hazel⁷, M.Sc. Marie-Anna Sedlinska⁸

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This symposium will present the latest evidence-based findings on psychotherapeutic interventions for individuals who have attempted suicide, with contributions from four countries. A Swiss meta-analysis demonstrates the effectiveness of brief interventions and contacts (BICs) in reducing suicide recurrence and improving linkage to mental health services. Preliminary results from a large-scale randomised controlled ASSIP study conducted under in a US mental health facility will be presented. The study examines ASSIP's effectiveness in reducing suicide re-attempts over 18 months, the role of perceived belonging and distress as potential mechanisms, and key challenges and success factors for implementation and integration into clinical care systems. A qualitative study from Finland will examine service users' perspectives on ASSIP and underscore its significant impact on personal patient-related recovery, emphasizing the necessity for enhanced integration into mental health services. A pioneering study from the Netherlands will demonstrate the applicability of ASSIP for individuals with intellectual disabilities, with promising findings of therapeutic engagement and suicide risk reduction. Finally, the future perspectives of a randomised control trial protocol with neuropsychological methodology will be presented, exploring the underlying mechanisms of the ASSIP method and using innovative methodologies assessments such as ecological snapshot and non-verbal synchrony analysis to investigate therapeutic processes.

The Power of Brief Interventions and Contacts for Suicide Prevention

Stephanie Homan^{1, 2}, Alina Ritzinger², Sofia Michel^{1, 3}, Anna-Marie Bertram⁴, Charlotta Rühlmann^{1, 2}, Marta Anna Marciniak^{1, 2, 4}, Annamariá Pethő^{1, 2, 6}, Lara Kirchhofer², Philipp Homan^{1, 7}, Sebastian Olbrich¹, Rory C. O'Connor⁸, & Birgit Kleim^{1, 2}

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Theoretical Background: Only one-third of individuals who survive a suicide attempt attend an outpatient appointment following the event. This raises the need to rethink current treatment approaches—shifting away from traditional, often lengthy psychotherapies toward low-threshold brief interventions and contacts (BICs) such as ASSIP. **Method:** We reviewed randomized clinical trials (RCTs) involving adults who had attempted suicide. We evaluated the impact of BICs on five outcomes: (1) re-attempts at follow-up, (2) self-harm at follow-up, (3) suicidal ideation at follow-up, (4) non-suicidal self-injury, and (5) linkage to mental health services at follow-up. **Results:** Our meta-analyses from 52 RCTs confirmed the effectiveness of BICs. Specifically, re-attempts were significantly reduced ($\hat{\mu} = -0.35$, 95% CI: $-0.54, -0.15$), and linkage to mental health services was significantly higher in the BIC group compared with the control group ($\hat{\mu} = 0.60$, 95% CI: $0.05, 1.15$). We found no differences between groups regarding the recurrence of self-harm or the severity of suicidal ideation at follow-up. For non-suicidal self-harm, there were too few data points for a formal analysis. **Conclusion:** This meta-analysis, the largest to date, highlights the clinical importance of BICs. Often requiring only a single session, BICs effectively reduce suicide re-attempts and improve linkage to mental health services, making them valuable preventive strategies for individuals recovering from a suicide attempt. L

Learning Objective: This study aimed to explore the role of such BICs in reducing suicide re-attempts, their effectiveness, and their potential to facilitate a connection to mental health services and examine their integration into clinical practice as preventive strategies.

Effectiveness of ASSIP in Real World US Mental Health Settings: Preliminary results from a large randomized controlled trial

Anthony R. Pisani¹, Annamarie B. Defayette¹, Kenneth Connor¹, Kimberly Van Orden¹, Neil Jordan², Rajinder Sonia Singh^{3,4}, Sara Landes^{3,4}, Geoffrey Curran^{3,4}, Michael McDermott⁵, Ashkan Ertefaie^{5,6}, Seethalakshmi Ramanathan⁷, Jay Carruthers^{8,9}, Kristina Zurich¹⁰, David Goldston¹¹

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Background: We conducted a large hybrid type 1 effectiveness–implementation randomized controlled trial of the ASSIP intervention in three US community mental health clinics. Baseline characteristics were first presented at the 2023 IASP World Congress. Given the international collaborations and importance of ASSIP, we have chosen IASP 2025 as the venue to present results of this major trial for the first time. **Methods:** Participants ($N=329$; $M_{age}=34.95$, $SD=14.86$; 41% male) were adults with a recent (past 60 days) suicide attempt, referred mainly from psychiatric inpatient and emergency departments. Participants were randomized to usual care (UC) + ASSIP ($n=163$) or UC only ($n=166$), with assessments at baseline, 3, 6, 12, and 18 months. Enrollment ended in Aug. 2023 and final follow-up in Feb. 2025. We also conducted a developmental formative evaluation to examine implementation barriers/facilitators. We will present preliminary results of the pre-registered primary outcome analyses, mediator engagement, and implementation. We will report on: (1) time from randomization to first suicide re-attempt and whether those assigned to UC+ASSIP had lower risk of re-attempt across 18 months compared with UC only; and (2) Interpersonal Theory of Suicide constructs (thwarted belongingness, perceived burdensomeness) as potential mechanisms of ASSIP, including whether ASSIP improves perceptions of low belonging and of being a burden on others, and whether the effect of treatment on reductions in suicide re-attempts is mediated by these improvements. Additionally, we describe (3) key implementation barriers and facilitators and sustainability upon which to target selection/development of implementation and engagement strategies. **Results:** Of those in the UC+ASSIP condition, 56% ($n=92$) attended at least one ASSIP session. Variability in potential mechanisms of ASSIP was present at baseline, with 36% of the sample at or above the clinical cutoff for thwarted belongingness ($M=30.34$, $SD=13.27$) and 56% for perceived burdensomeness ($M=16.06$, $SD=10.25$). Key barriers included: latency between referral and starting ASSIP; limited accessibility of training; limited insurance coverage for ASSIP. Key facilitators included: relative advantage of ASSIP (short, powerful, reduced clinician burden); local leadership support; training and supervision meetings. **Conclusion:** Results from this large-scale U.S. trial, combined with implementation insights, will significantly advance our understanding of brief suicide-specific interventions in community mental health settings and inform strategies for successful integration into real-world care systems. **Learning Objective:** Be able to describe preliminary results of the effectiveness and underlying mechanisms of, as well as implementation barriers and facilitators for, ASSIP in real-world community health clinics in the U.S.

Financial Disclosures: Dr. Pisani is an equity owner of SafeSide Prevention, which receives fees for suicide prevention education and consultation. The University of Rochester receives royalties from SafeSide Prevention and declares this financial interest. A conflict of interest management plan is in place and regularly reviewed. SafeSide Prevention did not provide any funds for efforts on this project and this presentation is unrelated to the company's programs and services. Dr. Pisani received book royalties from Cambridge University Press. Dr. Defayette is a Scientific Advisor for SafeSide Prevention.

The Attempted Suicide Short Intervention Program in Context: Qualitative Analyses of Finnish Service User Perspectives

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Background: Understanding service users' experiences with brief suicide-specific interventions is crucial for effective implementation. In Finland, ASSIP has been applied with weaker connections to other services compared to Switzerland. **Aim:** To explore Finnish service users' perceptions of ASSIP after a suicide attempt. **Method:** In-depth interviews with 14 Finnish suicide attempt survivors, conducted 4–10 weeks after their last ASSIP session. We used content and narrative analyses to explore ASSIP's role in their recovery. **Results:** Three core categories were identified in the participants' descriptions of ASSIP's personal impact. The category life-affirming change included descriptions of feeling better, thinking differently, acting differently, and having new resources as a result of ASSIP. The core category collateral effects included descriptions of difficult feelings and cognitive overload, and how the ASSIP therapist's interventions effectively mitigated distress from these experiences. The core category incompleteness of change, including lack of a desired change, gains as incomplete, need for sustenance, and unrealized potential, described the participants' desire for further support in specific areas of change or to sustain the gains they had made in ASSIP. In the participants' narrations of ASSIP as part of their treatment and recovery path, three story types emerged, labeled "On my way", "At a crossroads" and "Out of the woods". **Discussion:** ASSIP fostered deeply meaningful change but left many participants needing and willing to accept further support. Gains could soon be lost when post-ASSIP service paths were not sufficiently predictable, while these gains were amplified in continuous service paths. Effective ASSIP implementation requires strong links to other services, which was inconsistent in Finland. **Learning Objective:** Understand Finnish service users' experiences with ASSIP in their recovery journey.

The application of ASSIP in the treatment of people with Intellectual Disabilities

Teunis van den Hazel¹, Christa Gerrits¹, Sanne Boverhof¹

¹Trajectum, Zwolle, the Netherlands

Background: People with intellectual disabilities (ID) often have serious behavioral problems, especially with comorbid mental health issues. Little is known about treating suicidal behavior in this group, as they are often excluded from research and therapy. The Attempted Suicide Short Intervention Program (ASSIP) may be effective for people with ID due to its person-centered approach. ASSIP focuses on building a strong therapeutic relationship, using slower pacing, more repetition, shorter sessions, and clear communication supported by drawings. Family members and support systems are actively involved. **Aim:** This pilot study evaluated the feasibility of ASSIP for clients with ID, examining necessary adjustments, effects, and outcomes. **Methods and Results:** Twelve clients with suicidal behavior were included. Three were too mentally unwell, and three refused treatment. Suicidal thoughts, measured with SIDAS, decreased by 78% from the first to the last session. Feelings of entrapment dropped by 43%, with some increase at follow-up. The therapeutic alliance, assessed with the Session Rating Scale, improved by 20.6%. Suicidal behavior varied, from complete absence to partial reduction. Interviews showed clients valued the therapist's supportive attitude, video use, and side-by-side seating. They reported a better understanding of their suicidal behavior. Clinicians noted improved insights into the suicidal process and new treatment strategies. **Conclusion:** Clients communicated more openly about suicidal thoughts, sometimes causing stress for families, which requires therapist support. The study shows suicidal behavior in people with ID is treatable, challenging the belief that this group is too vulnerable. **Learning Objective:**

Participants will learn the adjustments needed to make ASSIP effective for people with intellectual disabilities.

Randomized Controlled Trial: Influence of the Brief Therapy Attempted Suicide Short Intervention Program (ASSIP) on Neuropsychological Correlates and Psychological Process Factors

Marie-Anna Sedlinská^{1,3}, Adriana Frei^{1,3}, Lara Aschenbrenner^{1,3}, Sebastian Walther², Kristina Adorjan¹, & Anja Gysin-Maillart¹

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Background: ASSIP has been shown to reduce suicidal behavior over a two-year follow-up. Study 1 investigates how the ASSIP therapeutic process influences patients' self-efficacy and therapeutic alliance. Study 2 examines neuropsychological correlates of suicidal behavior and their modulation throughout therapy. Methods: Study 1 is a sub-analysis of a longitudinal study (N = 64, 51.6% women) with assessments before (t0) and after (t1) ASSIP therapy, measuring self-efficacy, suicidal ideation, and therapeutic alliance (after each session). Study 2 is a Randomized Controlled Trial (N = 156), comparing ASSIP with STAR (standard care plus resource interview) at baseline, one month, and 12 months. Assessments include suicide-specific GoNoGo and Stroop tasks, psychological pain, suicidal ideation, depression, loneliness, therapeutic alliance, and ecological momentary assessment. Nonverbal synchrony is analyzed via therapy session recordings. Results: In Study 1, self-efficacy ($t_{63} = -3.4$, $p < 0.001$) and therapeutic alliance ($F_{1,63} = 48.1$, $p < 0.001$) significantly increased after ASSIP. Therapeutic alliance was positively associated with self-efficacy improvements ($\beta = 0.4$, $p < 0.001$). Preliminary results from Study 2 will be presented. Conclusion: ASSIP enhances both therapeutic alliance and self-efficacy. Study 2 will provide insights into neuropsychological correlates of suicidal behavior and the modulation of psychological pain, depression, suicidal ideation, self-efficacy, and therapeutic alliance in ASSIP vs. STAR. Learning Objective: Understanding how ASSIP improves self-efficacy and therapeutic alliance, and exploring neuropsychological changes in suicidal behavior.

Symposium #30 June 12th, 2025, 5:00pm – 6:30pm

Chair: Associate Professor Jacinta Hawgood

IASP SiG education and training in suicide prevention insights into suicide prevention tertiary-based curriculum: design, delivery, attitudes, experiences and competency impacts.

Dr Jacinta Hawgood¹, Dr Anna Baran^{2,3}, Professor Fabrice Jollant^{4,5,6}, Ms Kerrie Gallagher⁷, Dr KYLIE KING⁸, Dr Alejandro de la Torre-Luque⁹

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Suicide prevention university curricula is being increasingly accepted as a critical form of building capacity in mental health and other allied health disciplines globally. However, to date there has been little attention to design (including co-design), development and delivery of this curriculum and scant evaluation to the impacts on student learning.

Authors of this symposium represent a collaboration of six countries participating in the IASP SiG education and training in suicide prevention, who have undertaken important research within their respective universities to understand the factors influencing student learning, participation and attitudes and the impacts of a range of curriculum delivery approaches on learning outcomes. Important variables such as learning context (e.g. client or patient suicide response scenarios), educational delivery modes (e.g. simulation and interprofessional education strategies), multidisciplinary learning experiences (e.g. collaboration between disciplines), and experiences of course design (e.g. collaborations between educators and people with lived experience of suicide), were found to influence learning outcomes for students. Research results from Poland, Ireland, Spain, France, and Australia will be presented reflecting experiences of design, delivery and evaluation of suicide prevention, intervention, management and response curricula, including implications and recommendations for the future of university suicide prevention curriculum across diverse countries.

Perceptions of Suicide Among Polish University Students: A Detailed Analysis of Responses and Engagement in the Suicide Acceptance Questionnaire (SAQ)

Presenter: [Anna Baran](#)

Learning Objective: To understand the factors influencing suicide acceptance among university students, specifically focusing on whether these views are influenced by demographic variables.

Background: Acceptance of suicide varies across individuals based on neurobiological factors, personal values, social context, and cultural backgrounds. Previous research has shown that suicide acceptance can influence help-seeking behaviours. The Suicide Acceptability Questionnaire (SAQ) is a recognized tool designed to measure the acceptance of suicide in various hypothetical scenarios, such as financial distress, emotional despair, or chronic illness (Stecz et al, 2019). This online questionnaire was administered as part of the Multi-country Survey on Higher Education Multidisciplinary Suicide Prevention Curriculum and Capacity Building (HESP-CCB), developed by the Research Group of the IASP Special Interest Group on Education and Training in Suicide Prevention.

Method: Data were collected from 200 (160 females, 36 males, 4 others) higher education students (mean age 21, range 18–28) in Poland, in January 2025. The responses to SAQ_1 to SAQ_10 were categorized into three groups: 1+2 (rejecting), 3 (neutral), and 4+5 (accepting). The relationship between responses and demographic factors such as age, gender, discipline, university affiliation, and the distribution of responses across groups were investigated. Statistical methods, including Chi-square tests and ANOVA, were used to assess significance across demographic groups. Data were visualized through stacked bar charts and pie charts. Project was accepted by the Bioethics Committee at the Medical University in Łódź (RNN/139/24/KE, June 18, 2024).

Results: No significant differences were found across age groups, gender, university affiliations, or disciplines, indicating consistent responses across these factors. For SAQ_1, SAQ_3 and SAQ_5, most responses were in the 1+2 (rejecting) category, indicating disagreement with justifications for suicide. Conversely, SAQ_2 had a higher proportion of 4+5 (accepting) responses, suggesting acceptance of certain justifications. SAQ_9 and SAQ_10 responses indicated that many participants accepted justifications related to chronic illness and pain, as well as disagreed with the idea that there is no good reason to take one's own life.

Discussion: The findings suggest agreement among students on the unacceptability of suicide in most contexts, while variations exist regarding specific justifications like chronic illness. The lack of significant demographic differences highlights the universal applicability of the SAQ tool. Future

research should refine ambiguous items and engage students in education programs and discussions to address neutral or conflicting views on suicide.

Interprofessional Education in Suicide Prevention Training for Health and Social Care Students

Presenter: Kerrie Gallagher

Learning objective: To implement and evaluate IPE strategies in the delivery of suicide prevention training module, to support cross-disciplinary collaboration in health and social care settings.

Background: Interprofessional Education (IPE) is increasingly valued for equipping health and social care professionals with the skills required to tackle complex healthcare challenges such as suicide prevention. IPE fosters collaboration, communication, and shared understanding, critical for effective mental health interventions. This study evaluates IPE within a suicide prevention module designed to address educational gaps in undergraduate healthcare training, and to support Ireland's National Suicide Prevention Strategy.

Methodology: Undergraduate healthcare students at two higher education institutions were invited to participate in an optional, interprofessional four-week suicide prevention training. Course content featured didactic teaching, interprofessional group discussions and case-based learning. Students self-perceived ability to work in multidisciplinary teams was measured pre- and post-module using the validated Interprofessional Education Collaborative Competency Self-Efficacy Tool (IPECC-SET 9). Qualitative data were gathered through free-text responses in post-surveys.

Results: A total of 227 students from 21 disciplines, ranging from first to final year, took part in the module. Quantitative analysis showed a 22.49% overall improvement in IPECC-SET 9 competency scores ($p < 0.001$, $d = 1.08$) with similar changes across each sub-competency. Qualitative data identified four key themes: (i) Teamwork and role awareness: Participants highlighted a deeper understanding of their unique roles within a collaborative framework and the importance of diverse expertise in addressing suicide prevention; (ii) Empathy and perspective: Participants reported that participation broadened their perspectives and build interprofessional connections by "meeting new people and cultivating new skills" which fostered empathy for the contributions of others; (iii) Confidence and communication: Participants expressed feeling more prepared and confident to engage in interprofessional conversations and decision-making; (iv) Supportive environment: the positive impact of a safe and inclusive educational environment in fostering open discussions about challenging topics like suicide prevention was highlighted.

Findings: Students demonstrated significant self-reported improvements in their interprofessional competencies of collaboration, communication and appreciation and understanding of the role of different disciplines, confirming the effectiveness of IPE in preparing students for their role in future interprofessional suicide prevention strategies.

Originality and relevance: This module successfully integrates IPE into suicide prevention training and evidences its benefits. Future work will examine its transferability to other institutions, and its potential as an accredited IPE offering, with a view to advancing suicide prevention education in this cohort.

Knowledge and Education Needs in Suicide Prevention of Higher Education Students: Initial Results from the IASP SIG Multidisciplinary Survey Research in Spain.

Presenter: Alejandro de la Torre-Luque

Learning Objective: The main objective was to explore how university curriculum provides Biomedical and Social Science students with adequate knowledge and competencies to deal with suicide risk and suicidal behaviour in their future professional practice. It may help detect knowledge needs and guide curriculum redesign in university settings.

Background: Although university programmes specifically focused on suicide prevention literacy exist, their implementation remains scarce in the undergraduate or postgraduate curriculum. This could constitute a key training gap for students from Biomedical and Social Science fields. There is a need to set a benchmark for building suicide prevention curriculum to support students during their studies, as well as in their future professional practice.

Methods: The IASP Education and Training in Suicide Prevention Special Interest Group and collaborators developed a Multidisciplinary survey to study whether specific knowledge, attitudes and competences on suicide prevention were addressed across the University degrees of Biomedical and Social Sciences. We translated into Spanish and implemented the online survey to undergraduate and postgraduate university students from Medicine, Nursing, Psychology, Social Work, Occupational Therapy, Criminology and Social Education degrees. Additional information was sought concerning perceptions of the needs and expectations of undergraduate and postgraduate students in relation to suicide prevention curriculum and practical questions concerning the creation of a course in suicide prevention in higher education.

Results: A total of 200 students that completed the survey were included in this study, with a smaller sample size of male students (12%) and majority of respondents being women (87%). Mean age across all disciplines was 22 years old. Most participants came from undergraduate degrees of Medicine (Psychiatry), Psychology, Nursing and Social Work areas. Comparison between degrees will be presented in this communication to explore differences on knowledge received, capability of performing skills and perceptions on importance suicide prevention skills may have in their future professional practice. Overall, the results revealed low ratings of knowledge on suicide prevention, and perceptions of low self-efficacy and lack of skills to deal with suicide risk. On the other hand, responses from participants indicated adequate levels of awareness on suicide-related behaviour, as observed by their attitude scores. Moreover, students rated acquired competences as being pivotal for their future professional practice and reported high motivation to engage a course in suicide prevention.

Discussion: Knowledge needs on suicide prevention topics in higher education have been detected, in line with awareness on how relevant may be to be trained on specific competencies to deal with suicide risk in their future professional practice. Surveyed students in Spanish universities agree that the undergraduate curriculum in suicide prevention should be compulsory for future health care and social professionals.

Training psychiatry residents in suicidal crisis assessment and intervention through a simulation program with actors.

Presenter: **Fabrice Jollant**

Learning objective: At the end of this intervention, participants will be able to name the short-term benefits and limitations of actor-based simulation training.

Background. Adequate training in suicidal crisis assessment and intervention is important. In addition to theoretical knowledge of suicidal behavior, it is essential to learn how to interact with a suicidal patient, and to improve one's skills and confidence. Simulation training has shown encouraging benefits in this field.

Aim. We will present here an annual one-day training program for 1st-year psychiatry residents in Paris, France. This training program is based on 6 scenarios performed by professional actors with groups of 6–8 residents. We aimed to investigate short-term benefits for residents.

Methods. In 2020–2021, 153 residents answered questionnaires before and just after a training session. Outcome measures included the Suicide Intervention Response Inventory (SIRI-2), a short 5-item questionnaire on basic knowledge, a self-confidence four-item scale developed by our group, and a satisfaction questionnaire.

Results. A high level of satisfaction was reported. We showed an immediate improvement in feelings of competence, self-confidence and even basic knowledge.

Conclusion. The limitations of this training program are the cost, the long training time, the lack of repetition of training with more complex scenarios, and the lack of knowledge about changes in real-life medical practice, long-term effects and benefits for patients. Efficient practical training methods need to be developed and studied.

Co-designing suicide prevention university education with people with lived experience of suicide: A collaboration between Monash University and Roses in the Ocean.

Presenter: Kylie King

Learning objective: To understand how co-design processes can be implemented to inform university curriculum design for suicide prevention.

Background: People experiencing suicide-related distress often reach out to psychologists. In Australia, 31% of psychologists have experienced client suicide, and 90% have seen clients with suicidal ideation. However, tertiary education in suicide prevention is limited, fragmented, and lacks the voice of lived experience, resulting in graduates who are ill-prepared to respond and support. In 2023, our audit of accredited psychology courses revealed no suicide specific units in Australian universities. An ill-equipped workforce can have devastating impacts for people experiencing suicide-related distress, with provision of sub-optimal support and high risk of burnout.

Method: In 2023, educators at Monash University developed a dedicated suicide prevention and support unit, with an option for 6 week online delivery and 12 week on-campus delivery. This unit is a unique subject offering in psychology training at an Australian university and seeks to reflect best-practice in the mental health and suicide prevention sectors by adopting a collaborative approach to designing the curriculum, with lived experience of suicide central to the development of the unit.

This presentation will describe the co-design process in which Monash University educators worked with Roses in the Ocean to develop the unit. The co-design process included contributions from people with expertise in education, research, practice, service provision, and lived experience of suicidality or suicide impact. People with lived experience of suicide contributed to informing learning outcomes, identifying key areas of content and safety considerations, and contributing to and/or reviewing draft curriculum.

Results: We describe the methods and experiences of the collaboration between educators and people with lived experience including facilitators and barriers to co-designing the unit, learnings from working together, and recommendations for future collaborative work with relevant stakeholders within and outside the university setting. Data regarding the experience and impacts for students are also presented.

Discussion: Psychology graduates go on to a myriad of careers. With improved education, psychology graduates can play a vital role in universal, targeted, and specialised interventions across health, government, industry, and community sectors. This would support best-practice, systems-based suicide prevention for those experiencing suicide-related distress.

Symposium #31 June 12th, 2025, 5:00pm – 6:30pm

Chairs: Murad Khan and Anish V Cherian

Police engagement for better data for action in low- and middle-income countries

Prof Rakhi Dandona¹, Dr Murad Moosa Khan², Dr. G. Anil Kumar¹, Ms Arya Thirumeni⁴

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Overall concept: Engaging with police in low- and middle-income countries (LMICs) for suicide prevention is crucial for several reasons. Suicide prevention requires coordination between health, justice, and social sectors. Police engagement ensures a more comprehensive approach, integrating law enforcement into broader mental health and public health strategies. Police are often the first officials to arrive at the scene of a suicide or suicide attempt. Their documentation and initial response can influence whether a case is accurately recorded and whether individuals in distress receive appropriate support. Furthermore, suicide is often underreported or misclassified in LMICs due to stigma, legal barriers, and inconsistent reporting mechanisms. Police engagement can help improve the accuracy of suicide-related data, which is essential for designing evidence-based prevention strategies. This symposium brings together current work from India, Pakistan and Ghana showcasing variety of engagement with the police towards facilitating better data for action.

Improving Suicide and self-harm Risk Factor Documentation in India: Co-Designing with Police for Actionable Data

G Anil Kumar, Rakhi Dandona

PHFI Injury Prevention Research Centre, Public Health Foundation of India, New Delhi, India

Learning objective: How to engage with the police to co-design ways to improve risk factor documentation in routine case reporting

Suicide is a pressing public health crisis in India with over 170,000 deaths annually, and countless suicide attempts and ideation cases that remain underreported. There are critical gaps in the data available through the National Crimes Record Bureau, which is based on the First Information Report filed by the police for suicide deaths. These limitations hinder development of comprehensive, evidence-based suicide prevention strategies. We present our research titled India Inquiry, based on adaption of the UK's National Confidential Inquiry into Suicide and Safety in Mental Health. A key aspect of this initiative involves co-designing improved documentation processes with the police and those with lived experience, drawing on their critical role in reporting and investigating suicide cases.

This study has two components to improve accuracy, comprehensiveness, and utility of suicide-related data recorded by the police. First, 500 interviews will be conducted with household members of suicide death cases identified from select police stations in three states of India. The aim of these interviews will be to capture risk factor for suicide deaths for comparison with what is reported in the police records. This will be supplemented by capturing risk factors for suicide ideation and self-harm attempts from health service records from two large public sector government hospitals. A total of 6,000 retrospective and 1,000 prospective cases will be captured.

This comprehensive approach will make available the variety of risk factors that are indicated across the continuum from suicide ideation, self-harm attempt, and suicide death. The findings will be analysed to identify contextual, motivational, and volitional factors driving suicides in India. Emphasis will be placed on understanding discrepancies between family-reported details and police-recorded data, and on refining FIR documentation to align with national and international standards for suicide surveillance.

The police personnel will then be requested for face-to-face interviews, which will be aimed at documenting the existing practices, barriers to capturing nuanced risk factors, and facilitators for improvement in the context of the findings from primary data above. Their insights will guide the creation of standardized, user-friendly data collection tools and capacity-building interventions customized to align with their workflow. By building the capacity of police personnel and developing

a robust framework for risk factor documentation, this project aims to transform the quality of suicide data in India. This, in turn, will enable targeted, multi-sectoral suicide prevention policies and interventions.

Engaging police for improving suicide death certification in Karachi, Pakistan

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

Sumaiya Tariq, Police Surgeon, Karachi, Pakistan

Ayesha Noorullah, Dept of Psychiatry, Aga Khan University, Karachi, Pakistan

Akash Ahuja, Dept of Psychiatry, Aga Khan University, Karachi, Pakistan

Learning objective: Methods to engage with police to improve suicide death certification

Under Pakistani law every case of suicide has to be taken to one of the designated Medico-legal Centers (MLC) usually located within the main government hospital of the city or town. Larger cities may have more than one MLC. MLCs are staffed by Medico-legal officers (MLO), who are medically qualified doctors with training in forensic medicine. Only the MLCs are legally authorized to investigate unnatural causes of death including suicides. The MLCs carry out all necessary medical investigations and work in close contact with the police and legal authorities.

Section 174 of the Code of Criminal Procedure of Pakistan empowers the police officer in charge of a police station, in whose jurisdiction the act of suicide took place (or some other police officer duly authorized by the government), to intimate the nearest Magistrate empowered to hold inquests and to proceed to where the dead body is present and in the presence of two local inhabitants, carry out an investigation into the apparent cause of death. This is done when the said police officer has received information that a person has may have died by suicide.

The police may also request an autopsy (post-mortem examination) and chemical analysis of body fluids which is carried out by the MLO, who also establish the cause of death of the victim which would later be admissible as evidence in the court of law. However, there are many issues in the investigation and determination of suicides in Pakistan. The process is not standardized across the country and misclassification and misdiagnosis is not uncommon. Post-mortem examinations are not carried out in the majority of cases due to religious and social reasons. This impacts the determination of the true extent of the problem which is critical to inform policy and suicide prevention strategies.

Working with the office of the Police Surgeon, Karachi we are planning a pilot project to improve the investigation and determination of suicides in Karachi. The project consists of the following steps:

- A knowledge, attitude, practice online survey of the police, medico-legal officers (MLOs), emergency medicine (EM) staff and forensic medicine faculty (where they are involved in investigation of suicides)
- Based on the result of the survey, to devise a training cum education program for police, MLOs, EM staff and forensic medicine faculty
- Training the police, MLOs, EM staff in basic psychosocial interviewing of individuals who were close to the person who died by suicide
- To conduct in-depth investigation of suspected suicide using the psychological autopsy methodology to supplement the forensic investigative process

We hope that by using a systematic approach we can improve the determination of suicides in Karachi and thereby in the rest of the country.

Arya Thirumeni, Programme Manager, Youth Mental Health and Self-Harm Study (YASHAS), NIMHANS, Bengaluru, India

Anish V Cherian, Additional Professor and Centre Lead, NIMHANS — Suicide Prevention, Research, Implementation, Training & Engagement (N-SPRITE) Centre, Bengaluru, India

Learning objective: Real time engagement with police to offer postvention services to the bereaved families

Suicide remains a critical public health challenge in India, with over 150,000 deaths reported annually according to the National Crime Records Bureau. Studies state that family history of suicide is a significant risk factor for suicidality, underscoring the importance of immediate postvention to reduce long-term psychological burdens and suicide risks among bereaved families. While the NCRB compiles suicide data from daily police reports, its publication often takes 1–1.5 years, delaying vital postvention efforts for families and communities bereaved by suicide. Such delays leave families vulnerable to psychological distress, stigma, social isolation, and heightened suicide risk.

Police, as first responders to suicide incidents, are uniquely positioned to identify and support bereaved families early. This study proposes a novel postvention model wherein real-time suicide data reported by law enforcement is systematically linked to mental health professionals, crisis helplines, and community support networks. The aim is to provide immediate psychological support, grief counselling, and social interventions to mitigate the risks associated with bereavement.

Despite its potential, the integration of police in postvention efforts faces challenges. Suicide is often treated as a legal and forensic issue rather than a public health concern, leading to bureaucratic hurdles in data sharing. Additionally, societal stigma surrounding suicide can discourage families from seeking support through law enforcement or mental health channels. To address these barriers, structured training programs for police personnel are essential, equipping them to engage with bereaved families sensitively and effectively. Ethical considerations, including data privacy and informed consent, are critical to ensuring the feasibility and acceptability of this model.

This study highlights the implementation of this postvention model in two districts of Karnataka, India, focusing on the feasibility of real-time police data sharing for timely family intervention. By streamlining collaboration between law enforcement and mental health professionals, this model aims to shift from delayed suicide reporting to real-time intervention, enhancing bereavement support and suicide prevention strategies. Policy recommendations include institutionalizing police involvement in postvention to ensure sustainable, effective, and nationwide implementation of this approach.

Symposium #32 June 12th, 2025, 5:00pm – 6:30pm

Chair: Dr Junko Kitaoka (Japan). Early career researcher.

Postvention Approaches for Supporting Clinicians after Patient Suicide: Global Models from Austria, UK, Malaysia, Ireland and The Netherlands

Dr Rachel Gibbons¹, Dr Regina Seibl², Dr NUR IWANA ABDUL TAIB⁴, Dr Junko Kitaoka³, dr. Jet Heering⁵, Dr Eibhlin Walsh⁶

¹Royal College Of Psychiatrists, Brighton, United Kingdom, ²SUPRA, , Austria, ³ Japan Young Psychiatrists Organization, , Japan, ⁴UNIVERSITI MALAYSIA SARAWAK (UNIMAS), , Malaysia,

⁵National Dutch Suicide Prevention Foundation, , Netherlands, ⁶National Suicide Prevention Organisation, , Ireland

This symposium will explore postvention strategies developed in five countries—Austria, UK, Malaysia, Ireland, and The Netherlands—to support clinicians after a patient’s suicide. Such incidents profoundly impact mental health staff, leading to emotional, professional, and personal repercussions.

The lack of consistent, accessible support often exacerbates these effects, resulting in increased anxiety, diminished confidence, and career shifts away from high-risk specialties.

Each country's postvention approach presents unique perspectives on addressing these challenges, with models ranging from the UK's comprehensive postvention framework to systemic and community-based support initiatives in Austria and the USA. This session will highlight the variety of approaches adopted by mental health organisations worldwide, examining their effectiveness, and drawing attention to the strengths and limitations of each model.

By showcasing these global strategies, the symposium aims to provide attendees with actionable insights into how each model can serve as a foundation for developing effective, culturally sensitive postvention practices in mental health systems globally.

Recommendations and Guidelines for Postvention After Client/Patient Suicide in Mental Health Settings in Austria — Developments and Challenges in Dissemination and Implementation

Presenter: **Dr Regina Seibl (PhD)**

Position: Member of the SUPRA Board of Experts; Head of the SUPRA Working Group for Postvention; Postvention Trainer (postvention for clinician survivors/family loss survivors)

Organisation: pro mente tirol

Abstract: Client/patient suicide can have a devastating impact on therapists working in mental health settings. Some therapists experience reactions similar to those of family suicide loss survivors, including trauma symptoms, and their ability to work and support clients/patients in crisis may be temporarily impaired. In some cases, therapists even leave the field entirely. Given the profound impact of these events and the fact that client/patient suicide is an occupational hazard for mental health professionals, it is both reasonable and necessary to establish postvention protocols as a standard in mental health settings.

To address this need, the postvention working group of SUPRA (Suicide Prevention Austria, the national suicide prevention programme) issued recommendations and guidelines for postvention in mental health settings, published open access by the Institute for Public Health (Gesundheit Österreich GmbH) in 2021

Since then, the authors have prioritised the dissemination and implementation of these guidelines within the mental health field. Strategies have included raising awareness among mental health professionals and suicide prevention stakeholders, publishing the guidelines in various journals, and building networks to promote their adoption. Additionally, postvention training has been provided to several hundred mental health professionals across Austria, alongside assistance in developing tailored postvention protocols for different agencies.

However, postvention in mental health settings remains a complex task, with some resistance to the topic persisting within the field. These challenges highlight the ongoing need for targeted dissemination strategies and efforts to overcome barriers to implementation.

Learning Objectives:

1. To outline successful strategies for disseminating and implementing postvention recommendations and guidelines in mental health settings in Austria.
2. To identify the challenges encountered in achieving widespread adoption of postvention protocols and explore solutions for future improvement.

UK Postvention Model: Comprehensive Support for Clinicians Following Patient Suicide

Presenter: **Dr Rachel Gibbons**

Position: Chair of the Working Group on the Impact of Suicide on Clinicians, Royal College of Psychiatrists

Abstract: The UK's postvention framework, developed by the Royal College of Psychiatrists in collaboration with the Oxford Centre for Suicide Research, is a comprehensive model aimed at mitigating the impacts of patient suicide on mental health clinicians. This presentation will provide an in-depth exploration of the UK model, which integrates preventative measures with post-incident support strategies to enhance clinician wellbeing, foster resilience, and prevent workforce attrition in the mental health sector.

A key element of the UK framework is the appointment of a pastoral suicide lead within organisations, tasked with coordinating support for affected clinicians and advocating for compassionate systemic responses. The model emphasises a structured approach that includes immediate individual and group support, reflective practice sessions, and formalised peer "buddy" systems designed to support clinicians at various stages of their careers.

Institutional backing for clinicians during investigative processes, such as inquests and coroner's court appearances, is another cornerstone of the framework. These processes, which often exacerbate distress, are addressed with systemic support aimed at reducing blame and fostering understanding.

In addition, the framework promotes specialised training on the psychological impacts of patient suicide, including both practical guidance and emotional effects. This training normalises discussions about clinician vulnerability, providing safe spaces for staff to share experiences without fear of judgement or stigma.

By examining the UK postvention framework, attendees will gain actionable insights into how comprehensive support strategies can improve clinician resilience, address post-traumatic stress symptoms, and enhance the overall quality of mental health services. The UK model has been successful in promoting openness, reducing isolation, and fostering compassionate organisational responses, serving as a blueprint for other countries seeking to establish effective postvention systems.

Learning Objective: To understand the components of the UK postvention framework and how they can be applied to support clinicians after a patient suicide, enhancing resilience and professional sustainability.

Addressing the Aftermath: Developing Postvention Frameworks for Clinicians in Malaysia

Presenter: **Dr Nur Iwana Abdul Taib**. Malaysia. Early career researcher.

Abstract: Postvention approaches are critical in supporting clinicians following the tragic event of patient suicide, particularly in Malaysia, an upper-middle-income country facing unique healthcare challenges. This presentation will explore the emerging postvention strategies being implemented, including the NADIM initiative, which fosters peer support among psychiatric professionals by providing a structured environment for emotional recovery and professional guidance.

Historically, Malaysia has lacked formal support systems for clinicians after patient suicides, often relying on individualistic coping mechanisms that can exacerbate feelings of isolation and distress. The current psychiatrist-to-population ratio is approximately one psychiatrist for every 48,000 individuals, significantly below the WHO recommendation of one per 10,000. This shortage contributes to excessive workload pressures and heightened expectations, underscoring the urgent need for robust postvention frameworks tailored to the Malaysian context.

The presentation will address systemic challenges faced by Malaysian clinicians while emphasising the importance of collaborative support systems to mitigate the emotional toll of patient suicide. Participants will engage with best practices and models from initiatives like NADIM, which prioritise peer support, self-help tools, mentorship from senior clinicians, and accessible information resources.

By sharing experiences and strategies, this session aims to cultivate a more resilient psychiatric workforce equipped to navigate the complexities of patient loss. It will also foster a culture of care and support within Malaysia's multicultural healthcare settings. Ultimately, this presentation seeks to lay the groundwork for a formalised postvention approach that acknowledges and addresses the profound impact of patient suicide on clinicians' well-being.

Learning Objective: To understand the unique challenges faced by Malaysian clinicians in the context of patient suicide and the emerging postvention strategies, including the NADIM initiative, that foster effective peer support and collaborative care within a multicultural healthcare framework.

Harmony: Standardising the Evaluation of Suicide and Suicide Attempts in Dutch Mental Health Care

Presenter: **Dr Jet Heering (PhD)**

Position: Senior Researcher at the National Dutch Suicide Prevention Foundation 113; Psychotherapist in Specialised Mental Health Care Settings

Abstract: In the Netherlands, 40% of individuals who die by suicide are under treatment within mental health care institutions (GGZ). Despite stable national suicide rates of approximately 10.8 per 100,000 inhabitants, the absence of a standardised framework for evaluating suicides and serious suicide attempts within GGZ institutions has posed significant challenges. This lack of uniformity hinders the identification of patterns, improvement of care processes, and reduction of suicide rates.

Additionally, a culture of blame surrounding suicides within the GGZ sector negatively impacts both patient safety and the well-being of mental health professionals. The Harmony study seeks to address these issues by developing and piloting a standardised approach for evaluating suicides and suicide attempts within Dutch mental health institutions. This initiative aims to foster a restorative, non-judgmental culture, enhance support for clinicians, and promote learning across the system. It also enables the systematic collection of data on care processes and risk factors, which can be leveraged to inform actionable suicide prevention strategies.

This presentation will highlight three key components of the Harmony study:

1. Results from focus groups that guided the development of the Harmony approach.
2. The structure and features of the final Harmony instrument.
3. Key facilitators and barriers encountered during the implementation process.

By combining postvention care for clinicians with systematic evaluation methods, Harmony represents a dual-purpose approach designed to enhance clinician well-being while contributing to large-scale suicide prevention efforts.

Learning Objective: To examine how suicide evaluation methods in mental health care settings can serve dual purposes: providing support and postvention care for clinicians while enabling systematic data collection on suicide risk factors at scale.

Experiences of Postvention Support for Clinicians in Ireland Following Patient Suicide

Presenters: **Dr Eibhlin H. Walsh**, Postdoctoral Researcher, National Suicide Research Foundation. Early career researcher.

Abstract: In Ireland, psychiatrists play a crucial role in addressing patient suicide risk, often in high-pressure environments and against the backdrop of evolving demographic patterns, risks, and support needs. Studies show that 97% of psychiatrists report a traumatic impact on their personal and professional lives following patient death by suicide, yet only 18% of mental health professionals receive support in these instances. This presentation explores the experiences of Irish clinicians regarding postvention support following a patient suicide, using data from 232 consultants and non-consultant psychiatrists associated with the College of Psychiatrists of Ireland.

Key findings reveal that:

- 55% of clinicians reported no workplace guidelines or policies to assist their response to a patient's death.
- One-third indicated they were not offered any help from work following the death.
- Half (51%) did not access formal line management support, although most who did found it helpful or very helpful.
- 57% were offered peer support from colleagues, and 79% availed of it, with 73% finding it helpful or very helpful.
- 78% reported having no external support outside of the workplace.

The top-ranked supports identified as helpful after a patient suicide include:

1. Advice and support from a senior clinician.
2. Support for navigating the formal processes following a patient's suicide.
3. Confidential reflective practice groups or spaces specifically designed for processing the emotional and professional impacts of patient suicide.

These findings are discussed in the context of the Royal College of Psychiatrists' Prevention and Postvention Framework, highlighting opportunities for systemic improvements in postvention strategies. This study offers critical insights into the needs and experiences of Irish psychiatrists dealing with patient suicide and underscores the importance of tailored, structured support mechanisms.

Learning Objective: To understand the experiences of postvention support for clinicians in Ireland following patient suicide.

Symposium #33 June 12th, 2025, 5:00pm – 6:30pm

Chairs: Dr Eve Griffin and Dr Michelle O'Driscoll

Advances in the development and implementation of suicide prevention education and training programmes

Dr Eve Griffin¹, Dr Michelle O'Driscoll¹, Ms Zara Harnett¹, Dr Grace Cully¹, Ms Ailish O'Neill², Ms Niamh Crudden², Ms Sarah Woods

¹National Suicide Research Foundation, Cork, Ireland, ²HSE National Office for Suicide Prevention, Dublin, Ireland, ³Health Service Executive National Office for Suicide Prevention and 2) Department of Health, Ireland

Symposium abstract: The development, implementation and evaluation of education and training programmes are important components of effective suicide prevention strategies. There are several opportunities to deliver education and training across different groups, in order to increase awareness and understanding of the nature and risk factors of suicide, to reduce stigma and negative attitudes, and to facilitate sign-posting and increase help-seeking for people at risk of suicide. This symposium will provide an overview of the development of new and innovative education initiatives and training programmes which have been developed as part of Ireland's national strategy to reduce suicide, Connecting for Life. The symposium will highlight programmes developed for health professionals, health and social care students, in addition to a programme designed for the general population and a storybook developed for parents supporting children bereaved by suicide. The presentations will specifically focus on design, implementation and evaluation, with a particular focus on evaluating changes in attitudes, competencies and behavioural intention. It is anticipated that the symposium

will allow for discussion of evaluation frameworks and the role of co-production in addition to highlighting approaches which can foster positive behavioural change among different audiences. The symposium will also consider approaches to implement training and education across different populations in a sustainable way, with an underlying focus on self-care and wellbeing of participant groups.

A mixed-methods evaluation of a suicide prevention training for undergraduate health and social care students

Background: The majority of those who die by suicide have had contact with a healthcare provider in the year preceding their death. Yet, there is a dearth of suicide prevention training undertaken by healthcare professionals, who therefore feel ill-equipped to support those at risk of suicide.

Learning objective: To pilot a suicide prevention training programme for undergraduate health and social care students, evaluating its suitability and effectiveness in equipping them to support individuals at risk of suicide in their future professional roles.

Methodology: Undergraduate healthcare students at two higher education institutions were invited to participate in a multidisciplinary four-week suicide prevention training at two Irish universities in October 2024. Course content included suicide epidemiology, risk and protective factors, communication and safety planning. A certificate of completion was provided, and participation was optional. A pre-post module survey was conducted, including the Mindful Self-Care Brief Scale, the Suicide Attitudes, Behaviour and Competence Questionnaire, and the Acceptability, Feasibility and Appropriateness (AFAS) Scale. Quantitative data were analysed using descriptive statistics and paired t-tests; thematic analysis was conducted on free-text responses.

Results: A total of 203 students from 21 disciplines across all year groups completed the module, providing 186 matched pre-post survey responses. Significant improvements were evidenced in participants perceived suicide prevention importance (mean difference=3.3 %, $p<0.001$, Cohen's $d=0.42$) behaviours (mean difference=24.8%, $p<0.001$, Cohen's $d=0.42$) and competency scores (mean difference=69.0%, $p<0.001$, Cohen's $d=1.88$). Student wellbeing also increased significantly across all subcategories, with self-compassion experiencing the greatest improvement (mean difference=22.6%, $p<0.001$, Cohen's $d=0.78$). The course was deemed acceptable (90%) feasible (89%) and appropriate to future healthcare roles (86.3%), with 100% of students advocating for future embedding of the module into curricula. Qualitative analysis further supported these findings, as well as generating themes of universal applicability, the power of human connection, and professional empowerment.

Findings: The findings of this pilot study have demonstrated the need for and benefits of this suicide prevention training for undergraduate health and social care students, both personally and professionally. The findings highlight the need to embed this education into healthcare training curricula at university level.

Originality and relevance: Future efforts will focus on developing a train-the-trainer programme to enable sustainable delivery of the module and facilitate its integration into undergraduate curricula. This approach aims to advance suicide prevention education within the healthcare sector, equipping future professionals with the skills and knowledge necessary to support at-risk individuals effectively.

Let's Talk About Suicide: Evaluation of a brief introductory online suicide prevention training programme.

Background: Suicide is recognised as a critical public health issue with significant implications for community welfare. One suicide prevention strategy highlighted by public health approaches is that of universal intervention such as gatekeeper training (GKT) to upskill communities in suicide

intervention strategies. Previous studies have found mixed results on the effectiveness of GKT with some pointing to its potential in increasing participants' recognition of warning signs, building skills and reducing reluctance to intervene.

Learning objective: This study evaluated a newly developed GKT programme in Ireland, Let's Talk About Suicide (LTAS). Evaluation included examination of participant attitudes, behaviour intention, and competencies, as well as scores on acceptability, feasibility, and appropriateness of the programme.

Methods: LTAS is a one-hour online training programme, freely available for the general population (adults aged 18+) in Ireland. The training programme's aim is to help participants identify people who may be at risk of suicide, to feel confident in their ability to ask about suicide, how to keep an individual expressing suicidal ideation safe, and being informed of services and resources that can help during a crisis. This study used a repeated measures design involving surveys at pre, post and three months after completion of the programme. Data was collected between September and November 2024. Exploratory analysis on baseline scores included t-tests and correlational analyses. Paired samples t-test were conducted on matched participants on pre- and post-measures. Three-month follow-up data is being collected.

Results: In total, 445 individuals completed the survey at pre-training. The majority of participants were female (70.8%) and with 47.4% aged 18-29. Most participants had not undertaken previous suicide prevention training (80.7%), and many (57.5%) had indicated being approached by someone looking for mental health support in the previous 12 months. Post-training, there was a significant improvement in reported attitudes (+0.47; $p < 0.001$) and competencies (+8.18; $p < 0.001$). Over half of participants were extremely satisfied with the training and practices covered, with 66.2% finding the learnings extremely useful to their everyday life.

Conclusions: The findings demonstrate that universal suicide prevention approaches such as GKT, can be effective in training the general population on how to respond to someone expressing suicidal thoughts as demonstrated by this research on LTAS. Acknowledging the importance of such efforts, further research will be conducted in 2025 through focus groups exploring participants' experiences of completing the programme, content and topics delivered, and any behaviour change resulting from completion of the programme.

Improving implementation of family-informed care: e-learning module for health professionals providing care to individuals following self-harm

Background: People who attend hospital having engaged in self-harm are an important priority group for suicide prevention. A national clinical programme for self-harm and suicide-related ideation (NCPSHI), implemented in Ireland in 2015, resulted in improvements in the provision of care for those presenting with self-harm in Irish emergency departments. However, certain components of care proved difficult to implement, particularly those that involve family members/supporters and collaborative safety planning with the patient.

Learning objective: To identify key considerations for involving family members / supporters in the care of self-harm patients and to develop an e-learning module for health professionals supporting individuals who present to hospital following self-harm.

Methods: Challenges and considerations around involving families/supporters in care for those presenting to emergency departments with self-harm will be identified through a world café of health professionals and lived experience participants. A working group consisting of the project team, a representative of the NCPSHI, health professionals and lived experience members will tailor the content of an existing module developed for patients experiencing psychosis to the topic of self-harm and to include the findings of the world café. Following its development, the e-learning module will

be piloted with health professionals, and any refinement of the content and/or delivery of the module will be made. The module will be available to all health professionals and targeted primarily at non-consultant hospital doctors (NCHDs). A survey will be administered before and after completion of the module.

Findings: This study is currently underway. It is anticipated that the module will cover best practice guidance on involving families/supporters at appropriate stages during the patient's care, including the biopsychosocial assessment, safety planning and follow-on care, as well as topics such as confidentiality, recognising signs of domestic abuse and interpersonal violence, and collaborative care planning. Further findings will include levels of engagement with the module according to professional role, and acceptability, feasibility, appropriateness and intention to use the module. Changes in knowledge around family-informed care following completion of the e-learning module will also be reported.

Conclusions: It is hoped the development and implementation of this module, informed by lived experience members and health professionals, may address difficulties in implementing family-informed care and collaborative safety planning components of evidence-based care for those presenting to hospital with self-harm.

Education and Training — Quality Assurance & Trainer Competency Framework

Background: Education and training has been identified as one of the key components of work to achieve the vision of Connecting for Life, Ireland's national suicide reduction strategy. The HSE National Office for Suicide Prevention (NOSP) is the national coordinator for suicide prevention and self-harm awareness training across Ireland. To oversee and enable the implementation of a consistent and standardised approach to the provision of education and training, a National Quality Assurance Framework (QAF) was developed.

Learning Objective: To further enhance and support operational delivery the NOSP is supporting the advancement of the QAF and development of a competency framework for suicide prevention trainers. This advancement will detail the requirements and expectations of trainers along with documented standard operating procedures to ensure safe and supported learning spaces are created.

Methodology: A working group of key stakeholders including training officers, trainers, resource officers for suicide prevention and key expert contributors will through consultation with trainers and training providers develop an operational framework. It is proposed the framework will advance the following key areas:

- Trainer Recruitment Process
- Trainer Specification
- Trainer Readiness
- Trainer Monitoring & Quality Assurance
- Trainer Reactivation

Findings: The framework will ensure the maintenance of a desired level of quality, supporting a learning environment that nurtures a consistent and high standard of delivery. It will ensure fidelity to NOSP suicide prevention training programmes and provide trainers with opportunities for enhanced skill development.

Conclusions: Gatekeeper training works to increase the knowledge, skills and confidence of people to identify those who may be thinking about suicide, respond safely and appropriately and signpost to appropriate services. The Quality Assurance and Competency framework will ensure trainers are equipped and enabled to build the capacity of community gatekeepers to the standard required.

Safe Harbour, an illustrated storybook for children bereaved by suicide.

Background: Death by suicide is an overwhelming loss that can impact people and communities in a range of ways. Families bereaved by suicide need helpful, appropriate and accessible information and support, particularly in the early stages when coping with the trauma of a sudden death. In recent years a number of helpful resources, including the HSE suicide bereavement support guide ‘You Are Not Alone’ and a HSE leaflet ‘Supporting children and young people bereaved by suicide’, have been published. However, the lack of tailored resources in Ireland that parents can use jointly with their child, or that the child can use themselves to help feel comfortable/confident with the narrative to talk to children about suicide, was identified as a gap.

Learning Objective: Safe Harbour, an illustrated story book was developed to support parents and professionals to address the issue of loss by suicide with children.

Methodology: The book was developed by bereavement experts (professionals and people with lived experience) to help a child with their grief by encouraging conversation and developing their understanding of death and suicide. The materials developed are evidence informed and based on best practice. The material has been designed to support parents/carers to talk to their child about death and suicide in stages:

Stage 1: Telling your child that their loved one has died

Stage 2: Giving some brief information about when and where they died

Stage 3: Telling your child that their loved one has died by suicide — what it is and why it happened or may have happened.

Findings: Since its launch in June 2024, 2,000 copies of Safe Harbour and the accompanying guide have been distributed to people in both a personal and professional capacity. Professionals from a wide range of disciplines have drawn on the resource:

- Principals/teachers/guidance counsellors
- Social workers
- Play therapists
- Clinical Psychologists
- Psychotherapists
- Youth workers
- Members of An Garda Síochána.

Conclusion: It is hoped that this first-of-its-kind book in Ireland will help to improve awareness of and access to suicide bereavement supports and services, particularly in the context of Connecting for Life, Ireland’s national strategy to reduce suicide.

Symposium #34 June 11th, 2025, 5:00pm – 6:30pm

Chair: Dr Julie Janssens

Suicide prevention: From individuals to populations

Dr Julie Janssens^{1,2}, Professor Rory O’Connor³, Professor Jane Pirkis⁴, Professor Aleksandra Kaurin⁵, Dr Hazel Marzetti⁶

¹Center For Contextual Psychiatry (KU Leuven), Leuven, Belgium, ²Primary and Interdisciplinary Care Antwerp (ELIZA), University of Antwerp, Leuven, Belgium, ³Suicidal Behaviour Research Lab, University of Glasgow, Glasgow, United Kingdom, ⁴Centre for Mental Health and Community Wellbeing, Melbourne, Australia, ⁵University of Wuppertal, Wuppertal, Germany, ⁶University of Edinburgh, Edinburgh, United Kingdom

Given renewed calls for a whole of society, government, and research approach to suicide prevention, this symposium will highlight research covering the full spectrum of suicide prevention. Presentations include micro-level and individual approaches — experience sampling method (ESM), survey, and experimental approaches — to population-level approaches — using epidemiological data to identify the social determinants of suicidal thoughts and behaviours, and research at the intersection of individual and population-level approaches, investigating the effects of racial discrimination using ESM, and structural contributors to suicide (e.g., poverty) using qualitative methods. First, Julie Janssens will present ESM research examining the relationship between loneliness and self-harm thoughts and behaviours in adolescents' daily lives. Second, Rory O'Connor will describe the results of three studies examining different components of the Integrated Motivational-Volitional model of suicide. Third, Jane Pirkis will provide an overview and a research and policy agenda for population level approaches to suicide prevention. Fourth, Aleksandra Kaurin will present work at the juncture of individual and population-level approaches, discussing a daily-diary study of suicidal thoughts and behaviours in youth experiencing racial discrimination. Finally, Hazel Marzetti calls for the repoliticisation of suicide prevention, as structural causes of suicide are often sidelined in favour of individual responsibility and resilience explanations.

The role of parent-child attachment in the association between loneliness and self-harm thoughts and behaviours in daily life.

Background: Adolescence is a critical period for self-harm thoughts and behaviours (SHTBs) and loneliness is an important risk factor. However, knowledge about when adolescents are most at risk for engaging in self-harm and how this risk may be reduced is lacking. Loneliness has emerged as a crucial factor related to self-harm risk. However, no research has investigated how loneliness is associated with adolescent SHTBs in real time and whether this association is influenced by parent-child attachment relationships, which correlate with both loneliness and SHTBs. Methods: We used Experience Sampling Methodology (ESM) to assess daily-life loneliness and current self-harm thoughts and behaviours, and retrospective questionnaires to assess parent-child attachment. In a general population adolescent sample (N=1602), we examined to what extent loneliness is temporally associated with SHTBs, and how this association is moderated by parent-child attachment. Results: Multilevel analyses provide evidence for loneliness as a short-term risk factor for self-harm thoughts, and the emotion regulation function of self-harm behaviours (i.e., downregulation of loneliness). The relationship between loneliness and self-harm thoughts was stronger for those with lower-quality maternal attachment relationships, and the relationship between loneliness and self-harm behaviours was stronger for those with lower-quality paternal attachment relationships. Conclusions: These results illuminate when (i.e., moments of loneliness) and why (i.e., loneliness downregulation) adolescents think about and engage in self-harm. We believe and hope these results can guide clinicians in their work, e.g., including parents in treatment of adolescent self-harm, and stimulate future research on this topic, e.g., further exploring timescales of these associations. Learning objective: To understand dynamic social processes involved in adolescents' self-harm thoughts and behaviours.

Understanding suicide risk from an individual (within their context) perspective.

Background: In recent years, there has been growing focus on theoretical models to understand an individual's suicide risk within their social context. The Integrated Motivational-Volitional (IMV) model

of suicidal behaviour is one such model. In this presentation, I will illustrate the utility of such models to advance our understanding of suicide risk. Across three studies, I will illustrate the roles of entrapment, future thinking, perfectionism and suicide-related coping within the suicidal process. Method: Study 1: One hundred and sixty participants were recruited for a study exploring the relationship between stress, childhood trauma and suicide vulnerability. Study 2 involved 120 patients who were admitted to hospital following a suicide attempt who completed a range of baseline measures before being randomised in a clinical trial. In Study 3, 53 adults with different suicidal histories completed an experimental measure of future thinking before/after a negative mood induction. Results: In Study 1, mediation analyses found clear evidence that there were indirect effects of childhood trauma and socially prescribed perfectionism on entrapment through higher levels of defeat. In Study 2, entrapment mediated the relationship between suicide-related coping and the intensity of suicidal thoughts, in particular, through internal entrapment. In Study 3, participants with a history of suicidal thoughts/behaviours reported significantly fewer positive future thoughts (PFT), with a post-induction decrease more marked in the participants with a history. Conclusion: These findings highlight the importance of considering individual level factors but also recognise that they often have their effect via social and contextual factors. The findings are consistent with the IMV model. They also highlight the complexity of the relationship between different psychosocial factors. Such findings should inform the development of psychological interventions for those at risk of suicide. Learning Objective: Have an understanding of the individual factors associated with suicide risk.

Addressing suicide at a population level.

Background: Any individual suicide is tragic, and individual-level suicide prevention efforts are critical if we are to address the problem of suicide. But individuals don't exist in a vacuum; they are members of multiple different population groups. Methods: There are things we can learn about suicide and its prevention by considering suicide as a population issue. In particular, we can think through societal-level risk factors and how these might play out across whole populations. Results: These include big-picture social determinants of suicide like financial hardship that can be ameliorated by good, population-wide macro-economic, social and public policies. They also include factors like the way the population views suicide, and how this might be influenced for good or ill by messaging in traditional news and entertainment media, on social media, and through media campaigns. Some of the most effective suicide prevention interventions are delivered universally, across populations, and don't specifically target individuals at heightened risk; restricting access to means is a case in point. Conclusions: This presentation will discuss population-level approaches to suicide prevention, considering how they might interact with and complement individual-level approaches. Learning objective: To understand how suicide and suicide prevention play out at a population level.

Racist Discrimination and Suicidality in Adolescents: A Daily Diary Study.

Background: Youth from ethnically minoritized groups face a higher risk of suicide, partly due to frequent exposure to racism and discrimination. These accumulated experiences increase vulnerability to psychological disorders and suicidality. Methods: This diary study investigates the daily racial discrimination experiences of youth aged 14–21, focusing on challenges associated with ESM research on suicide in ethnically minoritized populations. By capturing daily stressors, coping processes, and emotional responses, the study examines the dynamic interactions between stress, invalidation, and suicide risk, while evaluating the feasibility, compliance enhancing protocol features, and participant burden of ESM in this sensitive context. Results: Data collection is ongoing (current N = 450). Preliminary findings emphasize the importance of understanding participant experiences in ESM research to ensure ethical and effective study designs. Conclusion: By addressing challenges in ESM research and its relevance to daily discriminatory experiences, these findings aim to advance understanding of broader social determinants affecting vulnerable youth. Insights will guide the development of ethical research practices and inform tailored, equitable interventions for youth at

heightened risk of suicidality. Learning objective: To understand the daily life experiences of racial discrimination experienced by youth.

The roots of risk: repoliticising suicide prevention.

Background: Suicide is a major public health concern, that is often understood as the tragic consequence of un-treated or under-treated depression. As such, the majority of our prevention efforts focus on suicide as a mental health problem and suicide prevention as a suite of individual and interpersonal acts to intervene. Less visible within our current methods however, are structural approaches to suicide prevention that take into account the socio-economic and political environments in which suicidal distress occurs. Methods: This talk will share the findings from 6 qualitative workshop series, in which 33 participants, who either were from groups disproportionately affected by suicide or were professionals working with such groups, were invited to respond to extracts from UK prevention policies, charity documents and political debates pertaining to suicide 2009–2019 through creative writing and visual arts. We analysed using Reflexive Thematic Analysis. Results: We found that the majority of participants identified a dominant discourse that anyone could be suicidal and anyone could save a life, and whilst some embraced and reproduced this, others resisted it fiercely as an act of depoliticization. Such depoliticization was seen as encouraging a view that there was an equal distribution of power across all agents involved in suicide prevention. This was further complicated by what appeared to be an intrinsic connection between discussions about what suicide and suicide prevention are and ideas about responsibility and blame if someone dies. Conclusions: Ultimately, we argue that without equal attention paid to individual, interpersonal and structural aspects of suicide and suicide prevention, a neo-liberal logic of individual resilience and interpersonal responsibility can dominate the suicide prevention sector. Consequently, responsibilising suicidal people and their close networks for their own distress, and making it more possible for government to abdicate their responsibility to intervene in structural factors known to contribute to suicide, such as poverty. Learning objective: To critically appraise the balance of individual, interpersonal and structural aspects of suicide and suicide prevention.

Symposium #35 June 12th, 2025, 5:00pm – 6:30pm

Chair: Meta Lavrič

Understanding and Addressing Loneliness: Insights for Suicide Prevention through Research, Assessment, and Interventions

Prof. Vita Poštuvan^{1,2}, Dr Meta Lavrič^{1,2}, Dr Nuša Zadravec Šedivy^{1,2}, Ms Lucia Rojs^{1,2}, Prof. Diego De Leo¹, Ms Polonca Borko^{1,2}, Ms Vanja Gomboc^{1,2}, Dr Nina Krohne^{1,2}, Asist. Martina Mravlja¹, Dr Tina Podlogar^{1,2}, Eva Sedlašek^{1,2}, Ms Sara Vidmar¹

¹University Of Primorska, Andrej Marušič Institute, Slovene Centre For Suicide Research, Koper, Slovenia, ²University of Primorska, FAMNIT, Department of Psychology, Koper, Slovenia

Overall Abstract: Loneliness is a major risk factor for poor mental health and suicidal behavior, affecting individuals across the lifespan. This symposium explores the complex relationship between loneliness and suicide, examining its impact, assessment, and interventions aimed at preventing suicidal behavior. The first presentation investigates the influence of societal crises, such as the COVID-19 pandemic and post-pandemic events, on loneliness and suicide trends in Slovenia, providing valuable insights from a longitudinal study. The second presentation highlights the specific challenges of adolescent loneliness, focusing on how transitional periods contribute to vulnerability and increase the risk of suicidal behavior. For older adults, the third presentation explores the role of digital connectivity in both exacerbating and alleviating loneliness and suicide risk, offering critical

insights for suicide prevention in this demographic. The fourth presentation reviews various loneliness measurement tools, emphasizing the need for more accurate assessments to identify at-risk individuals and enhance suicide prevention strategies. The final presentation presents a promising volunteer-led intervention in Northern Italy, where trained volunteers provide telephone support to lonely individuals, aiming to foster connection and reduce suicide risk. Together, these presentations offer a comprehensive perspective on loneliness as an important factor in suicide prevention, with actionable insights for research and interventions.

Loneliness and suicidal trends in the light of the social crisis: population-based longitudinal study

Vita Poštuvan^{*}, Nina Krohne, Meta Lavrič, Vanja Gomboc, Diego De Leo, Lucia Rojs

Events in society influence both the suicide rate and the rate of loneliness. There is a complex relationship between the two phenomena. We set out to investigate the impact of the COVID-19 and post-COVID-19 crisis (such as the Ukrainian war and severe natural disasters) on loneliness and suicide in Slovenia. We analyzed a longitudinally collected representative sample of 444 Slovenian adults (47.95% female, 52.05% male) across four waves: 2019 (wave 0), 2021 (wave 1), 2022 (wave 2), and 2023 (wave 3). The results show significant changes in the level of loneliness over these periods. In particular, emotional loneliness peaked significantly during the pandemic. While trends suggest increased social loneliness in the post-COVID-19 period, these changes are not statistically significant. Similarly, no significant changes concerning suicidal ideation were observed.

Learning Objective: Understanding the value of social and relational risk factors for suicide.

Financial disclosure: The research was financially supported by the Slovenian Research and Innovation Agency as part of the research project J3-50126.

Understanding Loneliness in Adolescence: The Role of Transitional Periods in Mental Health and Suicide Prevention

Meta Lavrič^{*}, Polonca Borko, Vanja Gomboc, Nina Krohne, Tina Podlogar, Eva Sedlašek, Lucia Rojs, Nuša Zadavec Šedivy, Vita Poštuvan

Background: Loneliness in adolescence is a significant public health concern, strongly linked to suicidal behavior. Prolonged loneliness is associated with increased stress, depression, and anxiety, as well as negative effects on self-image, self-confidence, academic performance, and social interactions. Additionally, loneliness is correlated with poorer physical and mental health outcomes. Its subjective nature can lead to perceived alienation and a lack of social support, increasing the risk for suicidal ideation and attempts.

Methods: This study examines loneliness among 324 adolescents (ages 12–19, M=15 years) in Slovenia. Data were collected between April 2023 and May 2024. The De Jong Gierveld Loneliness Scale was used to assess general, emotional, and social loneliness. Emotional loneliness reflects the absence of intimate relationships, while social loneliness refers to a perceived deficiency in one's broader social network. Additional measures included demographic variables (gender, age, family financial situation), mental health scales (WHO-5 Well-Being Index, Center for Epidemiologic Studies Depression Scale [CES-D], Patient Health Questionnaire-9 [PHQ-9], State-Trait Anxiety Inventory [STAI-X], Life Orientation Test-Revised [LOT-R], Interpersonal Needs Questionnaire [INQ]), and assessments of suicidal behavior (Paykel Suicide Scale, de Long Suicide Scale, past suicide attempts). We also examined substance use (alcohol, tobacco, other drugs), physical activity and leisure habits, sleep patterns (Sleep-Related Screening Questionnaire [SRSQ]), internet addiction (Young's Internet Addiction Diagnostic Questionnaire), exposure to suicidal behavior, and experiences with peer violence.

Objectives: The study aims to identify trends in loneliness among adolescents, particularly whether specific transitional periods (e.g., entering high school) increase vulnerability to loneliness. Additionally, we examine differences between social and emotional loneliness and how they relate to mental health, suicidal behavior, and well-being.

Implications: Understanding adolescent loneliness is essential for developing targeted interventions to mitigate its negative effects, including suicidal ideation and attempts. This study explores the role of loneliness as a potential risk factor for suicidal behavior, contributing to a better understanding of its impact on adolescent mental health and informing suicide prevention strategies.

Learning Objective: To examine trends in adolescent loneliness, particularly how transitional periods influence perceived loneliness, and to explore its relationship with suicidal behavior.

Financial disclosure: The research was financially supported by the Slovenian Ministry of Health as part of the research project A (se) štekaš!?!.

The complex relationship between digital connectivity, loneliness and suicide risk in older adults: Insights for global suicide prevention

Nuša Zadavec Šedivy*, Nina Krohne, Martina Mravlja, Diego De Leo, Vita Poštuvan

Suicide prevention in older adults is a growing public health priority, particularly in the context of increasing loneliness and the rising use of digital technologies. While loneliness has long been recognised as a significant risk factor for suicide, the role of digital communication in mitigating or exacerbating this risk remains under-researched. The COVID-19 pandemic provided an unprecedented opportunity to explore this dynamic as older adults faced prolonged periods of physical distancing and social restrictions. The aim of this study was to examine how loneliness and suicide risk changed in older adults during the pandemic, with a particular focus on the influence of smartphone and social media use in shaping these experiences.

A total of 221 older adults aged 65–98 years participated in this study, allowing for a comprehensive analysis of digital connectedness, loneliness and suicide risk in this vulnerable population. Standardised psychological measures were used to assess emotional and social loneliness, suicidal ideation and problematic smartphone and social media use.

The results showed that emotional loneliness increased significantly during the pandemic, while social loneliness remained stable. This difference emphasises the idea that having social relationships is not enough — what really matters is the quality of emotional engagement in those relationships. In parallel, suicidal thoughts and thoughts of death occurred more frequently, suggesting that prolonged emotional disconnection may contribute to an increased risk of suicide. Although digital technologies facilitated social contact in the absence of face-to-face interactions, their excessive use correlated with greater distress, loneliness and suicide risk. These findings suggest that technology, when not used appropriately, does not always provide the social support needed to compensate for feelings of loneliness.

These findings emphasise the need for suicide prevention strategies that responsibly integrate technology. From a global perspective, technology must be used to enhance, not replace, human relationships. As society becomes more digitised, it is crucial to develop strategies that enable older people to participate in socially fulfilling interactions both online and offline. Addressing both technological and social factors in an age-appropriate way is key to reducing loneliness and suicide risk while improving overall wellbeing in this population.

Learning Objective: Participants will understand the impact of digital connectivity on loneliness and suicide risk in older adults and identify strategies for responsible technology use in suicide prevention.

Financial disclosure: The research was financially supported by the Slovenian Research and Innovation Agency as part of the research projects J5-3120, Z5-2661 and J5-3113.

Can We Improve Assessment in Loneliness? A Systematic Review of Loneliness Questionnaires

Lucia Rojs*, Sara Vidmar, Nuša Zadavec Šedivy, Martina Mravlja, Diego De Leo, Vita Poštuvan

Despite decades of research, there is still no universal consensus on the definition of loneliness. Researchers take different approaches to defining and measuring loneliness. Some conceptualize loneliness as a unidimensional construct, emphasizing a general feeling of disconnection and social dissatisfaction (e.g., Maes et al., 2017; Russell et al., 1980; Russell, 1996). Others, however, adopt a multidimensional approach conceptualizing loneliness as a range of different types of loneliness (e.g., Russell, 1982; Schmidt & Sermant, 1983; DiTommaso & Spinnere, 1993). Several psychometrically validated scales have been developed to measure loneliness, each aligning with different conceptual frameworks. The heterogeneity of their dimensions and theoretical underpinnings reflects a persistent lack of consensus on the construct of loneliness as measured in different loneliness questionnaires.

Our study systematically reviewed instruments assessing loneliness and examined their conceptual frameworks, psychometric properties, and applicability in different populations. We examined how different instruments define loneliness and what dimensions they measure. By comparing these instruments with theoretical models, we identified gaps in the measurement of loneliness and their implications for research and practice.

Learning Objective: Enhancing the accuracy and effectiveness of loneliness assessments to better identify at-risk individuals and inform targeted interventions.

Addressing Loneliness Through Trained Volunteer Calls: A Community-Based Intervention in Northern Italy

Diego De Leo*

Loneliness is a significant risk factor for poor mental health and suicidal behavior, especially for people who feel invisible, unimportant or lack meaningful communication with others. A sense of hopelessness, a lack of belonging and the belief that one's absence would go unnoticed further contribute to distress and isolation. Given the limited effectiveness of many existing interventions, alternative approaches are needed to provide meaningful support to those experiencing persistent loneliness. In response to these challenges, a volunteer-based telephone support program has been introduced in Northern Italy in collaboration with municipalities and social services. Inspired by the TeleHelp/TeleCheck service in Italy, this initiative connects trained volunteers (primarily women) with individuals identified by social services as socially unconnected (primarily men). If accepted by the lonely individuals, volunteers provide structured telephone support at least three times per week. The intervention is designed to foster a sense of connection, validation, and hope while offering a flexible and personalized approach. Given the lack of convincing results from interventions reported in literature, this experience may hold promise for measurable benefits. A learning objective is to understand the key psychological challenges of loneliness and explore the potential benefits of volunteer-led telephone interventions in addressing social disconnection and fostering a sense of belonging.

Financial disclosure: The research was financially supported by the Slovenian Research and Innovation Agency as part of the research project J3-50126.

Symposium #36 June 12th, 2025, 5:00pm – 6:30pm

Chairs: Jorgen Gullestrup and Sally Spencer-Thomas

Work-Related Suicide: Workplace Special Interest Group

Mr Jorgen Gullestrup¹, **Dr. Sally Spencer-thomas**, **Sarah Waters**³, **Ms Alison Clements**⁵, **Ms Sue Murray OAM**

¹Deakin University, Brisbane, Australia, ²United Suicide Survivors International, Denver, United States, ³University of Leeds and Steve Bittle, University of Ottawa, , Canada, ⁴Adjunct Research Fellow, School of Allied Health, University of Western Australia, , Australia, ⁵Zero Suicide Institute of Australasia, Australia

Workplace Special Interest Group

Overview

Despite growing recognition of workplace mental health, work-related suicide remains largely overlooked in occupational health and safety policies. Research suggests that 10–13% of suicides globally are linked to work-related factors, yet most national systems fail to recognize or track these deaths formally. Unlike physical workplace injuries and fatalities, suicides are often excluded from occupational health and safety frameworks, leaving workers unprotected from chronic job stress, toxic work environments, job insecurity, and workplace trauma. This symposium critically examines the role of systemic workplace factors in suicide risk and explores policy, regulatory, and cultural solutions to address this pressing issue.

Presentations will highlight international disparities in how work-related suicide is defined, investigated, and recorded. This symposium makes the case for treating work-related suicide as a preventable occupational hazard, requiring the same level of accountability, regulation, and intervention as physical workplace injuries. By shifting the focus from individual mental illness to workplace conditions, we can drive policy change, enhance workplace protections, and reduce suicide risk. This session is critical for researchers, policymakers, and industry leaders committed to reshaping the future of workplace suicide prevention.

Work-related suicide: an international social justice analysis

Sarah Waters, University of Leeds and Steve Bittle, University of Ottawa

Learning objective: To develop a social justice perspective to work-related suicide that takes account of the ways in which national legal and policy frameworks may create a differential exposure and protection from suicide risk cross-nationally.

Background: While there is growing research evidence of the connections between work and suicide and 10–13% of all suicides globally are identified as work-related, there has been limited progress within national policies to tackle, record or prevent such suicides. In a majority of countries worldwide, work-related suicides are still legally unrecognised and statistically unrecorded. Unlike other work-related accidents and deaths, suicide is often excluded from the health and safety regimes that are designed to keep workers safe. This paper presents preliminary findings from a four-year cross-national Wellcome Trust-funded research project on work-related suicides in the UK, France and Canada, which develops a social justice approach, foregrounding the legal and policy contexts in which suicide deaths occur.

Methods: (i) A comparative analysis of legal and policy frameworks on work-related suicide in the UK, France and Canada grounded in a “law in context” approach that examines an extensive corpus of documentation including health and safety regulations, occupational law, suicide prevention policies and social insurance schemes; (ii) qualitative analysis of selected suicide cases across the three national settings drawing on a ‘sociological autopsy’ method based on a post-mortem analysis of individual case histories and situating each individual case within its legal and policy context.

Results: The research reveals sharply contrasting systems for recognising, documenting, and responding to work-related suicide across the three national contexts. While in France, work-related suicides are officially recognised, statistically recorded, and constitute a core government priority, the UK and Canada have “soft-law” regimes and there are no formal policy frameworks for regulating or preventing work-related suicides. Qualitative analysis of suicide cases within the three national

contexts highlights divergent processes of regulation and prevention, leading to a differential vulnerability to suicide across the relevant populations.

Discussion: In the face of processes of ‘invisibilisation’ and the exclusion of work-related suicides from statistical and legal recognition within many national contexts, it is crucial to explore alternative social justice approaches that address urgent issues of legal recognition, accountability and access to justice for suicidal individuals and their families. A social justice approach shifts the lens away from a biomedical approach centered on individual pathology to take account of the legal and policy systems that shape the meanings and policy responses to suicides across different national contexts.

Advocating for Systemic Change: An Open Letter on Work-Related Suicide

An Initiative of the Workplace Special Interest Group

Jorgen Gullestrup, Deakin University

Sally Spencer-Thomas, United Suicide Survivors International

Introduction: Work-related suicide remains an underrecognized issue in occupational health and safety. While workplace safety policies typically focus on physical hazards, psychosocial risk factors—such as chronic stress, workplace bullying, job insecurity, and exposure to trauma—remain largely unregulated. The Open Letter on Work-Related Suicide serves as a global advocacy tool, calling on policymakers, regulators, employers, and occupational health professionals to take systematic and accountable action in recognizing and preventing these suicides. The initiative seeks to define work-related suicide, implement structured investigations, standardize tracking, enforce regulatory oversight, and provide financial compensation to affected families.

Methods: A Google Form signature tool has been developed to mobilize international support and capture key data, including:

- Geographic location to identify regional advocacy trends.
- Affiliations and industries to track engagement across high-risk sectors such as construction, healthcare, and education.
- Organizational support to measure employer commitment to workplace suicide prevention.
- This real-time data collection allows for broad coalition-building, demonstrating the need for policy action and targeted workplace interventions.

Key Recommendations

The Open Letter urges the adoption of five key actions:

- Define work-related suicide: Establish a clear definition—“a death by suicide that is wholly or partly caused by work or working conditions (both physical and relational).”
- Investigate: Require work health and safety authorities, in collaboration with law enforcement and coroners, to examine all potentially work-related suicide cases.
- Record and monitor: Systematically track work-related suicides within occupational injury and illness surveillance systems.
- Regulate psychosocial hazards: Treat workplace mental health risks as preventable occupational hazards, with clear legal and regulatory protections.
- Compensate affected families: Ensure that families of individuals who die by work-related suicide receive financial and legal support, as they would for other work-related fatalities.

Conclusion: The Open Letter on Work-Related Suicide is a strategic advocacy tool to drive policy reform, improve workplace protections, and hold organizations accountable. By mobilizing

international support and tracking engagement, this initiative seeks to embed suicide prevention into workplace health and safety frameworks, ensuring that work is never a cause of death.

Learning Objective: Participants will be able to describe the key elements of work-related suicide prevention, including investigation protocols, regulatory approaches, and systemic tracking mechanisms, to advocate for effective policy change.

Evidence for a co-produced, public health model of Workplace Suicide Postvention

Alison Clements, Adjunct Research Fellow, School of Allied Health, University of Western Australia

Introduction: Commencing in 2018 researchers and practitioners from Perth, Western Australia (with oversight from an International Project Advisory Group) have co-designed, implemented, and evaluated a new, public-health based model of workplace postvention to address the risks associated with widespread staff exposure to suicide.

Methods: Data will be presented on the experiences of frontline staff and managers from commercial, government and community sector workplaces collaborating with researchers to design tailored plans, training and interventions to support clients and staff impacted by suicide.

This presentation will present the key principles, methodology, co-produced tools and evaluated outcomes of the approach based on qualitative interviews and focus groups with 54 staff from 22 agencies.

Results: Data will show that this approach proved successful in building the awareness, preparedness and confidence of participants for improved postvention planning and coordination to reduce the risks associated with exposure to suicide in the workplace.

Conclusions: A public health approach to workplace postvention can be effective through building staff and manager capacity through co-production of training, procedures and integrated support.

Learning objective: identify the key components and evidence for design and implementation of a systemic approach to workplace suicide postvention.

Reforming Healthcare Culture: Restorative Justice as a Strategy for Suicide Prevention Among Healthcare Workers

Ms Susan Murray OAM, Managing Director, Zero Suicide Institute of Australasia

Introduction: Healthcare professionals face an elevated risk of suicide due to high-stress environments, access to means, and a culture of blame and retribution. The healthcare system has traditionally responded to adverse events with punitive measures, which can exacerbate distress, reduce help-seeking behavior, and contribute to workforce burnout. Reforming organizational culture through restorative justice can significantly enhance psychological safety and reduce suicide risk among healthcare workers. Research from Mersey Care NHS Trust has shown that implementing restorative justice practices leads to qualitative improvements in staff well-being, increased support-seeking, and reduced absenteeism. In Australia, multiple health systems have adopted the Zero Suicide Healthcare Framework, where a Restorative, Just, and Learning Culture (RJLC) serves as a foundational component to mitigate risk, enhance learning, and prevent suicide.

Pilot Program and Evaluation: To support the development of RJLC in healthcare settings, the Zero Suicide Institute of Australasia (ZSIA) created a blended learning program consisting of four online knowledge-based modules and face-to-face workshops for healthcare leaders. The program educates leadership teams on fostering a culture of trust and accountability, moving away from blame toward learning and systemic improvement.

A pilot program was implemented across three Local Health Networks in South Australia, with a formative evaluation to assess engagement, learning outcomes, and program impact on workplace culture.

Key evaluation findings indicated:

Increased leadership understanding of their role in psychological safety.

Greater openness among staff to report and discuss distressing events.

Early signs of culture change, including improved staff retention and reduced stigma around seeking mental health support.

Conclusion: Restorative justice is a proactive approach to suicide prevention in healthcare, fostering an environment where workers feel psychologically safe to report concerns, seek support, and learn from mistakes. This shift moves beyond individual resilience strategies to create systemic change that prioritizes worker well-being. Future efforts should focus on scaling this approach across healthcare systems, ensuring long-term cultural transformation.

Learning Objective: Participants will be able to explain how restorative justice and psychologically safe workplaces contribute to suicide prevention in healthcare and identify key strategies for implementing a Restorative, Just, and Learning Culture in organizations.

The Grasstops Approach: Leadership Roundtables as Catalysts for Systems and Cultural Change in Workplace Suicide Prevention

Sally Spencer-Thomas, Psy.D., United Suicide Survivors International

Introduction: Traditional workplace suicide prevention efforts often focus on raising awareness, offering resources, and building individual skills. While these interventions are critical, they rarely address the systemic and cultural factors that contribute to mental health risks in high-stress industries. The Grasstops Approach—through Leadership Roundtables—engages top industry influencers to drive meaningful, root-cause solutions beyond individual-level interventions. This presentation will explore two Leadership Roundtables in the construction industry, where corporate executives, union leaders, policymakers, and industry owners are leading discussions on structural and cultural changes that can mitigate suicide risk across the workforce.

Methods: The Leadership Roundtable model is designed to convene key decision-makers in high-risk industries to identify upstream, midstream, and downstream solutions for suicide prevention. Two recent and upcoming roundtables will be examined:

- HITT Construction Safety Summit Leadership Roundtable (October 15, 2024) — Leaders from major contractors and big-tech owners gathered to discuss industry-wide strategies to integrate suicide prevention into safety culture.
- Construction Working Minds Leadership Roundtable (February 25, 2025, Dallas/Fort Worth) — A high-impact convening of corporate executives, union leaders, academics, policymakers, and owners focused on leaders' roles in shifting workplace systems and culture.
- Insights from these events will be systematically captured using:
- Facilitated discussions to generate actionable strategies tailored to industry realities.
- Real-time documentation of key takeaways to ensure collective learning and alignment.
- Commitment tracking mechanisms to hold leaders accountable for implementing identified solutions post-event.

Key Findings: The Leadership Roundtables emphasize that suicide prevention must be embedded in organizational systems, not treated as an add-on initiative. Key takeaways include:

- Upstream Interventions: Addressing structural job stressors, leadership modeling of mental well-being, and industry-wide policy shifts.
- Midstream Strategies: Improving workplace culture, enhancing peer support networks, and integrating mental health into safety programs.
- Downstream Solutions: Ensuring crisis response readiness, reducing stigma around seeking help, and expanding employee support resources.

Conclusion: Leadership engagement is a key driver of systemic and cultural change in workplace suicide prevention. By leveraging the influence of industry leaders, Leadership Roundtables move beyond individual training and awareness-raising to transform policies, workplace conditions, and industry norms.

Learning Objective: Participants will be able to describe how Leadership Roundtables drive systemic and cultural change in workplace suicide prevention, identifying key strategies for leveraging executive leadership in industry-wide solutions.

Symposium #37 June 13th, 2025, 2:00pm – 3:30pm

Chair: Dr Lakshmi Vijayakumar

Regional perspectives on suicide prevention through a country-specific lens: The South-East Asia story.

Professor Vikas Menon¹, Dr Anish V Cherian², Dr Thilini Rajapakse³, Phd Student Kamal Gautam⁴, Mr Harun Abdullah Al⁵

¹Jawaharlal Institute Of Postgraduate Medical Education And Research (JIPMER), Puducherry, Puducherry, India, ²National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India, ³University of Peradeniya, Peradeniya, Sri Lanka, ⁴Transcultural Psychosocial Organization , Kathmandu, Nepal, ⁵Action on Disability and Development (ADD) International, Dhaka, Bangladesh

Overall Abstract

The presentation will explore suicide prevention across South-East Asia, emphasizing the region's shared challenges, diverse approaches, and innovative solutions. Suicide remains a pressing public health concern, with unique sociocultural, economic, and demographic factors influencing trends and interventions in countries like India, Sri Lanka, Nepal, and Bangladesh.

Key themes include the implementation of progressive policies such as India's Mental Health Care Act (2017), which decriminalizes suicide, and Bangladesh's National Mental Health Policy (2022) and Strategic Plan (2020—2030), which aim to reduce suicide risks. Nepal's National Suicide Prevention Action Plan and Sri Lanka's pesticide regulation efforts highlight the importance of targeted interventions tailored to local contexts. Across the region, helplines such as India's "Kiran," Bangladesh's national rescue helpline 999, and Nepal's national suicide prevention helpline 1166 serve as critical access points for mental health support.

The presentation will also address challenges like resource gaps, limited postvention services, and inadequate data systems, alongside the stigma and legal hurdles that deter help-seeking behaviors. Collaborative opportunities, such as cross-border learning exchanges and stakeholder engagement, will be emphasized to foster sustainable solutions. By showcasing regional perspectives, the presentation aims to inform evidence-based, culturally relevant strategies to reduce suicide rates and improve mental health outcomes across South-East Asia.

Overview of Suicide Prevention Efforts and Policy Frameworks in India

Learning Objective: To understand the key suicide prevention policies, mental health infrastructure and initiatives taken to promote responsible media suicide reporting in India.

Suicide is a major public health issue in India, supported by findings from the National Mental Health Survey (2016) and other nationally representative studies. A diverse nation with unique mental health challenges, it has made strides in addressing suicide as a public health concern. Central to this progress is the Mental Health Care Act of 2017, which marked a paradigm shift in the nation's approach to suicide attempts. Under Section 115 of the Act, any individual attempting suicide is presumed to be under severe stress and is exempt from punishment under the Indian Penal Code. This transformative law underscores the importance of treating suicide attempts with care and compassion rather than stigma and criminalization.

The presentation will also highlight the National Suicide Prevention Strategy introduced in 2022, which provides a structured, multi-sectoral framework to address suicide prevention across diverse demographics and regions. This strategy aims to reduce the national suicide mortality rate and bridge the existing gaps in mental health infrastructure.

Further, the discussion will include the role of responsible media reporting in suicide prevention, guided by the Press Council of India's (PCI) Guidelines for Suicide Reporting, established in 2019. These guidelines discourage sensationalizing suicide cases, detailed descriptions of methods, and the use of explicit imagery in news coverage. Instead, they advocate for media's role in creating awareness about mental health and providing information on support systems.

Complementing these legislative and strategic measures are national mental health helplines, such as Kiran (1800-599-0019) and Tele-MANAS (14416), which provide round-the-clock support to individuals in distress. The presentation will evaluate the accessibility, reach, and impact of these helplines on improving mental health outcomes in India.

By examining the intersection of policy, strategy, and media guidelines, the presentation will offer an in-depth analysis of the progress made and the challenges that remain. It will emphasize how these measures contribute to de-stigmatizing mental health and creating a supportive environment for individuals at risk.

Research Initiatives and Technological Innovations in Suicide Prevention in India

Learning Objective: To understand and evaluate the impact of key research initiatives, including community-based suicide prevention programs, and mental health infrastructure for suicide prevention in India.

We will explore India's innovative community-based and research-driven initiatives aimed at suicide prevention, emphasizing the importance of localized interventions and data-informed strategies. Among the noteworthy programs is the Suraksha initiative, implemented in Tamil Nadu to address the high prevalence of pesticide-related suicides in rural areas. The program involves the establishment of centralized pesticide storage facilities, which significantly reduce access to toxic substances. It also includes training programs for youth and community members to enhance mental health awareness and equip them to identify and support individuals at risk of suicide.

The Urban Self-Harm Study (USHAS), an ongoing research initiative based in Bangalore, will also be discussed. The study has collected extensive data on suicide attempts, capturing critical insights into the behavioral, demographic, and socio-economic factors driving self-harm in urban settings. Preliminary findings reveal the role of interpersonal conflicts, mental health disorders, and economic stressors in influencing these behaviors. This data is expected to inform more targeted intervention strategies.

Additionally, the presentation will highlight the Suicide Prevention and Implementation Research Initiative (SPIRIT), a collaborative effort designed to test and implement evidence-based suicide prevention strategies. It is aligned with the framework of the global SUPRE-MISS project, which piloted the Brief Intervention and Contact (BIC) model to support suicide attempters in culturally

diverse contexts. The effectiveness of such interventions in reducing repeat attempts will be a focal point of discussion.

Further, helpline services, including the toll-free Kiran and Tele-MANAS lines, will be examined for their integration into these initiatives. Their capacity to provide immediate support and bridge gaps in mental health services in underserved areas will be highlighted.

By analyzing these community-driven and research-backed efforts, the presentation will emphasize the importance of adapting evidence-based interventions to suit India's socio-cultural diversity. It will also discuss the challenges of scaling these initiatives to a national level while maintaining their effectiveness.

Addressing Suicide and Self-Harm in Sri Lanka: Trends, Interventions, and Challenges

Learning objective: To analyze the evolution of suicide trends in Sri Lanka, including the impact of pesticide regulation and the shifting methods of suicide.

This presentation will focus on the evolving patterns of suicide and self-harm in Sri Lanka, a nation of 22 million people characterized by its multi-ethnic composition and unique socio-economic challenges. The discussion will highlight the significant shifts in suicide methods and rates over the past several decades, along with the policy interventions that have shaped these trends.

Historically, Sri Lanka experienced one of the highest suicide rates globally, with a peak of 47 per 100,000 in 1995, predominantly among males. Self-poisoning via pesticide ingestion was the leading method. However, a decline in suicide rates since the mid-1990s will be attributed to the restriction of access to toxic pesticides through legislative measures and the establishment of a presidential task force for suicide prevention. The presentation will explore how high-level political support and a clear, focused action plan facilitated these changes.

Recent data indicate shifts in suicide methods. Since 2015, hanging has surpassed pesticide poisoning as the primary method of suicide, with this trend being particularly evident among older men (above 55 years) and younger women (15–25 years). The crude suicide rate in 2022 stood at 15 per 100,000, with a slight upward trend in hanging-related cases noted during the COVID-19 pandemic. In parallel, non-fatal self-harm remains a significant public health concern, with self-poisoning being the most common method. This will be contextualized using hospital admission data from the Teaching Hospital Peradeniya, which show a decline in self-poisoning cases during and after the pandemic lockdown periods.

The presentation will also delve into underlying risk factors for both fatal and non-fatal self-harm, including depression, alcohol use disorders, interpersonal conflicts, and socio-economic stressors such as the economic crisis of 2022. The economic downturn exacerbated financial stress, unemployment, and mental health issues, highlighting the need for tailored intervention strategies.

Finally, we will emphasize the gaps in mental health services, policy implementation, and monitoring systems in Sri Lanka. Attendees will be encouraged to consider whether differentiated prevention strategies should be adopted for various demographic groups, particularly older males and younger females, and what role advocacy might play in addressing socio-economic stressors.

Challenges and opportunities for suicide prevention in Nepal

Learning objective: To analyze the sociocultural and economic factors driving suicide rates in Nepal, discuss the important suicide prevention initiatives and associated challenges, and identify actionable strategies for suicide prevention efforts

This part will focus on Nepal's growing public health challenge of suicide, which is a leading cause of death among women of reproductive age and migrant workers. With alarming trends in suicidal ideation and attempts, particularly among adolescents, the issue demands urgent attention. Recent

studies indicate that 13.59% of adolescents have contemplated suicide, and 10.33% have attempted it, with hanging being the most prevalent method, followed by poisoning and other means. Sociocultural and economic factors, including stigma, interpersonal conflicts, and unemployment, contribute significantly to this issue.

In the last few decades, Nepal has made notable progress in suicide prevention. The establishment of helpline such as 1166 and community-based programs like “Banche Sansar Jitinchha” have been pivotal in providing immediate support and raising awareness. Integration of suicide prevention themes into various projects, including school-based life skills programs, and the promotion of mental health and psychosocial support (MHPSS) at both national, provincial and community levels, reflect a comprehensive approach. The National Action Plan Against Suicide, currently awaiting finalization, is a crucial step in institutionalizing prevention efforts. Additionally, MoHP has recently developed a responsible media reporting guideline on suicide for media personnel and journalists.

Despite these advancements, significant challenges prevail. Limited resources, inadequate postvention services, operationalization of suicide prevention programs at a low scale in limited areas of the country, and the lack of a comprehensive national suicide database hinder effective intervention. Meanwhile, increasing rates of migration and deaths of migrant workers by suicide in the middle-east countries pose further challenges to suicide prevention efforts. Similarly, inadequate multi-sectoral coordination and collaboration in reducing suicide rates are yet another challenge. Finally, gaps in awareness, capacity building of service providers, and accessibility of services for high-risk groups, including LGBTQIA+ individuals and those with addictions, highlight the need for tailored interventions.

We will also explore the critical role of community engagement in suicide prevention, including gatekeeper training for primary health care workers and school authorities, means restriction, and targeted programs for survivors of suicide attempts and loss. Collaborative efforts among NGOs, government stakeholders, and international organizations have driven these initiatives, but sustained funding and technical support remain essential for long-term impact.

These arguments illustrate the importance of integrating cultural context and grassroots efforts into suicide prevention. By focusing on raising awareness, reducing stigma, and building a robust support system, the country seeks to mitigate the burden of suicide. This presentation will provide an in-depth look at Nepal’s innovative strategies, challenges, and opportunities for collaboration, offering valuable insights for adapting these efforts to similar contexts in South-East Asia.

Suicide prevention in Bangladesh: Current status and overview of key initiatives

Learning objective: To understand the current challenges, policy implications and innovative initiatives in suicide prevention in Bangladesh

In this segment, we will review the suicide prevention landscape in Bangladesh. Despite significant progress in health and economic development, Bangladesh continues to face substantial challenges in mental health and suicide prevention. With 18.7% of adults and 12.6% of children suffering from mental disorders, and a 92.3% treatment gap, the mental health crisis is deeply ingrained. High societal stigma, limited mental health funding (0.5% of the total health budget), and the criminalization of suicide further hinder progress.

We will discuss key statistics, such as an age-standardized suicide rate of 3.9 per 100,000 and an annual rise in suicide rate of 2.6%, with females and urban populations reporting higher suicidal ideation. Common methods of suicide include hanging and poisoning, often driven by risk factors such as psychiatric disorders, relationship issues, unemployment, and adverse life events. Despite these challenges, Bangladesh has implemented several policies, including the National Mental Health Act (2018), the National Mental Health Policy (2022), and the Strategic Plan (2020—2030), which integrate suicide prevention as a priority.

The session will examine prevention initiatives such as the “Kaan Pete Roi” suicide prevention helpline, national rescue helpline (999), school-based mental health programs, journalist training for sensitive reporting, and regional one-stop crisis centers. However, significant gaps persist, including the absence of a national suicide database, limited funding, poor access to prevention interventions, health and aftercare services, and the lack of decriminalization of suicide. These factors contribute to a climate of fear and stigma, discouraging help-seeking behaviors and delaying interventions.

We will outline future plans including a separate sector for mental health and the appointment of a dedicated line director, which was developed but still not approved by the government. It will emphasize the need for a national suicide prevention strategy, improved multi-sectoral coordination, and targeted interventions for high-risk groups, including gender-diverse populations.

Finally, we will highlight opportunities for regional collaboration and innovative approaches to reduce suicide rates in Bangladesh. This discussion will underscore the importance of comprehensive, evidence-based strategies and the need to bridge policy gaps to create a sustainable framework for suicide prevention in Bangladesh and the wider South-East Asia region.

Symposium #38 June 13th, 2025, 2:00pm – 3:30pm

Chair: Rupert McShane & Fabrice Jollant

Suicide and suicidal ideas following ketamine: clinical trial, psychoanalytic, biological, research and clinical practice findings.

Professor Rupert McShane^{1,2}, Professor Fabrice Jollant^{4,7,8}, Dr Rachel Gibbons⁵, Dr Prashanth De Silva², Dr Gerd Wagner³, Dr M Abbar⁶

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SYMPOSIUM

Suicide and suicidal ideas following ketamine: clinical trial, psychoanalytic, biological, research and clinical practice findings.

Ketamine is a rapid antidepressant which reduces suicidal ideation in the short term. How, and why does this happen? What is the effect and how durable is it? What happens when it stops working? This wide-ranging symposium addresses some of the potential, and also the limitations, of an important pharmacological approach to suicidality.

Intravenous ketamine to treat severe suicidal ideation: the KETIS study

Fabrice Jollant, M Abbar

Background: Ketamine was invented in the early 1960s as an anesthetic and analgesic. From the 2000s onwards, research highlighted its surprisingly rapid antidepressant therapeutic action in many patients, including a rapid reduction in suicidal ideation. Several randomized controlled trials (RCT) have since confirmed the anti-suicidal potential of this molecule.

Methods: We will present here the main findings from KETIS, a large publicly funded RCT conducted in 7 academic centers in France. Adult patients with current severe suicidal thoughts were randomized to receive either two 40-min intravenous infusions at 24h-interval of racemic ketamine or placebo as an add-on treatment. Main outcome was full remission of suicidal thoughts – measured with a Beck Scale for suicidal ideation (SSI) score <3 – at 72 hours. Analyses were conducted on an intention-to-treat basis.

Results: 156 hospitalized patients were recruited (women: 63–74%; median age: 38–41; Mean SSI score: 20–22; previous suicide attempt: 85.4–93.1%). Full remission rate of suicidal ideation at 72h reached 63% after ketamine vs. 30.6% for placebo (OR=3.7, 95% CI (1.9 to 7.3), $p<0.001$). This remission rate was maintained at 6 weeks, with no difference between the 2 treatment arms due to progressive improvement in the placebo group. Side effects were limited and transient. Secondary analyses showed that around 40% of suicidal patients treated with IV racemic ketamine will show persistent remission over 6 weeks, 50% a more fluctuating course, and 10% no response at all. One of the suggested anti-suicidal mechanisms is a psychological pain reduction effect. A review of the literature confirmed the value of IV racemic ketamine, but not intranasal esketamine, for the rapid reduction of suicidal ideation within the first 72 hours.

Conclusions: Racemic ketamine appears to be an effective, rapid and safe short-term treatment for suicidal ideation. Its place in the management of suicidal crises remains to be defined.

Learning objective: to be able to name the positive and negative short-term effects of intravenous ketamine infusions on suicidal ideation.

A Psychoanalytic Perspective on Ketamine and Suicide Prevention: Understanding the Mechanisms of Transformation

Rachel Gibbons

The rapid and profound impact of ketamine on suicidal ideation raises critical questions about its psychological mechanisms. While much of the discourse focuses on neurobiological explanations, psychoanalytic theory offers a valuable lens through which to understand ketamine's transformative effects. This presentation will explore how ketamine's action can be conceptualised through psychoanalytic frameworks, particularly in relation to psychic pain, ego rigidity, self-state shifts, and the role of the internal persecutory object.

From a psychoanalytic perspective, suicidality often emerges from unbearable psychic pain, a collapse of the containing function of the mind, and an identification with a punitive or persecutory internal object. Individuals experiencing suicidal despair frequently describe being trapped in a fixed, oppressive psychic state, dominated by self-critical and annihilatory forces. Ketamine's effect may be understood as disrupting this closed psychic system, introducing fluidity where there was rigidity, and momentarily dismantling entrenched self-persecutory structures.

The dissociative effects of ketamine might also be viewed as a temporary suspension of the persecutory superego, allowing for a shift in the patient's relationship with their internal world. This could be compared to Winnicott's concept of transitional space—a liminal state in which psychic structures become more malleable, enabling the potential for new meaning-making and self-reorganisation. Similarly, Bion's ideas on containment and beta elements suggest that ketamine may facilitate a shift from an unprocessed, overwhelming internal experience (beta elements) to a state in which thoughts can be thought about, rather than acted upon.

Another key psychoanalytic concept relevant to ketamine's action is the modification of the internal hierarchy of self-representations. Recent hypotheses suggest that ketamine not only alters neural reward systems but also impacts an individual's internal social dominance hierarchy. In psychoanalytic terms, this may reflect a reconfiguration of internal object relations, where a persecutory or dominant internal object loses its overwhelming grip on the self. This could help explain why ketamine has an immediate effect on suicidal ideation—it disrupts the rigid, hierarchical dominance of destructive internal structures, creating a space for psychic reorganisation and re-engagement with life.

Understanding ketamine's effects through a psychoanalytic lens not only deepens our conceptualisation of its role in treating suicidality but also raises important questions about how its effects can be integrated into longer-term psychotherapeutic work. This perspective challenges us

to think beyond biological mechanisms and towards a more holistic, mind-body integration in suicide prevention.

Learning Objective: To explore ketamine's impact on suicidality through psychoanalytic theory, considering its potential to disrupt persecutory self-states, modify internal object relations, and facilitate psychic transformation.

The neural basis of suicidal and depressive ideas is shared with that of social dominance: recent evidence, therapeutic implications and research agenda

Rupert McShane

Social dominance hierarchies occur in all social animals, particularly humans. Unexpected, uncontrollable loss of social status results in depression in humans and in animal models.

Mouse evidence shows that this link between loss of social dominance and depression is driven by negative reward prediction error (AKA disappointment) which is detected by the lateral habenula with downstream effects in medial prefrontal cortex. Due to blockade of burst firing in the lateral habenula, ketamine reverses both the depression and also loss of position in hierarchy which occurs following unexpected, but not natural, loss.

The relationship between internal representations of Self and other 'objects' such as ideal self, parents, teachers, heroes, siblings etc, is also often hierarchical. The most powerful way for an internal 'object' to gain dominance over Self is by killing it: hence suicidal ideas.

We hypothesise that

1. all forms of 'loss' (eg of attachments, health, failures) are, like those of social status, similarly neurally coded as a descent of Self in a hierarchy.
2. analogous to the evolutionary duplication of the motor area to form the supplementary motor areas, the neural mechanism which underpins the depression associated with loss of social dominance also underpins the depression associated with conflicts between Self and other internal objects.

This new, simple, unifying conceptual framework explains why ketamine has striking effects both on suicidal and self-critical ideas and also on forced loss of social dominance.

It also explains why such disparate psychotherapies for depression are effective (eg group therapy, compassion focussed therapy, and measures to boost self-esteem, enhance the 'winner effect', or undermine self-critical thoughts): they all reduce distance in the hierarchy between Self and competing objects.

Measures are needed for assessing this distance. Research is also needed to replicate the mouse biology in more social species such as rats.

Learning Objective: To understand the neurobiology, as dissected in mice, of social dominance and depression; and a hypothesis on the biology of suicidal ideas

Side effects of ketamine therapy. A systematic review

Gerd Wagner

Background: With a growing interest in ketamine as a treatment for depression, as well as the increasing use of repeated dosing in both clinical and research settings, acute and long-term safety issues must be further explored and systematically assessed.

Method: In this systematic review, we aggregate and analyse reporting of data on the safety of ketamine in depression and comment on experience from human clinical trials to date. The

presentation will cover the frequency of these side effects in relation to the doses and duration of administration, as well as therapeutic strategies to effectively manage them.

Result: Acute side-effects associated with single-dose use in depression are common, although generally transient and resolve spontaneously. High doses and repeated administration have been associated with potentially serious and possibly persistent toxic effects both in patients treated for chronic pain and in people who use recreational ketamine. These side-effects include urological, hepatic, craving or dependence, and cognitive changes.

To date, these side-effects have not been adequately assessed in studies investigating ketamine use in depression. Almost all randomised controlled trials assessed the safety of single sessions of ketamine, but with only short-term follow up. The safety of long-term, repeated ketamine dosing, as is increasingly used in clinical practice, is therefore uncertain.

Conclusion: Data on the safety of this practice, including long-term outcomes, are essential before ketamine can be used for clinical treatment of depression. Further large-scale clinical trials including patients with depression, which include multiple doses of ketamine, long-term follow up, careful monitoring, and reporting of all potential side-effects are recommended.

Learning Objective: To understand what is known of the incidence of side effects of ketamine treatment in research and clinical practice

Suspected and confirmed suicides in a ketamine clinic cohort

Prashanth DeSilva, Sara Costi, Shih Ee Goh, Rupert McShane

Background: Low dose ketamine therapy reduces depressive symptoms and suicidal ideation in people with treatment-resistant depression (TRD). However, repeated administration is needed to maintain the benefit. Intranasal esketamine, has a licence for both TRD and, in the US but not Europe, for 'MDD with acute suicidal ideation or behavior'.

The most common interval between IN esketamine treatments is weekly. There is no consensus on the optimal dosing interval of racemic ketamine. At the Oxford Interventional Psychiatry Service, practice has evolved over the 14 years, primarily in the direction of increased duration, frequency and doses and in the use of 'rescue' doses.

The suicide rate in commercial studies of IN esketamine was 0.49 per 100 patient-treatment years (Rayburn 2023) but the rate in routine clinical population is not known.

Method: Cases of suspected or confirmed suicide were reviewed for the six years 2019–24.

Results: 372 patients received at least one dose of ketamine at the IPS in the of whom 7 died through suspected or confirmed suicide within 6 months of their last dose of ketamine.

Relevant suicide rates per 100,00 per year are: England and Wales 11.4; patients of Oxford Health Foundation Trust adult mental health services 78; Oxford IPS ketamine clinic 314.

6/7 cases of completed suicide were in patients who had been referred by private psychiatrists and were no longer under the active care of NHS clinicians. The mean time from last ketamine treatment was 16 days. 6/7 patients had had marked beneficial responses to ketamine.

Two possible patterns of risk were identified:

- A substantial break in treatment was followed by deep relapse and a response to rescue treatments which did not rapidly match the original dramatic benefit. Financial considerations contributed to the patient decision to stop treatment.
- Dosing which was less frequent than necessitated by the brief benefit afforded by treatment

Conclusion: Patients seeking ketamine treatment are at a high risk of suicide. Relapse following cessation of treatment is the norm. Reinstatement of treatment following deep relapse is a period of

risk, as with other antidepressants. Our impression is that more aggressive (i.e. more frequent) IV ketamine therapy is effective during periods of deep relapse. Clinical confidence is required to encourage people with longstanding suicidality who continue to respond to ketamine to continue with it. These naturalistic clinical data do not provide evidence either that ketamine prevents suicide or that it promotes it.

Learning Objective: Understand the risk profile and pattern of treatment use of patients who die by suicide while receiving ketamine treatment.

Symposium #39 June 13th, 2025, 2:00pm – 3:30pm

Chair: Annette Erlangsen

Advancing Railway Suicide Prevention: Insights, Strategies, and Multisectoral Interventions

Angela Clapperton¹, R B Jansen Hoogcarspel², Jette Larsen, Scott Gabree³, Danielle Eon⁴, Mrs Marjolein Snel⁵ Discussant: Mark Larsen

¹Centre for Mental Health and Community Wellbeing, University of Melbourne, Australia, ²Marble Research B.V, 6922 HR Duiven, , The Netherlands, ³US Department of Transportation. Volpe Center, , US, ⁴US Department of Transportation. Volpe Center, , US, ⁵Prorail, 3511 EP Utrecht, The Netherlands

The symposium comprehensively explores various aspects of suicide prevention on railways, focusing on community engagement, education, and infrastructure improvements. It covers topics such as railway staff training, risk factor identification, technological and community-based interventions, and national prevention strategies.

A central theme of the symposium is the importance of fostering effective cross-sector collaboration between diverse local community stakeholders, law enforcement agencies, mental health professionals, and municipal authorities, all working together to develop and implement proactive measures aimed at reducing railway suicides. Furthermore, the symposium places a strong focus on the impact of infrastructural modifications, particularly the removal of level crossings, in effectively decreasing suicide rates in the surrounding areas.

Strengthening suicide prevention on the railway: Evaluating the impact of online suicide awareness training for rail workers

Authors: Angela Clapperton and Matthew Spittal

Centre for Mental Health and Community Wellbeing, University of Melbourne

Background: Rail staff often play a critical role in intervening when people are distressed on and around the railway. However, for rail staff to be able to successfully prevent potential suicides, it is crucial that programs are delivered to improve rail workers' skills and confidence to identify potential suicidality, and to respond in safe and effective ways. The aim of our study was to determine whether brief online suicide awareness training could improve rail workers knowledge of how to intervene with an individual who may be considering a suicide attempt in the rail environment.

Methods: We examined the effectiveness of TrackSAFE's free, online, 30-minute self-directed learning course. We used a pre-post survey design to assess the impact of the intervention on four outcomes. We assessed changes in knowledge about how to intervene safely via nine questions. We assessed changes in the three other outcomes (belief, confidence and likelihood) via single item 5-point Likert type scales. Our survey was administered to participants at two time points: immediately prior to (pre-intervention) and immediately following (post-intervention) the training. For all measures, we calculated the proportional mean change between the pre-intervention and post-intervention periods by fitting a generalized estimating equation regression model. We fit unadjusted models for all four outcomes and fit models that were adjusted for the following variables gathered as baseline: work experience, previous history of intervening on the rail and previous formal mental health training.

Results: 1050 rail workers completed the training surveys. Participants' belief in the statement that workers could make a difference in suicide prevention on the railway improved from pre-training (mean = 4.00) to post-training (mean = 4.50) an adjusted proportional mean difference of 1.14 (CI 1.13 to 1.16). Further, their knowledge about how to intervene with people at risk of suicide on the railway improved from pre-training (mean = 6.82) to post-training (mean = 7.76) an adjusted proportional mean difference of 1.15 (CI 1.14 to 1.16). Confidence to intervene also improved from pre-training (mean = 3.66) to post training (mean = 4.37) an adjusted proportional mean difference of 1.24 (CI 1.22 to 1.27). Finally, self-reported likelihood of intervention with someone at risk on the railway improved from pre-training (mean = 4.44) to post-training (mean = 4.56) an adjusted proportional mean difference of 1.03 (CI 1.02 to 1.05).

Conclusion: TrackSAFE's Suicide Awareness Training is an effective and accessible tool for enhancing rail workers' capabilities in suicide prevention.

Identification of Risk Factors for Suicide on Level crossings in the Netherlands and Subsequent Modelling.dr. Robert Jansen (Marble Research B.V.), Bart Hoogcarspel (ProRail)

Objective: This study aims to identify statistically significant factors that influence the number of suicides at individual level crossings. Subsequently, these factors are built into a model predicting the recorded numbers of suicides. The overall goal is to prioritize preventative measures to reduce suicides at specific railway locations.

Materials: Data of suicides on and nearby level crossings in the Netherlands (1980–2023) as well as data on preventative measures, number of train movements, number and size of nearby psychiatric clinics, population size and , location of the suicide in relation to the built-up area.

Method: Relevant scientific literature has been reviewed to identify relevant risk factors Also, adding well-known risk factors from railway operations in the Netherlands. Application of multivariate statistical analysis and predictive analytics, using SPSS Modelerto derive relevant factors influencing suicide risks at level crossings.

Results: Factors that increase suicide numbers at level crossings are: the number of intercity trains passing, population size on short distance and the number and size of nearby psychiatric clinics, Measures that restrict accessibility to the railway, and detect persons walking along the railway decrease suicide numbers at level crossings. Despite these outcomes, there is still no satisfactory statistical model with unambiguous results.

Discussion: For now, we can state that the risk factors identified in the literature have statistical relevance in explaining and predicting the number of suicides at level crossings in the Netherlands. By also integrating stations and open tracks into the model, we expect to achieve better model outcomes.

AI-supported camera detection of people on railway tracks: a feasibility study

Jette LS Larsen. Danish Research Institute for Suicide Prevention

Introduction: Individuals who place themselves at or trespass railway tracks are at risk of severe injury and constitute a challenge for railway companies. The Danish State Railways has developed an AI-supported camera surveyance system, which may detect individuals who step onto the tracks. The system includes an alarm function to warn train drivers of approaching trains in real time, thereby enabling them to reduce speed and potentially avoid hitting the person. The aim of this study is to evaluate the feasibility of the AI-supported camera surveyance system in a pilot project.

Method: The AI-supported camera surveyance system was developed and implemented at one train station in Denmark. The goal of the intervention is to hinder any human trespassing on the railway

tracks, including individuals at risk of suicide. Feasibility was evaluated through various measures: 1) number of identified objects; 2) proportion of identified objects being human trespassing incidents e.g. not other objects, such as cats or birds, 3) continuity of the surveyance, 4) time intervals between first record of an incident, activation of alarm, notification of train driver, and full stopping of the train; 5) proportion of false positives. Also, qualitative measures, such as statements from train drivers and other staff were collected.

Result: The AI-supported camera surveyance system was set up in December 2023 at one track on Nordhavn Station in Central Copenhagen. Two conventional surveillance cameras were used for monitoring. After an initial trial-and-error phase, the feasibility trial was conducted in 2024. The number of false positives was reduced significantly through system adjustments in a trial-and-error phase until an acceptable rate was achieved. To date, the AI system has helped prevent at least one suicide attempt. At the time of the conference, full evaluation of the feasibility trial will be available. Based on data from the first 5 months of the project, DSB decided to expand the pilot project period from one track at one station to fully cover 13 tracks at four stations. This will be rolled out between March and December 2025.

Conclusion: An AI-supported camera surveyance system was deemed to be a feasible measure for reducing the number of individuals trespassing or positioning themselves at railway tracks in station areas. Further, the system seems to be effective at identifying individuals at risk of suicide. False positives remained within an acceptable range and were reduced through AI-informed algorithms. The Danish State Railways have now decided to expand the AI-supported camera surveyance system to 13 tracks at 4 railway stations, increasing the number of cameras from two to a total of 83.

Effect of removal of level crossings on the number of suicides on the railways in the Netherlands. Bart Hoogcarspel (ProRail)

Objective: In a densely populated country like the Netherlands railway infrastructure is not static. Due to increasing train traffic intensity double-track railroads are changed into railways with four or even more tracks. In this case level crossings are replaced by tunnels or viaducts and fences are improved to prevent unauthorized entry to the tracks. In this study we examined the effect of the removal of level crossings on the occurrence and geographic distribution of suicides on the Dutch railways.

Materials: A database containing 9000+ suicides on the railways in the Netherlands over the period 1980–2023, with information on date, time of day and location of every incident and a database with 5000+ level crossings in the Netherlands since 1975 with their geographic coordinates, and for the ones removed: the date of removal.

Method: To avoid possible influences of the general suicide rate and the implementation of suicide reducing interventions, the period 1984–2005 was chosen. For each level crossing that was removed in the years 1991–1997 the numbers of suicides in the influence area of 500 meters on both sides of the level crossing were counted per year in the period of 7 years before and 7 years after the date of removal. As a next step, the numbers of suicides before and after the removal were compared. To detect a possible displacement, effect the adjacent 1000 meters of railway on both sides of the level crossings, were also counted.

Results: A 40% reduction of suicides was found after the removal of level crossings within 500 meters on both sides. No evidence was found for a possible displacement effect. The control group of level crossing that have not been removed in the study period showed no significant change.

Discussion: In the Dutch railway infrastructure the removal of level crossings has led to a reduction of suicides within a range of 500 meters. This means that level crossings are used to enter the tracks with the objective of suicide.

Three new measures for prevention of suicide on railways. By Marjolein Snel ProRail, Laura Boelsma NS Security

Introduction: In the Netherlands, approximately 200 individuals die by railway suicides every year. Since 2010, new measures to prevent suicide have been developed and implemented. In this time frame, the ratio of suicides by railway to all suicide deaths in the Netherlands has decreased from reduced from 13% to 10%. We structurally invest in research and developing new measures to improve our prevention approach. The aim of this presentation is to demonstrate three new measures that have in common that cooperation with multiple parties, such as police, mental health care and local government, is essential.

Method: Following new measures have been implemented: 1) immediate intervention activated by local staff at select mental health institutions situated railway lines when a patient at risk of suicide is missing; 2) integrated plan by railways, police, mental health care and local government for persons repeatedly presenting at the railway; and 3) intervention worker employed at select railway stations where incidents with vulnerable individuals have previously been recorded.

Results: The first measure was implemented in 2023 at some mental institutions. The second and third measures are under development.

Discussion: These types of interventions are complex – both with respect to implementation and maintenance. They require an extensive cooperation between independent parties, such as railways, police, mental health care and local government, that have different priorities and organizational structures. Measurement of the effectiveness of the interventions presented is complicated through low numbers of locations with different characteristics. This might be a barrier to secure funding to cover implementation on a larger scale. How can the effectiveness of these interventions be measured?

Symposium #40 June 13th, 2025, 2:00pm – 3:30pm

Chairs: Dr Olivia Kirtley & Dr Louise La Sala

Real-time responsibility: Participant safety procedures in ecological momentary assessment studies on suicidal thoughts and behaviours

Dr Louise La Sala^{2,3}, Dr Elise Carrotte^{2,3}, Dr Ki Eun Shin⁴, Dr Olivia Kirtley¹, Dr. Shira Barzilay^{5,6}

¹Center For Contextual Psychiatry, KU Leuven, Leuven, Belgium, ²Orygen, Parkville, Melbourne, Australia, ³University of Melbourne, Parkville, Melbourne, Australia, ⁴Department of Behavioral Sciences, Long Island University, Post Campus, Brookville, New York, United States, ⁵Department of Community Mental Health, University of Haifa, , Israel, ⁶Schneider Children's Medical Center of Israel, Petach Tikva, Israel

To better understand the dynamic nature of suicidal thoughts and behaviours, real-time monitoring techniques, such as Ecological Momentary Assessment (EMA), are becoming increasingly popular to investigate suicidal thoughts and behaviours across the lifespan. The real-time nature of these data raise the question of a real-time responsibility for participant safety — researchers can, in principle, see when an individual may be at risk of a suicide attempt at, or very close to, the moment it is happening. EMA, therefore, creates a whole new set of ethical questions regarding who is responsible for participants' safety during a study, the limits of researchers' responsibility, the capacity of research teams to meet participants' safety needs, the line between observation and intervention, and the balance between keeping participants safe and collecting unbiased data. In this symposium, four international speakers describe their experiences with safety monitoring in EMA studies on suicidal thoughts and behaviours, provide advice regarding best practices, and pose critical questions. This symposium includes dedicated time for an open discussion between attendees and presenters about the benefits and challenges of conducting EMA studies in this field, providing an opportunity to problem-solve, exchange knowledge, and meet potential collaborators.

Keeping young people safe Right Here, Right Now: Developing a safety management protocol for an EMA study assessing suicide risk in young Australians

Louise La Sala, Elise Carrotte, Bridget Kenny, Eleanor Bailey, Michelle Lamblin, Olivia Kirtley, Jo Robinson

Background: Suicide is the leading cause of death among young Australians. However, there has been an over-reliance on retrospective, cross-sectional data to understand suicide risk and how suicidal ideation fluctuates over the short-term. There is a need to use innovative methodologies, such as Ecological Momentary Assessment (EMA), to better understand and address current problems, and to inform the development of personalised treatment approaches. However, EMA studies on the topic of suicide and self-harm have unique safety considerations, considering collection of risk data at regular intervals, in community settings, and outside of business hours. Right Here, Right Now is a large, collaborative project that aims to reduce mental illness, suicidal ideation and self-harm in a community sample of young Australians aged 12-25, involving a pilot EMA study in its workplan. The aims of the EMA study are to (i) examine the safety, feasibility and acceptability of conducting EMA studies with young people who report recent mental ill-health, suicidal ideation, and/or self-harming behaviour, and (ii) explore real-time, short-term risk and protective factors for mental ill-health, suicide ideation and self-harm for young Australians. **Methods:** This presentation will overview the safety management protocol developed for this study, closely informed by a Delphi consensus statement on ethical and safety practices for conducting digital monitoring studies with such populations (Nock et al., 2021), and in collaboration with young people. **Results:** Safety measures included the provision of briefing and debriefing processes; compliance monitoring checks; automated 'risk flags' built into the EMA application based on the pattern of responses to suicide and self-harm questions; and phone call risk assessments for participants reporting high risk behaviours and cognitions during the study, within 12 hours of risk flagging. A collaboration with Lifeline was established to support follow-up with high-risk participants outside of business hours. Data pertaining to the feasibility of this protocol, including participant retention, number of participants flagged and assessed for risk, and researcher reflections will be presented. **Discussion:** This study highlights the complexity of risk management for EMA with young participants reporting suicidal ideation and self-harm, including the need to balance researchers' duty of care with participants' dignity of risk. Other researchers are invited to use or adapt the Right Here, Right Now safety protocol for their own EMA studies.

Learning objective: To consider what is involved in planning and implementing a safety management protocol for EMA studies specific to self-harm and suicide in young people.

Feasibility and Acceptability of Ecological Momentary Assessment with Community-based, Racially Diverse Suicidal Adolescents in the U.S.

Ki Eun Shin, Olivia Lawrence, Rachel Nam, Layne Novotny, and Christine B. Cha

Background: Despite the unique advantage of ecological momentary assessment (EMA) in capturing real-time shifts in individuals' suicide risk, only a handful of adolescent-based suicide EMA studies exist. Furthermore, the few existing studies focused on acute-care samples of adolescents post discharge, warranting replication in more racially diverse adolescents with a range of treatment-seeking history. **Methods:** The current study examined feasibility and acceptability of a 14-day EMA protocol (5x/day) among racially diverse (65% racially minoritized), community-based adolescents with ("SI-history"; n = 47) and without prior suicidal ideation ("no SI-history"; n = 33), recruited via social media ads in the U.S. The study employed daily safety monitoring, which involved a follow-up phone call by a licensed psychologist with the adolescent if they reported an elevated suicidal thought on an EMA survey. Their parent/legal guardian was also contacted in case the adolescent was not initially reachable. **Results:** Findings demonstrated EMA feasibility, with the study enrollment rate of 77% and average EMA compliance of 73% across the two groups. About a third of the no-SI history

group (36%) and the majority of the SI-history group (89%) endorsed some suicidal ideation during EMA. Four SI-history participants received follow-up phone calls in response to their report of elevated suicidal intent and/or difficulty keeping themselves safe during EMA. During the phone calls, those participants reported mitigation of their suicidal thoughts since their EMA response and received risk assessment and brief interventions (e.g., safety planning, mental health resources). None of the four participants endorsed iatrogenic effects of EMA at the follow-up assessment (e.g., EMA surveys increasing one's suicidal thoughts and urges). Both SI-history and no-SI history groups also reported high EMA acceptability on average (e.g., feeling somewhat positive or neutral after completing EMA surveys, interested in participating in similar studies in the future or recommend similar studies to others). Discussion: Findings support feasibility and acceptability of suicide-focused EMA and safety monitoring among community-based adolescents with a range of suicidal ideation and treatment-seeking history.

Learning objective: To demonstrate the feasibility and acceptability of suicide-focused ecological momentary assessment and safety monitoring with community-based adolescents

Safety first? Participant perspectives on safety procedures in ecological momentary assessment (EMA) studies of suicidal thoughts and behaviours

Olivia J. Kirtley

Background: The feelings and needs of individuals with lived/living experience of suicidal thoughts and behaviours (STBs), clinicians, and researchers are not always aligned when it comes to designing safety protocols for EMA studies. Designing safety procedures for EMA studies of STBs requires balancing participant/patient needs, support capacity and expertise of the research team, legal and ethical responsibilities, and the goals of the study, which presents a significant challenge for researchers. Over the course of a series of studies, we explored the feelings and needs of adolescents and young adults with STBs, regarding safety protocols for EMA studies. Methods: Study 1: N=9 adults with varying lived/living experience of mental health challenges, including of STBs, participated in a focus group as part of our lab's advisory panel, and provided feedback and suggestions regarding EMA safety procedures. Study 2: Following participation in a seven-day EMA study, N>180 (data collection ongoing) undergraduate students, including those with lived/living experience of STBs, responded to an open-text survey item regarding what — if any — safety procedures they would like to see in an EMA study about suicidal thoughts and behaviours. Study 3: N>38 (data collection ongoing) 18 — 25 year-olds within one month of a non-fatal suicide attempt/active ideation participated in a three-burst, six-day EMA study over a period of four months, including a high-intensity safety procedure. Participants responded to follow-up interviews regarding their participation experiences. Additional data regarding activation and consequences of the safety procedure are presented. Results: Study 1: All focus group participants agreed that there must be a safety procedure in EMA research on STBs. Further discussions reflected typically mixed feelings about the nature of safety procedures, including practical aspects such as how safety check-ins from the research team should be carried out (phone vs. chat). Some participants indicated that safety check-ins would put them off participating and that it could lead to both under- and overreporting of STBs during EMA. Data analysis for Studies 2 and 3 is ongoing, but expected to reflect the mixed results from Study 1. Conclusions: It is clear that a one-size-fits-all approach to safety monitoring in EMA research cannot be taken. However, a critical challenge for the future is balancing participants' wishes for more personalised safety protocols, with fulfilling ethical responsibilities for fairness, and ensuring that effects on data quality and quantity do not compromise the research goals.

Learning objective: To understand the varying array of participant's needs and wishes regarding safety procedures in EMA studies of STBs

Real-Time Monitoring in EMA Studies as a Potent Intervention for Suicide Risk Management

Shira Barzilay

Background: Real-time monitoring in Ecological Momentary Assessment (EMA) studies is employed to assess suicidal thoughts and behaviors (STB) and activate safety protocols when high-risk alerts are detected. While such measures are primarily considered an ethical necessity, emerging evidence suggests they may also function as a substantial intervention for reducing STB. This potential intervention effect may arise through two core mechanisms: (1) heightened emotional awareness and self-insight from repeated self-assessments and (2) enhanced connectedness through professional oversight and follow-up responses. Methods: Our study evaluated these intervention effects in a cohort of 86 high-risk suicidal adolescents (ages 11–18) participating in a six-month digital monitoring program alongside standard mental health care. Participants completed weekly self-assessments of STB and underwent continuous passive digital monitoring. Results: High adherence rates underscored engagement and feasibility: 77% response rate, 90% compliance among completers, and 25% attrition at six months. Among participants, 65% reported high ideation intensity (score $\geq 3/5$) in 10% of their assessments, while 26.7% triggered follow-up interventions due to high-risk responses (mean follow-up instances = 2.71, SD=2.03, range 1–7). Suicidal events necessitating intervention occurred in 15% of participants. Comparisons were made against a treatment-as-usual (TAU) cohort (n=281) at 1- and 6-month follow-ups. Results demonstrated significant reductions in suicidal ideation, suicide attempts, and non-suicidal self-injury (NSSI) in the digital monitoring group at both time points, with moderate to strong effect sizes [1-month ideation: Wald=7.15, $p<0.01$; behaviors: Wald=12.44, $p<.001$; NSSI: Wald=5.93, $p=0.01$; 6-month ideation: Wald=4.06, $p=0.04$; behaviors: Wald=11.48, $p<.001$; NSSI: Wald=9.94, $p<.001$]. Verbal feedback further supported the therapeutic impact of digital monitoring, with common themes highlighting increased emotional awareness (e.g., "It helped me track my feelings and understand how I'm doing") and enhanced connectedness (e.g., "Someone was checking in on me, which made me feel cared for"). Discussion: These findings position real-time digital monitoring not just as an ethical safeguard but as an active intervention strategy for suicide prevention, particularly in resource-limited clinical environments. This presentation will discuss the implications of these results for future EMA research and suicide prevention efforts.

Learning Objective: Attendees will be able to describe how real-time monitoring in EMA studies can serve as both a risk management tool and an active intervention for reducing suicidal thoughts and behaviors in high-risk adolescents.

Symposium #41 June 13th, 2025, 2:00pm – 3:30pm

Chair: Stephen Platt

Unpacking the “unknowns”: Exploring the inputs, outputs, outcomes, and impacts of national strategies

Prof. Steve Platt², Evaluation of national suicide prevention strategies: systematic review and meta-analysis Camila Altavini³, Evaluation of national suicide prevention strategies: systematic review and meta-analysis Margaret Jamieson⁴, Professor Matthew Spittal⁵, Prof. Dr. Thomas Niederkrotenthaler⁶, Dr. Mark Sinyor⁷, The evaluation of NSPSs: reflections based on the experience of three years of European Joint Action ImpleMENTAL Alexander Grabenhofer-Eggerth⁸, Estonian Suicide Prevention Action Plan (SETK) — A shift from a whole-of-government to a whole-of-society approach Zrinka Laido⁹, Professor Merike Sisask⁹, Dr Peeter Värnik⁹, Estonian Suicide Prevention Action Plan (SETK) — A shift from a whole-of-government to a whole-of-society approach Airi Värnik⁹, Evaluating the Implementation of Connecting for Life: Ireland's National Suicide Prevention Strategy John Meehan¹¹, Senior Research Scientist Kristen Quinlan¹, Deb Stone, Unpacking the US National Strategy for Suicide Prevention evaluation through public-private partnerships Colleen Carr¹

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National suicide prevention strategies encourage coordinated, multisectoral approaches to suicide prevention. While a practical case can easily be made for their need, less is known about how, whether and when national strategies work. In this session, we will unpack these unknowns through presentations on national strategy evaluation. We will review the research evidence on the contribution of national suicide prevention strategies in reducing suicide-related behaviors. We will discuss impact measurement in the European Joint Action ImeMENTAL model, drawing on lessons learned from 15 European countries, including a deep-dive into Estonia's experience in evaluating a whole-of-society approach to suicide prevention. We will then discuss Connecting for Life, Ireland's national strategy, exploring its efficacy and its lessons learned to improve the efficiency, effectiveness, and sustainability of future suicide prevention strategies. Finally, we will explore how the United States built a theory of change with nested logic models to promote whole-of-society engagement in national strategy evaluation. Taken together, these presentations will offer concrete ideas on understanding how, whether, and when national strategies work to reduce suicide-related behaviors.

Evaluation of national suicide prevention strategies: systematic review and meta-analysis

Background: The International Association for Suicide Prevention (IASP) and the World Health Organization (WHO) recommend that every country should adopt, or make progress towards the adoption of, an evidence-informed national suicide prevention strategy. To date, more than 40 countries have adopted such a strategy, which typically promotes a coordinated, multisectoral approach to suicide prevention, involving governmental and non-governmental agencies working in collaboration, both locally and nationally. Although the case for national suicide prevention strategies has been widely accepted, the impact on the incidence of suicidal behaviour which can be attributed to the implementation of national suicide prevention strategies as a whole has not yet been evaluated. We have conducted a systematic review and meta-analysis to fill this knowledge gap.

Methods: This review was informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and used the Robins-I and JBI tools to rate the quality of included primary studies. Ten databases were searched for relevant literature published at any time in any language, complemented by searches for 'grey literature' from relevant government departments, research institutes and NGOs, conducted via the internet and contact with global experts. An initial database search was conducted in July 2023, with an update in January 2025. The contribution of national suicide prevention strategies to changes in incidence of suicide and attempted suicide/self-harm was described by means of narrative synthesis. A meta-analysis was conducted on a subset of studies.

Findings: From a total of 9455 citations (by July 2023), 23 reviews in scope were identified. Both narrative synthesis and preliminary meta-analysis provide some support for the proposition that national strategies are associated with a reduction of suicide compared to the pre-implementation period, although findings thus far may reasonably be described as "promising" rather than "convincing." The definitive findings, based on the updated database search (January 2025) and final meta-analysis, will be reported at the conference.

Conclusion: The extant incomplete or conflicting evidence may arise as a result of multiple factors, including, but not restricted to, variation in strategy implementation (including comprehensiveness, quality, intensity and reach) and limitations of evaluation methodology. Further investigation of the effectiveness of national suicide prevention strategies with strong implementation measures, using methodologically robust evaluation designs, is urgently required.

Learning objective: To provide participants with a critical appraisal of the research evidence concerning the contribution of national suicide prevention strategies to reducing the incidence of suicidal behaviour.

The evaluation of NSPSs – reflections based on the experience of three years of European Joint Action ImpleMENTAL

As part of the European Joint Action ImpleMENTAL, 15 European countries have developed or updated their National Suicide Prevention Strategies (NSPSs) based on the Austrian SUPRA model. They structured suicide prevention activities based on strategic and operational goals and actions to achieve these goals. Indicators and measurands were defined for all actions. Naturally, measuring the impact of NSPSs was a much-discussed topic during the three-year project period, as the proven effectiveness of entire strategies would be an important argument to convince decision-makers to invest in suicide prevention.

Maximum impact at the population level is the highest, but also the most difficult goal of programmes and strategies to achieve. Based on the experiences during the Joint Action ImpleMENTAL, this presentation will discuss the problem of measuring the impact of policies and interventions on public health: E.g. the positive effect of the construction of water pipes bringing fresh water from the mountains to the city of Vienna had very easily recognisable effect on life expectancy in Vienna in the 19th century. In the case of modern public health measures and public mental health in particular, it is somewhat more difficult to prove effects. On the one hand, mental health is influenced by a huge bundle of determinants, so that multi-layered and multi-level strategies and interventions are needed, which require a lot of money and strong political commitment and, of course, a wider range of indicators to measure the impact. On the other hand, probably the most effective measures (e.g. short-time work programmes in times of economic crisis) are far outside the responsibility of traditional health policy. At the same time, all the determinants mentioned above can be influenced by various antagonists such as economic downturns, pandemics, wars, ... in short: the multiple crises we are currently facing. Possible solutions for measuring success of NSPSs and the role of the suicide rate as an indicator for the effectiveness of the NSPS will be discussed.

In the second part of the presentation, the problem of low coverage of policies and actions as another cause of poor evaluation results in terms of public health impact will be discussed and possible solutions will be presented.

Learning objective: To reflect critically on indicators for impact measurement and on the possibilities for increasing impact.

Estonian Suicide Prevention Action Plan (SETK) — A Shift from a Whole-of-Government to a Whole-of-Society Approach

Estonia continues to exceed the European average in suicide mortality, with a rate of 14 per 100,000 in 2023. While progress was made in early 21st century, recent years have shown stagnation. Despite active contributions from NGOs, the lack of a cohesive national strategy has left gaps in suicide prevention efforts. In response, the Estonian government initiated the development of the Estonian Suicide Prevention Action Plan (SETK) through its participation in the European Commission's JA-ImpleMENTAL initiative.

The SETK (2025–2028) represents a strategic shift from fragmented efforts to a unified, whole-of-society approach. Inspired by Austria's SUPRA framework—recognized by the EC as a best practice—the SETK builds on its six-pillar model, expanding it to eight pillars with a special focus on early intervention and postvention. These two areas, identified as the weakest links in Estonia's suicide prevention landscape, are prioritized as standalone objectives. The methodology behind the SETK reflects a rigorous, evidence-based approach. Guided by the principles of adopting and adapting global health policy frameworks, the development process followed structured steps, including

contextual analysis, evaluation of existing measures, and the adaptation of the SUPRA model to Estonia's specific needs. The SANA questionnaire played a central role in identifying gaps, assessing capacities, and prioritizing interventions. The process also incorporated stakeholder consultations, qualitative interviews, policy dialogues, and a SWOT analysis to ensure alignment with Estonia's unique challenges and opportunities. To refine the action plan, two year pilot phase tested 9 activities aligned with four strategic goals: coordination, support/treatment, awareness-raising, and improving data quality. These activities were assessed through Plan-Do-Study-Act (PDSA) cycles, ensuring improvements and informed decision-making.

The SETK introduces 31 operational objectives and 60 measures. Emphasizing collaboration, the plan shifts from a whole-of-government to a whole-of-society model, empowering communities to take active roles in suicide prevention. By combining the SUPRA framework, the SETK establishes an evidence-based approach to reducing suicide mortality and promoting mental health resilience. Despite challenges in early intervention and postvention, the plan's structured methodology position it as a model for similar public health crises. The implementation of SETK will follow soon, through a strategic partnership between the ministry and NGOs, with additional details to be shared at the upcoming conference.

Learning Objective: By the end of this presentation, participants will be able to describe Estonia's steps in creating its suicide prevention action plan and identify its applicability to other countries.

Evaluating the Implementation of Connecting for Life: Ireland's National Suicide Prevention Strategy

Background: Connecting for Life (CfL, 2015—2024) is Ireland's national strategy to reduce suicide. It comprises 69 actions under seven strategic goals and involves 22 government departments/state agencies and over 20 NGO partners. Coordinated by the HSE National Office for Suicide Prevention (NOSP), CfL is delivered through both a top-down approach, via cross-sectoral collaboration, and a bottom-up approach, through local suicide prevention action plans. The Centre for Effective Services (CES) was commissioned in 2023 to conduct an independent evaluation of the implementation and intermediate outcomes of CfL, with the goal of informing the next iteration of Ireland's suicide prevention strategy.

Methods: The evaluation adopts a mixed-methods design informed by implementation science frameworks, including RE-AIM and CFIR. Data collection methods include:

- Policy and content analysis: To assess CfL's alignment with evidence-based practices in suicide prevention strategy design and its relevance as a policy intervention.
- Stakeholder engagement: Rapid Insight sessions with Resource Officers for Suicide Prevention (ROSPs), NGOs, and government representatives, and semi-structured interviews with 30 stakeholders to gather diverse perspectives.
- Surveys: National surveys distributed to ROSPs and local implementers to evaluate the reach, fidelity, and sustainability of CfL actions.
- Logic modelling: Development of retrospective and prospective logic models to articulate the theory(ies) of change underpinning CfL and identify gaps for future strategies.

Anticipated findings: This study, concluding in March 2025, will evaluate:

- The effectiveness of CfL's cross-sectoral, multi-level implementation in achieving its strategic goals.
- The contribution of CfL to achieving intermediate outcomes, such as improved cross-sectoral collaboration and systems change.
- Key barriers and facilitators to implementation, including resource allocation, stakeholder engagement, and sustainability planning.

- Recommendations for enhancing the monitoring of outcomes, refining strategy design, and improving the efficiency and sustainability of suicide prevention efforts.

Conclusions: The presentation will share insights into the implementation of Connecting for Life, highlighting lessons learned and practical recommendations for Ireland's next national suicide prevention strategy. By addressing gaps in implementation and outcomes, the findings aim to strengthen future policy and practice for sustainable and evidence-informed suicide prevention efforts.

Learning objective: To assess the implementation of Connecting for Life at national and local levels, evaluate its intermediate outcomes, and identify lessons to improve the efficiency, effectiveness, and sustainability of future suicide prevention strategies.

Unpacking the US National Strategy for Suicide Prevention Evaluation Through Public-Private Partnerships

The United States (U.S.) 2024 National Strategy for Suicide Prevention is a 10-year, comprehensive, whole-of-society approach to suicide prevention. It provides concrete recommendations for addressing gaps in the suicide prevention field at the state, tribal, territory, and local levels.

The National Strategy includes four strategic directions: (1) Community-based suicide prevention; (2) Treatment and crisis services; (3) Surveillance, quality improvement, and research; and (4) Health equity in suicide prevention. To ensure accountability to the National Strategy and inform quality improvement efforts, the federal government has assembled an Outcomes Framework Working Group, consisting of representatives from public (e.g., federal agencies) and private sector partners (e.g., nonprofits and experts focused on suicide prevention; people representing business investments in prevention), the voices of lived experience, and communities most impacted by suicide, to shape the evaluation design.

A "whole-of-society" approach to national strategy implementation requires a "whole-of-society" engagement with an accessible evaluation. The U.S. National Strategy evaluation begins with a scoping plan that outlines the parameters and components of the evaluation. The scoping plan unpacks how the National Strategy is designed to work. Embedded in the scoping plan is a Theory of Change that articulates the investments, mechanisms, strategies, and levers expected to produce measurable changes in the short-, intermediate-, and long-term priority goals within the National Strategy. To ensure the evaluation plan — and the National Strategy's underlying theory of change — is accessible and understandable to invested partners, the scoping plan includes nested logic models. Nested logic models allow states, tribes, territories, and communities to articulate their contributions to the implementation of the National Strategy and to align their evaluation efforts with those occurring at the national level. Tools and templates along with a partnership and communication plan will raise awareness and support further community engagement in the evaluation.

In sum, this presentation will provide a brief background on the U.S. National Strategy and will share a process for creating a national evaluation grounded in a theory of change that is measurable and broadly accessible to a wide range of public and private partners to ensure authentic engagement and success of the National Strategy.

Learning objective: At the end of this presentation, participants will be able to discuss the U.S. approach to unpacking a "whole-of-society" evaluation of a national strategy which is a part of the nationwide implementation effort.

Symposium #42 June 13th, 2025, 2:00pm – 3:30pm

Chair: Karl Andriessen

Identifying the impact of suicide and needs for support: Implications for support

Cully Grace², Goyal A³, Derakhshan Elahe¹, Anet A⁴, Andriessen Karl¹, Walsh E², Murphy A², O'Connell S^{2,5}, Stringer C², Griffin E⁵, Rowe S³, Stevenson F⁶, Osborn D^{3,7}, King M^{3,7}, Pitman Alexandra^{3,7}, Morgan A¹, Currier D¹, Jones P^{9,10}, Quayle K^{9,11}, Di Simplicio M¹², Kamboj S⁹, Logan N¹, Krysinska K¹

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SIG Postvention Symposium 1: Identifying the impact of suicide and needs for support: Implications for support

People bereaved by suicide can experience short- and long-term impacts on their grief process and psychosocial functioning. They may experience strong feelings of sadness, anger and guilt, and struggle with 'why' questions and meaning making. They have an increased risk of mental health problems such as depression and PTSD, and an increased risk of dying by suicide. Despite the devastating impact of suicide bereavement, little is known of the needs for support of those bereaved. This symposium will present findings from five qualitative studies investigating the experienced impacts of suicide and the needs for support in various populations.

Learning objective: The symposium will shed light on implications for postvention support, based on studies with people bereaved by suicide.

Identifying the support needs of young people and their families bereaved by suicide

Grace Cully (^{1,2}), Eibhlin Walsh (¹), Audrey Murphy (¹), Selena O'Connell (^{1,2}), Catherine Stringer (¹), Eve Griffin (^{1,2})

(¹) National Suicide Research Foundation Ireland

(²) University College Cork

Learning objective: This qualitative study aims to identify the needs of young people who have been bereaved by suicide, and barriers and facilitators to accessing appropriate supports and services.

Background: When young people experience bereavement in traumatic circumstances such as following a death by suicide, the negative impacts of the loss are often profound, far-reaching and long-lasting. Young people are largely dependent on key adults in their lives for accessing supports, including their family caregivers and supportive professionals such as clinicians and school personnel. We require a greater understanding of the support needs of young people bereaved by suicide and their families, and the factors that affect their access to supports and service.

Methods: Semi-structured interviews were conducted with young people, aged 18–24 years, who were bereaved by suicide aged 12–20 years. Four focus groups were conducted with two participant groups: parents/guardians supporting children and younger adolescents (8–14 years) bereaved by suicide, and professionals who engage with young people bereaved by suicide. Thematic analysis was used to inductively identify support needs of young people and factors impacting accessing support. Lived experience representatives contributed to the interpretation of the findings.

Results: A total of 22 individuals participated in this study: young people (n=7), parents (n=7) and professionals (n=8). All participant groups acknowledged bereavement by suicide as a unique bereavement experience, which requires tailored and adaptive support for the dynamic features of the grief. Support needs identified across participant groups were targeted supports, tailored to needs; consistent and responsive support; supportive school environment; supporting caregivers to support young people; support through increased understanding. Factors impacting receiving

support included knowledge of supports and access to information, availability and accessibility of supports, and communication difficulties as a roadblock to support.

Conclusion: This study highlights the need to develop suicide bereavement supports across all levels of the bereavement care pyramid, with specialised training in grief in the aftermath of a suicide needed for those providing formal supports. Information on available supports, services and resources for caregivers, school personnel, and other gatekeepers should be provided to those bereaved by suicide and made widely available online. Public awareness campaigns focusing on suicide bereavement were called for, with the objectives of improving communication around suicide loss and increasing help seeking behavior among vulnerable and stigmatised groups.

Exploring the impact of suicide bereavement on spirituality: qualitative online study

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*(deceased but contributed to study design)

Learning objective: To gain insights into the impacts of suicide loss on spirituality.

Background: Suicide bereavement is associated with a range of adverse health, social, mortality and grief-related outcomes. Little research has investigated the impact of suicide bereavement on spirituality, despite this being an important construct in healthcare research. We aimed to explore the views of young suicide-bereaved adults on any impact of their loss on their spirituality.

Methods: We elicited online qualitative data from a national cross-sectional survey of 392 suicide-bereaved adults aged 18–40 years in the UK and analysed data relating to spirituality using thematic analysis.

Results: We identified five main themes: Spiritual Coping and Meaning Making, Loss of Faith and Shift to Non-Belief, Religious Disillusionment and Rejection, Navigating Conflict and Doubt, and Fluidity and Transformation of Beliefs. We noted that responses portrayed the dynamic nature of spirituality after suicide loss, with participants shifting between faith and doubt through personal reflection. While some found meaning through spiritual engagement, others reported emotional conflicts about their spirituality, disillusionment, or shifts away from previous beliefs.

Discussion: These insights highlight the complex and non-linear ways in which individuals process spiritual change following a suicide loss, contributing to a deeper understanding of the grieving process for people bereaved by suicide.

Suicide bereavement experiences and support needs among Muslims and individuals with an Islamic cultural background living in Australia

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

Learning objective: The initial results of our study shed light on how suicide-bereaved Muslims experience the influence of Islam on their grief process, coping, and needs for support.

Background: People bereaved by suicide can experience strong feelings of guilt, shame, stigma, and responsibility. They are also at an elevated risk of suicidal behaviour. To mitigate the adversities following suicide loss, a growing interest in suicide postvention research can be observed. However, the importance of contextual factors, including culture and religion, is often overlooked. Moreover,

little is known about the impact of suicide on Muslims, and their experiences of suicide bereavement, coping, and needs for support.

Aims: The aim of the study is to investigate suicide bereavement experiences and support needs among Muslims and individuals with an Islamic cultural background in Australia.

Methods: Qualitative data will be collected using semi-structured interviews. Data will be uploaded in NVivo 14 and analysed employing Braun and Clark thematic analysis approach. Recruitment and analysis are ongoing at the time of submitting this abstract.

Results and discussion: Participants reported emotional grief reactions such as feelings of shock, disbelief, sorrow, and guilt, as well as posttraumatic growth. In contrast to the available research on suicide bereavement and religion, where Islam is sometimes introduced as a factor amplifying stigma and complicating bereavement, participants experienced faith as a source of solace. For instance, practicing (praying and worshipping), and channelling emotions and thoughts through God without fear of judgment were beneficial coping mechanisms. Moreover, suicide is prohibited in Islam which is often negatively interpreted. Nevertheless, our participants' first-hand experiences with the devastating impact of suicide loss on surviving family members and friends, made them comprehend this religious injunction as a protective factor. Regarding their support needs, participants reported a lack of contextually appropriate support in the Muslim community. They articulated a need for a support provider who is familiar with the cultural and religious background of the bereaved individuals, and appropriate intervention content. This could include using the right symbols in bereavement interventions, and challenging myths and misconceptions about suicide from an Islamic perspective. Notably, these findings are preliminary and thus inconclusive; however, new insights regarding the impact of Islam on suicide bereavement and support needs have been uncovered thus far, and an update will be reported at the conference.

[A classification of the subtypes of guilt experienced after suicide bereavement: thematic analysis of qualitative interview data](#)

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Learning objective: To gain insights into the different manifestations of guilt experienced after suicide loss.

Background: The mechanisms underlying the association between suicide bereavement and adverse mental health outcomes, including suicide, are not well understood. Feelings of guilt are more pronounced after suicide bereavement than after other losses. Guilt is one possible contributor to the mental health burden. We aimed to characterise and classify feelings of guilt expressed after suicide loss.

Methods: We conducted a secondary analysis of interview transcript data for 19 adults bereaved by suicide who were interviewed in 2020, using thematic analysis to explore the nature and/or experiences of guilt described after suicide loss.

Results: Our analysis identified four main themes, of which the first three (guilt of omission; guilt of commission; survivor's guilt) corresponded to a classification of subtypes of guilt described by those experiencing suicide loss. Our fourth theme over-arched all others in capturing the emotional, cognitive, and behavioral consequences of guilt, which were primarily negative.

Discussion: This proposed taxonomy and descriptions of the subtypes of guilt described after suicide loss helps understand the contribution of guilt to the burden of suicide bereavement. Further work is needed to investigate to the contribution of each subtype of guilt to adverse mental health outcomes after suicide loss.

Barriers and facilitators to help-seeking in men bereaved by suicide: A qualitative study

Karl Andriessen¹, Nina Logan¹, Karolina Kryszinska¹, Shelley Ball², Tim DeGoey², Dianne Currier¹

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² StandBy Support After Suicide, Australia

Learning objective: To enhance understanding of various barriers and facilitators to help-seeking, specifically for men who have been bereaved by suicide.

Background: Despite the potentially strong impact of suicide bereavement on men, including an increased risk of suicidal behaviour, little is known of how men experience and cope with grief after suicide, and their experiences regarding help-seeking.

Aims: This study aimed to explore the help-seeking experiences of men bereaved by suicide, identify barriers and facilitators to help-seeking, and inform best practices for supporting this population.

Methods: We conducted semi-structured interviews with 34 suicide-bereaved men (aged 18+) from across Australia. The mean age of participants was M = 49.44 (range: 23 — 71 years). Participants had lost a close family member, friend or colleague by suicide. The average time since bereavement was M = 8.62 (range: 0.5 — 43 years). Data were subjected to a codebook thematic analysis.

Findings: The analysis identified ten themes organised in three main categories: impacts and experiences of suicide bereavement, barriers and facilitators to formal help-seeking, and best practices for formal support services. This presentation will focus on barriers and facilitators to help-seeking. The themes address internal motivations for and against help-seeking, navigating masculinity and male identity, finding suicide bereavement support services, and referral and safe engagement pathways.

Discussion: Many factors affect help-seeking in men bereaved by suicide, including internal resistance to seeking support stemming from avoidance, shame, or a desire to protect others. Traditional masculine norms played a significant role in shaping their reluctance, as vulnerability and emotional openness conflicted with more self-reliant identities. When men did seek help, the effectiveness of the services that they sought was often influenced by factors such as affordability, trustworthiness, and their perception of the expertise and suitability of the service for their needs as a suicide-bereaved man. Active outreach by services was perceived as acceptable.

Conclusion: The findings indicate that acknowledging suicide-bereaved men's views on barriers and facilitators for help-seeking can enhance the support offered to this population. Further research may evaluate the effectiveness of support developed for and offered to these men.

Symposium #43 June 13th, 2025, 2:00pm – 3:30pm

Chair: Professor Peter Woodruff

Suicidal behaviour in Africa and the Middle East– stigma and the law.

Professor Peter Woodruff¹, Professor Suhaila Ghuloum^{2,5,6,7}, Doctor Ahmad Bawaneh³, Doctor Kim Madundo⁴

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Overall Abstract.

Suicidal behaviour presents a major Public Health concern globally where around 700,000 die by suicide every year. The International Association for Suicide Prevention in its 2021 Report 'Decriminalising Suicide: Saving Lives, Reducing Stigma' stated "The criminalisation and punishment of individuals who engage in suicidal behaviour creates a huge obstacle to accessing appropriate and adequate mental healthcare; which is a fundamental human right". The true prevalence of suicidal behaviour is likely to be under-represented in countries (around 25 worldwide) where suicidal behaviour is criminalised.

This symposium brings together expert speakers from the Middle East and Sub-Saharan Africa who have researched suicidal behaviour where it is still a criminal offence. We hope to highlight this Public Health concern and the need to prioritise suicide prevention globally.

The symposium will focus on the relevance of its legal status to suicide prevention on the global stage and how understanding factors protecting from suicidality, unique to each region, contribute to worldwide suicide prevention.

The symposium offers a unique perspective on shared stigma, criminality, cultural and spiritual beliefs related to suicide, and how, by helping draw from others' experiences, and aid international efforts at suicide prevention.

The impact of stigma and the legal implications of suicide in the Middle East Region.

Professor Ghuloum will discuss the prevalence of suicide in the Middle East region, methods, risk and protective factors, including religious and culturally driven factors. The impact of stigma and the legal implications of suicide will be considered. The presentation will discuss prevention focusing on the mental health and wellbeing of young adults.

In contrast to its illegality, in the Eastern Mediterranean and Africa, spirituality, religious and cultural factors can also play a significant role in protecting from suicide risk. Many people from these regions migrate to other countries, including Europe and North America, thus the impact is truly global.

Implications of the criminalization of suicide in Jordan.

Dr. Ahmad Bawaneh will outline issues surrounding the criminalization of suicide in Jordan as a case, showing the perception of the decision maker, the perception of the community and cultural norms, and how this affects the access to the mental health services and the perception of the community around suicide. The speaker will outline how local associations addressed the decision. He will outline mental health challenges in Jordan and proposed recommendations that focus on prevention, early intervention, and the use of scientific tools to address the underlying causes of suicide.

Suicide and Stigma in Sub-Saharan Africa.

Dr. Madundo will discuss Suicide and Stigma in Sub-Saharan Africa, outlining the legal status of Suicide and Self Harm in Sub-Saharan African countries and obstacles to the decriminalisation of Suicide and Self-Harm, along with recent research on the views of patients and health care workers on the criminalisation of suicide.

He will review local data on reporting of suicides in Tanzania/East Africa. These are often reported with very graphic detail – even across the most renowned national news agents, and this reporting is largely unregulated. The international guidelines on responsible reporting are rarely acknowledged or followed. This has an adverse impact on stigma, and thereby prevention and so raises the issue of responsible reporting and awareness in the media.

Illegality of suicide: implications for suicide risk.

Professor Woodruff will bring together his experience of working in the Middle East and Africa to highlight illegality of suicide attempts compounds how stigma increases risk of mental illness severity and ultimately the risk of suicide. He will present these ideas in the context of some epidemiological population data collected as part of the World Mental Health Survey.

Learning objectives: All the presentations will contribute complementary aspects to the following key learning objectives:

Attendees will learn about:

1. the importance of recognising suicidal behaviour in different cultures.
2. the challenges of obtaining true prevalence data where suicidal behaviour is illegal .
3. how criminalisation compounds stigma of mental illness .
4. how collating existing data can help the movement to de-criminalise suicidal behaviour and reduce stigma of mental illness in a global context.

Symposium #44 June 13th, 2025, 2:00pm – 3:30pm

Chair: John Pachankis

When society does not reflect the self: Improving understanding of LGBTQ suicide risk through methodological and theoretical innovations

Professor John Pachankis¹, Dr. Landon Hughes², Dr. Richard Bränström³, Alexandros Nikolaidis-Konstas⁴, Assistant Professor Matthew Lebowitz⁵, Dr. Ilan Meyer⁶

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Although LGBTQ people represent one of the highest population-risk groups for suicide worldwide, knowing the causes of this disparity has been hindered by methodological shortcomings. To advance knowledge of LGBTQ people's suicide risk, these five presentations draw upon representative sampling, registry-derived outcomes, momentary assessments, and/or experimental designs. The first presentation (Hughes) links US laws/policies toward LGBTQ people to interpersonal suicide precursors in an administrative database of deaths. The second presentation (Bränström) uses a population-based cohort in Sweden to identify a comprehensive set of social risks for LGBTQ suicide, from broad societal influences to daily felt safety. The third presentation (Pachankis), using population-based data from Sweden, examines the sexual orientation disparity in suicide as a function of actual and felt distance between a person and their hometown and current town. The fourth presentation (Nikolaidis-Konstas) uses momentary data collection from LGBTQ youth in the US to identify sleep quality as a potential mitigator of suicide risk following stigma exposure. The fifth presentation (Lebowitz), using experimental methods, finds that the public might perceive LGBTQ people as being particularly unlikely to overcome their suicide risk. All data have been analyzed and will inform primary and secondary interventions to reduce this disparity.

Learning objective: To understand how structural stigma moderates the relationship between interpersonal factors surrounding suicides (e.g., family and school conflicts) and sexual and gender minority status.

Background: The National Violent Death Reporting System (NVDRS) is an administrative database that collects information on the circumstances precipitating suicides in the U.S. In 2013, NVDRS introduced optional fields denoting sexual orientation and gender identity (SOGI) of decedents. Prior NVDRS research indicates that interpersonal precursors to suicide, including family or school problems, are more prevalent among sexual and gender minority (SGM) decedents compared to non-SGM decedents. However, no studies have leveraged geographic variation to examine how structural stigma — operationalized by SGM-focused state laws/policies — may moderate associations between SGM status and interpersonal precursors to suicide.

Methods: Using NVDRS data (2013–2022), we examined how structural stigma (i.e., SGM-related laws and policies) moderates relationships between SGM status and interpersonal precursors to suicide, including family, school, and financial problems. Our analysis included all identified SGM decedents (N=3,664) and a 10% random sample of non-SGM decedents (N=24,942). Structural stigma was measured using a time-varying validated index of state laws and policies (e.g., marriage equality). Covariates included both individual-level factors, including age, sex, race/ethnicity, education, and year of suicide and state-level factors including Gini coefficient, poverty level, population density, proportion of Black residents, religiosity, and Census region. We performed bivariate analyses and fit logistic regression models with SGM status as the independent variable, interpersonal precursors to suicide as the dependent variable, and structural stigma as the moderator.

Results: Bivariate analyses revealed that family-related problems (Risk Ratio [RR]: 1.47, $p<.001$) and school-related problems (RR: 3.09, $p<.001$) were substantially more prevalent among SGM decedents compared to non-SGM decedents. Regression analyses indicated that structural stigma did not moderate the relationship between SGM status and interpersonal suicide precursors. However, when controlling for all covariates, SGM status remained significantly associated with higher odds of experiencing family-related problems (Odds Ratio [OR]: 1.21, $p<.05$) or school-related problems (OR: 1.49, $p<.05$) prior to suicide.

Discussion: SGM status is associated with greater family and school-related problems prior to suicide, but structural stigma did not moderate this relationship. Our findings suggest that SGM-focused policy interventions (e.g., non-discrimination policies, same-sex marriage laws) may be unlikely to substantially reduce SGM disparities in suicide, and highlights that interpersonal-focused interventions focused on family and school may be most effective. One limitation of this work is that only 10% of suicide decedents' records included information on SOGI. Therefore, future analyses will identify additional LGBTQ+ decedents using systematic keyword search methodologies in the death records. These findings will also be discussed.

Learning Objective: To establish the pattern and proportion of sexual orientation differences in suicidality that can be explained by social stress exposure, barriers to societal integration, and threats to social safety, in a large population-based sample stratified by gender identity and sexual minority subgroups.

Background: Individuals identifying as sexual minorities (e.g., lesbian, gay, bisexual) have been found to have a substantially elevated risk for suicidality. This elevated risk is suggested to be explained by sexual minority individuals' increased exposure to stigma-motivated social stress and social exclusion. To date, a lack of population-based studies that comprehensively assess stigma-motivated social stress exposures has hindered understanding the role of social risk factors in explaining elevated risks of suicidality for sexual minority individuals.

Methods: In a population-based sample in Sweden (n=20,117 total, n=1,035 sexual minority; M age=50.7), we assessed sexual orientation identity, past-two-week suicidality, social stress exposure, barriers to societal integration, and threats to social safety.

Results: Lesbian women, compared to heterosexual women, and bisexual individuals, compared to heterosexuals, reported higher odds of past-two-week suicidal thoughts (i.e., lesbian women, OR=2.51, 95% CI=1.65–3.84; bisexual women, OR=2.94, 95% CI=2.41–3.57; bisexual men, OR=2.35, 95% CI=1.75–3.16). Social stress exposure (i.e., everyday discrimination) and barriers to social integration (i.e., lower likelihood of being a parent) explained lesbian women's increased risk of suicidality. Lower likelihood of being partnered, economic hardship, and recent stressful life-events partially explained bisexual men's increased risk of suicidality. For bisexual women, most risk factors included in this study (i.e., those related to social stress exposure, societal integration, and threats to social safety), partially explained the increased risk of suicidality compared to heterosexual women. Even in fully adjusted models, bisexual individuals still had an increased risk of suicidality compared to heterosexuals.

Discussion: We find distinct social risk factors for different sexual minority subgroups. Future research informed by other theories is needed to further understand the causes of bisexual individuals elevated risk of suicidality.

Learning Objective: Describe sexual orientation differences in suicidality by geographic distance from, and perceived inclusion in, one's childhood hometown community. Examine evidence that movement from one's hometown might have differential effects on current suicidality depending on one's sexual orientation.

Background: Sexual minority individuals (e.g., those identifying as lesbian, gay, bisexual) represent one of the highest population-risk groups for suicide. Emerging evidence finds that sexual minority individuals are more geographically mobile than heterosexuals. Compared to heterosexuals, sexual minority individuals might be particularly likely to move from smaller hometowns to both escape stigma and seek opportunities uniquely available in larger cities. However, few studies have investigated potential mechanisms through which movement might introduce an elevated risk of suicidality for sexual minority compared to heterosexual individuals.

Methods: In a population-based sample in Sweden (n=13,606 total, n=831 sexual minority; M age=58.8), we assessed sexual orientation identity, past-two-week suicidality, and felt inclusion in one's hometown when growing up. Responses were linked to national registry data regarding residential history.

Results: Sexual minority individuals reported a higher odds of past-two-weeks suicidal thoughts than heterosexuals (i.e., lesbian/gay individuals, OR = 1.64, 95% CI =1.19–2.27; bisexual individuals, OR = 2.58, 95% CI = 2.15–3.08). Whereas growing up in a city was associated with strong protection against current suicidal thoughts for gay men, growing up in a rural area was protective for lesbians. Bisexual individuals were at consistently high risk regardless of where they grew up. Across sexual orientation groups, gay men were particularly likely to move further away from their hometowns than heterosexuals (d = 0.44, p < .001). Moving away from one's hometown was protective against suicidal thoughts for sexual minority but not heterosexual individuals. Sexual minority individuals reported lower felt inclusion in their hometown (d = 0.38, p < .001), which we explored as mechanism of the sexual orientation disparity in suicidal thoughts, as moderated by distance from hometown.

Discussion: Findings highlight that the sexual orientation disparity in suicidality is partially a function of geography. That gay men's in cities have low risk, whereas lesbian women in rural areas have low risk, and that moving is particularly beneficial for gay men, calls for future research into the benefits and costs of living in various locales by sexual orientation and gender. That sexual minorities report lower felt inclusion in their hometowns than heterosexuals calls for future research into the psychological experience of moving versus staying for diverse populations.

Learning Objective: Understand how sleep quality moderates the relationship between LGBTQ+ minority stress and next-day suicidal ideation intensity, emphasizing within-person changes through real-time data analysis.

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 (e.g., minority stress), poorer sleep, and heightened STB compared to non-LGBTQ+ peers. 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 LGBTQ+ youth at elevated suicide risk.

Methods: Fifty LGBTQ+ youth (average age = 18.52, range = 13–24; 76.0% assigned female, 56.0% transgender, 78.0% non-Hispanic White) in the US Southeast were enrolled into a smartphone-based EMA protocol (3 EMA/day for 28 days). Participants reported minority stress exposure, sleep quality and duration, and active SI intensity (desire to kill oneself), passive SI intensity (desire to not 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 examine sleep as a potential mediator and/or moderator of the within-person association between minority stress and next-day SI intensity.

Results: Models assessing sleep as a potential mediator were not significant. Models assessing sleep as a potential moderator suggested that sleep quality significantly moderated the relationship between minority stress and next-day passive SI. 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 passive SI intensity was significant and negative. For low values of sleep quality, the within-person association between minority stress exposure and next-day passive SI intensity was significant and positive. No significant moderation was found for sleep duration.

Discussion: This study demonstrates that smartphone-based EMA is an effective method to capture real-time fluctuations in minority stress, sleep, and SI intensity in LGBTQ+ youth. Findings suggest that better sleep quality might mitigate the daily suicidogenic impact of minority stress. Public health and clinical interventions aimed at reducing minority stress exposure and enhancing sleep quality may hold promise in lowering suicide risk among LGBTQ+ youth.

Learning Objective: Examine how learning a person's sexual minority status affects perceptions of the person's mental health. Consider how beliefs about mental health disparities affecting sexual minority groups might affect perceptions of the mental health of LGBTQ+ individuals.

Background: Members of sexual minority groups experience depression and suicidality at significantly higher rates than their heterosexual counterparts. Efforts to raise awareness of this disparity often include public messaging that portrays sexual minority individuals as having heightened vulnerability to negative psychiatric outcomes. However, such an approach could have downsides, if it contributes to stereotypes of sexual minority individuals as having inherently poor mental health. If poor mental health is perceived as an inherent and immutable attribute of sexual minority individuals, this could lead to overdiagnosis, prognostic pessimism, and reduced confidence in the effectiveness of mental health treatment in this population. The present study sought to investigate how describing an individual as belonging to a sexual minority group would impact perceptions of the person's mental health.

Methods: U.S. adults (final sample $n=386$) read a vignette describing an individual named Michael who was experiencing several symptoms consistent with depression. Participants were randomly assigned either to a condition in which Michael was described as gay or to a control condition in which his sexual orientation was unspecified. Participants completed ratings of their perceptions of Michael, such as how likely it was that Michael was experiencing depression, how likely it was that

Michael was having thoughts of suicide, and how likely it was that Michael's symptoms would improve. Participants also estimated the prevalence of depression in the general population and in the LGBTQ community, allowing us to compute each participant's estimate of the magnitude of the disparity in depression prevalence affecting sexual minority groups.

Results: Results indicated that describing Michael as gay did not affect participants' ratings of the likelihood that he was experiencing depression or suicidal thoughts. Among participants who identified as cisgender and heterosexual, those who were told Michael was gay perceived his symptoms as less likely to resolve, $t(291)=2.12$, $p=.035$. Moderation analyses suggested that this difference became more pronounced the larger participants estimated the magnitude of the sexual orientation disparity in depression to be. Additional planned studies will examine the implications of participants' beliefs about the magnitude of the sexual orientation disparity in suicidality, to understand how beliefs about this disparity might shape perceptions of sexual minority individuals experiencing psychological distress, including among mental health clinicians.

Discussion: This research has implications for clinical reasoning and decision-making, patient-provider relationships, and public health communications.

Symposium #45 June 13th, 2025, 2:00pm – 3:30pm

Chair: Professor Jane Pirkis

The commercial determinants of suicide: A new lens to accelerate suicide prevention efforts

Professor Jane Pirkis¹, Ms Bronwen Edwards, Prof Jason Bantjes Bantjes², Principal Research Fellow – Gambling And Suicide Angela Rintoul¹

¹University of Melbourne, Melbourne, Australia, ²Roses in the Ocean, Brisbane, Australia, ³South African Medical Research Council, Cape Town, South Africa

Overall learning objective: To understand the relevance of the commercial determinants of health to the field of suicide prevention

Overall concept: The commercial determinants of health (CDoH) have been defined as 'the practices, pathways and systems in which commercial actors drive health and equity' (Gilmore et al, 2023). A wide range of industries from alcohol to gambling, pesticides, firearms, technology, and fossil fuels have been shown to profits over population health. Adoption of the CDoH to address non-communicable diseases has gained pace over the past decade, and the WHO is expected to publish its first report on this topic during 2025.

This symposium will outline the ways that commercial actors can contribute to self-harm, suicidality and suicide. We contend that bringing CDoH to the suicide prevention field could reveal new ways to disrupt these pathways and accelerate progress to reduce the suicide toll. We will bring the voices of those with lived experience of gambling and alcohol-related suicide loss and suicide attempts to show how they have been affected.

Critically examining the commercial determinants of suicide

Jane Pirkis

Learning objective: To understand the influence of certain commercial determinants on suicide

Until now, a commercial determinants lens has not been systematically applied to suicide. This is despite certain commercial actors clearly playing a major role in suicide. At the most basic level, this occurs because the products they promote and sell are used as methods of suicide (e.g., pesticides,

firearms) or heighten risk of suicide (e.g., gambling, alcohol). These actors dominate the public discourse about their products, often normalising or glamorising their use through aggressive marketing tactics. They influence scientific “knowledge” about these products by shaping research agendas, funding research that seeks to discredit public health evidence, and creating doubt. They have significant policy sway; they lobby decision-makers to block the most effective policies, often misusing evidence and shifting responsibility (e.g., using terms like “problem gamblers” to place the onus on the individual). There is an ethical imperative to increase the transparency and accountability of commercial actors in relation to suicide. In this presentation, we will argue that four key questions need to be answered to progress knowledge about the commercial determinants of suicide. These are: (1) To what extent are certain industries responsible for suicide deaths? (2) How do these industries promote suicide and undermine suicide prevention efforts? (3) What policies, legislation and regulation are effective in mitigating the impact of these commercial determinants of suicide? (4) Would investing in particular strategies to counter the influence of these commercial determinants of suicide represent good value for money? We will share a proposed program of work designed to answer these questions.

Uncovering the enduring impacts of gambling and alcohol through the stories of people with a lived experience of suicide.

Bronwen Edwards,

Learning objective: To illuminate the devastating impact the gambling and alcohol industries have on individuals, families, and communities.

In a world dominated by powerful commercial interests that prioritise profit over human wellbeing, truth-telling through lived experience has emerged as a potent counterforce. As a national organisation focused on lived experience of suicide, Roses in the Ocean recognise that authentic personal narratives can challenge and transform entrenched systems of power. One of our organisations key roles is to empower and support individuals to step into the public arena, making their voices heard and their experiences visible.

This presentation examines how scaffolding people with lived experience of suicide to share their stories through creating safe supportive environments to make sense of their experience, providing mentoring and support to share their insights, and most importantly validating their truth, creates a powerful catalyst for addressing social inequities and injustice. The presentation includes a series of video vignettes featuring people harmed by the gambling and alcohol industries. By amplifying the voices of those directly harmed by the commercial determinants of health we illuminate the devastating impact these industries have on individuals, families, friends, and colleagues.

We explore how those who have navigated these challenges, lived the world through the lens of a person who has been judged for their experience of being in the grip of gambling and alcohol, know where it can lead a person, and have found their way back offer unique insights and innovative solutions. While confronting these commercial giants may seem a Goliath task, we suggest how collective storytelling and lived experience advocacy can effectively challenge harmful industry practices and drive meaningful change.

Why should national suicide prevention strategies include measures to restrict access to alcohol and reduce hazardous alcohol use?

Jason Bantjes,

Learning objective: To critically examine evidence supporting that hypothesis that restricting access to alcohol reduces suicide deaths at a population level.

Although often overlooked as a public health strategy to prevent suicide, reducing consumption of alcohol at a population level could be an effective suicide prevention strategy. But what is the

evidence to support this claim and why is it difficult to collect empirical evidence to substantiate the claim? This presentation will try to answer these questions by providing an overview of the research on links between alcohol use and suicide, and the methodological challenges of investigating how public health policies that restrict access to alcohol impact suicide rates. The presentation will also describe research done in South Africa during the COVID-19 pandemic, to explore how alcohol restrictions imposed at various times during the first year of the global pandemic impacted national suicide rates, providing some evidence to support the hypothesis that national suicide prevention strategies should include measures to restrict hazardous use of alcohol. The presentation concludes with a brief description of how powerful alcohol producers in Africa have systematically resisted and influenced state measures to curb alcohol consumption, making it difficult to address this commercial determinant of suicide in the region.

A model of the commercial determinants of gambling-related harm, self-harm and suicide

Angela Rintoul,

Learning objective: To systematically understand the commercial determinants of gambling-related harm, self-harm and suicide.

Gambling is now recognised as a contributing or causal factor in suicide deaths. The commercial gambling ecosystem (e.g. operators, manufacturers, media, sporting organizations, banks, IT, telecommunications, and software developers) is a global entity with the capacity to produce widespread detriment to the health and wellbeing of populations.

This presentation provides a model of the commercial determinants of gambling-related harm, self-harm and suicide. We contend that the discourse of 'responsible gambling' promotes gambling as a harmless recreational pursuit, acting to normalise the activity, and framing those harmed as flawed consumers. This generates stigma and shame, key mechanisms in the relationship between gambling and suicide. We outline six levels at which the commercial determinants of gambling-related harm, self-harm and suicide operate. Illustrations of this model are relevant internationally, yet draw on examples largely from of policy processes and gambling arrangements in Australia; a nation that experiences the largest per capita gambling losses globally and has a long history of legal commercial gambling. We propose six levels of this system, drawing on 'responsible gambling' as a powerful discourse that mediates relationships and grows dependencies:

- Gambling products are increasingly intense and immersive, enabling substantial losses. Gambling has merged with social and video games. It is available ubiquitously for instance via smartphone applications.
- Marketing and promotions Operators also use 'dark patterns' that hyper-target individuals with 'tuned advertising', making it difficult to reduce or stop gambling.
- Reputation management includes funding of 'good causes,' creating a social license and financial dependencies at the community level.
- At the scientific level influence includes funding research that creates conflicts of interest, leading to a biased evidence base.
- At the political level lobbying, political donations, and the 'revolving door' between parliamentarians and gambling operators grants privileged access to decision makers.
- At the governmental-regulatory level, taxation arrangements create perceived dependencies on gambling revenues and employment, overriding public health concerns.

The model accounts for the comparative lack of success of efforts to introduce meaningful reforms to the regulation of gambling. Disrupting these systemic characteristics will require a range of measures, including strengthening the power and independence of regulators, improving accessibility to gambling data, increasing funding of independent research, reducing the political influence of the

gambling ecosystem, and taxation system reform to reduce perceived dependencies on gambling revenue. Such measures could accelerate efforts to prevent gambling-related suicides.

Symposium #46 June 13th, 2025, 2:00pm – 3:30pm

Chairs: Benedikt Till and Mark Sinyor

IASP'S Special Interest Group Media & Suicide Symposium part II: Media Representations of Suicide and their Effects

Dr. Mark Sinyor^{1,2}, Prof. Sangsoo Shin⁹, Dr. Jiyun Lee², Professor Emeritus Academy Steven Stack³, Dr. Vera Yu Men⁴, Prof. Dr. Thomas Niederkrotenthaler^{5,6}, Associate Professor Gregory Armstrong⁷, Dr. Rani Mohanraj⁸, Dr. Shuba Kumar⁸, Dr Tilahun Haregu⁷, Professor Matthew Spittal⁹, Professor Jane Pirkis⁹, Sandhya Ravishankar¹⁰, Dr Lakshmi Vijayakumar^{11,12}, Prof. Lisa Marzano¹³, Dr. Ruth Spence¹³, Dr. Ian Kruger¹³, Dr. Ian Marsh¹⁴, Arianna Barbin¹⁵, Mrs Lorna Fraser¹⁶, Ms Vanja Gomboc¹⁷, Prof. Vita Poštuvan¹⁷, Madeleine Jaeger^{5,6}, Paul Pürcher, Assoc. Prof. Dr. Benedikt Till^{5,6}

¹Sunnybrook Health Sciences Centre, Toronto, Canada, ²University of Toronto, Toronto, Canada, ³Wayne State University, Detroit, USA, ⁴University of Maryland, College Park, USA, ⁵Medical University of Vienna, Center for Public Health, Department of Social and Preventive Medicine, Public Mental Health Research Unit, Vienna, Austria, ⁶Wiener Werkstaette for Suicide Research, Vienna, Austria, ⁷University of Melbourne, Melbourne School of Population and Global Health, Nossal Institute for Global Health, Melbourne, Australia, ⁸Samarth: Research for Change, Chennai, India, ⁹University of Melbourne, Melbourne School of Population and Global Health, Centre for Mental Health and Community Wellbeing, Melbourne, Australia, ¹⁰The Lede, Bengaluru, India, ¹¹Voluntary Health Services, Department of Psychiatry, Chennai, India, ¹²SNEHA Suicide Prevention Centre, Chennai, India, ¹³Middlesex University, London, UK, ¹⁴Canterbury Christchurch University, Canterbury, UK, ¹⁵University of Suffolk, Ipswich, UK, ¹⁶Samaritans, UK, ¹⁷University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research, Koper, Slovenia

Overall abstract: This symposium hosted the IASP Media & Suicide SIG aims to explore how different narratives related to suicide are presented in different types of media and how characteristics of these narratives may change over time. In a three-arm RCT, Greg Armstrong found increases in coping and survival beliefs and suicide prevention knowledge as well as a reduction of stigmatizing attitudes towards suicide after exposure to different versions of print media articles containing educative suicide prevention messaging. Vanja Gomboc and Vita Poštuvan analyzed the impact of four suicides among adolescents in Slovenia that gained substantial public attention due to extensive social media discussions with data from Google Search Trends, police reports, and Facebook posts. Madeleine Jaeger explored how the production of a short film with different portrayals of suicidal ideation and behavior negatively affected the filmmakers' mental health in a qualitative interview study. Paul Pürcher will discuss how a change in legislation of assisted suicide in Austria and the preceding public discussion about the new laws changed how assisted suicide was portrayed in the Austrian news media. Steven Stack explored gender differences in the presentation of suicide with regard to method and primary motive in popular songs and films about suicide.

Determining the effects of protective suicide content in the print media in India: a randomised controlled trial

Gregory Armstrong

Objectives: Our study reports on a three-arm randomised controlled trial with young adults in India designed to assess the protective effects of exposure to educative suicide content and stories of surviving a suicide crisis in the print media in India.

Methods: The study design was a three-arm RCT measuring the effects of protective suicide content in print media articles with a sample of 375 young adults aged 18–29 years. Intervention group 1 received three print media articles containing educative suicide prevention messaging, intervention group 2 received the intervention with the addition of brief lived experience stories of hope and survival, and the control group received print media articles related to diabetes. Measurement occurred at baseline (before randomisation), post-test and 14-day follow-up. The primary outcome, beliefs about refraining from suicide, was measured using The Survival and Coping Beliefs subscale of the Reasons for Living Scale (RFLS). Secondary outcomes included stigmatising attitudes (Suicide Stigma Assessment Scale), suicide prevention knowledge (Literacy of Suicide Scale), and intentions to seek help (General Help-Seeking Questionnaire). Linear regression models were used to estimate the effects of the intervention conditions, and standardised mean differences (SMD) were used to indicate the effect size.

Results: We observed a small and significant increase in coping and survival beliefs in intervention group 1 at post-test (SMD=0.15), which was sustained at follow-up (SMD=0.17). There was no significant effect on coping and survival beliefs in intervention group 2 at post-test, yet a small marginal ($p=0.053$) effect was observed at follow-up (SMD=0.16). Larger increases in coping and survival beliefs in both intervention groups were observed among participants with below median scores on the coping and survival beliefs measure at baseline. Significant reductions were also observed in stigmatising attitudes in both intervention group 1 (post-test SMD=-0.19; follow-up SMD=-0.19) and intervention group 2 (post-test SMD=-0.16; follow-up SMD=-0.26). Moderate increases in suicide prevention knowledge were also observed in both groups at post-test and follow-up. Only intervention group 1 had an increase in intentions to seek help at post-test, which was not sustained at follow-up.

Discussion: Our findings indicate great potential to generate small protective effects at the population level in India through brief educative suicide prevention messaging in print media articles. While the effects were small, print media articles reach thousands of people in the general population, and these small effects across a large number of people can represent a substantial population-level impact that is highly cost-effective.

Unpacking the Copycat Effect: Social Media's Role in Adolescent Suicide Trends in Slovenia

Vanja Gomboc and Vita Poštuvan

Slovenia has a higher-than-average suicide rate compared to Europe and the world. Among adolescents, approximately 10 suicides occur annually, typically involving older adolescents. However, in 2022, four suicides among younger adolescents were reported, marking a deviation from national trends. Two of these cases gained significant public attention due to extensive social media discussions, where users explored potential risk factors, expressed concerns, debated suicide method and related issues.

To investigate this deviation from national trends, we conducted a study exploring the potential copycat effect in adolescent suicides in 2022. This study integrated findings from three sub-studies:

- **Google Search Trends:** We analyzed patterns of Google search interest related to suicide in Slovenia during 2022 using the Google Trends tool, comparing these findings with data from 2021 and 2023 to identify temporal trends.
- **Police Reports:** We examined official police reports for the four cases to assess similarities and differences among the adolescents, focusing on their interests, struggles, social networks and suicide method.
- **Public Discourse Analysis:** Using content analysis, we analyzed 71 public and private Facebook posts and 3,752 associated comments discussing the cases, focusing on the representation of suicides, public awareness, and prevailing attitudes.

Our findings indicate a notable peak in suicide-related Google searches coinciding with the reported deaths. Police reports revealed shared, unusual interests and similar methods of suicide among the adolescents who died by suicide. Content analysis of social media posts and comments highlighted tendencies to assign blame, oversimplify causes, and express predominantly emotional and defensive reactions. The discourse surrounding these cases was intense, public, and, in many instances, problematic from the perspective of responsible reporting on suicide. These results underscore the urgent need for enhanced public awareness and adherence to guidelines for responsible discourse on suicide. Additionally, proactive measures are necessary to address the ripple effects of publicized suicide cases on vulnerable populations.

Developing and producing a short film on suicide: Perspectives from filmmakers

Madeleine Jaeger

The portrayal of suicide is a common theme in the film industry and the accurate and sage portrayal is a public health priority. In spite of this, there are currently no studies available that have explored how filmmakers experience the production of a film on suicide and how this process causes distress and negatively or positively affects their mental health. Furthermore, it is important to understand why filmmakers and producers choose certain elements or images for the portrayal of suicidal ideation and behavior.

In this study, we interviewed members of a professional film team. The team produced a short film focusing on an individual's suicidal crisis and featuring different endings of the story. In one version, the protagonist died by suicide, while in the other two versions he mastered his suicidal crisis. One of the latter two versions contained references to a suicide method, whereas the other version did not. We conducted a qualitative study using ten semi-structured interviews with individuals who were part in this film production. Data were analyzed with the Documentary Method.

Preliminary results show that team members reported some negative mental health impacts of their exposure to suicidal ideation and behavior in the film plot. This impact depended strongly on the role and individual involvement in the film production. While individuals with high involvement in the production (e.g., director, film composer, cinematographer) reported negative effects on their mental health, specifically depressive mood, brooding, and flashbacks of previous mental health issues they had experienced, individuals with less creative involvement were not much affected. The findings highlight the importance of careful communication within the team, reflection about one's own mental health, and supervision of filmmakers during the development and production process. Better promotion of current media recommendations for portraying suicide in entertainment media might help to inform filmmakers about responsible portrayals of suicide in films, and these guidelines should always involve a recommendation that filmmakers and their teams take care for themselves and consider supervision to reduce the burden from working with difficult and sensitive content related to suicide.

This work was funded in whole by the Austrian Science Fund (FWF) [Grant-DOI: 10.55776/P36769].

Learning objective: To gain greater understanding of the challenges filmmakers face when developing and producing a film on suicide.

Media Reports on Assisted Suicide in Austrian Print Media

Paul Pürcher

Introduction: In Austria, assisted suicide has been legalized since 2022. Similar to other countries that recently legalized assisted suicide, prior to legalization and in the time period right afterwards, a broad topic-specific discussion took place in the Austrian public and media. Newspaper articles reported about this discussion including different viewpoints. Little is currently known about the specific quality of newspaper reporting on assisted suicide.

Methods: Newspaper articles from 11 Austrian daily newspapers were researched using 12 key words over the time period of 6 years (2017–2022). Analysis was carried out using a content analysis based on media guidelines for reporting on suicide. The coding system was slightly adapted to the concept of assisted suicide. For the analysis, we compared the reporting well beyond the legislation change (2017–2019, period 1), the period immediately before the implementation of assisted suicide (2020–2021, period 2), and immediately afterwards (2022, period 3).

Results : In total, there were N = 906 media articles included. Portrayals showed content regarding assisted suicide changed substantially over the three time periods and did include problematic elements (e.g., stigmatizing wording, naming of the substance used for assisted suicide, provision of contacts for help with assisted suicide but absence of contacts for mental health support, monocausality of explanations for assisted suicide, etc.). Specific differences in the reporting across the three periods will be presented.

Discussion: As this study is to our knowledge the first content analysis covering the topic of assisted suicide over the legalization period in a country (Austria), important insights on problematic content, but also best-practice examples for media reporting on assisted suicide (according to guidelines for media-reporting on suicide), were extracted from the data. Guidelines on suicide reporting should also be considered in media coverage of assisted suicide, not only during the time of legalization of assisted suicide.

Artistic Construction of Gender and Suicide in Popular Songs and Film: Firearms and Intimate Partner Problems

Steven Stack

Background.: Research on media and suicide has focused on content analyses of news media while neglecting the presentation of suicide in popular songs. The present study explores the content of popular suicide songs. It focuses on gender differences in the method of suicide and coverage of intimate partner problems (IPP) as a cause of suicide. Following cultural definitions of masculinity, it tests two hypotheses: H1. Songs sung by male vocalists will be more apt to present firearms as a method; and H2. Male vocalists will be less apt to link suicide to IPP.

Methods. The analysis is based on a content analysis of lyrics from 148 popular songs about suicide by white male and female artists. Data on songs were located using a web-based search engine, Genius.com, employing the keyword “suicide.” Two coders read the lyrics of each song (SP & SS). The method of suicide is coded as a binary variable where 1=firearm and 0=all others. In addition, a bivariate variable (0,1) was created to differentiate songs that linked suicide to IPP from all other songs. Some preliminary comparisons are made to the presentation of method and IPP in post-1969 suicide films (N=886). Data on suicide films are from an updated version of the Stack and Bowman (2011) film archive.

Results. A logistic regression analysis found that songs by males were 6.16 (CI: 1.39, 27.28, $p=.016$) times more likely than songs by females to refer to firearms as a method of suicide. A second logistic regression analysis showed that song narratives by males were equally as likely as female songs to attribute suicide to IPP (OR=.72, CI .33, 1.55, $p=.40$). It is noted that only 2 of the 148 songs followed a Papageno pattern of recovery/hope (e.g., URL: Yuck – Suicide Policeman (Yours Truly Session)). A preliminary analysis of suicide films replicated the findings on the method of suicide but found that suicides of females were 2.33 times (CI 1.63, 3.33, $p=.000$) more likely than males to be linked to IPP.

Discussion. The results had mixed support for social construction of suicide in songs. Both songs and films link male suicide to firearms. These media portrayals help to understand the 4:1 ratio in male/female suicide rates. However, gendered differences for IPP were found in feature films, but not songs. Perhaps popular songs may target a youthful audience where IPP is widespread and affects both genders equally.

Evaluating the Quality of Suicide-Related Narratives Generated by Large Language Models (LLMs)

Mark Sinyor & Prudence Po Ming Chan

Background: Suicide-related media is known to influence suicide rates. Large Language Models (LLM), a form of Artificial Intelligence (AI), are increasingly being used as a writing tool. However, the quality of LLM-generated suicide-related content has yet to be assessed.

Methods: Our study examines the outputs from 3 chatbots (GPT-4, Grok, ERNIE) asked to produce text in 5 writing styles (broadsheet news report, tabloid news report, adult fiction, teen fiction, social media influencer) across 11 suicide-related prompts asked 5 times each (planned n= 825). To date, we have pilot-coded 100 queries using GPT-4. Full results will be available at the time of the conference with regression analyses comparing results between LLMs.

Results: In our pilot, 78 responses (78%) were excluded mainly because GPT-4 refused to write the requested text citing concerns about generating potentially harmful material. Ultimately, 32 responses (32%) met inclusion criteria, mainly those related to broadsheet and tabloid news reports as well as social media influencers. With respect to overarching narrative, 13 (41%) focused on helpful efforts by society to prevent suicide and 11 had other, more general, uplifting messages (34%). In terms of putatively harmful characteristics, the most common was mentioning that there is an epidemic or escalating crisis of suicide (11 responses; 34%). In terms of putatively protective characteristics, all responses (100%) included a message of hope and 23 (72%) described alternatives to suicidal behaviour.

Conclusion: These preliminary results suggest that GPT-4 largely adheres to responsible media reporting guidelines, at rates substantially higher than the literature on output from human sources. Full results for GPT-4 as well as Grok and ERNIE will be available at the time of the conference. We expect substantially different results from the latter given that Grok has been dubbed "TruthGPT" that, in contrast to GPT, is not "trained to be politically correct" and because ERNIE is a Chinese-language LLM that arises from a different cultural context. Our study represents the first attempt to characterize the narratives LLMs produce regarding suicide and can be used to inform future suicide prevention efforts through AI.

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

Sally Spencer-Thomas

This study explores the impact of a storytelling retreats on individuals with lived experience of suicide, highlighting the role of storytelling in suicide prevention. Traditionally, narratives about suicide have focused on tragedy, often fostering feelings of helplessness. However, storytelling can offer a hopeful narrative, activate community change, and create connections that support prevention efforts.

Objective: To assess participants' experiences completing a full-day storytelling retreat.

Methodology: Participants attended a storytelling retreat divided into three sections:

- Exploring "Am I Ready"
- Best practices in safe and effective storytelling
- Developing and practicing their personal hero's journey of turning pain into purpose
- Pre- and post-surveys measured participants' satisfaction, the impact of the retreat, and their confidence in sharing a five-minute version of their story.

Results:

Goals: The retreat met or exceeded expectations for most participants.

- Confidence: Participants reported increased confidence in sharing their lived experiences both privately and publicly.
- Interest in Sharing: Many participants expressed interest in sharing their stories in various settings, including conferences and workplaces.
- Key Takeaways: Common themes included learning about the hero's journey, the experiencing the power of storytelling, and creating a supportive environment.
- Participants found the retreat transformative, offering a safe space for vulnerability and connection, with a strong emphasis on personal growth and advocacy.

Conclusion: The retreat significantly boosted participants' confidence and willingness to share their suicide-related experiences, demonstrating the power of storytelling as a tool for suicide prevention.

Symposium #47 June 13th, 10.30am – 12.00noon

Chair: Professor Jo Robinson

Suicide among young women and girls: A global health crisis

Kenny B^{1,2}, Mitchell R^{3,4,5}, La Sala L^{1,2}, van Bergen D⁶, Clapperton A⁷

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Suicide among young women and girls is a critical public health issue. Historically, suicide has been conceptualised as a male problem; however, there has been an alarming increase in suicide deaths among young women and girls. This symposia brings together experts from Australia, Canada and the Netherlands to contextualise these changing trends and to discuss female-specific risk factors that may explain the increase in suicide deaths among young women and girls.

This symposium will present data from the World Health Organization to demonstrate how suicide deaths among young women and girls globally have changed over the past 25 years and will be accompanied by a review of key risk and protective factors. To provide a national perspective, data from a large cohort study will be used to compare suicide rates among female and male adolescents aged 10 to 14 years in Canada. Subsequent presentations will (1) discuss the self-perceived factors for resilience and recovery from suicidality, (2) examine the role of social media for self-harm and suicide among young women and girls and (3) provide data on the proportion of young females who are treated in hospital for self-harm who go on to die by suicide.

Learning objective: This presentation will demonstrate how the suicide rate among women and girls has changed over the past 25 years and will identify risk and protective factors that may explain these changing trends.

Background: The rate of suicide deaths among women and girls is increasing, with a particularly concerning rise among adolescents and young women. Suicidal behaviour in women and girls can be attributed to multiple factors that vary from men due to differing biological factors, societal expectations and social constructs. For example, hormonal changes during transitional developmental periods and gender-related vulnerabilities such as intimate partner violence disproportionately impact women and girls. A comprehensive understanding of suicide among women and girls is urgently needed to ensure the design of effective gender-specific prevention and early intervention approaches. The presentation will (1) examine changes in suicide deaths among women and girls over the past 25 years and (2) identify risk and protective factors for suicide deaths among women and girls.

Methods: Secondary data analysis of the World Health Organization (WHO) Mortality database was conducted to examine changes in suicide deaths between 2000 and 2025. Simultaneously, a systematic review of reviews was conducted to identify risk and protective factors for suicide among women and girls. Factors were subsequently mapped onto the socio-ecological model.

Results: Preliminary findings demonstrate trends in suicide deaths among women and girls differ at the country-level, with evidence of both increases (e.g., Mexico, Chile, Australia, Ireland) and decreases (e.g., Argentina, Lithuania, Hungary, Slovenia) in the rate of suicide deaths since 2000. The greatest rise of suicide deaths appears to be attributable to young women and girls aged 15 to 24 years (e.g., Mexico, Netherlands, United States, Japan). Risk factors for suicide among women and girls include individual level (e.g., mental ill-health, miscarriage, socioeconomic status), relationship level (e.g., intimate partner violence, experience of childhood abuse), community level (e.g., cultural and religious beliefs) and societal level (e.g., gender norms) factors.

Discussion: Findings highlight the need to invest in targeted suicide prevention approaches for women and girls that address risk and protective factors across multiple levels of the socio-ecological model. Despite these findings, it is important to note that the WHO Mortality database does not capture data for many low- and middle-income countries and importantly is not collected for China or India where a disproportionate number of suicide deaths among women and girls occur.

Learning Objective: Attendees will learn about rising rates in suicide among adolescent females aged 10 to 14 years in Canada over the last two decades, factors that may be contributing to this increase and implications for suicide prevention.

Background: Over the last 40 years, reported rates of suicide among North American youth have increased disproportionately among females aged 10 to 14 years. Historically, adolescent males have had higher suicide rates than females, but in Canada, the gap may be narrowing due to the rising suicide rate in female adolescents. Previous studies of suicide mortality among adolescents in Canada use the wider age range of 10 to 19 years, potentially masking granular data necessary to detect emerging trends in suicide in the formative years of ages 10 to 14.

Methods: This presentation will review the main findings of a study that compares suicide rates among female and male adolescents aged 10 to 14 years in Canada from 2000 to 2018, and tests for sex differences in suicide trends in this age group over time.

Results: Findings demonstrate that from 2000 to 2009, suicide rates among adolescents aged 10 to 14 years in Canada decreased in both males and females, whereas, in 2009, the suicide rates diverged, remaining stable in males, while increasing at an average of 7% per year in females, surpassing males in 2011. Furthermore, by 2018, the incidence rate ratio had more than doubled, indicating a higher suicide rate among females versus males.

Discussion: This finding deviates from the suicide trends seen in industrialized countries across the lifespan, where males typically have a higher suicide rate than females. This presentation will discuss the possible factors that may be contributing to this glaring finding, for example, rising rates of depressive symptoms reported in school-age girls, rising rates of self-harm presentations to the emergency room, the advent of smart phones, ubiquity of social media, and changing gender norms and messaging about suicide to younger girls that may be contributing to social contagion. Lastly, this presentation will review the more recent suicide mortality data in this age group (to 2021), compare these trends to other industrialized countries (as available), and discuss the potential implications for suicide prevention.

Learning objective: To consider how young girls interact with social media and how that may introduce, exacerbate, or alleviate self-harm and suicide.

Background and aims: Suicide is the leading cause of death for young Australians. Self-harm and suicidal behaviour are increasing, especially among young women. There are many who implicate social media in this increase, and although studies often yield mixed results, it is important to consider the gendered differences in social media engagement and how they might introduce, exacerbate or alleviate self-harm or suicide among young women. Evidence suggests that young women spend more time online, are exposed to a greater amount of harmful content, and they appear to be more adversely impacted by social media than young men. Indeed, young women are also more likely to

post about self-harm and suicide online, raising questions about their use of social media for help-seeking and fostering connection, whilst also considering algorithms and their potential to over-expose young girls to suicide-related information. Using data from a national Australian survey, this study explores how often young women encounter and post about self-harm and suicide on social media.

Methods and results: A cross-sectional survey was administered to Australians by a survey company between January and February 2024. Participants were recruited via a probability panel; surveys are quota controlled and responses weighted to increase representativeness. The survey asked participants about their demographics, lived experience with self-harm, suicide or suicide bereavement, and whether they had posted, or viewed, self-harm or suicide content online. Participants were also asked about their reasons for posting and what impact that had on them. Participants were 3,663 individuals aged 15 to 96 years, of which 49.9% (n = 1,828) identified as cisgender women, 2.5% as trans or gender diverse (n = 93), and 1.2% (n = 44) preferred not to say. The remaining participants identified as cisgender men. Findings related to the frequency young girls and women were exposed to and posted about self-harm/suicide online, their reasons for using social media to communicate about these topics, and the impact that had, will be presented.

Discussion: Findings will be contextualised within the broader literature on social media's impact on self-harm and suicide in girls and women. Results suggest a nuanced relationship between social media use (frequency, content, platform) and self-harm/suicide risk, urging further exploration of girls' unique social media interactions and associated risks and benefits.

Learning Objective: How recovery stories of young women can inspire us to optimize informal care and support for those girls who currently struggle with suicidality.

Background: Recently, a risk perspective is gradually shifting to a recovery and resilience perspective. Given that girls who feel suicidal are more likely to turn to their peers or family rather than seeking formal care, and with mental care systems increasingly overburdened, this study examined the self-perceived factors for resilience and recovery from suicidality among young women.

Methods: We interviewed 35 young women in the Netherlands (age 16–24), who were recruited mostly through social media. Thematic analyses were conducted using the Constant Comparative Method. Three coders were involved who also performed reliability and validity checks.

Results: Self-perceived informal support and resilience included: 1) developmental factors; 2) meaning-making; 3) family care; 4) peer support; 5) turning points from major life events; 6) environmental change; 7) openness about suicidality; and 8) practical aspects and hobbies.

Developmentally, the young women felt they became more "realistic" and independent in their twenties, having gained life experience. They also learned that "feeling miserable doesn't last forever." Regarding meaning making, many girls chose studies in mental health care, aiming to "make a difference" for others, and others found meaning by discovering their talents.

Family support was crucial for recovery, providing care, stability, unconditional love, and a close bond. Peers were also important, offering a sense of belonging, humor, and kindness during tough times. Peer interactions in mental health care were appreciated for recognition and advice.

Turning points, like physical impairment, clinical admission, or a close friend's suicide, prompted reflection and motivated positive life changes. Some also found a change of environment, such as leaving harmful relationships or a school where they were bullied, improved their wellbeing.

Openness about mental health struggles brought relief and created opportunities for formal care. Managing life aspects, like a structured routine with studying, socializing, and exercise, also improved wellbeing. Lastly, hobbies (walking, music, writing) and pets helped refocus energy and distract from distress.

Discussion: Suicide prevention should focus on strengthening informal support networks, recognizing their key role in recovery. Additionally, many girls find meaning through the desire to help others who feel suicidal. Mentoring them into this role or encouraging peer specialist training would be beneficial. Furthermore, young women struggling with negative social relationships could be supported in transitioning to new settings with guidance from their network or professionals.

Learning objective: To gain understanding about the links between hospital treated self-harm and subsequent suicide in young females.

Background: Suicide is the leading cause of death for Australian females aged 10–24 years, accounting for approximately one-third of deaths in 2020. Self-harm is a known risk factor for suicide and evidence suggests suicide risk might be particularly elevated for young females who repeatedly self-harm.

Objective: We conducted a data linkage study in Victoria, Australia, to determine the proportion of young females who are treated in hospital for self-harm who go on to die by suicide within 5 years and to identify factors associated with increased suicide risk in this same cohort.

Method: We undertook a cohort study following 3689 female patients aged 10–24 years, who were initially treated in hospital for self-harm during the 2-year period January 2011 to December 2012. We followed each patient for 5 years unless they died first, in which case, they were followed until their date of death. We used inpatient admissions from the Victorian Admitted Episodes Dataset and emergency department presentations from the Victorian Emergency Minimum Dataset linked to death data from two sources, the Victorian Suicide Register and the National Death Index.

Results: Twenty-eight individuals (0.76% of the total cohort) died by suicide within 5 years of their index admission. In multivariate survival analysis, only suicide ideation at the time of self-harm (hazard ratio = 4.59; 95% confidence interval: 1.70, 12.38) and a decreasing time between successive self-harm episodes (hazard ratio = 4.38; 95% confidence interval: 1.28, 15.00) were associated with increased suicide risk.

Discussion: Although the vast majority of young females who present to hospital for self-harm do not die by suicide within 5 years, our results suggest young females expressing suicide ideation and those presenting frequently with decreasing time between successive episodes should be prioritised for suicide-prevention efforts. For example, they should be proactively encouraged to join assertive outreach programmes such as the current HOPE initiative in Victoria. This initiative has produced promising results so far, although, whether participation in the programme is associated with decreased suicide risk remains to be seen. If this intervention is not shown to be effective for reducing suicide risk in young females, then developing different interventions, or tailoring the assertive outreach to better suit young females, should be prioritised.

Symposium #48 June 13th 10.30am – 12.00noon

Chair: Professor Pooja Saini^{1,2}

Suicide Prevention in Primary Care

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Primary care has a vital role to play in a system wide approach to suicide prevention. General practice is a key setting for identifying, communicating with and supporting people of all ages who may be at risk of suicide, or who may communicate suicidal behaviours and/or self-harm. Enhanced and integrated primary and community mental health services provide the platform for coordinated, inclusive and personalised care for those at risk of suicide.

This symposium will bring together research expertise from the Netherlands and England to examine suicide prevention work being conducted in primary care. Specifically, this symposium will include: (1) a review of the global literature on how we might recognise and respond to suicide-risk factors, including biological, physical-health, psychological and socio-economic factors in primary care; (2) an investigation of how applied machine learning techniques can be used to support GPs recognizing suicidal behaviour in primary care patients using routinely collected general practice data; (3) the development of a co-designed resource, called #MyGPguide created to support young people on how to talk to their GP about self-harm and/or suicidal experiences; and, (4) an examination of the feasibility and acceptability of conducting an effectiveness trial of the COPING intervention aimed for young people presenting in primary care after self-harm.

Abstract 1: Recognising and Responding to Suicide–Risk Factors in Primary Care: a scoping review

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Introduction: The cost of one suicide is estimated to be £1.67 million (2 million euros) to the UK economy. Most people who die by suicide have seen a primary care practitioner (PCP) in the year prior to death. PCPs could aim to intervene before suicidal behaviours arise by addressing suicide–risk factors noted in primary care consultations, thereby preventing suicide and promoting health and wellbeing. This study aimed to conduct a rapid, systematic scoping review to explore how PCPs can effectively recognise and respond to suicide–risk factors.

Methods: MedLine, CINAHL, PsycINFO, Web of Science and Cochrane Library databases were searched for three key concepts: suicide prevention, mental health and primary care. Two reviewers screened titles, abstracts and full papers independently against the eligibility criteria. Data synthesis was achieved by extracting and analysing study characteristics and findings.

Results: Forty–two studies met the eligibility criteria and were cited in this scoping review. Studies were published between 1990 and 2020 and were of good methodological quality.

Six themes regarding suicide risk assessment in primary care were identified: Primary care consultations prior to suicide; Reasons for non–disclosure of suicidal behaviour; Screening for suicide risk; Training for primary care staff; Use of language by primary care staff; and, Difference in referral pathways from general practitioners or primary care practitioners.

Conclusion: This review focused on better recognition and response to specific suicide–risk factors more widely such as poor mental health, substance misuse and long–term physical health conditions. Primary care is well placed to address the range of suicide–risk factors including biological, physical–health, psychological and socio–economic factors and therefore these findings could inform the development of person–centred approaches to be used in primary care.

Learning objective: Understand how primary care practitioners can recognise and respond to specific suicide related risk factors to inform more person–centred approaches to be used in primary care.

Abstract 2: Applying machine learning on health record data from general practitioners to predict suicidality

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Background: Suicidal behaviour is difficult to detect in the general practice. Machine learning (ML) algorithms using routinely collected data might support General Practitioners (GPs) in the detection of suicidal behaviour. In this paper, we applied machine learning techniques to support GPs recognizing suicidal behaviour in primary care patients using routinely collected general practice data.

Methods: This case-control study used data from a national representative primary care database including over 1.5 million patients (Nivel Primary Care Database). Patients with a suicide (attempt) in 2017 were selected as cases (N = 574) and an at risk control group (N = 207,308) was selected from patients with psychological vulnerability but without a suicide attempt in 2017. RandomForest was trained on a small subsample of the data (training set), and evaluated on unseen data (test set).

Results: Almost two-third (65%) of the cases visited their GP within the last 30 days before the suicide (attempt). RandomForest showed a positive predictive value (PPV) of 0.05 (0.04–0.06), with a sensitivity of 0.39 (0.32–0.47) and area under the curve (AUC) of 0.85 (0.81–0.88). Almost all controls were accurately labeled as controls (specificity = 0.98 (0.97–0.98)). Among a sample of 650 at-risk primary care patients, the algorithm would label 20 patients as high-risk. Of those, one would be an actual case and additionally, one case would be missed.

Conclusion: In this study, we applied machine learning to predict suicidal behaviour using general practice data. Our results showed that these techniques can be used as a complementary step in the identification and stratification of patients at risk of suicidal behaviour. The results are encouraging and provide a first step to use automated screening directly in clinical practice. Additional data from different social domains, such as employment and education, might improve accuracy.

Learning Objective: Critically assess the feasibility of machine learning in suicide prediction — Evaluate the potential and limitations of using routinely collected general practice data for detecting suicidality.

Abstract 3: #MyGPguide: Involving youth lived experience in the design of a resource to facilitate help-seeking for self-harm and suicidal experiences from their General Practitioner.

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Introduction: General Practitioners (GPs) are often the first and last healthcare contact for those who die by suicide and a trusted source for help-seeking for mental health problems in young people. However, our work has shown that many young people are concerned about talking to their GP about self-harm and suicidal experiences; others do not know what to expect from a GP consultation including what questions they might be asked; and how much they should share with their doctor. Such concerns might delay help-seeking at a time when young people are most vulnerable. In this project, we worked alongside young people aged 18 to 25 with lived experience to co-design a resource, called #MyGPguide, to support young people talk to their GP about self-harm and/or suicidal experiences.

Methods: Four online co-production workshops took place over a period of six months to design the content and format of #MyGPguide as well as a dissemination and implementation plan. In addition to the workshops, young people shared their views via email and one-to-one online meetings with the researchers. Clearly defined and mutually agreed ground rules alongside a safety protocol tailored to young people's needs guided the co-production process.

Findings: We will present #MyGPguide, an evidence-based resource preparing young people for their GP consultation, offering vital information and advice on: i) what to consider before they visit their doctor, including preparing questions and booking an appointment; ii) how to manage the consultation, what their rights are with respect to confidentiality, what questions their doctor might ask them; safety planning and referral to mental health services; iii) what to do after the consultation; and how their doctor can support them. We will use #MyGPguide as a case study to highlight how we could address potential ethical considerations and safety issues throughout the co-production process to ensure young people's safe, inclusive, and ethically sound involvement.

Conclusion: Consultations about self-harm and suicidal experiences can be challenging for both GPs and young people. #MyGPguide, offers evidence-based, accessible and practical tips to facilitate the best consultation and support young people at-risk of suicide.

Learning objective: Reflect on opportunities and impact gained from true partnerships between researchers and experts by experience and how this approach was used to produce #MyGPguide.

Abstract 4: Feasibility and acceptability of a Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): A randomised controlled trial

Authors:

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1 Liverpool John Moores University, School of Psychology

2 The University of Manchester, Division of Psychology & Mental Health

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5 Public Advisor

7 The University of Manchester, School of Health Sciences

8 Woolton House Medical Centre

10 The University of Leeds, School of Medicine

Introduction: Self-harm is widespread and often occurs in the community without resulting in hospital presentation. Individuals with depression are at elevated risk. There are limited self-harm interventions designed for community, primary care settings. The Community Outpatient Psychological Engagement Service for Self-Harm (COPESS) is a brief talking therapy intervention for depression and self-harm based in community settings.

Aim: To assess the feasibility of evaluating the COPESS intervention in a community setting in relation to participant recruitment, retention, data collection, and the acceptability of the intervention.

Method: A mixed-method approach, using a single-blind randomised controlled trial (RCT) design with 1:1 allocation to COPESS plus Treatment-As-Usual (TAU) or TAU alone, was used. Adults with depression and self-harm in the past 6 months were recruited from GP practices. Secondary outcome measures were assessed at baseline, 1-month, 2-months, and 3-months after randomisation.

Results: Fifty-five people were randomised. Retention rates at follow-up assessments were high (>75%). Attendance by all participants for all therapy sessions was high (93%). At three months there were significant trends towards lower levels of self-harm urges, depressive symptoms, and distress in the COPESS group compared to control. Fidelity to the manualised COPESS therapy was moderate to high.

Conclusion: All progression criteria were met supporting further evaluation of the intervention in a full-scale efficacy/cost effectiveness trial. These findings add to the growing evidence base supporting the utility of brief psychological interventions for self-harm. COPESS has potential as a brief primary-care based intervention for those struggling with self-harm.

Learning objective: Gain further understanding on the prospect of embedding a self-harm pathway within community, primary care settings.

Workshops

Workshop #1 June 11th, 2025, 10:30am – 12:00noon

Benefits of Suicide Fatality Review Committees and Psychological Autopsy Investigations When Implementing Community Suicide Prevention Initiatives

Associate Director Austin Lucas¹, Executive Director Tony Coder¹

¹Ohio Suicide Prevention Foundation, Columbus, United States

Ohio is currently in a situation where suicide fatality review boards and psychological autopsies are being implemented in various communities across the State. However, both of these initiatives are fairly new in Ohio, and a state team is taking a unique approach to supporting and developing local suicide fatality review boards while integrating newly-trained psychological autopsy investigators and retrospective fatality analysts to create a more robust death review system. Participants will receive an overview of how Ohio was able to get its suicide fatality review system in place from a policy standpoint, as well as an overview of suicide fatality/mortality review committees, psychological autopsy, and how these two initiatives differ in both function and purpose. Participants will learn why Ohio made this initial investment, why we believe this approach is innovative, who Ohio trained in Psychological Autopsy, and the future outlook of this overall initiative to combine certified Psychological Autopsy Investigators/Retrospective Fatality Analysts with existing and/or newly-formed local suicide fatality review boards. Moreover, participants can learn how policy surrounding suicide fatality review boards can benefit and/or limit fatality review operations in their country/region. Moreover, key barriers, challenges, and steps taken to overcome obstacles will be discussed.

This session format will combine lecture components based on the paragraph above and small group activities. In the small group activity, participants will be provided with a de-identified suicide death case study and will be asked to review the documentation to come up with recommendations for local community change based on this mock case review. This will allow participants to get a sense of how these types of reviews are conducted and which types of recommendations can be implemented at local levels.

Please see the following learning objectives:

1. Identify the similarities and differences between Psychological Autopsy/Retrospective Fatality Analysis Investigations and suicide fatality review committees.
2. Understand how policy surrounding suicide fatality review boards can benefit and/or limit fatality review operations in their country/region.
3. Examine a mock suicide death case and determine (theoretical) local suicide prevention recommendations to implement based on the case.

Workshop # 2 June 11th, 2025, 10:30am – 12:00noon

Global Innovations in Postvention: New Approaches and Best Practice

Mrs Courtney Anderson¹, Ms Amanda Glenwright¹, Ms Katherine Darby¹, Mrs Nicole Cool¹, Ms Anthea (Hope) Carberry¹, Ms Candice Finch¹, Mrs Jo Langford¹

¹Youturn (StandBy Support After Suicide), Maroochydore, Australia

Workshop Objectives:

Through the workshop, participants will

1. Gain a broader understanding of global postvention strategies and innovations, with a focus on approaches relating to peer-workforce, suicide-bereavement and grief, community-empowered responses, and policy and advocacy for systems change.

2. Develop a network of cross-sector and cross-country professional connections and identify potential opportunities for collaboration and partnership.

3. Identify and adapt innovative postvention strategies for their specific national and local contexts.

Background: Any death by suicide is a deeply sad and painful occasion and can have a lasting and devastating impact on the bereaved individuals and communities. Suicide-bereavement touches many lives at any stage of life and in all regions of the world, with one in 20 people impacted by a suicide in any 1 year (4.3%), and one in five (21.8%) during their lifetime (Andriessen et al. 2017). The role of postvention, i.e. supporting those impacted by suicide-loss, continues to be much needed and evolving movement.

Many countries, including Australia, have included postvention into their national suicide prevention strategies and policies. The draft National Suicide Prevention Strategy in Australia acknowledges the importance of postvention and emphasises the collaborative role of governments, service providers and communities in offering compassionate, practical support to those bereaved by suicide.

Learning from global experiences and innovations is key to enhancing our ability to transform strategic direction into meaningful action and effective support for those bereaved by suicide. Global postvention approaches span from individual support to systemic changes. Emerging innovations and trends include understanding grief processes and the impacts of prolonged grief, the phenomenon of personal (or posttraumatic) growth in suicide bereavement, harnessing the role of lived experience in peer support, and empowering grief-literate and compassionate communities.

This workshop will explore global suicide postvention trends, examining current responses and innovative practices. The workshop provides a platform for sharing local and national approaches, followed by an interactive session exploring innovative strategies in peer support, suicide bereavement and grief, community-driven responses, and policy advocacy. By fostering global dialogue and collaboration, this workshop aims to contribute to the continuous refinement and innovation of postvention support systems and practices worldwide.

Workshop Session Plan:

1. Welcome and introductions (5 mins)

2. Setting the scene (10 mins)

- Introduction to postvention
- Overview of postvention in Australia and the StandBy program
- Workshop overview and objectives

3. Global Café activity (40 mins): In small groups, participants will rotate through four facilitated stations, each focusing on a key postvention innovation domain. Participants will spend 10 minutes per station, sharing insights and building on previous groups' ideas. The four domains are:

- a) Peer support in postvention
- b) Specialised suicide bereavement counselling
- c) Community-led responses and empowerment
- d) Advocacy and systems change

4. Group sharing and action planning (25 mins): Participants are provided a template to develop an action plan for an innovation that can be implemented in their region.

5. Summary and wrap up (10 mins)

- Recap of key takeaways and innovations
- Encourage continued collaboration and practice sharing
- Q&A

Workshop # 3 June 11th, 2025, 10:30am – 12:00noon

Building a self-harm registry in low- and middle-income countries: a practical guide

Dr Murad Moosa Khan¹, Dr. Anish Cherian²

¹Brain and Mind Institute, Aga Khan University, Karachi, Pakistan, ²NIMHANS – Suicide Prevention, Research, Implementation, Training, and Engagement (N-SPRITE) Centre, Bangalore, India

Learning objectives:

- A clear roadmap and practical resources for the participants to initiate a self-harm registry in their respective contexts, empowering them to improve mental health outcomes and save lives in their communities.
- By creating a systematic approach to data collection, attendees will learn how to generate actionable insights that inform prevention strategies, improve care, and shape policy responses.
- Attendees will learn how to address barriers and optimize facilitators to set-up a self-harm registry, including effective stakeholder engagement.

Background: Self-harm is a growing public health concern in low- and middle-income countries (LMICs), yet the lack of reliable data hampers effective prevention efforts. This workshop aims to bridge the gap by empowering participants with the knowledge and tools needed to establish a self-harm registry in resource-constrained settings. The workshop will provide an in-depth, step-by-step guide to setting up and managing a self-harm registry, tailored to the unique challenges of LMIC. Participants will explore the importance of self-harm registries in addressing data gaps, the ethical considerations involved, and strategies for building partnerships with local health systems, law enforcement, and community organizations. This workshop is ideal for policymakers, mental and public health professionals, healthcare providers, researchers, and non-governmental organizations working in mental health and suicide prevention in LMICs.

Key topics to be covered:

1. Designing the registry: Best practices in defining registry objectives, scope, and data elements, with examples of context-specific customization.
2. Stakeholder engagement: Building collaboration with hospitals, primary care facilities, mental health professionals, and community leaders to ensure robust data collection and sustainability.
3. Data collection tools and processes: Introduction to affordable and scalable tools, including digital platforms and paper-based methods, as well as training strategies for frontline staff.
4. Ethical and cultural considerations: Addressing stigma, safeguarding confidentiality, and ensuring cultural sensitivity when working with vulnerable populations.
5. Data utilization: Translating registry findings into actionable policies and interventions, with a focus on advocacy and funding opportunities.

Session format: Through interactive discussions and case studies, participants will gain hands-on experience in designing and implementing a self-harm registry. Real-world examples and lessons learned from successful registries in LMICs will provide actionable insights and inspiration.

Facilitators:

We are proposing three facilitators to cover the variety of key topics.

- Murad Khan, Brain and Mind Institute, Aga Khan University, Karachi, Pakistan
- Anish Cherian, NIMHANS – Suicide Prevention, Research, Implementation, Training, and Engagement (N-SPRITE) Centre, Bangalore, India

- Rakhi Dandona, PHFI Injury Prevention Research Centre, Public Health Foundation of India, New Delhi, India

Workshop #4 June 11th, 2025, 3:00pm – 4:30pm

An Emotion-Focused Skills Training Program Integrating Suicide Prevention Techniques for Caregivers of Young People with Suicidal Thoughts and Behaviors

Dr. Niki Antypa¹, Dr. Kim Setkowski^{2,3}

¹Leiden University, Leiden, Netherlands, ²University of Groningen, , Netherlands, ³113 Suicide Prevention, , Netherlands

A Training Program for Caregivers of Young People with Suicidal Thoughts and Behaviors

Background: Adolescents and young adults experiencing suicidal thoughts and behaviors (STBs) often struggle with emotional dysregulation and interpersonal conflicts, which are intensified by strained parent-child relationships. Caregivers play a critical role in fostering a supportive environment that promotes emotional resilience and safety. Hence, it is important that they possess enough skills and tools to effectively navigate through difficult conversations and emotional crises. In this workshop, tools from the “Emotion-Focused Skills Training for Parents (EFST)”, an established evidence-based program designed to help parents and caregivers better understand, manage, and respond to their children's emotional experience, are integrated with known suicide prevention techniques in youth.

Target group: This workshop can be easily embedded during treatments or consultations within mental health care, parental counselling programs or helplines. It can also be an inspiration for future research on such prevention programs.

Learning Objectives:

1. Enhancing Connection Skills: Participants will learn how caregivers can validate their child's emotional experiences, fostering a sense of safety and connection. This includes setting boundaries and splitting the child's behavior from the child itself.
2. Repairing Parent-Child Relationships: Participants will gain insight into the therapeutic power of offering sincere apologies as caregivers to rebuild trust and promote emotional healing.
3. Techniques for managing emotional crises: Participants will learn how to reduce escalations, and create a stable environment conducive to recovery.

Workshop Format/Session Plan:

- Introduction and Overview (10 minutes):
 - o Understanding suicidal ideation in youth and parental/caregiver impact
 - o Importance of caregiver involvement in emotional recovery
- Session 1: Validation as a Core Skill (15 minutes)
 - o Definition and importance of emotional validation (debunk myths about validating negative emotions)
 - o Practical exercises: Recognizing and acknowledging emotions without judgment, ‘do’s and don’ts’
 - o Role-playing validation scenarios (in pairs)
- Session 2: Boundary setting : (15 minutes)
 - o Accept the feeling, not the behavior (eg. self-harm)

- o Practical exercise (how to convey this, in pairs)
- Session 3: The Power of Apology and Repair (15 minutes)
 - o Identifying parental missteps and their impact on emotional wellbeing of youngsters
 - o Elements of an effective apology
 - o Practice session: Crafting and delivering genuine apologies
- Session 4: Practical tools for suicide prevention (15 minutes)
 - o How to work with a safety plan (strengthening coping strategies)
 - o Means of restriction
 - o Making a “hope” box (reasons to live)
- Q&A and Reflection (20 minutes)

Open discussion and sharing of new insights

This workshop combines didactic instruction with interactive exercises, fostering skill acquisition through experiential learning. Through role-playing, practice scenarios, and guided discussions, participants will leave with a comprehensive toolkit for training caregivers with how to deal with their children through emotionally challenging times. By cultivating validation, repair through apology, and adaptive crisis management, caregivers can strengthen familial bonds, reduce distress, and promote healing and growth.

Workshop #5 June 11th, 2025, 5:00pm – 6:30pm

Developing clinical decision support systems that assist the assessment and management of patients with self-harm in Emergency Department settings — An interactive Workshop

Arensman E1, Mortier P2,3, Bhargav M1, Bettella S1, Bjureberg J5, Flygare O5, Pastore M2,4, Qin P6, Mehlum L6, Kizilaslan B6, López Fernandez M2, Alonso J2,3,4, Leis A2,4, Mayer M2,4, Vilagut G2,3, Pérez Sola V7,8,9, Ramírez-Anguita J2,4

Affiliations: 4Universitat Pompeu Fabra, 7Universitat Autònoma de Barcelona (UAB), 1School Of Public Health/National Suicide Research Foundation, 3CIBER en Epidemiología Y Salud Pública (CIBERESP), 9CIBER Salud Mental (CIBERSAM), 5Karolinska Institutet, 6University of Oslo, 2Hospital del Mar Research Institute, 8Parc de Salut Mar

Learning objectives (workshop topics):

- 1.Increased understanding of barriers and facilitators for self-harm and suicide risk assessment in Emergency Department (ED) settings and potential benefits of clinical decision support systems (CDSS) within this context.
- 2.Increased insight into the acceptability and feasibility of CDSS for self-harm and suicide risk assessment procedures in ED and other relevant healthcare settings.
- 3.Increased insight into requirements to facilitate testing, implementing and evaluating CDSS to support self-harm and suicide risk assessment and management in ED settings.

Background: Emergency departments (EDs) are crucial assessment and management of self-harm, but clinician uncertainty may contribute to ineffective care. Clinical Decision Support Systems (CDSSs) show potential in enhancing care processes, but their effective implementation remains unexplored.

The PERMANENS project aims to develop a CDSS prototype that assists clinicians in the personalised assessment and management of ED patients with self-harm. Ensemble prediction models for key adverse outcomes (self-harm repetition, suicide, premature death, and lack of post-discharge care) will be constructed by applying machine learning techniques on registry data from Catalonia (Spain), Ireland, Norway, and Sweden.

Available registry data include routinely collected electronic health records (encompassing mental and substance use disorders, and pertinent somatic conditions), mortality, and administrative data harmonised using the OMOP Common Data Model, ensuring consistency in terminologies, vocabularies and coding schemes. A clinical knowledge base of effective suicide prevention interventions will be developed rooted in systematic review of clinical practice guidelines, including guideline quality assessment using the AGREE II tool.

The CDSS will enable personalised risk assessment and tailored treatment plans, following a tiered evidence-based approach. Implementation research will ensure the CDSS' functionality and feasibility through periodic meetings with user-advisory groups, mixed-methods research to identify currently unmet needs in self-harm risk assessment, and small-scale usability testing of the CDSS prototype.

The PERMANENS project captures the potential of personalised medicine in mental health care, particularly for those at risk of self-harm and suicide. The project stands out for its clinically interpretable machine learning models trained on harmonized registry data across four countries, implementation research with stakeholders, and focus on improving personalized care. It emphasizes the indispensability of involving patients and healthcare professionals in the developmental process to ensure the system is aligned with real-world clinical needs. This initiative holds promise for revolutionizing suicide risk assessment and intervention in EDs, setting a new standard for personalized, data-informed healthcare solutions. Lastly, large scale implementation of CDSS could lead to suicide prevention efforts.

The aim of this workshop is to consult with delegates on needs in self-harm and suicide risk assessment and the feasibility of developing and implementing CDSSs that can assist clinicians in self-harm assessment and management in ED settings.

Format:

- Background and introduction: 15 mins.
- Subgroup discussion about topics 1 and 2: 30 mins.
- Plenary feedback from subgroups: 10 mins.
- Subgroup discussion about topic 3: 20 mins.
- Plenary feedback from subgroups: 10 mins.
- Closing: Conclusions

Funding: AC22/00045 (ISCIII, under the ERAPerMed frame); PI22/00107 (ISCIII; co-funded by EU); Fundació Marató TV3 202220-30-31;ISCIII-FSE CP21/00078.

Workshop #6 June 12th, 2025, 10:30am – 12:30pm

Enhancing university suicide prevention curricula

Baran A^{1,2}, Hawgood J³

Affiliations: ³Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University , ¹The Centre for Societal Risk Research, Karlstad University, ²Working Group on Prevention of Suicide and Depression at the Public Health Council

Learning Objectives:

1. Identify key components of existing university-level suicide prevention curricula and understand the barriers and facilitators to their development and implementation globally.
2. Develop actionable strategies for overcoming challenges in integrating and sustaining suicide prevention education in diverse cultural and institutional contexts.
3. Collaborate to produce a comprehensive publication that documents best practices, innovative strategies, and recommendations to enhance global suicide prevention education.

Overall goal: This workshop aims to foster a collaborative environment for participants to share knowledge, identify best practices, and develop actionable strategies for advancing suicide prevention curricula within university settings. The publication resulting from this workshop will serve as a vital resource to support the global integration of suicide prevention education into higher education frameworks. Collaboration will be continued after the conference as part of SIG Education and Training in Suicide Prevention activity.

Background: Suicide prevention education within university curricula remains a critical yet underdeveloped component of public health strategies worldwide. Addressing this gap requires collaborative efforts to design, implement, and sustain effective programs. This workshop builds on the findings of the IASP SiG Education and Training in Suicide Prevention survey, which captured insights from several countries regarding the current landscape, challenges, and opportunities in integrating suicide prevention curricula at tertiary institutions. Highlighting global examples, including AISRAP's postgraduate courses and innovative lived-experience initiatives by Monash University, the workshop underscores the need for a unified and actionable framework for advancing suicide prevention education.

Format and Session Plan: The workshop will commence with an overview presentation exploring the current state of university suicide prevention curricula worldwide, including European initiatives presented by Anna Baran. This will be followed by an interactive Q&A session to engage participants in discussions about their experiences and insights around university suicide prevention curriculum (planning, development, delivery and/or receipt of this education). Small group discussions will focus on identifying barriers and solutions, enabling attendees to brainstorm actionable strategies for commencing design and development and enhancing curricula. Each group will present their findings to the larger audience, facilitating the identification of common themes and innovative approaches. A short Mentimeter survey will be used to enhance inclusion of all members.

Selected insights from the Multi-country Survey on Higher Education Multidisciplinary Suicide Prevention Curriculum and Capacity Building (HESP-CCB) — student version study will be shared, providing evidence-based insights into challenges and needs, followed by a proposal for action led by Jacinta Hawgood. The workshop will culminate in collaborative efforts to draft a publication that consolidates workshop outcomes into a resource for academic institutions and stakeholders. A closing session will summarize key takeaways and outline next steps for future collaborations.

Workshop #7 June 12th, 2025, 5:00pm – 6:30pm

Teachers and young people: a global imperative for skills based early intervention training

Bryant M¹, Barnfield J¹, El-Amin T², Wilson A¹, Whitehouse E¹

Affiliations: ¹Mental Health First Aid International, ²National Council For Mental Wellbeing

This session focuses on Mental Health First Aid International's (MHFAI) global vision that everyone — including all those in school communities — as the skills and confidence to provide mental health first aid to someone experiencing a mental health problem or crisis.

The session will feature a panel of experts sharing perspectives on the role of MHFA in educational settings, including to students of all ages, education professionals, and other staff. Presentations will cover mental health first aid for adolescents, tertiary students, and education professionals, highlighting examples of implementation and impact from different contexts.

Following the panel, participants will have the opportunity to pose questions and engage in an open discussion. This interactive component invites reflection and dialogue, drawing on the knowledge and experience in the room to consider how MHFAI's whole school approach can be realised across diverse education systems.

Workshop #8 June 12th, 2025, 5:00pm – 6:30pm

Crisis Response Planning with High-Risk Suicidal Patients

Dr. Justin Baker¹, Professor Craig Bryan¹

¹The Ohio State University, Columbus, United States

Title: Crisis Response Planning with High-Risk Suicidal Patients

Facilitators: Justin C. Baker, PhD, ABPP and Craig J. Bryan, PsyD, ABPP

Affiliation: The Ohio State University

Background: In a suicidal crisis, what's essential is a brief, evidence-based, life-saving intervention—one that's simple enough to fit on an index card yet powerful enough to prevent an attempt from occurring. This 90-minute workshop equips attendees with the knowledge and skills to effectively implement crisis response planning, helping them confidently and competently support individuals experiencing an acute suicidal crisis. The beginning of the workshop provides didactic knowledge about suicide and its empirical support, all of which are designed to increase trainee knowledge and establish a foundation for delivery of a crisis response plan with a high-risk individual. Next, the workshop dives into how to conduct a patient centered narrative risk assessment to guide risk determination and set up a collaborative crisis response plan. We will then cover development of the crisis response plan which prioritizes self-management risk reduction strategies to thwart subsequent suicide behaviors. The workshop includes video demonstrations by the instructors and skills practice by attendees, which are designed for attendees to acquire skill competency. During skills practice, attendees will have opportunities to implement the crisis response plan intervention in role plays with other attendees and receive direct feedback and coaching from the facilitators. The crisis response plan is the most researched safety planning type intervention that takes a patient-centered collaborative approach that both patients and providers find beneficial.

Session Plan

- I. Introduction
 - a. Essential elements for suicide prevention interventions
 - b. Empirical evidence supporting the crisis response plan
- II. The Narrative Assessment
 - a. Mechanics and general approach
 - b. Clinical Video Demonstration
 - c. Attendee role plays
- III. The crisis response plan
 - a. Mechanics and general approach

- b. Clinical demonstration
- c. Attendee role plays

IV. Question and Answer

Learning Objectives

By the end of the workshop, attendees will be able to

1. Describe the primary motives for suicidal behavior
2. Effectively conduct a narrative assessment of the patient's index suicidal crisis
3. Identify the core components of a crisis response plan
4. Develop a crisis response plan with a suicidal patient and implement strategies that can reduce their suicide risk

Workshop #9 June 13th, 2025, 10.30am – 12.00noon

Suicidality and suicide prevention in people with Intellectual Disability (ID)

Ms. Sanne Boverhof, MSc

Healthcare psychologist, as a psychologist and therapist working mainly in Fact care.

Affiliations: Trajectum, Zwolle, the Netherlands

Mr. Teunis van den Hazel, MSc

Clinical psychologist, Psychotherapist, Researcher as a clinical psychologist and therapist mainly working in intensive inpatient treatment facilities

Affiliations: Trajectum, Zwolle, the Netherlands

Learning objectives

- Participants know current developments in recognising and diagnosing people with ID.
- Participants have experienced what makes people with ID vulnerable to suicidal feelings, thoughts and behavior
- Participants know the implications for prevention and treatment of suicidality in people with ID

Background

Little research has been done on the impact of having lifelong impairments in social and practical adaptive abilities on the risk of suicide; on the adjustments that are needed in identification, diagnosis, counselling and treatment to prevent suicides.

There's a growing understanding that a significant number of patients with psychiatric disorders have underlying, co-morbid ID. When we recognise ID, we can adjust communication and treatment methods, involve their environment, adjust longer-term goals.

The sparse research findings there are on suicidality in people with ID are contradictory.

ID is said to reduce the risk of suicide because the client is already receiving support and counselling, doesn't have the lethal means, and is insufficiently capable of carrying out a complex act such as suicide. In addition, ID coexists with a range of (common) vulnerability and risk factors.

Introduction to developments concerning the recognition and diagnosis of ID:

In an interaction and discussion: Are the developments recognised?, does it apply to all countries and cultures?

What makes people with ID vulnerable to suicidal feelings, thoughts and behaviour?

When ID is present, there are concurrent factors that seem to reinforce each other. The most common (general) risk factors are more present, protective factors are often much less present. While the treatment environment should provide safety, it often contains many risk factors.

Lived experience:

a. the client's perspective:

M. (22 yrs.) is diagnosed with a neurobiological developmental disorder (FAS), ID, anxiety and panic disorders. She progressed from highly intensive, closed treatment to supported independent living. She went through several periods of severe suicidal behaviour.

In a video-recorded interview, M. can tell what did and didn't help in her treatment to get out of her suicidal mode, despite her persistent vulnerabilities, and how she communicates about this with her environment.

b. the parent's perspective:

M.'s parents see their daughter completely get lost in the clinic. In a recorded interview M.'s parents tell what helped and didn't help in her treatment; how they dealt with her suicidality; how they dealt with the risks that existed in this protected setting.

c. the sociotherapist's perspective:

M.'s sociotherapist know M.'s vulnerabilities and works with a team of colleagues on M.'s stabilisation and development. She talks about the challenges in the context of a high-intensity treatment clinic. In an interaction we want to discuss what possible international differences are, shaped by culture or other factors in addressing M.'s needs.

"What would you do?"

There is a tension between the responsibility to protect, to scale up surveillance and safety measures versus maintaining someone's autonomy. We would like to discuss dilemmas related to autonomy and safety especially for people who may be seen as incapable and dependent. What does it take to create a safe supportive environment when ID occurs?

Workshop #10 June 13th, 2025, 2:00pm – 3:30pm

H.O.P.E. in Action: Lived Experience, Restorative Culture, and Resilient Systems for Workplace Suicide Prevention

Ms Sue Murray OAM¹, Dr. Sally Spencer-thomas²

¹Zero Suicide Institute of Australasia, Sydney, Australia, ²United Suicide Survivors International, Conifer, USA

Workshop Overview: Workers across many industries—especially those facing high stress, trauma exposure, and cultural barriers—are at increased risk for suicide. While safety frameworks like Zero Suicide have advanced care systems for communities in some sectors, workforce well-being and organizational culture change often remain overlooked.

This interactive workshop integrates the evidence-informed H.O.P.E. Certification with the transformative principles of a restorative just and learning culture. Participants will explore how to move from retributive, blame-oriented responses to forward-looking accountability—centering healing, learning, and trust. The session also highlights how to safely and ethically incorporate lived experience into workplace mental health strategies to foster cultures of psychological safety and authentic engagement.

Learning Objectives:

Participants will:

1. Understand how suicide risk shows up in diverse industries including healthcare, construction and first responders.

2. Explore the H.O.P.E. Certification as a framework for strengthening workforce suicide prevention and wellness.
3. Apply the principles of restorative just culture and psychological safety to real-world scenarios.
4. Develop practical strategies for integrating lived experience and trauma-informed practices into suicide prevention efforts.
5. Leave with an actionable roadmap to improve workplace safety, trust, and healing opportunities.

Session Plan (90 minutes)

1. Setting the Context (15 minutes)

- Overview of suicide risk factors across high-stress industries and the limitations of punitive or compliance-based workplace responses.
- Introduction to restorative just culture and its alignment with Zero Suicide values.
- The role of lived experience as a catalyst for culture change—why inclusion is essential, not optional.

2. Systems Mapping and Barriers (15 minutes)

- Group discussion: Identify systemic stressors (e.g., moral injury, toxic leadership, isolation) and cultural barriers (e.g., stigma, fear of disclosure) that impact mental health and suicide risk.
- Brainstorm protective factors, including peer allyship, ethical leadership, transparency, and culturally relevant supports.

3. Restorative Just Culture in Practice (20 minutes)

- Small group case study: Apply restorative justice principles (moral engagement, emotional healing, reintegration, organizational learning) to a suicide-related workplace incident, with specific attention to how impacted individuals—including those with lived experience—are supported and engaged.
- Group share-out: Reflect on how restorative approaches could shift culture and prevent future harm.

4. H.O.P.E. Certification as a Tool for Transformation (15 minutes)

- Overview of the H.O.P.E. Certification framework and how it embeds suicide prevention, psychological safety, and workforce well-being into organizational systems.
- Showcase of real-world examples, including how organizations have meaningfully involved people with lived experience in planning, training, storytelling, and peer support.

5. Action Planning: Culture Change Through Lived Experience Leadership (20 minutes)

- Small group breakout: Envision an ideal culture where peer allies and people with lived/living experience are integrated into suicide prevention strategy and response.
- Identify opportunities for co-design (e.g., advisory councils, curriculum development, postvention planning) and peer roles (e.g., ambassadors, first responders, wellness champions).
- Begin drafting an implementation plan using tools from the Restorative Just Culture workbook and H.O.P.E. Certification roadmap.

6. Closing and Next Steps (5 minutes)

- Reflections, key takeaways, and open Q&A.
- Invitation to join international communities of practice that center lived experience and workplace suicide prevention (e.g., United Survivors, Zero Suicide Institute, H.O.P.E. cohorts).

Interactive Elements:

- Case study analysis using a restorative justice lens
- Visioning and culture mapping activities
- Group brainstorming on protective practices and barriers
- Use of the Restorative Just Culture checklist and action planning templates

Outcome:

Participants will leave equipped to:

- Champion forward-looking accountability and healing after suicide-related incidents
- Integrate the H.O.P.E. Certification as a systems-change tool
- Appreciate the Restorative Just Culture approach to foster safer, more compassionate, and more resilient healthcare organizations

Workshop #11 June 11th, 2025, 5:00pm – 6:30pm

Content Creation and Suicide Prevention

Moderator **Karen Scavacini**

This workshop, focuses on how to communicate suicide prevention research through digital content in ways that engage diverse audiences—people in distress, the general public, families, and health professionals. As social platforms shape public perceptions of mental health, it is crucial to translate scientific findings into accessible, creative, and responsible narratives.

Participants will explore how users engage with content during emotional crises and how creators—whether researchers, clinicians, or communicators—can connect science and digital culture.

The session will also discuss the ethical challenges of digital storytelling, including algorithmic visibility and audience targeting, as well as the emerging role of artificial intelligence in content creation. We will reflect on how AI can support the translation of research into messages—while maintaining safety, accuracy, and human oversight.

The workshop includes hands-on exercises, guiding participants to prototype content based on real data, adapt messaging across platforms, and explore how AI tools can enhance, but not replace, ethical and human-centred communication.

Ideal for professionals integrating science, technology, and advocacy in suicide prevention.

CRISIS Workshop/Forum June 12th, 2025, 2.00pm – 3.00pm

Crisis Editor Forum: An overview of manuscript preparation, the peer-review process, and publication ethics

Speakers: Editorial Leadership Team:

Thomas Niederkrotenthaler: Medical University of Vienna, Austria, Editor-in-Chief

Ella Arensman: University College Cork, Ireland

Greg Armstrong: The University of Melbourne

Alexandra Pitman: University College London, UK

Benedikt Till: Medical University of Vienna, Austria

Spencer McGrath: Head of Journal Publishing, Hogrefe Publishing

The aim of the session will be to facilitate an educational discussion between editorial leadership of *Crisis* and attendees of 33rd World Congress of IASP who are interested in publishing in *Crisis: The Journal Crisis Intervention and Suicide Prevention*. Our aim is for *Crisis* to be a leading publication in suicidology and crisis intervention and the workshop provides a forum for the editors to engage with the clinicians, counselors, and researchers who are potential authors and readers.

The Editors of *Crisis* will present information on the Journal's editorial and peer-review processes and share insights about how to prepare a high-quality manuscript for publication in a leading scientific journal. The session will be particularly helpful for early-career researchers and clinicians as they can hear directly from Editors about their expectations for high-quality manuscript submissions and their insights on how best to respond to editor and reviewer comments when authors revise their manuscript.

We will include a spotlight on the peer-review process undertaken at the Journal in an effort to provide greater transparency regarding the evaluation of manuscript submissions and how editorial decisions are reached. To do so, we will present a published paper and the editors, will discuss how the paper developed from first submission through author revisions, and ultimately, to acceptance. By elucidating important aspects of peer review we would like to demonstrate how the evaluation process improves papers prior to publication.

As publisher of *Crisis*, Hogrefe Publishing, would like to highlight useful information for authors regarding the use of generative artificial intelligence (AI) and AI-assisted technologies in the manuscript preparation and peer-review processes, and the various considerations regarding publication ethics authors and reviewers must keep in mind when utilizing these new technologies.

The session will both explore how the work of research and clinical teams can contribute to the publication process; and in turn, influence how *Crisis* continues to develop and publish content that moves the fields of suicidology and crisis intervention forward.

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Orals

Oral #1 June 11th, 2025, 12.00noon – 1.00pm

Chairs: Professor Ella Arensman, Professor Renske Gilissen

Trends, risk and protective factors related to self-harm and suicide in children and adolescents

Kapur N4, Kenny B3,9, La Sala L3,9, Spittal M10, Robinson J3,9, Gilissen R2,11, Mérelle S2, Elzinga E2, Balt E2, Looijmans M2, Schweren L2, Wiggin D1, McMahon E1,5, McNicholas F6,7,8, Arensman E1,5, Griffin E1,5, Joyce M5, Corcoran P5

Affiliations : 8Lucena Child and Adolescent Mental Health Services, St John of God, 2113 Suicide Prevention, 10Melbourne School of Population and Global Health, University of Melbourne, 5National Suicide Research Foundation, 9Centre for Mental Youth, University of Melbourne, 1University College Cork, 4University of Manchester, 7Department of Child and Adolescent Liaison Psychiatry, Our Lady's Children's Hospital Crumlin, 11Leiden University, 6Department of Psychiatry, School of Medicine, University College Dublin, 3Orygen

Suicide and non-fatal self-harm among young people are major public health concerns. Self-harm is common in adolescents, particularly in females and from the age of 12 years onwards, and suicide is a leading cause of death in this age group. Furthermore, self-harm is the strongest risk factor for suicide in children and adolescents.

There has been little attention to self-harm in young children internationally. However, recent research has indicated an increasing trend of self-harm in children under the age of 12 or 13 years. In addition, there is emerging evidence of increased lethality in the use of self-harm methods in children. Overall, there is limited in-depth research into self-harm and suicide among young people, and in particular children. This underlines the need to increase our understanding and to improve mental health promotion and suicide prevention programmes for young people.

Trends, risk and protective factors related to self-harm and suicide in children, adolescents and young adults, will provide updates on self-harm and suicide trends in young people from different countries. Presenters will also discuss outcomes of in-depth research, explaining increasing self-harm and suicide trends among young people, as well as challenges and key priorities going forward.

1.1 Suicidal behaviour among young people in England: what do we know and what should we do?

Kapur N.

Learning objective: Participants will learn about recent trends in suicidal behaviour in England, possible explanatory factors, and likely preventative measures.

The impact of suicide in young people is devastating and recent trends are concerning. Self-harm is a major health and societal issue in its own right as well as increasing the risk of suicide. This presentation will focus on children and young people aged under 25 years. It will examine: rates in suicide and self-harm among young people in England over time; possible explanations for these trends; data on the characteristics of young people who have died by suicide or harmed themselves; and recent initiatives on prevention and intervention.

National data from England shows that suicide rates in people aged 10–24 years rose steadily between 2011 and 2020 but have fallen since. National data on self-harm is less readily available

but activity data from primary care and community surveys suggest rates of self-harm have risen in recent years and may have risen more steeply since the pandemic.

Possible explanations include worsening mental health, educational pressures, economic factors, normalisation of suicidal behaviour, and of course the effects of social media (although these are far from clear cut). In large representative samples, common antecedents of suicide in young people include domestic violence, bullying, self-harm, bereavement (including by suicide) and academic pressures. The majority of young people who die by suicide or harm themselves (>75%) have seen their general practitioners in the preceding year.

How should we respond to the challenge of suicide prevention in young people? Clinical guidelines for self-harm and a recent suicide prevention strategy suggest some clear areas for action. The involvement of primary care, the provision of mental health support in schools, the availability of psychological interventions could have a significant impact. In 2024 the Online Safety Act introduced laws designed to protect children and adults online and including a new offence of encouraging or assisting serious self-harm. Economic pressures, stretched health and social care services, and wider societal strains on our young people mean that implementation will not be straightforward. However, recent data showing a fall in suicide rates among young people in England is encouraging.

1.2 Suicide deaths among women and girls in Australia: A case study

Kenny B.

Learning objective: Attendees will gain insight into suicide rates among women and girls in Australia.

Background: Suicide among women and girls in Australia is an important public health issue. In Australia, suicide has been conceptualised as a male problem and indeed suicide rates are higher among males compared with females. However, women and girls are more likely to experience suicidal ideation, self-harm and to make a suicide attempt. Furthermore, there has been an increase in suicide risk factors that disproportionately impact women and girls with preliminary evidence suggesting this has translated into an increase in suicide deaths among women and girls nationally. A comprehensive exploration of suicide among women and girls in Australia is needed to inform policy decisions and public health approaches. This presentation will (1) explore changes in the suicide death rate among women and girls in Australia since 2000 and (2) examine how these changes differ across the age range.

Methods: This presentation includes data from the World Health Organization Mortality Database. Suicide deaths are captured using ICD-10 codes and have been analysed using Joinpoint regression.

Results: Preliminary findings show an overall steady increase in suicide deaths among women and girls since 2000. Trends in suicide deaths differ based on age, with the greatest increase experienced among young women aged between 15 and 24 years (currently at 7.7 per 100,000). Despite some fluctuations, suicide deaths among women aged 35 to 54 years have remained consistently high (ranging from 6.6 per 100,000 to 8.0 per 100,000).

Discussion: Findings demonstrate how suicide rates among women and girls in Australia have changed since 2000. This presentation will discuss potential social, cultural and political factors that may explain, at least in part, key inflection points. This information can help inform future policy decisions and public health responses. However, it is important to note, these findings are limited by the data available through the World Health Organization Mortality Database, which uses a binary measure of gender.

1.3 Rising Suicide Rates Among Young People in the Netherlands: Causes and Challenges Gilissen R.

Learning Objective: Improved understanding of risk factors associated with increasing trends of self-harm and suicide among young people.

The Netherlands sees worrying suicide rates among young people. Between 2014 and 2024, the number of suicides among young people aged 10 to 30 increased from 212 in 2014 to 312 in 2024. Taking population size into account, the number of suicides among young people increased by 33%. The rise is particularly evident among young adults aged 20 to 30. There is also a significant increase in young people visiting the emergency department after self-harm, especially among young women.

To better understand the causes, we conducted in-depth research through interviews with young people, national data from Statistics Netherlands, and psychosocial autopsies with bereaved relatives. The acute stress factors mentioned by young adults included (performance) pressure, loneliness, financial difficulties, the housing market, and (lack of) meaning. A striking finding from the national database was that more than half of the young adults who died by suicide had dropped out of education without a diploma (early school leavers). The three most frequently cited decisive factors for suicide, according to bereaved relatives, were mental health issues, social relationships, and experienced problems in healthcare.

During the presentation, the results of the in-depth studies will be discussed, along with the challenge of reversing the concerning trends.

1.4 Trends in age of first hospital presentation with self-harm in children and adolescents in Ireland: A national registry study Wiggin D.

Learning objective: An understanding of the temporal trends in first presentations to hospital in 10–17-year-olds in Ireland.

Background: Self-harm is one of the leading causes of death among young people worldwide. Rates of self-harm in young people, particularly in younger adolescents, are increasing in many countries. This trend suggests that age of onset of self-harm may be decreasing. This study explores temporal trends in the rates of first hospital presentations for self-harm in people aged 10–17 years in Ireland, as well as trends in specific self-harm methods.

Methods: Data were included from the National Self-Harm Registry Ireland on first presentations to hospital emergency departments after self-harm by people aged 10–17 years from 2015–2019. Annual self-harm rates per 100,000 were calculated by age, sex, and method of self-harm. Trends in rates of self-harm over the study period were examined using Poisson regression models.

Results: There were 5,886 first presentations to hospital by young people aged 10–17 years between 2015–2019. The modal age of first presentation was 17 years. The average person-based rate of first presentation with self-harm among 10–17-year-olds was 228 per 100,000. This was 326 and 133 per 100,000 for females and males respectively. The highest rate of self-harm in both genders was in 14–17-year-olds, at 568 and 237 per 100,000 for females and males respectively. While rates of self-harm for the full cohort did not change during the study period, rates of self-harm increased by 41% in 10–13-year-old females (CI 95% 1.10–1.81) and by 22% in males of the same age, but this was not statistically significant. There were increases in the use of specific methods of self-harm. There were marked increases in self-cutting (30%, CI 95% 1.10–1.52) for the entire cohort; in 10–13-year-olds, this increase was 148% in males (CI 95% 1.04–5.90) and 80% in females (CI 95% 1.21–2.67).

Conclusions: The increasing rates of first presentations in Ireland highlighted in this study add to the growing evidence of increasing rates of self-harm in younger adolescents noted in other countries.

The rapidly growing rate of self-cutting in younger age groups is concerning and supports the suggestion that the age of onset of self-harm is decreasing. Universal and targeted prevention strategies are necessary to address young peoples' increasing need for support.

1.5 Trends in self-harm in children aged 5-12 years in Ireland: 2015-2023

Arensman E.

Learning objective: Increased understanding of recent trends in self-harm in children aged 5-12 years, presenting to hospital Emergency Departments in Ireland.

Background: There has been little attention to self-harm in young children in Ireland and internationally. However, recent research in some countries has indicated an increasing trend of self-harm in children under the age of 12 or 13 years. In addition, there is emerging evidence of increased lethality in the use of self-harm methods in children.

This is one of few studies, presenting findings of a national self-harm surveillance system, on trends, patterns and self-harm methods among children aged 5-12 years, attending hospital Emergency Departments, over the period 2015-2023.

Methods: Data were included from the National Self-Harm Registry Ireland on presentations to hospital emergency departments after self-harm by children aged 5-12 years over the period 2015-2023. Descriptives were obtained on the number of persons and self-harm episodes and most frequently used methods of self-harm by gender and age.

Results: There were 986 self-harm presentations to hospital by children aged 5-12 years between 2015-2023, with two thirds of the presentations involving girls (n=669; 67.8%) and 317 (32.2%) involving boys.

The majority of self-harm presentations were by children aged 9-12 with a relatively small number of presentations among children aged 5-8 years. Between 2015 and 2023, an increase in hospital presentations due to self-harm was observed in both boys and girls, with greater significance levels associated with the magnitude of the increase in girls. The increase of self-harm in girls was mostly due to an increase in intentional drug overdose and self-cutting while the increase in boys was mostly due to self-cutting and attempted hanging.

Across the years, self-cutting was the most prevalent self-harm method used by girls and boys (49.1% and 26.8% respectively). However, the second most prevalent method use by girls was intentional drug overdose (31.2%) and for boys this was attempted hanging (26.8%).

Conclusions: The increasing trend in self-harm among children underlines an urgent need to prioritise intervention and prevention programmes for young children and the need for increased awareness of warning signs, risk and protective factors among parents and health and community-based services involved with children. The increasing trend in the use of highly lethal self-harm methods in children may indicate increased risk of self-harm repetition and suicide.

Oral #2 June 11th, 2025, 12.00noon – 1.00pm

Chair: Allison Crawford

2.1 Suicide and self-harming behaviours among young carers: a prospective study using Australian cohort data

Associate Professor Tania King¹, Professor Gerry Redmond¹, Professor Nicola Reavley¹, Associate Professor Myra Hamilton¹, Doctor Alison Barr¹

¹University Of Melbourne, Carlton, Australia

Learning objective: To examine associations between young caring and self-harming and suicide behaviours among a representative sample of young Australians

Background: Young carers are people aged 18 and under who provide unpaid care to a person who is usually a family member with a disability, chronic illness, or frailty due to old age. This care is often unrecognised and largely unsupported. Despite evidence that this group is at increased risk of poor mental health, little is known about self-harm and suicide among young carers. This study used population representative data to examine self-harming and suicidal behaviours among young carers.

Methods: We used data from Waves 6–8 (2014–2018) of the Longitudinal Study of Australian Children to assess the effect of “core” caregiving activities (e.g. personal care, assistance moving around) on suicidal and self-harming behaviours. Care activities at 16–17 years were classified as core caregiving, non-core caregiving and no caregiving. Five self-harming and suicidal measures, collected at age 18/19 years, were used to form two outcomes: thoughts (of self-harm or suicide, or plan to suicide) and behaviours (self-harm, suicide attempt), operationalised as binary variables. Analyses were carried out using augmented inverse probability treatment weighting (AIPW), adjusting for potential confounders on complete case data. Multiple sets of sensitivity analyses were conducted, including on an imputed dataset.

Results: Core caregiving at age 16/17 was associated with suicidal and self-harming behaviours at age 18/19 compared to those not in a caregiving role, with an average treatment effect (ATE) of 0.07(95%CI 0.02, 0.12), equating to a risk ratio of 1.81(95%CI 1.16, 2.45). The ATE of core caregiving on thoughts of suicide or self-harm (compared to non-carers) was 0.06(95%CI -0.00, 0.12), equating to a risk ratio of 1.29 (95%CI 0.98, 1.59). No differences were observed between non-core care provision and no care for any outcomes. Sensitivity analyses confirmed main findings.

Discussion: This research provides evidence that intensive forms of caregiving provided by young carers is associated with elevated risks of some suicide and self-harming behaviours. This underscores the crucial need to better identify and support young carers, to mitigate these adverse outcomes.

2.2 Autistic adults' experiences with safety planning for suicide prevention

Dr Darren Hedley^{1,2}, Dr Claire Brown¹, Dr Jodie Wilson¹, Dr Jessica Schwartzman^{3,4}, Dr Mark Stokes², Associate Professor Sarah Cassidy⁵

¹La Trobe University, Melbourne, Australia, ²Deakin University, Burwood, Australia, ³University of Southern California, Los Angeles, USA, ⁴Children's Hospital Los Angeles, Los Angeles, USA, ⁵University of Nottingham, Nottingham, United Kingdom

Background: Compared to the general population, autistic people have a significantly increased risk of suicidal thoughts and behavior (STB). Safety planning is considered one of the first lines of defense for suicide prevention in individuals identified at risk of suicide; however, little is known about the application or use of safety plans within the autistic population. We interviewed autistic adults with a history of STB to better understand their understanding and use of safety planning interventions.

Methods: The study was approved by the university ethics committee. We recruited 33 autistic adults (n=16 women, n=3 non-binary) aged 21 to 68 years (Mage=41.72, SD=11.49) with a history of STB. We asked participants about their experience with formal and informal safety planning. Questions included: “Do you have a safety plan in place for when you are feeling suicidal?”; “How was the plan developed, and with whom?”. We analyzed data using reflexive thematic analysis, identifying themes using an iterative, inductive process with both latent and semantic coding.

Results: Approximately 24% (n=8) of participants had developed a formal safety plan with the collaboration of a mental health professional and 9% (n=3) reported developing an informal safety

plan by themselves, or in collaboration with a family member. The remaining 48% (n=16) had never developed a safety plan, although approximately half of these individuals (n=9; 27% of the sample) described informal strategies they had developed to keep themselves safe (e.g., call a friend before any harmful behavior). We constructed three main themes and several sub-themes reflecting participants' lived experiences and knowledge of safety planning. Key learnings were: 1) to be useful, safety plans must be a living document that is personalized and autism-adapted, 2) co-development of the plan with someone with autism knowledge is essential for success, 3) understanding of the intent and application of safety planning by autistic people at risk of STB may be limited.

Discussion: Despite all participants having a history of STB, including suicide attempts, very few had developed formal safety plans with a healthcare professional. In addition to ensuring all autistic people at risk of suicide are provided the opportunity to develop a safety plan, healthcare professionals need to ensure that plans are understood by the autistic person and implemented in a manner that is contextualized and personalized to the individual's situation.

2.3 Characterizing suicidal thoughts and behavior in autistic youth and adults using the Columbia–Suicide Severity Rating Scale: A multinational study

Dr Darren Hedley^{1,2}, Dr Jessica Schwartzman^{3,4,5}, Dr Carly McMorris⁶, Dr Claire Brown¹, Dr Zachary Williams⁵, Dr Mark Stokes²

¹La Trobe University, Melbourne, Australia, ²Deakin University, Burwood, Australia, ³University of Southern California, Los Angeles, USA, ⁴Children's Hospital of Los Angeles, Los Angeles, USA, ⁵Vanderbilt University, Nashville, USA, ⁶University of Calgary, Calgary, Canada

Learning Objective: Recognize risk factors, gender- and sex-based effects of STB in autistic people.

Background: Autistic people are at significant risk for suicidal thoughts and behaviors (STB) and are recognized as a priority population for suicide prevention in the UK. However, there has been limited research that has characterized STB in this population. We characterized STB in autistic youth and adolescents taking into consideration sex- and age-based effects. We analyzed data from a pooled multinational sample of English-speaking autistic children, adolescents and adults.

Methods: We administered the Columbia Suicide Severity Rating Scale (C-SSRS) to 245 autistic people aged 7–70 years (46% female; Mage=24.8, SD= 16.3 years) from Australia, Canada, and the United States. Caregivers completed child assessments, otherwise the C-SSRS was administered to the autistic individual. Participants had their diagnosis confirmed by the research team or were assessed with autism diagnostic assessments as part of the study. We report raw descriptive statistics to summarize the sample. We applied a series of Bayesian hierarchical models to control for site when exploring sex and age-based effects.

Results: Most participants (87.8%) experienced lifetime suicidal ideation and over half (56.3%) reported engaging in non-suicidal self-injury (NSSI). Almost one-third (30.8%) of participants reported a lifetime suicide attempt (M=2.9 attempts; range=1–26 attempts). Sex did not emerge as a significant risk factor for STB or NSSI (PModel=0.714, pBFModel=12.5). The youngest assessed suicide attempt was 7 years. The average age of first attempt was 16 years and the most lethal attempt was 19 years. There was strong evidence for a nonlinear age effect (PInc=0.973, pBFInc=72.9) on SBT. Lifetime SBT increased with age group through childhood and early adulthood, reaching an asymptote in the late 20s and staying constant before a decline between the age of 55–70 years. Individuals aged over 18 years reported more severe and longer lasting suicidal ideation compared to younger participants. The most frequently reported method of suicide attempt was overdose, although cutting and suffocation were also common. In younger children (7–12 years), stepping into traffic was commonly reported as a suicide attempt.

Discussion: Autistic people across the lifespan constitute a high priority group for suicide prevention strategies, development of appropriate assessments, and evaluation of systems-level programs that

effectively address the problem of preventable death by suicide. Our findings will be critical to developing targeted intervention strategies and encouraging governments to develop policy that addresses the high rate of suicide among the autistic population.

2.4 Suicide in the Australian Construction Industry using 21 years of Coronal data

Associate Professor Tania King¹, Professor Anthony LaMontagne¹, Dr Humaira Maheen¹

¹University Of Melbourne, Carlton, Australia, ²Deakin University, Burwood, Australia

Learning objective: To assess suicide rates among a high risk occupational group.

Background: Within high income countries such as Australia, suicide is known to pattern by occupation or industry, with some groups at higher risk than others. One group at particularly high risk of suicide is construction workers, with male construction workers dying by suicide at a rate that is up to twice that of other workers. Monitoring suicide rates among construction workers is key to informing both targeted and universal suicide prevention initiatives across Australia.

Methods: We used 21 years of data from the National Coronal Information System to compare suicide mortality among Australian male construction workers relative to other employed males. We calculated age-standardized suicide rates for construction workers and those employed in other occupations, and examined trends for age-groups across six categories (15–24 years; 25–34 years; 35–44 years, 45–54 years; 55–64 years, 65 years+).

Results: The pooled age-standardised rate of suicide among construction workers over 21 years was 25.7 per 100,000, compared to 14.3 per 100,000 for other employed males. Across the 21 years of observation, there was a steady decline in suicide rates among construction workers, while rates among non-construction workers appeared to remain relatively unchanged. The difference between construction workers and non-construction workers was greatest among younger construction workers, with little difference between construction and non-construction workers observed for those over 45 years.

Discussion: While male construction workers remain at higher risk of suicide relative to other workers in Australia, rates of suicide have declined over the 21-year period of investigation. Given that suicide rates among construction workers aged under 45 years appear to drive disparities between construction and non-construction workers, these workers should be a focus of suicide prevention efforts. There remains a need for government, unions, employers, and other industry stakeholders to strive and advocate for a continued decline in suicide rates among this high-risk group.

2.5 Care home transition and risk of suicidal behavior: A nationwide Danish registry-based study

Reilev M2, Ernst M1, Lundby C4, Christiansen E2

Affiliations: 2Centre for Suicide Research, 4Hospital Pharmacy Funen, Odense University Hospital, 1Clinical Pharmacology, Pharmacy, and Environmental Medicine, Department of Public Health, University of Southern Denmark, Odense, Denmark , 3The Research Unit in Psychiatry – child and adults, Psychiatry in the Region of Southern Denmark

Background: Suicidal risk factors like social isolation, functional impairment, and chronic diseases are common in care home residents, yet suicidal behavior during care home transition is poorly described. This study aims to assess the incidence rates of suicide and suicide attempt during care home transition and to provide a detailed description of the methods involved.

Methods: Using the Danish nationwide health registries, we investigated incidence rates (IRs) of suicide and suicide attempts relative to move-in at care homes, and the suicidal methods used from 2015–2023.

Results: Of 129,193 individuals, 148 residents either attempted or died by suicide from 2015–2023. In the 3-year period leading up to move-in, the IRs of suicide attempts increased substantially from 99 attempts per 100,000 person-years (95%CI: 70–140) 3 years before to 635 attempts per 100,000 person-years (95%CI:554–728) in the quarter immediately before move-in. After move-in, however, the IR dropped instantly and reached levels as low as 41–77 per 100,000 person-years

from the 5th quarter onwards. The IRs of suicide was 27 per 100,000 person-years after move-in and varied insignificantly afterwards. Suicide by hanging was most common (36%), while self-poisoning (40%) was the dominant method for attempted suicide.

Conclusions: Suicide attempt rates peaked in the quarters before care home transition, while rapidly decreasing after move-in. The incidence rates of suicides appeared stable after move-in. To prevent suicidal behavior relative to care home transition, it seems imperative to improve our understanding of how to meet older citizen's need in case of physical, cognitive and mental impairment.

Oral #3 June 11th, 2025, 12.00noon – 1.00pm

Chair: Annette Erlangsen

3.1 Risk of hospital-presenting self-harm among adolescents exposed to smoking, substance use and maternal mental disorder during pregnancy: A population-based study.
Dr Sithum Munasinghe^{1,2}, Professor Andrew Page¹, Dr Mithilesh Dronavalli^{1,2}, Dr Sandro Sperandei, Professor Ju lee Oei^{2,3}

¹Western Sydney University, Penrith, Australia, ²University of New South Wales, Randwick, Australia, ³Royal Hospital for Women, Randwick, Australia

Background and learning objective

A substantial body of literature established strong evidence between foetal exposure to drugs and adverse newborn outcomes, including abnormal foetal growth, neurodevelopment problems, and congenital anomalies. However, there is inconsistent evidence between maternal mental health, substance use during pregnancy and offspring suicidal behaviour. To date, no population-level study has investigated the direct effect of in-utero exposure to smoking, substance use and mental disorders on self-harm in adolescence and the extent to which the association is mediated through childhood exposure to maternal mental disorders, substance abuse, suicidal behaviours, and maternal mortality (referred to below as maternal adversity).

Methods: This study was based in New South Wales (NSW), Australia, and used routinely collected linked retrospective data sources. The primary dataset was the birth records, linked to hospital admissions and death registry data. All babies born between July 2001 and December 2011 (n=955,617) were included and followed up until December 2021 via data linkage. Three exposures were considered, including in-utero exposure to maternal smoking or drugs, hospital-presented mental disorders, and hospital-presented mental disorders without smoking or drug use. Subsequent maternal adversities, as defined above, were considered as mediators. Causal mediation analysis was employed to examine the direct effect between exposures and time to first self-harm incidence and indirect effect that operates via mediators.

Results : A total of 4086 adolescents aged 10–19 years were presented to the hospital related to self-harm during the study period. The pure direct effect of in-utero exposure to maternal smoking or drugs on self-harm in adolescence was (1.97[95% CI: 1.82–2.12]), whereas the indirect effect due to the maternal adversities was (1.11[95% CI: 1.08–1.13]). The pure direct and indirect effects of maternal mental health hospital presentations during pregnancy (with or without smoking or drug use) were (1.76[95% CI: 1.30–2.39]) and (1.37[95% CI: 1.16–1.69]), respectively. The direct effect of self-harm was (1.11[95% CI: 0.58–1.75]) for offspring whose mothers had hospital-presented mental disorders during pregnancy but did not smoke or use drugs, whereas the indirect effect was (1.38[95% CI: 1.09–1.92]) if the child exposed to subsequent maternal adversities.

Discussion: In-utero exposure to smoking or drugs significantly increases the risk of offspring self-harm even if the child was not exposed to subsequent maternal adversities. In contrast, in-utero exposure to maternal hospital-presented mental disorders without smoking or drug use did not significantly increase the risk of offspring self-harm if the child was not exposed to subsequent maternal adversities.

3.2 Communication about self-harm and suicide on social media among migrants in Australia

Aditya Basu^{1,2}, Dr Louise La Sala^{1,2}, Dr Bridget Kenny^{1,2}, Mr Charlie Cooper^{1,2}, Dr Michelle Lamblin^{1,2}, Professor Matthew Spittal³, Caroline Gao^{1,2}, Professor Ann John⁴, Dr Samuel McKay^{1,2}, Associate Professor Gregory Armstrong⁵, Professor Jo Robinson^{1,2}

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Learning objective: Attendees will learn about the influence of social media on suicidal thoughts and behaviours and help-seeking among migrants, along with differences that exist between migrants and non-migrants, and within migrant groups.

Background: Suicide is a leading cause of death worldwide, particularly those aged between 15 and 45 years. One group of people who may be at heightened risk of suicidal behaviour are migrants. Social media plays a role in influencing suicidal behaviour, including among migrants. There has been limited research into examining migrants' experience of interacting with self-harm and suicide-related content on social media. The overarching aim of the study was to examine the extent to which migrants and non-migrants in Australia: (i) are exposed to and engage with self-harm and suicide-related content on social media, (ii) create this content, and (iii) use social media to seek support for self-harm and suicide. The study further examined how this differed between (iv) migrants and non-migrants aged 15–25 years, (v) migrants aged 15–25 years and migrants aged 26 years and above, and (vi) migrants from LMICs and those from HICs.

Methods: This study was a national cross-sectional survey administered online between January and March 2024. Statistical analysis was conducted using R, version 4.3.3. Descriptive statistics were used to examine respondents' experiences and logistic regressions examined differences between migrants and non-migrants, alongside differences within migrants based on their age and country of origin.

Results: 3,663 individuals (984 migrants; 2,679 non-migrants) completed the survey. Exposure to content had negative impacts on mood. Migrants were less likely to be exposed to content (OR 0.54) and seek support online (OR 0.47) than non-migrants. Young migrants were more likely than older migrants to be exposed to content (OR 3.96) and seek support online (OR 6.60). Migrants from low- and middle income countries were more likely to be exposed to content and seek support online than migrants from high income countries (OR 1.34 and OR 2.59, respectively).

Discussion: Exposure to self-harm and suicide on social media can have a negative impact on migrants' mental health, although they use social media to form and maintain connections and access help. A nuanced approach is required to develop guidelines and technologies that minimise negative impacts and enhance positive elements of social media for migrants.

3.3 Assessment of the Short-Term Impact of the Noto Peninsula Earthquake on Suicide Using Time-Series Data.

Takahiro Arai^{1,3}, Hiroyuki Shinkai², Keita Yamauchi³

¹Tama University, Tama City, Japan, ²Kanagawa University, Yokohama, Japan, ³Graduate School of Health Management, Keio University, Fujisawa, Japan

One (1) Learning Objective: The impact of natural disasters, including major earthquakes, on mental health is a critical global issue. This study analyses the short-term impact of the January 2024 Noto Peninsula earthquake in Japan on suicide deaths, specifically examining the presence of 'pulling together effect' or 'honeymoon phase', which temporarily strengthens feelings of support and solidarity in post-disaster suicide trends. The findings aim to provide insights into disaster-related mental health challenges.

Background: On January 1, 2024, a magnitude 7.6 earthquake struck the Noto Peninsula in Ishikawa Prefecture, Japan, causing extensive damage. The disaster claimed 515 lives and injured 1,394 people. Even a year later, many survivors are still forced to live in evacuation shelters or temporary housing.

Methods: The time-series data on suicide counts following the earthquake were analysed using a generalized additive model. The model was trained using data from January 2017 to December 2023 (84 months prior to the earthquake) and validated on data from January 2024 to January 2025. It incorporated a smooth term for time to capture non-linear trends and included categorical variables for calendar months, with January as the baseline. An offset term was incorporated to adjust for population size.

Result: The model constructed in this study demonstrated a certain level of predictive performance, as indicated by the evaluation metrics: adjusted $R^2 = 0.31$, RMSE = 2.47, MAE = 1.91, and MAPE = 23.80%. During the validation period, observed suicide deaths fell below the model's lower 95% confidence intervals in six months: March (4 deaths; CI: 9.08—16.73), April (5; CI: 7.66—14.42), May (4; CI: 6.44—12.48), August (5; CI: 6.68—13.30), October (2; CI: 4.84—10.48), and November (9; CI: 9.45—19.20).

Discussion: The study found that the number of suicide deaths in the Noto region during the short term was smaller than the expected number of suicides predicted by the model. This is consistent with the 'pulling together effect' or 'honeymoon phase' hypothesis observed after disasters. However, there is concern that mental health in disaster-affected areas may deteriorate in the mid-to-long term. In particular, large-scale evacuations inevitably disrupt former community ties, potentially leading to increased isolation and loneliness. These findings underscore the importance of ongoing monitoring of post-disaster mental health and highlight the need for governments and local authorities to develop comprehensive support measures to address this issue.

3.4 Suicide prevention at the intersection of health and welfare: two data linkage studies examining death by suicide and experiences of unemployment and homelessness

Mr Chris Killick-Moran¹

¹Australian Institute Of Health And Welfare, Canberra, Australia

Summary/Objective: The Australian Institute of Health and Welfare (AIHW) is a Commonwealth Government Statutory Authority with responsibility for collecting, managing and reporting on data on health and welfare statistics, including from state, territory and federal government agencies. The AIHW is also a national data integration authority with a long history in managing data linkage. This presentation will discuss the methods and results for two data linkage studies: one examining relative risk of death by suicide for recipients of income support payments and one focused on suicide deaths amongst clients of Specialist Homelessness Services.

Background: The studies described in this presentation have been conducted by AIHW analysts as part of Australia's national Suicide and Self-harm Monitoring System. They have been conducted in two separate data linkage assets. The Australian Bureau of Statistics (ABS) Person Level Integrated Data Asset (PLIDA) was used to analyse relative risk of death by suicide for recipients of income support payments. Analysis of suicide deaths amongst clients of Specialist Homelessness Services was conducted in the AIHW NACS data linkage: a bespoke linkage integrating the National Deaths

Index, Medicare Benefits Scheme (MBS) data, Pharmaceutical Benefits Scheme (PBS) data, the Specialist Homelessness Services Collection (SHSC) and the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS).

Method: Published results to date from both studies are largely descriptive. Some elements of the PLIDA analysis of relative risk of death by suicide for recipients of income support payments have used logistic regression to control for confounding risk factors within the study populations. The PLIDA study has analysed time-series data interrupted by the significant social and economic disruptions associated with the acute phase of COVID-19.

Result: Rates of suicide death for recipients of several categories of income support were significantly higher than the Australian comparison population. These differences will be discussed, as well as a more detailed analysis of disability support pension recipients and unemployment payment recipients over time, including the acute phase of COVID-19. Suicide was the second highest cause of death for people who accessed a Specialist Homelessness Service in the year before they died. People who accessed a Specialist Homelessness Service in the year before their suicide accounted for about one in twenty of all suicide deaths in the study period.

3.5 Exploring the relationship between ADHD and suicide risk through the lens of the Integrated Motivational-Volitional Model of Suicidal Behaviour

Dr Seonaid Cleare¹, Professor Rory O'Connor¹

¹University Of Glasgow, Glasgow, United Kingdom

Intro: Attention Deficit-Hyperactivity Disorder (ADHD) is associated with increased vulnerability to suicidal thoughts and behaviours. However, as not every individual with ADHD experiences suicidal thoughts and fewer still will engage in suicidal behaviour, understanding the factors associated with increased risk is crucial. Currently, there is a dearth of research into the role of psychological factors in the context of this relationship meaning our ability to predict and ultimately respond to individuals who may be at increased risk of suicide remains limited. Models, such as the Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour (O'Connor, 2011, O'Connor & Kirtley, 2018) provide a framework which may further our understanding of the association between ADHD and suicide risk. To this end, we investigated the extent to which psychological factors from the IMV model were associated with suicide risk.

Methods: 696 adults completed questions including: history of suicidal thoughts and suicide attempts, measures of key components of the IMV model including defeat, entrapment, burdensomeness, belongingness, mental imagery, impulsivity, recent mood and ADHD symptoms.

Results: 642 (92.2%) of participants scored $4 \leq$ on the Adult ADHD Self-Report screener (ASRS v1.1), indicating recent ADHD symptoms. 93% reported lifetime suicidal thoughts ($n = 597$), and 41.7% ($n = 268$) reported suicide attempts. Consistent with the predictions of the IMV model, in multivariate models higher scores on key measures of psychological risk factors, specifically defeat, internal entrapment and perceived burdensomeness were associated with recent suicidal ideation, while mental imagery differentiated between those with suicide attempt versus suicidal thought histories. Mediation analysis highlighted that entrapment mediated the defeat to suicidal thoughts pathway.

Discussion: The results suggest that psychological factors, in addition to the presence of ADHD symptoms, are important in understanding the ADHD-suicide risk relationship. Facets of the IMV model (e.g. defeat, entrapment) may provide a useful context to help us to better understand the ADHD-suicide risk relationship. They also highlight the potential importance of these factors in detecting individuals who may be at increased risk of suicide. It is important to note that this is not a prevalence study. We oversampled for people with ADHD and suicidality; the majority of participants reported ADHD and suicidal thoughts and the comparator group was small. However,

psychological factors from the IMV model warrant further investigation longitudinally as potentially useful targets for suicide prevention interventions in people with ADHD.

Learning objective: Exploring the IMV model as a potential framework for understanding the ADHD-suicide risk relationship.

Oral #4 June 11th, 2025, 12.00noon – 1.00pm

Chair: Eve Griffin

4.1 Short- and long-term impact of children's self-injurious thoughts and behaviors on caregivers

Phd Ana Ortin-Peralta^{1,2}, MS Ateret Frank Brauner¹, MS Aimee M. Starr¹, MS Sajel Arya¹

¹Yeshiva University, New York, United States, ²Albert Einstein College of Medicine/Montefiore Medical Center, New York, US

Learning objective: To enhance understanding of the psychological impact of children's self-injurious thoughts and behaviors (SITBs) on caregivers' mental health and family dynamics and emphasize the importance of family-focused interventions in addressing SITBs.

Background: Caring for a child with self-injurious thoughts and behaviors (SITBs) often leads to long-term consequences for the entire family. Caregivers play a key role in seeking care for their children, which has been linked to their own mental health needs. Advancing research to better support caregivers and understand family dynamics is essential. This study aimed to examine how caregivers who reported their child's SITBs, caregivers who did not report their child's SITBs, and those with children without SITBs differed on caregivers' mental health and family dynamics, cross-sectionally and prospectively.

Methods: A U.S. epidemiological sample of 11,301 children (ages 9–10) and caregivers who participated in three yearly assessments from the Adolescent Brain and Cognitive Development (ABCD) study. Caregivers (P) reported on their child's SITBs, family conflict, and their own internalizing and externalizing problems and SITBs. Children (Y) reported on their SITBs, family conflict, caregiver monitoring, and caregiver acceptance.

Results: Among caregivers, 1,118 reported their child's SITBs, 1,031 did not report SITBs their children had reported, and 9,154 had children without SITBs. Compared to caregivers of children without SITBs, both caregivers who did and did not report their child's SITBs exhibited higher levels of family conflict (Y & P), lower levels of caregiver monitoring and acceptance at baseline and over the two subsequent assessments, and more externalizing problems at baseline. Additionally, caregivers who reported their child's SITBs had higher levels of internalizing problems at baseline and higher odds for SITBs at baseline and two years later. When compared to caregivers who did not report their child's SITBs, those who did report showed lower levels of family conflict (Y) and higher levels of caregiver monitoring and acceptance at baseline. However, they reported higher levels of family conflict (P) at baseline and one year later. They also endorsed higher internalizing and externalizing problems and SITBs at baseline. Two years later, the differences in caregivers' SITBs remained significant.

Discussion: Regardless of the report, caregivers of children with SITBs experienced significant externalizing problems and long-lasting effects on family dynamics. Caregivers who reported SITBs faced greater psychological distress and SITB risk. Family-focused interventions are needed to support caregivers, reduce conflict, and enhance children's disclosure of future SITBs.

4.2 Clinician suicide risk assessment for prospective prediction of suicide attempt in a large US healthcare system

Dr. Kate Bentley^{1,2}, **Dr. Chris Kennedy**^{1,2}, Pratik Khadse¹, Dr. Jasmin Brooks Stephens¹, Emily Madsen¹, Matthew Flics¹, Hyunjoon Lee⁴, Dr. Jordan Smoller^{1,2,3}, Dr. Taylor Burke^{1,2}

¹Center for Precision Psychiatry, Department of Psychiatry, Massachusetts General Hospital, Boston, United States, ²Department of Psychiatry, Harvard Medical School, Boston, United States, ³Psychiatric and Neurodevelopmental Genetics Unit, Center for Genomic Medicine, Massachusetts General Hospital, Boston, United States, ⁴Department of Biomedical Informatics, Vanderbilt University Medical Center, Nashville, United States

Learning objective: Showcase the value of routine clinical suicide risk assessments both in evaluating the accuracy of clinical judgment at predicting suicide risk, and through combining all risk assessment items using machine learning.

Background: Clinical practice guidelines recommend suicide risk screening and assessment across behavioral health settings. Yet the predictive accuracy of real-world clinician assessments for stratifying patients by risk of future suicidal behavior remains understudied. In this study our objective was to evaluate routine clinical suicide risk assessment (SRA) for prospectively predicting suicide attempt (SA).

Methods: Retrospective EHR-based prognostic study in 12 hospitals in the Mass General Brigham health system in the United States between July 2019 and February 2023. Participants were 89,957 patients (age 5 or older) with a structured SRA (based on the Suicide Assessment Five-step Evaluation and Triage framework) documented by 2,577 clinicians in outpatient, inpatient, and emergency department (ED) settings. The primary outcome was ED visit with a SA code within 90 and 180 days of index SRA. Predictive performance of SRAs was evaluated on a temporal test set, first using stratified prevalence (clinicians' overall risk estimates from a single SRA item indicating minimal, low, moderate, or high risk) and then using machine learning (ML) (incorporating all SRA items).

Results: 812,114 SRAs (58.81% female and 3.27% Asian, 5.26% Black, 3.02% Hispanic, 11.00% Other/Unknown, and 77.44% White) were analyzed. SRAs from outpatient encounters were followed by SA within 90 and 180 days at rates of 0.12% and 0.22%, 0.79% and 1.29% for inpatient SRAs, and 2.40% and 3.70% for ED SRAs. Overall, clinicians' single-item risk estimates alone predicted 90-day SA with an area under the curve (AUC) of 0.77 (95% CI 0.72–0.81) for outpatient, 0.64 (0.59–0.69) inpatient, and 0.60 (0.55–0.64) ED encounters. Incorporating all clinician-documented SRA items via ML significantly increased AUCs to 0.88 (95% CI 0.85–0.92) for outpatient, 0.79 (0.74–0.84) for inpatient, and 0.75 (0.71–0.80) for ED SRAs. Performance was similar for 180 days. Positive predictive values for best performing ML models for 95% specificity ranged from 3.6 and 10.0 times the SA prevalence.

Discussion: Overall, clinicians stratify patients for suicide risk at significantly above chance levels. Predictive accuracy improves significantly, however, by statistically incorporating information about recent suicidal thoughts and behaviors and other factors routinely assessed during clinical SRA.

4.3 From Distress to Despair: Towards understanding the Psychological Pathway to Suicide **Dr Rachel Gibbons**¹

¹Royal College Of Psychiatrists, Brighton, United Kingdom

Learning Objective: To increase the psychological understanding of the pathway to suicide and their implications for prevention and bereavement care.

Abstract: Despite significant advances in suicide prevention, current approaches often neglect the deep psychological factors that underpin suicide. This study highlights how difficulties in emotional

processing, internal divisions within the self, and ambivalence between life and death contribute to the pathway to suicide, providing a novel framework for understanding and addressing suicide risk. Drawing on psychoanalytic research, case studies, narratives from survivors and bereaved individuals, mental health audits, police reports, and coroner's records, the study identifies key stages in the pathway to suicide. This psychodynamic perspective contributes to existing models, by looking inside the mind at internal conflicts and emotional processes. The findings advocate for interventions addressing ambivalence and internal splits, while also proposing support strategies for those bereaved, who often inherit complex grief and heightened risk. The research fills a profound gap in current thinking, offering a holistic approach to prevention and care that has been well-received within the field.

4.4 The longitudinal association between variability in suicidal ideation and subsequent suicide attempt

Professor Phil Batterham¹, Professor Helen Christensen², Prof Rohan Borschmann³, Prof Bridianne O'Dea⁴, Associate Professor Louise Farrer¹, Professor Alison Cate¹, Dr Jin Han⁵, Ms Cass Heffernan¹, Dr Monica Gendi¹

¹Australian National University, Acton, Australia, ²University of New South Wales, Sydney, Australia, ³Murdoch Children's Research Institute, Melbourne, Australia, ⁴Flinders University, Adelaide, Australia, ⁵NYU Shanghai, Shanghai, China

The longitudinal association between variability in suicidal ideation and subsequent suicide attempt

Learning Objective: Following the presentation, attendees will understand how variability in suicidal ideation (SI) is associated with subsequent risk of suicide attempt (SA), and what this means for clinical assessment.

Background: There is emerging evidence that people who have greater daily variability ("intraindividual variability") in their levels of SI may be at higher risk of SA. However, research to date has primarily been based on retrospective data or small clinical samples. This study involved a large population-based cohort of Australian adults with recent suicidal distress. We aimed to identify whether short-term trajectories of SI and higher intraindividual variability in SI were associated with suicidal thoughts and behaviours over the subsequent 12 months.

Methods: Data from 831 adults (66% women) with suicidal distress were collected as part of the LifeTrack study, a three-year prospective longitudinal cohort study of adults with SI. Quadratic growth mixture modelling was used to identify distinct trajectories of SI frequency over one week, based on daily assessments. Regression models were then used to assess whether intraindividual variability in SI predicted SA and severity of SI over the next 12 months.

Result: Four short-term trajectories of SI were identified: "low stable" (55%), "low increasing" (7%), "high stable" (27%) and "high decreasing" (11%) trajectories. Cox proportional hazards models showed no significant association between different trajectories and SA over the next 12 months ($p=0.23$). Intraindividual variability had a modest association with subsequent SA ($p=0.03$), although this was negligible relative to the association between initial severity of SI and subsequent SA ($p<0.001$). Intraindividual variability also had no significant association with SI at 12 months ($p=0.11$). Factors associated with greater variability in SI included higher perceived burdensomeness and less pain interference, while participants with higher distress or depression symptoms also had greater odds of poorer SI trajectories.

Discussion: Inconsistent with prior evidence from retrospective studies and inpatient cohorts, variability in SI was found to have limited predictive value as a risk factor for subsequent SA in a large population-based sample. Initial severity of SI was substantially more predictive of SA than intraindividual variability or trajectory of SI. Consequently, frequent and repeated assessment of SI may have limited clinical utility. Factors associated with better short-term trajectories of SI indicate

that supporting mental health, physical health, and social connection is critical for people experiencing suicidal distress.

4.5 Assessing psychological pain in suicide attempters, ideators, and non-suicidal patients: findings from the translated german Mee-Bunney Psychological Pain Assessment Scale

M.Sc. Lara Marie Aschenbrenner^{1,2}, M.Sc. Brogna Stella¹, Prof Dr Tobias Teismann³, M.Sc. Frei Adriana^{1,2}, M.Sc. Marie-Anna Sedlinska^{1,2}, Prof. Dr. Heide Glaesmer⁴, Prof. Dr. Thomas Forkmann⁵, Prof. Dr. Sebastian Walther^{1,6}, Dr. Anna Ehnvall⁷, PD Dr. Anja Gysin-Maillart^{1,4,8}

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Introduction: Psychological pain plays a central role in suicidal ideation and behaviour. The Mee-Bunney Psychological Pain Assessment Scale (MBPPAS) has demonstrated utility in assessing psychological pain in English-speaking populations but is unavailable in German. This study translated and validated the MBPPAS in German and examined differences in psychological pain across suicide attempters, suicidal ideators, clinical, and healthy controls.

Methods: Two independent samples were analysed (N = 479; 58.0% female; age M = 34.7, SD = 13.3). Sample 1 (n = 308) included inpatients and healthy controls from Switzerland; Sample 2 (n = 171) comprised outpatients from Germany. Participants were categorised into suicide attempters (SUAT), suicidal ideators (SUID), clinical (CLIN), and healthy controls (HLTH). The German MBPPAS was assessed for internal consistency, factorial validity, and convergent validity with measures of depression (BDI-II), suicidal ideation and behaviour (SBQ-R, BSS, SIBS), and positive mental health (PMH).

Results: Psychological pain scores differed significantly across groups ($F(3, 477) = 277.90, p < .001, \eta^2 = .37$). SUAT (M = 31.0, SD = 8.6) reported higher psychological pain than CLIN (M = 20.6, SD = 6.8, $p < .001, d = 1.41$) and HLTH (M = 13.2, SD = 2.8, $p < .001, d = 2.55$). SUAT also reported higher, but nonsignificant, psychological pain than SUID (M = 27.9, SD = 7.6, $p = .093, d = .39$). The MBPPAS exhibited high reliability ($\alpha = .92, \omega = .94$). Confirmatory factor analysis supported a one-factor model after accounting for residual correlations ($\chi^2 = 45.33, df = 26, p = .011, RMSEA = .039, SRMR = .021, CFI = .993, TLI = .989$). The MBPPAS correlated positively with depression ($r_s = .71, p < .001$), suicidal ideation, and behaviour (BSS: $r_s = .66, p < .001$; SBQ-R: $r_s = .75, p < .001$; SIBS: $r_s = .46, p < .001$) and negatively with positive mental health ($r_s = -.33, p < .001$).

Conclusion: The German MBPPAS is a reliable and valid tool for assessing psychological pain, distinguishing clinical groups with varying levels of suicidal ideation and behaviour. These findings underscore the importance of psychological pain in suicide risk assessment and highlight the utility of the MBPPAS in German-speaking clinical and research settings.

Learning Objective: Listeners will understand the role of psychological pain in suicidal ideation and behaviour, evaluate the psychometric properties of the German MBPPAS, and recognise its clinical and research applications in German-speaking populations.

Suicide Prevention, mental health care, and psychotherapy: Interventions across boundaries of geography, diagnosis, and resources.

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Overall Abstract: Effective suicide prevention takes various forms and addresses the needs of vulnerable population groups. In this symposium, we present five papers on suicide prevention in Europe and the United States, addressing the needs of groups who are at risk for suicide. The first paper addresses young adults as they begin university and struggle with autonomy, identity development, and separation from home, associated with overwhelming feelings of aloneness and depression leading to suicidal hopelessness. Access to mental health care and psychotherapy are suicide-preventing interventions. The second paper presents a contemporary psychodynamic view on Erwin Ringel's presuicidal syndrome and shows that it is still consistent with contemporary thinking about suicide prevention. The third paper gives a psychodynamic perspective on suicide prevention and mental health care for refugees at European borders. The fourth paper describes an E-Learning Program on Suicide Prevention in the German Health System that aims to equip healthcare professionals with the necessary competencies to recognize, understand, and respond appropriately to suicidal individuals. The fifth paper is a pilot study that addresses the risk for patients recently discharged from inpatient care to examine contributing factors to suicide risk and options to reduce suicidality.

5.1 Suicidal Young Adults Struggling with Autonomy, Separation, and Identity Development: Mark Goldblatt

University students face many challenges, including separation from parents and home, independence, financial self-sufficiency, and decisions about their future. As they navigate towards these goals, separation and loss can produce overwhelming anxiety, aloneness, and disconnection, which may lead to depression and suicidal despair. Early diagnosis and treatment via access to mental health care at college counseling centers and promoting social connections to address loneliness and isolation reduce the risk factors for suicidality. Psychodynamic psychotherapy helps the emerging adult to achieve a better understanding of themselves, with a genuine appreciation of their wishes, values, strengths and capacities.

The opportunity to engage with an active participant who brings another viewpoint and recognizes the patient's narrative through the establishment of a therapeutic alliance and relational attachment is protective for those at greater risk for suicide.

This paper is a consideration of the therapeutic alliance in suicide preventing, and how it may work. Is it by strengthening life-adhering aspects; or by stressing the connection to the therapist or others; or by the therapist's action to address suicidality through protective measures (or combinations of mechanisms that vary individually and with the therapeutic dyad based on the intersubjective experience). What is the value of 'being nice' to certain patients? Is this a form of loving care that the patient has never experienced and is suicide protecting? Or is this a form of avoidance of aggression (the patient's and/or the therapist's)?

In addition, all the manualised therapies advocate rating the patient's current suicidality (or suicidality since the last appointment). However, this energizes suicidal thinking in the patient's characterological experience of the self. An approach that emphasizes the patient's affective state (now and between appointments) plays an alternative role in strengthening functional capacity and connecting certain

overwhelming affective states with suicide regression. This assumes a good enough therapeutic alliance in which the patient is expected to bring to the therapist's attention their internal state, particularly when they are suicidally threatened. This paper considers what internal changes are needed for an individual to give up suicide (thoughts, fantasies, intentions, plans) and become more self-sustaining and better connected to life. The question is also what it is in the therapeutic process that can contribute to such change.

Learning Objective: Participants will be able to understand the role of the interpersonal connection in psychotherapy of suicidal young people.

5.2 A Contemporary Psychodynamic view on Erwin Ringel's Presuicidal Syndrome.

Elmar Etzersdorfer

Erwin Ringel first published the Presuicidal Syndrome in 1953, reformulating it in 1969. He had been able to draw on extensive experiences in the assessment of suicidal patients in the psychiatric department of the Medical University of Vienna after the Second World War. The suicidal syndrome has been widely distributed and still is highly appreciated in very different settings. It is argued that its success is partly supported by its descriptive approach, fitting to different psychotherapeutic schools as well as different professional backgrounds, strongly present in suicide prevention. Ringel himself, however, was an Adlerian Psychotherapist, strongly influenced by psychodynamic approaches, which can also be found in his description of the Presuicidal Syndrome. It will be argued that Ringel's second aspect of a reversal of aggression, strongly relying on Freud's paper on mourning and melancholia, in fact, is least important for the acute management of suicidality. The importance of both the concept of restriction as well as the judgment of the quality of possible suicidal ideation, on the other hand, still are very helpful. In this presentation, using a contemporary psychodynamic approach, it will be shown that the Presuicidal Syndrome still is consistent with up-to-date thinking and conceptualizing, and also an appropriate help to detect, e.g., severe defense mechanisms, as well as difficulties in reality testing, typically present in acute suicidal states. It can still be adapted to different psychotherapeutic schools and psychosocial approaches.

Learning objective:

Participants will be able to recognize that the well-known Presuicidal Syndrome still fits sufficiently with a contemporary psychodynamic approach.

5.3 A Psychodynamic Perspective on Suicide Prevention and Mental Health Care for Refugees at European Borders:

Jasmine Schneider

Various factors influence both the mental health and suicide risk of refugees and migrants during their journey, which often involves high-risk situations and intense, both temporary and ongoing, distress. At the same time, limited access to healthcare service contributes to delays in receiving care and appropriate treatment. The presentation explores the potential and the challenges of psychological / psycho-therapeutical care provided in the context of crisis and emergency settings, including the approach of psychological first aid and psychological support for severely distressed refugees and migrants. Methodologically, this is conducted by a reflection of the authors work as a mental health officer for, Doctors Without Borders' / ,Médecins Sans Frontières' in Closed Controlled Access Centres (CCAC) / refugee camps on Lesbos (Greece) and in Harmanli (Bulgaria). Not only intercultural aspects and challenges of this work, but as well the profound and complex psychological short- and long-term impacts of displacement, separation, loss and violence are discussed. Thereby, a psychodynamic perspective is focused by reflecting applied interventions addressing the mental health of refugees and migrants seeking safety and protection at EU borders. The presentation concludes by emphasizing the crucial role of psychodynamic theories and practices in addressing the crisis faced by refugees on their journeys.

Learning objective: Participants will be able to identify the added value of applying psychodynamic approaches in the field of psychological first aid.

5.4 An E-Learning Program on Suicide Prevention in the German Health System:

Sina Müller

The E-Learning program "Basic Course on Suicide Prevention in Healthcare" aims to equip healthcare professionals with the necessary competencies to recognize, understand, and respond appropriately to suicidal individuals. Suicide and suicidality represent significant challenges in healthcare, as they involve existential issues and the complexity of professional intervention. Developed in collaboration with experts in suicide prevention, adult education, psychology, and media design, the program consists of 14 modules, including dramatic educational films, animations, and explanatory videos, all designed to convey practical knowledge.

Initially, the program will be piloted in Germany, helping healthcare professionals act as "gatekeepers" — those in direct contact with suicidal individuals who play a crucial role in suicide prevention. The program adopts a low-threshold approach, providing free access for users. Continuous evaluation and review will ensure the program meets the needs of healthcare professionals and supports suicide prevention within the German healthcare system. While it will initially be tested in Germany, the program may be adapted for other countries in the future.

Learning Objective: Participants will be able to understand the principles of suicide prevention, recognize the needs of suicidal individuals, and apply the acquired skills in their professional context.

5.5 A Pilot Study to Address the Risk for Patients Recently Discharged from Inpatient Care:

Tim Krause

Examining Contributing Factors to Suicide Risk and Options to Reduce Suicidality. Co-Authors: Tim J. Krause, Jasmin Schneider, Cathrin Sauer, Elmar Etzersdorfer, Burkhard Jabs, Ute Lewitzka.

Suicide risk of psychiatric patients has proven to be significantly increased in the months after discharge from a psychiatric hospital. Despite this high risk, there is a lack of systematic research on the causes of this elevated suicide risk as well as a lack of treatment and intervention for patients at high risk after discharge. The main objectives of this pilot study were, firstly, to examine the factors contributing to the elevated suicide risk, and secondly, to analyse whether an additional setting of care starting at discharge may reduce suicidality.

In this multi-centre pilot study, treatment as usual was complemented by an additional 18-months post-discharge setting of care. Two groups of patients differing in the amount of post-discharge personal contacts were compared. One group of patients was offered continuous personal contacts after discharge (months 1-6: monthly contacts; months 6-18: every two months) while another group of patients received contacts only at months 6, 12, and 18 after discharge. Data on suicidality as well as relevant other symptoms, psychopathology, treatment and important events were collected. In case of serious health-related events, the setting of care allowed to connect with the doctor or therapist treating the patient.

210 persons were included in the PSSP-study. There were no suicides verifiable, in both groups of the study suicide attempts were only singular events. The statistically recorded suicidality showed no significantly different results for both groups of the study and was comparatively low considering the risk of the group in general.

Results of suicidality seem to be comparatively low in this study. Certain critical factors raising suicidality are emphasized and protective aspects of a setting of care with regular personal contacts after discharge are discussed.

Learning objective: Participants will be able to understand the importance of a well-structured transition from inpatient to outpatient treatment and continuous support and care for patients with mental illnesses after discharge.

This series addresses a broad range of patients at risk for suicide and the interventions that prevent deadly action.

Suicide Prevention 360: Exploring New Methods in Research and Practice

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Overall Abstract: Suicide prevention action plans from all around the world highlight the importance of research that advances our understanding of suicidal thoughts and behaviors (STB) and improves available and promotes novel therapeutic interventions. In this symposium, we present a range of innovative methods for assessing and managing suicidal thoughts and behaviors in research, with the potential for future implementation in clinical practice. Carola Claus will start by introducing ecological momentary assessments as a tool to monitor feelings of hopelessness that could help manage the emergence of suicidal urges. Stephani Homan follows by presenting auditory and video digital markers and their potential for suicide risk prediction. Then, Marie-Anna Sedlinská will introduce movement synchrony features derived from therapy videos and their association with psychological pain. Next, Anna Monn will discuss the use of personalized, non-invasive brain stimulation in individuals with suicidal ideation. Paul L. Plener will conclude the symposium by showing findings on improving cooperation between youth welfare and mental health systems for adolescents experiencing STB.

6.1 Carola Claus: "Momentary hopelessness and suicidal urges: Insights from an EMA study in individuals with borderline personality disorder"

Suicidal ideation and behavior is a core symptom of borderline personality disorder (BPD) and occurs frequently in affected individuals. Previous research shows that hopelessness, defined as an emotional state with feelings of overwhelming powerlessness and negative expectations for the future, is an important proximal factor for suicidal behavior, especially in individuals affected by BPD. However, the temporal dynamics of this association, which may lead to an increase in acute suicidal urges, remain unclear. Using a 4-day Ecological Momentary Assessment (EMA), N= 157 people with BPD were asked to rate their current feelings of hopelessness and current suicidal urges at 13 daily measurement points at 1-hour intervals. Statistical analyses were performed using multilevel structural equation modeling (SEM). The analysis will focus on the dynamics of perceived hopelessness and reported suicidal urges. A significant correlation between momentary hopelessness and suicidal urges is expected, as well as a prediction of suicidal urges by hopelessness at the previous time point. Data collection has been completed. At the time of submission, the results are being analyzed and could be presented at the conference. The present study contributes to the understanding of time-dynamic intrapersonal processes and focuses on the functional management of hopelessness in targeted suicide prevention for people with BPD.

Learning Objective: Understanding the temporal dynamics between momentary hopelessness and suicidal urges in individuals with BPD, and exploring how these insights can inform targeted suicide prevention strategies.

6.2 Stephanie Homan: "Visual and Auditory Digital Markers: Promising Correlates of Suicidal Ideations"

Visual and auditory indicators of patient functioning have long played a role in clinical diagnosis, treatment selection, and prognosis. In the context of suicide risk assessment, symptoms such as flat affect, decreased movement, and slow speech have been evaluated using these cues. By directly measuring and quantifying these signals with novel data sources, clinical assessments can become more consistent, sensitive, and scalable, ultimately enhancing suicide risk detection and prevention efforts. As part of the Suicidal Ideation Monitoring (SIMon) study, we assessed psychiatric inpatients

from the Psychiatric University Hospital Zurich, Switzerland, after a suicide attempt or with suicidal ideation. Participants underwent an extensive baseline assessment, including self-rating questionnaires such as the Beck Scale for Suicide Ideation (BSS) and a brief videotaped semi-structured qualitative interview to capture linguistic and acoustic features. The interview entailed questions about past, present, and future events and aimed at eliciting different emotional states (positive, negative, and neutral). This resulted in six 1-minute videos per participant. Following hospital discharge, data collection commenced via the in-house developed app, enabling 28 days of ecological momentary assessment and passive sensing data collection. A follow-up assessment with self-rating questionnaires concluded this. Currently, the video data is being analyzed using a deep neural network to extract features related to facial emotions and their intensity, movement patterns, speech prosody, and natural language content. These digital measures indicating, for example, flattened affect, reduced movement, and slowed speech will then be related to suicidal ideation (BSS total score) while controlling for age and sex through multiple linear regression. We considered 38 participants (21 females, 55 %) aged 33.72 (SD = 12.08) for the analysis. Participants were highly burdened, with 18 reporting suicidal ideation in the week before (BSS M = 16.11, SD = 9.37) and 15 reporting at least one suicide attempt in the past (BSS item 20). Thirty participants had a diagnosis of depression, and 20 had a diagnosis of an anxiety disorder. The video analysis results are currently in progress. Digital measurements of facial expressions, movement, and speech could provide valuable diagnostic insights as indicators of suicidal ideation, potentially enhancing suicide prevention efforts by enabling early detection of suicidal tendencies.

Learning Objectives. We aim to examine markers from video interviews, utilizing machine learning algorithms to quantify facial, vocal, and movement behaviors, and to explore their relationship with suicidal ideations in at-risk patients for suicide.

6.3 Marie-Anna Sedlinská: “Nonverbal elements in therapy sessions with suicide attempters: Association between movement synchrony and psychological pain”

Worldwide, over 700,000 people die by suicide annually, highlighting the need for effective treatment after an attempted suicide. Movement synchronization between patients and therapists is crucial for building a strong therapeutic alliance and positive therapeutic outcomes. This study examined whether movement synchrony between patients and therapists in suicide-specific therapy exceeded random synchrony and explored its relationship with patients' psychological pain. This retrospective cross-sectional analysis included the first 10 minutes of the initial narrative videos (N = 95) of the ASSIP therapy (Attempted Suicide Short Intervention Program). The sample consisted of 95 patients (57.9% female, age females M = 39 years, SD = 15.8, age males M = 42.1 years, SD = 17, Range = 18–78) and 13 therapists (69.2% female, age females M = 35.6 years, SD = 6.2, age males M = 37.5 years, SD = 2, Range = 28–45) trained in the ASSIP therapy. The Motion Energy Analysis tool was used to assess movement synchrony, focusing on synchrony in the head and upper body movements. Psychological pain was evaluated using the Suicide Status Form II (SSF-II). Results showed that genuine synchrony was significantly greater than pseudosynchrony ($t(85) = 2.632$, $p = 0.001$, $g = 0.4$), validating the measurement. Additionally, a significant negative correlation ($r = -0.277$, $p = 0.01$) was found between movement synchrony and psychological pain. Applying partial correlation, it was found that other factors such as the age of the patients, the age of the therapists, the length of the uncut narrative therapy interview, the presence of a hygienic face mask, and the occurrence of same- or different-gender dyads did not significantly influence the relationship between movement synchrony and psychological pain ($r = -0.25$, $p = 0.025$). This study highlights the importance of movement synchrony in suicide-specific therapy, demonstrating that it exceeds random synchrony and is negatively associated with psychological pain. These findings emphasize the role of non-verbal communication in enhancing therapeutic outcomes and association with a key risk factor for suicidal behaviour.

Learning objective: Movement synchrony in therapy sessions with suicide attempters exceeded pseudosynchrony, demonstrating the presence of genuine synchrony, and was negatively associated with patients' psychological pain experienced immediately after the therapy session.

6.4 Anna Monn: "Personalized Non-Invasive Brain Stimulation to Reduce Rumination in Individuals with Active Suicidal Ideation"

The Integrated Motivational-Volitional (IMV) model conceptualizes suicidal ideation as emerging from a sense of entrapment, exacerbated by rumination — repetitive self-referential thinking. Neurophysiological research has linked rumination to hyperconnectivity of the brain's default mode network (DMN) in the alpha frequency (8–12 Hz) range. Our recent findings further suggest that increased electroencephalography (EEG)-derived alpha functional connectivity is associated with suicidal behavior and comorbid depression. This project proposes a novel intervention targeting rumination in individuals with active suicidal ideation by modulating DMN alpha connectivity using transcranial alternating current stimulation (tACS). In a double-blind randomized controlled trial, multiple-electrode EEG-tACS will be applied to reduce rumination and disrupt the pathway from entrapment to suicidal ideation. Personalization of stimulation will be achieved by adjusting the stimulation frequency to each participant's individual alpha peak frequency (IAPF). We hypothesize that active tACS will 1) reduce rumination 24 hours post-stimulation and 2) decrease alpha connectivity in the DMN, compared to the control group. Reduced rumination is expected to alleviate entrapment and, in turn, suicidal ideation. First results of a pilot study will be presented at the conference. This study addresses a critical gap by linking a neurophysiological mechanism with suicide-related psychological pathways, advancing both intervention strategies and theoretical models. Findings will contribute to refining tACS protocols and may inform broader therapeutic approaches for suicidal ideation.

Learning objective: Understand the role of DMN alpha connectivity in suicidal ideation and evaluate the potential of transcranial alternating current stimulation (tACS) as a targeted intervention to reduce rumination and entrapment.

6.5 Joelle Wallerus: "Bridging the gap in adolescent suicidality"

The last years have seen a steady increase in adolescents presenting to child and adolescent psychiatric departments due to acute suicidality. A substantial part of these help-seeking adolescents encountered at the Dept. of Child and Adolescent Psychiatry at the Medical University of Vienna live in foster care or in other youth welfare service settings. Therefore, a better cooperation between the care providers in youth welfare and youth mental health systems is needed. Our project was designed to: 1. evaluate the needs of the different care providers from both systems and 2. develop a screening procedure and training workshops to facilitate communication between systems and provide knowledge transfer between these systems. The evaluation of needs was based on focus groups with care providers from the two respective systems and used to design a training program for evaluating and addressing acute suicidality, specifically focusing on the referral process between institutions. While the training program is still ongoing and evaluated, findings from the focus group process on respective needs of the systems of youth welfare and youth mental health to optimize the cooperation in case of suicidal adolescents will be presented. These included opening new channels of communication, as well as finding a common language on levels of acuity and clarifying questions of responsibility. Furthermore, the training program will be outlined. We hope to optimize the interface between youth welfare and youth mental health service provision, therefore being able to meet the needs of a vulnerable population in situations of severe distress.

Learning objective: Understand the increasing challenge of acute suicidality in adolescents, analyze the collaboration between youth welfare and mental health systems, develop strategies for improved inter-agency cooperation, assess the implementation of screening and training programs, and apply insights to enhance crisis response for suicidal adolescents.

Urgent needs and possibilities for suicide prevention among users of health services: Nordic perspectives

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Overall abstract: Both mental disorders and substance misuse are well known as important risk factors for suicide and risk tends to cluster around time of contact with services or shortly after. All Nordic countries have large publicly funded health care services and the proportions of people dying by suicide who have been in recent contact with services is high. This has important implications for prevention both at the level of individual services as well as for prioritizing approaches in national suicide prevention action plans in the Nordic context. The aims of this symposium are to bring together recent research findings from four Nordic countries about suicides in health care and substance misuse settings and to discuss future preventive opportunities and different challenges in the area. A particular focus will be on both temporal risk and risk factors for suicide in depression, recent findings regarding the often-overlooked topic of substance misuse as well as on recent developments in national clinical guidelines and action plans.

7.1 Variations in suicide risk and risk factors over time in hospitalized depression – A study of postdischarge suicides in Finland in 1996–2017

Erkki Isometsä

Background: Although incidence of suicide in depression varies remarkably temporally, risk factors for suicide are almost always modeled as constant and uninvestigated in the short term. How effectively risk factors measured at one point in time predict risk at others is unknown. This study investigated (1) absolute risk and risk factors for suicide in depression starting from the first days after discharge from a psychiatric hospital ward up to two years, and (2) whether the sizes of relative risks display temporal patterns during follow-up.

Methods: This national register-based study in Finland in 1996–2017 included all 193 227 hospitalizations for depression as principal diagnosis with a maximum follow-up of two years. Individual-level nationwide data were collected from (a) hospital discharge register, (b) population registers, and (c) causes of death. Main outcomes and measures included incidence rates (IR), incidence rate ratios (IRRs), hazard functions, and hazard ratios for suicide by consecutive time periods (0–3, 4–7, 7–30, 31–90, 91–365 days and 1–2 years) since discharge.

Results: Altogether 39 964 men and 51 197 women (mean age 44.0 [SD 17.3] years) were followed up to 226 615 person-years. Altogether 1219 men and 757 women died by suicide. Incidence of suicide was extremely high during the first days after discharge (IR 6062 per 105 on days 0–3; IR 3884 per 105 on days 4–7) and declined thereafter. Several factors were associated with risk of suicide over the first days after discharge. Current suicide attempt by hanging or firearms involved the highest 10- to 20-fold risk during the first week. Temporal patterns of the size of the relative risk diverged over time, being constant, declining, or increasing. Clinical factors had the strongest association immediately. Relative risk remained constant among men and even increased among those with substance use disorder.

Conclusions: Patients hospitalized for depression had extremely high risk of suicide during the first days after discharge. Thereafter, incidence declined steeply but remained high. Within the periods

of the highest risk of suicide, several factors increased overall risk manyfold. Risk factors' observed potencies varied over time and had characteristic temporal patterns.

Learning objectives: To understand the remarkable variation in risk of suicide after discharge from a psychiatric hospital among patients with depression, the predictive importance of methods used in preceding suicide attempts, and role of temporal patterns in observed potency of risk factors.

7.2 Retrospective investigation of health care utilisation of individuals who died by suicide in Sweden 2015.

Åsa Westrin

Background: Despite the existence of well-known risk factors for suicide and treatments considered to prevent suicide, it is still uncertain to what extent health services identify suicidality and whether adequate preventive measures are taken at health care contacts. This project aims to describe the type of care patients received from health care during the two years preceding suicide.

Methods: Medical records from psychiatric specialist care, primary care as well as somatic specialist care belonging to people who died by suicide in Sweden 2015 were reviewed. Contacts in the two years before suicide were evaluated. Psychiatric and somatic symptoms were examined, as well as actions taken at the last visits at different health care facilities.

Results: Published findings (1) reveal that 74% of the individuals who died by suicide 2015 in 20 of 21 Swedish counties had healthcare contact within three months of suicide, and 60% within four weeks. Individuals under 65 years predominantly engaged with psychiatric care, while older individuals more frequently accessed primary or specialized somatic care. 51% of all suicides had contact with psychiatric care during their last two years of life, and of these, 51% had previously made a suicide attempt (2). Those who had made a previous suicide attempt were more likely than those who had not, to have received a psychiatric diagnosis, to have ongoing treatment with psychotropic medication at the time of death and to have an increased suicide risk noted in the psychiatric records. It was also more common that they had been absent from appointments during the previous three months in comparison to those with no previous suicide attempts. Among the fifth who had a consultation with a general practitioner in the last month of life, somatic symptoms were noted in 61%, psychiatric symptoms in 58%, and increased suicide risk in only 6 % (3). Referral to psychiatric care occurred in 14%, less commonly in those individuals who had no previous contact with psychiatric specialist care.

Conclusion: The results underline the importance of improving suicide risk assessment, psychiatric assessment and treatment, and clinical suicide prevention.

Learning objective: Recognizing that most people who die by suicide had recent contacts with health care, older people mostly with primary care and younger people with specialist psychiatry and that there should be great opportunities to improve suicide prevention within the health care system.

7.3 Substance use issues preceding suicide: a Swedish nationwide record review

Margda Waern

Background: Substance use disorder (SUD) is associated with elevated suicide risk. The aim was to compare health care contacts prior to suicide as well as clinical and suicide-specific characteristics in individuals with and without clinically recognized substance use issues who died by suicide.

Methods: Data were derived from a nationwide medical record review of confirmed suicides in Sweden. In the current study we included individuals with at least one physician contact in the last year of life (N=956). Clinically recognized substance use issues were defined as either a clinical SUD diagnosis, physician-noted substance use issues, or an ongoing prescription for SUD medication.

Results: Clinically recognized substance use issues were observed in 21% of the suicide decedents. Individuals with substance use issues were more likely to have notations of social stressors. Depressive disorders were recorded in 23% of the cohort with no differences between those with and without substance use issues and antidepressants were prescribed to about half. Anxiety disorders were more common in individuals with substance use issues, as were notations of

depressive symptoms and anxiety. While those with clinically recognized substance use issues were more likely to see a psychiatrist during the final month of life (66% vs 46%, $p < .001$), few were considered suicidal.

Conclusions: Despite frequent healthcare contacts prior to suicide, many individuals with clinically recognized substance use issues were not identified as suicidal. Improved risk management requires better training for professionals and enhanced collaboration between healthcare providers to address these complex needs.

Learning objective: There is a need for better recognition of suicidality and improved approaches to risk management in persons who receive health care in connection with substance use issues.

7.4 Lessons learned from The Norwegian Surveillance System for Suicide in Mental Health and Substance Misuse Services and implications for the revised national guidelines for suicide prevention

Fredrik A. Walby

The Norwegian Surveillance System for Suicide in Mental Health and Substance Misuse Services (NoSS) systematically collects data regarding suicide among people who have been in contact with secondary mental health and substance misuse services in the 12 months preceding death. The NoSS is based on The National Confidential Inquiry into Suicide and Safety in Mental Health in the UK and adapted for Norway using a hybrid registry design. The aim of this presentation is 1) to describe the design of the NoSS including information security issues, 2) to provide an overview of main findings and 3) to discuss how available data has been used in the newly revised national preventive guidelines in Norway.

The NoSS is well received among clinicians and authorities and has a coverage of above 92 % of all suicides in connection with care. Findings for the years 2010 — 2023 show that 46% of all people who died by suicide had contact with secondary mental health- and substance misuse services in the year preceding death, 38% had contact in the last 90 days. In adult mental health suicide rates were 111 (females) and 245 (males) per 100 000, and further increased 3.7 times among those with at least one inpatient admission. Post-discharge clustering was significant. More than half had a psychiatric history lasting more than 5 years, about half had a history of substance misuse and 66% of females and 48% of males had a history of deliberate self-harm. Recent adverse life events were known in about 40 % and only 25 % were employed. 46 % had depressive symptoms at last contact but only 25 % had known suicidal ideation. Both immediate and long-term suicide risk were generally rated as low. In substance misuse services the suicide rates were 190 (females) and 202 (males) per 100 / 100 000. Trajectory analyses show that most suicides had short and fragmented contact with any service during the 12 months before death.

The findings from the NoSS have informed Norwegian practice guidelines including a deemphasis on the focus of suicide risk assessments and specific recommendations for post discharge follow up. Future research-based developments in health services aim at quality improvement as well as early interventions to target social difficulties and functioning seems necessary.

Learning objective: Understand how systematic surveillance of suicides in large health-care organizations can assist in strengthening system-level approaches to suicide prevention in high-risk groups.

7.5 Danish national action plan for prevention of suicidal behaviour

Merete Nordentoft

A Danish national plan for prevention of suicidal behaviour has been developed in Danish Health Agency and it was endorsed by the ministry of health and funded with 10 million EUROS each year from 2024 and onwards.

The distinction between universal, selective and indicated prevention was used for development of the plan, and the main focus was on indicated prevention.

Proposed interventions in the action plan were supported by a thorough mapping of risk groups and risk situations. Register-based studies have helped us to identify risk groups. Further reductions in suicide could be achieved through targeted interventions for selected risk groups. Most importantly risk groups include people at imminent risk of suicidal behaviour such as people calling help-lines because of suicidal thoughts, people recently discharged from psychiatric hospital or sent home from psychiatric emergency, and people who were treated after suicide attempt. Analyses of suicide rates following hospital contacts with deliberate self-harm have consistently shown increased risk of suicide. Especially the first months after deliberate self-harm is associated with very high risk. Programs for bringing down this high risk inspired our recommendations.

A professional telephone line will be established in 2025, and this line can formally refer callers to emergency services and collaborate with already existing services about individual callers. Psychiatric emergency outreach is planned to be disseminated all over Denmark. LifeLine in Denmark will get a higher level of permanent state funding.

Moreover, there will be a focus in identifying hot spots. Approximately five percent of all suicides in Denmark are suicides in front of a train. Together with Danish Railways (DSB and Bane Danmark) we have analyzed all completed suicides for the last years. This has led to an intervention at one of the stations with most suicides, and a pilot project with an artificial intelligence solution to utilize the cameras placed at the stations to identify people who might be suicidal.

The exact implementation of the plan was decided in spring 2024. The plan will be monitored by a national surveillance council.

Learning objective: How research can inform the initiation and development of national action plans and be used in the evaluations of their effect.

Oral #8 June 11th, 2025, 12.00noon – 1.00pm

Chair: Louise La Sala

8.1 The Promise of Upstream Prevention: Reducing Suicide Attempts and Mortality through Peer-Led, Upstream Public Health Interventions

Chief Executive Officer Scott LoMurray¹, Chief Operating Officer Jarrod Hindman¹

¹Sources Of Strength, Lakewood, United States

While the field of suicide prevention has traditionally focused on downstream, crisis-oriented interventions, there is growing recognition of the need for comprehensive, upstream, and public health approaches. Emerging National Strategies for Suicide Prevention emphasize community-based primary prevention that targets the underlying drivers of suicide risk and addresses social determinants of health. This aligns with guidance from public health entities like the Centers for Disease Control and Prevention, which highlight the importance of cross-cutting prevention strategies that target shared risk and protective factors to promote well-being at the individual, relational, community, and cultural levels. This shift represents a necessary expansion in the field of suicide prevention, yet the field still lacks evidence-based interventions demonstrating significant impact in these domains.

For the past 26 years, Sources of Strength has pioneered strength-based, peer-led, upstream prevention programming. It was the first program to show through a randomized control trial that peer opinion leaders could shift population-level health norms associated with reduced suicide risk (Wyman et al., 2010). The Sources of Strength model embodies the upstream, public health approaches advocated by the United States National Strategy and CDC Technical Package, combining peer-led social diffusion with asset-based approaches to build resilience, connectedness, and well-being at both individual and community levels.

This session presents findings from two recent, groundbreaking studies on Sources of Strength and its potential impact on reducing suicide attempts and mortality (Wyman et al., 2023). The first study, published in the Journal of Injury Prevention in 2023, examined suicide mortality across three

separate randomized control trials totaling 78 high schools and over 40,000 student-years of exposure to Sources of Strength programming (Wyman et al., 2023). Intervention schools reported no suicide deaths, while control schools experienced four deaths across the trials, representing a statistically significant difference. Prior to this study, no universal intervention has shown reduction in youth suicide mortality through an RCT. This result highlights the critical need for funding and further study of interventions like Sources of Strength, which utilize social diffusion and peer-adult connections as a promising pathway to reducing suicide mortality at scale.

The second study, recently published in the American Journal of Preventive Medicine, involved a cluster randomized control trial of 20 high schools, demonstrating a 29% reduction in the probability of a new suicide attempt in Sources of Strength intervention schools (Wyman et al., in press). These results, a rare bright spot in current suicide prevention data, underscore the power of peer-led, strengths-based interventions to achieve population-level impact by strengthening protective factors, increasing connectedness, developing positive coping skills, and enhancing help-seeking behaviors.

This session will explore how these findings address critical gaps in the field of suicide prevention. The studies suggest that models prioritizing community engagement, asset-based approaches, and upstream strategies are uniquely positioned to reduce suicide attempts and fatalities at a population level. The session will advocate for expanded funding, evaluation, and implementation of such approaches globally to meet the urgent need for more evidence-based interventions that address these gaps.

Beyond the Story: Leveraging the Wisdom of Lived Experience for Systems and Cultural Change

Presenter: Sally Spencer-Thomas, Psy.D., United Suicide Survivors International

Overview:

For years, people with lived experience of suicide have been asked to share their stories, often in ways that are extractive and tokenistic. Now, the field is shifting. Lived experience is being recognized not just as a source of personal testimony but as a powerful form of expertise that can shape research, policy, programs, and practice. This symposium explores how meaningful lived experience engagement drives systemic and cultural change in suicide prevention efforts.

Each session highlights best practices for integrating lived experience beyond storytelling, ensuring those with firsthand experience of suicide distress and loss are empowered as leaders and decision-makers. Presentations will feature real-world applications of co-design, evaluation, and policy development, offering attendees actionable strategies for incorporating lived experience safely and ethically into suicide prevention initiatives.

From shaping corporate policies in the tech sector to refining workplace mental health strategies and evaluating the impact of lived experience engagement, this symposium presents innovative models for harnessing lived experience as a driver of change. Attendees will leave with tools to foster inclusive collaboration that leads to more effective, equitable, and sustainable suicide prevention solutions.

8.2 Lived Experience Collective from Story to Strategy and Solidarity: Building and Sustaining the Lived Experience Workforce in Suicide Prevention — Lessons Learned from United Suicide Survivors International

Presenter: Dr. Sally Spencer-Thomas, Psy.D., President, United Suicide Survivors International

Abstract: The lived experience movement in suicide prevention is at a turning point. While personal storytelling remains a powerful tool for connection and reducing bias, it is no longer enough. To truly transform systems, the lived experience community must be supported as a professional workforce, with pathways for development, sustainability, and solidarity.

This presentation introduces a life-cycle framework for engaging people with lived and living experience of suicide in meaningful roles across the suicide prevention ecosystem. Drawing on United Suicide Survivors International's guide, *Turning Our Pain into Purpose*, we explore the unique needs at each phase of the journey: from the tentative first steps of "I'm New" to the legacy-building contributions of "I'm Retiring." We also confront the hard realities that lead many to say "I'm Frustrated," including tokenism, retraumatization, and burnout.

At the heart of this framework is the call for solidarity over saviorism, a cultural shift that centers mutual respect, shared power, and collective care. Lived experience is not a one-time testimonial; it is a form of expertise rooted in survival, insight, and innovation. This presentation outlines the core elements required to empower a resilient and impactful lived experience workforce:

- Trauma-informed engagement practices and wellness planning;
- Fair compensation and professional development;
- Opportunities for leadership beyond storytelling.
- Structural supports like mentorship, community of practice, and solidarity circles.

We will showcase emerging models and policies that are redefining how lived experience is integrated into research, evaluation, peer support, education, and systems change. Attendees will leave with tools to build infrastructure that protects and uplifts lived experience advocates, turning their pain into sustained, systemic purpose.

Learning Objectives:

1. Identify the stages of engagement for lived experience advocates and the supports needed at each.
2. Describe common risks and barriers to sustainable engagement and strategies to mitigate them.
3. Apply the principle of solidarity to co-create safer, more equitable partnerships between lived experience leaders and institutions.

8.3 Co-Designing Suicide Prevention Research, Policy, and Programs in Collaboration with People with Lived Experience — Lessons Learned from United Suicide Survivors International

Presenters: Sally Spencer-Thomas, Psy.D., President, United Suicide Survivors International

Abstract: At United Suicide Survivors International ("United Survivors"), we believe that suicide prevention efforts are most effective when they are developed in partnership with those who have lived experience of suicide. The practice of co-design ensures that policies, programs, and research initiatives are not only evidence-informed but also deeply aligned with the realities and needs of the communities they serve. United Survivors has been at the forefront of integrating lived experience into suicide prevention efforts, drawing inspiration from well-established models such as Roses in the Ocean (AUS) and the Suicide Prevention Resource Center (US).

This presentation will highlight three case studies where members of United Survivors' Lived Experience Collective assisted demonstrating the impact of co-design in shaping suicide prevention policies and programs:

1. **Global Tech Company A — Responsible Content Policy Development:**
United Survivors collaborated with a major tech company to create a responsible approach to content moderation for suicide-related posts. Through structured engagement with individuals with lived experience, the company revised its policies to balance safety with self-

expression, ensuring that those reaching out for help were met with compassionate, non-punitive responses.

2. Global Tech Company B — Algorithmic Interventions & Crisis Response:

In a separate initiative, United Survivors partnered with another global tech firm to refine its algorithm-driven interventions for users engaging with suicide-related content. The project emphasized the importance of consulting individuals with lived experience to design interventions that were helpful rather than harmful, reducing the risk of distressing or stigmatizing experiences.

3. Community-Based Respite Center — Programmatic Co-Design:

At a community level, United Survivors worked with a mental health organization to develop a peer-led respite center for individuals in suicidal distress. By integrating the perspectives of those with lived experience into every stage of program development—from service delivery models to crisis response protocols—the respite center created a more welcoming, effective, and empowering environment for those seeking support.

These case studies illustrate key lessons learned in co-designing suicide prevention initiatives: the necessity of meaningful engagement (beyond tokenistic inclusion), the value of iterative feedback loops, and the importance of recognizing lived experience as an essential form of expertise. By embedding lived experience perspectives into research, policy, and program development, organizations can create more effective, sustainable, and person-centered suicide prevention strategies.

Learning Objective: Participants will understand best practices for integrating lived experience into the co-design of suicide prevention research, policy, and programs, drawing from real-world examples of effective collaboration in corporate and community settings.

8.4 Suicide decedents in the Emergency Department: A ten year data linkage analysis of presentations in the year preceding suicide in Victoria, Australia

Simons S, Seidler Z, Vogrin S, Hutton J, Akhlaghi H

Affiliations: 1St Vincent's Hospital Melbourne

Objective: Describe the Emergency Department (ED) presentations of decedents in the year preceding suicide without ED mental health/AOD contact which may have relevance for screening, assessment and management practices.

Background: Assessing patients with non-mental health concerns or medically unexplained symptomology as possible manifestations of mental distress remains a challenge for emergency clinicians worldwide. The Australasian College of Emergency Medicine has stated that despite a 13% increase in psychiatric presentations over the past nine years, the true prevalence of mental health conditions in EDs likely still remains underreported and underestimated. Though there is a well-established association between somatic symptomology and attempted suicide, there remains a lack of data investigating non-mental health symptomology in people prior to suicide.

Methods: This population-based observational retrospective data linkage study analysed ED attendances of 6423 suicide decedents in Victoria, Australia who died between 2011 and 2020 according to the Victorian Suicide Register and the Victorian Emergency Minimum Dataset. We specifically examined presentations not obviously pertaining to mental health, alcohol, substance use or addiction issues (nonMHAOD).

Results: 2779 decedents (43.3%) had 8218 ED attendances (excluding death on arrival/in ED) within the year preceding suicide. 1127 decedents (17.5%) had exclusively nonMHAOD presentations.

Compared to decedents with mental health presentations, nonMHAOD decedents were more likely to be older, male and live in regional Australia. NonMHAOD were also more likely to only present once before suicide (61.0% vs 33.9%, $p<0.001$) with a greater median timeframe between last attendance and suicide (93 days [83,101] vs 33 days [30, 37], $p<0.001$). The most prevalent diagnosis category for nonMHAOD decedents was injury; in particular upper limb injuries amongst males.

Discussion: EDs remain a point of healthcare contact for decedents prior to suicide. Findings reinforce existing evidence associating suicide with physical comorbidity. Older, male, regional decedents are a clinically relevant subpopulation who historically may not have healthcare contact elsewhere prior to suicide, yet have been identified in this study to present to an ED before death.

This dataset further describes presentations that were not obviously identified as mental health related and in particular injuries not recognised as self-harm; injuries often occur as a result of interpersonal violence which in turn may be related to underlying aggression, mental distress and potential suicidality.

This reinforces an urgent need for clinician education redressing typical manifestations of mental distress and as such highlights an impetus for improved surveillance, opportunistic engagement and mental health screening of ED patients.

Oral #9 June 11th, 2025, 12.00noon – 1.00pm

Chair: Vanja Gomboc

9.1 Storytelling as an Intervention for Gatekeepers: Potential for Suicide Postvention and Prevention

Dr Meta Lavric^{1,2}, Prof. Vita Poštuvan^{1,2}

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Learning Objective: To explore storytelling as a psychological intervention for gatekeepers exposed to suicidal behavior.

Background: Defining storytelling as a psychological intervention is challenging due to its universality and historical presence across cultures. Despite its widespread use, systematic conceptualization and evaluation remain difficult. In mental health contexts, storytelling serves as a therapeutic tool, encompassing both narrative creation and reception. However, interventions often focus solely on one aspect, either creating or receiving stories. This study explores storytelling interventions for gatekeepers who lack adequate psychological support despite their critical role in suicide prevention. Exposure to suicide increases the risk of burnout, compassion fatigue, posttraumatic stress disorder and suicidal ideation among gatekeepers, highlighting the need for targeted interventions.

Methods: The study involved 10 male correctional officers, a gatekeeper group frequently exposed to suicide but without appropriate psychological support. Participants engaged in a storytelling intervention, comprising: (1) an initial interview guiding them to narrate their experiences with suicidal behavior, (2) writing their stories, (3) sharing their stories with others, (4) reading others' stories, and (5) a follow-up interview exploring their experiences in the intervention. Analysis was conducted using a constructivist grounded theory approach.

Results: The study addressed how gatekeepers experience storytelling interventions in processing encounters with suicidal behavior. Initial coding of interviews resulted in 582 quotes categorized into 45 codes, later consolidated into 10 categories. A model emerged, illustrating how storytelling facilitates processing and integrating these experiences. Key findings include: (1) writing one's story enabled cognitive reappraisal by gaining an external perspective, (2) reading others' stories facilitated cognitive processing and normalization, (3) sharing stories enhanced emotional processing and connection, and (4) reflecting on experiences promoted systemic awareness and advocacy. Individual

elements contributed to processing, while their combination was essential for full integration of the experience.

Discussion: The act of sharing the stories among themselves was identified as a crucial element for emotional processing and integration. The intervention fostered trust, connection, and recognition of shared vulnerability. Storytelling interventions could serve as a psychological support tool for gatekeepers, enabling cognitive and emotional processing of distressing experiences, fostering peer connections, and advocating for systemic changes.

9.2 Strategies to prevent suicide and attempted suicide in Montana (United States): Safe storage of firearms, income support, and assertive aftercare following hospital presenting suicidal behaviour

Professor Andrew Page¹, Mr Gabriel McDonnell-maayan², Mr Karl Rosston³, Dr. Wesley J. Wildman²

¹Translational Health Research Institute, Western Sydney University, Penrith, Australia, ²Boston University Faculty of Computing and Data Sciences, Boston, United States, ³Montana Department of Public Health and Human Services, Helena, United States

Background: The state of Montana (United States) has one of the highest suicide rates in the United States. The statewide, coordinated suicide prevention response articulated in the 2025 Montana Suicide Prevention Strategic plan aims to address this.

Objective: This study describes the development of a dynamic simulation modelling tool to identify the combination of suicide prevention activities and service priorities to potentially deliver the greatest reductions in suicidal behaviour in the state of Montana over the period 2025–2050.

Methods: A system dynamics model for the Montana population was developed in partnership with key stakeholders from the Montana Department of Public Health and Human services based on defined pathways to mental health care and suicidal behaviour, and which represented the current incidence of suicide, attempted suicide, and suicidal ideation in Montana. A series of scenarios relating to suicide prevention activities identified in the statewide strategic plan, and other potential activities identified in Montana DPHHS reports and the suicide prevention literature, were investigated to identify the combination of interventions associated with the largest potential reductions in the projected frequency of suicide and attempted suicide cases for a 25-year follow-up period (2025–2050).

Results: The largest number of cases averted was associated with (1) the promotion of the safe storage of firearms (3.6% for suicide), (2) income supports for the most socio-economically disadvantaged quintile of the population (1.9% for suicide and 2.1% for attempted suicide), and (3) assertive aftercare following hospital presenting suicidal behaviour in combination with increased health service capacity (2.7% for suicide and 2.5% for attempted suicide). Other interventions included the promotion of safe storage of medications (1.3% for suicide) and industry-based suicide prevention training for the working age population (~1% of suicides). In combination, these interventions were projected to avert approximately 8.3% of suicides and 4.2% of attempted suicides in the population over the 25-year follow-up period, with some evidence of antagonistic, non-additive, interactions between interventions.

Conclusion: This study demonstrates the utility of dynamic simulation models, co-designed with multi-disciplinary stakeholder groups, to capture and analyse complex problems relating to the prioritisation of suicide prevention activity for populations. This policy modelling approach can be used to guide service planning and the promotion of suicide prevention activities as they are implemented prospectively in the Montana population.

9.3 Youth Universal Safety Planning for Suicide Prevention: CODE RED Feasibility and Acceptability

Professor Julie Cerel¹, Alice Edwards, Leah Murphy, Martina Fruhbauerova, Avery Powers

¹University Of Kentucky, Lexington, United States

Learning Objective: To describe a new universal safety planning approach, CODE RED with initial youth 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. However, evaluations of these trainings primarily focus on feasibility and deliverability of the interventions, often from the perspective of those implementing, as opposed to those receiving, the interventions. The current study is the first study to examine a new upstream approach in youth, CODE RED in which trainees complete their own safety plan prior to a mental health emergency. The idea behind this upstream approach is for everyone to complete their own four quadrant safety plan in a one hour synchronous session. Plans include four quadrants which are filled in by participants (contact, delay, relax, distract) and crisis telephone/text numbers (988) in the middle.

Method: Participants were youth (n=739) ages 12-19 ($x=13.87+1.7$) in grades 6-12 who completed CODE RED trainings and were surveyed during the 2024-2025 school year using the validated 4-item acceptability of intervention measure (AIM), and a partial two item feasibility of intervention measure (FIM). Open-ended questions were analyzed using a thematic approach.

Results: Most youth reported creating their safety plan was easy or somewhat easy (81.7%). Of 631 participants who responded to a question about lifetime suicide exposure, approximately a quarter (n=167, 26.5%) reported lifetime exposure to suicide. Overall, a quarter of youth reported they were somewhat likely or very likely to need their plan (28.2%). Two thirds of youth reported they had experienced a worst day and, of these, 64.1% reported they would have used their plan if they had completed it prior to that day. In addition, 61% of youth reported they saved 988 to their phones during the creation of their plan. 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 youth who found it applicable, appealing as an intervention, and easy to use.

9.4 Rationale and preliminary findings for suicide risk screening and evaluation in early adolescents

MD PhD JON GARCIA-ORMAZA^{1,2,4}, PhD Jeffrey V Tabares³, PhD Ennio Ammendola³, Phd. Psychology Alexander Muela^{2,5}

¹Basque Health Service, Spain, ²University of the Basque Country, , Spain, ³The Ohio State University, , USA, ⁴Biobizkaia Health Research Institute, , Spain, ⁵Biodonostia Health Research Institute, , Spain

Learning objective: The aim of the present study was to examine the utility of four complementary measures of suicidal ideation (suicidal cognitions, entrapment, mental pain, and depression) in facilitating accurate and reliable assessments of suicidal risk in early adolescence.

Background: According to the latest available data, 47346 deaths by suicide were recorded in the European Union in 2021, representing 0.9% of all deaths. This equates to an average rate of 10.2 deaths per 100000 population. Suicide is therefore one of the major public health problems in Europe. This rate is higher within the pediatric population, specifically in the 15-19 adolescent age group, as the average number of deaths by suicide between 2011 and 2021 was 4.47 per 100000.

Additionally, suicidal ideation and behavior underlying death by suicide is much more prevalent among adolescents. Therefore, it is essential to implement a system of early detection and assessment of the risk of suicidal ideation and behavior, starting in preadolescence from the age of 10 years and extending throughout adolescence.

Methods: The youth sample consisted of 657 adolescents aged 12 to 15 years ($M = 12.7$, $SD = \pm 0.7$; 49.2% female, 49.5% male and 1.2% non-binary). All students were in the first stage of secondary education (ISCED 2, first year) in schools in Spain. The study rigorously assessed how suicidal cognitions, entrapment, mental pain, and depression each predicted suicide attempts through three phases: 1) Receiver Operating Characteristic/Area Under the Curve (ROC/AUC) analysis to identify the best-performing measure, 2) Logistic regression models to assess the impact of measures toward predicting increased risk of suicide attempt, and 3) Validation of results by comparing findings from the first phase to revised ROC analyses that adjusted data for potential response imbalances using over- and under-sampling techniques (synthetic oversampling technique [SMOTE] and random undersampling [RUS], respectively).

Result: High intensity of mental pain was the most robust and reliable predictor and distinguisher of suicide attempts in early adolescence. Suicidal cognitions and entrapment also showed utility in assessing suicide risk. However, depressive symptomatology showed the least predictive utility.

Discussion: These findings suggest that, in clinical settings such as pediatric care and the Emergency Department, combining mental pain with assessment of other associated factors provides more accurate comprehensive detection, reduces false negatives, and facilitates early preventive interventions among at-risk adolescents.

9.5 The iceberg model of suicidal ideation and behaviour in Danish adolescents: Integration of national registry and self-reported data within a national birth cohort

PhD student Stine Danielsen, Professor Katrine Strandberg-Larsen, Prof. Keith Hawton, Prof. Merete Nordentoft, Dr Annette Erlangsen, **Associate Professor Trine Madsen**¹

¹Danish Research Institute For Suicide Prevention, Hellerup, Denmark, ²Department of Epidemiology, University of Copenhagen, Copenhagen, Denmark

Learning objective: How much suicidality is hidden when only using hospital contacts for suicide attempt as a source.

Background: Hospital records are used to identify suicide attempts in many countries but not all individuals present to hospital after a suicide attempt i.e., suggesting a 'hidden number'. Our aim was to present the prevalence of suicide ideation, plans, attempts, and suicides among Danish adolescents, including attempts not resulting in hospital contact.

Methods: The study population consisted of participants in the Danish National Birth Cohort participating in an 18-year follow-up, with individual-level linkage to national register data. Prevalence was estimated with a variable with mutually exclusive categories ranging from no suicidality to self-reported suicide ideation, -plans, -attempt and hospital-recorded suicide attempt and stratified on sex and parental income. The 'hidden number' was estimated as the ratio between suicide attempts with and without hospital contact. Results

Among 47 858 participants, all aged 18-years, 36% girls and 28% boys reported suicide ideation at least once in their life. In addition, 6% girls and 3% boys had either reported or been recorded with a suicide attempt. For every attempt recorded in the hospital setting, two girls (ratio, 1:2) and six boys (ratio, 1:6) reported having attempted suicide without hospital contact. The prevalence of any suicide attempt was 8% and 3% in the lowest and highest income group, respectively. Before age 18, 0.011% girls and 0.016% boys had died by suicide.

Discussion: In conclusion, suicidal ideation and behaviour are common in adolescents and there is a substantial 'hidden number' of adolescents with suicide attempt. These results emphasize the need for early age suicide preventive interventions in community-settings e.g., school environments.

Oral #10 June 11th, 2025, 12.00noon – 1.00pm

Chair: Vikas Menon

10.1 Estimating hidden suicides within “garbage codes” at the national level: A comparative approach of reclassification using aggregated and individual-level mortality data.

Clara Girault¹, Professor Nikos Tzavidis¹, Dr. Jason Hilton¹

¹University of Southampton, Southampton, United Kingdom

Suicide deaths are prone to misclassification and, thus, underestimation. Only a few studies have tried to estimate corrected suicide death rates by reclassifying deaths registered in the “garbage code” categories, such as ill-defined deaths and events of undetermined intent. Improving the accuracy of suicide statistics is necessary to implement adequate prevention strategies.

This paper aims to reassign undetermined intent and ill-defined causes of deaths registered in the United States from 2010 to 2019 for individuals aged 20 or older at death. We used aggregated and individual-level open access mortality data to compare potential methods of estimating post-reclassification suicide death rates.

We started by using aggregated mortality data using the refined Ledermann's method by Grigoriev et al. (2024), considering external causes of death as the only possible output for deaths of undetermined intent. Then, we used multinomial regression and random forest methods with individual-level data to re-allocate a cause of death to each case. We used different methods to compute the total numbers of reclassified suicides, including assigning causes based on the highest probability, setting a threshold (i.e., allowing some deaths to remain undetermined), and calculating the expected number of deaths by cause by summing the predicted probabilities (i.e., re-allocation of the death is equal of the probability of the death being in each output category).

Both data-driven approaches are different in terms of cost-effectiveness and potential use of outputs for suicide prevention efforts. The predictive methods required substantial computational resources, especially in the reclassification of ill-defined cases, which could be hardly accessible. However, the use of multiple causes of death information using individual-level data increased the accuracy of all models. The two approaches returned similar overall results regardless of the re-allocation method. Over the study period, an average of 2.1 suicides per day were estimated to have occurred while being classified in the event of undetermined category. We are still working on our ill-defined reclassification random forest. The use of individual-level information provided valuable insights into the demographic characteristics and multimorbidity patterns more likely to be found in reclassified deaths –which cannot be found using aggregated data.

In the absence of standardised methods, our study offers a comparison of methods for national estimates of hidden suicides, taking into account cost-effectiveness, data accessibility and research goals.

Learning objective: to evaluate the cost-effectiveness and to compare methods of reclassification for ill-defined and undetermined intent deaths as potential suicides.

10.2 The impact of patient suicidality: examining anxiety and its determinants in mental health professionals

Dr Nomi Werbeloff¹, Maayan Tal

¹Bar Ilan University, Ramat Gan, Israel

Learning objective: Participants will be able to identify key factors contributing to elevated anxiety in therapists working with suicidal patients, based on empirical research findings.

Background: Suicidal behavior impacts not only individuals and families but also mental health professionals treating them. Therapists often experience anxiety and emotional distress following a patient's suicide or suicide attempt, which may temporarily impair professional functioning.

Occupational self-efficacy, defined as confidence in managing work-related challenges, plays a key role in therapists' responses. Higher self-efficacy in managing suicidal patients is linked to lower anxiety and greater confidence in treatment. Additionally, role stress – such as workload, role conflict, and ambiguity – has been associated with emotional exhaustion and reduced professional efficacy.

This study examines the anxiety levels of mental health professionals who treated suicidal patients in the six months preceding the study and explores personal and professional factors contributing to this anxiety.

Methods: 148 mental health professionals in the Israeli Defense Forces (social workers, psychiatrists, and psychologists) completed online self-report questionnaires assessing state anxiety, role stress, occupational self-efficacy, and background variables. Of the participants, 95 were female (64.2%), and 53 (35.8%) were male. The mean participant age was 34.2 (SD=5.7), with an average tenure of 21.4 months (SD=16.1) in their current role. 107 (72.3%) had treated patients with moderate-severe suicidal behavior in the preceding six months, while 41 (27.7%) had treated patients with mild suicidal behavior.

Results: Therapists exposed to suicidal behavior reported significantly higher anxiety levels than published norms for working-age adults: women 43.46 (SD=10.2) vs. 34.79; men 40.60 (SD=12.4) vs. 34.89. Hierarchical linear regression, including personal and professional variables, explained 44% of the variance in anxiety levels. Higher role stress significantly increased anxiety, as did lower occupational self-efficacy. Socio-demographic characteristics and the severity of suicidal behavior exposure did not significantly contribute to the model.

Discussion: The findings highlight the significant impact of exposure to suicidal behavior on mental health professionals, as reflected in their elevated anxiety levels. Role stress, particularly workload, and professional self-efficacy were key contributors to anxiety. These modifiable risk factors should be addressed through targeted interventions to mitigate their negative effects and support mental health professionals. Given the global focus on suicide prevention, further research is needed to develop and evaluate effective strategies for supporting therapists treating suicidal patients.

10.3 Discovering Liveability: from death prevention to a critical exploration of the possibilities of 'liveability'

Dr Hazel Marzetti¹, Dr Sarah Huque, Dr Emily Yue, Fiona Malpass, Dr Joe Anderson, Dr Alex Oaten, Dr Ana Jordan, Prof Amy Chandler

¹University Of Edinburgh, Edinburgh, United Kingdom

Suicide is undoubtedly a major public health concern, yet many of the approaches to suicide prevention focus on individual and interpersonal interventions. As such, identifying risk factors, restricting access to lethal means, and connecting distressed people with clinical care often form the centre of national and international suicide prevention strategies. Such approaches are motivated by an understandable desire to respond to the urgency of suicidal crises. However, a focus on crisis alone can narrow our ways of understanding and responding to suicide. In this talk we introduce the Discovering Liveability project, which aims to develop a radical alternative approach to suicide prevention, one that centres liveability rather than death prevention. Crucially, our approach centres a theoretical focus on 'liveability' which takes as its starting point the question 'what makes life

liveable?'; a re-framing of what we often focus upon in suicide research, which could perhaps be summarised as: how do we stop people wanting to die? In doing so, we aim to broaden our lens of analysis, incorporating not only the individual and interpersonal, but also the socio-economic, political and structural dynamics of the liveable life. Our paper will explore the potential for critical and qualitative methods of inquiry, centring lived and living experience of suicide, to develop the idea of 'liveability' as a conceptual alternative to suicide prevention. These approaches include creating spaces for lived experience researchers to design and lead their own projects, as well as engagement with ethnography, interviewing, document analysis, creative and participatory methods. The project spans four work packages, encompassing lived and living experience, community practices of care, activism, and politics. This conceptual exploration sits at the borderlines of anthropology, sociology, public health, geography and politics; thoroughly embracing an interdisciplinary approach.

10.4 The associations between debt-related indicators and suicide mortality in South Korea: Time series analyses

Prof. Sangsoo Shin, Professor Matthew Spittal

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

Learning objective: In the midst of the economic uncertainty triggered by the Covid-19 pandemic and geo-political issues, our understanding of the relationship between macroeconomic circumstances and suicide mortality is still evolving, often relying on evidence from the Global Financial Crisis period. Updating our knowledge with more relevant and new macro-economic indicators, particularly debt-related factors, is essential.

Background: Indebtedness is recognised as a risk of suicidal behaviours. An increase in delinquency and debt filings may signal worsening macroeconomic. Limited evidence exists on the relationship between debt-related variables and suicide mortality at the population level.

Method: We conducted time series analyses to evaluate the associations between debt-related variables (household delinquency rates [Model 1], enterprise delinquency rates [Model 2], filings for debt relief and bankruptcy [Model 3], and each filing for debt relief and bankruptcy [Model 4]) and suicide mortality. Using 139 months of publicly available data from March 2013 to September 2024 from various official Korean government databases, we applied quasi-Poisson regressions to estimate Rate Ratios (RRs) and 95% Confidence Intervals (95% CIs).

Results: Monthly suicides ranged between 879 and 1,497. A 0.1 percentage point increase in household delinquency rate was associated with a 2.2% rise in suicide mortality, while a 0.1 percentage point increase in enterprise delinquency rate corresponded to a 0.6% increase (Household RR: 1.022, 95% CI: 1.011–1.034 [Model 1]; Enterprise RR: 1.006, 95% CI: 0.997–1.016 [Model 2]). A 1,000 increase in any filings was associated with a 2.2% rise in mortality (RR: 1.022, 95% CI: 1.013–1.031 [Model 3]). In Model 4, a 1,000 increase in the debt relief filing rate was significantly associated with a 2.3% increase in mortality (RR: 1.023, 95% CI: 1.011–1.034), but not with the bankruptcy filing (RR: 1.020, 95% CI: 0.992–1.049).

Discussion: Debt-related factors are associated with small increases in suicide mortality in Korea. We also identified specific macro-economic indicators that better explain the relationship with mortality. Early intervention and support for individuals experiencing severe financial crises may reduce suicide mortality.

10.5 Comparing Physiological Arousal Mechanisms of Action in Cognitive Behavioral Therapies for PTSD and Suicide Prevention

Jacek Kolacz¹, Olivia Roath¹, Menaz Bettis¹, Jackson Bolner¹, Lauren Pierce¹, Professor Craig Bryan¹

¹The Ohio State University, Columbus, United States

Learning Objective: Describe effects of cognitive behavioral therapies on physiological arousal.

Background: Hyperarousal and high emotional distress are overlapping aspects of PTSD and high suicide risk. These features can be supported by threat-responsive reactions of the autonomic nervous system (ANS), a brain-body network that controls arousal-related physiological responses, which can be measured in treatment to assess within-person change. Brief Cognitive Behavioral Therapy (BCBT) and Cognitive Processing Therapy (CPT) are interventions used to treat PTSD and reduce suicide risk. BCBT teaches patients new ways to react to emotional distress that contributes to suicidal crises, reducing ideation and attempt rates (Rudd et al., 2015; Sinyor et al., 2020) as well as PTSD symptoms (Rudd et al., 2015). Cognitive processing therapy (CPT), which helps patients identify and challenge negative thoughts and beliefs about traumatic events, reduces PTSD symptoms (Watts et al., 2013), and has also been shown to reduce suicidal ideation (Bryan et al., 2016; Gradus et al., 2013). While both treatments improve PTSD and suicide risk, they may vary in mechanisms of action. We used sensor-based measures to compare their effects on physiological regulation.

Methods: Data were collected in a prospective study over the course of 10-session CPT and BCBT. Participants who had both PTSD and high suicide risk were randomized to receive either BCBT or CPT with a crisis response plan. Physiological measurements were conducted before, during, and immediately after therapy sessions. Electrocardiogram (ECG) was used to measure respiratory sinus arrhythmia, a heart rate variability index of parasympathetic activity that reduces physiological arousal.

Results: Preliminary analysis was conducted with 20 participants (12 CPT, 8 BCBT). Mixed effects models showed an interaction of session number by treatment ($p=.032$). On average, RSA increased over the course of CPT ($B=.109, p=.005$) but not BCBT ($B=.000, p=.997$). However, participants receiving BCBT increased augmentation of RSA from pre-to-post session recordings over the course of treatment ($B=.069, p=.041$).

Discussion: Physiological patterns of change were different in BCBT and CPT, suggesting differences in mechanism of action. Participants receiving BCBT increased from before-to-after session over time, which may be due to the treatment including distress-reducing exercises, which are not part of CPT. The results support a scalable wearable sensor approach to measuring physiological aspects of hyperarousal and emotion regulation. Data collection is ongoing. Analysis will be updated with a larger sample by the time of IASP conference.

Oral #11 June 11th, 2025, 12.00noon – 1.00pm

Chair: Sue Murray OAM

11.1 Suicide prediction: can digitalization save us?"

Paul Plener

Suicidality is the leading cause for referral to emergency child and adolescent psychiatric services. Therefore, suicide prediction is of high clinical relevance and of importance to ensure patient safety in the best possible way. However, traditional methods for suicide prediction including clinical interviews, scoring sheets and scales, have proven to be rather unreliable tools for the prediction of future suicidal behavior, therefore creating a need for other forms of risk assessment, that offer the potential to assess suicidality by use of digital tools. These include (among others) measures using large language models, machine learning approaches of neural signatures, AI assisted big data analysis, the use of wearables and implicit association tasks. The talk aims to provide an overview on

the latest developments beyond traditional methods of clinical suicide assessment with a special focus on adolescent suicidality.

11.2 Strengthening Workplace Relationship Networks to Prevent Suicide in the US Air Force

Anthony Pisani, Peter A. Wyman, Bryan Yates

The Connect Program (formerly Wingman-Connect) is a universal suicide prevention program developed with the US Air Force that strengthens protective functions of relationship networks: (1) positive social bonds and (2) shared healthy coping norms. Importantly, this approach addresses both upstream prevention and reaches personnel whose suicide risk remains hidden from traditional identification systems.

In a cluster RCT with 215 training classes randomly assigned to either Connect or an active control, 1,485 Airmen were followed at 1- and 6-months (93% and 84% retention). Connect participants showed significantly lower suicide risk and depression, with 50% fewer incidents requiring corrective training. Benefits on reduced depression were maintained to first base assignment. Connect participants were 20% less likely to report elevated depression with high probability of diagnosis at either follow-up.

Social network analysis revealed the program's mechanism: social integration. Connect prevented the increasing isolation typically experienced by at-risk members, with those at elevated suicide risk receiving 53% more peer nominations in trained units compared to controls.

Program evaluation at operational bases demonstrated high engagement (96.3% completion), knowledge retention (94.1%), and skill adoption (89.1% reported using skills after 1 month). Importantly, 96.7% of participants identified valued peer connections at follow-up.

Connect is the first universal prevention program to reduce suicidal risk and depression symptoms in a general USAF population. Group training that builds cohesive, healthy military units is promising for upstream suicide prevention.

Thanks to this research and visionary leadership within the USAF, WGC is now the official resiliency program of the Air Force. In light of operational tempo increases and mission demands, the DAF has undertaken a rapid and deliberate expansion of the program across all bases in the US Air Force.

A second RCT testing effects on suicidal behavior, and extensions of the program to non-military environments, including police, religious communities, and urban youth sports are underway.

11.3 Study of perceived self-stigma, suicidal cognitions and self-esteem among patients with current suicide attempts: a tertiary care centre study.

Dr Surapuraju Sai Nikhil¹, Dr Hemendra Hemendra Singh, Dr N N Vyjayanthi Venkataramu

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Authors- Dr Sai Nikhil.S1, Dr Hemendra Singh2, Dr. N Vyjayanthi Venkatramu3

1- Junior resident, 2-Associate professor, 3- Assistant Professor;

M S Ramaiah medical college, Bengaluru, Karnataka.

BACKGROUND- Suicide is a major health issue worldwide involving nearly 800,000 deaths per year (WHO, 2016). One significant but often overlooked aspect is the phenomenon of self-stigma, which plays a crucial role in perpetuating the cycle of mental health struggles and suicide. Hence, stigma associated with mental illnesses often exacerbates the struggles faced by suicide attempters.

Self-stigma refers to the internalization of these negative beliefs and perceptions. This internalized stigma can have profound implications on the mental well-being and recovery of mental illnesses including suicide attempters.

Suicide-specific cognitions can be defined as self-perceptions, thoughts, and feelings that make individuals uniquely vulnerable to suicidal thoughts. Hence, it is important to evaluate suicide related cognitions among patients with suicide attempts to improve suicide prevention efforts. While numerous factors contribute to suicidal ideation and attempts, the role of self-stigma in mediating or protecting future suicide attempts is unexplored, particularly in Indian context.

Aim — This study aims to understand the experience of self-stigma as experienced by suicide attempters and its correlation with suicidal cognitions, self-esteem and quality of life.

METHODOLOGY 46 consecutive patients aged above 18 years visited accident and emergency department with current suicide attempts and were assessed and with sociodemographic Performa, suicide cognition scale, Personal suicide stigma questionnaire, Rosenberg self-esteem scale and WHO-5 well-being scale. Data was analysed using appropriate statistical tests.

RESULTS– In our study out of 46 suicide attempters, majority of them belonged to age group of 21–30 years (41.3%) and majority were unemployed (60.9%) and belonged to nuclear families (65.2%). Total mean score of Personal Suicide Stigma Questionnaire significantly correlated positively with mean scores Suicide Cognitions scale($r=0.469$, $p=0.001$) and negatively correlated with WHO-5 well-being scale ($r = -0.639$, $p=0.000$). Total mean scores of suicide cognition scale negatively correlated with WHO-5 well-being scale($r=-0.438$, $p=0.002$) and Rosenberg Self-Esteem scale($r= -0.328$, $p=0.026$).

CONCLUSION– There is need for psychological intervention to reduce stigma attached to self harm to improve self esteem and well being of suicide attempters as it has found to have negative correlation with self esteem and cognition related to suicidal behaviour.

11.4 Project Hayat: A Ground-up Approach to Developing Singapore's National Suicide Prevention Strategy

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Affiliations: 8Connections MindHealth, 9SG Mental Health Matters, 1Saw Swee Hock School of Public Health, National University Of Singapore, 2Fei Yue Community Services, 4Duke–NUS Medical School, 7Department of Psychological Medicine, National University Health System, 3Department of Clinical, Education and Health Psychology, University College London, 5National University Health System, 6Institute of Mental Health Singapore

Learning Objective: To illustrate how participatory research can bridge gaps between grassroots stakeholders and government in co-developing a national suicide prevention strategy.

Background: Singapore, despite its developed status, has lacked a coordinated national suicide prevention strategy. While top-down approaches are typical in Singapore's policy landscape, Project Hayat ("life" in Malay) emerged as a pioneering, multi-stakeholder, ground-up initiative after a two-decade high in suicide death to address this gap. This project brought together diverse stakeholders, including suicide survivors, researchers, policymakers, and community leaders, to co-design a National Suicide Prevention Strategy. This study documents contributions, challenges, and lessons from this approach.

Methods: We adopted a mixed methods approach combining: 1) 13 direct interviews with international suicide prevention experts and government representatives; 2) 14 focus group discussions with groups such as suicide survivors, healthcare workers, and religious leaders; and 3) a public consultation with over 500 respondents representative of Singapore's demographics. The

process emphasized inclusive representation through multiple strategies: implementing structured facilitation techniques to balance power differentials; embedding clinical psychologists in the research team to ensure psychological safety for vulnerable participants; and strategically partnering with community-based organization leaders who leveraged their deep networks to recruit participants from marginalized communities.

Results: The initiative culminated in a comprehensive White Paper proposing the S.A.V.E L.I.V.E.S framework for national suicide prevention, which addresses nine critical domains ranging from governance and policy to education and community involvement. This community-led participatory approach enabled direct policy contributions from marginalised groups, including survivors of suicide loss and LGBTQ+ people, whose lived experiences have been under-represented in national discourse. We maintained community ownership throughout by consulting community leaders prior to media releases, and inviting all participants to the White Paper launch event. Challenges included navigating hierarchical stakeholder dynamics, securing long-term institutional commitment, and overcoming bureaucratic delays. Strategic engagement with senior policymakers and leveraging community-based partnerships helped address some of these obstacles, though ensuring sustainable community participation remains an ongoing effort. The study achieved significant buy-in with the Ministry of Health, Singapore's central authority in health governance and policy making, who is meeting us to explore collaboration.

Discussion: Project Hayat demonstrates how community-led participatory approach can drive policy change for stigmatised issues in hierarchical societies. This approach is scalable, especially in countries with centralised health governance, emphasising early government engagement, psychological safety, and community partnerships. Future efforts should explore adapting this approach for broader mental health strategies and continued engagement with marginalised communities.

11.5 Increase in suicide death rate in India during COVID-19 pandemic: findings from a nationally representative sample of deaths.

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Increase in suicide death rate in India during the COVID-19 pandemic: findings from a nationally representative sample of deaths

One learning objective: To understand the changes in suicide death rate (SDR) as a result of COVID-19 pandemic in India.

Background: The COVID-19 pandemic introduced unprecedented challenges potentially affecting the suicide mortality trends. However, mixed reports are available on the affect of COVID-19 pandemic on suicide with little data from the developing settings.

Methods: A nationally representative survey of deaths of all ages between 2019 and 2022 was undertaken in India covering a population of 1 million in 9 states to ascertain the cause of death using confidential verbal autopsy interviews. We report on the annualized SDR over 2019–2022, and estimated SDR per 100,000 population aged >10 years for India disaggregated by sex and place of residence for three time periods – pre-COVID-19 (January 2019 to March 2020), COVID-19 (April 2020 to February 2022), and post-COVID-19 (March 2022 to December 2022).

Result: Suicide deaths accounted for 1.47% of the 24,876 deaths of people aged 10 years or older between 2019 and 2022. Annualized SDR for India was estimated at 9.3 (95% CI 6.8–11.9) for both sexes combined, 6.5 (95% CI 3.5–9.5) for females, and 12.2 (95% CI 8.2–16.3) for males per 100,000 population during 2019 and 2022. Annualized SDR was similar for rural (7.9; 95% CI 3.6–12.2) and urban (9.8; 95% CI 6.7–12.9) areas. The SDR for males was estimated at 12.6 (95% CI 8.4–16.8), 24.0 (95% CI 18.3–29.7), and 12.2 (95% CI 8.2–16.3) during pre-COVID-19, COVID-19, and post COVID-19 periods, respectively. The SDR for males increased by 90.3% (95% CI

44.5–136.1) between pre-COVID-19 and COVID-19 periods. The SDR for females was estimated at 7.4 (95% CI 4.1–10.6), 12.1 (95% CI 8.0–16.2), and 6.3 (95% CI 3.4–9.3) during pre-COVID-19, COVID-19, and post COVID-19 periods, respectively. The SDR for females increased by 64.3% (95% CI 6.4–122.1) between pre-COVID-19 and COVID-19 periods. The SDR for rural area increased by 168.8% (95% CI 114.0–223.5) and in urban areas by 17.4% (95% CI –40.2 to 75.0) between the pre-COVID-19 and COVID-19 periods.

Discussion: SDR increased significantly during the COVID-19 period for both females and males, with a higher increase among males in India. The return of SDR to the pre-pandemic levels indicates that the influence on SDR was temporary rather than permanent, however, long-term implications of the increased SDR will need to be explored and addressed.

12.1 Effectiveness of Online Gatekeeper Training Programme for Youth on Suicide Prevention: A Systematic Review of Randomised Controlled Trials

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Learning Objective: Understand the effectiveness and limitations of online gatekeeper training programs (eGKT) in improving suicide prevention knowledge, self-efficacy, and intervention behaviors among youth gatekeepers, with a focus on global applicability and long-term impact.

Background: Suicide is a leading cause of death globally, with youth aged 15–24 particularly vulnerable due to developmental and psychological factors. Online gatekeeper training programs (eGKT) have emerged as a scalable and accessible strategy for suicide prevention, equipping individuals with knowledge and intervention skills. This systematic review synthesizes the effectiveness of eGKT in improving suicide prevention knowledge, attitudes, and behaviors among youth gatekeepers.

Methods: A systematic search of the Scopus, Web of Science and PubMed databases was conducted, identifying randomized controlled trials (RCTs) evaluating eGKT effectiveness. Inclusion criteria encompassed studies targeting youth gatekeepers aged 15–24, employing an online intervention, and reporting measurable suicide prevention outcomes. Studies were screened using PRISMA guidelines, and data extraction focused on key effectiveness metrics such as knowledge, attitude, skills, self-efficacy, and intervention behavior.

Result: Four RCTs met inclusion criteria, all conducted in high-income countries. Findings indicate that eGKT significantly improves suicide prevention knowledge and self-efficacy. However, skill retention and real-world application of intervention behaviors remain inconsistent. While eGKT reduces stigma and enhances confidence, evidence of sustained behavioral changes is limited.

Discussion: This review highlights the potential of eGKT as a globally scalable intervention but notes the gaps in long-term efficacy and cultural applicability, particularly in low- and middle-income countries (LMICs), where the majority of suicides occur. Future research should emphasize culturally tailored implementations, long-term behavioral outcomes, and strategies for maintaining intervention effects over time.

Conclusion: eGKT offers a promising, accessible approach to suicide prevention among youth, but further research is needed to enhance its effectiveness and ensure global applicability. Addressing cultural, technological, and sustainability challenges will be critical to maximizing its impact.

12.2 Psychosocial hazards for young workers in the Australasian building and construction industry: Site-based strategies for ongoing support and intervention.

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Learning Objective: The aim of this research is to apply a mixed methods research design to develop a comprehensive understanding of the psychosocial needs of young workers, to inform effective mental health and suicide preventions programs.

Background : Work-related psychosocial hazards, such as excessive work demands, insufficient resources, and bullying, negatively affect workers' mental health. In certain industries, these risks are heightened due to the nature of the work performed and entrenched cultural stigma surrounding

mental health. Building and construction is one such “high-risk” industry. Within this industry, younger, less experienced workers are particularly vulnerable to the mental health impacts of psychosocial hazards. Research indicates that young workers in this industry report high levels of bullying, thoughts about suicide, and psychological distress. However, significant gaps in research and practice remain, emphasising the need for a strong evidence-base to improve mental health supports and suicide prevention strategies tailored to young workers in building and construction.

Method & Results: Quantitative data for this study were drawn from a sample of 3,200 construction workers who completed a survey between 2023 and 2024. Drawing on the job-demands resources theory, the survey measured 11 psychosocial hazards using the People At Work Construction (PAW-CON) scale, as well as measures of general mental health and suicide ideation and behaviours. The analysis quantitatively assessed the degree to which the experience of psychosocial hazards on mental health varied according to age and experience within the industry.

Qualitative data were drawn from semi-structured interviews conducted with MATES in Construction staff with experience with postvention responses in general, as well as those particularly involving young workers. The interviews included questions about young workers’ experience of psychosocial hazards and mental health more broadly, followed by questions on the impact and effectiveness of postvention responses following work-related deaths due to critical incidents or suicides of young workers. Thematic analysis of interview transcripts was conducted to identify key themes.

Discussion: This research utilised a mixed methods design to (a) support our understanding of how the impact of psychosocial hazards on mental health and suicide ideation varies for young workers compared to those with greater industry experience and (b) develop knowledge of the unique individual and organisational impacts of critical incident and postvention responses involving young workers. This is critical for developing a strong evidence-base to inform the development, implementation, and evaluation of effective mental ill-health and suicide prevention and postvention programs.

12.3 Suicidality among people requesting Medical Assistance in Dying based on Psychological Suffering (MAID-PS)

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Learning objective: What does suicidality look like in people requesting MAID-PS, at the time of application and before?

Background: A growing number of individuals in the Netherlands request Medical Assistance in Dying based on psychological suffering (MAID-PS). Approximately 10% of patients who request MAID-PS will ultimately die by MAID. The risk of suicide is particularly high among individuals with severe, recurrent and/or persistent psychiatric disorders. However, little is known about their (history of) suicidal thoughts and behaviors prior to their MAID-PS application, and previous treatments targeting suicidality.

Methods: All individuals applying for MAID-PS at the Expertise Center Euthanasia (EE), the national expertise center for MAID-PS in the Netherlands, are invited to participate in a survey within one week of their initial application. The survey includes items on current and past suicidal thoughts and behaviors, psychiatric diagnoses, and treatment history.

Results: Preliminary findings* are based on data from 77 participants. Of these, 63 participants (66,7% female; mean age = 39.2 years, range = 17–77) had fully completed the questionnaire, and

their responses are included in the current study. All applicants had a history of suicidality, and only two participants (3.2%) reported no suicidal thoughts or behaviors in the past two weeks. A total of 29 participants (46.0%) reported having been described by a healthcare professional as chronically or persistently suicidal, either at the time of application or in the past. Regarding suicide attempts, 81% (N=51) reported having made one or more suicide attempts prior to their registration. Concerning treatment, 32 participants (50.8%) reported receiving treatment for their suicidality, of whom 15 (23.8%) were in treatment at the time of registration.

Discussion: We show that past, current and persistent suicidal behavior is common among people requesting MAID-PS in the Netherlands. A substantial proportion of applicants (42.9%) experience persistent suicidality, and 81% have attempted suicide in the past. These findings highlight the strikingly high prevalence of suicidality in this group. However, it is essential to acknowledge that these results are preliminary. Future research should include a larger sample size to better assess the representativeness of these findings. This study underscores the importance of further research and suicide prevention for this population.

*Inclusion continues until March, 2026. Preliminary results presented in this abstract were obtained on February 13, 2025 (8.5 months). At the conference, we will present the preliminary results of the first year (up to the first of June, 2025).

12.4 Confronting taken-for-granted truths — a systematic review of risk and protective factors associated with suicide risk in veterinary professionals.

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Learning Objective: Evaluating veterinary professionals suicide risk.

Background: Suicide risk among veterinary professionals is elevated in many countries. Factors influencing risk have been debated but rigorous examination is lacking. There have been no comprehensive reviews of this area for almost two decades, and during this time the veterinary profession has undergone rapid, significant change. Further, it is unclear to what extent research has examined suicide risk among veterinary nurses, technicians, and students. This review, therefore, seeks to address this gap by examining the rates of suicidal ideation and behaviour in all veterinary professionals, as well as synthesising the existing literature examining the psychosocial factors which may increase, or protect against, suicidal ideation and behaviour.

Methods: A study protocol was registered on PROSPERO (CRD42023394934). Six academic databases were searched following PRISMA guidelines. A date restriction captured studies from 2008 to 2024. Studies were quality assessed using established criteria.

Results: 494 papers were identified, 49 full-text articles were eligible for inclusion. Research among veterinary nurses and technicians is largely absent. 60% of the studies were conducted in North America or the UK. 12-month prevalence for suicidal ideation ranged from 20–34%. Death by suicide data was limited to 8 countries, consistently indicating an elevated risk compared to the general population. Methods of suicide highlight self-poisoning as a concern, often involving drugs diverted from work. Two studies found female veterinary surgeons at higher risk than male counterparts. Possible risk factors included levels of psychological distress and work-related factors. Performing animal euthanasia is often considered a risk factor but studies investigating this yielded conflicting results. Potential protective factors were identified including work-life balance, stress management and workplace culture. Overall, protective factors were not widely researched.

Limitations: The 13 papers considering death by suicide presented a wide variety of estimates and synthesis was hampered by significant heterogeneity in comparator populations and reporting across

studies. In addition, there is considerable heterogeneity across all studies with a range of established psychological measures evaluated alongside less reliable, researcher-designed, single-item questions. Only three studies were longitudinal, limiting the ability to draw causal inferences.

Conclusions: This review advances our understanding of suicide risk in veterinary professionals, highlights the need for further research, particularly among nurses and technicians and identifies the challenge of developing consistent research approaches in seeking to obtain key evidence-based answers in this under-researched population. There is a clear need for prospective study designs to establish temporal associations.

12.5 The association between gender nonconformity and suicidality among youth in Denmark — a longitudinal study based on the Danish National Birth Cohort

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Learning Objective: Do gender non-conformity in childhood increase risk of suicidality in teenage years?

Background: There is a need for longitudinal studies, representative of the background population, investigating the association between measures of childhood gender nonconformity and suicidality. This study aimed to investigate whether gender conformity at age 11 is associated with lifetime suicidality at age 18. Additionally, it aimed to investigate the association between the consistency of self-reported gender conformity from 11 to 18 years old and suicidality, as well as the association between gender nonconformity, sexual orientation and suicidality at age 18.

Methods: The study utilized self-reported data from 19,975 adolescents who participated in the Danish National Birth Cohort. Data on self-reported gender conformity was gathered at 11 and 18 years old, while self-reported and register-based data on suicidal ideation and suicide attempt was gathered at 18 years old. Adjusted relative risk ratios (aRRRs) were estimated using multinomial logistic regression, while accounting for sex and parental educational level. To account for selection bias inverse probability weighting was utilized, using the background population as a reference.

Results: At 11 years old, 5.9% of the sample reported gender nonconformity by stating that they wished to be of the opposite sex. This was associated with an increased risk of suicidal ideation (aRRR: 1.79, 95% CI: 1.58–2.03) and suicide attempt (aRRR: 2.43, 95% CI: 1.87–3.16), compared to their gender-conforming peers. At 18 years old, 2.9% of the sample reported gender nonconformity, which was associated with an increased risk of suicidal ideation (aRRR: 3.82, 95% CI: 3.19–4.57) and suicide attempt (aRRR: 4.43, 95% CI: 3.10–6.32), compared to their gender-conforming peers. Additionally, compared to those who self-identified as heterosexual and gender-conforming at age 18, those self-identifying as both non-heterosexual and gender nonconforming showed the highest risk of suicidal ideation (aRRR: 7.44, 95% CI: 5.55–9.98) and suicide attempt (aRRR: 13.94, 95% CI: 8.77–22.14).

Conclusion: In this large, nationally representative study of youth in Denmark, we document strong and statistically significant associations between gender nonconformity at ages 11 and 18 years and the cumulative risk of suicidal ideation and suicide attempt by age 18.

12.6 Feasibility of a national register of probable suicide in mental health services in Ireland: a mixed methods study

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Learning objective: To examine the feasibility of a national register of probable suicide in mental health services in Ireland.

Background: Mental health and suicide prevention policies highlight the need to monitor patterns of self-harm and suicidality among people attending mental health services. This study explored perceived benefits, barriers and facilitators associated with the implementation of a national register of probable suicide in mental health services and the acceptability of a register to staff and leadership in mental health services.

Methods: A mixed methods design was used, including individual and focus group interviews with people with national and local level roles in reviewing and responding to the probable suicide of mental health service users in Ireland, and an anonymous online survey of professionals in different roles at all levels of Irish mental health services. The survey comprised of both closed and open-ended questions. Reflexive thematic analysis was used to analyse qualitative data.

Results: A total of 25 professionals participated across nine individual interviews and two focus groups, and a further 159 individuals participated in the survey. The majority of participants indicated their support for a national register of probable suicide in mental health services, with three quarters of survey participants (n=106; 75%) indicating that they were strongly or somewhat in favour of establishing such a register. Key benefits of a register were identified, including more reliable and accurate information on trends and the facilitation of shared learning to inform service improvement at local and national level. Barriers to implementing a register related to staff burden, practical considerations related to case ascertainment and data collection, concern around blaming of professional teams and stigmatization of patients or family members. Potential strategies to overcome these challenges were identified, informed by learnings from the methodology of other national registers.

Conclusions: The findings support the feasibility of a register based on the broad support for its implementation among mental health services staff and leadership and the identified potential methods for its operation. Recommended next steps include evaluating options for case ascertainment, developing a tool and procedures for data collection, and designing a multifaceted communication plan to foster engagement among mental health service staff. Appropriate governance structures and mechanisms to facilitate support for bereaved families and mental health service staff should be central to the development of a register.

12.7 Risk factors for suicide and suicidal behaviour among public safety personnel: findings from a systematic review.

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Learning Objective: To identify risk and protective factors for suicide in public safety personnel (PSP) and current gaps in knowledge.

Background: PSP perform several frontline duties to ensure public safety, including policing, firefighting, emergency medical response, and correctional services, which put them at risk of exposure to potentially psychologically traumatizing events. There is evidence that rates of suicide

and suicidal behaviour are higher among PSP than the general public. There is limited research regarding the connection between such experiences and suicide. More research into suicide and suicidal behaviours among PSP is needed to inform prevention initiatives and a national prevention strategy for PSP.

Methods: We conducted a systematic review examining risk and protective factors associated with suicide and suicidal behaviour among PSP. We carried out a comprehensive, peer-reviewed search strategy of multiple databases, with no restrictions applied to language or publication date. Two reviewers completed all screening and data collection independently. We included primary research studies that reported suicide outcomes in a PSP population. Our primary outcome was suicide and the secondary outcome was suicidal behavior (including intentional self-harm).

Results: We identified 102 papers, many assessing multiple PSP occupations, which included police (67 papers), firefighters (37 papers), paramedics (15 papers), corrections (12 papers), border services (2 papers), communications (3 papers), and public safety and justice employees (3 papers). Risk factors were variable between occupations, and at times were conflicting even within occupations. Common risk factors include threats to identity and access to lethal means. Protective factors include non-punitive approaches to discipline and social connectedness to other PSP.

Discussion: Our findings provide insight on risk and protective factors for suicide for PSP, highlighting key differences between occupations. Our findings suggest that more attention should be paid to the role of organizational factors as threats to PSP identity and punitive approaches in discipline appear to be consistent risks across PSP. More research is needed on specific PSP subgroups, such as intelligence services personnel, as they are underrepresented in the literature. Further, most studies included a predominantly male population and so risk and protective factors for female PSP are not as well characterized. The findings here will inform a systems dynamic model, which will be used to identify key components for a Canadian national suicide prevention strategy for PSP.

12.8 Harming oneself, harming others: Questioning aggressive behaviours and the link to suicide

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Learning objective: self-harm, such as non-suicidal self-injury, is linked to suicide. People who engage in outwardly aggressive behaviours may also be at elevated risk of suicide. This research explores the differences and commonalities in injurious behaviours engaged in by young people.

Background: This research addresses a pair of serious issues affecting young people: non-suicidal self-injury (NSSI) and outward-directed injury (ODI). Research shows lifetime NSSI prevalence rates of up to 50% in young people. It is linked to psychological disorders and is a risk factor for suicide. However, assessment and measurement tools vary; some include aggressive, outward-directed behaviours while others do not. Recent research into aggression appears to identify common functions and risk factors overlap. If there are commonalities in function, risk and protective factors, then prevention and intervention strategies developed for NSSI could be applicable to ODI; this research investigates those differences and commonalities.

Methods: Three phases of a broader project will be outlined: an online survey, ecological momentary assessment and in-depth interviews, with young people.

Results: Results suggest that antecedent factors are similar, and emotion regulation is the key function of both NSSI and ODI. While we had anticipated that more young women would engage in NSSI and more young men in ODI, there is more overlap than expected, with young women engaging in ODI. Of particular interest is the finding that those who engage in ODI have higher DASS scores than those engaging in NSSI, especially regarding stress.

Discussion: ODI is usually viewed as deserving of punitive responses. However, this research shows that it is overwhelmingly similar to NSSI. Therefore, the interventions designed for NSSI could also reduce the harm done via ODI, not only to young people who engage in it, but also the people and property at which their aggression is directed, as well as reducing suicide risk in an often over-looked vulnerable population.

12.9 Study of depression and suicide risk among families of Nepalese migrants

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Learning objective: to inform about the prevalence of depression and suicidal risk in families of migrant workers in Nepal.

Background: Migration imposes significant social and psychological costs on both migrants and their families left behind. Often, these families face separation, social isolation, strained relationships, resource conflicts, stigma, and the worst-case scenario—experiencing the loss or disappearance of the migrant abroad. This study aims to explore the risk of depression and suicide among left behind families of Nepalese migrants.

Methods: We conducted a cross-sectional descriptive study to assess mental health problems, including suicide risk, among migrants and their families. Household members receiving remittances were selected through referrals from community and health providers in municipalities over a four-year period. Mental health issues, such as depression and suicide risk, were assessed using the Patient Health Questionnaire (PHQ-9), which has been validated in the Nepalese context.

Results: A total of 13,733 participants were recruited over four years and assessed for mental health problems using the PHQ-9. Of the participants, 89.7% were female, with age distribution as follows: 11.53% aged 19–24 years, 39.14% aged 25–34 years, 33.7% aged 35–44 years, and 15.6% aged 45 years and older. Approximately 54.6% (n=7,498) screened positive for depression. Among them, 27.3% (n=3,749) had mild depression (PHQ-9 score ≤ 10), 21.4% (n=2,939) had moderate depression (PHQ-9 score ≤ 17), and 5.9% (n=810) had severe depression (PHQ-9 score ≥ 18). Suicide risk was found in 4.6% (n=634) of participants with depression. Of these, 35.96% (n=228) had suicidal ideation several days, 50.63% (n=321) experienced it more than half of the days, and 34.23% (n=217) had suicidal thoughts nearly every day. Among participants with severe suicidal ideation, 60 attempted suicides by hanging, 12 by drowning, 18 by ingesting pesticides, and 4 by taking over-the-counter medicine. Suicidal attempts were significantly correlated ($\chi^2 = 6.78$, $p < .05$) with the severity of depression (PHQ-9 score 23–28). Younger age (≤ 25) and belonging to the Dalit or Janjati caste were associated with more severe depression and suicidal ideation ($p < .05$). Major contributing factors included migrant-related issues (60%) and family-related issues (40%).

Discussion and conclusion: This study showed families of migrants are at very high risk of depression than national rate (2.9%) and suicidal risk slightly less than national rate (6.5%). Females are consistently at higher risk of depression and suicidality in both studies. This demands increased investment to integrate mental health services into primary health care system.

13.1 Suicide rates among male and female physicians and changes over time (systematic review and meta-analysis)

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Learning Objective: To analyse gender disparities in suicide rates among physicians compared with the general population and explore reasons heterogeneity across studies.

Background: Physician suicides represent a critical public health concern, with previous evidence suggesting an increased suicide risk that may differ by gender. This systematic review and meta-analysis aimed to estimate age-standardized suicide rate ratios for male and female physicians compared with the general population and examine heterogeneity across study results.

Methods: A systematic review and meta-analysis was conducted by retrieving studies published from 1960 to 31 March 2024 across Embase, Medline, and PsycINFO. Studies were eligible if they provided age-standardized suicide mortality ratios or suicide rates per 100,000 person-years for physicians, compared with a suitable reference group (general population or other professions). Two independent reviewers extracted data and assessed bias using an adapted version of the Joanna Briggs Institute checklist for prevalence studies. Random-effects models were used for calculating mean effect estimates for male and female physicians, with subgroup analyses by geographical region and secondary comparisons with other professions.

Result: Among 39 studies, 38 for male and 26 for female physicians were included, totaling 3303 male physician suicides and 587 female physician suicides (covering periods from 1935 to 2020 and 1960 to 2020, respectively). The suicide rate ratio for male physicians was 1.05 (95% CI: 0.90–1.22), while for female physicians, it was significantly higher at 1.76 (95% CI: 1.40–2.21). Heterogeneity was high in both analyses. Meta-regression revealed a significant trend of decreasing effect sizes over time. Additionally, the suicide rate ratio for male physicians compared with other professions was 1.81 (95% CI: 1.55–2.12).

Discussion: This meta-analysis indicates that while suicide rates have generally decreased over time for physicians, the rate for female physicians remains elevated. A significant geographical bias is present, with a lack of studies outside Europe, the US, and Australasia. These findings underscore the need for continued research on suicide prevention, particularly targeted toward female physicians and other at-risk subgroups of physicians.

This oral presentation will also provide a preview of results from a similar meta-analysis currently underway, focusing on the suicide rates of male and female dentists, which may reveal parallels and differences across medical and dental professions.

13.2 Current care experiences and care needs to deal with suicidality of people who request psychiatric-MAID

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Background. Suicide risk is high among vulnerable groups, such as people with severe psychiatric disorders and recurrent, and/or persistent death wishes. In a limited number of countries this group

can request medical assistance in dying (MAID). In these countries, there has been a notable increase in both the number of requests and number of cases granted of MAID among patients with psychiatric disorders (psychiatric-MAID). Dutch research on patients requesting and receiving MAID indicates that only about 10% of requests are granted, 30% is withdrawn, and 60% of the applicants receive a rejection. Almost without exception, patients requesting psychiatric-MAID have a (long) history of mental health care that has not resulted in recovery, suggesting unmet needs in this group.² Learning Objective. With our current research we try to gain more insight into the current care experiences and care needs to deal with suicidality of people who request psychiatric-MAID.

Method. Since June 2024, all individuals who apply for psychiatric-MAID at Expertise Center Euthanasia in the Netherlands, and agree on being reached out to for scientific research are invited to respond to a survey. This survey is sent within a few weeks after application. The survey is part of a study with a prospective longitudinal design including a second measurement after 6 months after. Part of the survey focuses on support received and needed regarding suicidality and barriers to seeking that support.

Preliminary Results.* 52 of 77 participants (64.9% female; mean age = 39.9 years, range = 17-77; 45% report receiving or having received therapy focused on suicidality) report receiving support for suicidality at time of their application, 57.7% indicate a need for more support. Among the 25 who report not receiving support, 60% indicate a need for support. The majority (54.5%) prefers help from their own mental health professional, and 58% indicate that individual in-person meetings throughout the MAID request process would best meet their needs. Their primary need is a space to talk freely about their death wish without consequences and someone to listen to them when they struggle with suicidality. Barriers to seeking help include feelings of shame and fear of compulsory treatment, with negative past experiences being the most common barrier (44.2%).

Discussion. Preliminary results suggest a significant need for more support for dealing with suicidality among patients requesting psychiatric-MAID. Negative experiences with support received for handling suicidality appears to be a major barrier to seeking help.

13.3 How to tailor suicide prevention for individuals with autism: adapting clinical guidelines and interventions.

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Learning Objective: To identify needs of individuals with autism, in order to adapt suicide prevention guidelines and interventions.

Background: Suicidal ideation and behaviours are more prevalent among individuals with autism, compared to the general population. Several factors contribute to their suicide risk, including the lack of autism-friendly healthcare.

More insight is needed into how autistic individuals experience suicidal thoughts, and into how suicide prevention guidelines and interventions can be adapted to meet their needs.

As part of the Flemish Suicide Prevention Strategy, tailored clinical guidelines, as well as an adapted safety planning intervention have been developed, based on a study identifying the needs of autistic individuals.

Methods: Autistic adults who had experienced suicidal thoughts were involved in a study, comprising an online survey (n=37) in which they provided feedback on a safety planning intervention.

Additionally, participants could take part in a qualitative semi-structured interview (n=12), focusing on how people with autism experience suicidal thoughts.

Drawing upon the findings of these studies, clinical guidelines and an e-learning tool for healthcare professionals were developed, as well as a tailored safety planning intervention. To evaluate the content and applicability of the e-learning tool, an online survey targeting healthcare professionals (n=53) was conducted.

Results: The online survey conducted with autistic individuals provided valuable feedback on the safety planning intervention, with the majority of the participants making suggestions to change the content, instructions and lay-out. The safety planning intervention was adapted accordingly.

The qualitative interviews provided insights into how individuals with autism experience suicidal ideation. Six topics emerged: variety in interpretations of suicidal thoughts, invisibility of suicidal thoughts, ideation to action processes, chronic suicidality, the impact of the autism diagnosis, and the importance of accessible healthcare. These findings were integrated in new clinical guidelines and an e-learning tool for health professionals.

The assessment of the e-learning tool yielded positive results, with health professionals evaluating it as clear and user-friendly, rating its content an average score of 9/10, and its practical applicability an average score of 8/10.

Discussion: This study showed that autistic individuals often face unique challenges, alongside barriers in health care, which contribute to their suicide risk. Therefore, it is critical that suicide prevention guidelines and interventions are adapted to their needs. As such, the quality of care and effectiveness of suicide prevention for individuals with autism can be enhanced.

13.4 Understanding psychosocial risk factors for suicide among middle-aged men (40–70) through a masculinity lens

Jonas Manait^{1,2,3}, Professor Renske Gilissen^{1,3}, Dr Yvonne Luijckes¹, Dr. Anne C. Miers^{2,3}, Irene van Herrewegen¹, Dr Elias Balt¹, Stefan Vrinzen¹, Dr. Saskia Mérelle¹

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Learning objective: To examine key psychosocial risk factors contributing to suicide among middle aged men (40–70), with a specific focus on the influence of masculine norms.

Similar to global trends, middle-aged men (40 to 70 years old) in the Netherlands have the highest risk of dying by suicide. Various psychosocial risk factors that impact mental health and suicide remain poorly understood, with the influence of masculine norms being particularly overlooked. This study seeks to address this gap by identifying the most important risk factors, with a focus on masculine norms, to determine pathways for more effective and targeted interventions.

Through a psychosocial autopsy approach, 30 interviews were conducted between 2021 and 2023 with close relatives of 25 middle-aged men (aged 42 to 67) who died by suicide. Psychosocial autopsy interviews investigate psychological and contextual factors leading up to suicide. A deductive coding framework, informed by prior research and masculinity theories, was applied alongside inductive coding to capture emerging themes. The Constant Comparative Method was used to identify patterns in psychosocial risk factors in suicides.

Almost half of the research group had long-term psychiatric issues, with most having a history of psychiatric diagnoses or previous suicide attempts. Alcohol problems, sleep difficulties, trauma experienced in early life, and problems encompassing work, were frequently reported and linked to mental health difficulties and suicide. Themes surrounding masculine norms, such as emotional suppression, avoidance of discussing feelings, and reluctance to seek help were prevalent. Men often experienced isolation and interpersonal dysregulation, frequently linked to challenges in romantic or family relationships. The internal pressure experienced from adhering to norms around being

successful, resilient, or heteronormative, often resulted in middle-aged men concealing certain aspects of themselves.

Both psychosocial and masculinity-related factors play a role in the suicidality of middle-aged men. Future research and prevention efforts should consider both distal and proximal psychosocial risk factors influencing mental health, particularly in relation to masculine norms. Since masculine norms are not only embedded in individual beliefs but also in broader societal structures, it is important to examine the systems that perpetuate them. Suicide prevention efforts should not only work to maximize opportunities for reducing emotional suppression, strengthening interpersonal connections, and address the role expectations experienced by men, but also advocate for broader societal changes regarding masculine norms.

13.5 'I did not think they could help me': UK-based autistic adults' reasons for not seeking public healthcare when experiencing suicidality

Dr Tanya Procyshyn¹, Dr Rachel Moseley², Dr Sarah Marsden, Dr Carrie Allison¹, Dr Tracey Parsons³, Associate Professor Sarah Cassidy⁴, Mirabel Pelton¹, Dr Elizabeth Weir¹, Miss Tanatswa Chikaura¹, Ms Holly Hodges¹, David Mosse⁵, Ian Hall⁶, Lewis Owens, David Crichton, Prof Jacqui Rodgers, Professor Simon Baron-Cohen¹

¹University of Cambridge, Cambridge, United Kingdom, ²Bournemouth University, Bournemouth, United Kingdom, ³Autism Action, Cambridge, United Kingdom, ⁴University of Nottingham, Nottingham, United Kingdom, ⁵SOAS University of London, London, United Kingdom, ⁶East London NHS Foundation Trust, London, United Kingdom

Learning objective: Healthcare systems that provide appropriate mental health support for autistic people, and that autistic people experience as trustworthy and effective, may lead to better well-being and fewer lives lost to suicide.

Background: With autistic people at increased risk of dying by suicide, understanding barriers to help-seeking is crucial for suicide prevention efforts. For people in crisis, public healthcare services are, in theory, a source of help. This study aimed to understand why autistic people in the UK did not seek help from the National Health Service (NHS) when suicidal and if these reasons differed by characteristics like age and gender.

Methods: Using an online survey designed in consultation with autistic people, we examined reasons why UK-based autistic adults (n = 754) did not seek NHS help when they last experienced suicidal thoughts or behaviours. Respondents were able to select multiple responses from a list of 20 reasons and to share their own reasons as a free-text response. Descriptive statistics were used to characterize the sample and understand the most frequently endorsed reasons for not seeking NHS support, which were then compared between subgroups using analysis of variance. Thematic analysis was used to understand the free-form responses.

Results: The three most commonly endorsed reasons were: 'I tried to cope and manage my feelings by myself', 'I did not think they could help me', and 'The waiting list is too long — no point'. Notably, no respondents endorsed 'I did not want to be stopped'. Endorsement of reasons differed significantly with gender identity, age group, and degree of lifetime suicidality. Previous negative healthcare-related experiences emerged as common barriers for cisgender women and trans/non-binary respondents. Four themes emerged from analysis of free-form responses: NHS is ineffective, NHS as antagonistic, Fear and consequences, and Barriers to access.

Discussion: Understanding why autistic people may not seek support during a mental health crisis is crucial for improving access to care and developing more inclusive, tailored support systems. Of the large number of autistic people who chose to complete our survey, the majority did not seek NHS support when they last experienced suicidal thoughts/behaviours. The most commonly endorsed reasons reflect lack of confidence in existing services and barriers to accessing support (i.e. wait

times). While this survey provides the most comprehensive information to date about this understudied group, the findings are subject to sampling bias and may not be reflective of the overall autistic population.

13.6 Assessing risk factors for gambling-related suicidal ideation: evidence from regular sports bettors in the UK

Dr Karen Wetherall¹, Miss Jessica Wyllie¹, Viktorija Kesaite², Sarah Tipping¹, [Dr Seonaid Cleare](#)¹, Sally McManus³, Martin Jones⁴, Professor Rory O'Connor¹, Heather Wardle¹

¹University Of Glasgow, Glasgow, United Kingdom, ²University of Cambridge, Cambridge, United Kingdom, ³City St George's, University of London, London, United Kingdom, ⁴Independent advisor, GamLEARN, , United Kingdom

Learning objective: To investigate the risks of a range of gambling activities on suicide risk among regular sports bettors.

Background: Although the relationship between gambling and suicide risk has received increased research attention in recent years, our understanding of associations between gambling behaviours and suicidality among different types of gamblers remains limited

Methods: This study used existing data from a longitudinal survey of regular sports bettors which assessed gambling behaviours and suicidal ideation at three time points: June 2020 (W1, n= 3927); November 2020 (W2, n=3093) and March 2021 (W3, n=2738).

Findings: Latent Class Analysis identified 5 distinct groups of people with shared gambling profiles; "Class-1: Moderate in-person", "Class-2: Moderate online", "Class-3: High in-person and online", "Class-4: High online all activities" and "Class-5: High all activities".

At W1, the groups differed on all demographic variables. Class-5 reported higher gambling-risk compared to the other classes. Specifically, Class-5 reported higher problem gambling (62.1%), more gambling harms (42.9%), more time (86.9% 3+ hours) and money (54.5% £250+) spent on gambling.

Regression analyses (controlling for demographics, and gambling-related problems) found that Class-5 had higher levels of suicidal ideation (OR range 3.42 to 4.51) and suicide attempts at W2 (OR range 18.78 to 66.09) than classes 1, 2 and 4. At W3, Class-5 had higher risk for suicide attempts than Class-2.

Discussion: The preliminary findings add nuance to the complex relationship between gambling and suicidality. The unique longitudinal insight from this study improves our understanding of the relationship between gambling and suicidal ideation among regular sports bettors, and may allow identification of the key characteristics of individuals within high-risk groups at increased risk of taking their own life.

13.7 How does sleep influence suicidal ideation the next day? Findings from a cohort study using ecological momentary assessments and actigraphy and implications for suicide prevention

[Dr. Niki Antypa](#)¹, Dr. Liia M. M. Kivelä¹

¹Leiden University, Leiden, Netherlands

Learning objective: How is suicidal ideation affected by poor sleep? What do we know from recent studies using ecological momentary assessments with sleep diaries and actigraphy? We present data on a large sample of patients with prominent suicidal ideation using sleep diaries and actigraphy. We

also discuss the findings in the context of suicide prevention and how sleep assessments or therapies could be integrated in therapeutic settings.

Background: Recent studies indicate a connection between sleep disturbances and heightened suicidal thoughts, however, only a few have investigated the direct effects of sleep on suicidal ideation levels the next day.

Methods: In the SAFE study, a longitudinal cohort study, we assessed both subjective (ecological momentary assessment, EMA) and objective (actigraphy) methods to examine how sleep patterns influence suicidal ideation the following day. Additionally, we investigated whether hopelessness acts as a mediator between inadequate sleep and increased suicidal thoughts. A total of 82 participants experiencing current suicidal ideation underwent 21 days of EMA and actigraphy to track suicidal ideation, hopelessness, and sleep characteristics. Multilevel linear mixed models were employed to analyze the impact of sleep variables on next-day suicidal ideation, as well as the mediating role of morning hopelessness in the relationship between sleep the prior night and suicidal ideation the following day.

Results: Subjective and objective sleep measures showed significant alignment, with moderate-to-strong correlations. Poorer subjective sleep quality, lower sleep efficiency, reduced total sleep time, and increased wake time after sleep onset were all significantly linked to heightened suicidal ideation the next day, even after adjusting for prior-day ideation. Additionally, sleep fragmentation as measured with actigraphy was a strong predictor of next-day suicidal thoughts. Hopelessness mediated the relationship between subjective sleep disturbances and suicidal ideation.

Discussion: Sleep disturbances such as being awake at night (as observed in both our subjective and objective data) might be a specific precursor of increased suicidal thinking the following day. Our results highlight the importance of assessing sleep history in patients with suicidal thoughts. If sleep problems are present it might be beneficial to first target those before, or at least together with, other interventions. Our results will be discussed in terms of applicable strategies with regard to targeting sleep for suicide prevention in different contexts.

13.8 Exploring Self-Harm Patterns in a Tertiary Care Setting in Kenya: A Five-Year Retrospective Review

Dr. Jasmit Shah¹, Mr. Willie Njoroge¹, Dr. Linnet Onger², Dr. Murad M. Khan¹, Professor Zul Merali¹, Professor Lukoye Atwoli¹

¹Brain And Mind Institute, Nairobi, Kenya, ²Kenya Medical Research Institute, Nairobi, Kenya

Learning Objective: To understand the socio-demographic and clinical patterns of self-harm among patients in a tertiary hospital in Kenya.

Background: Self-harm is a significant and complex public health concern with far-reaching consequences for individuals, families, and communities. It encompasses deliberate self-poisoning or self-injury, occurring with or without suicidal intent. While self-harm is prevalent worldwide, research on its patterns and trends remains limited, particularly within low- and middle-income countries (LMICs), including those in Africa. Understanding the socio-demographic and clinical characteristics of individuals presenting with self-harm is essential for improving prevention and intervention strategies. This study examines the characteristics of patients who present with self-harm at a tertiary healthcare facility in Kenya, identifying common self-harm methods and associated factors.

Methods: We carried out a descriptive retrospective study and included patients from inpatient units and outpatient settings within the Section of Psychiatry at the Aga Khan University Hospital, Nairobi from January 1st 2018 to December 31st 2022. A data abstraction tool was used to collect data from eligible files sourced from the medical records department for all patients who met the study criteria.

Summary statistics were reported as frequencies and percentages for categorical data and as means and standard deviations for continuous data.

Results: Of the 497 patient files analyzed, 28.1% (n=144) presented with self-harm. The mean age was 26.5 years (SD=10.5), with a majority being females (74.3%). Most patients first sought care at the emergency department (72.9%), and 89.6% had a history of psychiatric diagnosis, primarily depression (88.2%), anxiety disorder (27.8%), and bipolar mood disorder (17.4%). Overdose (68.8%) was the most common method, primarily involving analgesics and tricyclic antidepressants, followed by self-injury (56.3%), with cutting as the predominant form. Family conflict (39.6%) was the leading reported trigger for self-harm. Notably, 50% of self-harm cases had suicidal intent.

Discussion: The findings underscore the urgent need for enhanced mental health services, self-harm prevention strategies, and the establishment of a national self-harm registry in Kenya. The predominance of young females and the high recurrence of self-harm episodes suggest the need for early detection and gender-sensitive interventions. Strengthening community-based support systems, training healthcare providers in self-harm management, and promoting responsible prescription practices for high-risk medications could mitigate the burden of self-harm. Further research is needed to explore long-term patient outcomes and refine preventive measures.

13.9 The relationship between incongruent stigma beliefs and suicidal ideation and attempts: data from the 2022–2023 healthy minds study

Rachel Lebovic¹, Dr. Holly Wilcox¹

¹Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, United States

2022–2023 healthy minds study

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.

Oral #14 June 12th, 2025, 10.30am – 12.00noon

Chair: Jorgen Gullestrup

14.1 A retrospective cohort study of people who have survived opioid overdoses before and during the pandemic to examine differences in mental health morbidity and mortality

Brooklyn Ward¹, Ms Nicole Edgar¹, Ella Blondin¹, Nicole Wisener^{1,2}, Professor Simon Hatcher^{1,3,4}

¹The Ottawa Hospital Research Institute, Ottawa, Canada, ²University of Ottawa, Faculty of Medicine, Ottawa, Canada, ³University of Ottawa, Faculty of Medicine, Department of Psychiatry, Ottawa, Canada, ⁴Ottawa Inner City Health, Ottawa, Canada

Learning Objective: To highlight implications for suicide prevention opportunities with people who use opioids and present to hospital with an overdose.

Background: Contrary to predictions that suicide rates would rise during the COVID-19 pandemic, many countries observed rates that remained stable or decreased. In contrast, deaths from opioid toxicity increased in Canada by 88% in the year following the pandemic declaration. One hypothesis is that suicides involving opioids were misclassified as opioid overdose deaths. Limited research exists regarding the potential relationship between overdose and suicide. This study aims to compare characteristics of individuals who experienced a non-fatal opioid overdose during the pandemic and the year prior. We hypothesized that individuals who overdosed during the pandemic would have more emergency department visits for suicidal thoughts or behaviours and more history of mental health service contact.

Methods: This retrospective cohort study examined people who survived opioid overdoses in Ottawa, Ontario, to explore differences in mental health morbidity and mortality. The pandemic group included individuals who overdosed between March 16, 2020, and March 15, 2021, while the pre-pandemic group included those who overdosed between March 16, 2018, and March 15, 2019. Records were independently reviewed, with a random sample double-coded for verification. Extracted data included overdose details, demographics, medical/psychiatric history, and health service use the year following the index overdose.

Results: ED presentations for overdose decreased by 32.29%, from 192 cases in the pre-pandemic year to 130 cases during the pandemic year. Of the 192 pre-pandemic cases, 34% were female, 66% male, with a mean age of 37. Of the pandemic cases, 25% were female, 73% male, 1% trans-female, and 1% unidentified, with a mean age of 38. Suicidality and self-harm were rarely assessed, even among repeat visits, with patients often discharged within hours. Limited details were documented about events leading to the visit, and psychiatry and social work consultations were rarely initiated.

Discussion: The decrease in ED presentations for opioid overdose during the pandemic, despite rising opioid-related deaths, suggests shifts in healthcare utilization and patient help-seeking behaviours. Limited mental health assessments and suicide screening indicate missed opportunities for timely intervention for those experiencing opioid-related crises. These findings emphasize the need for better integration of mental health care in emergency settings to support individuals at risk of suicide.

14.2 Suicidal thoughts and behaviors (STB) among psychiatric patients at the emergency unit of a university hospital in Belgium (UZ Leuven). A twenty-year longitudinal follow-up.

Laura Van Eldere¹, Ronny Bruffaerts¹, Stephan Claes¹, Marc Sabbe¹

¹KU Leuven, Leuven, Belgium

Introduction: Suicidal thoughts and behaviors (STB) are a serious public health problem. Suicide prevention programs have been established over the years, but many people who are suicidal do not seek treatment, and when they do, they end up in low-threshold sectors such as the Emergency Department (ED) in general hospitals. Previous studies about STB at the ED are mostly narrative, rather than a data-driven approach and limited in sample size.

Objectives: This study examines psychiatric patients referred to the ED of a University Hospital (UZ Leuven, Belgium) over a 21-year period who died by suicide. It explores sociodemographic, clinical, and service use variables, along with referral patterns, time to death, and transitions within the suicidal spectrum.

Methods: Over a 21-year period (2002–2023), patients with a psychiatric referral to the Psychiatric Emergency Department (PED) of University Hospital Gasthuisberg (Leuven) (N = 26.687) were included, of whom 515 died by suicide. Descriptive statistics are used to summarize sociodemographic, clinical, and service use variables of the deceased patients. Additionally, the study analyzes referral timing, time until death, and transitions within the suicidal spectrum.

Results: Approximately 2% (N = 515) of the patients included in our dataset died by suicide. These patients had a total of 1,209 referrals, ranging from 1 to 38 per person. While 57% had a single referral, 43% experienced multiple referrals. The average interval between referrals was one year, with a median of three months. On average, the time from the last referral to suicide was 2.5 years, though 21% died within three months after their final discharge. Patients were often referred for the same complaint as in their previous visit. During their final referral, one in four patients had never received outpatient therapy.

Discussion: The findings highlight critical gaps in psychiatric emergency care and suicide prevention. The high proportion (57%) of patients with only one referral suggests missed opportunities for early intervention, while frequent re-referrals might indicate unresolved distress. The short median interval between referrals (three months) and the high post-discharge suicide rate (21% within three months) underscore the need for better follow-up care.

Patients were often referred for the same complaint, suggesting persistent issues. Alarming, one in four had never received outpatient therapy, indicating barriers to long-term care.

14.3 Beyond the Surface: Understanding Self-Harm Subgroups through Latent Class Analysis of Hospital-treated Patients and Their Prospective Health Outcomes

Researcher Busenur Kizilaslan¹, Professor Ping Qin¹

¹National Centre for Suicide Research and Prevention, University of Oslo, Oslo, Norway

Suicide and self-harm remain major public health challenges worldwide, with significant burdens. However, effective prevention and intervention efforts are often hindered by a lack of understanding of the diverse risk profiles among individuals. This study aims to address this gap by identifying distinct subgroups associated with deliberate self-harm (DSH) within the Norwegian population. Understanding these subgroups is crucial for designing tailored, group-specific interventions, improving care delivery, and optimizing the use of limited healthcare resources.

This study focused on individuals aged 10 and older who were treated for DSH in Norwegian general hospitals between 2008 and 2017 (N = 39 725), ensuring a one-year follow-up period for consistency. Latent class analysis was used to identify patient subgroups with two datasets. The first dataset, used for the main latent class analysis, captured each patient's first recorded self-harm episode as the index event. The second dataset, designed for validation, selected a random episode for each patient to ensure robust findings. Differences in DSH repetition and suicide across subgroups were assessed with logistic regression.

The analysis identified six distinct subgroups with varying risks for suicide and self-harm. Class 1 included older adults with physical health issues and fewer psychiatric visits. Class 2 comprised middle-aged individuals facing financial and marital difficulties, alongside a family history. Class 3 mostly consisted of young to middle-aged individuals, with 66% male—the highest proportion of males among all classes. All individuals in this group engaged in self-harm by injury, and this class had the highest recorded distribution of intentional self-harm (42.4%) and the highest risk of subsequent suicide (RR = 2.07; 95% CI, 1.38—3.11). Class 4 involved young adults without any mental health issues and comorbid psychiatric conditions. Class 5 included young adults, predominantly female (59%), with mental health issues and comorbid psychiatric conditions. This group were at highest risk for one repetition (RR = 2.75; 95% CI, 2.41—3.14) and more than one repetition (RR = 9.4; 95% CI, 6.81—12.96). Class 6 was composed of young to middle-aged immigrants (94.7%) with a history of parental loss but not parental suicide. The main and validation analyses showed strong consistency in class distributions (Adjusted Rand Index: 0.83), confirming the robustness of the findings.

Certain latent subgroups, defined by specific demographic, clinical, and social factors, are associated with an increased risk of repeated self-harm and suicide. These findings have the potential to inform follow-up treatment and targeted intervention for self-harming patients.

14.4 Co-designing recommendations to improve crisis line services for first responders: Results from a Canada-wide multi-methods study

Ms. Gisell Castillo¹, Dr. Chantalle Clarkin^{1,2}, – Thiya Rajaratnam¹, Fatima Ahmad¹, Angela De la Cruz¹, Susan Anderson¹, Matthew Charbonneau¹, Adam Crewdson³, Danielle Dubé^{4,5}, Max Gomez⁶, Chris Hargreaves⁸, Caitlin Tavares⁷, Yola Wolfgram¹, Dr. Allison Crawford^{1,2}

¹Centre for Addiction and Mental Health, Toronto, Canada, ²University of Toronto, Toronto, Canada, ³New Brunswick Community College, Saint John, Canada, ⁴Simon Fraser University, Burnaby, Canada, ⁵Richmond Fire Rescue, Richmond, Canada, ⁶Ontario Provincial Police, Orillia, Canada, ⁷Peel Region Paramedic Services, Peel, Canada, ⁸Toronto Police Service, Toronto, Canada

Learning objective: To evaluate recommendations, generated through participatory research, for improving crisis line services for first responders in Canada.

Background: Public Safety Personnel (PSP, including first responders) in Canada experience disproportionately high rates of mental distress and suicidal thoughts and behaviors. PSP mental health has critical implications for individual well-being and the effectiveness of emergency response systems. Crisis lines are an evidence-based public health intervention yet knowledge gaps remain regarding PSP crisis line use, barriers to accessing services, and the appropriateness of crisis line services for meeting PSP mental health needs. We explored these gaps in knowledge and co-designed actionable recommendations.

Methods: We conducted a Canada-wide study in three phases. Phase one involved reviewing de-identified crisis line interactions to identify patterns in service use and call outcomes to understand service efficacy for PSP. We then launched a national online anonymous survey to understand the crisis line needs, barriers, and preferences of PSP. Phase two involved exploring PSP experiences through in-depth interviews with those who have accessed or thought about accessing crisis lines, and those without crisis line experience who wished to share their views. We conducted focus groups with crisis sector staff to learn about desired training and resources for improving service delivery to PSP. Phase three focused on conducting co-design workshops to collaborate across sectors (i.e., with PSP, crisis line responders, researchers, and clinicians) to generate evidence-based recommendations and feasible strategies for improving crisis line services for PSP communities.

Results: Crisis line data indicated that PSP do contact crisis lines when experiencing suicidal behaviours. Survey data indicate that PSP prefer speaking with a crisis line responder who

understands their unique mental health needs, work context, and technical language. Interview data suggests that while some PSP experience multiple complex barriers to seeking and accessing crisis supports, including stigma and skepticism toward mental health services and crisis lines, others found existing services were valuable in moments of need. Data collection and analysis are ongoing. This presentation will report on overall study learnings with an emphasis on recommendations for improving crisis line services for PSP.

Discussion: Ensuring PSP can access crisis line supports that are equitable, evidence-based, and integrated within mental health systems is crucial to fostering a resilient public safety workforce. By co-developing solutions, this research will inform policy, service design, and training to support PSP mental health. Our work serves as an example that may be applicable across international contexts.

14.5 Withdrawn

14.6 Intersectional Crisis: Comparing the Complex Needs of 2SLGBTQIA+ and Culturally Diverse Individuals in Canada

Dr. Tara Collins¹, Dr. Monica Sesma-Vazquez¹, Melissa Mostert¹, Karen Lazaruk¹, Research Assistant Nasiha Fazal¹, Research Assistant Nathanael Hammond¹, Mr. Tristan McSwiney¹, Kendra Neeb¹, Practicum Student Elsie Ankowa¹, Practicum Student Shekih Sabrina Ahmed¹

¹University Of Calgary, Calgary, Canada

Learning Objective: Participants will be able to identify key strategies for improving crisis intervention training and service delivery to ensure accessibility, cultural safety, and gender affirmation for all individuals in crisis across Canada.

Background: Systemic discrimination contributes to higher rates of suicidal ideation among ethnoculturally diverse (Molock et al., 2023) and 2SLGBTQIA+ individuals (Ferlatte et al., 2020). Research indicates that ethnoculturally diverse individuals are less likely to seek mental health support due to language and cultural barriers, or the absence of culturally affirming practitioners (Salami et al., 2019). Many 2SLGBTQIA+ individuals hesitate to seek help, fearing a lack of understanding or encountering transphobia and homophobia (Lim et al., 2022). This lack of appropriate support exacerbates existing mental health disparities and worsens outcomes. While crisis hotlines have demonstrated general effectiveness, limited research explores how well these services meet the specific needs of ethnoculturally diverse and 2SLGBTQIA+ callers.

Methods: This presentation draws upon two concurrent qualitative studies utilizing semi-structured interviews conducted in 2024. The first study explored the experiences of 19 crisis responders supporting 2SLGBTQIA+ individuals. The second study examined the experiences of seven crisis service responders working with culturally diverse individuals and five stakeholders (managers, team leads, and trainers). Grounded in Intersectionality and Queer Theories, these interviews aimed to understand the unique needs of these populations and identify opportunities for service transformation.

Results: Findings from both studies reveal a significant gap in specialized training for supporting cultural, sexual, and gender diverse individuals. Existing training often focuses on generic Equity, Diversity, and Inclusion (EDI) content, lacking the depth and specificity needed for effective crisis intervention. Responders expressed anxieties around causing offense when interacting with 2SLGBTQIA+ callers, while language barriers and limited cultural understanding posed significant obstacles when working with culturally diverse callers. 2SLGBTQIA+ callers' primary concerns often revolved around misgendering and mistreatment, underscoring the need for gender-affirming

practices. Culturally diverse callers frequently faced stigma, fear of authority, and mental health literacy challenges, requiring culturally attuned approaches that address these specific concerns.

Discussion: This presentation will offer a range of recommendations for enhancing crisis support for 2SLGBTQIA+ and ethnoculturally diverse individuals. These recommendations will span from fundamental education on 2SLGBTQIA+ terminology and best practices to strategies for addressing the complex needs of individuals experiencing trauma related to discrimination, including interactions with law enforcement.

14.7 The association between loneliness and suicidal behavior among adolescents exposed to a relative or friend's suicidality: longitudinal analysis of the Add Health cohort

Ms Yongshi Liu¹, A/Prof Edouard Leane¹, Professor Alexandra Pitman¹

¹University College London, Maple House, 149 Tottenham Court Road, United Kingdom

Objective: Adolescents exposed to a peer or relative's suicidal behaviour are known to be at risk of suicidality and social withdrawal. It is unclear whether loneliness is a risk factor for suicidal behaviour in this group.

Method: We analysed data from 5,257 participants in the US National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine the longitudinal association between loneliness and suicidality (ideation and attempts) among adolescents exposed to the suicide or suicide attempt of a friend or relative.

Results: In adjusted models, loneliness was significantly associated with risk of suicidal ideation (OR=1.95; 95% CI 1.46, 2.61; p<0.001) and attempt (OR=1.63; 95% CI 1.05, 2.53; p=0.031), but these associations were non-significant after accounting for Wave I depression. Interaction tests suggested that the impact of loneliness on suicidal ideation was more pronounced at one-year follow-up than after 6–13 year follow-up.

Conclusion: These findings emphasise the need for targeted strategies to address loneliness in adolescents who experience the suicidal behaviour of a close contact, with a focus on proactive early intervention to reduce suicidality.

14.8 Disparities in experiences of distal minority stressors, mental distress, and suicidality among sexual and gender minority adults in the rural United States

Dr. Sarah Murray¹, Stephen Chen¹, Dr. Jennifer Glick³, Dr. Shoshanna Fine¹, Iaah Lucas², Mariah Valentine-Graves², Savannah Winter², Kirsten Siebach¹, Dr. John Mark Wiginton¹, Gina Bailey Herring², Thomas Waltz², Dr. Stefan Baral¹, Dr. Travis Sanchez²

¹Johns Hopkins University School of Public Health, Baltimore, United States, ²Emory University School of Public Health, Atlanta, United States, ³Louisiana State University School of Public Health, New Orleans, United States

Learning objective. Understand how the prevalence of discrimination, distress, and suicidality vary among LGBTQ+ populations of different genders across under-studied rural areas of the U.S.

Background. While disparities in suicidality are well documented among LGBTQ+ communities relative to their cisgender, heterosexual peers, research has predominantly focused on urban samples with greater access to resources. The Rural Explorations and Access to LGBTQ+ Mental Health study used online recruitment methods to enroll a diverse cohort of LGBTQ+ adults in the rural U.S. to study how suicidality and distal minority stressors vary across this heterogeneous population.

Method. A total of 1930 rural residents were recruited across five cohorts differentiated by gender (sexual minority cisgender women, sexual minority cisgender men, transgender women and transfeminine persons, transgender men and transmasculine persons, and non-binary persons). Participants completed a baseline survey between November 2023 and December 2024 and were classified by rurality: small metro (at least one urban area between 50,000 and 250,000 people), micropolitan (at least one urban area between 10,000 and 50,000 people), and noncore (no urban area over 10,000 people). We studied variation in distal minority stressors (adverse childhood experiences, traumatic events, intersectional discrimination); suicidality (ideation, intention and attempts); and, resilience by gender and rurality using chi-square tests and Fisher's exact tests.

Results. Gender minority participants reported higher levels of lifetime suicidal ideation (80% vs. 59%, $p < 0.001$), intention (43% vs. 26%, $p < 0.001$), and attempts (34% vs. 22%, $p < 0.001$) than cisgender participants. Transgender men reported the highest prevalence of lifetime suicidal ideation (85%), intention (48%), and attempts (43%). Gender minority participants reported more adverse childhood experiences (4.29 vs. 3.39, $p < 0.001$), traumatic events (5.0 vs. 4.2, $p < 0.001$), and discrimination (13 vs. 8, $p < 0.001$) than cisgender participants, with the highest prevalence among transgender men. In contrast, transgender men, transgender women, and cisgender women had higher resilience than cisgender men and non-binary participants ($p = 0.014$). Participants residing in noncore areas reported a higher prevalence of lifetime suicide attempts than those in small metro and micropolitan areas (34% vs 28% vs 28%, $p = 0.050$).

Implications. Suicidality was common among all LGBTQ+ participants, but gender minority participants reported worse suicide outcomes and greater distal minority stressors than cisgender sexual minority participants, with disparities more prominent for transgender men and transmasculine participants. A different pattern in resilience across populations demonstrates the importance of considering strength-based approaches to address suicide disparities for diverse populations while addressing the structural factors that shape minority stress.

14.9 Messages and notes left before self-harm: examining their immediacy, frequency, and link to suicidal intent

PD Dr med Stéphane Saillant^{1,2}, Professor Philippe Golay^{3,4}, Dr Alessandra Costanza^{5,6}, Dr Bénédicte Van der Vaeren⁷, **Dr Laurent Michaud**⁸

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One Learning Objective: To gain a better knowledge of the messages left by individuals who harmed themselves and to explore how these messages relate to the lethality of the act and the level of suicidal intent, in order to improve assessment and inform clinical care strategies

Background: Suicide is a significant public health issue globally. Self-harm (SH) are major risk factors for subsequent death by suicide. The messages left by people harming themselves provide us with important information about the mental state they are in, and help us to better identify the seriousness of their act, and possibly its intentionality. We aimed to describe and compare characteristics of individuals who self-harm and leave messages through various modalities (notes, electronic communications, oral statements) and assess the relationship between message type and suicidal intent and severity/lethality level.

Methods: Data were obtained from the French-speaking Swiss program for monitoring self-harm (ORTS), including 2341 episodes of SH presented by individuals aged 18 and older to emergency departments (EDs) in Lausanne, Geneva, Valais, and Neuchâtel. Sociodemographic and clinical data were analyzed using t-tests, Chi-Square tests, and Bayesian model comparisons.

Results: Of 2341 episodes, 1100 (47%) involved a message, while 1241 (53%) did not. Common messages were oral declarations (14.3%), SMS (7.3%), phone calls (6.4%), and letters (5.7%). No significant gender differences were observed. Intentionality and severity/lethality level was substantially higher for letters than for other messages. Individuals leaving letters were older and showed more frequently a clear suicidal intent (79.3%) compared to those leaving electronic messages (55.5%), oral statements (43.4%), or no messages (48.7%).

Discussion: Letters are associated with higher suicidal intent and severity/lethality level, whereas more immediate messages (such as oral statements and electronic communications) appear to be linked to lower suicidal intent and lethality. Understanding message modalities can aid in informing clinical care strategies. Further research should also explore, from a quality point of view, the content of these messages.

Oral #15 June 12th, 2025, 10.30am – 12.00noon

Chair: Karl Andriessen

15.1 “I can carry it in my pocket”: A qualitative study on youth and professional perspectives regarding digital tools for suicide prevention

Dr Elise Carrotte^{1,2}, Ms India Bellairs-Walsh^{1,2}, Professor Jo Robinson^{1,2}, Dr Eleanor Bailey^{1,2}

¹Orygen, Parkville, Australia, ²Centre for Youth Mental Health, The University of Melbourne, Parkville, Australia

Learning objective: Attendees will develop understanding of the facilitators and barriers associated with using and implementing digital tools for management of STBs in young people.

Background: Digital suicide prevention tools are heterogeneous, varying in format (including smartphone apps, Web platforms, and social media), formality, and degree of integration with clinical care. In recent years, meta-analytic evidence has demonstrated digital tools’ efficacy on reducing users’ suicidal ideation. However, despite increasing academic and clinical interest, challenges have been identified relating to implementation and successful integration within clinical services.

The objective of this study was to understand how young people with lived experience, and professionals, use and perceive digital tools for management of suicidal thoughts and/or self-harming behaviours (STBs).

Methods: This qualitative study was nested within a larger study which led to the development of guidelines for integrating digital tools into clinical care for young people experiencing STBs. Participants (N = 17) consisted of eight Australians with lived experience of STBs aged 18–25 years, and nine professionals with clinical or research expertise in digital interventions and youth suicidality across Australia, New Zealand, and Europe. Participants attended a semi-structured Zoom interview, and shared their experiences of using, designing and/or implementing digital tools with features designed to support users experiencing STBs. Transcripts were analysed using reflexive thematic analysis.

Result: Three overarching themes were generated: 1) bridging the gaps in support for STBs, 2) the user experience of navigating times of crisis, and 3) digital tool implementation: expectation versus reality. Additionally, five sub-themes were interwoven with these major themes: i) unique suicide prevention opportunities inherent to digital tools, ii) complexity of digital risk management, iii) privacy considerations around a stigmatised topic, iv) (perceived) low uptake by young people, and v) co-design to meet diverse needs and preferences.

Discussion: This study highlights that user-friendly, flexible, and personalised tools can provide a nuanced understanding of young people's STBs, inform individualised interventions, and provide real-time support. However, systematic issues include minimal evaluation data, lack of clinician training and high workloads, and concerns about identifying and managing suicide risk data outside of clinical settings; these factors can impact upon successful implementation, scaling and uptake by young people.

15.2 Gender-Sensitivity in Suicide Interventions: A Systematic Review

Ph.D. Candidate Hamide Merve Doğançay¹, Prof. Dr. Özgür Erdur Baker¹

¹Middle East Technical University, Department of Educational Sciences, Guidance and Psychological Counseling, Ankara, Turkey

Learning Objective: Participants will critically evaluate existing psychological interventions for suicide prevention through a gender-sensitive lens.

Background: Gender plays a crucial role in suicide worldwide. While common risk factors like unemployment are well-documented (Berkelmans et al., 2021), the gender paradox (Canetto & Sakinofsky, 1998) persists – women attempt suicide more often, men face higher suicide fatality (Miranda-Mendizabal et al., 2019). Gender shapes help-seeking behaviors (Schrijvers et al., 2012), contributing to the paradox maintenance. Suicide remains the third leading cause of death in young adulthood (WHO, 2024), which brings new developmental challenges and vulnerabilities (Auerbach et al., 2016; Duffy et al., 2019). Particularly university students, show high suicidal ideation (Chesin & Jeglic, 2022) and attempts (Sheldon et al., 2021), underscoring the need for targeted interventions.

Gender-sensitive mental health addresses how gender affects different aspects of life, and includes this understanding at every stage of care (Judd et al., 2009). To prevent suicide effectively, interventions should integrate this perspective. Therefore, this study explores how existing psychological interventions for university students include gender sensitivity, asking: Are psychological interventions for suicide prevention among university students gender-sensitive?

Methods: A PRISMA-guided systematic review (Page et al., 2021) was conducted. Eight academic databases (e.g., EBSCO, Web of Science) were searched without date restrictions. Quantitative/qualitative peer-reviewed articles/theses written in English detailing interventions utilized to prevent suicide in university students were included. Exclusions applied to non-academic publications, non-student populations, and studies lacking intervention details or suicide measures. Data was extracted following the Cochrane Collaboration checklist (Higgins & Green, 2008), with additional attention to gender sensitivity.

Result: Of 6.730 studies, 151 were identified for full-text screening after eliminating duplicates and title/abstract screening, and 26 met inclusion criteria. Notably, only 3 studies addressed gender-sensitivity. One study focused on a cognitive-behavioral and interpersonal group intervention for Korean female students (Kim et al., 2011). Another examined a stress management group intervention for Korean male students (Kim et al., 2016). The third explored a person-centered group intervention using bibliotherapy for suicide prevention among gay undergraduate students, tackling masculinity, heterosexism, and harassment (Perryman, 2011). Crucially, no studies discussed how to adapt non-gender-sensitive interventions to individuals' genders.

Discussion: This systematic review highlights an important gap in gender-sensitive suicide intervention. Notably, most studies were from Korea, suggesting that gender may have greater effects on suicidality in cultures with stricter gender roles. Lastly, the intersection of gender and other disadvantages can elevate suicide risk through multiple discrimination.

15.3 The safety plan as a tool for intervention in the emergency department: the viewpoint of care users and healthcare professionals.

Associate Professor Christine Genest^{1,2,3}, Medical resident Camille Brousseau-Paradis¹, Professor Jessica Rassy^{2,4}, Professor Nathalie Maltais^{2,5}

¹Université De Montréal, Montreal, Canada, ²Center for research and intervention on suicide, ethical issues and end-of-life practices, Montreal, Canada, ³Centre de recherche de l'Institut universitaire en santé mentale de Montréal, Montreal, Canada, ⁴Université de Sherbrooke, Sherbrooke, Canada, ⁵Université du Québec à Rimouski, Lévis, Canada

Learning objective : Understand how the safety plan, for suicide prevention, could be adapted to meet the needs of emergency service users

Introduction: Suicidal thoughts and behaviors are frequent reasons for ED visits, yet most ED health professionals lack the mental health expertise required to administer optimal care. This study evaluates the perception of care users and health professionals on the key components for a successful use of the Stanley-Brown safety plan which is a brief intervention to mitigate suicide risk, in EDs.

Method: A qualitative study using a descriptive interpretative design was then undertaken. Semi-structured interviews were conducted with 13 participants, 7 care users who had visited an ED for suicidality and 6 ED health professionals. Interviews' transcripts were coded and analyzed using a thematic analysis approach.

Results: Care users express how ED setting could be stressing and how they would like to be treated and they presented themselves with suicidal risk. Care users and health professionals' perspectives revealed five key recommendations for a successful use of the safety plan in EDs. 1) Participants' feedback underscored a variety of needs and opinion regarding safety planning. This diversity underlines the importance of adopting flexible approaches. 2) The importance of offering various formats for the plan and allowing care users to choose the one they prefer was also put forward. 3) To improve the intervention's efficacy, it was recommended, by care users and health professionals, avoiding completion of the safety plan during emotionally intense periods, such as on arrival at the ED. 4) While health professionals differed on who should administer the intervention in the ED, they agreed that responsibility should extend beyond mental health professionals to include all front line staff. 5) Considering care users' need for attentive care and health professionals' heavy workloads, it is crucial to maximize staff's limited time for interventions that empower patients, such as the safety plan.

Conclusion: The safety plan can improve the quality and efficiency of ED care by enhancing care users-health professionals communication that can minimize the stress experienced by patients in the ED. The safety plan can also provide care users with empowering tools. These results emphasize the importance of ongoing exploration of safety plans to better meet the complex needs of suicidal patients in EDs.

15.4 Changing interaction patterns among the wish to live and the wish to die signal the emergence of suicidal behavior

Professor Craig Bryan¹, Assistant Professor Melanie Bozzay¹, Jarrod Hay¹, Austin Starkey², Dr. Justin Baker¹

¹The Ohio State University, Columbus, United States, ²Louisiana State University, Baton Rouge, United States

Background: Existing suicide risk screening and detection methods are unable to reliably identify who will attempt suicide or when. Recent conceptual and empirical work implicate the potential value of risk detection methods informed by complex dynamical systems theory (Bryan et al., 2020). According to this view, suicidal behavior occurs when people transition from low-risk states to high-

risk states. Analyzing patterns of interactions among the variables that govern system behavior can reveal transition points between discrete states. Variables with opposing functions are especially useful for understanding system dynamics because these variables counteract one another, promoting system stability. Analyzing temporal patterns among the wish to live (WTL) and wish to die (WTD), two competing motives that, respectively, resist and promote suicidal behavior, could reveal valuable clues about who will attempt suicide and when.

Method: 80 adult clinical trial subjects reporting past-month suicidal ideation and/or suicidal behaviors at baseline rated their WTL and WTD at the beginning of weekly outpatient therapy sessions. Multilevel dynamical systems modeling and eigenvalue analyses were used to compare temporal patterns between patients who attempted suicide and did not attempt suicide and, among patients who attempted suicide, compare temporal patterns before, during, and after self-reported suicide attempts.

Results: Nineteen (24.4%) participants reported 33 suicide attempts during therapy. Therapy sessions were separated by a median of 7 days; 85% of sessions were separated by less than 2 weeks. Temporal patterns among patients who did not attempt suicide showed high stability and balance between WTL and WTD. Before the first suicide attempt, patients who attempted suicide took longer to stabilize than non-attempters, with session-to-session change being dominated by changing WTD. During suicide attempts, overall stability was reduced and change was dominated by changing WTL. After the last suicide attempt, oscillations emerged, meaning change cycled back-and-forth between WTL and WTD.

Conclusions: Unique temporal patterns, especially slowed stabilization, may differentiate patients who will attempt suicide during treatment. Temporal patterns change markedly after a suicide attempt, suggesting the emergence of suicidal behavior corresponds to a transition between discrete suicide risk states. Understanding differences in temporal patterns among patients who attempt suicide could lead to improved risk detection methods. Different types of interventions may be warranted at different points in time to maximize their effects on reducing suicidal thoughts and behaviors.

15.5 Current status and challenges of support for suicide attempters in emergency medical centers: based on data from the Japan registry of self-harm and suicide attempts

Mr Yudai Iwama¹, Mayumi Hangai¹, Satoshi Kobayashi^{1,2}, Yoshiharu Fukuda³, Chiaki Toida⁴, Tomoyuki Yamashita⁵, Satoshi Hashimoto⁶, Mr. Yasuyuki Shimizu¹, Yasufumi Miyake⁷

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Learning Objective: To clarify the current status of support for patients with suicide attempts in Japanese emergency medical centers.

Background: Self-harm and suicide attempts are one of the major reasons for emergency visits in Japan. Support for suicide attempters in medical settings is extremely important from the perspective of preventing re-attempts. Although psychiatric intervention and coordination with other support institutions are recommended, the implementation status of these measures is unclear.

Methods: We analyzed 1,362 cases with known outcomes out of 1,987 cases registered in the JAPAN Registry of Self-harm and Suicide attempts (JA-RSA) from December 2022 to December 2023 across 44 participating institutions, which represent 14% of all emergency medical centers in Japan. The main evaluation items were the implementation of psychiatric consultations and coordination

with support institutions. We also analyzed the association between these support measures and patient characteristics (such as sex, age, history of self-harm or suicide attempts, method of the current injury, and severity) using a mixed-effects model that adjusts for facility-level variations.

Results: Among the 1,362 cases analyzed, the majority were female (942 cases, 69%), and the most common age group was the 20s (453 cases, 33%). The outcomes were hospitalization in 1,067 cases (78%), discharge in 237 cases (17%), and transfer in 58 cases (4%). Psychiatric consultations were conducted in 1,086 cases (80%), and coordination with other institutions was carried out in 959 cases (70%), with both measures being implemented in 796 cases (58%). Preliminary analysis suggests that patients with psychiatric history were more likely to receive support measures compared to those without history (odds ratio 2.0, $p < 0.01$). Further detailed results will be presented at the conference, including data up to December 2024, which will increase the number of cases to approximately 4,500.

Discussion: This study demonstrated the current status and the gap in support for suicide attempters in Japanese emergency medical settings. To address this issue, it is essential to identify and overcome the barriers for medical centers to implement the support measures. Future research should focus on identifying specific factors that hinder the implementation of support and developing targeted interventions to address these barriers. By enhancing the support provided to suicide attempters, we can contribute to reducing the risk of re-attempts and ultimately save lives.

15.6 Minplan — an app-based safety plan: a randomized controlled trial.

Michella Heinrichsen¹, PhD Charlotte Mühlmann¹, PhD Julie Lyng Forman², PhD Kate Aamund¹, Msc Malene Grundahl³, Professor Niels Buus⁴, Prof. Merete Nordentoft¹, Dr Annette Erlangsen¹

¹Danish Research Institute for Suicide Prevention, Mental Health Centre Copenhagen, Copenhagen, Denmark, ²Section of Biostatistics, Department of Public Health, University of Copenhagen, Copenhagen, Denmark, ³Suicide Prevention Clinic, Copenhagen, Denmark, ⁴Department of Public Health, Aarhus University, Aarhus, Denmark

Learning objective: Attendees will gain insights on safety plans and efficacy of an app-based safety plan for patients at risk of suicide.

Background: Individuals with after self-harm or severe suicidal ideation are at elevated

risk of (repeated) self-harm and suicide. Suicidal ideation fluctuates over time and is challenging to predict. A safety plan can assist at-risk individuals with developing helpful coping strategies and reaching professional assistance when in need. The aim of this study was to investigate whether a newly developed app-based safety plan, Minplan (Myplan) is more effective at reducing suicide ideation and related symptoms when compared to a paper-based safety plan.

Data and methods: The trial was designed as a two-arm observer-blinded, parallel-group, randomized clinical superiority trial. In addition to standard therapeutic care, participants were randomized to either: 1) the intervention, i.e. an app-based safety plan (Minplan), or 2) Treatment as Usual, i.e. a safety plan provided on paper. Participants were recruited from the Danish Suicide Prevention Clinics and other clinical settings. The primary outcome was a 2.5-point reduction in suicide ideation after 12 months measured using the Beck Scale for Suicide Ideation (BSS). Answers to questionnaires were collected electronically at 3, 6, 9, and 12 months after date of inclusion. The analyses are on-going, and the blinding is still in place. The two arms are therefore referred to as intervention arm A and B.

Results: A total of 365 participants were enrolled, 199 (54.5%) participants were allocated to intervention arm A and 166 (45.5%) to intervention arm B. Most participants were recruited from the Suicide Prevention Clinics (74.8 %), with a mean age of 31.7 years (SD: 11.86). Almost half, 48.5 %, had a history with psychiatric hospitalization. At 6-months of follow-up, 213 (58.4 %) participants

responded to the follow-up questionnaires, while 183 (50.1%) participants responded after 12-months. The average BSS-score decreased from 10.7 to 8.4 for group A, and from 11.6 to 8.7 for group B. The mixed model analysis is currently being conducted, and the final results will be available at the time of the conference.

Discussion: A safety plan is an obligatory part of the treatment in the Suicide Prevention Clinics in Demark. Yet, the effectiveness of an app-based vs paper-based safety plan has not previously been assessed. Preliminary results suggest that an app-based safety plan is not less effective in reducing suicide ideation than a paper-based safety plan.

15.7 Comparing the Impacts of Crisis Response Plan and Safety Plan Use in Real Life on Key Clinical Outcomes

Assistant Professor Melanie Bozzay¹, Dr Xiaoxuan Cai, Jiaxin Chen, Dr. Samantha Daruwala, Dr. Nicholas Allan, Dr. Lauren Khazem, Dr. Heather Wastler, Annabelle Bryan, Professor Craig Bryan

¹The Ohio State University Wexner Medical Center, Columbus, United States

Learning Objective: Attendees will be able to describe differences in clinical outcomes for different types of safety planning type-interventions.

Background: Suicidal crises can occur when a clinician is not available to intervene, complicating efforts to reduce suicides. Safety planning-type interventions, including the Crisis Response Plan (CRP) and the Safety Plan (SP), were developed to provide patients with the self-regulation skills to manage their suicide risk in daily life. The CRP and SP have similar components. However, they differ in how the plans are created (i.e., CRP requires a collaborative narrative assessment of a recent suicidal crisis) and in when they recommend patients use their plans (i.e., prior to (CRP) or during (SP) a high-risk state), factors which could impact patient experiences. This study examined whether frequency of CRP and SP use is associated with key clinical outcomes (suicide ideation, affect).

Method: Participants were 116 military personnel in a randomized clinical trial comparing the effectiveness of CRP versus SP during massed trauma therapy. Participants completed ecological momentary assessment surveys (4x/day for 14 days) assessing their current positive and negative affect, suicidal ideation, and daily frequency of use of their CRP or SP. Generalized linear mixed-effects models were used to examine whether treatment group (CRP or SP) moderated the association between plan use frequency and our outcomes (suicidal ideation, positive affect, negative affect).

Results: Participants did not differ in their frequency of use of the CRP or SP. Treatment group moderated the relationship between plan use frequency and odds of suicidal ideation ($\beta = -0.373$, $p < 0.001$). When participants used plans more frequently than their average, they reported lower suicidal ideation in the CRP versus SP group. More frequent plan use was linked with higher positive affect in the CRP group versus the SP group at the within-subject level ($\beta = -0.024$, $p < 0.05$). There were no significant moderating effects for negative affect models.

Conclusions: This study is the first to examine how momentary use of CRP and SP relates to key clinical outcomes in the real-world. We linked more frequent CRP use with lower risk of suicidal ideation and greater positive affect compared to SP, which may be reflective of the “prophylactic” CRP approach to interrupt a cascade to high suicide risk. This difference may account for findings that CRP leads to faster reductions in suicidal ideation than SP. Results have critical implications for implementation of safety planning-type interventions.

15.8 Home Alone: How Location and Social Context Shape Suicidal Ideation

Assistant Professor Melanie Bozzay¹, Rogers M, Tran J, Bryan A, Bryan C

Affiliations

¹The Ohio State University Wexner Medical Center

Learning Objective: Attendees will be able to describe how different contexts are related to suicide risk.

Background: Suicidal crises can occur suddenly, triggered by specific events or contexts. Although clinicians have long understood that patients may be more likely to experience risk in particular contexts, research has focused almost entirely on identifying how internal (i.e., affect), rather than external, contexts may signify suicide risk. Being in particular personally-relevant locations (i.e., home, work) has been linked with suicidal ideation (SI). This study examines whether patients with particular patterns of life (i.e., proportion of time spent in particular locations) or within particular contexts (i.e., social context, activity context) are more vulnerable to SI.

Method: Participants were 116 military personnel completing massed trauma therapy. Participants completed ecological momentary assessment surveys (4x/day for 14 days) assessing their current location, social context (alone/with others), current activities (responsibility, self-care, and entertainment), and SI. A generalized linear mixed model examined associations between the proportion of time spent in each location and the likelihood of reporting SI. General linear mixed models examined associations between momentary location and SI severity, and whether social or activity contexts moderated this relationship.

Results: Participants who spent a greater proportion of time at home were more likely to report SI during any given prompt than those who spent a greater proportion of time at work, at a hospital/medical clinic, or another outside-the-home location. There was an interaction between current location and social context, but not activity, in predicting SI severity. Those who were at work/school and with people tended to report more severe SI than those who were at home and alone. However, there was also a main effect for location in this model, such that participants reported more severe SI if they were at home versus at work or school.

Conclusions: Results suggest that spending a larger proportion of one's time at home is a behavioral marker of SI severity, and that one's social context in particular locations can be relevant for understanding when patients are more vulnerable to experiencing SI. These patterns of life and contexts may be more readily identifiable, objective proxies for factors that drive suicide risk — such as the changes in behavioral patterns and disengagement that are thought to be warning signs for suicide, and social stressors. These findings have critical implications for research efforts to identify objective markers of risk and for management of suicide risk.

15.9 Can repetitive self-harm be conceptualised as an addictive behaviour?

Miss Lianne Dhalla¹, A/Prof Edouard Leune², Dr Millie Witcher³, Dr Jennifer Heath⁴, Prof Sally Marlow⁵, **Dr Sarah Rowe**¹

¹University College London, London, United Kingdom, ²Centre Hospitalier Le Vinatier, Bron, France, ³East London NHS Foundation Trust, London, United Kingdom, ⁴University of Hertfordshire, Hatfield, United Kingdom, ⁵King's College London, London, United Kingdom

Learning Objective: To understand the extent to which self-harm can be conceptualized as an addictive behaviour by examining evidence across neurobiological, cognitive, psychological, behavioural, and social domains.

Background: The Addictive Model of Self-Harming suggests that repetitive self-harm and suicidal behaviour may share common features with substance addictions, including compulsivity, escalation, tolerance, and impaired emotional regulation. This raises the possibility that self-harm could be

conceptualised and classified as an addictive behaviour. Although some evidence suggests that self-harm shares characteristics with addictive behaviours, these findings are varied and contested. No published systematic review has addressed this aspect to date. This systematic review aims to evaluate the extent to which self-harm can be conceptualized as an addictive behaviour

Methods: Five databases and grey literature were searched between March 1, 2024, and April 1, 2024 and updated in October, 2024. We included studies with individuals aged 10 years and older who engaged with repetitive self-harm behaviours and included outcome measures relevant to addictive behaviours. We excluded studies solely focused on comorbid self-harm and substance use or impulse control disorders. The Joanna Briggs Institute Critical Appraisal Checklist was used to assess the risk of bias. We used a narrative convergent synthesis approach to integrate qualitative and quantitative findings.

Results: Twenty-three articles published between 1988 and 2024 were included, primarily from high-income countries. Findings across neurobiological, cognitive, psychological, behavioural, and social domains support self-harm as an addictive behaviour, with similarities in most of the criteria of addictive behaviours such as preoccupation with the behaviour, mood modification, loss of control, increased engagement or tolerance, persistence despite negative consequences, withdrawal symptoms, relapse, and the prolonged duration of symptoms.

Discussion: The evidence suggests self-harm shares features of addictive behaviours. The addictive framework may provide valuable insights into the compulsive nature of self-harm and offer new opportunities for tailored interventions, including addiction-based treatment models. However, caution is advised against over-pathologizing self-harm and misapplying addiction models, emphasising the need for tailored interventions addressing self-harm's complex, multifaceted nature.

Oral #16 June 12th, 2025, 10.30am – 12.00noon

Chair: Nikolaj Hoier

16.1 Advancing community suicide prevention training research

Dr. Peter Gutierrez¹

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Describe what outcomes should be measured to determine that community helper training is effective.

There is ample evidence to support that gatekeeper training programs are efficacious; program learning outcomes have been shown to be met across wide cross sections of learners in multiple settings and countries around the world (Spafford, Silverman, & Gutierrez, 2024). What is lacking is sufficient evidence that these community helper training programs (current preferred term) are effective — that they have a measurable impact on helper behaviors and positive outcomes for people experiencing thoughts of suicide. Very few studies ever examine helper behaviors (e.g., Gould et al., 2013) and those that have are constrained by brief follow-up periods (Cross et al., 2017). And no studies have been able to gather data from the recipients of the community helper interventions to directly measure impact.

LivingWorks community helper training programs were made available to citizens in two states in Australia via separate state-funded initiatives. In the state of Victoria, 431 completed LivingWorks safeTALK training and 397 completed ASIST. Residents of New South Wales also completed LW Start training as well. Details of that evaluation are embargoed pending acceptance of the final evaluation report by the funder but should be available well in advance of the conference. Routine pre-/post-training survey data were analyzed to assess program learning outcomes across both states. One-

month follow-up data in Victoria and three-month follow-up data in New South Wales on delivered interventions were collected by independent university-based research teams.

Significant increases in knowledge about suicide, self-efficacy to intervene with someone experiencing thoughts of suicide, and willingness to intervene were demonstrated in both states. Follow-up data indicated that between 30–60% of learners used their newly acquired intervention skills at least once after completing training.

These program evaluation data provide preliminary evidence that not only are LivingWorks programs efficacious in preparing community helpers to intervene with people experiencing thoughts of suicide, but also effective. Trained helpers use the skills they have learned to directly support increased suicide safety in their communities. We have also shown that it is feasible to collect behavior change data and that these data can fill crucial knowledge gaps regarding how community helpers use their training. Future research on LivingWorks programs and gatekeeper training in general should utilize designs focused on effectiveness and implementation factors.

16.2 Randomised controlled trial of an online mental health and suicide gatekeeper resource for parents and caregivers

Professor Alison Calear¹, Dr Sonia McCallum¹, Dr Dominique Kazan¹, Associate Professor Michelle Torok², Associate Professor Aliza Werner-Seidler², Prof Bridianne O'Dea³, Dr Alyssa Morse¹, Associate Professor Louise Farrer¹, Professor Fiona Shand², Professor Phil Batterham¹

¹The Australian National University, Canberra, Australia, ²Black Dog Institute, Sydney, Australia, ³Flinders University, Adelaide, Australia

Learning Objective: To understand the effectiveness and utility of a mental health and suicide gatekeeper resource for parents and caregivers for improving the care of young people experiencing suicidal distress.

Background: Rates of help-seeking for suicidal thoughts, suicide attempts, and mental disorders are low among children and adolescents. Parents are often the facilitators of care for young people, yet they may not have sufficient knowledge and skills to identify mental health needs or suicide risk in their child or facilitate their access to services. The aim of this trial is to test the effect of a new mental health and suicide gatekeeper resource for parents and caregivers on participant self-efficacy to recognise, respond and access support for their child, as well as their perceived mental health and suicide knowledge and stigma.

Methods: The “Recognise, Respond and Support — A Parent’s Guide to Youth Mental Health” resource was developed around the needs and experiences of Australian parents/caregivers. Parents and caregivers with a child aged 5–17 years participated in a two-arm randomised controlled trial (n=511) comparing the new online resource to a wait-list control condition. Participants randomised to the intervention condition were provided access to the online resource for four weeks. All participants completed a pre-intervention, post-intervention, and 12-week follow-up survey assessing self-efficacy, perceived mental health and suicide knowledge and stigma.

Result: At post-intervention, there was a significant effect of the intervention condition on mental health self-efficacy (Cohen’s $d = 0.24$, $p = 0.047$), suicide and self-harm self-efficacy ($d = 0.25$, $p = 0.045$), perceived mental health knowledge ($d = 0.52$, $p < 0.001$), perceived suicide and self-harm knowledge ($d = 0.57$, $p < 0.001$), and suicide and self-harm stigma ($d = 0.29$, $p = 0.024$). No significant effect was found for mental health stigma ($d = 0.25$, $p = 0.056$).

Discussion: The Recognise, Respond and Support — A Parent’s Guide to Youth Mental Health is an effective resource that addresses a clear unmet need for parents and caregivers. The resource showed positive effects on self-efficacy, perceived knowledge and stigma, with stronger effects evident for suicide and self-harm. Providing parents and caregivers with the knowledge and skills to

support the mental health of their children is likely to facilitate more timely and effective care for young people experiencing suicidal distress.

16.3 Withdrawn

16.4 Suicide prevention training in older men: A cluster randomized controlled trial of the Conversations about Suicide course in Australian Men's Sheds

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Learning Objective: To explore the impact of a suicide gatekeeper training program in older men.

Background: Suicide is a major public health problem and older men have high suicide rates relative to other ages. There is a major gap in our understanding of how to improve suicide prevention knowledge and skills as a potential pathway for reducing suicide risk in this group. This study aimed to evaluate the efficacy of a suicide prevention training course in a community sample of older men.

Methods: We conducted a cluster randomized controlled trial evaluating the Mental Health First Aid Conversations About Suicide course, which teaches community members to recognise when someone is experiencing suicidal thoughts and how to provide appropriate support. Australian Men's Sheds were randomized to the course or a waitlist control and all male Shed members were eligible to participate. Men's Sheds can be found in countries around the world and provide a communal space for mainly older men to meet, socialise, learn new skills and take part in practical activities with other men. The primary outcome was intended support towards a suicidal person, measured at baseline, one-month follow-up and seven-month follow-up, analysed by intention to treat. This trial is registered with ANZCTR, ACTRN12621000756820.

Results: Between 14 July 2021 and 27 September 2023, 20 Men's Sheds clusters were recruited and randomized: 10 (50%) to the intervention and 10 (50%) to the control, but one intervention cluster withdrew before participant recruitment. Following exclusion of participants who did not provide data or withdrew consent, 261 participants were included: 92 in the intervention group and 169 in the control group. The mean age of participants was 71.6 years (SD 8.8). For the primary outcome of intended actions to support a suicidal person, the intervention group showed a larger improvement than the control group on recommended actions at 1-month follow-up (4.42 [95% CI 3.19– 5.64]; $p < .001$) and 7-month follow-up (3.31 [2.06–4.57]; $p < .001$). For non-recommended actions, the intervention group showed small, non-significant reductions at both timepoints relative to the control (1-month follow-up: -0.48 [-1.20–0.24], $p = .192$; 7-month follow-up: -0.58 [-1.32–0.16], $p = .125$).

Discussion: Delivering the Conversations about Suicide course in Men's Sheds could be effective in improving the suicide prevention skills of older men in the community.

16.5 A survey of suicide prevention skills among community members in Chile and Argentina

Associate Professor Amy Morgan¹, Mr Martín Agrest², Dr Esteban Encina-Zúñiga³, Professor Nicola Reavley¹

¹University of Melbourne, Melbourne, Australia, ²Proyecto Suma, Buenos Aires, Argentina, ³Universidad de Chile, Santiago, Chile

Learning Objective: To understand the suicide prevention skills of a general public sample of adults from Chile and Argentina.

Background: Interventions to improve suicide prevention skills in the general public aim to combat prevalent suicide myths and increase skills in providing effective support. Studies in English-speaking high-income countries have observed poor suicide prevention skills in community members, but there is less research in middle-income countries. This study aimed to assess the suicide prevention skills of Spanish-speaking adults in Chile and Argentina.

Methods: We recruited a general population sample of 504 adults from Chile and Argentina plus 50 adults who had undergone a pilot program of Mental Health First Aid (MHFA) training. Participants completed an adapted version of the Mental Health Support Scale (MHSS) for Chile and Argentina, which measures support skills for a person developing a mental health problem or crisis. All participants completed the Intended version of the MHSS, which assesses intended action if someone close to them developed a mental health problem. Participants also completed a Provided version of the MHSS if they had known someone close to them with a mental health problem or crisis in the past 12 months.

Results: Half (49.8%) of the general public sample responded they would ask about suicide but only a third (34.5%) would ask about a plan for suicide if they suspected a person close to them was thinking about suicide. Two-thirds indicated they would use the not recommended actions of trying to convince them suicide was wrong or that it would hurt their family and friends. Participants who had undergone MHFA training showed significantly better suicide prevention skills (Cohen's $d \geq 0.93$). 224 participants completed the Provided version of the Mental Health Support Scale, and 100 of these had supported someone they suspected was thinking about suicide. As for intended support, suicide prevention skills were mixed: 67.0% had asked about suicidal thoughts, but only 39.0% asked if they had a plan for suicide. Most participants engaged in not recommended forms of support, by trying to make them understand that suicide is wrong (78.0%) and telling them how much suicide would hurt their family and friends (75.0%).

Discussion: We observed sub-optimal suicide prevention skills in our study. Interventions to improve suicide prevention skills in Chile and Argentina may be an important component in reducing the suicide rate in these countries.

16.6 RedOPA System: Transforming Mental Health Care and Suicide Prevention in Educational Communities

Tamara Otzen^{1,2}, Katherina Palma-Millanao², Gabriel Epuyao^{1,2}, Valentina Leal¹

¹Universidad De La Frontera, Temuco, Chile, ²Fundación para la Prevención del Suicidio OPA, Temuco, Chile

RedOPA System: Transforming Mental Health Care and Suicide Prevention in Educational Communities

Learning Objective: To understand how the RedOPA system, validated through the Delphi methodology with experts, in-depth interviews with officials, focus groups, and student surveys, contributes to comprehensive mental health care and suicide prevention in educational communities.

Background: Suicide remains one of the leading causes of death worldwide, with a particularly alarming trend in the La Araucanía region of Chile. In response to this situation, the RedOPA system, developed since 2018 with funding from CORFO (code 18IS9-98272), aims to transform mental health care in educational communities. The system focuses on the early identification of suicide risks, the enhancement of mental health literacy, the promotion of community events, and referrals

to emergency services. This system is built around a theoretical model integrated into a mobile application for the community and a web-based administration platform used by mental health professionals.

Methods: Between 2020 and 2024, the RedOPA system was evaluated in high school communities in the La Araucanía region of Chile, with positive results, including a significant reduction in suicide risk and improvements in perceived emotional well-being. In 2024, the system began its adaptation for university populations, utilizing the Delphi methodology with experts, in-depth interviews with officials, focus groups, and student surveys.

Results: The Delphi methodology with 17 mental health experts showed over 80% agreement on each of the components of the RedOPA model and the warning signals. The 20 in-depth interviews conducted with officials showed over 95% agreement on the system components. Results from the focus groups and student surveys are expected to be available in April 2025.

Discussion: RedOPA represents a comprehensive solution that combines technology with the strengthening of community capacities, empowering students, teachers, and families to act preventively. In addition to the early identification of suicide risks, the system promotes mental health literacy, referral to specialized services, the promotion of well-being events, and active participation within the educational community. The RedOPA system proposal addresses the need for a more integral and sustainable model for mental health care, especially in the face of limited access to specialized services and the stigma surrounding mental health disorders.

16.7 The relationship between Non-suicidal Self-injury and cultural variables in a New Zealand sample

Mrs Sahina Hossen¹, Dr Marc Wilson¹

¹Victoria University Of Wellington, Wellington, New Zealand

Learning Objective: To understand the relationship between NSSI functions and cultural variables among undergraduates.

Background: Non-suicidal Self Injury (NSSI) being one of the strongest predictors of Suicide has been widely researched in Western, predominantly individualist countries, like North America, Europe, Australia and New Zealand. NSSI may serve a variety of intrapersonal or interpersonal functions. However, very little research has been conducted to understand the relationship between NSSI functions and cultural variables such as individualism/collectivism.

Method: Study 1A: 4300 undergraduate University students (Mean age 19.3 years, 72% female) in New Zealand, completed the Deliberate Self Harm Inventory (DSHI: Gratz, 2001), assessing NSSI engagement, and part of the Inventory of Statements About Self-injury (ISAS: Klonsky & Glenn, 2009) to assess intrapersonal and interpersonal NSSI functions. We calculated scores for culture-level variables for participant's birth nations using Hofstede's 6 Cultural Dimensions (Hofstede, 1984).

Study 1B: 567 undergraduate students (Mean age 19.3 years, 74% female) completed DSHI and ISAS (as above) as well as the Horizontal and Vertical Individualism Collectivism Scale (Triandis & Gelfand, 1998) to indicate their self-reported horizontal and vertical individualism and collectivism.

Results: Study 1A: Individual endorsement of Intra-Personal functions was significantly correlated only with birth nation Uncertainty Avoidance ($r = -.04$, $p < .05$). Power Distance ($r = .07$, $p < .01$ and Long-Term Orientation ($r = .03$, $p < .05$) were positively correlated with inter-personal functions when Intra-personal functions were partialled out, while individualism, masculinity, uncertainty-avoidance and indulgence were negatively correlated with interpersonal functions when intra-personal functions were partialled out (all r 's $-.02$ to $-.87$ to p 's $< .05$). Gender moderated some of these relationships.

Study 1B: NSSI engagement was positively correlated with Horizontal Individualism ($r = .18, p < .01$) and negatively correlated with Vertical Collectivism ($r = -.08, p < .05$).

Discussion: These novel studies found that NSSI engagement and functions may vary based on people's cultural orientations of their birth nation (Study 1A) and levels of personal endorsement of horizontal and vertical collectivism, and horizontal individualism (Study 1B). At the least, these results suggest we should not assume that NSSI engagement and functions are consistent across cultures. While Study 1A includes a large sample of people with NSSI history, the relationships between birth nation cultural variables and NSSI is likely attenuated depending on time since migration, yet we have no information about migration history to test this.

16.8 Mental health first aid program for depression and suicidal behavior in Slovenia — results of a pilot study

Dr Saska Roskar¹, Msc Alenka Tančič Grum¹, Ba Domen Kralj¹, Mrs Danijela Cutura Sluga¹, Ba Nina Ropret¹, dr Maja Roškar¹, Mrs Janja Milič¹

¹National Institute of Public Health, Ljubljana, Slovenia

Background: Mental health first aid program is designed for lay gatekeepers. The program aims to improve (i) knowledge about mental health conditions and related crises, (ii) competencies to approach a person in mental distress and (iii) competencies to offer help. In Slovenia we have developed and implemented the educational modules for mental health first aid for depression, suicidality and hazardous alcohol use. The learning objective of this presentation is to present the results of a pilot study on the modules for depression and suicidality.

Methods: Between September 2023 and December 2024, we conducted 8 workshops, performed in small groups (up to 25 individuals). 145 participants (80% women) participated. Each session lasted 6 hours, comprising of a theoretical and a practical part. In the practical part, participants were presented with a depressive/suicidal case vignette and performed a role play. We evaluated the program at three different time points – 1 week prior to the education (T1), right after the education (T2) and three months afterwards (T3). The outcome variables were self-rated competencies to offer help to someone with a depression/suicidal crisis and behavioral intention to apply the newly gained knowledge. The results were analyzed via ANOVA for repeated measures, Wilcoxon and Friedman's test.

Results: ANOVA revealed significant differences in both self-rated competencies to offer help to a person with depression ($F(2, 42) = 15.32, p = 0.000$) and suicidal crisis ($F(2, 42) = 22.99, p = 0.000$) in that the self-rated competencies were higher after the education. Post hoc analysis showed that significant differences occurred between T1 and T2 (depression, $p = 0.002$; suicidality, $p = 0.000$), T1 and T3 (depression, $p = 0.001$; suicidality, $p = 0.001$), but not so between T2 and T3. Behavioral intention to offer help to someone with depression increased after the education ($Z = -2.841, p = 0.015$), while no statistically significant differences were observed in behavioral intention to offer help to someone in suicidal crisis ($\chi^2(df=2, N = 22) = 1.59, p = 0.452$).

Discussion: It seems that the program beneficially addresses the initial knowledge gap which effects the self-rated competencies to offer help to someone. It's encouraging that there seems to be a sustainable effect after three months. The finding that despite increased self-rated competencies there weren't any changes in the behavioral intention to help someone in suicidal crisis implies that other more subtle factors might be at play.

16.9 Efficacy of LivingWorks Start Online Community Helper Training

Jetta Hanson¹, Ryan Clark¹, Dr. Peter Gutierrez^{1,2}, Randy Head¹

¹LivingWorks, Calgary, Canada, ²Florida State University, Tallahassee, United States

Learning Objective: Attendees will be able to explain how LivingWorks Start impacts learners' confidence to connect those experiencing thoughts of suicide with appropriate further support; and how prior training and the recency of training influence changes in learner outcomes.

Background: LivingWorks Start online training was developed to help learners recognize when someone may be thinking about suicide, respond empathetically, and connect individuals to appropriate resources. Like other community-based helper trainings, learners' prior experiences and training recency may influence their outcomes. Our study analyzes quality assurance data to explore how training history impacts changes in learners' perceived confidence from pre- to post-training. We hypothesize that participants with less prior or more recent training will demonstrate the greatest improvements, while those with extensive or older training may show smaller changes.

Methods: We analyzed pre- and post-training survey data from 44,003 participants who completed LivingWorks Start between December 2022 and December 2024. Both surveys asked the same four questions rated from 1 (strongly disagree) to 4 (strongly agree) to assess confidence in recognizing signs someone maybe having thoughts of suicide, engaging in conversations, providing help, and knowing resources. Sub-analyses examined how prior training and experience influenced results.

Results: Overall, 79.2% of participants experienced improvement in confidence after completing the online training. Average confidence score increased from 3.11 to 3.69, reflecting an 18.6% improvement ($p < 0.05$). This increase was consistent across all four outcomes.

When looking at how prior training experience impacts confidence, participants with no prior training saw the greatest improvement in confidence, with a 14% higher average gain across all outcomes compared to those with more hours of prior training. Examining recency of training, participants with no previous training saw the greatest improvement in confidence, with a 10% higher average gain across all outcomes compared to those receiving training within the last year. Even those with recent or extensive training showed meaningful improvements with an average increase of 9.81% across all outcomes.

Discussion: The overall efficacy of Start is demonstrated by the significant, consistent improvements across all four key outcomes, indicating that the program adds value regardless of prior training. While the largest gains were among those with no prior training, participants with previous or recent training also benefited. These findings suggest that the program is effective at enhancing confidence across all levels of experience and that ongoing training with LivingWorks Start can further enhance confidence in suicide prevention skills.

Oral #17 June 12th, 2025, 10.30am – 12.00noon

Chair: Angela Rintoul

17.1 I still think there's like a huge stigma": Understanding suicide-related stigma among those with lived experiences

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Affiliations: ¹Suicidal Behaviour Research Laboratory, School of Health & Wellbeing, University Of Glasgow, ²School of Health & Wellbeing, University Of Glasgow

Learning objective: To understand the impact of suicide-related stigma on individuals with a history of suicidal thoughts and suicide attempts and identify ways to reduce it.

Background: Suicide-related stigma is an important and under-researched risk factor to consider in suicide prevention research. The present study aimed to understand the experiences of those with a history of suicidal thoughts versus suicide attempts with regards to suicide-related stigma and whether there were differences between these two groups. In addition, the study aimed to gather insights from those with lived experience to inform efforts to reduce suicide-related stigma within society.

Methods: Participants (n=30) were recruited via social media platforms. Participants were aged 18 to 71 years (M = 28.7 years), 70% were female, and half of the sample had a history of suicidal thoughts, and the other half had a history of suicide attempts. All participants took part in one-to-one interviews about their experiences of suicide-related stigma. Interviews were analysed using the Framework Analysis Method.

Results: Five main themes were identified: 1) “suicide is stigmatised;” 2) “it’s like the elephant in the room, nobody wants to talk about it;” 3) “I was so ashamed;” 4) “I think generally people think suicide is selfish, cowardly, inexplicable, mad;” and 5) “So I guess it’s about being taken seriously and being believed almost.” People in the suicidal thoughts group and those in the suicide attempt group described similar experiences of suicide-related stigma. Participants most commonly suggested education and awareness campaigns as ways to reduce the stigma related to suicide. Participants discussed the importance of being able to have open and non-judgemental conversations around suicide and acknowledged that education and training programmes could help with this.

Discussion: Those with a history of suicidal thoughts and suicide attempt described how suicide-related stigma often made them feel more suicidal, unsupported, and hesitant to seek help. This research is the first to compare differences between those who have suicidal thoughts vs those who have attempted suicide and could be used to inform how best to support these individuals and to reduce the stigma related to suicide. The findings of this study should be considered in the development of policy related to suicide prevention strategies and action plans.

17.2 Social Media Influencers and the Papageno Effect: Experimental Evidence for the Suicide-Preventive Impact of Social Media Posts on Hope, Healing, and Recovery

Till B^{1,2}, Arendt F^{2,3}, Hines K⁴, Hines M⁴, Niederkrotenthaler T^{1,2}

Affiliations: ²Wiener Werkstaette for Suicide Research, ¹Medical University of Vienna, Center for Public Health, Department of Social and Preventive Medicine, Public Mental Health Research Unit, ⁴Kevin and Margaret Hines Foundation, ³University of Vienna, Department of Communication

Learning objective: To gain greater understanding of how adequate messaging on social media can help to prevent suicides.

Background: Previous studies on suicide-protective media effects, termed Papageno effect, have often focused on legacy media, such as newspapers, broadcast television, and films. Acknowledging the increasingly important role played by modern digital media environments, we investigated the possible suicide-preventive impact of social media posts.

Methods: We utilized an experimental design with two groups and a before—after measurement of suicidal thoughts and intentions to seek help. N = 354 participants were either exposed to ten social media posts on hope, healing, and recovery provided by an influencer or posts unrelated to suicide (control group). The profile of well-known suicide survivor Kevin Hines was used as an inspiration and guided the creation of the suicide prevention posts.

Result: Exposure to social media posts on hope, healing, and recovery elicited a significant reduction in suicidal thoughts in a convenience sample of the general population. The reduction was stronger in individuals with comparatively higher scores for suicidal thoughts at baseline. Social media posts on hope, healing, and recovery also increased the intention to seek help when experiencing suicidal thoughts.

Discussion: The evidence is consistent with the idea that social media influencers can contribute to reducing suicidal thoughts and promoting help-seeking intentions. Given that social media plays an increasingly important role, especially for youth, we discuss the important implications of our findings for suicide prevention in the digital age.

In this presentation, Kevin Hines will add his thoughts on the study findings and their implications for suicide prevention. Kevin Hines is a suicide attempt survivor who is now a suicide-prevention speaker and who gives talks about how to prevent suicides, including by telling his own story. His posts on social media were used as templates for the messages used in the current study. Kevin will also share emails and private direct messages highlighting how his story has saved lives or encouraged other people to get help instead of taking their lives.

17.3 Suicides in Kerala: An Interpretative Phenomenological Analysis of Lived Experiences Among Attempt Survivors

Shihab Manzil S¹, Ahmad I¹, Sherin F², Bano S¹

Affiliations: ¹Jamia Millia Islamia, ²National Institute of Mental Health and Neurosciences (NIMHANS)

Learning objective: To identify culturally specific dimensions of social connectedness among suicide attempt survivors in Kerala that can inform context-appropriate suicide prevention strategies.

Background: Kerala, despite its advanced healthcare infrastructure, has consistently ranked among India's top five states for suicide rates over four decades. Traditional Western suicide prevention models have failed to address this persistent issue, overlooking culturally specific factors shaping suicidal behavior in Kerala's collectivist society. Countries in the Global South contribute significantly to worldwide suicide rates, yet prevention models rarely reflect their cultural realities.

The National Crime Records Bureau identifies family problems as the primary cause of suicides in Kerala, highlighting the critical role of social relationships. Notably, there is critical lack of qualitative studies on suicides in Kerala attempting to understand its cultural underpinnings. While social connectedness is widely recognized as a protective factor against suicide, its cultural manifestations in Kerala remain understudied. This study explores the lived experiences of social connectedness among suicide attempt survivors in Kerala.

Methods: The study included seven individuals (aged 20–30) who had survived a suicide attempt within the past 2 years, recruited from mental health clinics in Kerala. Ethical approval was obtained from the Institutional Review Board of Jamia Millia Islamia. In-depth, semi-structured interviews explored participants' experiences of social connectedness before, during, and after their suicide attempts. Interview transcripts were analyzed using Interpretative Phenomenological Analysis (IPA), which allowed for the identification of experiential themes capturing participants' meaning-making regarding their social connections.

Results: Five experiential themes emerged: (1) Disrupted family bonds — paradoxical experiences of family as both sanctuary and source of distress; (2) Cultural-religious identity conflict — tensions between traditional values and evolving personal identities; (3) Oscillating social connections — complex cycles of connection-seeking and withdrawal; (4) Socioeconomic dimensions of connectedness — financial pressures shaping relationship dynamics; and (5) Post-crisis reconstruction of social boundaries — therapy-facilitated renegotiation of connections after suicide attempt.

Discussion: This study shows that suicide attempt survivors in Kerala experience social connectedness in complex, contradictory ways deeply influenced by cultural context. The findings challenge universalist approaches in suicide prevention by highlighting culturally specific aspects of the widely recognized protective factor, social connectedness. This research demonstrates the importance of developing culture-specific suicide prevention strategies created by and for collectivist communities where identity and well-being are tied to relationships rather than individual autonomy alone.

17.4 Perceptions of the survivors on newspaper reporting of suicide death in their household: insights from a community survey in India

G Kumar

Gopinathan Nair A¹, Dhole N¹, Majumder M¹, Dora S¹, Akbar M¹, Dandona R¹

Affiliations: ¹PHFI Injury Prevention Research Centre, Public Health Foundation of India

Learning objective: To understand which suicide deaths are reported in the newspaper and the perceptions of survivors about the reporting of the death from their household.

Background: Little is known about the coverage of suicide deaths in the newspapers by socio-demography of the deceased, and how the survivor families feel when on reading about the death in the newspaper.

Methods: An in-depth exploration of 155 suicide deaths identified from a sample of representative deaths that occurred between 2019 and 2022 in three Indian states of Uttar Pradesh, Maharashtra,

and Tamil Nadu was undertaken. We report on the coverage of newspaper reporting of suicide deaths by demography of the deceased, and if the survivors found such a reporting to be acceptable or not, and the reasons for it.

Result: The newspaper coverage was estimated at 39.4% (95% CI: 31.9–47.3%) for both sexes combined, 38.5% (95% CI: 29.8–48.0%) for males, and 41.3% (95% CI: 28.0–56.0%) for female deaths. Tamil Nadu had the lowest coverage at 26.5% (95% CI: 14.3–43.8%) as compared with Uttar Pradesh (43.8%; 95% CI: 22.3–67.9%) and Maharashtra (44.1%; 95% CI: 31.9–57.0%). Newspaper coverage of urban suicide deaths was higher 48.6% (95% CI: 32.6–64.8%) than rural suicide deaths (36.7%; 95% CI: 28.5–45.7%), was higher if the deceased belonged to the highest wealth index quartile (54.2%; 95% CI: 34.3–72.7%), and if a police case was registered for the suicide death (52.7; 95% CI: 42.5–62.7%). Among the 61 suicide deaths that were reported in a newspaper, 45.9% of the survivors preferred if it were not reported, 32.8% were ok with the reporting, and 21.3% declined to respond. Those who were ok with the newspaper reporting cited public awareness for suicide prevention (65%) as the primary reason for their acceptance of the reporting. Those who were opposed to the reporting cited not being interested in media reporting (60.7%), felt distressed on reading (14.3%), concerns about defamation (7.1%), perceived inaccuracy (3.6%), and stigma (3.6%).

Discussion: Reporting of suicide death in the newspaper in India varies by the demography of the deceased and by state. Understanding of the survivor perceptions on the reporting of suicide death in their household could be taken into consideration to improve responsible media reporting.

17.5 Experiences of Self-Stigma Among Individuals Who Have Attempted Suicide.

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Affiliations: 1Department of Psychiatry, Skåne University Hospital, Lund, Sweden. , 3Department of Health Sciences, Lund University, SE-221 00 Lund, Sweden, 2Unit for suicide research , Department of clinical sciences, Lund University, Lund, Sweden.

Learning Objective: After this presentation, attendees will gain an understanding of how self-stigma affects individuals who have attempted suicide and explore strategies to challenge and transform these self-stigmatizing narratives to promote self-acceptance and help-seeking behaviors.

Background: Stigma has been identified as contributing factors to both suicide and repeated suicide attempts. However, the significance of self-stigma in relation to repeated suicide attempts remains limited. The aim of this study is therefore to explore the experience and provide new insights and knowledge about the impact of self-stigma in individuals who have attempted suicide, using a qualitative research approach.

Methods: The study was conducted during 2024 within the framework of a randomized controlled trial of Attempted Suicide Short Intervention Program (ASSIP), in Sweden. Fourteen participants, aged 19–62 years (8 women and 6 men), who sought mental health care in Sweden following a suicide attempt, were included. Semi-structured interviews were used to explore participants' experiences of self-stigma, and the data were analysed using thematic analysis.

Results: The preliminary findings show that self-stigma among individuals who have attempted suicide manifests on two levels. On a societal level, participants perceive suicide attempts and mental illness as taboo, "Because you don't talk about death, especially not when you have tried it yourself" with "I feel judged". On the individual level, participants express that self-stigma, shaped by society's negative perceptions of suicide, results in intense feelings of shame and guilt. The respondents describe themselves as a burden to those around them, expressing thoughts such as "it would be better if I didn't exist" and "that's why I have kept it a secret from others". These feelings impair participants' willingness and ability to seek help. The preliminary results emphasize the need for interventions that address self-stigma, foster self-acceptance, and encourage help-seeking behaviors. While these results provide valuable insights into the lived experiences of self-stigma, further research is needed to determine its potential role in recurrent suicide attempts and long-term recovery trajectories.

Discussion: If self-stigma is internalized through societal silence and negative perceptions of suicide, then breaking this cycle requires not only individual interventions but also a societal shift toward open, non-judgmental conversations about suicide attempts and recovery.

17.6 How Longitudinal Online Research Studies Manage Suicide Risk? Opinions of People with Lived Experience of Suicidality

Smythe P¹, Crouch N¹, Kerbrat A¹, Comtois K¹

Affiliations: Center For Suicide Prevention And Recovery, University of Washington Department of Psychiatry and Behavioral Sciences

Learning objective: Discuss the opinions of participants with lived experience regarding risk management procedures in large longitudinal online research.

Background: Online studies of suicidal behavior utilizing automation via secure survey systems such as REDCap or Qualtrics allow scale up of the number and representativeness of participants as well as the frequency of assessment. A range of risk management has been developed by different research teams, but little is known about participants' opinions about how risk was managed.

Methods: 485 suicidal adults living in the United States participated in an online observational study examining if Google Search and YouTube data can predict suicidal thoughts and behaviors. Participants answered biweekly surveys for 12 months and donated their Google data. Participants completed a baseline interview that utilized the University of Washington Revised Risk Assessment Protocol with a tailored resource plan. Crisis and mental health resources were also shown on-screen and/or sent by email in response to specific high-risk responses. At the last assessment, participants answered mixed methods questions about this risk management approach.

Result: Almost half (47%) reviewed their resource plan a few times over the course of the follow-up year, a third (33%) only looked at it once, 13% never did, and 5% looked at it at least every couple of months. While the majority (63%) did not use any of the resources provided, 37% used at least one resource. Resource use did not significantly differ by whether they attempted suicide in follow-up. Participants who reported high suicide risk at any point during follow-up were asked if they would have preferred the study to contact them by phone vs. our protocol of offering resources. While less than half of this group (45%) would have preferred to be called, this differed significantly by whether or not they made a suicide attempt ($X^2=10.34$; $p<.05$) with 67% of those who attempted preferring a call and only 25% of non-attempters preferring a call. Thematic analysis of qualitative responses regarding resources they used and found helpful, what they would have wanted in a phone call, and overall opinions of study participation will also be presented.

Discussion: This study offers a detailed view of risk management from people with lived experience of suicidality. Conclusions regarding which resources to offer and how to manage high-risk responses will be discussed.

17.7 Not a Moral Failing: Shifting Toward Empathy in Suicide Prevention

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Learning Objective: Participants will be able to identify moralising and de-moralising viewpoints on suicide, and how to shift towards the latter to discuss suicide more empathetically.

Background: Singapore does not have a coordinated national suicide prevention strategy. This pioneering ground-up initiative aims to co-design a National Suicide Prevention Strategy. We examine contentions in interpreting suicide: where do moralistic perspectives on suicide come from, and how does de-moralising suicide improve prevention efforts?

Methods: We conducted 14 focus group discussions (FGDs) with communities impacted by suicide, organising participants into groups that reflect on shared experiences. The interview guide covered

suicide beliefs; awareness and attitudes toward existing prevention efforts; gaps; and recommendations. FGDs were audio recorded and transcribed, with inter-rater reliability checks on subsequent inductive coding across multiple researchers. 9 FGDs were conducted over Zoom (e.g., first responders, media professionals, and hospital staff). 5 FGDs with vulnerable groups were conducted in person (e.g., suicide loss or attempt survivors, LGBTQ+ people, and people with mental health conditions), and were attended by a clinically-trained personnel.

Result: There are contentions in interpreting suicide among participants. Some espoused moralising viewpoints, such as suicide is “wrong,” “selfish,” resulting from a “weak mind,” “outside what is moral,” or a “permanent solution to a temporary problem.” They described those who attempt suicide as “impulsive” and lacking in “mental strength and resilience” who “just let their thoughts and emotions go.”

Others countered these beliefs, explaining that stigmatising attitudes make it harder for people to seek help. These participants who offered de-moralising viewpoints tended to come from groups with closer proximity to suicide loss. Bereaved parents recounted their children’s apologetic last words, reasoning that their children’s unendurable psychological pain exceeded their guilt of leaving others behind. Those with dual experiences as both attempt and loss survivors described suicide as “not a right or wrong decision,” while others neutrally characterised suicide as a loss of hope and exhaustion of options.

Discussion: One source of moralisation is Confucian ideology, which socially constructs people with lived experience of mental illnesses as people with poor character or emotional control. A suicide loss survivor urges mental health professionals to shift from asking “when was the last time you had suicidal thoughts?” to “what is the level of your pain?”. This reconceptualisation offers an empathetic understanding of distress instead of moral judgement, paving the way for a more effective national strategy for discussing suicide.

17.8 How People Who Attempted Suicide Described COVID-19's Influence: A Qualitative Study Beyond Peak Pandemic

Mravlja M¹, Pisani T², B. Defayette A³, Meda N⁴, Paim-Diaz A⁵, Conner K⁶

Affiliations

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Learning Objective: Identify ways people who attempted suicide during 2021–2023 understood and attributed influence to COVID-19-related stress, providing insights for supporting vulnerable populations during the extended aftermath of public health crises.

Background: While research has documented COVID-19's impact on suicide risk during the acute pandemic phase, little is known about how people who attempted suicide during the post-acute period (2021–2023) understood its role in their attempts. This study examined both how people attributed COVID-19-related stress in their suicide attempts and described the pandemic's impact on their lives during a period when many acute pressures had eased.

Methods: Data were drawn from the baseline assessment of a randomized controlled trial for adults with a recent suicide attempt (i.e., prior to randomization). Adults (N = 329) were enrolled in the parent study between 2021 and 2023. Participants completed an assessment of the impact of COVID-19 on their lives. Participants first provided an open-ended description of COVID-19's general impact on their lives. They were then asked two dichotomous (yes/no) questions specifically about the time of their attempt: (1) whether stress related to COVID-19 was a primary reason and (2) whether it contributed to their suicidal thoughts. Research staff took detailed notes on open-ended responses.

Data underwent systematic qualitative content analysis, with participants categorized based on their attribution of COVID-19's role.

Results: When asked specifically about the time of their attempts, 35 (11%) participants identified stress related to COVID-19 as the primary reason for their attempt, and an additional 75 (23%) indicated COVID-19 contributed to their suicidal thoughts. When asked about general impact, participants described various effects during the pandemic period: social isolation (68%), physical health concerns (47%), mental health impacts (45%), and economic effects (44%). Those attributing influence to COVID-19-related stress described multiple interconnected impacts, while others reported minimal influence.

Discussion: That some people attributed their suicide attempts to COVID-19-related stress even during the post-acute period has important implications for global crisis response. These findings suggest need for sustained support well beyond the acute phase of public health emergencies. Future research should examine how different populations understand public health crises' influence on suicide risk across various post-acute contexts, informing more comprehensive approaches to protecting vulnerable populations during future crises.

Oral #18 June 12th, 2025, 10.30am – 12.00noon

Chair: Karen Scavicini

18.1 Rethinking Suicide Prevention: From Prediction to Understanding. Nine problems with the Current Suicide Prevention Landscape

Dr Rachel Gibbons¹

¹Royal College Of Psychiatrists, Brighton, United Kingdom

Learning Objective: To critically evaluate entrenched beliefs in suicide prevention and advocate for evidence-based approaches that embrace complexity and uncertainty.

Abstract: The global suicide prevention movement has achieved significant milestones over the past two decades, including a 36% reduction in global suicide rates, driven by public health interventions and stigma reduction. However, this progress is hindered by entrenched beliefs that overshadow evidence, distorting interpretations and undermining prevention efforts. This study critically examines nine pervasive assumptions in suicide prevention, including the predictability of individual suicides, the conflation of self-harm and suicide, and the framing of mental illness as the primary cause of suicide. It challenges the ideologies underpinning concepts like inpatient safety and the aspiration for "zero suicides," advocating for a reorientation of efforts to embrace the inherent complexity of suicide.

Findings highlight the need for interdisciplinary approaches that integrate existential, cultural, and psychodynamic perspectives to better understand suicide as a universal human phenomenon. By questioning belief-driven assumptions, this research aims to dismantle harmful narratives, reduce blame, and promote open discourse about the enigmatic nature of suicide. The study provides profound insights into the limitations of current frameworks, offering a transformative lens for prevention strategies and the development of compassionate care models.

This paper fills a critical gap in current thinking encouraging a shift from predictive measures to nuanced understanding.

Reference:

Gibbons, R. (2024). Rethinking Suicide Prevention: From Prediction to Understanding (in submission)

18.2 Suicide Prevention in High-Risk Settings: A Scoping Review.

Miss Krystyna Loney¹, Professor Rory O'Connor¹

¹University Of Glasgow, Glasgow, United Kingdom

Learning objective: Have an understanding of the evidence base for effective interventions, action plans and recommendations for practice in justice, housing and care-experienced settings.

Background: Scotland's National Suicide Prevention Strategy, 'Creating Hope Together' Action 6.1 aims to ensure there are suicide prevention action plans in place within settings and services where people are at higher risk of suicide. In order to support this action, Scotland's Academic Advisory Group was tasked with conducting a scoping review to identify existing effective suicide prevention interventions, actions and/or recommendations for practice in high-risk settings. This review was limited to justice, housing, and care-experienced settings given the high risk of suicide in these sectors in Scotland, and beyond.

Methods: A search of academic and grey literature was conducted on 28th November 2024 following PRISMA guidelines. Studies were included if they: reported on a suicide prevention intervention, action plan and/or recommendations; were conducted in justice, housing or care-experience sectors; reported on a 'suicide-related' outcome; published between 2014-2024; and were conducted in Western countries.

Results: A total of 32 articles was synthesised in a narrative review. Most papers focused on justice settings (N=15), followed by housing (N=8) and care-experienced settings (N=7). Two reports included more than one setting. Within justice settings, staff gatekeeper training, peer support programmes for inmates and for staff, and restriction of access to means interventions were effective in reducing suicide-related outcomes. In housing settings, evidence supported the effectiveness of Housing First Interventions (policy implementing permanent housing options) and The Hope Service (a holistic psychosocial and practical support service). Local and national action plans prioritised gatekeeper training for frontline housing staff and investing in affordable housing options. There was a dearth of research on interventions in care-experienced settings, with only one gatekeeper intervention identified for residential care staff found to be effective. Recommendations were made for use of digital interventions in the care-experienced sector.

Discussion: This scoping review advances our understanding of suicide prevention in three high-risk settings. However, future focus on suicide prevention is required in care-experienced settings. The findings should be considered when investing, planning and implementing future interventions or actions for suicide prevention in Scotland.

18.3 The German population's view on the possibility of assisted suicide

Dipl.-Psych. Georg Fiedler¹, Dr. Dorothea Adler, Prof. Dr. Arno Drinkmann, Prof. Dr. Reinhard Lindner, Prof. Dr. Frank Schwab

¹Deutsche Akademie für Suizidprävention (DASP), Hamburg, Germany

The World Health Organization (WHO) emphasizes that understanding suicide and its preventability is crucial for effective suicide prevention. Against this backdrop, the suiKom project, funded by the German Federal Ministry of Health, investigated public knowledge and attitudes toward suicidality in Germany. A national survey with 1,023 respondents was conducted in September 2021 and was repeated in January 2024 on a representative sample of 1005 respondents to track changes over time. A key focus was on attitudes toward assisted suicide, particularly in light of the 2020 ruling by the German Federal Constitutional Court, which affirmed the right to assisted suicide regardless of illness, age, or motive.

The study examined whether public approval of assisted suicide depends on question phrasing and whether support varies based on the illness severity and age of the person concerned. A split-ballot

design was employed: one group was presented with a simple yes/no option on assisted suicide. At the same time, the other was given an additional alternative—palliative care to alleviate pain. Results showed that approval dropped from 69.9% to 31.2% when an alternative to assisted suicide was introduced, highlighting a preference for palliative care when explicitly mentioned.

Further findings indicate that support for assisted suicide was highest among terminally ill patients (80.5%) but dropped significantly for seriously ill individuals without a terminal prognosis (37.6%). Among individuals experiencing life crises without illness, approval was substantially lower, with younger adults (2.7%) expressing the least support, followed by middle-aged (4.1%) and older adults (10.3%).

The results and trends of the first survey were confirmed by repeating the survey in 2024 with a new representative sample. The repetition of the survey on a new representative sample confirmed the results and trends of the first survey, although the proportion of undecided respondents partly changed.

These findings suggest that attitudes toward assisted suicide are highly context-dependent and significantly influenced by question framing and the availability of palliative alternatives. The findings emphasize the need for careful wording in public surveys and discussions on assisted suicide. This ensures an accurate reflection of societal attitudes and supports well-informed policy decisions.

18.4 Self-harm in low- and middle-income country prisons; the example of Morocco

Aon M^{1,2}, Abtal T³, Rifaai N³, Regragui M³, Jaffa M¹, Modvig J^{2,9}, Abdulrahim S^{1,8}, Borschmann R^{4,5,6,7}, Sibai A¹

Affiliations: ²DIGNITY, Danish Institute against Torture, ⁹University of Copenhagen, ⁵University of Oxford, ⁶Murdoch Children's Research Institute, ¹American University In Beirut (AUB), ⁴University of Melbourne, ⁷Curtin University, ⁸Harvard University, ³General Delegation for Penitentiary Administration and Reintegration

Background: Self-harm is a significant cause of morbidity in prisons. Risk factors in high-income country prisons are well-established (Favril et al., 2020, 2022). Similar evidence is scarce in LMICs although around 70% of the prison population is in LMICs (Fair & Walmsley, 2021). Taking Morocco as an example of a LMIC, we aimed to understand the determinants for self-harm among incarcerated persons.

Methods: We are conducting a case-control study (N=2,244) to describe self-harm in Moroccan prisons in 2023; and to establish the risk and protective factors associated with it. The 748 people who self-harmed are compared with 1,496 people who had never self-harmed based on self-report on entry and prison records. We will present descriptive data, conduct stratified analyses by sex, perform simple and multiple logistic regressions while accounting for clustering at the prison and individual levels.

Preliminary results: The self-harm rate in Moroccan prisons in 2023 was 858.23 per 100,000 and higher among men. The rate increased around holidays, only 37% of cases were receiving psychotropic medication while 81% had a history of drug use. Most self-harm consisted of cutting using various hand-made tools. Analysis is ongoing. It is expected that some findings will echo those from high-income countries while social aspects such as an accompanying child will act as protective factors in the Moroccan context.

Implications: The Moroccan prison authority recently established a surveillance system for self-harm. Analyzing this data and making it publicly available is an important step in improving knowledge about self-harm in LMIC prisons.

18.5 Wellbeing of frontline suicide researchers: a study from Sri Lanka of experiences, impacts and resilience relevant to research collaborations

Melissa Pearson^{1,2}, Dr Tharindi Udalgama¹, Dr Thilini Rajapakse^{2,3}, Dr Lalith Senerathna^{2,4}, Dr Janaka Pushpakumara^{2,4}, Prof. Keith Hawton⁵, Ms Odett Toth¹, Dr Lena Skovgaard Andersen⁶, Dr Lisa Scholin¹, Dr Jane Brandt Sørensen⁶

¹University Of Edinburgh, Edinburgh, United Kingdom, ²South Asian Clinical Toxicology Research Collaboration, Peradeniya, Sri Lanka, ³University of Peradeniya, Kandy, Sri Lanka, ⁴University of Rajarata, Anuradhapura, Sri Lanka, ⁵University of Oxford, Oxford, United Kingdom, ⁶University of Copenhagen, Copenhagen, Denmark

Learning objective: To understand how researcher wellbeing is experienced among people working within global suicide research partnerships

Background: Collaborative research between global South and North has advanced research in South Asia, particularly in suicide prevention. While these partnerships enable capacity building and knowledge transfer, they often overlook the psychological impact on local research staff. Prolonged exposure to sensitive topics like suicide can lead to burnout, compassion fatigue, and secondary trauma. This study in Sri Lanka explores local researchers experiences, impacts and resilience relevant to research collaborations.

Methods: A qualitative approach was used to explore the experiences of local research staff involved in suicide prevention research. Participants were recruited from a local research team, including 16 staff members (8 females, 8 males) between 2018 and 2024. Thematic analysis was conducted by three experts and findings were verified through discussions with the research team.

Results: Key themes were identified:

- **Suicide-Specific:** Researchers experienced emotional distress, discomfort with suicide and grief, and felt unprepared to support patients. Stigma surrounding mental health discouraged them from seeking help, and training and support were identified as a critical need.
- **Research-Specific:** Ethical concerns and boundary-setting created emotional distance. Researchers faced pressure to collect accurate data while navigating complex ethical considerations, and study endings were particularly challenging.
- **Socio-Cultural:** Social structures, cultural and gendered expectations, religious influences, and hierarchical roles shaped researchers' experiences. Inequality and kinship-based group dynamics also impacted workplace interactions.
- **Researcher-Specific:** Financial strain, family responsibilities, and external pressures affected researchers. Balancing personal and professional life was challenging, with female researchers particularly facing additional stressors.

Emotional suppression was common, leading to disengagement and conflict avoidance. Inconsistent resources created instability, while structured processes provided a sense of control. There was a preference for support to address these issues through participation in communal activities. However, these activities were not necessarily emotionally impactful, indicating that they are not a coping strategy that works for all.

Discussion: Research management often overlooks researcher wellbeing, placing the responsibility on researchers to manage it independently. In research settings, workplace dynamics are heavily influenced by socio-cultural expectations. Furthermore, external stressors such as past trauma, economic pressures, and the impact of COVID-19 exacerbate researchers' vulnerability. Suicide research has great impact on researcher wellbeing and this needs to be acknowledged, incorporated into study set up and planning, and used to inform potential interventions.

18.6 Coverage of police case registration for suicide deaths in India: insights from a community survey

Mr. Md. Akbar¹, Dr GA Kumar¹, Ms Moutushi Majumder¹, Mr. S Siva Prasad Dora¹, Prof Lalit Dandona¹, Prof Rakhi Dandona¹

¹PHFI Injury Prevention Research Centre, Public Health Foundation of India, New Delhi, India

Coverage of police case registration for suicide deaths in India: insights from a community survey

Learning objective: To understand which suicide death are reported to the police in India.

Background: Police records are the administrative source documenting suicide deaths in India. Under-reporting in police records is known but the extent of under-reporting is not known by the socio-demography of the deceased.

Methods: A representative sample of suicide deaths was documented as part of a community survey of deaths for all ages in that occurred between 2019 and 2022 in three Indian states—Uttar Pradesh, Maharashtra, and Tamil Nadu. Whether a police case was registered for the suicide death was documented for all these deaths and exploration was undertaken to understand the barriers for reporting of suicide death to the police.

Result: A total of 155 suicide death cases were identified. A police case was registered for 93 (60.0%; 95% CI 52.0–67.5) suicide deaths for both sexes combined. Maharashtra state had the highest proportion of police-registered suicide deaths (83.6%) followed by Tamil Nadu (53.9%) and Uttar Pradesh (25.0%). Police case registration was significantly higher among male (66.1%) compared to female (45.7%; $p=0.020$) suicide deaths, and in urban (80%) compared with rural (54.2%, $p=0.010$) suicide deaths. The coverage of police case registration was higher if the deceased was a student (69.2%) or was working at the time of death (64.4%) as compared with those who were engaged in home duties (40.6%, $p=0.131$). Of the 62 suicide death cases with no police case registration, 15 (24.2%) cases reported that a compromise was made and hence police case was not registered. A compromise was twice as common for female (15.2%) than male (7.3%, $p=0.132$) suicide deaths, all the reported compromised cases were in rural areas, and Uttar Pradesh state had a significantly higher proportion of these cases (36.1%) as compared with the other two states (1.7%, $p<0.001$). Police was involved in 13 of the 15 compromised cases. Overall, police was involved in 106 (68.4%; 95% CI 60.6–75.3%) suicide death cases with case registered for 87.7% of these cases.

Discussion: Police case registration of suicide deaths in India varies by the demography of the deceased. These findings allow an understanding of the extent of under-reporting of suicide deaths in India, and can be used to strategize how to improve documentation in the police records to increase robustness of the data for effective policy interventions.

18.7 The Impact of Suicide Beliefs on Support for Suicide Prevention and Physician-Assisted Suicide

Dr. Nina Ming-Hsin Hsu¹, Professor Ying-yeh Chen^{1,2}, Prof. Kevin Chien-Chang Wu^{3,4}, Prof Shu-Sen Chang^{5,6,7}, Prof. Ying-Chen Chi⁸

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Learning Objective: Avoiding the reinforcement of the “suicide rationality belief” might foster support for suicide prevention laws

Background: Taiwan faces a complex situation regarding suicide prevention, with two contrasting laws enacted in 2019, i.e., Suicide Prevention Act (mandating intervention for suicide) and the Patient Right to Autonomy Act (emphasizing patient autonomy, bordering on physician-assisted suicide). However, no prior studies have explored whether beliefs in “suicide rationality” and the “right to suicide” correlate with reduced public support for suicide prevention laws and favorable attitudes toward physician-assisted suicide.

Methods: A national survey (N=1,087) in Taiwan was conducted via landline and mobile phone calls in 2020. Logistic regression analyses were used to examine the associations between two suicide beliefs and their respective associations with attitudes toward suicide prevention and physician-assisted suicide laws. Additionally, the interaction between the two beliefs was assessed.

Results: Around 85–95% of participants supported three suicide prevention measures, while 29.4% supported punishing physicians who assisted in suicide for terminally ill patients. Among participants, 55.3% held the “right to suicide belief,” and 26.3% held the “suicide rationality belief.” The “right to suicide belief” was unrelated to attitudes toward suicide prevention laws but linked to unfavorable views of physician-assisted suicide. The “suicide rationality belief” correlated with opposition to suicide prevention policies and favorable attitudes toward physician-assisted suicide.

Discussion: The study suggested that while many Taiwanese believed in the “right to suicide,” this belief might be a vague or rhetorical concept without direct coherent influence on policy stances. Conversely, while not shifting the majority policy attitude, viewing suicide as rational correlated with coherent policy stances. Avoiding the reinforcement of the “suicide rationality belief” might foster support for suicide prevention. Active public engagement and empowerment, considering bio-psycho-socio-cultural factors, may help draw an appropriate fuzzy boundary between suicide prevention and physician-assisted suicide.

Keywords: Suicide, human rights, rationality, suicide prevention, physician-assisted suicide

18.8 Implications of global climate change for suicidal behaviours — An empirical and conceptual review

Dr Francis Vergunst¹, Dr Massimiliano Orri, Alberto Forte, Dr Marie-Claude Geoffroy

¹University Of Oslo, Oslo, Norway

Learning objective: Understand the pathways through which climate-related hazards can increase suicidal behaviours

Background: Climate change is a global crisis, with intensifying extreme weather events impacting mental health, particularly in low- and middle-income countries (LMICs). LMICs also bear 77% of global suicide deaths, underscoring the intersection of climate hazards and suicide risk. While evidence links climate change to suicidal behaviours, an integrated model explaining these pathways remains absent.

Methods: In this narrative review, we draw on evidence from recent systematic and umbrella reviews to examine empirically documented links between climate-related hazards and increased risks for suicidal behaviours. We then propose a conceptual framework outlining how climate-related hazards can increase suicide risk through both direct and indirect pathways.

Results: Review of the empirical evidence supports an association between climate-related hazards and suicidal behaviours. Acute climate hazards, such as extreme heat and weather-related disasters, have been linked to increased psychiatric distress, hospital visits for suicidal behaviours, and suicide mortality. Chronic hazards, including prolonged droughts and environmental degradation, exacerbate

economic instability, displacement, and loss of social cohesion — a key risk factors for psychological distress and suicidal behaviours. We find that evidence supporting these associations is growing, but challenges remain in establishing causal mechanisms, particularly for long-term climate exposures. There are also large variations in the number and quality of studies on climate-related hazard with heat stress being the most well-studied. To advance conceptual understanding, we propose a framework outlining how climate-related hazards influence suicide risk through both direct (e.g., post-disaster trauma) and indirect pathways (e.g., economic losses, displacement). This framework integrates the dual-continuum model of mental health, emphasising that suicide risk arises not only from psychiatric disorders but also from declines in psychological wellbeing. Furthermore, we highlight the role of the social determinants of mental health — such as income, employment, housing, and social cohesion — as critical factors in shaping suicide vulnerability in the context of climate change.

Discussion: This review highlights the need to recognize climate change as a potential risk multiplier for self-harm and suicidal outcomes worldwide. Suicide prevention efforts must incorporate climate adaptation strategies, particularly in high-risk regions where climate hazards and economic precarity intersect. Strengthening longitudinal research, promoting interdisciplinary collaboration, and integrating climate considerations into public health interventions will be essential to mitigating the growing mental health burden of climate change.

18.9 How to Engage the Head of Government in Suicide Countermeasures: The Case of Japan

Mr. Yasuyuki Shimizu¹

¹Japan Suicide Countermeasures Promotion Center, Tokyo, Japan

Government involvement is crucial in addressing suicide countermeasures as a comprehensive social issue. However, merely advocating for action does not guarantee government engagement, given the multitude of pressing challenges facing the administration, such as economic revitalization, employment stability, and educational reform.

In Japan, successive Prime Ministers have shown notable involvement in suicide countermeasures through site visits and parliamentary discussions, despite these competing priorities. This engagement is significant, considering that such efforts are not typically vote-winning or donation-attracting. The author has directly communicated with six out of seven Prime Ministers who have served since 2009, collaborating with a bipartisan parliamentary group to advocate for Prime Ministerial attention to this critical issue.

This presentation will detail the specific strategies and practical approaches used to involve Japan's highest political office in suicide countermeasures, amidst other national priorities. It aims to provide valuable insights for other countries on engaging government leadership in addressing suicide as a social challenge, potentially leading to more robust and effective national strategies.

Oral #19 June 12th, 2025, 10.30am – 12.00noon

Chair: Innocent Peter

19.1 Profiles of suicide reasons and their associations with suicide-related behaviour in South Korea

Dr Minjae Choi¹, Prof Shu-Sen Chang², Professor Myung Ki¹, Dr. Yo Han Lee¹

¹Korea University, Seoul, South Korea, ²National Taiwan University, , Taiwan

Oral Presentation Title: Profiles of suicide reasons and their associations with suicide-related behaviour in South Korea

Learning Objective: This study aims to classify suicide decedents in South Korea into distinct groups based on their reasons for suicide and examine differences in suicide-related behaviours.

Background: Identifying distinctive subgroups of suicide decedents based on their reasons and exploring their suicide-related behaviours is important for understanding suicide pathways and developing multifaceted, effective prevention interventions and policies.

Methods: Data from a Korean suicide decedent investigation involving 102,593 individuals (2013–2020) were analysed. A Latent class analysis was used to identify distinct subgroups based on eight listed suicide reasons (i.e., diagnosed mental illness, mental illness symptoms, physical disability, physical illness, interpersonal problems, family problems, economic problems, and work-related problems) and classified individuals according to these patterns. Model fit statistics for each model including 2 to 8 classes were estimated, and the optimal model was selected based on fit, interpretability, and distribution. Chi-square tests were then used to identify differences in sociodemographic and suicide behaviour-related characteristics (e.g., previous suicide attempts, alcohol consumption, disclosure of suicide intent, involvement in suicide pacts, choice of suicide method, and preparation of a suicide note) among latent classes. Lastly, multivariate logistic regression analysis was performed to identify associations between suicide behaviour-related factors and latent classes.

Results: Four distinct classes with varying patterns of suicide reasons were identified. Class 1 (18.9%) was marked by mental health concerns, with nearly all individuals diagnosed with mental illness. Individuals in Class 1 had more previous suicide attempts. Class 2 (17.0%) was characterised by physical health issues, with 100% having physical illnesses and 56.0% showing mental illness symptoms. Class 3 (41.6%) faced economic and social challenges, including economic and work-related difficulties, along with symptoms of mental illness in all decedents. Class 4 (22.5%) also had economic and work-related issues but lacked mental illness symptoms. Both Classes 3 and 4 were more likely to engage in alcohol use, leave suicide notes, and use gas poisoning. Class 4, particularly, showed less suicide intent disclosure but greater involvement in suicide pacts.

Discussion: Our findings highlight a need for multifaceted prevention strategies from a public health perspective. Suicide prevention needs to be delivered beyond health sector, as some individuals face multiple stressors independent of mental health issues. Facilitating and strengthening whole-society engagement to address adverse social and economic conditions and restricting access to suicide methods are essential for reducing suicide deaths.

19.2 Association of two Netflix drama series and one suicide prevention media story with gas poisoning suicide in South Korea: A time trend analysis

Dr Minjae Choi¹, Dr. Yo Han Lee², Prof Shu-Sen Chang³

¹Institute for Future Public Health, Graduate School of Public Health, Korea University, Seoul, South Korea, ²Department of Preventive Medicine, Korea University College of Medicine, Seoul, South Korea, ³Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan

Presentation Title: Association of two Netflix drama series and one suicide prevention media story with gas poisoning suicide in South Korea: A time trend analysis

Learning Objective: We aimed to investigate the association between the release of two Netflix drama series and one suicide prevention media story with gas poisoning suicide and suicide rates by sex, age, and method.

Background: Media portrayal of non-fictional and fictional suicide stories may be followed by imitative suicidal behaviour. In 2021, South Korean media extensively reported one gas poisoning suicide prevention story on March 4, followed by the release of two widely viewed Netflix drama series – D.P. (a story of Korean military police catching young male deserters) on August 27 and Squid Game on September 17, which both depicted gas poisoning suicides. We analysed the change in suicide incidence following these incidents in South Korea.

Methods: Monthly suicide data for individuals aged +20 years in South Korea from January 1, 2017, to August 31, 2022, were extracted from Statistics Korea. Public interest in the method of gas poisoning for suicide and the two Netflix drama series was assessed using Internet search volume of appropriate keywords (“coal briquette”, “coal briquette suicide”, “D.P.”, and “Squid Game”) for the period from January 1, 2020, to August 31, 2022. Negative binomial regression models were used to investigate trends in suicide relative to that expected following the suicide prevention story media coverage (intervention 1) and the release of two Netflix drama series (intervention 2) in South Korea, after adjusting for underlying trends and seasonal variations. The models included dummy variables for the following periods: (1) post-intervention 1 period (March–May 2021), (2) inter-intervention period (June–August 2021), (3) immediate post-intervention 2 period (September–December 2021), and (4) medium post-intervention 2 period (January–August 2022).

Results: Internet search volumes increased immediately and markedly following the two interventions. A greater-than-expected number of gas poisoning suicides was observed among males aged 20–29 years during the post-intervention 1 (rate ratios [RR] = 1.64, 95% confidence intervals [CI] 1.26–2.12) and immediately after the post-intervention 2 period (RR = 1.56, 95% CI 1.24–1.97). There was no statistical evidence of a greater-than-expected number of suicides in other sex-, age-, and method-specific analyses.

Discussion: The greater-than-expected suicide number among young males following the media coverage and the release of two Netflix series indicated the potential negative impact of non-fictional and fictional portrayals of suicide by specific methods in vulnerable individuals.

19.3 Mental health days – Suicide prevention for schools, their pupils, apprentices, teachers and parents/guardians

Chairman Golli Marboe¹

¹Vsum / mental health days, Wien, Austria

mental health days – a day of action for the entire school community

Mental health concerns us all – and this is exactly where mental health days come in. Our whole-school day of action involves pupils, teachers and parents/guardians. With interactive workshops, practical content and a holistic approach, we create space for key mental health topics to strengthen resilience.

Our goal:

Suicide prevention by Making mental health visible and removing taboos encouraging people to deal openly with their feelings in order to prevent crises Facilitate access to help services and reduce fears.

Workshops are held for all classes as part of the “mental health days”: Each age group receives a workshop lesson. The content is tailored to the respective age group: bullying, body image/eating disorders, cell phone and internet addiction, pressure to perform and exam anxiety, addiction, depression, suicidal tendencies and fears.

The individual modules are moderated by experience experts. Always accompanied in a double conference with psychotherapists or psychologists. There are also specially designed videos and slides on the topic. The students and apprentices are involved in the events via an interactive app

Afternoon workshop for teachers: support through practical approaches to personal boundaries, self-care, communication and dealing with crises.

Parents' evening: Insights into the challenges faced by young people and support services for families.

An individual graphic record of the day remains at the school and serves as a lasting reminder of the topics covered.

Each participant of the "mental health days" also receives a specially designed flyer with the available support facilities in the region.

19.4 Safe Online Standards

Dr Dan Reidenberg¹

¹Mental Health Coalition, Burnsville, United States

Learning objective: Participants will learn use of a novel approach to a Delphi study with known subjects.

Background: The news has been filled with concerns about the use of and impact of social media on people's mental health, with estimates as high as 90% of teens 13–17 use social media. According to data from several cross-sectional, longitudinal and empirical research, smartphone and social media use among teenagers relates to an increase in mental distress, self-harming behaviors, and suicidality (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10476631>). The US Surgeon General specifically addressed the need to "develop age-appropriate health and safety standards for technology platforms (Social Media and Youth Mental Health, The U.S. Surgeon General's Advisory 2023, p. 15).

Methods: The first step was an ecosystems assessment that included a desk review of existing literature, 10 interviews of experts from around the world, and 6 focus groups. Second, 29 experts from around the world were recruited for the study. Using industry-wide norms, experts were balanced from different domains. A matrix was created and experts convened and worked in teams and as a large group to develop categories for standards and topics for standards for each category. The standards were written and uploaded to Qualtrics to conduct the Delphi study. An international IRB approval was obtained for the study.

Results

27 of 29 (93%) subjects participated in the study (14=Male, 13=Female) from the United States (23), Europe (3), Australia (2). Round 1 of the Delphi study asked subjects to indicate support for and/or agreement with 31 standards. 28 subjects responded and indicated support for and/or agreement with 24 standards. Round 2 of the Delphi study asked subjects to rank order the 24 standards based on being "essential," "important," "somewhat important," "don't know or it depends." 5 of 24 standards were deemed "essential" at an 80% threshold and 19 were deemed "important" at a 70% threshold when combined.

Discussion: With no current standards to guide technology companies or the public relative to mental health, well-being, suicide and self-harm content, a novel approach to using the Delphi research application was used to develop the only standards for online safety. There was significant engagement and completion by the subjects (93%) indicating this approach was seen positively. The end result was the successful development of 24 standards and 160 sub-standards and the creation of the only safety ratings system for the world.

19.5 Examining the Prevalence and Correlates of Inconsistent Reporting of Suicidal Thoughts and Attempts in large cohort of Australian Males

Dr Tilahun Haregu¹, Mr Eamonn Whyte¹, Associate Professor Gregory Armstrong¹

¹University Of Melbourne, Carlton, Australia

Learning objective: To understand the prevalence and correlates of inconsistent reporting of lifetime suicidal ideation and attempts among Australian males.

Background: Effective suicide prevention depends on accurate data on the prevalence of suicidal ideation and attempts at both individual and population levels. Among Australian adult males, inconsistent reporting of lifetime suicidal thoughts may be influenced by various sociocultural, psychological, and methodological factors. Using data from the Australian Longitudinal Study on Male Health, we investigate the prevalence and correlates of inconsistent reporting of lifetime suicidal ideation and attempts.

Methods: Our analyses focused on 1971 adult males who reported lifetime suicidal ideation and 527 who reported lifetime suicide attempts at baseline. Inconsistent reporting occurred where participants reported no such history at a two-year follow-up. Correlates of inconsistent reporting of suicidal ideation and attempts were investigated using modified Poisson regression models.

Results: The prevalence of inconsistent reporting was 17% (95% CI: 16%—21%) for lifetime suicidal ideation and 35% (95% CI: 31%—39%) for lifetime suicide attempts. Despite including a broad suicide of sociodemographic and health behavior variables, the only statistically significant finding in the multivariate model was that the rate of inconsistent reporting of suicidal ideation was significantly lower for people with moderate or worse depressive symptoms (IRR=0.54, $p<0.001$). A statistically marginal finding also pointed towards the rate of inconsistent reporting of suicidal ideation being lower for people with a disability (IRR=0.53, $p=0.063$). No significant findings were observed when examining associations with inconsistent reporting of lifetime suicide attempts.

Discussion: Inconsistent reporting of lifetime suicidal ideation and attempts is widespread among Australian males. Approximately 1 in 6 males with a history of suicidal ideation and 1 in 3 individuals with a history of suicide attempts reported no such history at two-year follow-up. Our findings indicate that the phenomenon of inconsistent reporting is broadly common and not especially specific to certain sub-groups.

19.6 Nothing about teenagers without teenagers, goodbye to adult-centrism.

Public Health Master Juan Enrique Mirey¹, Diploma program in didactic skills Lourdes María Aranda¹

¹Secretaría De Salud. Municipalidad de Campana. Buenos Aires. Argentina, Campana, Provincia de Buenos Aires, Argentina

Learning objective: The adolescent perspective as the protagonist of suicide prevention actions.

Background: Adolescent suicide is a public health issue worldwide. The increasing demand for mental health services highlights the need to develop new strategies to tackle this issue. Focusing on the adolescent perspective is a fundamental approach to ensuring their active participation. This study takes place within the framework of a suicide prevention program that involves the production of participatory videos by adolescents. It has been conducted in annual cycles since 2016, with a renewed participant base each year.

Methods: A total of 672 participatory videos, developed by adolescents on factors associated with suicide over a period of nine years, were evaluated (some are available at <https://adolescenciaactiva.campana.gov.ar/index.php/producciones/>). The selected topics, their

relationship with the social context, and their potential to generate learning opportunities were analyzed. Both quantitative and qualitative participation (annual and total), as well as adherence to the program, were studied.

Results: The topics most frequently chosen by adolescents for their videos were problematic consumption –including but not limited to substance use– (23%), violence (22%), and bullying (20%). Quality participation, as a generator of learning opportunities, ranged between 71% and 87%, with an average quality participation of 80% over the nine years. Total participation over the nine years was 7,883 students, with an average relative participation (proportion of the eligible population that effectively participated over this period) of 53%, reaching annual peaks of 66%. Adherence over the nine years was 69%, with annual peaks of 84%.

Discussion: The production of collaborative videos is highly effective in creating learning opportunities on factors associated with suicide. Furthermore, they serve as effective tools for disseminating these topics within the adolescent community, offering a perspective that aligns with local characteristics and realities. This helps viewers relate to the audiovisual narrative, increasing the likelihood of deep learning. The moments dedicated to sharing the participatory videos within the community trigger numerous collective emotions: what once had to be heard now demands to be seen. Genuine participation can be achieved by allowing adolescents to express themselves on the topics they address, paying attention to their videos, and providing feedback that respects their interests.

19.7 Co-developing a universal, self-harm prevention intervention for Australian primary school students — lessons learnt

Dr Rachel Baffsky¹, Dr Imogen Bell², Dr Lauren McGillivray¹, Dr Louise La Sala², Dr Samuel McKay², Associate Professor Michelle Tye¹

¹Black Dog Institute, Sydney, Australia, ²Orygen, Melbourne, Australia

Learning objective: To build capacity to systematically co-develop a universal, self-harm prevention intervention in schools.

Background: Self-harm is an antecedent behaviour to suicide and affects approximately 17% of adolescents globally, with rapid onset from age 13. As such, targeting interventions to mid-late childhood, before self-harm emerges, is important for prevention. Universal approaches are needed, as it is difficult to predict who will self-harm yet few such interventions for self-harm exist and none have been co-designed. This study describes our iterative process of co-designing a universal, self-harm prevention program (called “U&I”) for Australian primary schools and the mechanisms by which the program is expected to work.

Methods: We are using strategic consultation and workshop activities across the discovery-to-development lifecycle to create a fit-for-purpose intervention to be tested at trial, with a specific focus on understanding implementation and design needs and preferences. The consultations and workshops have taken place at three levels to ensure all relevant perspectives shape the intervention design with: i) n=18 education leadership, wellbeing, and classroom staff, ii) n=120 ‘well’ students (aged 8–14 years) from 4 x primary and 2 x high schools; and iii) n=6 adolescents who have a lived/living experience of self-harm (i.e. youth lived experience advisory group). To date, 12 workshops, 14 consultations, and 3 lived experience advisory meetings have been conducted.

Results: Co-design activities identified themes around program implementation and engagement needs. Educators emphasised the importance of school leaders driving implementation and making programs adaptable and accessible through centralised resources. They also requested training on supporting self-harm. Role-playing, multimedia tools and scenario-based learning were highly engaging for students. Young people wanted interactive learning to mitigate negative emotions by fostering emotion regulation and social connectedness. This aligns with our conceptual model based

on non-suicidal self-injury and behaviour change theories, which suggests targeting emotion regulation and invalidating environments (and their interactions) is the most promising approach for prevention.

Discussion: This study shows a best-practice, prevention science approach to co-designing an intervention for a highly stigmatised problem, with those who are expected to deliver and benefit from it. We found strong consistency in the themes and contexts of dysregulation and distress, and implementation needs, that can be targeted in the final intervention. Other researchers can adapt our approach to co-develop hybrid interventions that incorporate scenario-based videos and physical materials to prevent self-harm in schools. We also provide educator-informed recommendations for using training and leadership engagement to optimise implementation.

19.8 Deductively coding psychosocial autopsy interview data using a few-shot learning Large Language Model

Dr Elias Balt^{1,2}, dr. Salim Salmi¹, prof.dr. Sandjai Bhulai³, Stefan Vrinzen¹, dr. Merijn Eikelenboom^{1,2}, **Professor Renske Gilissen**^{1,4}, prof.dr. Daan Creemers^{5,6}, prof.dr. Arne Popma^{2,7}, Dr. Saskia Mérelle^{1,7}

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Learning objectives: investigate the feasibility of implementing a large language model (LLM) to assist with qualitative analyses in psychosocial autopsy studies.

Background: Psychosocial autopsy is a retrospective study of suicide, aimed to identify emerging themes and psychosocial risk factors. It typically relies heavily on qualitative data from interviews or medical documentation. However, qualitative research has often been scrutinized for being prone to bias and is notoriously time- and cost-intensive. Therefore, the current study aimed to investigate if a Large Language Model can be feasibly integrated with qualitative research procedures, by evaluating the performance of the model in deductively coding and coherently summarizing interview data obtained in a psychosocial autopsy.

Methods: Data from 38 semi-structured interviews conducted with individuals bereaved by the suicide of a loved one was deductively coded by qualitative researchers and a server-installed LLAMA3 large language model. The model performance was evaluated in three tasks: [1] binary classification of coded segments, [2] independent classification using a sliding window approach, and [3] summarization of coded data. Intercooder agreement scores were calculated using Cohen's Kappa, and the LLM's summaries were qualitatively assessed using the Constant Comparative Method.

Results: The results showed that the LLM achieved substantial agreement with the researchers for the binary classification (accuracy: 0.84) and the sliding window task (accuracy: 0.67). The performance had large variability across codes. LLM summaries were typically rich enough for subsequent analysis by the researcher, with around 80% of the summaries being rated independently by two researchers as 'adequate' or 'good'. Emerging themes in the qualitative assessment of the summaries included unsolicited elaboration and hallucination.

Conclusions: State-of-the-art LLMs show great potential to support researchers in deductively coding complex interview data, which would alleviate the investment of time and resources. Integrating models with qualitative research procedures can facilitate near real-time monitoring. Based on the findings, we recommend a collaborative model, whereby the LLM's deductive coding is complemented by review, inductive coding and further interpretation by a researcher. Future

research may aim to replicate the findings in different contexts and evaluate models with a larger context size.

19.9 Evaluating the Quality of Suicide-Related Narratives Generated by Large Language Models (LLMs)

Presenters: Mark Sinyor & Prudence Po Ming Chan

Background: Suicide-related media is known to influence suicide rates. Large Language Models (LLM), a form of Artificial Intelligence (AI), are increasingly being used as a writing tool. However, the quality of LLM-generated suicide-related content has yet to be assessed.

Methods: Our study examines the outputs from 3 chatbots (GPT-4, Grok, ERNIE) asked to produce text in 5 writing styles (broadsheet news report, tabloid news report, adult fiction, teen fiction, social media influencer) across 11 suicide-related prompts asked 5 times each (planned n= 825). To date, we have pilot-coded 100 queries using GPT-4. Full results will be available at the time of the conference with regression analyses comparing results between LLMs.

Results: In our pilot, 78 responses (78%) were excluded mainly because GPT-4 refused to write the requested text citing concerns about generating potentially harmful material. Ultimately, 32 responses (32%) met inclusion criteria, mainly those related to broadsheet and tabloid news reports as well as social media influencers. With respect to overarching narrative, 13 (41%) focused on helpful efforts by society to prevent suicide and 11 had other, more general, uplifting messages (34%). In terms of putatively harmful characteristics, the most common was mentioning that there is an epidemic or escalating crisis of suicide (11 responses; 34%). In terms of putatively protective characteristics, all responses (100%) included a message of hope and 23 (72%) described alternatives to suicidal behaviour.

Conclusion: These preliminary results suggest that GPT-4 largely adheres to responsible media reporting guidelines, at rates substantially higher than the literature on output from human sources. Full results for GPT-4 as well as Grok and ERNIE will be available at the time of the conference. We expect substantially different results from the latter given that Grok has been dubbed "TruthGPT" that, in contrast to GPT, is not "trained to be politically correct" and because ERNIE is a Chinese-language LLM that arises from a different cultural context. Our study represents the first attempt to characterize the narratives LLMs produce regarding suicide and can be used to inform future suicide prevention efforts through AI.

Oral #20 June 12th, 2025, 10.30am – 12.00noon

Chair: Diane van Bergen

20.1 Interpersonal factors differentiating current states of suicidal ideation among young Internet gamers with past suicidal ideation

Dr Alvin Junus¹, Xingcan Ye¹, Yiming Bai¹, Eric Caine², Professor Paul Yip¹

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Background: Emerging evidence base highlights associations between young people's gaming behavior — particularly when it constitutes Internet Gaming Disorder (IGD) — and conditions such as depression, anxiety, and suicidal ideation (SI). This indicates a heightened need to safeguard young Internet gamers' mental wellbeing. Nevertheless, how young gamers with poor mental health conditions may return to good mental health remains understudied.

Interpersonal factors such as social support, loneliness, and help-seeking are integral in young Internet gamers' ability to buffer against stressors, thereby influencing their resilience and ability to "bounce back" from mental ill-health. This study therefore aims to identify specific interpersonal factors that may explain absence of current SI among young Internet gamers with past SI.

Methods: 1610 persons aged 11–29 years who lived in Hong Kong and played Internet games at least 3 hours per week were surveyed in 2023, among whom 448 reported having SI in the preceding year (i.e., between 1–13 months ago). Past-month SI was also enquired, from which we defined a binary variable denoting previously suicidal gamers' absence of current SI. Participants' IGD status was indicated with the IGDS9–SF scale. de Jong Gierveld loneliness scale assessed social and emotional loneliness. Perceived social support from family, real-life friends, and gaming friends were measured by an adapted MSPSS. Help-seeking was assessed with a binary variable.

Focusing on gamers with SI in the preceding year, we conducted multiple logistic regression with absence of current SI as outcome variable and interpersonal factors, age, and gender as covariates. Psychometric network analysis involving absence of current SI and item-level interpersonal factors triangulated the regressions to pinpoint more precise potential risk and protective factors. The same procedures were independently conducted for gamers with and without IGD.

Result: Among gamers without IGD, absence of current SI was positively associated with real-life friends' availability in helping decision-making, while gaming friends' help and having nobody to trust were positively associated with persistence of their SI.

Among gamers with IGD, absence of current SI was also positively associated with real-life friends' availability in helping decision-making. Conversely, not having enough close people was positively associated with persistence of their SI.

Discussion: Instrumental social support from real-life friends may be integral in fostering resilience of previously suicidal young Internet gamers. More broadly, this study suggests that social connectedness may be an inherent community resource that can be built to advance suicide prevention efforts for young people.

20.2 Associations Between Physical Activity and Self-Harm in Youth: Preliminary Findings from a Longitudinal Population-Based Study

Alberto Forte¹, Dr Massimiliano Orri³, Dr. Elise Chartrand³, Dr Francis Vergunst⁴, Dr Marie-Claude Geoffroy³

¹Division of Child and Adolescent Psychiatry, Department of Psychiatry, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland, ²Faculty of Biology and Medicine, University of Lausanne, Lausanne, Switzerland, ³Department of Psychiatry, McGill Group for Suicide Studies, Douglas Mental Health University Institute, McGill University, Montreal, Canada, ⁴Department of Special Needs Education, University of Oslo, Oslo, Norway

Abstract title: Associations Between Physical Activity and Self-Harm in Youth: Preliminary Findings from a Longitudinal Population-Based Study

Background: Physical activity (PA) enhances cognitive and mental health by improving emotion regulation, which is closely linked to self-harm behaviors. While cross-sectional studies, mainly in adults, suggest an association between PA and suicidal ideation, no longitudinal study has examined PA's protective role against self-harm in youth. Using prospectively collected, population-based data, this study investigates cross-sectional and longitudinal associations between PA and self-harm in young adults, providing insights for future causal research.

Method: Participants were drawn from the Québec Longitudinal Study of Child Development (QLSCD), a population-based cohort of 2120 individuals born in 1997/98. PA at age 23 was assessed using validated questionnaires (e.g., EQSP 2014–2015), measuring frequency (days/week), intensity, and energy expenditure in leisure and transport contexts. Self-harm was self-reported at ages 23 and 25. Associations were analyzed using multinomial logistic regression.

Results: Among 1336 respondents, 10.2% reported self-harm at age 23, decreasing to 7.0% at age 25. A higher frequency of leisure PA was associated with lower odds of self-harm both cross-

sectionally (OR 0.89; 95% CI: 0.82–0.98) and longitudinally (OR 0.89; 95% CI: 0.80–1.00). Conversely, transport PA was positively associated with self-harm both cross-sectionally (OR 1.01; 95% CI: 1.00–1.03) and longitudinally (OR 1.02; 95% CI: 1.00–1.03).

Discussion: Preliminary findings suggest that leisure PA may have a protective effect against self-harm, whereas commute PA does not, aligning with prior research linking commute PA to physical but not mental health benefits. Further analyses will adjust for confounders such as socioeconomic status, gender, and psychopathology to clarify these associations.

Learning Objective: Explore the associations between different types of physical activity and self-harm in young adults, recognizing potential protective effects of leisure activity and the putative impact of transport-related activity

20.3 Research on media and suicide in low- and middle-income countries: A systematic review and narrative synthesis

Reihaneh Moniri¹, Professor Matthew Spittal², Dr Tilahun Haregu¹, Prof. Dr. Thomas Niederkrotenthaler³, Dr Lucas Calais-Ferreira², Associate Professor Gregory Armstrong¹

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The objective of this study was to systematically examine research on media content related to suicide in low- and middle-income countries. We aimed to analyse the geographical distribution, the study designs and methodologies employed, and the overall methodological quality of the existing literature through a comprehensive synthesis of findings.

We undertook a systematic review adhering to the PRISMA guidelines. We searched Ovid/MEDLINE, PsycINFO, Scopus, ProQuest, and CINAHL, and conducted citation searches of key papers until December 6, 2024. Studies examining fictional and non-fictional media content related to suicide were included, covering media quality, its effects on suicide-related behaviours, content creators' perspectives, and evaluations of media guidelines. Risk of bias was assessed using adapted JBI checklists for content and qualitative analyses, as well as ROBINS-I for interrupted time series and pre-post studies. The studies that examined media compliance with WHO guidelines were analysed by calculating pooled estimates and heterogeneity measures for each country and guideline. The remaining studies underwent narrative synthesis to explore their findings.

All 79 included papers were from 19 countries, and the majority were conducted in India, followed by Bangladesh, China, and Pakistan. These studies spanned various platforms, including social media, newspapers, online news, and television, and employed quantitative, qualitative, or mixed methods designs. Most of the papers were published in 2021 and 2022. 82% of the papers were content analyses of newspaper reporting, while the remaining 18% included qualitative studies, interrupted time series, pre-post studies, and content analyses of other media formats. Around 78% of the papers were at low or moderate risk of bias. Among the 65 papers assessing adherence to WHO Guidelines in newspaper reporting, 19 reporting characteristics were commonly assessed. The pooled estimate for mentioning the suicide method (a harmful characteristic) was 87%, while the estimate for including a helpline or contact details (a helpful characteristic) was only 1.6.

Our study found a small evidence base emerging on the topic of media and suicide in LMICs. Almost all the studies were limited to content analyses focusing on the quality of newspaper reporting, leaving major research gaps examining other important research questions in this field. The existing literature is concentrated in a few countries and a large proportion of studies were at low to moderate risk of bias. The quality of media content on suicide in these countries requires further attention, as harmful reporting practices were very common, while helpful reporting practices were rare.

20.4 Exploring experiences of social media platforms policies and restrictions related to self-harm content: an online cross-sectional survey and in-depth interviews

Researcher Amanda Marchant¹, Mr Fran Lewis¹, Mr Moiz Siddiqi¹, Professor Ann John¹

¹Swansea University Medical School, Swansea, United Kingdom

Learning Objective: To better understand the perspectives of social media users views of current restrictions on self-harm/ suicide content

Background: Many features of social media platforms can influence safety in relation to self-harm/suicide related content. In 2019 platforms including Meta and Twitter introduced restrictions of content and updated policies in relation to this content. While these features have been implemented by platforms to improve safety, their impact has yet to be fully evaluated.

Methods: This was a mixed method study consisting of a cross-sectional survey and semi-structured interviews. Participants aged 16 and over, with and without a history of self-harm were recruited. Survey data was collected online. In-depth interviews were conducted via a messaging app. In-depth interviews were analysed using thematic analysis.

Result: The paper is currently under consideration for publication. A total of 5294 survey respondents met the criteria for inclusion in data analysis. Seventeen participants took part in the in-depth interviews. Participants discussed the experience of social media platforms before and after the policy changes and highlighted the importance on online communities and the distress caused by inappropriate censoring of images (e.g., where healed self-harm scars were visible) or content related to recovery. Suggestions were made for how platforms can continue to improve including improved age verification procedures for young people, improvements to signposting and more control over content.

Discussion: To our knowledge this is the first study to explore the 2019 change in platform policies with respect to self-harm/suicide related content. People with and without a history of self-harm were included. This research further supports raising awareness of the risks and unintended consequences of imposing untested blanket restrictions in online settings. Full evaluation of peoples' experiences of these restrictions is essential to allow platforms to continue to improve, encouraging a safe space for supportive communities whilst mitigating potentially harmful effects. While platforms have taken positive steps in improving safety online, this study provides valuable insights into how these policies can be further improved based on lived experiences and opinions. Platforms will need to continually develop and improve these policies. The current study highlights the willingness of individuals to engage with researchers and policy makers to improve social media platforms online safety.

20.5 Risk of suicide and suicide attempt among individuals with congenital disorders

Dr Massimiliano Orri¹, Ms Audrée Bujold, Dr Ellen Christine Leth Løkkegaard, Prof. Merete Nordentoft, Dr Annette Erlangsen

¹McGill University, Montreal, Canada

Learning objectives. To understand suicide risk for individuals born with a range of congenital disorders

Background. Congenital disorders, i.e. life-long impairing conditions present at birth have been linked to higher risks of mental disorders. Still, a possible association with suicide attempt remains to be clarified. We compared the rates of suicide attempt among individuals with congenital disorders with

those with of individuals without congenital disorders. Analyses were stratified by type of disorders and sex.

Methods. A cohort design was applied to individual-level, register-based data including all persons aged 10+ years and living in Denmark during 1987–2021. Congenital disorders and suicide attempts were identified in hospital records. We calculated incidence rates of suicide attempts for individuals with and without congenital disorders and used Cox regression models to estimate hazard ratios for suicide attempt, adjusting for covariates.

Results. Among 2,157,641 individuals (35,049,960 person-years), 236,139 (10.9%) with a congenital disorder and 31,055 with suicide attempt were observed. Rates among those with and without congenital disorders were 110.3 and 94.5 per 100,000 person-years, respectively. After adjustment, individuals with congenital disorders had higher risk of suicide attempt when compared to those without (HR 1.27, 95% CI 1.23–1.31). Elevated risks were also observed across all congenital disorders examined. Similar higher risks were observed for males and females, except for circulatory and heath disorders, and cleft lip and palate disorders, both showing higher risk in males than females.

Discussion. This study showed that individuals with congenital disorders are at higher risk of attempting suicide, and that this risk is found across a wide range of conditions affecting virtually all organ systems. Routine suicide risk assessment among individuals with congenital disorders may be needed to provide timely suicide prevention interventions to those at risk

20.6 Experience effects: Personal exposure to depression influences stigmatizing attitudes and help-seeking behavior in an Estonian sample

Rainer Mere

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Rainer Mere¹, Peeter Värnik¹

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Merike Sisask²

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² Tallinn University, Tallinn, Estonia

Learning Objective: Understand how different patterns of depression experience, demographic factors, and stigmatizing attitudes influence help-seeking behavior.

Background: Mental health stigma remains a significant barrier to help-seeking behavior, with complex relationships between personal experience, stigmatizing attitudes, and willingness to seek professional help. This study examines these relationships in an Estonian sample to identify factors that influence stigma and help-seeking behavior.

Methods: A survey of 997 Estonian adults was conducted as part of a broader mental health attitudes assessment. Depression experience, suicidal thoughts, and current symptoms (PHQ-4) were measured. Stigmatizing attitudes were assessed using the Depression Stigma Scale, a 5-point Likert scale where higher scores indicate stronger stigmatizing beliefs. Help-seeking attitudes were measured using the Attitude Toward Seeking Professional Psychological Help–Short Form, a 4-point scale where higher scores indicate greater willingness to seek professional help. Demographic comparisons, ANOVA with post-hoc tests, and bivariate correlations were conducted.

Results: We identified a "Double Denial" group who believed depression isn't real and people could snap out of it. This group showed significant gender differences (56.8% male vs. 43.2% female, $p=.002$) and increased with age ($p<.001$). Those with personal depression experience held significantly lower stigmatizing attitudes (depression without suicidal thoughts: $M=2.41$; depression

with suicidal thoughts: $M=2.27$) than those without ($M=2.82$; $p<.001$). Psychotherapy experience was associated with lower stigma ($M=2.08$ vs. $M=2.41$; $p=.002$), whereas psychopharmacological treatment showed no impact. Social proximity to someone with self-harm/suicide history reduced stigma ($p<.001$). Stigma is strongly negatively correlated with help-seeking attitudes ($r=-.487$, $p<.001$). Help-seeking was highest in those with depression without suicidal thoughts ($M=2.94$), but lower in those with both depression and suicidal thoughts ($M=2.79$).

Discussion: The findings reveal demographic patterns in stigmatizing beliefs, with males and older individuals more likely to deny the reality of depression. Personal experience with depression generally reduces stigmatizing attitudes and increases help-seeking intentions, yet the addition of suicidal thoughts appears to create a "double burden" that may reduce help-seeking despite greater need. This suggests that while anti-stigma efforts should continue broadly across all demographics, special attention should be directed toward males, older adults, and those experiencing both depression and suicidal thoughts, as these groups may face particularly significant barriers to seeking help despite their critical need for support.

20.7 Real-time Suicide Surveillance: Insights from a Regional Suicide Observatory in Ireland

Professor Ella Arensman¹, Doctor Ruth Benson¹, Martin Ryan², Donagh Hennebry², Dr Eve Griffin¹, Mx Sofia Bettella¹, Dr Paul Corcoran¹

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Learning objective: Obtain insight into the development and implementation of a real-time suicide surveillance system and its benefits for suicide prevention.

Background: The public health prevention model of suicide prevention begins with and relies heavily on surveillance data. Having access to a real-time suicide surveillance system, will assist in early identification of emerging suicide clusters, a timely response to people affected by suicide, and verification of anecdotal evidence on suicide that is disseminated via media outlets. Between January 2019 and May 2022, a pilot Suicide Observatory was conducted in County Cork, Ireland, with the aim to examine the feasibility and benefits for suicide prevention. In April 2021, a second county in Ireland (Kerry), adopted this real-time suicide surveillance system.

Methods: The Suicide Observatory pilot study recorded data on all deaths in County Cork in which the circumstances of the death were consistent with a probable suicide, based on internationally validated operational screening criteria. Data on probable suicide cases from coroners in County Cork were collected on a fortnightly basis, obtained via telephone consultation with the coroners or via onsite access to coronial files. The Suicide Observatory pilot study database included 16 data items capturing demographic information relating to the deceased, circumstances around the death and mental health service use.

Results: During the Suicide Observatory pilot study in County Cork, a total of 166 cases of probable suicide were recorded. The majority of coronial verdicts, 44%, were explicitly classified as suicide. However, for a significant proportion, 34%, verdicts remained pending, as definitive conclusions had not yet been reached for legal or procedural aspects. The majority of the deceased were male (78%), and the age range was 12 to 84 years. In terms of ICD classified methods, hanging, strangulation, and suffocation were the most prevalent methods, accounting for 65.1% of cases. Drowning and submersion followed at 10.8%, representing a significant but notably less common choice. Specific benefits of real-time suicide data included facilitation of a timely response and support for those affected and activation of local plans to respond to emerging suicide clusters, and verification of misinformation. Real-time suicide data also facilitated the implementation of suicide prevention measures aimed at restricting access to means.

Discussion: Based on the feasibility and outcomes of the pilot Suicide Observatory, upscaling and wider implementation of this real-time suicide surveillance system, is recommended, pending the outcome of an independent review, at national level in Ireland.

20.8 Divergent Patterns of Suicide Methods and Their Regional Impact on Standardized Mortality Rates: A Tale of Two High-Income Countries

Professor Gun Woo Victor Park¹, M.sc. Carola Claus²

¹Seoul National University Hospital, Seoul, South Korea, ²Ruhr-Universität Bochum (Mental Health Research and Treatment Center), Bochum, Germany

Learning Objective: To analyze the regional differences in suicide methods between Germany and South Korea using Correspondence Analysis and evaluate how these variations influence suicide mortality rates.

Background: Suicide methods vary significantly across countries, influenced by sociocultural, regulatory, and environmental factors. While Germany and South Korea are both high-income nations, their suicide profiles exhibit distinct patterns, which may impact regional suicide mortality rates. This study applies Correspondence Analysis (CA) to examine the distribution of suicide methods across regions in both countries and assess their relationship with age-standardized suicide mortality rates (ASMR).

Methods Using national suicide mortality data from 2014 to 2023, we categorized suicide methods into major groups (e.g., hanging, poisoning, jumping, drowning, firearms, cutting, and other). CA was performed separately for each country to visualize associations between suicide methods and regions, identifying the 2nd and 3rd most frequently used methods across administrative units. Additionally, we examined how dominant suicide methods correlated with regional ASMR.

Results Distinct country-level patterns were observed. In Germany, firearms and poisoning were more prevalent in rural areas, whereas jumping and hanging were dominant in urban regions. CA revealed that firearm-heavy regions exhibited lower ASMR, whereas areas where jumping or hanging predominated had higher ASMR. In South Korea, hanging was the most frequent method nationwide, but regional variability was observed in the 2nd and 3rd most used methods. Jumping was more common in metropolitan areas, while pesticide poisoning persisted in some rural regions. Regions with higher proportions of pesticide poisoning and hanging showed higher ASMR. Cross-country differences emerged in the relationship between suicide method preference and ASMR. In Germany, access to firearms was limited, and poisoning rates were relatively stable. In contrast, South Korea exhibited higher pesticide use in rural areas and jumping from high-rise buildings in urban centers, both contributing to higher ASMR variations across regions.

Discussion These findings underscore how method availability, cultural norms, and urbanization shape regional suicide mortality patterns. The greater variation in suicide methods in South Korea compared to Germany highlights the need for tailored, region-specific suicide prevention policies, such as means restriction and targeted interventions. In particular, reducing pesticide accessibility and securing high-risk urban sites could mitigate suicide risks in South Korea, whereas in Germany, firearm control and mental health interventions may help address method-specific mortality risks.

20.9 Suicide ideation amongst psychiatry out-patient attendees in remote Northern Pakistan

Dr Farzana Niat¹, Dr Malika Saba², Ms Falak Madhani³, Ms Warisha Zahid⁴, Ms Mashaal Hooda⁵, Dr Murad Moosa Khan⁶

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Learning objective: This research aims to shed light on suicide attempts and suicidal ideation in Gilgit-Baltistan (GB), the northern region of Pakistan

Background: Gilgit-Baltistan (GB) is a semi-autonomous mountainous region in northern Pakistan. Though renowned for its tourism, its remote location, difficult topography and poorly developed health and mental health services make it a challenging environment. There is evidence that suicide rates, especially among young people, in GB are higher as compared to the rest of the country. However, there is paucity of data on suicidal behavior in GB.

Methods: In this cross-sectional study, data was collected from patients attending the out-patient psychiatric clinic in District Gahkuch in GB, from June 2022 till September 2023. The variables include age, sex, marital status, educational background, job status, current stressors, and diagnosis. Descriptive analysis was carried out with suicidal ideation and suicide attempts as outcome variables.

Result: Out of 1523 individuals presenting to the psychiatric OPD, 1139 (75%) were females and 390 (25%) were males. A total of 485 (32%) individuals — 389 (80%) females and 96 (20%) males— had suicidal ideation, of which 74% were diagnosed with depression, followed by anxiety disorders (21%). A total of 153 individuals reported to have attempted suicide in the past –118 (77%) females and 35 (23%) males— of which 89% presented with suicidal ideation. The most common stressor for females who attempted suicide were family related issues, while for males it was financial stress. Suicidal ideation was more common among housewives and employed males. Method of suicide attempts was reported in 39 patients: majority of women (42%) reported attempted jumping into the river while men employed hanging (38.5%). 74% of those who attempted suicide were diagnosed with depression and 16% with anxiety disorders. Previous suicide attempts and ideation were more common among those with low or no education.

Discussion: About a third of the psychiatry out-patient attendees expressed suicidal ideation on psychiatric assessment. Given the social and religious stigma against suicidal behavior in Pakistani society, this figure may be an underestimate. Nevertheless, it provides a window into suicidal behaviors from an area where data on suicide and self-harm is difficult to access. There is a need for more research that can inform policy and suicide prevention strategies for the northern areas of Pakistan.

Oral #21 June 12th, 2025, 10.30am – 12.00noon

Chair: Lennart Reifels

21.1 Assisted suicide and autonomy – an approach from the perspective of psychiatry, psychotherapy and psychoanalysis

Prof. Dr. Barbara Schneider¹, Univ.-Prof. med. Elmar Etzersdorfer²

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Three (3) learning objectives:

The development of 'autonomy' is far more than a rational process, and autonomy can only be realised in relation to and with the help of other people..

Participants should be able to develop approaches to suicide prevention at the individual level.

The workshop group can formulate prerequisites for the development of a social climate that prevents (assisted) suicides.

Background In different countries around the world access to assisted suicide is regulated by laws that address how assisted suicide may be carried out, defining who can access assisted suicide and under what conditions. In Western countries, there has been a trend to view assisted dying as a human rights issue, and to separate it conceptually from suicide. In these countries, where the “right to assisted suicide” is postulated and legally guaranteed, it is justified by the assumption that wishes for assisted suicide are well considered, autonomous and self-determined decisions.

However, there is evidence to suggest that people turn to assisted suicide when they are, e. g., in depressive state and worry about suffering from serious physical illnesses and incapacity. Many factors including medical, psychological, social and cultural issues influence individuals to consider (assisted) suicide. How assisted suicide affects surviving loved ones is still unclear.

WHO suicide prevention policy is based on three levels of universal, selective, and indicated prevention. Access to assisted suicide affects suicide prevention at all three levels. There is a growing emphasis in some regions of the world on a perspective on the individual having the greatest possible autonomy in decision making about their own life. However, this minimizes alternate perspectives on suffering and dying that reflect the human condition of interdependence and the needs for others in times of physical and psychosocial distress at the end of life.

Format/session plan: Two short contributions will 1) question the prevailing understanding of autonomy on the basis of fundamental insights from psychiatry, psychoanalysis and psychotherapy; and 2) present an understanding of free responsibility in assisted suicide, which includes the development of suicidal crisis with extensive conscious and unconscious motives and also takes into account the interpersonal context of assisted suicide decisions.

These concepts are discussed with the participants. It will be argued that the emergence of 'autonomy' is much more than a rational process and that autonomy can only be realised in relation to and with the help of other people.

The authors present case studies to illustrate the psychodynamics and therapeutic possibilities of suicidal development, as well as aspects of suicide prevention. On this basis, the participants, together with the facilitators, develop approaches to suicide prevention at the individual level and are able to formulate the necessary conditions for the development of a social climate that prevents (assisted) suicides.

21.2 Caregiver-adolescent concordance in reporting self-harm, depressive symptoms, and psychological well-being among adolescents in Taiwan

Yu-han Liu¹, Prof Shu-Sen Chang^{1,2,3,4}, Ling-Yin Chang¹

¹Institute of Health Behaviors and Community Sciences, College of Public Health, National Taiwan University, Taipei, Taiwan, ²Psychiatric Research Center, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan, ³Global Health Program, College of Public Health, National Taiwan University, Taipei, Taiwan, ⁴Population Health Research Center, National Taiwan University, Taipei, Taiwan

Presentation Title: Caregiver-adolescent concordance in reporting self-harm, depressive symptoms, and psychological well-being among adolescents in Taiwan

Learning Objective: To explore the discordance between adolescent and caregiver reports of adolescent self-harm, depressive symptoms, and psychological well-being in Taiwan, and to identify the factors influencing this discordance.

Background: Parental detection of adolescents' mental health issues could increase help-seeking and early intervention. Past research has indicated discordance between caregivers' and adolescents'

reports of adolescent mental health problems. We investigated the extent of discordance between adolescents and caregivers in Taiwan in reporting adolescent self-harm, depressive symptoms, and psychological well-being, as well as the potential factors associated with this discordance.

Method: Data for 1,417 pairs of adolescents and their caregivers were extracted from the Taiwan Birth Cohort Pilot Study (TBCS-P). Concordance in the reports of self-harm was assessed using the Kappa coefficient, while those for depressive symptoms, happiness, and well-being satisfaction were evaluated using the Intraclass Correlation Coefficient (ICC). Multiple linear regression was employed to examine the factors associated with discordance between adolescents' and caregivers' reports of adolescent depressive symptoms, happiness, and well-being satisfaction.

Result: The results showed low caregiver-adolescent concordance in reporting adolescent self-harm ($K = 0.28$) and depressive symptoms ($ICC = 0.28$), while concordance in reporting happiness and well-being satisfaction was moderate ($ICC = 0.48$ and 0.43 , respectively). Overall, caregivers tended to underestimate adolescent self-harm and depressive symptoms while overestimating adolescent happiness and well-being. Mothers with better mental health tended to underestimate adolescent depressive symptoms and overestimate adolescent happiness and well-being. Additionally, male caregivers tended to overestimate adolescent happiness, and parents' high responsiveness was associated with an overestimation of adolescent well-being satisfaction.

Discussion: Caregivers generally underestimated adolescent self-harm and depressive symptoms while overestimating their happiness and well-being. The findings have implications for parenting education to increase parents' awareness of adolescents' mental health issues.

21.3 Perfectionism, feelings of not mattering, and suicidal ideation: A longitudinal test of the Integrated Motivational-Volitional Model of suicidal behaviour

Marianne Etherson¹, Dr Jala Rizeq¹, Professor Rory O'Connor¹

¹University of Glasgow, Glasgow, United Kingdom

The Integrated Motivational-Volitional Model (IMV) model of suicidal behaviour is a theoretical model that examines the relationship between perfectionism and suicidal ideation via various pathways. However, to date, tests of the IMV model have included socially prescribed perfectionism, but not perfectionistic self-presentation, as a predictor in this model. Likewise, no research on the IMV model has included anti-mattering (i.e., feelings of not mattering alongside feelings of insignificance and marginalization) nor has it examined the pathways linking perfectionism and suicidal ideation longitudinally. Our study sought to address these limitations by including perfectionistic self-presentation and anti-mattering for the first time in the IMV model and by conducting the first longitudinal test of these relationships. We hypothesised that defeat and entrapment would sequentially mediate the relationship between socially prescribed perfectionism and perfectionistic self-presentation and suicide ideation over time, and that anti-mattering would moderate the relationship between entrapment and suicidal ideation. At baseline, 521 participants (M_{age} = 32.98 years, SD = 12.31, 65.3% female) were recruited through social media platforms and mental health charities. Participants completed the study measures on three occasions separated by approximately six weeks. Findings revealed that defeat and entrapment displayed sequential indirect effects between perfectionism dimensions (socially prescribed perfectionism and perfectionistic self-presentation) and suicidal ideation over time, controlling for depressive symptoms. Furthermore, anti-mattering was found to moderate the relationship from entrapment to suicidal ideation. Findings of the current study are novel, and suggest the potential inclusion of perfectionistic self-presentation and anti-mattering in the IMV model. Our findings highlight the need to target perfectionistic self-presentational behaviours and feelings of not mattering in clinical settings to prevent the development of suicidal ideation.

21.4 is it possible to kill oneself? psychoanalysis, the subject, and the suicidal act

Ms Ruby Towers¹

¹University College London (ucl), London, United Kingdom

The objective of the presentation will be to critically examine acts of suicide through a psychoanalytic lens to promote dialogue with broader suicide prevention research. The question of 'is it possible to kill oneself?' is posed across disciplines as an attempt to gain an understanding of such acts that escape comprehension for the individuals and those around them.

Suicide prevention research is often dominated by psychological and sociological models that emphasise external determinants as causal factors (e.g., mental illness, social adversity, etc.); to some extent, we thus deny the possibility of killing oneself. In psychoanalysis, the question is further complicated by Freud's third 'bitter blow' to humankind: We are not the masters in our own houses. With the introduction of the unconscious, questions of agency and intent in the suicidal act become deeply complex.

My methodology will involve using a Freudian and post-Freudian approach to examine the subject (as the subject of the unconscious) and her relation to death and the body. Relevant psychoanalytic concepts such as the unsuccessful act and the role of symbolic determination are explored in relation to suicide. Theoretical discussion is supported by close readings of a Symposium on Suicide held by the Vienna Psychoanalytic Society in 1910 where much of the discussion remains relevant to and can fruitfully inform today's research on suicide.

This analysis reveals that suicide is not simply an intentional act of the ego to destroy itself; rather, it raises questions about what (or who), precisely, is being annihilated in the suicidal act. In clinical work, these questions are crucial to think about—I argue, especially for postvention work with the individual who survives to symbolise and make sense of their act (which ultimately supports the prevention of further attempts).

By using psychoanalytic knowledge, we open these self-destructive acts up to myriad interpretations where the singularity of the individual and her suffering must be thought about and respected. While psychoanalysis does not provide a prescriptive model of prevention, it can offer an alternative to dominant models that rely on prediction and risk factors. Discussion aims at opening critical space for a deeper understanding of acts of suicide and non-suicidal self-harm by addressing the subject in her division and unconscious determination. In a global context, this perspective offers a necessary critique that calls for a deeper engagement with unconscious meaning in such devastating acts that can better inform suicide prevention work and research.

21.5 Examining Suicide-Related Content on Social Media: Insights from Experimental Studies

Ms Vanja Gomboc¹, Ms Polonca Borko¹, Prof. Diego De Leo¹, Prof. Vita Poštuvan¹

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, Koper, Slovenia

Learning objective: Understand the critical role of responsible social media content curation in suicide prevention by examining how different types of suicide-related posts and user comments influence emotional and behavioural responses.

Social media platforms, with their high interactivity, have become a prominent space for user engagement. This highlights the critical need for responsible approaches to addressing suicide-related content on social media platforms as part of effective suicide prevention strategies. Posts and

comments on social media have the potential to shape user attitudes, underscoring the importance of their appropriate presentation.

We conducted two experimental studies to better understand how social media posts and their accompanying user comments about suicide are perceived and experienced by other users. Study 1 examined user reactions to social media posts about suicide, comparing them with reactions to posts about traffic accidents and natural phenomena in two control groups. Study 2 (ongoing) investigates user responses to various combinations of suicide-related posts and user comments, ranging from highly appropriate to less appropriate, based on media guidelines for responsible reporting.

In Study 1, the experimental group (EC), which viewed social media posts about suicide, demonstrated the highest engagement, particularly with emotionally charged content. In contrast, the second control group (CG2), which viewed posts about natural phenomena, exhibited mostly neutral or disinterested reactions. EC participants reported strong emotional responses (e.g., discomfort, tension) to detailed and graphic narratives, while CG2 showed neutral reactions. The first control group (CG1), which viewed posts about traffic accidents, displayed mixed emotional responses depending on the specific content of each post.

These findings underscore the vital role of responsible social media content curation in mitigating the risk of emotional and behavioural outcomes. By adhering to evidence-based guidelines for reporting on suicide, social media platforms can foster a safer digital environment and reduce potential harm to vulnerable populations. Results from the ongoing Study 2 will further illuminate how specific content characteristics influence user experiences and guide targeted interventions.

Financial Disclosure: The research was financially supported by the Slovenian Research and Innovation Agency through grants J3-3081 and MR Gomboc.

21.6 The Potential Difficulties of Conducting Research Related to Suicide: A Systematic Review.

Dr Katie High^{1,2}, Dr Lauren Brockett^{1,3}, Dr Jennifer Heath¹, Dr Farah Dauhoo⁴

¹University Of Hertfordshire, Hatfield, United Kingdom, ²Great Ormond Street Hospital, London, United Kingdom, ³King's College Hospital, Denmark Hill, United Kingdom, ⁴East London NHS Foundation Trust, Bedford, United Kingdom

Learning Objective: Gain an understanding of the difficulties of conducting suicide-related research; highlighting recommendations to ensure that research takes place safely.

Background: Suicide prevention and bereavement are topics of interest within literature and government policies, including the WHO (2023) guidelines and Public Health England (2023) policies. Policies/guidelines emphasise the need for effective and appropriate suicide bereavement support, although they rarely state what this support should entail. It can be questioned whether these aspects aren't presented or considered due to lack of evidence derived from research. To ensure suicide, suicidal behaviour, and suicide bereavement is researched thoroughly and ethically, it's important to understand why these topics aren't being appropriately researched, and whether there are any potential challenges or barriers to this.

This review consolidates existing literature to identify challenges and barriers to conducting suicide-related research, with the hope to promote research within this field.

Methods: This review was pre-registered: PROSPERO protocol number: CRD42024513505. The PICO framework was used to configure the research question, and the SPIDER framework (Cooke et al., 2012) was used to develop the search strategy. Searches were conducted on four databases: Scopus, PsycINFO, MEDLINE, and Ethos. Eight studies met the inclusion criteria, and data was synthesised using Thematic Synthesis (Thomas and Harden, 2008).

Result: Thematic synthesis revealed five main themes with seven subthemes. Main themes included: Ethical Approval Process, Cultural Differences, Community Expectations, Potential Harm to Participants, and Recruitment.

Discussion: Findings are discussed in relation to existing literature, highlighting complexities in conducting suicide-related research, including difficulties obtaining ethical approval, and management of participant expectations. The authors reflect on the ethical review process and how this can be improved to support research activity.

This review concludes that, although there are barriers and challenges to completing research within this field, it can be completed safely and meaningfully when considerations are made to: the potential risks, and the perceived and experienced challenges previous researchers have faced. Recommendations to support completion of suicide-related research, and ensure the safety of those involved, include establishing connections with community leaders to support recruitment, and researchers being explicit with individuals regarding participation and anonymity. It's essential to also consider and assess throughout the process any potential risks to participants, and establish a management plan if distress arises.

Awareness of the difficulties and the recommendations can help educate future researchers, policy makers, and service providers to support the facilitation of suicide-related research.

21.7 Mechanisms of brief intervention to prevent suicide reattempt: an updated systematic review.

Benoit Chalancon¹, Jean Toniolo, Aurélie Vacher, Pauline Lau-Tai, Professor Emmanuel Poulet, Professor Cyrille Colin, A/Prof Edouard Leaune

¹Le Vinatier, Bron, France

Objective: Conducting an updated systematic review on the mechanisms of action of the brief interventions and contact (BICs).

The effectiveness of BICs in preventing suicide reattempt has been demonstrated in the scientific literature. A better understanding of the mechanisms of action of BICs is an important contribution to understanding the factors that may reduce the rates of suicide reattempts. We updated the review by Milner et al. (2016) in the same objective to identify the mechanisms involved in the effectiveness of BICs.

The initial review by Milner et al. included studies published until 2013, so a search was conducted from 2014 to 2024, adding Web of Science, PsycInfo, Scopus and CINAHL to the databases initially searched (CENTRAL, MEDLINE, EMBASE). Two authors independently screened and selected the articles based on title, abstract, and full-text in accordance with a third author. We refocused the population to include all patients with suicidal behaviour, including active suicidal ideation, without age restrictions. The approach adopted in this study was similar to that employed by Milner, with the objective to identify the mechanisms within the selected studies.

A total of 9,510 results were identified, and 27 studies were included in the final analysis for a sample of 7,224 people (61% male).

Issued from the included articles, a comprehensive model for the mechanisms involved in the effectiveness of BICs to prevent suicide reattempt was built. In contrast with the previous systematic review, two major mechanisms were identified and suggest five complementary sub-dimensions.

1) learning alternative behaviours, complemented by four new underlying mechanisms relating to a) emotion management, b) cognitive flexibility, c) spiritual level and d) suicide prevention literacy.

2) social support, following the contributions of Milner, we have identified a sub-dimension of social support: the “caring and concern” which refer globally to a professional health connection.

Our comprehensive model offers enhanced strength and precision of two mechanisms of action. These can be identified through the utilisation of concrete skills: skillfulness and connectedness. The five sub-dimensions represent novel contributions to the field, thereby facilitating a more profound comprehension of the mechanisms implicated in BIC.

A more precise description of these mechanisms may provide some answers to the transition factors identified in the Integrated Motivational Volitional Model (R. C. O'Connor & Kirtley, 2018).

21.8 Evaluating Risk and Protective Factors Associated with Suicidal Behavior Among Students After the Pandemic

Ms Eva Sedlasek^{1,2}, Matija Zagoranski², Ms Vanja Gomboc^{1,2}, Dr Nina Krohne^{1,2}, Ms Sara Vidmar¹, Prof. Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, Koper, Slovenia, ² Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, Koper, Slovenia

Learning Objective: To assess and understand various risk and protective factors for suicidal behavior among students after COVID-19 and subsequent societal crises.

Background: In the aftermath of the COVID-19 pandemic, university students in Slovenia have faced compounded stressors, including economic instability and natural disasters. These stressors have exacerbated the consequences of pandemic-related disruptions such as social distancing and remote learning, underscoring the urgency to evaluate risk and protective factors associated with suicidal behavior in this demographic.

Aim: This study aims to analyze various risk and protective factors associated with suicidal behavior among students from Slovenia in the context of post-COVID-19 crises, such as rising costs and severe natural disasters.

Method: The sample consisted of 274 participants with an average age of 22 years (min=18, max=35). Data were collected between October and December 2024. Standardized psychological measures were used to assess suicidal ideation (Paykel Suicide Scale), past suicide attempts (one-item question), self-harm (DSHI), depression and anxiety (DASS-21), emotional and social loneliness (DJG Scale), alcohol use (AUDIT-C), and addiction to social media (BSMAS), smartphones (SAS-SV), and the internet (YDQ). Additional measures included demographic variables (gender, age, level of study, religion, learning difficulties), posttraumatic growth (PTG), and perceived social support (MSPSS).

Results: This is an ongoing study, with final data analysis scheduled to begin in early spring 2025. Advanced statistical modeling will be used to examine potential pathways linking suicidal behavior to depression, anxiety, loneliness, and addictions during high-stress periods (e.g., economic instability, and natural disasters). Protective factors such as posttraumatic growth and perceived social support may buffer these effects, shaping the overall risk-resilience dynamic models. Additionally, analyses will evaluate the intensity and interconnections of key variables to identify the most influential factors within this framework.

Conclusion: The findings of this study will offer valuable insights into the state of risk and protective factors associated with suicidal behavior among students, considering the significant and challenging events and changes of recent years. The results will inform the development of targeted interventions to address risk factors and strengthen protective mechanisms, ultimately promoting student well-being and preventing suicidal behavior.

Financial Disclosure: The research was financially supported by the Slovenian Research and Innovation Agency as part of the research project J5-3113.

21.9 Navigating Crises: A Qualitative Study on Individuals' Experiences During the COVID-19 Pandemic and Post-Pandemic Period

Ms Eva Sedlasek^{1,2}, Dr Meta Lavric^{1,2}, Ms Lucia Rojs^{1,2}, Ms Polonca Borko^{1,2}, Prof. Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, Koper, Slovenia, ² Department of Psychology, Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, Koper, Slovenia

Learning Objective: To explore and gain an in-depth understanding of individuals' experiences during the COVID-19 pandemic and post-pandemic crises.

Since the outbreak of the COVID-19 pandemic in 2020, individuals in Slovenia have faced various rapid and unforeseen global and national changes that have significantly impacted multiple aspects of their lives. Global crises and societal shifts serve as major population stressors, profoundly affecting a large number of people and leading to severe mental health outcomes, including suicidal ideation and suicidal behavior

This study aimed to explore and gain a comprehensive understanding of individuals' experiences during the COVID-19 pandemic and post-pandemic crises, including the Russian war against Ukraine and severe natural disasters. Additionally, it sought to identify specific challenges faced by individuals during these periods and the strategies they employed to cope with them.

Semi-structured interviews were conducted with 24 participants (16 women and 8 men) with an average age of 49 years (min = 21; max = 76). The interviews were designed following the principles of Grounded Theory to achieve in-depth interviewing. All participants had experienced the COVID-19 pandemic, were aware of the outbreak of the Russo-Ukrainian war, and had been directly or indirectly affected by the 2022 wildfires. However, not all participants experienced floods in 2023, as some interviews were conducted prior to these events.

Qualitative data analysis, following the principles of Grounded Theory, yielded 888 quotations coded into 96 initial codes, which were further categorized into four main categories. The first three categories (Experiences of the Pandemic, Levels of Change, and Protective Factors) primarily relate to the pandemic period, while the fourth category (Consequences) encompasses both the pandemic and post-pandemic crises. The identified categories were integrated into a conceptual model that illustrates the dynamic interplay between individuals' experiences, challenges, and short-term consequences of the pandemic, as well as protective mechanisms and long-term consequences.

This study significantly contributes to the understanding of individuals' experiences during the COVID-19 pandemic and subsequent crises. It offers valuable insights into the various dimensions of crises that have affected people's lives, as well as the strategies that facilitated coping during these challenging periods. It can contribute to designing and implementing targeted interventions aimed at addressing psychological distress and enhancing resilience in similar future situations, potentially preventing adverse mental health outcomes, including suicidal behavior.

Oral #22 June 12th, 2025, 2.00pm – 3.00pm

Chair: Ping Qin, National Centre for Suicide Research and Prevention, University of Oslo, Norway

Understanding high-risk groups for suicide and suicidal behavior

Skei-Larssen E2, Jia C3, Christiansen E4, Qin P1, Mortier P5

Affiliations: 2Oslo University Hospital, Norway, 5Hospital del Mar Research Institute, Spain, 3Shandong University School of Public Health , 4Centre for Suicide Research & University of Southern Denmark, 1University of Oslo

Concept: Suicide and suicidal behavior are often a complicated outcome of many factors. Identifying and understanding people at high-risk are important for insights to inform prevention strategies, especially on the selective and indicative levels. In this symposium we will present 5 population studies that address suicide and suicidal behavior in various segments of population using data from population registries or large-scale population survey. The population of focus in these studies includes university students, bereaved offspring, cancer patients, psychiatric patients, and patients receiving hospital treatment because of self-harm. The risks of suicide, deliberate self-harm and/or suicidal ideation in these high-risk groups are assessed and profiled in the context of a large range of factors such as parental cause-of-death, social media use and sleeping problems, cancer disease, socioeconomic and clinical features of psychiatric illness and self-harming as well as follow-up mental healthcare. By emerging research evidence from China, Denmark, Spain and Norway, we believe this symposium will enhance our understanding on important high-risk groups for suicide and suicidal behavior and thus benefit attendees of the congress both for their research and prevention practice.

Presenters

- Emma Skei-Larssen, PhD-student at Oslo University Hospital, Norway
- Cun-Xian Jia, professor at Shandong University School of Public Health
- Erik Christiansen, associate professor at Centre for Suicide Research & University of Southern Denmark
- Ping Qin, professor at National Centre for Suicide Research and Prevention, University of Oslo, Norway
- Philippe Mortier, post-doc researcher at Health Services Research Group, Hospital del Mar Research Institute, Barcelona, Spain

22.1 Risk of deliberate self-harm and suicide in young offspring bereaved from parental death by specific natural and external causes — a national study

Emma Skei-Larssen, Tine Grimholt & Ping Qin

Background: Losing a parent is one of the most traumatic events a child or adolescent could experience and could have a large impact on the bereaved offspring's life. There is insignificant research on how the parental cause of death could impact the offspring differently. This study aimed to investigate the risk of deliberate self-harm (DSH) and suicide for the bereaved offspring, based on the parental cause of death.

Methods: Data from Norwegian population registers were interlinked to investigate the exposure to parental death by specific causes on the risk of DSH and suicide via a nested case-control design. Offspring under 35 years old who died by suicide or who were treated for DSH constituted the cases and were compared with gender-age-matched population controls. Conditional logistic regression models were used to assess the risk.

Outcomes: The risk of DSH was increased for the bereaved offspring [1.54, 95% CI 1.46 – 1.62], with the highest odds being parental death caused by mental diseases [2.84, 2.34 – 3.44], followed by accidental poisoning and suicide. The risk of suicide was significantly increased for the bereaved

offspring after parental death [OR 1.28, 1.17 — 1.40], with the highest risk after experiencing parental death caused by homicide [4.68, 2.18 — 10.02], followed by suicide and accidental poisoning. No gender interactions or gender-of-deceased interactions were detected.

Interpretation: Children bereaved from parental loss are at significantly increased risk of suicide and DSH in early life, but the risk differs by the parental cause of death. These findings are important for supporting the offspring after the traumatic event of a parental loss.

Funding: The South-Eastern Norway Regional Health Authority (Helse Sør-Øst RHF).

Learning objective: To gain insight on how suicide and deliberate self-harm in young people are associated with parental loss in early life.

22.2 The effect of social media use on suicidal ideation in college students: Mediation by daytime sleepiness and sleep quality

Cun-Xian Jia

Background: Social media use and daytime sleepiness are common among university students and have significant implications for their mental health. The aim of this study was to examine the effects of social media use on suicidal ideation among university students and to analyse the mediating effects of daytime sleepiness and sleep quality.

Methods: A total of 5899 full-time undergraduate students were included in this study. Questionnaires were distributed and collected using the QuestionStar platform. Logistic regression analysis was used to examine the association between social media use, daytime sleepiness and sleep quality, and suicidal ideation among college students. The mediation model was tested using the bias-corrected percentile bootstrap method.

Results: Among 4835 students, 612 (12.66 %) reported having had suicidal ideation. Regression analysis revealed that social media use (OR = 1.09, 1.05–1.12), daytime sleepiness (OR = 1.09, 1.06–1.11), general and poor sleep quality (OR = 1.89, 1.56–2.28; OR = 4.82, 3.76–6.18) were all significantly and positively associated with suicidal ideation. Furthermore, there was a chain-mediated effect of daytime sleepiness and sleep quality on the relationship between social media use and suicidal ideation.

Limitations: Causality could not be explored by cross-sectional studies, and future cohort studies are needed.

Conclusions: There was a chain-mediated effect between daytime sleepiness and sleep quality in the relationship between social media use and suicidal ideation. Therefore, it is recommended that students reduce their use of social media to improve their sleep quality and mental health.

Learning objective: To obtain insight into the association of social media use and induced sleeping deprivation with suicidal ideation among undergraduate students.

22.3 Incidence of suicide and suicide attempts following a diagnosis of cancer: a nationwide study using Danish registry data

Erik Christiansen, Jesper Hallas, Elsebeth Stenager & Mette Reilev

Introduction: Previous studies have documented a link between cancer and suicidal behavior, where individuals diagnosed with cancer have an increased likelihood of dying by suicide or attempting suicide. It is rare for studies to focus specifically on the temporal relationship between suicidal behavior and cancer diagnosis. This knowledge is relevant for relatives and healthcare professionals, as it can provide a better and more beneficial effect of preventive efforts.

Method: All first-time cancer patients in the period 2012–2021, who have been diagnosed with a life-threatening cancer, are included in the study. The incidence of three different forms of suicidal behavior (suicide attempts including self-harm, suicide attempts, and suicide) was analyzed in the time window around the suicidal event. Incidence rates (IR) and incidence rate ratios (IRR) were estimated for each quarter of the period, making it possible to assess the absolute and relative risk of

suicidal behavior during a cancer illness, and compare it with the background population. The study is designed as a cohort study, and the data basis was Danish registers.

Results: A total of 309,829 cancer patients were followed through their course. The trend was that the incidence of suicidal behavior increased in the quarter leading up to the diagnosis, peaking in the quarter after the diagnosis (IRR around 2.5 — 4.0 depending on the type of suicidal behavior), and then slowly decreasing again. For suicide attempts and self-harm, we found an increase again 4.5 years after the diagnosis. Younger patients were more likely to have self-harm and suicide attempts, whereas older men had the highest incidence of suicide.

Discussion: This study shows that the cancer cohort has increased suicidal behavior in some periods compared to what is expected. It is therefore necessary to consider mental well-being and suicidal behavior in a cancer course, but this study shows that it must happen as early as possible, as suicidal behavior starts simultaneously with the development of symptoms and therefore before the diagnosis. It is recommended that healthcare providers in contact with cancer patients are aware of these results and are prepared to inquire about suicidal behavior and refer patients to appropriate treatment options if there is mental distress and increased suicide risk

Learning objective: To obtain insight into development of various suicidal behaviours following the diagnosis of cancer.

22.4 Suicide and associated factors following hospital presentation for non-fatal deliberate self-harm: a national cohort study

Ping Qin

Background: Deliberate self-harm (DSH) is a strong indicator of psychological distress and constitutes a significant risk factor for subsequent mortalities. In this study we want to gain insights into subsequent suicide in self-harming patients and to disentangle important factors differentiating the risks so that to inform follow-up care and mortality prevention.

Method: Retrospective data from nationwide registries were interlinked to follow all patients (n=43153) presenting to specialist healthcare with non-fatal DSH from January 2008 through December 2018. Data on cause of death, personal socioeconomic status, clinical features of DSH and other medical covariates were retrieved. The Fine and Gray competing risks model was used to identify significant factors impacting subsequent mortality risk by specific causes of death in the cohort.

Results: The cohort of 43153 DSH patients comprised 24286 females and 18867 males, with 45.3% being 10–34 years old, 38.1% being 35–64 years old and 16.6% above 65 years old at index DSH episode. Of these patients, 7041 died during the follow-up period, including 2290 within the first 1-year, corresponding to a mortality rate of 31.9 per 1000 person-years in the follow-up period and 54.9 per 1000 person-years in the first year. In total, 911 patients in the cohort died by suicide, with more than 55% (n=503) being occurred within 1 year since the last DSH episode. The risk of dying by suicide was highly associated with middle-age (HR=1.5, CI 1.3–1.9), male gender, tertiary education (HR=1.9, CI 1.5–2.3), psychiatric history, and DSH by injury, clear intent of self-harm, an auxiliary diagnosis of affective disorder or personality disorder (HR=2.1, CI 1.5–2.8), referral to psychiatric treatment at the DSH discharge, and DSH repetition during the period of follow-up. Attendance in psychiatric treatment after DSH appeared to be beneficial reducing the risk for mortality by suicide as well as other external and natural causes.

Conclusion: Patients with DSH represent a high-risk group for suicide, with the highest risk shortly after the DSH. Mental healthcare is essential in follow-up care and personalized care should take into account patients' socio-demographic background and clinical features of self-harm.

Learning objective: To obtain insightful knowledge on suicide and other cause mortality and associated factors among self-harming patients.

22.5 Premature Death, Suicide, and Non-Lethal Intentional Self-Harm Following Psychiatric Discharge

Philippe Mortier, Susana Conde, Itxaso Alayo, Franco Amigo, Laura Ballester, Roser Cirici Amell, Daniel Guinart, Salvatore Fabrizio Contaldo, Montserrat Ferrer, Angela Leis, Miguel Angel Mayer, Ana Portillo-Van Diest, Beatriz Puértolas-Gracia, Juan Manuel Ramírez-Anguita, Carlos Peña-Salazar, Ferran Sanz, Ronald C Kessler, Diego Palao, Víctor Pérez Sola, Lars Mehlum, Ping Qin, Gemma Vilagut & Jordi Alonso

Background: Individuals recently discharged from psychiatric hospitalization are at significantly increased risk of suicide, particularly in the immediate post-discharge period, and of premature death from any cause over the long term. However, large, representative cohort studies examining premature mortality after psychiatric discharge—while also considering non-lethal intentional self-harm as an outcome—remain scarce.

Methods: Registry-based retrospective cohort study including all residents of Catalonia, Spain (population: 7.6 million) with psychiatric hospitalizations between January 1, 2014, and December 31, 2018 (n=49108; 52.6% males, mean age=44.2 years). Follow-up after discharge from the first (index) hospitalization continued until December 31, 2019. Premature death post-discharge (i.e., all-cause death before age 70) and suicide were identified using mortality records. Non-lethal intentional self-harm post-discharge was identified through electronic health records and a self-harm case register. **Results:** The standardized mortality ratio for premature death was 7.5 (95%CI, 7.2–7.9). For suicide, it was 32.9 (95%CI, 29.9–36.0), with an especially high risk among females (47.6 [95%CI, 40.2–54.9]). In fully adjusted hazard models, post-discharge non-lethal intentional self-harm was strongly associated with index admissions for intentional self-harm (HR=2.62 [95%CI, 2.20–3.13] for males; HR=1.95 [95%CI, 1.73–2.21] for females) and with diagnoses of adjustment disorders, anxiety disorders, depressive disorders, and personality disorders (HR range=1.24–1.99). Post-discharge suicide was associated with prior post-discharge intentional self-harm (HR=3.29 [95%CI, 2.47–4.40] for males; HR=2.83 [95%CI, 1.97–4.05] for females), male depressive disorder (HR=2.13 [95%CI, 1.52–2.97]), male adjustment disorder (HR=1.94 [95%CI, 1.32–2.83]), and female bipolar disorder (HR=1.94 [95%CI, 1.21–3.09]). Post-discharge premature death was associated with cognitive disorders (HR=2.89 [95%CI, 2.24–3.74] for females; HR=2.59 [95%CI, 2.17–3.08] for males) and alcohol-related disorders (HR=1.41 [95%CI, 1.18–1.70] for females; HR=1.22 [95%CI, 1.09–1.37] for males).

Conclusions: In this cohort study of patients discharged from psychiatric hospitalization, the risk of premature death and suicide was 7.5 and 32.9 times higher, respectively, compared to the general population. These findings underscore the need for better integration of mental and physical healthcare through investments in collaborative care models, targeted training, and proactive early detection and treatment of suicide risk and comorbid conditions.

Funding: AC22/OO045 (Instituto de Salud Carlos III, under the frame of ERAPerMed); PI22/OO107 (Instituto de Salud Carlos III; co-funded by the European Union); Fundación la Marató de TV3 202220-30-31; ISCIII-FSE CP21/OO078.

Learning objective: To obtain more insight in determinants of self-harm and premature mortality among individuals with a recent psychiatric hospitalization.

Oral #23 June 12th, 2025, 2.00pm – 3.00pm

Chair: Emmanuel Nii-Boye Quarshie

23.1 A validated clinical model for differentiating suicidality: a historical comparison

MSc Damien Broekharst^{1,2}, **MD PhD Remco F.P. de Winter**^{1,2,3,4}, Jonas Weijers^{1,2}, PhD Marieke de Groot^{4,5}

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Background: Over the centuries, numerous attempts have been made to classify suicidality, yet most typologies remain largely theoretical and lack substantial clinical application. In response, De Winter et al. (2023) introduced a differentiation model comprising four subtypes: perceptual disintegration (distorted perceptions), primary depressive cognition (negative affect and maladaptive thought patterns), psychosocial turmoil (reactivity to adversity), and inadequate coping (difficulty expressing distress). While promising, this model remains in an exploratory phase, warranting further refinement. This study undertakes a comparative analysis of the differentiation model alongside esteemed historical typologies from figures such as Durkheim, Freud and others, examining both convergences and divergences, while identifying opportunities for further development.

Methods: The historical typologies deployed for comparison were selected based on a previous literature review by Martin et al. (2019) and include those of Durkheim, Freud, Menninger, Shneidman, Mintz, Leonard and Henderson & Williams. A comparative historical analysis was conducted to juxtapose the differentiation model with these typologies, consisting of three steps: identifying the main components of each typology, defining these main components and comparing these definitions.

Results: The findings show that individuals with perceptual disintegration have a wish to die (Menninger), exhibit depressive behaviour (Henderson & Williams), are often psyche-ignorers (Shneidman) and tend to commit intentional (Freud), egotic (Shneidman) and altruistic (Durkheim) suicide. The typologies of Leonard and Mintz show no obvious overlap. The results subsequently indicate that individuals with primary depressive cognition have a wish to die (Menninger), exhibit depressive behaviour (Henderson & Williams), are often psyche-seekers (Shneidman) and tend to commit intentional (Freud), symptomatic (Mintz), egotic (Shneidman) and fatalistic (Durkheim) suicide. The typology of Leonard showed no obvious overlap. The findings also suggest that individuals with psychosocial turmoil have a wish to be killed (Menninger), exhibit alienated, avoidant (Henderson & Williams) and unaccepting behaviour (Leonard), are often psyche-initiators (Shneidman) and tend to commit semi-intentional (Freud), adaptional (Mintz) and anomic (Durkheim) suicide. Although Mintz's suicidality typology shows overlap, his suicide typology did not. The results further indicate that individuals with inadequate coping have a wish to kill (Menninger), exhibit extrapunitive, operant (Henderson & Williams) and dependent-dissatisfied behaviour (Leonard), are often psyche-darers (Shneidman) and tend to commit semi-intentional (Freud), communicative (Mintz), dyadic (Shneidman) and egoistic (Durkheim) suicide.

Conclusion: The differentiation model aligns closely with historical typologies, with Leonard as a notable exception. Given Leonard's focus on early childhood independence from parental figures, the differentiation model may benefit from greater emphasis on relational dynamics.

23.2 The Under the Radar Study: A RCT of the effects of brief online videos on men's help seeking behaviour and intentions

Professor Helen Christensen¹, Dr Jin Han², Professor Phil Batterham³, Dr WuYi Zheng¹, Dr Aimy Slade¹, Dr Smrithi Ravindra¹, Dr Biya Tang¹, Professor Fiona Shand¹, Mr Michael Spoelma¹, Mr Debopriyo Bal¹, Professor Katherine Boydell¹, Dr Glenn Holmes¹, Professor Sunil Gupta⁴, Dr Leonard Hoon⁴, Dr Joost Funke Kupper⁴, Assoc Professor Alexis Whitton¹

¹Black Dog Institute and the UNSW, Randwick, Australia, ²(2) Division of Arts and Sciences and Centre for Global Health Equity, NYU Shanghai, , Shanghai, China , ³(3) The Australian National University, Canberra, Australia, ⁴(4) Applied Artificial Intelligence Institute, Deakin University, , Australia

Learning objective: To understand the types of messages that promote help seeking in men, at risk, but not in contact with health services.

Background: Men at risk of suicide often do not seek help. All suicide prevention organisations face the challenge of creating messages that reach and engage those at risk of suicide before they make an attempt. Our goal was to develop messages that would resonate and potentially, provide the nudge for men to engage with services.

Methods: Based on themes derived from literature reviews, a survey of help-seeking in men and qualitative interviews, three active videos were developed. Active videos emphasised (1) the positive elements of masculinity and that seeking help requires strength, or (2) challenged the idea that self-reliance is the best way to manage suicidal thoughts; or (3) acknowledged that prior negative experiences with support services can act as a barrier to reaching out for help again, but that benefits to be gained by trialling services to find one that works. These active messaging videos were compared to two control videos: (4) one conveyed messages to promote help-seeking and the availability of support services, and (5) a second provided statistics about the prevalence of suicide (5).

Men (N=489) with recent experience of suicidal thoughts and not currently in contact with health services were randomised to one of the messages. The primary outcome was help-seeking, operationalised as a click on any one of four support service links shown immediately after viewing the video. All four services were able to determine that users were directed from our trial site, and offered national suicide prevention services. Secondary outcomes included the self-reported use of the support services at a 1-week follow-up period and immediate self-reported help-seeking intentions.

Result: The trial found that messaging that acknowledged the impact of prior negative experiences of help-seeking (3 above) was most effective at promoting initial help-seeking (clicking on a support service link), while messaging that challenged masculine norms of self-reliance (2) was most effective at promoting support service use (using one of the four services by 1-week follow-up).

Discussion: Effective messaging for suicide prevention for men at risk of suicide is likely to be achieved best by messages acknowledging previous negative experiences and by challenging masculine norms about self-reliance.

23.3 A national survey of self-harm and suicide-related social media use among LGBTQIA+ Australians

Mr Charlie Cooper^{1,2,3}, Dr Louise La Sala^{1,2}, Dr Bridget Kenny^{1,2}, Dr Michelle Lamblin^{1,2}, Dr Lefteris Patlamazoglou³, Dr Pamela Patrick³, Professor Jo Robinson^{1,2}

¹Centre for Youth Mental Health, University of Melbourne, Parkville, Australia, ²Orygen, Parkville, Australia, ³School of Educational Psychology and Counselling, Monash University, Clayton, Australia

Learning Objective: Understand how LGBTQIA+ young Australians engage with self-harm and suicide-related content on social media, how this engagement influences wellbeing, and opportunities to improve platform safety for this cohort.

Background: Self-harm and suicide appear to be increasing among young people, with social media frequently cited as a potential contributing factor. LGBTQIA+ youth are disproportionately affected by self-harm and suicide, and they spend more time on social media than their cisgender, heterosexual peers. However, limited research has examined how they engage with self-harm and suicide-related social media content. This study examines how LGBTQIA+ Australians of different ages interact with this content, its impact on wellbeing, and potential measures to improve social media platform safety.

Methods: A national online cross-sectional survey (January–March 2024) measured demographics, psychological distress (K10), engagement with self-harm and suicide-related content, perceived impacts, and views on improving platform safety. Descriptive statistics were used to assess exposure, content creation, wellbeing impacts, and help-seeking behaviours.

Data analysis is ongoing. Descriptive statistics have examined demographics, social media use, extent of exposure, perceived impact, and platform policy views, with comparative analyses between LGBTQIA+ and non-LGBTQIA+ participants. Regression models will assess associations between these variables, lived experience of self-harm or suicide, and LGBTQIA+ identity. Subgroup analyses will explore differences across LGBTQIA+ cohorts, including cisgender, trans, and gender-diverse young people.

Results: Of 3,539 respondents, 554 identified as LGBTQIA+ (all ages), including 212 aged 16–25. Forty-two participants aged 16–25 identified as trans or gender diverse. LGBTQIA+ participants had twice the odds of exposure to self-harm or suicide-related content compared to non-LGBTQIA+ peers (AOR = 2.00, 95% CI 1.58–2.53). Among them, 92% had been exposed (vs. 71% of non-LGBTQIA+ youth), 19% had created such content (vs. 7%), and 40% had intentionally searched for it (vs. 14%). LGBTQIA+ youth were also more likely to search for and create such content. Notably, LGBTQIA+ participants had more than twice the odds of using social media to seek support for self-harm or suicide-related concerns compared to their cisgender, heterosexual counterparts (AOR = 2.64, 95% CI 1.98–3.51)."

The full dataset will be presented.

Discussion: Findings highlight social media's dual role for LGBTQIA+ youth as both a source of support and potential harm. Their higher engagement with self-harm and suicide-related content underscores the need for culturally responsive policies and targeted interventions that maximise benefits while mitigating harm.

23.4 Trends in suicide among adolescents aged 14–17 years in India: 2014–2019

Dr. Vikas Arya¹, Associate Professor Gregory Armstrong¹, Dr. Caley Tapp², Dr Sandersan Onie³, Doctor Piamee Bandara⁴, Dr. G. Anil Kumar⁵, Professor Matthew Spittal¹, Professor Andrew Page⁴, Dr Lakshmi Vijayakumar⁶, Professor Jane Pirkis¹, Prof Rakhi Dandona¹

¹University Of Melbourne, Melbourne, Australia, ²2, Brisbane, Australia, ³3, Sydney, Australia, ⁴4, Sydney, Australia, ⁵5, Gurugram, India, ⁶6, Chennai, India

Background: Suicide is a leading cause of death among adolescents globally. India has the highest number of suicides in the world, yet there has been minimal investigation on the epidemiology of adolescent suicide in the country. This study addresses this gap by examining trends in suicide rates among Indian adolescents aged 14–17 years from 2014 to 2019, at both national and state levels, disaggregated by sex.

Methods: Data on adolescent suicide (14–17 years) by sex and state were obtained from the National Crimes Records Bureau (NCRB) for 2014–2019 which included acquiring unpublished data from 2016–2019 via the Right to Information Act. Indian states were categorized into two groups according to their socio-economic development level: 'less developed' and 'more developed'. Crude suicide rates for the period 2014–2019 were calculated by sex and state. Rate ratios (RRs) by sex and state were also calculated to assess changes over time, comparing suicide rates from 2017–2019 to 2014–2016.

Results: During the study period, female adolescent suicide rates, which ranged between 9.04 and 8.10 per 100,000 population, were consistently higher than male adolescent suicide rates, which ranged between 8.47 and 6.24 per 100,000 population. Compared to the first half of the study period (2014–2016), adolescent suicide rates significantly increased between 2017 and 2019 among less developed states (RR = 1.06, 95% Uncertainty Interval (UI) 1.03–1.09) and among females in these states (RR = 1.09, 95% UI 1.05–1.14).

Discussion: Suicide rates among adolescent males in India are comparable with global averages while female rates are generally two to six times higher compared to high-income countries and those in

the Southeast Asia region. There is an urgent need for enhanced surveillance of adolescent suicidal behaviour, integration of gender-sensitive interventions in schools, and improved mental health services in India. Additionally, we advocate for more comprehensive suicide data reporting by the NCRB, recommending disaggregation by state, sex, and refined adolescent age groups (10–14 and 15–19 years).

23.5 The associations between job occupation and suicide: A nationwide cohort study.

Mr Nikolaj Højer¹, Dr Annette Erlangsen, Prof. Merete Nordentoft, Prof. Keith Hawton

¹DRISP – Danish Research Institute For Suicide Prevention, Copenhagen S, Denmark

Learning Objective: To provide information about the association between occupational groups and suicide during 1994–2023 in Denmark using individual and time-sensitive data.

Background: Suicide prevention efforts need to include a specific focus on occupational groups at elevated risk of suicide. Previous evidence has identified elevated suicide risks among certain occupational groups, including medical doctors and farmers. However, there is evidence that occupations at increased risk may change over time. Therefore, updated analyses are needed. The aim of this study was to assess whether specific occupational groups had elevated rates of suicide.

Methods: Applying a cohort design, we analyzed data on all individuals aged 18–65 years who lived in Denmark during 1994–2023. Data on 72 occupational groups were derived from the Work Classification Module and updated on a yearly basis. Incidence Rates (IR) per 100,000 person-years were standardized for period, age and sex using indirect standardization. IRs of different occupational groups were compared to those of elementary school teachers in adjusted analyses and summarized as Incidence Rate Ratios (IRR).

Result: During follow-up, 12,838 suicides were observed. Highest standardized IRs were found for carpenters and joiners (IR: 30.1 per 100,000 person-years), taxi drivers (IR: 27.5), and other manual workers at (IR: 16.2). When compared to elementary teachers, the excess rates were found for fishermen (IRR, 3.0; 95% CI, 1.4–6.3), craft and related trade workers (IRR, 3.0; 95% CI, 2.6–3.5), veterinarians (IRR, 2.1; 95% CI, 1.2–3.8), dentists (IRR, 1.9; 95% CI, 1.3–2.9), painters (IRR, 1.9; 95% CI, 1.5–2.3), construction workers (IRR, 1.8; 95% CI, 1.4–2.2) and medical doctors (IRR, 1.7; 95% CI, 1.4–2.2).

When stratified by sex, the highest age and period standardized suicide rates among males were found for fishermen (IR, 41.1 per 100,000 person-years), craft and related trade workers (IR, 33.3), and veterinarians (IR, 32.1), versus a rate of 12.6 among elementary teachers. Among females, the highest rates were found for craft and related trade work (IR, 13.6), pharmacists (IR, 10.8), and medical doctors (IR, 8.3), while elementary teachers had a rate of 3.2.

Discussion: The variable rates across occupational groups suggest that interventions might benefit from targeting specific occupational groups with elevated rates, such as fishermen and craft and related trade workers. Our findings indicate that excess rates were found among occupations with relatively easy access to means, such as health care workers, and groups with a potentially low mental health literacy, such as construction and manual labourers.

Oral #24 June 12th, 2025, 2.00pm – 3.00pm

Chair: Mareike Ernst

The role of context and connection: understanding suicide risk across the life span through individual and social factors

Bennett S², Cleare S², McClelland H², Jin Y³, Ernst M¹

Affiliations” 2University of Glasgow, 3University College London, 1University of Klagenfurt

Overall Abstract: Suicidal thoughts and behaviours have a complex aetiology shaped by a multitude of risk and protective factors; some of which exist at the beginning of life, and others wax and wane throughout development. These factors interact across multiple levels and, as such, across individual, social, and broader societal contexts.

The symposium integrates these perspectives by contextualizing individual risk and resilience within personal biographies, life phases, and relational networks – friends and family, support services, and the wider society. It also brings together diverse approaches, from interviews and thematic analysis to (intensive) longitudinal quantitative methods.

Susanna Bennett’s study sheds light on how childhood adversities, particularly in men, disrupt psychological safety and contribute to lifelong vulnerability.

Seonaid Cleare examines the lived experiences of individuals with ADHD, revealing how emotional impulsivity, stigma, and self-perception challenges heighten suicide risk.

Heather McClelland’s research focuses on young people using text-based crisis services, underscoring the role of hope and personalized, solution-focused support in suicide prevention.

Yufei Jin’s longitudinal study finds that adolescent loneliness predicts suicidal ideation in young adulthood, highlighting the need for early interventions.

Finally, Mareike Ernst investigates how personality pathology and loneliness interact, showing that both stable and situational factors shape risk in daily life.

24.1 “I had no safe space.” Painful childhood experiences in the lives of men who are suicidal: A global qualitative thematic analysis

Susanna Bennett¹, Kathryn A. Robb¹, Tiago C. Zortea^{1&2}, and Rory C. O’Connor¹

1 School of Health & Wellbeing, University of Glasgow.

2 Oxford Institute of Clinical Psychology Training and Research, University of Oxford

Background: Challenges in childhood are a well-established suicide risk factor. However, much of this evidence is drawn from female-dominated samples and based on quantitative measures that explore a fixed set of adversities. Little research has focused on how childhood challenges specifically impact men, the broad challenges men may experience, or the psychological pathways by which painful early-life experiences may enhance lifetime suicide risk. Using a global, cross-sectional sample, this qualitative study seeks to address some of these gaps.

Method: This study analysed responses from 714 men worldwide who have either attempted suicide or experienced thoughts of suicide in the past week or year. Participants responded to an open-text question exploring the painful childhood experiences they believe have impacted their adult lives. A thematic analysis was conducted to identify common experiences and the potential psychological pathways through which life-long suicide risk may be amplified.

Results: Our findings suggest a wide array of painful childhood experiences in the lives of men recently suicidal, including interpersonal isolation, neurodiversity, body-image issues, witnessing abuse, sibling abuse, and structural adversities such as homophobia, racism, gender discrimination, and poverty. Additionally, our findings suggest these diverse childhood experiences may disrupt the development of psychological safety and secure attachment across specific psychological domains: 1) care, 2) self, and 3) social worlds. This unsafety may be a fault line of psychological distress and vulnerability by which suicidal pain persists into adult life.

Conclusions: These findings underscore the critical importance of early interventions that cultivate psychological safety for at-risk boys in relation to care, self, and social worlds. Additionally, it is essential to address how cultural norms of masculinity intersect with these experiences. For men who grow up without a foundation of psychological safety, societal norms of masculine strength, emotional restraint, independence, and fearlessness may hinder some men’s ability to acknowledge and manage childhood pain.

Learning objective: A deeper understanding of the childhood challenges that appear to affect the lives of men recently suicidal and an exploration of the potential psychological pathways through which these challenges may amplify suicide risk across the life course.

24.2 Lived experience of suicidal thoughts and behaviours in people with Attention Deficit-Hyperactivity Disorder

Seonaid Cleare, Nadia Belkadi, Rory C O'Connor

Suicidal Behaviour Research Lab, Mental Health and Wellbeing, School of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom

Background: Attention Deficit-Hyperactivity Disorder (ADHD) is associated with increased vulnerability to suicidal thoughts and behaviours. Although quantitative research studies have identified associations between ADHD and suicidal thoughts and behaviours, our understanding of how ADHD is experienced by individuals, how it affects their mental health, their coping responses and their suicide risk is limited. This study aimed to further our understanding of the ADHD-suicide risk relationship through qualitative interviews with people with ADHD and a history of suicide attempts.

Methods: Semi-structured interviews were conducted to explore participants' experiences of ADHD, their suicidal crises, and their views on the ADHD suicide-risk relationship. Eight participants who had a diagnosis of ADHD (four male, three female, and one non-binary; aged 18-32 years old), and had experienced suicidal thoughts and behaviours in the last five years took part in one-to-one, semi-structured interviews online. Interviews explored participants' experiences of ADHD, their suicidal crises, and their views on the ADHD suicide-risk relationship. Interviews were audio-recorded and analysed verbatim.

Key Findings: Using Interpretative Phenomenological Analysis (IPA), a number of themes emerged from participants' experiences. These included interpersonal, academic and societal challenges as well as self-perception and emotional impulsivity, and supporting wellbeing in people with ADHD. Within the interpersonal theme, experiences where participants felt misunderstood, stigmatised, rejected and isolated were common within these themes. Internal processes such as rumination and emotional dysregulation and how the interplay between factors may have contributed to their experiences of suicidal crises arose within the emotional impulsivity theme. Participants' journeys towards self-acceptance emerged as important part of the pathway to their wellbeing.

Conclusion: This study focused on a purposive sample of individuals selected for their specific experiences of suicidal crises to help us deepen our understanding of suicide risk for some individuals with ADHD. This research makes an important contribution in identifying pertinent internal processes and contextual and psychosocial factors which may be useful targets for suicide prevention among individuals with ADHD.

Learning objective: This talk aims to contribute to understanding of the importance of the individual's context in understanding suicide-risk in the context of ADHD. Using individual experience's, we aim to highlight potential internal processes, and psychosocial factors which may be potential targets for suicide prevention among individuals with ADHD.

24.3 Young people seeking help for suicidal Crisis in the UK: The role of hope in a text-based crisis service

Heather McClelland & Rory O'Connor

Mental Health and Wellbeing, School of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom

Background: Suicide is a global health priority. In the UK, suicidal ideation is highest in young people. This life stage coincides with heightened sensitivity to social views and stigma. Therefore, it is vital that suicide prevention resources, such as crisis support services, are suited to young people to support their wellbeing. Therefore, this study aims to explore young people's experiences of using Shout85258, a UK text-based crisis support service, when experiencing suicidal thoughts.

Methods: Ten participants (18-25 years old) completed individual one-off interviews. During the interview, participant demographic and health information were collected, followed by an audio recorded, semi-structured interview. Interviews explored participants' most recent experience of

contacting Shout85258 in response to thoughts of suicide. Qualitative data were analysed using Interpretative Phenomenological Analysis.

Key findings: Three overarching themes were identified: service availability, receiving a person-centred approach and solution-focused support. Together, these themes indicate that young people value timely, personable support from text-based crisis services where proactive solutions for the future are identified collaboratively.

Conclusions: This study adds to the research landscape on digital suicide prevention highlighting the importance of text-based crisis services conveying hope and a solutions-focused approach when supporting young people experiencing distress. Ready acceptance of the information a young person shares may support young peoples engagement with crisis services.

Learning objective: The role of hope and a personalised approach, may be critical in keeping young people in the UK safe from potential further distress. Instilling this in the form of an automated text may be sufficient to deter or delay further distress escalation.

24.4 Association between loneliness and suicidal thoughts and attempts in adolescence and young adulthood: a longitudinal analysis of a nationally representative US sample

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5. North London NHS Foundation Trust, London, UK

Objective: Previous research has identified loneliness as a risk factor for suicidal ideation and attempt but has lacked studies using representative samples of adolescents. We aimed to address this evidence gap by using a nationally representative sample of US adolescents to investigate whether loneliness is longitudinally associated with suicide-related outcomes.

Method: We analysed data on 17,751 participants in the National Longitudinal Study of Adolescent to Adult Health (Add Health) aged 11–21 years at baseline. We used multivariable logistic regression to test the longitudinal association between baseline loneliness (1995; aged 11–21 years) and past-year suicidal ideation and suicide attempt measured six years later (2001–2002; aged 18–28 years) and 13 years later (2008–2009; aged 24–34 years) adjusted for socio-demographic and clinical characteristics.

Results: Adolescents with higher levels of loneliness aged 11–21 years were 1.97 times more likely to report suicidal ideation six years later (OR_{adj}1=1.97, 95% CI [1.45, 2.67], $p < 0.001$), but this association was no longer significant after adjustment (OR_{adj}2=1.10, 95% CI [0.75, 1.61], $p = 0.62$). They were also significantly more likely to report suicidal ideation at 13-year follow-up (OR_{adj}1=2.22, 95% CI [1.71, 2.89], $p < 0.001$), even after adjustment (OR_{adj}2=1.36, 95% CI [1.00, 1.86], $p = 0.049$). However, there was no association between loneliness and suicide attempt at either follow-up point.

Conclusions: Loneliness aged 11–21 years predicts suicidal ideation (but not suicide attempt) 13 years later, suggesting a need for interventions delivered at the start of adolescence to prevent the onset of distressing suicidal ideation later in adolescence and young adulthood.

Learning objective: To investigate the longitudinal association between adolescent loneliness and suicidal ideation and attempts in a nationally representative US sample, addressing evidence gaps in prior research and informing early intervention strategies

24.5 Falling into nothing: Modelling suicidal ideation as the person-situation-interaction of personality pathology and loneliness

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Background: While the predominant theoretical models suggest that suicidal ideation emerges from the interplay of temporally stable and variable risk factors, there is a paucity of investigations translating this postulation into research protocols. The present work harnessed an intensive longitudinal design built on transdiagnostic constructs to address this research gap.

Methods: The sample comprised N = 85 inpatients (51 women, 33 men, 1 diverse/nonbinary) and N = 95 participants from the community (59 women, 33 men, 3 diverse/nonbinary). They completed a baseline dimensional assessment of personality pathology (capturing deficits regarding the perception and regulation of emotions and relationships in line with the new conceptualization of personality pathology in the ICD-11 and DSM-5, the OPD-SQS, example item: “Sometimes my feelings are so intense that I get scared”) and a ten-day ecological momentary assessment (EMA) protocol with up to 100 single measurement points (including situational loneliness and suicidal ideation). We analysed the association of personality pathology with the mean levels and variability (Mean Squared Successive Difference, MSSD) of loneliness and suicidal ideation. Autoregressive mixed-effects models with random intercepts and slopes disaggregated between- and within-person relations of personality pathology and loneliness with suicidal ideation at the same and the respective next measurement occasion were applied.

Results: The EMA protocol yielded M = 48.37 (SD = 18.19) observations per person. Stronger personality pathology was associated with higher levels and greater fluctuations in both loneliness and suicidal ideation in the combined sample. At the same measurement point, the interaction of loneliness and personality pathology was a highly relevant predictor of suicidal ideation. It fell short of statistical significance in predicting suicidal ideation prospectively (here, only the main effects of personality pathology and loneliness at the between-person level were relevant; and they were more relevant among patients than among the community sample in stratified models).

Discussion/conclusions: This study underlines the importance of considering personality pathology in the explanation and prediction of suicidality: Not only is it associated with stronger feelings of loneliness per se, it also seems to play a role in whether loneliness tips an individual into crisis. The relative unimportance of within-person changes in loneliness in the prediction of suicidal ideation over time underscores how fast suicidal crises and associated risk factors occur and dissipate again. The findings could inform both screening and intervention in clinical practice.

Learning objective: Gaining a deeper understanding of how personality pathology and loneliness interact to influence suicidal ideation as an example of the interplay of fluctuation and more stable risk factors in daily life.

Oral #25 June 12th, 2025, 2.00pm – 3.00pm

Chair: Justin C. Baker, PhD, ABPP

Recent adaptations and advancements of Brief Cognitive Behavioral Therapy (BCBT) for Suicide Prevention

Baker J1, Rudd M2, Bauder R1, Khazem L1, Daruwala S1

Affiliations: 1The Ohio State University, 2University of Memphis

Overall Abstract/Concept: Brief Cognitive Behavioral Therapy (BCBT) is an evidence-based suicide prevention intervention demonstrated to reduce suicide attempts by 60% when compared to treatment as usual (TAU) in the first randomized clinical trial conducted with US Military soldiers. Subsequent RCTs have found similar results with 100% reductions in suicide attempts in a pilot RCT with adolescents, and a telehealth adaptation of BCBT demonstrating 41% fewer attempts among those receiving BCBT than those receiving an evidence-based treatment comparator. BCBT has also been recently adapted for inpatient psychiatry settings, with participants demonstrating 60% reductions in attempts at 6-month follow-ups compared to TAU. Collectively, this positions BCBT as

one of the most empirically supported suicide prevention interventions across settings, and populations. This symposium will highlight these recent advancements and ongoing developments of BCBT. Dr. Justin Baker will provide a state of the evidence for BCBT and recent adaptations for telehealth. Dr. M. David Rudd will present findings from an inpatient adaptation of BCBT. Dr. Rosie Bauder will present adaptations for BCBT for LGBTQ populations. Dr. Lauren Khazem will highlight BCBT for those with physical disabilities. To conclude, Dr. Sam Daruwala will present mechanisms of change accounting for the effectiveness of BCBT in reducing suicide attempts.

25.1 Participant satisfaction and treatment utilization following telehealth delivery of Brief Cognitive Behavioral Therapy (BCBT) for suicide prevention

Justin C. Baker

Co-Authors: Jaryd Hiser, Lauren R. Khazem, C. Rosie Bauder, Samantha Daruwala, AnnaBelle O. Bryan & Craig J. Bryan

Abstract: Suicide remains a public health concern worldwide. Treatments have been developed to address this pressing concern with cognitive behavioral therapies garnishing the most supporting evidence. Brief Cognitive Behavioral Therapy (BCBT) for suicide prevention is one such treatment demonstrating 40–100% reductions in subsequent suicide attempts in randomized controlled trials (RCTs). However, access to quality evidenced-based treatments remains limited and was further exacerbated during the recent pandemic when the landscape of mental health treatment converted to telehealth overnight. Historically, high-risk suicidal patients were deemed inappropriate to receive treatment via telehealth, meaning those who needed care the most suddenly found themselves with limited options for treatment. To address this concern, a telehealth version of BCBT was developed to ensure high risk patients could still access evidence-based care and demonstrated that those randomized to BCBT experienced 41% fewer suicide attempts than those receiving present centered therapy (PCT) an active treatment comparator demonstrated to reduce suicidal ideation. In this session, we present secondary analyses of this RCT comparing BCBT to PCT when delivered via telehealth that randomized 96 participants to one of the two treatments. Specifically, we compared treatment effects across the following constructs: (1) patient satisfaction using the Youth Satisfaction Survey (YSS), (2) suicidal ideations and cognitions using the Scale for Suicide Ideation (SSI) and the suicide cognition scale-revised (SCS-R), and (3) treatment utilization (e.g., inpatient, partial hospitalization program [PHP], and intensive outpatient [IOP]). Participants reported high satisfaction with treatment on the YSS in both BCBT (M=86.41, SD=9.52) and PCT (M=84.69, SD=11.29). Participants had significant reductions in suicide related symptoms from baseline to 3-month follow up in both BCBT (SSI: M=8.93, SD=7.57; SCS-R: M=14.49, SD=14.87) and PCT (SSI: M=9.62, SD=5.31; SCS-R: M=17.74, SD=12.49). Participants reported relative low rates of treatment utilization of higher levels of care 3 months after completing both BCBT (Inpatient: 18.9% of participants with an average of 0.9 days; PHP: 0% of participants with an average of 0 days; IOP: 5% of participants with an average of 1.7 days) and PCT (Inpatient: 22.6% of participants with an average of 0.45 days; PHP: 6% of participants with an average of 0.22 days; IOP: 6% of participants with an average of 0.42 days). Participants reported high treatment satisfaction and low treatment utilization of higher levels of care across both conditions when delivered via telehealth, demonstrating that high risk patients can be safely treated via telehealth with high patient satisfaction.

Learning Objective: Attendees will be able to articulate the evidence base for the efficacy of BCBT delivered in person or via telehealth as well as discuss patient treatment satisfaction and utilization when delivered via telehealth.

25.2 Brief Cognitive Behavioral Therapy: An Inpatient Adaptation and Implications for Clinical Care

M. David Rudd (University of Memphis)

Co-Authors: Gretchen Diefenbach, David Tolin (Hartford HealthCare, Yale University School of Medicine)

Abstract: Suicide risk following discharge from inpatient care is a significant concern for practicing clinicians. Although empirically supported inpatient suicide prevention treatments are needed, there is limited evidence of clinical interventions that are effective at reducing post-discharge suicide risk. The session will briefly review the results of a randomized clinical trial to determine whether adding an inpatient version of Brief Cognitive Behavioral Therapy (BCBT-I) to treatment as usual (TAU) would reduce post-discharge suicide attempts, suicidal ideation, and psychiatric readmissions and to determine whether substance use disorders moderates treatment effects. In addition, the session will review the abbreviated BCBT-I protocol (a total of 4.5 hours), related abbreviated protocols being actively studied in intensive outpatient and partial hospital settings, and implications for suicide prevention care in general. The randomized controlled trial compared TAU (n = 104) to TAU plus BCBT-I (n = 96) in a private psychiatric facility. Inpatients admitted following a suicidal crisis (past week suicide attempt or ideation with plan on admission and attempt within previous two years) were included. One hundred and fifteen participants (57.5%) completed 6-month follow-up assessments. Data from medical records were also obtained and used to verify follow-up outcomes. Suicide attempts and readmissions were assessed via blind interviews and medical record review. Suicidal ideation was assessed via self-report. BCBT-I reduced the occurrence of suicide attempt by 60% [Odds Ratio estimate=0.40, 95% CI: (0.20, 0.80), number needed to treat=7]. The number of psychiatric readmissions was reduced by 71% [Rate Ratio estimate=0.29, 95% CI: (0.09, 0.90)], but only in those without a substance use disorder. The effect of treatment condition on suicidal ideation was less clear, although post-hoc analyses indicated less severe suicidal ideation following BCBT-I versus TAU at one- and two-months post-discharge. BCBT-I reduced 6-month post-discharge suicide reattempt and number of readmissions when added to TAU. Substance use disorder moderated the treatment's effect on readmissions. The session will review the implications of the inpatient RCT, along with early data available from related abbreviated protocols, particularly with respect to identifying effective clinical strategies for reducing suicide risk that can be utilized across a broad range of clinical settings.

Learning Objective: Participants will become familiar with available evidence supporting the use of BCBT-I and abbreviated BCBT protocols, coupled with familiarity with the identified clinical strategies being utilized across a range of clinical settings.

25.3 Examining the feasibility and acceptability of BCBT among sexual and gender minoritized folks

C. Rosie Bauder (Early Career)

Co-Authors: James McGraw, Emma Unruh-Dawes, Jarrod M. Hay, Lauren Pierce, Kathryn Fassih, & Jaryd Hiser

Abstract: Suicidal thoughts and behaviors are particularly prevalent among sexual and gender minoritized individuals (SGMs). In the US, 19.7% of sexual minoritized individuals seriously considered suicide and 3.8% attempted suicide within the last year, compared to 5.1% and 0.7%, respectively, among heterosexual and cisgender individuals. A recent meta-analysis of transgender individuals globally demonstrated that 45% had seriously thought about suicide in the last year, 50% had thought about it in their lifetime, 11% had attempted in the last year, and 29% had attempted in their lifetime. These disparities highlight the need for effective interventions to reduce STBs among at-risk SGMs. Suicide research and clinical trials are less likely to collect data on the sexual or gender identity of participants. Likewise, behavioral interventions tailored to SGMs do not commonly examine STBs as primary outcomes. This limits our ability to determine what interventions may best reduce STBs for SGM patients. However, a recent scoping review found promising results from suicide-specific cognitive-behavioral interventions (e.g., dialectical behavioral therapy [DBT]) in benefitting SGMs as much as their heterosexual/cisgender peers. Further research is needed to test if suicide-specific interventions can be effective for SGMs. Brief cognitive behavioral therapy (BCBT) for suicide prevention is one suicide-focused therapy that may effectively reduce STBs among at-risk SGMs.

Clinical trials for BCBT have found significant reductions in STBs compared to treatment as usual and active-component controls. However, the effectiveness of BCBT for SGMs has not yet been determined. While secondary analysis of data from SGM participants in a phase 2 randomized clinical trial comparing a telehealth version of BCBT to an active control, has been shown to reduce suicidal ideation and psychiatric symptom severity, the acceptability of BCBT “as-is” is unknown. This study entails an open-label, single-arm pilot study with repeated assessments utilizing surveys, objective data, and post-treatment semi-structured qualitative interviews. The primary outcomes will be participant satisfaction and engagement with the intervention; suicide ideation and attempts throughout and after treatment are exploratory secondary aims. Measures include in the Client Satisfaction Questionnaire, the Credibility Expectancy Questionnaire, and a post-treatment qualitative interview. Recruitment and enrollment are ongoing. Preliminary findings based on baseline symptom and related measures will be presented. As current suicide-focused interventions do not directly address the role of oppression and minoritized stress, SGM folks with suicide risk may not fully benefit from current treatments. Additional research is needed to improve personalized recommendations to those with unique suicide risk factors.

Learning Objective: Attendees will identify the unique challenges and considerations in tailoring suicide-focused interventions to address the specific needs and stressors of SGM folks.

25.4 Adaptation of Brief Cognitive Behavioral Therapy (BCBT) for People with Disabilities

Lauren R. Khazem

Co-Authors: Jordan Holleran, Jarrod M. Hay, Samantha Daruwala, Ennio Ammendola, C. Rosie Bauder, Justin C. Baker & Craig J. Bryan

Abstract: In the United States, people with disabilities have a heightened prevalence of suicide-related outcomes but experience significant access barriers to receiving disability-affirming interventions for suicide, including transportation difficulties, provider attitudes towards disability, and inaccessible materials and intervention components (Khazem, 2018; Lund and Khazem, In Press). In this first and ongoing pilot of any suicide prevention intervention for people with disabilities, 60 adults with various physical and sensory disabilities and current suicidal ideation or a past-month suicide attempt complete a series of assessments and are administered a disability-affirming adaptation of BCBT protocol through telehealth. In addition to testing the preliminary effectiveness of the psychotherapy, participant feedback is being gathered to further refine this BCBT adaptation. Feedback-informed adaptations to the intervention will be presented and include adapting specific skills to increase their acceptability and feasibility (i.e., sleep hygiene and stimulus control), increasing the usability of patient materials, and creating an accessible materials online repository. Additionally, preliminary findings regarding the effectiveness of BCBT in reducing suicidal ideation and suicide-related cognitions throughout the course of treatment will be presented. Specifically, preliminary data indicate significant decreases in mean suicide ideation scores ($p=.001$) and suicide cognitions scores ($p=.04$) by the end of treatment. These findings indicate that BCBT is demonstrating promise as the first iteration of any suicide focused treatment tailored to meet the specific needs to people with disabilities.

Learning Objective: By the end of the presentation, audience members will be able to describe adaptations to BCBT and its preliminary effectiveness in reducing suicidal ideation and related cognitions for people with disabilities.

25.5 Optimizing the Sequence of Brief Cognitive Behavioral Therapy for Suicide Prevention Among Veterans: Preliminary Findings

Samantha Daruwala (Early Career)

Co-Authors: Todd Bishop, Craig J. Bryan

Abstract: Brief cognitive behavioral therapy (BCBT) for suicide prevention is an evidence-based, multicomponent outpatient psychological treatment for reducing suicide attempts. BCBT is typically delivered so patients first learn behavioral emotion regulation (ER) skills then cognitive reappraisal

(CR) skills. Not all patients receive the full protocol, however, due to early dropout; thus, isolating BCBT's most potent components could reveal critical information that guides treatment refinement and optimization, thereby maximizing BCBT's effects on suicide risk. The current pilot experimental study uses a randomized counterbalanced design to determine if some BCBT components (i.e., behavioral vs. cognitive) and/or component sequences (i.e., behavioral before cognitive [B+C] vs. cognitive before behavioral [C+B]) are more effective for reducing suicide risk. A total of 50 Veterans who have reported recent suicidal ideation and/or suicidal behaviors will be enrolled and receive 10 virtual sessions of the randomly assigned format of BCBT. Multiple indicators of suicide risk are assessed weekly throughout treatment. Currently, we have enrolled and randomized 28 Veterans (82.1% male, 46.4% White). Currently, 46.4% are in the B+C group and 53.6% are the C+B group. Preliminary data suggests that, compared to those in the C+B group, those first receiving behavioral skills (B+C) show a significant decrease in severity of insomnia symptoms over sessions, as measured by the Insomnia Severity Index ($p = .026$). This preliminary finding suggests that those receiving behavioral skills in the beginning of BCBT, which includes a session focused on sleep hygiene, are more likely to see a reduction in insomnia symptoms over time. No other indicators of suicide risk (suicidal ideation, suicidal behavior, emotion regulation, suicidal beliefs, depressive symptoms) differed across treatment conditions; however, data collection is ongoing. Learning Objective: At the end of this presentation, attendees will identify the significance of isolating the active components of BCBT to refine the treatment of suicidal behaviors.

Oral #26 June 12th, 2025, 2.00pm – 3.00pm

Chair: Prudence Chan

26.1 Effectiveness of a psychoeducational program for adolescents focused on the primary prevention of social isolation and loneliness

MD, PhD HIROKAZU TACHIKAWA¹, PhD Natsuho Kushibiki², PhD Daichi Sugawara³, CP Chie Yaguchi¹, Prof Miyuki Aiba⁴, M. D. Ph.d. Yuki Shiratori⁵, PhD Naoaki Kawakami

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Abstract: Background: Social isolation and loneliness are serious social issues that negatively impact mental health in young people, necessitating early intervention for prevention. We have developed the Education for Boosting Communication and Confidence for Healthy Independence (e-BOCCHI) program, a psychoeducational intervention developed for the primary prevention of social isolation and loneliness among adolescents. The e-BOCCHI program involves reflection on images of social isolation and loneliness, teaching social skills and help-seeking through role-plays and group activities, and discussing ways to enrich the quality of solitary activities.

Objective: Aim of this study is to examine the effectiveness of the e-BOCCHI program.

Methods: Eighth-grade students from three middle schools in Japan participated in the e-BOCCHI program. The participants completed questionnaires measuring loneliness, depressive symptoms, help-seeking behavior, and self-esteem before and after the program. Changes in values were analyzed using paired t-tests.

Results: In all, 263 participants' data (81.17%) were included in the analysis. Changes in the scores for each variable pre- and post-intervention showed a significant decrease in loneliness and depressive symptoms and a significant increase in help-seeking and self-esteem.

Discussion: These findings indicate that e-BOCCHI is not only effective in preventing social isolation and loneliness but also in improving mental health and supporting suicide prevention. However, the

evaluation in this study was limited to short-term comparisons from before and after the program, indicating the need for additional research to assess the program's long-term effects.

26.2 Strategies for Reducing Suicide at Railroads: A Review of Evidence and Gaps

Professor Patrick Sherry^{1,2,3,4}, Dr. Pooja Belur⁶, Dr. Karen Philbrick^{4,5}

¹University Of Denver, Denver, United States, ²National Center for Intermodal Transportation (NCIT), Denver, USA, ³Denver Transportation & Supply Chain Institute, Denver, USA, ⁴Mineta Transportation Institute, San Jose, USA, ⁵San Jose State University, San Jose, USA, ⁶University of Southern California, Los Angeles, USA

This presentation will address the ongoing public health issue of suicides on railroads right of way which continue to result in loss of life and considerable disruption to local economies and daily commerce not to mention the loss of life and emotional distress to survivors, passengers and other members of the public immediately affected by the event. Methodology: The present review focuses on effectiveness, limitations, and research gaps in the current evidence base. After screening 623 studies a total of 26 empirically assessed rail-related prevention interventions and 25 provided relevant qualitative insights. Findings: Results of the review revealed that physical barriers like removing grade crossings, adding fencing, and platform screen doors (PSDs) showed significant promise. Full-height PSDs eliminated all suicides, and half-height PSDs significantly reduced suicide incidence. Fencing was found to be effective but must be part of a comprehensive approach to mitigate potential displacement. Safe media reporting was linked to decreased suicides and a reduced risk of contagion. CCTV monitoring and suicide pits also showed potential but had limited research. Studies of physical barriers showed possible displacement effects to other stations, highlighting the need for studies larger in geographic and temporal scope. Methodological weaknesses, such as small sample sizes and the narrow focus on specific regions limited the interpretation and generalizability of findings. Future research should focus on improved metrics when evaluating the efficacy of interventions. The most common approach was to explore the change in incidence at a given location simply. However, given the problem of displacement, using the entire number of rail-related suicides on a system as the baseline and using control locations for comparison, would provide a much more accurate measure. Additionally, rate comparisons without considering a variety of factors such as time of year, time of day, and weather factors would provide additional context. Finally, additional research is needed to explore the efficacy of emerging technologies that may prevent rail trespassing and suicide and that detect intrusions, integrate intrusion alerts with train controls. Conclusion: The research supports certain prevention interventions, but generalizability is limited by the scope of research and methodological concerns. Overall, our findings highlight the need for broader, long-term studies to confirm efficacy and establish comprehensive, scalable approaches for means restriction, intrusion detection and policy implementation.

26.3 Intravenous ketamine to treat severe suicidal ideation: the KETIS study

Jollant F^{1,2,3}, Abbar M⁴

Affiliations: ³Department of psychiatry, McGill University, ⁴Département de psychiatrie, CHU Nîmes, ¹School of Medicine, Paris-Saclay University, ²Department of psychiatry and addictions, Paul Brousse Hospital, APHP

Learning objective: At the end of this presentation, participants will be able to name the positive and negative short-term effects of intravenous ketamine infusions on suicidal ideation.

Background: Ketamine was invented in the early 1960s as an anesthetic and analgesic. From the 2000s onwards, research highlighted its surprisingly rapid antidepressant therapeutic action in many

patients, including a rapid reduction in suicidal ideation. Several randomized controlled trials (RCT) have since confirmed the anti-suicidal potential of this molecule.

Methods: We will present here the main findings from KETIS, a large publicly funded RCT conducted in 7 academic centers in France. Adult patients with current severe suicidal thoughts were randomized to receive either two 40-min intravenous infusions at 24h-interval of racemic ketamine or placebo as an add-on treatment. Main outcome was full remission of suicidal thoughts – measured with a Beck Scale for suicidal ideation (SSI) score <3 – at 72 hours. Analyses were conducted on an intention-to-treat basis.

Results: 156 hospitalized patients were recruited (women: 63–74%; median age: 38–41; Mean SSI score: 20–22; previous suicide attempt: 85.4–93.1%). Full remission rate of suicidal ideation at 72h reached 63% after ketamine vs. 30.6% for placebo (OR=3.7, 95% CI (1.9 to 7.3), $p<0.001$). This remission rate was maintained at 6 weeks, with no difference between the 2 treatment arms due to progressive improvement in the placebo group. Side effects were limited and transient. Secondary analyses showed that around 40% of suicidal patients treated with IV racemic ketamine will show persistent remission over 6 weeks, 50% a more fluctuating course, and 10% no response at all. One of the suggested anti-suicidal mechanisms is a psychological pain reduction effect. A review of the literature confirmed the value of IV racemic ketamine, but not intranasal esketamine, for the rapid reduction of suicidal ideation within the first 72 hours.

Conclusions: Racemic ketamine appears to be an effective, rapid and safe short-term treatment for suicidal ideation. Its place in the management of suicidal crises remains to be defined.

26.4 "Building Resilient Communities: Integrating the Okanagan Charter and Innovative Approaches in Suicide Prevention on a college campus and local community"

Dr. Maura Weir¹

¹Cape Cod Community College, Barnstable, United States

Learning Objective: To demonstrate how the integration of the Okanagan Charter principles and evidence-based training programs can foster a suicide-safer community in higher education settings.

Background: Suicide is a leading cause of death globally, with higher education institutions uniquely positioned to address this public health crisis through prevention, intervention, and community collaboration. Guided by the Okanagan Charter, which emphasizes promoting health and wellbeing in educational settings, Cape Cod Community College (4Cs) has implemented a comprehensive suicide prevention strategy. This initiative aligns with global objectives to enhance knowledge, promote collaboration, and address diversity in suicide prevention efforts.

Methods: Cape Cod Community College adopted a multi-faceted approach to suicide prevention, incorporating community-based partnerships and evidence-based training programs. Key methods included:

1. Implementing the Garrett Lee Smith Campus Suicide Prevention Grant to expand mental health resources.
2. Partnering with the Cape and Islands Suicide Prevention Coalition to deliver trainings such as Mental Health First Aid (MHFA), safeTALK, and Applied Suicide Intervention Skills Training (ASIST).
3. Hosting a regional Suicide Prevention Summit to foster collaboration among educators, policymakers, and mental health professionals.
4. Establishing early intervention systems for students at risk while addressing diverse cultural and socioeconomic factors influencing suicidal behavior.

Results: Since 2023, 4Cs has trained over 500 faculty, staff, and students in suicide prevention protocols, significantly increasing campus-wide awareness and intervention capacity. The college also expanded its referral network through partnerships with local organizations, improving access to

mental health services for underserved populations. Preliminary data show increased help-seeking behaviors among students and strengthened collaboration between campus departments and community stakeholders.

Discussion: The integration of the Okanagan Charter principles into 4Cs' suicide prevention efforts demonstrates the effectiveness of a holistic, community-centered approach. By fostering collaboration across sectors and tailoring interventions to meet the unique needs of diverse populations, 4Cs has created a model for other institutions seeking to build suicide-safer communities. The initiative underscores the importance of culturally sensitive strategies, early intervention systems, and empowering voices of those with lived experiences to reduce stigma and promote understanding.

This presentation will provide actionable insights for policymakers, educators, and mental health professionals on leveraging institutional frameworks like the Okanagan Charter to enhance suicide prevention efforts globally while addressing local needs

26.5 “My answer doesn’t fit your options”: measuring self-harm and suicidality with autistic adults using the Self-harm Injurious Thoughts and Behaviours Inventory (SITBI)

Dr Isabel Gordon², [Mirabel Pelton](#)¹, Ms Ruby Herrington³, Dr Jane Goodwin⁴, Prof Jacqui Rodgers⁴, Associate Professor Sarah Cassidy²

¹Autism Research Centre, Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom, ²School of Psychology, University of Nottingham, Nottingham, United Kingdom, ³School of Psychology, Newcastle University, Newcastle-upon-Tyne, United Kingdom, ⁴Population Health Sciences Institute, Newcastle University, Newcastle-upon-Tyne, United Kingdom

Learning objective: We aimed to make recommendations for research and practice by describing the challenges reported by autistic participants when completing the SITBI.

Background: Autistic people are a high-risk group for suicide and self-harm is one of the strongest predictors of death by suicide amongst autistic people but there are no validated measures to assess self-harm. The SITBI is a widely used outcome measurement tool in self-harm research but has not yet been validated in autistic people. There is currently no guidance for researchers to support autistic participants to complete questionnaires measuring suicidality and self-harm that are designed for non-autistic people.

Method: The final meeting with autistic collaborators of a pilot randomized controlled trial of autism adapted safety plans stressed the importance of collaborative research to explore how best to capture self-harm and suicidality. To address this, we undertook thematic analysis of feasibility interview transcripts from final stage of data collection.

Results: We identified an overarching theme ‘Identifying an authentic response: “My answer doesn’t fit your options” in which participants described working in trusting partnership with researchers to overcome ambiguous language and a lack of meaningful response options. Sub-themes described how these challenges extended into descriptions of autistic experiences of suicide plans, suicidal ideation and self-harm. ‘Conceptualising suicidal plans’ described the difficulty of delineating suicide plans from thoughts and actions. ‘Defining parameters of suicidal ideation’ described how participants’ frequent and enduring suicidal ideation made it difficult to calculate required numeric responses; items did not capture fluctuating intensity in a meaningful manner. ‘Capturing self-harm’ described participants’ seeking clarification whether self-harm included instances of self-neglect, eating difficulties and autistic experiences such as stimming and meltdown.

Discussion: Researchers should develop trust with autistic participants, validate their experience and work collaboratively to best fit experience to the available response options. Researchers can support participants by clarifying meaning of key terms, such as suicidal thoughts, suicide plans and self-harm

and provide strategies to support participants to estimate numeric responses. Future research studies can work with autistic collaborators to decide the most valid approach to capture self-harm and suicidality experiences of autistic people depending on study design and aims. Future research could consider developing an autism-specific module to supplement the SITBI to capture autistic experiences of self-harm.

Oral #27 June 12th, 2025, 2.00pm – 3.00pm

Chair: Shu Sen Chang

27.1 Stress and amygdala volume in schizophrenia with high suicidality

Dr. Yi Yin^{1,2}, Yunlong Tan¹

¹Beijing Huilongguan Hospital, Beijing, China, ²Beijing Suicide Research and Prevention Center, Beijing, China

Learning objective: This study aimed to examine the neurobiological mechanisms linking high suicidality in schizophrenia to chronic perceived stress, cortisol reactivity during acute stress tasks, and structural amygdala alterations.

Background: While chronic stress is a known risk factor for suicide, the relationship between suicidality and acute stress reactivity (e.g., cortisol fluctuations during cognitive tasks) or stress-related neuroanatomical changes (e.g., amygdala volume) remains poorly understood in schizophrenia.

Methods: High suicidality was defined as a lifetime history of suicide attempts or suicidal ideation within the past two weeks. Participants included individuals with schizophrenia and high suicidality (SZ-HS, n = 59), with low suicidality (SZ-LS, n = 207), and healthy controls (HC, n = 196). Subjective stress was measured using the Perceived Stress Scale. Then, they finished Paced Auditory Serial Addition Task and the Mirror Tracing Persistence Task, an experiment that induced stress. Salivary cortisol was sampled at baseline, 20 minutes post-task, and 40 minutes post-task. Structural MRI scans (3.0 Tesla) were acquired to measure bilateral amygdala volumes.

Results: SZ-HS exhibited significantly higher perceived stress than SZ-LS ($p = 0.002$) and HC ($p < 0.001$). No group differences were observed in the baseline cortisol, and the cortisol reactivity measured using the Area Under the Curve with respect to Increase (AUCi) between SZ-HS and SZ-LS ($t = -1.32$, $p = 0.188$). Perceived stress was not correlated with cortisol reactivity (AUCi) in schizophrenia patients ($r = 0.04$, $p = 0.519$). SZ-HS had an increased average error rate of the two cognition tasks than the SZ-LS ($t = 2.47$, $p = 0.014$). No significant associations were found between suicidality and amygdala volume in schizophrenia. However, in HC, cortisol reactivity (AUCi) inversely correlated with left amygdala volume ($r = -0.19$, $p = 0.015$).

Discussion: Suicidality in schizophrenia was associated with elevated subjective stress but not with objective stress biomarkers (cortisol reactivity) or amygdala volume. The dissociation between subjective stress perception and neurobiological stress responses in SZ-HS highlights the need for interventions targeting maladaptive stress appraisal in suicide prevention.

27.2 Epigenetic Insights into Suicide: DNA Methylation Patterns in an Indian Cohort

Dr. Kamini Kapoor¹, Dr. RUCHIKA KAUSHIK¹, Ms. Muskan Goyal¹, Professor Chittaranjan Behera¹

¹Department of Forensic Medicine, All India Institute Of Medical Sciences, New Delhi., India

Introduction

Suicide, a significant public health concern, arises from the interplay of genetic, neurobiological, and socio-environmental factors. Recent research highlights the role of epigenetic modifications, particularly DNA methylation, in contributing to suicidal behaviour. However, most findings are limited to Western populations, leaving a critical knowledge gap regarding epigenetic influences in non-Western contexts. In India, where suicide rates are influenced by unique socio-cultural and environmental factors, identifying epigenetic markers specific to this population is essential to understand the biological mechanisms underlying suicide risk.

Aim: This study aims to identify differentially methylated regions (DMRs) in the genome associated with suicide by analysing DNA methylation patterns in brain tissue samples from Indian individuals who died by suicide compared to non-suicide controls.

Materials and Methods: This hospital-based case-control study was conducted at AIIMS, New Delhi. A total of 50 subjects were included, comprising 22 cases (individuals who died by suicide) and 22 controls (individuals who died from non-suicidal causes). Autopsy-derived samples, including brain tissue, blood, and urine, were collected with informed consent from legal heirs.

Samples underwent rigorous screening to ensure inclusion of only drug-free and pathology-free cases. Histopathological examinations excluded pathological findings, while multi-drug screening and alcohol detection tests confirmed drug and alcohol absence. Following exclusions, brain tissue DNA from 22 cases and 22 controls was analysed. Genomic DNA was extracted using the Qiagen DNA extraction kit and subjected to methylation profiling using the MeDIP-NGS (Methylated DNA Immunoprecipitation Next-Generation Sequencing) technique. Identified DMRs were mapped to genomic coordinates, CpG islands, and functional gene regions. Functional enrichment analysis was performed to explore biological relevance using KEGG and GO, focusing on pathways linked to neural processes.

Results: MeDIP sequencing revealed various hyper methylated and hypo methylated regions. Functional enrichment analysis highlighted that these DMRs are associated with genes involved in critical neural processes, including synapse organization, signal transduction, and regulation of synaptic pathways. These findings suggest the involvement of epigenetic mechanisms in cognition, learning & memory, regulation of transmembrane transport & trans synaptic signalling linked to suicidal behaviour.

Conclusion: This preliminary study provides novel evidence of epigenetic modifications associated with suicide in an Indian population. The identification of DMRs in brain tissue offers insights into the neurobiological underpinnings of suicide, paving the way for further research into epigenetic biomarkers. Such markers hold promise for developing diagnostic tools and preventive strategies tailored to high-risk individuals, particularly in diverse socio-cultural contexts like India.

27.3 Characterizing anhedonia and reward function as predictors of suicide risk and treatment response

Molly Hyde^{1,2}, Shijing Wang^{1,2}, Jennifer Ma^{1,2}, Katharine Dunlop^{1,2}, Aleksandra Lalovic², Yvonne Bergmans², Michael Treadway³, Sidney Kennedy^{1,2}, Dr. Sakina Rizvi^{1,2}

¹University of Toronto, Toronto, Canada, ²St. Michael's Hospital, Toronto, Canada, ³Emory University, Atlanta, United States

Learning Objective: Examine the role of clinical anhedonia and underlying neural reward processes in differentiating profiles of suicide risk and psychotherapy outcomes.

Background: Anhedonia and dysfunctional reward processing may contribute to suicide risk, but its characterization in this population and potential as a mechanism of action for psychosocial intervention remains understudied. We examined clinical, neural and behavioral correlates of reward

deficits in adults at suicide risk, with a focus on effort-based decision making, and whether this can predict response to psychotherapy treatment.

Methods: In Study 1, 30 healthy controls and 57 depressed adults with ideation (SI) and/or attempt history (SA) underwent a functional MRI scan and behavioural reward tasks. In Study 2, 77 at-risk adults across Canada received virtually-delivered Brief-SfSL, a single-session psychotherapy for suicide risk. We assessed anhedonia ratings and effort-reward task performance at baseline and evaluated the relationship with 12-week post-treatment change in SI.

Results: We found disrupted functional connectivity between fronto-cortical and subcortical brain reward regions (insula, $p=.003$; hippocampus, $p=.030$) in at-risk individuals. Compared to SI, SA and controls showed reduced connectivity between ventromedial prefrontal/anterior cingulate cortices ($p<0.001-0.030$), areas important for reward valuation and integrating reward/cost information. During the effort-reward task, SA accepted more high effort/high reward choices than SI (mixed ANOVA: $p=0.035$). Post-treatment SI improvement was predicted by greater baseline social anhedonia (regression: $p=.032$), but not global anhedonia or effort-reward task performance.

Discussion: Our findings show that connectivity patterns among brain reward regions and willingness to expend effort for reward may be specific to suicide attempt risk. We determined that socially anhedonic individuals may experience better psychotherapeutic outcomes, highlighting this construct as a potential mechanism of action and target for treatment personalization.

27.4 Mental health during menopause: two qualitative studies on women and their supporters.

Miss Olivia Hendriks¹, Dr Jason McIntyre¹, Dr Abigail Rose¹, Dr Clair Crockett², Dr Louise Newson², Professor Pooja Saini¹

¹Liverpool John Moores University, Liverpool, United Kingdom, ²Newson Health Menopause and Wellbeing Centre, Stratford-Upon-Avon, United Kingdom

Learning Objective: To understand the mental health challenges faced by women during menopause, including suicidality, and the emotional and practical burdens experienced by their supporters, highlighting the need for improved healthcare practices and support systems for all affected.

Background: Menopause is a transformative life stage often accompanied by profound physical and psychological challenges, including an elevated risk of depression and suicidality. Despite its significant impact, women's mental health during this transition has received limited attention, and the experiences of those who support menopausal women remain largely unexplored. Therefore, this is the first study to comprehensively investigate both the mental health challenges faced by menopausal women and the emotional, psychological, and practical burdens experienced by those who support them, addressing a critical gap in existing research.

Method: Semi-structured interviews were conducted with 42 menopausal women from a specialist menopause clinic and the general population, and 28 carers (19 menopause healthcare professionals [GPs, nurses, pharmacists, and administrative staff] from said clinic, and nine loved ones of menopausal women). Data were analysed using reflexive thematic analysis.

Results: Women reported suicidality ranging from passive thoughts to attempts, triggered by feelings of hopelessness, delayed hormone replacement therapy (HRT) access, and misdiagnoses. Carers described significant emotional strain, systemic barriers to treatment in primary care, and frustration with the lack of integration between menopause and mental health services. Both groups emphasised the importance of timely HRT, comprehensive training for healthcare providers, and holistic integrated care models.

Discussion: Addressing menopause-related mental health challenges requires improved HRT access, multidisciplinary care models, comprehensive healthcare training, and targeted support for carers to ensure better outcomes for all affected.

27.5 The effect of a psychiatric assessment of self-harm at the emergency department on subsequent risk of self-harm repetition and suicide

Dr Chien-yu Lin¹, Dr Chia-Yueh Hsu^{2,3,4}, Professor Ying-yeh Chen^{5,6}, Dr Chi-Shin Wu^{7,8}, Professor Chau-Shoun Lee^{9,10}, Prof Shu-Sen Chang^{3,11}

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Taiwan, ¹¹Institute of Health Behaviors and Community Sciences, College of Public Health, National

Taiwan University, Taipei, Taiwan

One Learning Objective: To better understand the impact of psychiatric assessments at the emergency department on the risk of self-harm repetition and suicide, and to identify the subgroups that may benefit most from such interventions.

Background: It has been suggested that all patients presenting to hospitals should receive psychosocial assessment. It is unclear whether assessments conducted by psychiatrists at the emergency department (ED) would reduce the risk of self-harm repetition and suicide. We investigated the effectiveness of psychiatric assessments at ED on reducing self-harm repetition and suicide using a nationwide database in Taiwan.

Methods: A cohort study of 74,175 index self-harm episodes (i.e., the first episode during the study period) was conducted based on self-harm incidents reported by hospitals to Taiwan's National Suicide Surveillance System in 2012–2016. Cox regression models were used to estimate the risk of subsequent repeat self-harm hospital presentation and suicide amongst self-harm patients who were assessed by a psychiatrist at the ED, compared to those who did not.

Results: In the fully adjusted model, patients who were assessed by a psychiatrist at the ED were associated with a 24% increase in the risk of self-harm repetition (adjusted hazard ratio [aHR] = 1.24, 95% confidence interval [CI] 1.13, 1.37; $p < 0.001$). The increased risk of self-harm repetition was most marked in patients aged 15–24 (aHR = 1.41, 95% CI 1.12, 1.77) and 25–44 (aHR = 1.27, 95% CI 1.13, 1.44), and was more pronounced in those with a history of psychiatric disorders (aHR = 1.53, 95% CI 1.26, 1.88). By contrast, assessed patients were associated with a 21% decrease in suicide risk (aHR = 0.79, 95% CI 0.61, 1.03), albeit with weak statistical evidence ($p = 0.083$).

Discussion: The assessment by a psychiatrist at the ED following self-harm was associated with an increased risk of repeat self-harm hospital presentations and possibly decreased risk of suicide. The findings suggest that psychiatric assessments may encourage seeking medical treatments after self-harm, especially in younger patients and those with treated psychiatric disorders, and potentially reduce suicide deaths.

Perspectives on enhancing and improving suicide bereavement support

Chair: Vita Postuvan

Maple M1, Jackson B1, Oulanova O2, Postuvan V3, Seibl R4, Sanford R5, Bhullar N6, Wayland S1, Ball S7, Gruber B8

Affiliations: 2University of Toronto , 7StandBy Support After Suicide, 1University of New England, 4National Suicide Prevention Programme SUPRA, 3University of Primorska, 5Thompson Rivers University , 8Centre for Suicide Prevention, Gesundheit Oesterreich SUPRA, 6Charles Sturt University

People bereaved by suicide can be severely impacted to the extent that they need support. The support offered may include information, psychoeducation, peer support, or counseling, and may be delivered individually, in group, or online. In order to enhance our understanding of appropriate postvention support, more research is needed to examine indicators of support need, outcome measures of interventions, competencies of support providers, and the specific skills and expertise of people with lived experience of suicide bereavement and professionals involved in this field.

Learning objective: The five presentations in this symposium will examine relevant aspects of peer and professional support providers, and indicators and outcome measures of the support provided.

28.1 Testing the continuum of survivorship: Empirical reflections for research and service provision

Myfanwy Maple (University of New England, Australia), Rebecca Sanford (Thompson Rivers University, Canada), Navjot Bhullar (Charles Sturt University, Australia)

Learning objective: Participants will better be able to articulate the benefits and limitations of the continuum model of suicide exposure and how best to identify those who may require additional support following exposure to a suicide death.

Abstract: The Continuum of Survivorship proposes that individuals may experience the suicide death of someone known to them along a continuum. This continuum ranges from being exposed to the death through to long-term bereavement and is based on an attachment or relationship model of grief, particularly focused on the reported closeness of relationship and perceived impact of the death. The model has proved useful with researchers and service providers using it as a tool to better understand the spectrum of suicide bereavement and appropriately identify target samples for research or those who require service provision and support. However, in two additional studies we have identified a group who are not well explained by the model and are often overlooked in research and postvention support. First, through explicit empirical testing of the continuum using latent profile analysis, we identified an additional profile that is not explained by the original proposed continuum. In this ‘discordant’ profile are those who are not relationally close to the person who died but are highly impacted calling into question some of the relational attachment assumptions in the original Continuum model. Second, we further analysed a sub-group in an Australian dataset who did not fit the Continuum model. This enabled deeper examination of those who report high levels of impact, but low closeness to the deceased. In this work we identified the meanings of impact, including societal and systemic circumstances, and historic and/or repeated exposures to suicide attempt and/or death. Impact from the death was used as a motivator for reflection or change for some and while participants reported the death as significant or devastating, their experiences do not fit with a typical bereavement.

In this presentation, we will explore these two analyses that lend further clarity to the breadth of experiences of suicide bereavement and draw on recent empirical testing of the concepts of impact and closeness in therapeutic settings.

28.2 Exploring the appropriateness of common outcome measure tools in suicide postvention: a modified Delphi study

Bess Jackson¹, Sarah Wayland¹, Shelley–Anne Ball², Myfanwy Maple¹

¹ University of New England, Armidale, NSW, Australia

² StandBy Support After Suicide, Maroochydore, Qld, Australia

Learning objective: To build awareness of outcome measure tools used to measure the impact of suicide postvention support and demonstrate the high-levels of endorsement of the tool as appropriate for use in service delivery context.

Background: Tools that capture, measure, or quantify the outcomes of support are commonplace in community mental health programs. Outcome measure tools can track an individual's progress, build the evidence base of a program's effectiveness, or provide government funders with data that demonstrates responsible investment. Despite their ubiquity in the mental health sector, the use of outcome measures in suicide postvention remains largely unexplored.

The selection and implementation of outcome measures in suicide postvention requires thought and consideration. Suicide bereavement can be devastating and profoundly painful; it is vital that the risk of re-traumatising individuals through the use of inappropriate outcome measurement tools is minimised. It is therefore crucial to understand the appropriateness of common outcome measure tools from the perspectives of people who may encounter them.

Methods: Our study utilised the Delphi method to evaluate appropriate approaches for outcome measurement in suicide postvention. A Delphi study design includes rounds of surveys that contain statements that people vote on and is a useful way to find consensus among different groups who might have varying viewpoints. Three groups participated in our study: those with a lived experience of suicide bereavement, postvention staff, and postvention researchers. The Delphi surveys were structured in two parts. Part 1 contained common outcome measure tools, and participants were asked to rate the appropriateness of each tool for use with people bereaved by suicide. Part 2 contained statements relating to the design, implementation, and delivery of outcome measures, intended to inform best practice guidelines for outcome measurement in suicide postvention.

Results: While the outcome measures were largely considered appropriate, differences in opinions did emerge among the groups. Perhaps surprisingly, people with a lived experience were the most likely to rate the outcome measure tool as appropriate compared with both postvention staff and postvention researchers. The presentation will explore these divergences in further detail, shedding light on the complexity of developing universally applicable postvention tools and guidelines to support their implementation.

The findings highlight the importance of asking (and not assuming) the lived experience perspective. Audience members will be encouraged to reflect on their own assumptions about outcome measures and consider their importance in building the postvention evidence base.

28.3 Suicide Bereavement in the Canadian Context: The Role of Peer Counselling

Dr. Olga Oulanova is an Assistant Professor at the Ontario Institute for Studies in Education (OISE), University of Toronto, and a Clinical and Rehabilitation Psychologist in private practice in Toronto, Canada.

Learning Objective: Participants will gain insight into the role of peer counselling as a form of suicide postvention and recognize the challenges and rewards involved in supporting others through peer support. Additionally, participants will reflect on how the intersecting identities and personal experiences of clinicians and researchers shape both the research process and clinical practice in the field of suicide postvention.

Abstract: The trauma of losing a loved one to suicide coupled with the challenging sociocultural context of suicide bereavement result in some survivors reporting significant difficulties following their loss. Consequently, different types of suicide postvention efforts have emerged to support survivors. One form of suicide postvention is peer support wherein individuals bereaved through suicide become peer counsellors and assist others who have suffered a similar loss. These peer counsellors play an important part in suicide postvention.

This talk will provide an overview of the literature on postvention efforts in different parts of the world and – drawing on my qualitative research with Canadian suicide survivors – elaborate on the role of peer counselling in suicide bereavement in the Canadian context. The path from suicide survivor to peer counsellor as well as the rewards and challenges associated with supporting others in the aftermath of suicide loss will be discussed.

In this presentation, I will situate myself as a survivor of suicide and a clinician who works in postvention and discuss how my intersecting identities and sociocultural positionalities have informed the research process and continue to influence my clinical work with survivors of suicide.

28.4 Gatekeepers' competencies delivering youth-suicide postvention

Vita Poštuvan, Full professor

University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research

University of Primorska, FAMNIT, Department of Psychology, Slovenia

Learning objective: To broaden the understanding of competencies in postvention.

Background: Suicide often has complex and long-term consequences for the bereaved, which are even more serious in cases where a young person dies by suicide (youth suicide). Early and appropriate postvention might help to mitigate these consequences and there are several guidelines for the implementation of such measures. However, there is a lack of systematic mapping of the competences of people providing postvention interventions, even though there is a strong agreement that as an important characteristic facilitators need to be well-trained.

Aims: Our aim was to create a competency model for people working in schools and youth work (youth workers, teachers) that could facilitate debriefing after cases of youth suicide.

Methods and Results: We reviewed the literature and conducted a descriptive analysis of the data to create the initial examples for the competency model. These include understanding of bereavement process, specific communication, assessment and intervention skills, cultural and ethical awareness, and self-care and ongoing professional development practises.

Conclusion: Results to date indicate that the draft model will be tested for a wider audience.

28.5 How postvention became part of the Austrian National Suicide Prevention Programme SUPRA — recent developments and future goals

Dr Stefanie Kirchner, Regina Seibl, MMag. Beate Gruber, psychologist and psychotherapist, Coordination Centre for Suicide Prevention at Gesundheit Oesterreich SUPRA, Austria

Dr. Regina Seibl (PhD), mental health professional and suicide postvention expert, member of SUPRA, head of the SUPRA working group for postvention, Austria

Learning objective: To illustrate the integration of postvention in the Austrian national suicide prevention strategy SUPRA and to outline current and future developments of this effort.

Abstract: In 2012 the Federal Ministry of Health (BMG) established the Coordination Centre for Suicide Prevention at Gesundheit Oesterreich GmbH (Center for Public Health) and the national suicide prevention programme SUPRA (SUicide PRevention Austria) – developed by leading Austrian suicide prevention experts – was launched. In 2020 a postvention working group was set up within SUPRA in order to improve suicide bereavement support and postvention. The working group comprises people with lived experience, psychosocial and medical professionals, people from the policy areas as well as a postvention expert. So far it has issued Postvention Recommendations for Different Mental Health Settings after Client/Patient Suicide and guidelines for schools on how to deal with the aftermath of student suicide attempts, has worked on Support guidelines for suicide loss survivors for funeral directors, and has established a network for suicide survivor support group facilitators across Austria.

In the past few years postvention has become an increasingly important part of SUPRA and the implementation of postvention has gained momentum across Austria. SUPRA comprises six major strategic goals, 18 operational goals, and approximately 70 specific measures. In the strategic area of “support and treatment” postvention is included and a new measure was derived within the latest

revision: “The establishment of a coordination center for postvention to improve the availability of services.”

The objectives and tasks of a Postvention Competence Center include:

- supporting and building networks for existing suicide bereavement support services,
- promoting the development of new or expanded services,
- integrating postvention into suicide prevention programs
- disseminating information about the impacts of suicide
- training healthcare professionals and implement postvention guidelines for different social systems

Finally, efforts should be made to destigmatize and raise awareness about grief after suicide through public events, media contributions, and digital content.

Oral #29 June 12th, 2025, 2.00pm – 3.00pm

Chair: President Tae-Yeon Hwang

Suicide Prevention Strategies in South Korea: Progress, Challenges, and Future Directions Park G1, KIM M2, Jeong H3, Lee S4, Lee H5

Affiliations : 4School of Social Welfare, Soongsil University, 3Department of Preventive Medicine, College of Medicine, The Catholic University of Korea, 2Department of Psychiatry, Yonsei University Wonju College of Medicine, 5Department of Psychiatry, Kangwon National University Hospital, 1Biomedical Research Institute, Seoul National University Hospital

Overall Abstract/Concept: South Korea has adopted globally recognized suicide prevention strategies yet continues to record the highest suicide mortality rate among high-income countries. Despite international interest, Korea’s suicide prevention efforts remain underrepresented in global discussions. This symposium aims to address that gap by bringing together leading researchers and practitioners to present key initiatives, outcomes, and challenges.

Presentations will cover Korea’s epidemiological surveillance system, emergency department-based case management, primary care interventions, the suicide prevention gatekeeper program, and community-based initiatives. Speakers will highlight achievements, such as reductions in suicide rates following targeted interventions, while addressing ongoing challenges, including delays in data integration, limited engagement in post-attempt care, and persistent stigma. By sharing Korea’s experiences and fostering dialogue with international experts, this symposium aims to enhance global suicide prevention strategies.

29.1 Epidemiological Indicators and Data Sources on Suicidal Behaviors in South Korea

Gun Woo Victor Park. Biomedical Research Institute, Seoul National University Hospital, South Korea
Learning Objective: To examine South Korea’s suicide surveillance system and explore strategies for its improvement.

Data collection and surveillance are essential for suicide prevention, providing the foundation for identifying trends, risk factors, and high-risk populations to develop evidence-based strategies. Timely and accurate data enable policymakers, healthcare professionals, and researchers to design targeted interventions, allocate resources efficiently, and evaluate the impact of prevention efforts. South Korea employs a multifaceted surveillance system, combining population-based surveys and administrative datasets to monitor and prevent suicidal behaviors. Suicide mortality is tracked through the Cause of Death Statistics from Statistics Korea, which monitors trends and fluctuations in suicide rates. Suicide attempts are recorded in the National Emergency Department Information System (NEDIS), which captures demographic and clinical characteristics of individuals seeking emergency care following a suicide attempt. Suicidal behaviors and mental health conditions are assessed through the Community Health Survey and the Korea National Health and Nutrition Examination Survey, utilizing standardized screening tools.

The National Center for Mental Health (NCMH) conducts various mental health surveys under the Ministry of Health and Welfare, including the Adult Mental Health Survey, Child and Adolescent Mental Health Survey, Serious Mental Illness Survey, and Drug User Survey, all of which investigate suicidal ideation and attempts through structured assessments. As a national single-payer system, South Korea leverages claim data from the National Health Insurance Service (NHIS) to analyze medical histories and clinical risk factors among suicide decedents. This comprehensive dataset includes healthcare utilization records, diagnoses, and treatments, offering valuable insights into medical conditions and access to care preceding suicide death. Additionally, psychological autopsies are conducted irregularly using structured interviews based on police records to provide a deeper understanding of the circumstances surrounding suicide cases.

Despite these robust data sources, significant limitations remain. A time lag of one to two years impedes real-time monitoring, while small-area analyses face difficulties in precisely identifying high-risk regions. Furthermore, inconsistent reporting standards and limited data linkage restrict comprehensive assessments of risk and protective factors for suicide prevention. To overcome these challenges, Korea is enhancing its surveillance system by integrating real-time data streams, standardizing reporting protocols, and leveraging advanced analytical methods, including artificial intelligence. This presentation will examine the current state of Korea's suicide surveillance system, explore its limitations, and propose epidemiological and policy-driven solutions to improve timeliness, data integration, and the overall effectiveness of suicide prevention efforts.

29.2 ER-based case management program for suicide attempters in South Korea

Min-Hyuk Kim. Department of Psychiatry, Yonsei University Wonju College of Medicine, South Korea
Learning Objective: To explore South Korea's emergency department-based case management program for suicide attempters, its impact, challenges, and potential improvements.

Suicide attempts are a major risk factor for suicide, highlighting the critical need for aftercare to prevent re-attempts and fatalities. An increasing body of evidence indicates that brief interventions and follow-up measures, such as counseling post-hospital discharge, sending postcards, and making phone calls, significantly reduce the incidence and frequency of suicide re-attempts.

In South Korea, the emergency department-based case management program for individuals who have attempted suicide represents a key initiative in suicide prevention. Launched in 2013 with 25 participating locations, the program expanded to 84 locations by 2024. Case managers engage with patients within 24 hours of their visit to the emergency department following a suicide attempt. The case management service is delivered over four weeks, after which patients are referred to psychiatric treatment services or community-based suicide prevention centers. The management team conducts weekly case reviews to ensure the quality of care. To uphold a consistent and high standard of service delivery across locations, all case management activities adhere to a standardized manual, and case managers participate in regular, centralized training.

Despite challenges, including low rates of community service engagement and difficulties in intervention with non-consenting patients, the program remains a significant effort to provide systematic and continuous support for individuals at risk of suicide who present to emergency departments.

This presentation seeks to provide an overview of the background and development of South Korea's post-suicide attempt case management program, analyze its current challenges and limitations, and discuss potential directions for its future enhancement.

29.3 Achievements and Future directions of the "Life-linking Stethoscope Project"

Hyunsuk Jeong. College of Medicine, The Catholic University of Korea, South Korea
Learning Objective: To review the implementation, impact, and future directions of the Life-linking Stethoscope Project, a primary care-based suicide prevention program in Seoul.

Primary care physicians are in an important position in suicide prevention. The importance of appropriate and intensive follow-up management for individuals identified with suicide risk through

screening is highlighted. In response to this need, the "Link between Primary Care Clinic and Public Health Resources Intervention," a collaborative suicide prevention program, was introduced in 2017 as a pilot project in one district of Seoul. This program aimed to bridge primary care clinics with community public health resources to facilitate a seamless referral and intervention process. In 2022, the program was expanded to cover the entire city of Seoul and was officially named the "Life-linking Stethoscope Project," provided by the Seoul Metropolitan Government.

The program's core objective is to detect high-risk individuals through standardized suicide risk assessments conducted at primary care clinics. Once identified, these individuals are referred to community suicide prevention centers, where they receive personalized case management and tailored interventions designed to address their specific needs. This approach ensures that at-risk individuals receive not only timely but also targeted support to mitigate their suicide risk. The outcomes of the pilot project, conducted in one district since 2017, provide compelling evidence for the program's efficacy. Following its implementation, the suicide rate in the intervention area decreased by an impressive 25%. These results offer strong empirical support for the integration of suicide prevention programs into primary care clinics, particularly when bolstered by community public health resources. This evidence underscores the potential of such programs to significantly reduce suicide rates and contribute to more effective, community-based suicide prevention initiatives.

To effectively lower the suicide rate throughout Seoul, at least five key strategies must be implemented. First, timely contact with individuals at risk of suicide is crucial. The sooner we reach out, the better the chances of providing effective support. Second, sufficient resources must be allocated. Each local government needs to dedicate budgets to secure an adequate number of suicide prevention professionals. Third, patient-centered case management is essential. Case management should be tailored to the patient's needs, both in intensity and duration, to ensure meaningful support. Fourth, by linking them to appropriate social support systems, we can address these underlying issues effectively. Finally, data-driven program evaluation is critical. By implementing these strategies, we can create a comprehensive and effective approach to reducing suicide rates throughout Seoul.

29.4 Current Status and Challenges of Suicide Prevention Gatekeepers in South Korea

Sungkyu Lee. School of Social Welfare, Soongsil University, South Korea

Learning Objective: To assess the impact, challenges, and future directions of South Korea's Suicide Prevention Gatekeeper Training Program.

As of 2023, South Korea's suicide rate stands at 27.3 deaths per 100,000 people, ranking first among OECD countries. To address the severe issue of suicide in South Korea, both the government and private sectors have implemented various suicide prevention initiatives. Among these, the most representative program is the Suicide Prevention Gatekeeper Training Program, a collaborative effort between the government and private sectors. Suicide prevention gatekeepers are individuals equipped with the knowledge, attitudes, and skills necessary to contribute to suicide prevention. They identify suicide risk factors within their communities, detect individuals at risk of suicide at an early stage, and connect them with professional services. In 2018, the South Korean government's "National Suicide Prevention Action Plan" included a goal to train 1 million gatekeepers from key community groups, aiming to establish a system that facilitates the early identification of high-risk individuals and their connection to professional institutions. Additionally, a standardized suicide prevention gatekeeper training program called "See, Listen, Speak" was developed in South Korea. Since the revised version was distributed in 2014, tailored programs focusing on specific population groups, such as firefighters and military personnel, have been continuously developed and disseminated. This presentation aims to examine the current status and specific details of suicide prevention gatekeepers in South Korea, as well as demonstrate the effectiveness of gatekeeper training programs conducted thus far. Based on these findings, this presentation discusses practical and policy recommendations to enhance the implementation and effectiveness of suicide prevention gatekeeper training programs.

29.5 Current Status and Challenges of Community-Based Suicide Prevention Projects

Heewoo, Lee, Department of Psychiatry, Kangwon National University Hospital, South Korea

Learning Objective: To discuss South Korea's community-based suicide prevention efforts, their impact, and strategies for future policy improvement.

In April 2023, South Korea announced its 5th National Suicide Prevention Basic Plan. The objective of this plan is to reduce the suicide death rate and create a society free from suicide by strengthening regional customized suicide prevention policies and intensive management for high-risk suicide groups. Following the economic crisis in South Korea at the end of 1997, the suicide rate increased, leading to the establishment of the first national five-year suicide prevention plan in December 2004. The rate sharply rose from 13.7 per 100,000 people in 2000 to 23.7 in 2004. During this period, the Korea Suicide Prevention Association, composed of private experts, started various campaigns aimed at suicide prevention education and fostering a culture of life respect, and also proposed various policies and laws. Additionally, community suicide prevention centers were set up to detect high-risk suicide individuals early, provide psychological support, offer treatment and post-care for suicide attempters, and build suicide surveillance systems, among other initiatives.

Major community based suicide prevention programs include suicide prevention education and awareness campaigns, crisis intervention and counseling services for high-risk suicide groups, a community resident participation program to create a 'Life-Friendly Community Environment', and strengthening collaboration between local community centers, police, welfare facilities, and other related organizations. Despite these efforts, South Korea showed a high suicide death rate of 31.7 per 100,000 people in 2011, and as of 2023, it remains the highest in the OECD at 27.3 per 100,000 people. To further reduce the suicide rate, it is necessary to strengthen the mental health support system, reduce the social stigma surrounding mental illness, and improve accessibility. Additionally, suicide prevention efforts must focus on addressing social isolation and target specific age groups such as youth and the elderly, while also enhancing crisis response systems. This presentation will introduce South Korea's current community-based suicide prevention efforts and discuss directions for strengthening future policies.

Oral #30 June 12th, 2025, 2.00pm – 3.00pm

Chair: Sue Murray

30.1 Who notices suicide prevention media campaigns? A study from three Norwegian regions.

Dr Christine Mohn¹, Senior Advisor Egil Haga¹, Researcher Hanne Sofie Wernø-Nilsson¹, Lars Mehlum¹

¹National Centre For Suicide Research And Prevention, University Of Oslo, Oslo, Norway

Learning objective: Understanding the characteristics of people who notice suicide prevention media campaigns in a cluttered media landscape.

Background: Suicide preventive media campaigns are usually directed at an entire population. However, only 10–20% typically report having noticed the campaign. In 2022–2023 we ran three regional suicide preventive media campaigns in Norway. In a survey of 3234 adults stratified according to sex, age, and geographical location, 644 respondents (~20%) reported to have noticed some aspect of the campaign. Here, we examine demographic characteristics and the attitudes to suicide, mental illness, and help-seeking of this group compared to the respondents who had not noticed the campaign.

Methods: The campaign encouraging people with suicide thoughts to seek help and their social network to reach out to them, was spread across a wide variety of digital and print media in the Mid-, West-, and South-Norway regions. Two weeks before and two weeks after the campaign,

participants filled in a survey of attitudes to suicide, mental illness, and help-seeking. The outcome variables reported here were taken from the pre-campaign survey.

Results: The group with campaign awareness reported significantly more often to have experienced suicide ($t\ 15.31, p < .001$) or suicide attempts ($t\ 12.67, p < .01$) among family or friends compared to the non-aware group. Moreover, they were significantly more likely to report that they would reach out to and help someone with suicide thoughts ($t\ 2.14, p < .05$).

Discussion: That people who notice suicide preventive media campaigns seem more often to have been exposed to suicidal behaviour among their next of kin, is most likely an effect of having acquired a heightened attention to suicide as a result of previous exposure. That the same group more often also reported being prepared to help someone at risk for suicide, suggests that this heightened attention could have a beneficial effect. On the other hand, our findings may also suggest that suicide prevention media campaigns will more often reach those who are already aware of this public health problem.

30.2 Increasing intention to seek help for suicidal ideation and depression through a media campaign

Senior Advisor Egil Haga¹, Researcher Hanne Sofie Wernø-Nilsson, [Dr Christine Mohn](#), Lars Mehlum

¹National Centre For Suicide Research And Prevention, Oslo, Norway

Background: More than 50% of the annual 650 individuals who take their own life in Norway have not been in contact with specialized mental health services during the year before death. Negative attitudes towards mental health problems and stigma associated with being a consumer of mental health care are important barriers for help-seeking and such attitudes are probably more prevalent in segments of the general population characterized by higher risk. This study examines the levels of negative attitudes in a subgroup characterized by low levels of intention to seek help when experiencing suicidal ideation, and assesses whether a suicide prevention media campaign leads to less negative attitudes and a higher level of intention to seek help.

Methods: A suicide prevention media campaign was launched in the North Norway region (approx. 500 000 inhabitants). With the overall message "Talk about suicidal thoughts — it may save lives", the campaign aims were to increase awareness of risks associated with suicidal thoughts and to promote help-seeking. Online surveys with items based on the Theory of Planned Behaviour (TPB) measured help-seeking self-stigma, subjective norms (assumptions about what others may think if I seek help), behavioural control (how easy/difficult I believe it is to seek help) and intention to seek help for suicidal thoughts.

Results: An age and gender representative sample of $N=1031$ from the North Norway region participated in both pre- and post-campaign surveys. A subgroup ($n=97$) with low intention to seek help identified from the pretest sample, and compared with a group with high help-seeking intention was significantly younger (<40 years), more often living alone, having lower educational level and more often previous experience with depressive symptoms and suicidality (suicidal ideation and suicide attempts). Analyses of posttest responses to the campaign showed that this group had less positive responses compared to the high-intention group. On the other hand, the low-intention group showed a statistically significant increase in their intention to seek help ($p < 0.001, d = -0.65$).

Conclusions: Our study suggests that an at-risk group of people reporting less favourable response to a suicide preventive public awareness media campaign may still report significant increases in their intentions to seek help. Our pre-post design, with no control group, precludes, however, any inferences about causality.

30.3 The evaluation of a suicide prevention workshop for MPharm students

Dr Michelle O'Driscoll^{1,2}, Ms Kerrie Gallagher¹, Dr Maria Donovan², Dr Aoife Fleming², Prof Laura Sahm², Dr Cliodhna O'Brien¹, Dr Paul Corcoran¹, Ms Ailish O'Neill³, Dr Eve Griffin^{1,4}

¹National Suicide Research Foundation, Ucc, Cork, Ireland, ²School of Pharmacy, UCC, Cork, Ireland, ³Health Service Executive, National Office for Suicide Prevention, Palmerstown, Cork, ⁴School of Public Health, UCC, Cork, Ireland

Learning objective: To evaluate the impact, appropriateness, acceptability and feasibility of a suicide prevention workshop for MPharm students in an Irish university.

Background: Most of those who die by suicide have been in contact with a healthcare professional in the months prior to their death. Pharmacists are recognised amongst the most trusted and accessible healthcare professionals, and are well positioned to provide support. However, most have not received any form of suicide prevention training, and therefore feel ill-equipped to help those at risk. MPharm students are soon to qualify as pharmacists, and are an appropriate cohort to prepare for their role in suicide prevention.

Methods: MPharm students at University College Cork were invited to take part in an optional evaluation of a suicide prevention workshop in September 2024. Ethical approval was obtained for the study. Study information was provided in advance of the workshop, and informed consent was obtained.

The workshop was delivered by two appropriately trained co-facilitators. Attendance was preceded by a brief online suicide prevention training, the Health Service Executive's "Let's Talk About Suicide." The three-hour in-person workshop further built upon this learning via didactic, group and case-based content, covering suicide epidemiology, risk and protective factors, appropriate communication, and personal wellbeing.

Evaluation via an online pre-post survey comprised of a demographics form, two subscales from the Suicide Attitudes, Behaviour and Competence Questionnaire, and the Acceptability, Feasibility and Appropriateness (AFAS) Scale. Responses were analysed using descriptive statistics and paired t-tests.

Results: A total of 53 students participated in the workshop, of whom 27 completed the pre-post evaluation survey. Statistically significant improvements were demonstrated in students' suicide prevention competency (mean score difference=15.7, 112% increase, $p<0.001$, Cohen's $d=2.69$) and perceived suicide prevention importance (mean score difference=1.8, 5.4% increase, $p=0.004$, Cohen's $d=0.62$). The workshop was found to be acceptable, feasible and appropriate, with all respondents advocating for continuing to embed it in the MPharm curriculum.

Discussion: Embedding suicide prevention training into the pharmacy curriculum can equip future pharmacists with the beliefs and competence required to effectively support at-risk individuals that they encounter in their future professions.

30.4 Exploring suicide prevention Gatekeeper Interventions for Schools: A Scoping Review

PhD Student Lena Rossen Østergaard^{1,2,3,5}, ph.D. Sally Jørgensen¹, Senior Researcher Lotus Sofie Bast⁴, Professor Rory O'Connor³, PhD., Ass. Professor Erik Christiansen^{1,2,5}

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Among teenagers and young adults, suicides represent a significant public health challenge that could be mitigated with effective school-based suicide prevention programs. Gatekeeper training (GKT) has

increased awareness and knowledge in communities, but its utility in schools remains uncertain. A systematic approach using implementation science is needed to bridge gaps between evidence, practice, and care quality. Implementation science in suicide prevention is in its early stages, requiring effective and usable interventions that meet four criteria: clear intervention description, essential functions, operational definitions, and practical fidelity assessment.

The aim of the study is to address the gaps and explore the usability of existing suicide prevention GKT for teaching staff implemented in schools.

The Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR) was followed. Studies were selected based on participants, intervention concept, and context. The literature search was conducted across the following databases: Medline, Embase, Cochrane Library, PsycINFO, Scopus, SocIndex, and ERIC, covering publications from January 1990 to October 25, 2024. To understand the usability of gatekeeper interventions, their effectiveness and the four usability criteria are analyzed based on the following aspects of their description, essential functions, operational definitions, and fidelity assessment.

The database search yielded 3,942 citations, with 1,953 remaining after removing duplicates. After screening titles and abstracts, 93 citations were reviewed in full, resulting in 43 articles describing 41 studies. Four articles were from before 2010, 28 from 2010 to 2019, and 10 from 2020 to October 2024. All GKT programs included identifying individuals at risk of suicide. Intervening with at-risk individuals was part of eleven QPR, twelve self-developed, and seven self-developed based on others, including Kognito, ASIST, CALM, and STORM. Being able to refer a person was an essential function all QPR studies, nine of the self-developed, all seven of the self-developed based on known, and in four Kognito and the STORM study. Knowledge and skills constructs varied across studies. Programs with roleplay or discussion elements had the most impact on gatekeeper behavior change, while mandatory training had no negative effect. Most programs were accepted and deemed appropriate for teaching staff. There was a decay in learned knowledge and skills over time, but it never returned to pre-training levels.

Learning Objective: Understand the effectiveness and usability of gatekeeper training programs for suicide prevention in school settings, focusing on their essential functions, operational definitions, and fidelity assessments.

Oral #31 June 12th, 2025, 2.00pm – 3.00pm

Chair: Dr Shane McNerney

National Clinical Programme for Self Harm and Suicide Related Ideation in Ireland- Programme Updates, Implementation of Data Collection Strategies and High Risk group findings.

McNerney S^{1,2,3}, Lovejoy S¹, Cully G^{5,6} (Cosgrove M¹, Kavalidou K⁴)

Affiliations: ⁶National Suicide Research Foundation, ⁴National Office of Suicide Prevention, ²HSE West, ⁵University College Cork, ¹NCPSHI, ³University of Galway

Overall Abstract- Establishing the extent of suicidal behaviour is a fundamental step in the prevention of suicide. Self-harm, defined as suicidal behaviours with and without suicidal intent, is a strong predictor of further suicide. Recent evidence indicates that those presenting to hospitals with suicidal or self-harm thoughts have a 10-fold risk of dying by suicide. The objective of the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) is to ensure this clinical programme is embedded into everyday clinical practice so that every individual who presents to General Practice, Emergency Department, Community Mental Health Team or CAMHS following self-harm, or with suicide-related ideation, will receive a timely, expert assessment of their needs, and is connected to appropriate next care. In this symposium we explore the development of the programme since its

inception. We present information and data on ED presentations and those to the SCAN service. Key developments in terms of cloud-based data collection measures are presented as well as a high-risk group such as Traveller women where findings of increased suicidality relative to non-traveller women are discussed. The external evaluation of the impact of the NCPSHI on patient outcomes and provision of care is also presented in our symposium.

31.1 The National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI)– Programme updates:

In 2016 the National Clinical Programme for the Assessment and Management of Patients who present to the Emergency Department (NCPSH) Model of Care (MOC) was introduced. It established a clinical framework to ensure that any person who presents to the ED following self-harm or with suicide-related ideation receives a compassionate, empathic, validating response, and a therapeutic assessment and intervention from a suitably trained mental health professional; that every effort is made to ensure that a family member or supportive adult is involved in assessment and safety planning, and that they are followed up and linked to appropriate next care.

Key pillars of the revised model of care (MOC) 2022 are that people who present to health services following self-harm or suicide-related ideation should receive brief interventions in the form of an empathic, validating, compassionate and trauma-informed response; a timely expert biopsychosocial assessment and intervention, including a written emergency safety plan, and follow up and linkage to next appropriate care.

As suicide prevention policies should be informed by “real time data” based on patients’ presentations, the NCPSHI is the only source in Ireland providing data due to both self-harm and suicide-related ideations. In 2019 the National Office for Suicide Prevention (NOSP) provided an expert on suicide research and prevention, who in 2020 established the National ED database including all the assessment information collected by the CNSs / RANPs from all participating hospitals, since 2018. Currently the national ED database includes clinical information for approximately 70,000 presentations.

The goals for the coming year include to: Progress and report on the full implementation of the National Clinical Programme for self-harm and suicide related Ideation including in emergency departments and primary care via SCAN (Suicide Assessment Crisis Nurse) with National Implementation Advisory Group. We will also collect and collate clinical activity data from each site/service and report on findings and trends annually or as required.

The programme will continue to provide accredited training and education to clinicians in line with programme objectives as well as ongoing leadership and participation in audit and research activities with named partners. The dissemination of findings from the NCP at national and international conferences and published papers remains a stated goal.

31.2 Integrated Care, Advancing Community Practice — The Suicide Crisis Assessment Nurse (SCAN) Service Ireland

Learning Objective : The aim is to highlight SCAN's innovative approach in advancing integrated care for patients presenting in a suicidal crisis, demonstrating its impact on improving outcomes through a collaborative, multidisciplinary approach between General Practitioners (GPs) and mental health services.

Background: In 2014, a Health Service Executive (HSE) national programme was launched to standardise the care received by people presenting with self-harm or suicidal ideation to the Emergency Department (ED): the National Clinical Programme for Self-harm or Suicide-related

Ideation (NCPSHI). A revised Model of Care (2022) provides a framework to improve services for all, regardless of where they present. While continuing to maintain and further improve the NCP within the acute hospital EDs, the revised NCPSHI MOC now extends into the community to include the governance of SCAN.

SCAN was introduced to Ireland in 2007 and Clinical Nurse Specialists (CNS) employed by mental health services provides assessments of GP patients experiencing suicidal crisis. SCAN CNSs follow operational guidance that aligns with the four components of NCPSHI. That all patients presenting receives a compassionate, empathic response, a therapeutic assessment and intervention from a suitably trained mental health professional, every effort is made to ensure that a family member is involved in the assessment and safety planning, and that they are followed up and linked to appropriate next care. There are currently 23 Clinical Nurse Specialists working across 13 counties, the programme is excited to expand services nationally, bringing benefits to even more communities.

Methodology: The presentation will commence with a comprehensive examination of the evolution of SCAN. Critically analysing current challenges in healthcare delivery, emphasizing the necessity of an integrated community-based approach. Which aligns with strategic frameworks outlined in Health Service Executive's (HSE) Connecting for Life and Sláintecare policies. The discussion will focus on how SCAN delivers faster assessments and targeted interventions, enabling patients' assessments within primary care rather than secondary care or EDs. This paradigm shift anticipates to enhance the quality of life for individuals in suicidal crisis, while concurrently reducing unnecessary pressure on overcrowded EDs.

Outcomes: The evidence highlights SCAN's innovation in advancing integrated care for individuals presenting in suicidal crisis, with an emphasis on collaboration between GPs and mental health services. SCAN's significant impact in improving patient care, fostering an efficient and responsive healthcare system, while ultimately setting a model for integrated care that could be scaled across other regions.

31.3 Development of a national data collection system for the National Clinical Programme for Self-harm and Suicidal Ideation (NCPSHI) – Suicide Crisis Assessment Nurse (SCAN) Service.

Learning Objective: NCPSHI aims to tailor the existing data collection fields and develop a centralised national data collection system for SCAN.

Background : A cornerstone of the NCPSHI is its data collection system, which plays a pivotal role in evaluating and improving care provided. Since its inception, the programme has been collecting anonymized data on self-harm and suicide-related ideation cases, presenting to 26 acute Level 3 and Level 4 hospital EDs across Ireland, and 1 paediatric hospital ED. Since 2017, data is gathered using a standardised Excel-embedded form designed to capture key anonymised demographic and clinical information. While Excel has facilitated the initial phases of data collection, it presents limitations and lacks robust and automated data validation features which can lead to incomplete or inaccurate data. Furthermore, excel is not well suited for large-scale data collection or multiple user collaborations making it difficult to manage as the programme grows.

Methodology: In response to the challenges of managing high-quality multi-site, anonymized data, the NCPSHI secured funding to use Castor; a cloud-based electronic data capture management system. Castor allows the NCPSHI to capture and manage all self-harm and suicide-related ideation presentations in one centralised compliant system. Development began with extensive collaboration between NCPSHI and service providers to identify data elements. User form designed consists of 26 core items distributed across seven structured forms. Additionally, the form includes dynamic fields that are triggered based on specific responses to certain questions. This adaptive design ensures that the data collection process is both comprehensive and efficient, capturing relevant details without overburdening users.

Initial usability testing was conducted in Q4 2024, enabling technical refinements, issue resolution, and integration of additional features. A pilot phase, involving six users, was carried out, with feedback collected via email and online questionnaires.

The full-service training in January 2025, successfully prepared users for the systems "Go Live" on January 17, 2025. This milestone marked the official transition of the NCPSHI to the cloud-based system.

Outcomes: The shift to a cloud-based data management system will significantly enhance clinician data capture workflow and improve data integrity, security and reliability. Our sites find it easy to use and data entry progress can be tracked and monitored in real-time improving decision-making processes and facilitating the generation of high-quality data reports.

31.4 Thoughts of suicide and self-harm: A national study on young people presenting to non paediatric acute hospitals in Ireland.

Background: In Ireland, acute hospital emergency departments (ED) become the default service for youth aged 16 to 18 years; and in the absence of paediatric EDs, for youth under 16 years. No previous research has explored adolescent presentations to non-paediatric hospitals with thoughts of self-harm or suicide at a national level. Methods: This study examines child and adolescent self-harm and suicidal ideation-related presentations to 24 non-paediatric hospital EDs in Ireland. National data from a dedicated ED service for a suicidal crisis were used. Descriptive analyses were run for four age bands (≤ 15 , 16–17, 18–19, and all other adults < 20 years), based on sociodemographic characteristics, clinical information, and type of self-harm or ideation. Results: Between 2018 and 2022, the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) clinicians assessed 53 359 presentations due to self-harm and suicide-related ideation. Among those 15 years and younger, 1.7% presented for self-harm, 0.9% for suicidal ideation, and 0.2% for self-harm ideation. Among the 16–17-year-olds, 3.4% presented with self-harm and 1.6% for suicidal ideation. Presentations for self-harm decreased with age, while suicide-related ideation increased. Cutting was most common among the youngest group (23%), and overdose was more frequent among 16 to 17-year-olds. Notably, 41% of those 15 year and younger were already attending mental health services. Conclusions: Our findings highlight that a significant number of adolescents with a self-harm-related crisis attend non-paediatric acute hospitals in Ireland. Careful initial assessment and transitional care are needed to ensure that youth at risk of suicide and/or mental illness are referred to appropriate services.

31.5 The impact and implementation of a national clinical programme self-harm and suicidal ideation in emergency departments.

Background: Emergency departments are important points of intervention, to reduce the risk of further self-harm and suicide. A national programme was first introduced in Ireland 2014 to standardise care provided to people presenting to the emergency department (ED) with self-harm or suicidal ideation. The National Clinical Programme for Self-harm and Suicide-related Ideation (NCPSHI) specifies key components of care, including timely and compassionate response, biopsychosocial assessment by a mental health professional, involving family/carers, safety planning and, follow-up.

Learning objectives: To evaluate the impact of the NCPSHI on patient outcomes and provision of care and to explore variation in implementation of care components.

Methods: A sequential mixed-methods design was used. Hospitals implementing the programme by 2015 ($n=15$) were grouped according to their pre-existing services for people presenting with self-harm. The first phase used data from the National Self-Harm Registry Ireland to examine impact of the programme on self-harm repetition and provision of care. The second phase examined the

implementation of care components via interviews with staff implementing the programme, informed by the Consolidated Framework for Implementation Research.

Results: Impact on self-harm repetition and provision of care varied across three hospital groupings. The group with no pre-existing services or suicidal ideation showed greatest improvement in the provision of care. A timely compassionate response was facilitated by collaboration between liaison psychiatry and emergency department staff and the availability of designated space, factors more commonly reported in hospitals with pre-existing services. Other factors affecting the implementation of care components included patient preferences for and staff encouragement of family involvement; time taken to complete written care plans; handover impacting follow-up of patients and availability of next care.

Conclusion: The study highlights the complexity of factors influencing the implementation of a programme rolled out a national scale across hospital EDs. The context of pre-existing services strongly influenced outcomes, highlighting the need to consider this in implementation planning. The findings suggest a need for further integration of all clinical professionals on the liaison psychiatry team in implementing care for self-harm; improved systems of handover; as well as further training and awareness on the benefits and optimal processes of family involvement.

Oral #32 June 13th, 2025, 11.30am – 1.00pm

Chair: Vikas Arya

32.1 Lived Experience of Suicide-Informed and Inclusive Culture Change Framework Ms Bronwen Edwards¹

¹Roses In The Ocean, Newstead, Australia

This presentation will showcase the design, implementation, and evaluation of a newly established framework for organisations and government agencies aiming to establish, embed, and sustain a culture informed by lived experience of suicide.

This framework, developed and implemented by people with lived experience of suicide, provides an innovative approach to integrating these crucial insights into suicide prevention efforts.

The work builds on the Lived Experience of Suicide Informed and Inclusive Culture Change suite of resources released in 2022 aimed at addressing challenges and advancing solutions in suicide prevention and underscoring the need for people with lived experience of suicide to play a central role in designing, executing, governing, and evaluating suicide prevention activities.

The insights of people with a lived experience of suicide, as well as research highlights that significant cultural and operational changes are necessary to fully integrate lived experience of suicide into organisational and governance frameworks. The framework explored in this presentation will support cultural and operational changes, ensuring that the expertise of those with lived experience of suicide are effectively harnessed to innovate and achieve impactful outcomes in suicide prevention.

The presentation will:

- Provide a comprehensive overview of the need for culture change, detailing the framework's application across suicide prevention organizations and government entities.
- Introduce a Lived Experience Organizational Maturity Assessment Tool to measure the extent of meaningful integration of lived experience perspectives.
- Discuss the results from the implementation of the Maturity Model Assessment Tool and examine the experiences of organisations implementing the framework.

- Share the development process of the Lived Experience of Suicide-Centred Governance Guide to help suicide prevention organisations integrate lived experience expertise into governance structures.
- Outline qualitative Lived Experience of Suicide-Informed and Inclusive Outcome Measures, co-produced with lived experience of suicide, to demonstrate the impact of lived experience inclusion in suicide prevention efforts.

32.2 Qualitative Study on Coping Resources of Indigenous Inuit Youth Who Have Survived Suicide Attempts and Are Thriving Today

Phd Student Arnarak Patricia Bloch, Professor Christina Larsen

¹University for Southern Denmark, Odense, Denmark, ²University for Greenland, Nuuk, Greenland

Learning Objective: To identify and disseminate culturally grounded coping strategies used by Indigenous individuals who have survived suicide attempts, contributing to global suicide prevention efforts.

Background: Greenland faces one of the highest suicide rates globally, particularly affecting Indigenous Inuit populations. While extensive research has highlighted risk factors such as colonial impacts and rapid societal changes, less attention has been given to protective factors that foster resilience and recovery among suicide attempt survivors. This study aims to explore the coping strategies of individuals who have survived suicide attempts and achieved a sense of wellbeing. Insights derived from this research have the potential to inform culturally sensitive suicide prevention efforts on both local and global stages.

Methods: This qualitative study involves in-depth interviews with Greenlandic Inuit youth who have survived suicide attempts and now lead fulfilling lives. Participants were recruited through community networks and local organizations. The semi-structured interviews focused on understanding the resources, coping mechanisms, and cultural practices that enabled participants to navigate their crises. Data were thematically analyzed to identify common patterns and unique strategies, with particular attention to Indigenous knowledge and cultural influences.

Results: Preliminary findings highlight the pivotal role of cultural resilience, including reliance on Inuit traditions, family support, and connections to nature, as key protective factors. Participants described how cultural practices, such as storytelling, hunting, and community gatherings, fostered a sense of belonging and purpose. Additionally, family ties and communal support networks emerged as critical in mitigating isolation and facilitating recovery. These findings underscore the importance of integrating cultural and community-based approaches into suicide prevention efforts.

Conclusion: This study emphasizes the need for culturally tailored interventions in suicide prevention, particularly among Indigenous populations. The findings offer practical insights for organizing community suicide prevention initiatives that are trauma-informed and culturally appropriate. By showcasing the strengths and resilience of individuals who have overcome suicidal crises, the study contributes to global efforts to reduce suicide rates while respecting and incorporating Indigenous knowledge.

Indigenous Community: As an Indigenous Inuk researcher, the author has collaborated closely with the Government of Greenland and local communities to advance suicide prevention. Over four years, culturally grounded training in the Greenlandic Inuit language has reached approximately 600 Inuit healthcare professionals, ensuring help to people at risk. This collaborative approach has enhanced trust and engagement, strengthening the foundation for impactful suicide prevention programs.

32.3 Navigating Assisted Suicide in Austria: Experiences and Views of Physicians, Medical and Nursing Directors

Tamina-Laetitia Vielgrader, Mag Klara Doppler, Priv. Doz. Maria Kletecka-Pulker, Marlene Walser, Jana Marica Hluch, PhD Julia Fischer, Helene Mayer, Hon-Prof. Dr. Gerhard Aigner, Dr. Elisabeth Lucia Zeilinger, Dr. Gudrun Kreye, Dr. Stefan Dinges, Mag Sabine Parrag

Learning Objective: Attendees will gain insight into the experiences and challenges faced by physicians, as well as medical and nursing directors, in managing requests for assisted suicide under Austria's dying decree law.

Background: On January 1st, 2022, assisted suicide was legalized in Austria with the enactment of the dying decree law. Since its implementation, occupational groups named in the legislation, particularly physicians and institutional decision-makers, have had to navigate the procedural complexities of guiding terminally ill individuals through this legal framework. Despite the significance of their roles, little research has investigated the challenges they encounter in handling such cases.

Methods: To explore these experiences, two mixed-methods online questionnaire surveys were developed. The first survey targets physicians in Austria, aiming to gather insights into their perspectives, ethical concerns, and professional stances on assisted suicide (N=304). The second survey is directed at medical and nursing directors to examine institutional guidelines, policies, and decision-making processes regarding assisted suicide (N=235).

Results: The preliminary findings of both questionnaire studies will be presented at the conference. Preliminary analysis highlights a range of attitudes and challenges, including ethical dilemmas, procedural uncertainties, and institutional policy constraints.

Discussion: By analyzing the responses, this study provides a comprehensive understanding of the social, legal, and ethical implications of Austria's dying decree law. The findings aim to inform future policy developments, contribute to ethical discourse, and support healthcare professionals in navigating this complex and sensitive area of practice.

32.4 Unspoken Stories: Exploring the Narratives of Self-defined Family Members who have Experienced Suicide Bereavement.

Dr Katie High^{1,2}, Dr Lauren Brockett^{1,3}, Dr Jennifer Heath¹, Dr Farah Dauhoo⁴

¹University Of Hertfordshire, Hatfield, United Kingdom, ²Great Ormond Street Hospital, London, United Kingdom, ³King's College Hospital, Denmark Hill, United Kingdom, ⁴East London NHS Foundation Trust, Bedford, United Kingdom

Objective: Identify unspoken narratives experienced by survivors, reasons why narratives remain unspoken, and how identification of these narratives can inform support.

Background: Global estimates suggest that 700,000 people die by suicide each year (WHO, 2021), with up to 135 people being effected when one person takes their own life (Cerel et al., 2019), known as the 'ripple effect' (Maple, 2016). With this vast number of individuals impacted by one suicide death, research into suicide bereavement is crucial.

Research has highlighted a 'silence' and 'powerlessness to speak' experienced by survivors (Bowden, 2017; Maple et al., 2010; Pederi, 2022; Peters et al., 2016), and that talk of suicide is "inhibited" (Dauhoo et al., 2024, p. 52), preventing survivors from disclosing aspects of their experience.

This research offers a greater understanding of the reported silencing, exploring what is silenced, and reasons why narratives remain unspoken.

Methods: As the research sought an understanding of human experience, a qualitative methodology was employed. An advisory panel of experts-by-experience were consulted throughout the process.

Nineteen semi-structured interviews were carried out, and analysed using Reflexive Thematic Analysis (Braun and Clarke, 2019).

Result: Six main themes were identified: Explicitly unspoken [narratives], never-ending tasks for the survivor, them and us- the act of othering, protection, comparisons to physical illness, and when and who are 'allowed' to grieve?

Discussion: The findings indicate multiple unspoken narratives present for this population, which remain unspoken because of the stigma associated with suicide, the public's lack of understanding, and the act of othering.

The findings draw upon theories that support understanding the impact of stigmatisation [e.g. Cognitive Affective Behavioural Model of Concealed Stigma (Pachankis, 2007)], and how factors such as protecting the self and maintaining social connections can result in silencing [e.g. Social Safety Theory (Ainsworth et al., 2015); Protection Motivation Theory (Rogers, 1983)].

The author's hope this research creates its own 'ripple effect' within the realms of research and healthcare, kick-starting the conversation to make these narratives spoken. The wider aims of this desired ripple effect include: providing survivors with opportunities to discuss their experiences, ensuring survivors can access appropriate service provision [e.g. through clinicians receiving training to be competent in supporting survivors], providing members of the public with a greater understanding of the survivors experiences, and encouraging others to conduct suicide-related research (whilst considering different terms used to describe suicide amongst different cultures to support inclusivity).

32.5 Self-harm and suicide in prisons in low- and middle-income countries: a systematic review and meta-analysis of prevalence and risk factors

Aon M^{1,2}, Nørkjær Jensen M², Khabsa J³, Brasholt M², Borschmann R^{4,5,6,7}, Abdulrahim S^{1,8}, Modvig J^{2,9}, Jaffa M¹, Sibai A¹

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Background: Suicidal behavior and self-harm are common in carceral settings, however research from low- and middle-income countries (LMICs) is underrepresented. We aimed to document the prevalence of self-harm, suicide and suicidal behavior (suicide attempts and suicidal ideation) among incarcerated persons in LMICs, and to document determinants for these behaviors.

Methods: We searched five databases and five search engines from inception to November 25th, 2024, without restrictions. We calculated pooled adjusted odds ratio for risk factors and analyzed qualitative data independently. We assessed risk of bias for independent studies and tested for publication bias. The GRADE framework was used to assess the certainty and strength of associations.

Results: We identified 137 studies from 36 countries. Prevalence rates were not pooled due to high heterogeneity. The proportion of custody deaths by suicide among forensic cases ranged from 0.2% to 79%. Lifetime prevalence of suicide attempts ranged from 0.27 % to 58.8%, suicide ideation from 2.3% to 64%, suicidality from 2% - 42% and self-harm from 5.6% - 65%. We extracted data on 165 risk factors for six outcomes, namely self-harm acts, self-harm ideation, suicide acts, suicide attempts, suicide ideation, and suicidality as a composite score of suicide ideation and attempt. The strongest risk factor association with suicide attempt was depression (aOR: 1.46 (1.04, 2.05); with

suicide ideation was poor social support (aOR: 2.73 (1.88, 3.96), depression (aOR: 1.4 (1.17, 1.68), and childhood trauma (aOR: 1.19 (1.11, 1.26); and with suicidality (composite score of suicide attempts and ideation) was anxiety (aOR: 2.72 (1.68, 4.38) and drug use (aOR: 2.41 (1.13, 5.14).

Conclusion: Suicide and self-harm are associated with mental health morbidity in LMIC carceral settings. Context-specific prevention programs should be established and existing programs strengthened. There is a need for more research in LMIC carceral settings on suicide and self-harm that takes the complex individual, ecological, and systematic dynamics into consideration.

Oral #33 June 13th, 2025, 11.30am – 1.00pm

Chair: Ravivarma Rao Panirselvam

33.1 Unveiling the Hidden Wounds: A Cross-Sectional Study on types of Abuse and Self-Injurious Thoughts and Behaviors Among Domestic Violence Survivors in Hyderabad, India. Dr Lakshmi Keerthana Thatavarthi¹

¹St John's Medical College, Bangalore, India

Learning Objective: To examine the prevalence and risk factors associated with self-harm thoughts and behaviors in survivors of domestic violence and discuss implications for clinical intervention.

Background: Survivors of domestic violence are at heightened risk for self-harm and suicidality due to chronic exposure to trauma, psychological distress, and lack of adequate support systems. In India, the National Family Health Survey (NFHS-5) reports that nearly 30% of women have experienced domestic violence, yet underreporting remains a significant issue due to social stigma and lack of legal protections. The survey also indicates that only about 10% of survivors seek help, highlighting the urgent need for improved intervention strategies.

Methods: This cross-sectional study was conducted with survivors of domestic violence (N=50) recruited from SHE TEAMS, Hyderabad Police, representing registered cases of domestic violence. Data were collected using the HARK (Humiliation, Afraid, Rape, Kick) questionnaire to assess abuse history and the Short-Form SITBI to evaluate suicidal ideation, self-injurious thoughts, and behaviors. Chi-square tests and logistic regression analyses were performed to determine associations between demographic factors, abuse severity, and self-harm risk.

Results: Among participants, 66% reported lifetime suicidal ideation, 40% had made a suicide plan, and 34% had attempted suicide. Non-suicidal self-injury (NSSI) was observed in 10% of the sample, with a significant association between chronicity of abuse and increased likelihood of self-harm behaviors ($p < 0.01$). Dowry harassment ($p = 0.002$), employment status ($p = 0.003$), and lack of family support ($p = 0.088$) emerged as significant predictors of suicidal ideation. Survivors who lived separately from their abuser demonstrated a lower likelihood of engaging in NSSI ($p = 0.637$), whereas those experiencing sexual violence reported the highest rates of suicidal attempts. Notably, survivors of marital rape, which remains unrecognized as a legal offense in India, showed significant psychological distress and increased rates of self-harm behaviors.

Discussion: Findings highlight the critical need for psychosocial interventions tailored to survivors of domestic violence, particularly those experiencing financial instability and legal barriers to separation. The type of abuse experienced played a crucial role in determining self-harm risk, with physical and sexual violence contributing most significantly to suicidal behaviors. The continued lack of legal recognition for marital rape further exacerbates the mental health burden on survivors, reinforcing the need for legislative reforms. Multidisciplinary approaches integrating legal advocacy, financial empowerment, and trauma-focused therapy may mitigate self-harm risk.

33.2 Self-harm among Irish prisoners: findings from a national surveillance project (SADA) 2022–2023

Ms Kerrie Gallagher^{1,2}, Mr Niall McTernan¹, Dr Eve Griffin¹, Dr Grace Cully¹, Dr Sarah Hume², Mr Enda Kelly², Dr Paul Corcoran¹

¹National Suicide Research Foundation, Cork, Ireland, ²Irish Prison Service, Longford, Ireland

Learning objective: To enhance understanding of self-harm in prisoners by identifying key risk factors, trends, and intervention opportunities in the Irish custodial setting.

Background: Self-harm among prisoners is a well-documented concern, with rates significantly higher than the general population. Understanding prevalence, characteristics, and risk factors is crucial for informing interventions and improving support. In response, the Self-Harm Assessment and Data Management (SADA) Project was established in 2016 as a key action under Ireland's National Suicide Prevention Strategy.

Methods: Data on episodes of self-harm across all 12 Irish prisons were recorded using a standardised data collection form by multidisciplinary prison healthcare teams. The form consists of four sections: demographics, severity/intent matrix, typology of prisoner and contributory factors. Descriptive analyses were conducted to examine trends in self-harm episodes.

Results: The rate of self-harm per 100 prisoners was 2.6 in 2022 and 3.1 in 2023. This corresponds to 161 episodes involving 100 individuals in 2022 and 215 involving 132 individuals in 2023. Over the same period, the overall prison population grew by 11%. The highest rates were among female prisoners (17.2 per 100 in 2022, 16.5 in 2023), albeit from a small cohort (n=21 in 2022, n=23 in 2023). The self-harm rate for sentenced prisoners increased from 2.0 to 3.0 per 100, while for remand prisoners, it remained stable (4.8 vs. 4.9). Sentenced prisoners aged 18–29 showed higher rates among both males (1.9 per 100) and females (10.0 per 100) in 2022. This trend persisted in 2023 for sentenced males (2.4 per 100), while the highest rates among sentenced females shifted to those aged 40+ (10.7 per 100), reflecting changing prison demographics. Mental health issues were the most common contributory factor in 2022 (64.6% in 2022, 57.2% in 2023), but difficulties with coping were cited more in 2023 (47.8% in 2022, 63.7% in 2023). Substance misuse played a significant role (56.5% of episodes in 2022 and 44.2% in 2023). Environmental factors, including legal issues and procedural challenges, were consistently recorded, alongside relational issues like prisoner conflicts and reduced family support.

Discussion: The SADA Project continues to provide critical insights into self-harm in the Irish prison setting, reinforcing the need for targeted prevention. Findings highlight the importance of multi-sectoral collaboration in addressing risk and improving mental health support. Ongoing data collection and analysis will guide evidence-informed policies and enhance suicide prevention strategies.

33.3 Sex-related impact of traumatic event exposure and impulsiveness on adolescent suicide risk: results from the EPISAM-School study

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Suicidal behavior is inherently complex and driven by multiple causes. Moreover, it is a serious public health issue with broad consequences for society. One risk factor that can increase suicidal behavior is depression. Notably, depression even in its earlier, subclinical statuses may dramatically increase suicide risk in adolescents. This study aimed to examine the prevalence of suicide risk in a large

adolescent sample and the influence of risk factors based on sex and depression status. Additionally, it analyzed how depression, emotional regulation, exposure to traumatic events, and impulsivity impact suicide risk across sexes. This study was conducted in an educational setting in Madrid, Spain, with students aged 12 to 16 invited to participate. The final sample included 1,526 Spanish adolescents, with informed consent obtained from both students and their parents. The Paykel Suicide Scale was used to evaluate suicide risk and different scales were used to examine the influence of those variables on suicide risk: a sociodemographic questionnaire, Beck Depression Inventory (BDI-II), Barratt Impulsiveness Scale-11 (BIS-11), Childhood Trauma Questionnaire-Short Form (CTQ-SF), and Difficulties in Emotion Regulation Scale (DERS). Of a total sample of 1,526 students, 13.6% (n = 208) exhibited subclinical depression, only 25% of which were male. Additionally, 59.1% of the sample were identified as at risk of suicide (60.9% were female and 53.8% males with subclinical depression). Significant sex-specific patterns were observed. Regarding the relationship between suicide risk and emotional regulation, sex differences were observed only among females without suicide risk ($p < .05$), who exhibited fewer difficulties in emotional regulation compared to all male groups. Among the female groups, exposure to traumatic events—specifically emotional neglect, physical neglect, and physical abuse—was greater in the suicide risk group ($p < .01$, across subscales). Additionally, females at risk of suicide exhibited higher impulsivity scores compared to those not at risk. In contrast, no differences were found in these variables among male groups. Furthermore, no significant differences were observed among the groups in relation to other risk factors. The need for further research in sex-related factors is evident, particularly when emotional conditions are present. Our results show the different ways these factors manifest across sexes and emphasize the need to adopt a gender-sensitive perspective in both assessment and treatment. Considering these differences is essential for designing effective suicide prevention interventions.

33.4 The association between childhood adverse experiences, self-harm and suicidality among young people: a prospective cohort study

Dr Samantha Tang¹, Professor Phil Batterham², Dr Aimy Slade¹, Associate Professor Aliza Werner-Seidler¹, Kate Maston¹, Brittany Corkish¹, Professor Helen Christensen^{1,3}, Professor Alison Calear²

¹Black Dog Institute, Sydney, Australia, ²Centre for Mental Health Research, Research School of Population Health, Australian National University, Canberra, Australia, ³Faculty of Medicine and Health, UNSW Sydney, Sydney, Australia

Learning objective: To increase knowledge about the longitudinal association between exposure to adverse childhood experiences (ACEs) and both self-harm and suicidal ideation among young people.

Background: Rates of self-harm among young people have steadily increased over the past decade in high-income nations. There is research to suggest that exposure to ACEs predicts both self-harm and suicidal ideation in young people. However, most existing studies are cross-sectional in design, with few longitudinal studies have examined the relationship between ACEs and self-harm and suicidal ideation emerging during adolescence. The objective of this study was therefore to examine the longitudinal relationship between ACEs at baseline, and new incidence of self-harm and suicidality over two years among Australian adolescents, and to identify risk and protective factors that may moderate these relationships.

Method: A representative cohort of Australian adolescents (N = 6388, M = 13.9) completed baseline surveys between August 2019 to December 2021, and follow-up surveys 12 and 24 months later. Binary mixed models were used to examine the relationship between total ACE exposure at baseline and new incidence of both self-harm and suicidal ideation at follow-up. The models included demographic, school, social and mental-health related variables.

Results: Total ACE exposure at baseline significantly predicted new incidence of self-harm and suicidal ideation at follow-up, even when controlling for demographic, school-related and mental-health related variables. Although gender and sexuality both uniquely predicted new incidence of self-harm, neither variable moderated the relationship between ACEs and self-harm. School climate, school connectedness and positive social support did not protect against the effect of ACEs on self-harm or suicidal ideation. The association between total ACEs and self-harm was likely to be mediated by baseline depression, anxiety, and distress.

Discussion: Interventions and policies that prevent the occurrence of ACEs need to be developed, given the contribution of ACEs to self-harm and suicidality among young people. Interventions targeting young people who have been exposed to ACEs should aim to prevent the development of psychological disorders and ensure that young people are supported on a family and individual level.

33.5 Risk-Rescue: A two-factor approach to lethality for suicide attempts

Psychologist Tormod Stangeland^{1,3}, Researcher Ketil Hanssen-Bauer¹, Psychologist Linn-Ingunn Lynum¹, Psychologist Karen Margrethe Walaas Nedberge¹, Researcher Johan Siqueland^{1,2}

¹Akershus University Hospital, Lorenskog, Norway, ²National Centre for Suicide Research and Prevention, , Norway, ³Early Career Researcher, ,

Learning objective: The lethality of a suicide attempt may be a composite of two unrelated factors. They give different information for assessing suicide attempts.

Background: Lethality, the danger to life resulting from a recent suicide attempt, is central to clinical assessment of patients and to research on suicide attempts. However, emphasis is often on medical risk factors, like physical damage, loss of consciousness and level of medical intervention. A complete assessment of lethality also includes the circumstances surrounding the suicide attempt, which affect the probability of rescue. We hypothesize that attention to all these lethality elements may add nuanced information to clinical assessments of suicide attempts.

Methods: We assessed 123 adolescents in acute mental health crisis. About half had recently attempted suicide. The participants responded to scales measuring constructs from the Interpersonal theory of suicide, the Interpersonal Needs Questionnaire (INQ) and Fearlessness about Death (FAD). Also, clinicians assessed the suicide attempts with the Risk-Rescue Rating Scale, an observer-rated measure that captures both the elements medical danger and the circumstance in its two subscales Risk and Rescue. Five Risk items assess the method, medical damage and level of treatment resulting from a suicide attempt. Five Rescue items assess the site of the attempt, actions taken to avoid or ensure attention from rescuers, and who initiated rescue. Data were analyzed using correlation analysis and T-tests.

Results: We found no association between the Risk and Rescue subscales. The Risk subscale was not associated with unmet interpersonal needs or fearlessness about death. However, the Rescue subscale was associated with both the INQ and FAD. Suicidal adolescents who had recently attempted suicide were not different in INQ or FAD from those who had made no recent attempt.

Discussion: Adolescents with strong suicidal desire (according to the INQ) or high fearlessness do not necessarily make more medically dangerous suicide attempts. The Risk element of the assessment adds little clinical insight into the adolescents' mental states. Including Rescue information gives better indication of the adolescents' state of mind and perceived situation, and may be of use for treatment planning after a suicide attempt.

Several studies have found unclear association between FAD and lethality. Similarly, there is little association between overall lethality and FAD in our data. However, the Rescue subscale shows a clear association with FAD, indicating that both factors are useful for assessing lethality.

33.6 Suicide risk in relation to socioeconomic disadvantage and related occupational stressors in males of middle- and old age — a contextual effect.

Miss Carla Hughes¹, Professor Ping Qin¹

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Learning objective: To explain the prevalence and risk of suicide amongst middle and old aged males in Norway, with regards to both their socioeconomic status and occupations.

Background: Suicides of men in middle- and old-age account for a major part of suicide statistics and are often linked to their socioeconomic and occupational disadvantages. Using high quality Norwegian register data, this study aims to evaluate the association of suicide in middle- and old-aged men with marital status, education attainment, labour market participation status and income level as key predisposing factors of socioeconomic status (SES), as well as occupation groups as defined by the International Standard Classification of Occupations (ISCO-08).

Methods: The study population included 6,238 Norwegian males aged 40 and above who died by suicide during 1992–2018 and 93,570 controls, 20 per case matched on age via a nested case-control design. Suicide risks associated with socioeconomic status variables and occupational classifications were estimated using conditional logistic regression models. Interaction terms were included in the regression models to explore effect modifications across different age groups and socioeconomic strata.

Result: Findings reveal that marital status significantly influenced the likelihood for suicide, with separated individuals exhibiting the highest odds. Educational attainment was also a key predictor, with compulsory schooling displaying the greatest odds for suicide within education levels. Being outside the labour market presented the highest likelihood for suicide amongst all SES factors, with even stronger effects in middle-aged men (40–64 years), as well as self-employment and unemployment presenting elevated likelihood. Lower income was additionally associated with increased suicide odds, particularly in middle-aged men, with the second-lowest income group (Q2) presenting the greatest adjusted odds. In occupational analyses, “professionals” and “plant and machine operators, and assemblers” revealed elevated likelihood, whilst “elsewhere not classified”, likely retirees, also demonstrated raised odds in individuals aged 65 and above.

Discussion: Socioeconomic disadvantages, particularly in marital breakdown or dissolution, low education, unemployment, and low income are strongly associated with a heightened risk of suicide in middle- and old-aged men. These findings highlight the need for targeted prevention and increased social support to mitigate suicide risk within this population.

33.7 Longitudinal association between psychotic-like experiences and suicidal behaviors.

Dr. JIALI WANG^{1,2}, Prof. LIANG ZHOU², Prof. Meng Sun²

¹The University of Chicago, Chicago, United States, ²Department of Social Psychiatry, The Affiliated Brain Hospital, Guangzhou Medical University, Guangzhou, China

Learning objective: to examine the longitudinal association between trajectories of psychotic-like experiences (PLEs) and suicidal behaviors among college students in China.

Background: Suicide is a leading cause of death among young adults in China and a major public health concern. PLEs are subclinical symptoms similar to positive psychotic symptoms, such as hallucinations and delusions, without causing significant distress or impairment. While early life PLEs have been proven to be a predictor of various mental health issues, most research on their relationship with suicide relies on cross-sectional data, which fails to capture the dynamic nature of PLEs. Furthermore, previous studies have primarily focused on suicidal ideation, with limited data on

suicidal behaviors such as plan and attempts. Given the scarcity of longitudinal evidence from China and other LMICs, it is crucial to investigate how different trajectories of PLEs influence suicidal behaviors over time.

Methods: We conducted a prospective cohort study among college students in Guangzhou, China, from 2021 to 2023. Socio-demographics was collected at baseline, and PLEs, depressive symptoms, and anxiety symptoms were assessed across three waves. suicidal ideation, plan, and attempts were measured in the third wave. PLEs were evaluated using the Chinese version of Community Assessment of Psychic Experiences—Positive scale (CAPE-P). Latent class growth analysis (LCGA) was used to identify PLEs trajectories, and mixed logistic regression models examined associations between these trajectories and suicidal behaviors, adjusting for socio-demographics, baseline mental disorders, family history of mental disorders, depression, and anxiety. Ethical approval was obtained from the Affiliated Brain Hospital of Guangzhou Medical University.

Results: Among 2,230 students with complete PLEs data across three waves (mean age = 22.0, SD = 1.2; 62.2% female), LCGA identified three PLEs trajectories: (a) non-PLEs (82.6%), (b) remitted PLEs (9.5%), and (c) persistent or worsening PLEs (7.9%). Compared to the non- PLEs group, students with persistent or worsening PLEs had significantly higher odds of suicidal ideation (OR: 2.93, 95% CI: 1.65–5.21), suicide planning (OR: 3.23, 95% CI: 1.35–7.73), and suicide attempt (OR: 3.83, 95% CI: 1.37–10.70). No significant associations were found for the remitted PLEs group.

Discussion: These findings underscore the need for early identification and targeted intervention. Suicide prevention should prioritize this high-risk group with persistent or worsening PLEs to mitigate long-term risks. Regular assessment using simple, effective tools is essential to monitor PLEs trajectories and identify high-risk individuals.

Oral #34 June 13th, 2025, 11.30am – 1.00pm

Chair: Massimiliano Orri

34.1 Addressing depression and suicidal behaviour in public health emergencies and beyond through evidence-based EAAD community intervention approaches

Professor Ella Arensman^{1,2}, Ms Almas Khan^{1,2}, Dr Anvar Sadath^{1,2,3}, Dr Aileen Callanan^{1,2}, Professor Ulrich Hegerl⁴, Dr Katherina Schnitzpahn⁴

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Learning objective: To provide insight into an evidence-based four-level intervention programme for depression and suicidal behaviour and its benefits during Public Health Emergencies.

Background: There remains a persistent burden of mental disorders worldwide according to the Global Burden of Disease study, with depression and suicidal behaviour being major contributors. Public Health emergencies such as COVID-19, climate related emergencies and conflict continue to exacerbate determinants of poor mental health leading to increased prevalence of anxiety and depression. Treatment gaps in required services have always existed but are often exacerbated during Public Health emergencies. Addressing these challenges requires a robust and adaptable mental health system that can effectively respond to crises. This commentary examines the European Alliance Against Depression (EAAD) four-level intervention model as an approach to bridge treatment gaps and enhance community-based mental health care, particularly during public health emergencies.

Methods: We reviewed evaluations of the EAAD's 4-level intervention, targeting both depression and prevention of suicidal behaviour, involving activities that simultaneously run at four intervention

levels: (1) training for primary care physicians and mental health professionals, (2) public awareness campaigns, (3) training for community gatekeepers, and (4) direct support for individuals at risk. Additionally, we discussed the role of digital interventions, including the iFightDepression (iFD) tool in addressing treatment gaps during crises.

Results: The EAAD four-level intervention approach has provided a multi-faceted framework for improving mental health care across many countries and cultural contexts. Training for healthcare professionals enhanced early detection and management of depression and suicidal behaviour. Public awareness campaigns contributed to stigma reduction and increased help-seeking behaviour. Community gatekeeper training was associated with individuals in key societal roles being facilitated to identify and support those at risk. Direct support for individuals with depression and suicidal ideation includes accessible services such as the iFD tool. Empirical evidence supports the effectiveness of this model, including a 21.7% reduction in suicidal acts in Germany's Nuremberg region and significant declines in suicide rates in Hungary following implementation.

Discussion and conclusion: Given the global mental health treatment gap, the EAAD four-level intervention has demonstrated a scalable, evidence-based framework that can be adapted to various contexts, including emergency settings. Strengthening community-based interventions such as EAAD, can enhance mental health resilience, reduce suicide rates, and improve depression care worldwide, particularly in times of crisis and beyond.

34.2 Intentional self-harm among people who survived an opioid overdose during the COVID-19 pandemic: A qualitative study

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Learning Objective: Describe the interplay between opioid overdose and suicide/self-harm during the COVID-19 pandemic.

Background: Previous systematic reviews have found a link between epidemics and suicide rates, however, contrary to predictions, suicide rates did not increase during the pandemic. One theory is that suicide deaths have been “displaced” into opioid overdoses. The literature examining the motivations of opioid overdose survivors has relied on self-report surveys with simplistic yes or no answers to questions about suicidality. These studies have found that about half of people who overdose on opioids have some desire to die, with about 10–20% expressing a clear intention of trying to kill themselves. However, these studies do not explore other motivations for opioid overdoses and the assessment of suicidal intent lacks nuance.

Methods: To address these gaps in the literature, we conducted a series of qualitative interviews with those who survived an opioid overdose using an applied interpretivist and thematic approach. Participants were recruited from community-based organizations that provide services to people who use drugs in Ottawa, Canada. Interviews explored how participants gave meaning to their overdoses, their substance use history, experience of overdose, and the motivations for their overdose. All interview transcripts were coded by two independent reviewers and analyzed using Braun and Clarke's thematic analysis technique.

Results: A total of 12 participants have been interviewed to date. Of these, 83.3% are men, consistent with the gender distribution of service use in Ottawa. While data analysis is ongoing, we have

identified the following preliminary themes: (1) repeat overdoses are common; (2) motivations for overdose are complex; (3) varied histories with suicidality and self-harm; (4) hesitancy to make the link between overdose and self-harm; and (5) impact of gender.

Discussion: To date, we have found little support for our hypothesis that suicide deaths have been displaced into opioid overdose deaths. While some participants spoke of a history of suicidal thoughts and self-harm, few conceptualized their opioid overdose as a suicide attempt. However, upon reflecting on their experiences at their interview, a few participants acknowledged that in taking opioids, and understanding the risk of doing so, they must have had some wish to die. We also noted important gender differences in participants' willingness to discuss the relationship between their overdose and intentional self-harm, with men being more hesitant to make these linkages than women.

34.3 Suicidal ideation severity analysis using natural language processing in a sample of patients with a suicide attempt

Alejandro de la Torre-Luque

Universidad Complutense de Madrid, CIBERSAM ISCIII, Spain.

Learning Objective: This study presents a novel approach to automatically classify the severity of suicidal ideation and suicide behaviors from free-text responses to the Columbia Suicide Severity Rating Scale (C-SSRS) using advanced natural language processing (NLP) techniques.

The sample comprised 1,443 patients (70% female; M = 40.84 years, SD = 15.58) who attended a hospital emergency department due to a suicide attempt. We applied BERT (Bidirectional Encoder Representations from Transformers)-based models to analyze and categorize responses to five key C-SSRS questions, focusing on desire to die, active suicidal thoughts, suicidal ideation with methods, interrupted and aborted attempts, and preparatory behaviors. Our methodology employed a robust 5-fold cross-validation strategy to ensure reliable performance evaluation across different subsets of the data. The BERT models achieved high accuracy across all categories, with overall accuracies ranging from 77.3% to 94.44%. Particularly strong performance was observed in identifying active ideation (mean F1-score: 0.98, SD: 0.01) and classifying preparatory acts (mean F1-score: 0.97, SD: 0.02). For comparison, we also evaluated traditional machine learning models such as Support Vector Machines (SVM) and Complement Naive Bayes, using the same cross-validation approach. To sum up, this study demonstrates the potential of state-of-the-art NLP approaches, particularly BERT models, to assist clinical assessment in featuring the suicide risk within clinical settings, offering a scalable method for rapid screening and triage across multiple dimensions of suicidal ideation and behavior. The use of cross-validation enhances the robustness and generalizability of our findings, providing a strong foundation for future applications in clinical settings. These results have significant implications for improving early detection and intervention strategies in suicide prevention.

34.4 Suicide prevention guideline adherence among mental healthcare professionals: Insights from a mixed-methods survey

Nikki Van Eijk¹, **Dr. Marjolein Veerbeek¹**, Dr Lizanne Schwenen¹, Professor Renske Gilissen¹

¹113 Suicide Prevention, Amsterdam, Nederland

Background: Suicidality amongst patients is highly prevalent in mental healthcare organizations (MHOs), yet adherence to clinical guidelines remains inconsistent. This study explored clinicians' experiences with patient suicidality and investigated how self-efficacy, training, and organizational factors influence guideline adherence. The main aim of this study was to get insight in factors influencing guideline adherence.

Methods: A total of 1,826 clinicians from five Dutch MHOs participated in a mixed-methods study. Quantitative analyses assessed suicide-related knowledge, self-efficacy, guideline adherence, and organizational factors such as team stability and culture. Through open-ended questions, additional insights were collected explaining their reported self-efficacy, team stability and organizational culture. Regression analyses were conducted to identify predictors of adherence, while qualitative analysis of open-ended responses provided deeper insights into key themes.

Results: Preliminary results show self-reported guideline adherence was relatively high, but with large variability ($M = 45$, $SD = 9.15$, minimum = 13, maximum = 65). Higher self-efficacy was significantly associated with better guideline adherence ($\chi^2(3) = 149$, $p < .001$). Team stability also emerged as a predictor ($\chi^2(3) = 15.8$, $p = .001$), while clinicians without recent training or professional development related to suicidality were less likely to adhere to guidelines ($\chi^2(2) = 57.4$, $p < .001$). Organizational culture also significantly predicted adherence scores ($b = 0.44$, $p < .001$). The open-ended questions revealed that team instability was linked to high turnover rates, absenteeism, and reliance on temporary staff. Clinicians linked self-efficacy to suicide-specific training and years of experience, but many reported that organizational barriers, such as a lack of support and organizational bureaucracy, hindered effective care. Although culture was rated as moderately positive on average, clinicians with lower scores reported negative experiences following suicides, feelings of blame and limited learning opportunities.

Discussion: This study highlights the complex interplay of individual and organizational factors in clinicians' adherence to suicide prevention guidelines. Overall, the results of this study paint a relatively positive picture of the experiences of clinicians with suicidality in five large MHOs in the Netherlands. While self-efficacy and training are vital for improving care, systemic challenges, such as team instability and cultural attitudes, cannot be overlooked. A comprehensive approach addressing both individual competencies and organizational barriers is essential for enhancing the quality of suicide-related care in MHOs.

34.5 Why do people self-harm and what helps them stop?

Dr Cathy Brennan¹, Ms Marsha McAdam

¹University Of Leeds, Leeds, United Kingdom

Learning Objective: To understand, from the perspective of the person with lived experience, the functions self-harm serves and what helps them to stop.

Background: Self-harm is a major public health issue globally. It is associated with a range of health problems, poor quality of life and an elevated risk of suicide. Reasons for self-harm are diverse and there is a need for interventions that go beyond managing negative emotions. This presentation will discuss two related projects that engaged with first-person accounts of self-harm to explore the reasons for self-harm and what helps people to stop as part of developing a theoretically-informed psychological intervention for people who repeatedly self-harm.

Methods: In a Q-methodology study, 59 UK participants sorted, ranked and commented on 46 separate functions of self-harm according to whether they agreed or disagreed with them as reasons for their own self-harm. Principal component analysis was used to identify accounts for repeated self-harm.

In a systematic review, 56 studies were identified that contained first-person accounts of what helped to reduce or stop self-harm. A thematic meta-synthesis identified actions associated with reduction or cessation of self-harm and mechanisms that might explain the benefits.

Result: The Q methodology study identified four distinct accounts for repeated self-harm: managing my mental state, communicating distress, distraction from suicidal thoughts or feelings, and

producing positive feelings. The review identified three meta-themes: breaking the chain, building a new foundation for change, and valued attributes of professional support.

Discussion: Learning from these studies has been incorporated into a new therapeutic approach that engages with the functions of self-harm for the individual and works with them to identify alternatives as a basis for improving quality of life. The FReSH START approach is currently being evaluated in a randomized controlled trial in the UK.

34.6 The experiences of and attitudes towards clinical and non-clinical services for people who self-harm

Dr Tasnim Uddin¹, Professor Alexandra Pitman³, Mrs Gemma Benson¹, Ms Zeast Kamal¹, Prof. Keith Hawton³, **Dr Sarah Rowe**¹

¹University College London (UCL), London, United Kingdom, ²North London NHS Foundation Trust, London, England, ³Oxford Health NHS Foundation Trust, Oxford, England

Learning objective: To understand how patient and family experiences of self-harm services differ between clinical and non-clinical settings, the impact of staff attitudes and organisational barriers, and key strategies for improving patient-centred, compassionate care.

Background: Research suggests there's a high degree of variation in self-harm management across settings. The evidence highlights a need for more consistent care for people who self-harm. We aimed to examine attitudes of patients and their families toward clinical and non-clinical self-harm services. We also aimed to compare patients' experiences of clinical and non-clinical services,

Method: We conducted a systematic review of the literature using seven databases and grey literature. Quality of studies was assessed using the Mixed-Methods Appraisal Tool and findings were summarised using a narrative synthesis. We sought the perspective of an individual with lived experience of accessing self-harm services to help us interpret findings.

Results: Twenty-nine studies were included in the review, all were from high- and middle-income countries and generally of high methodological quality. Our review found that people often have negative experiences with clinical services when seeking help for self-harm, partly due to staff attitudes and organisational barriers. Patients and relatives reported a lack of individualised and collaborative care within clinical services. This was marked by brief, routine interactions that didn't fully acknowledge the complexity of self-harm. In contrast, non-clinical services, such as charities and social services, were generally viewed more positively, especially when they provided therapeutic support. Young people more frequently reported minimisation of distress and concerns about discharge and aftercare, compared to adults. Negative experiences in clinical settings, like emergency departments and inpatient units, may contribute to ongoing self-harm.

Discussion: Despite growing awareness, there has been little improvement in how these services are perceived in the past 16 years. The lived experience perspective of our review findings was that psychosocial assessments are often seen as a routine formality that doesn't lead to real support or a clear treatment plan, and people with lived experience of self-harm should help design training for mental health professionals. Recommendations for improving care with clinical and non-clinical staff include involving patients in treatment decisions, more information of medication side-effects, and instilling hope for recovery. These findings highlight the need for better staff training, integrated services, and updated clinical guidelines to ensure more compassionate, patient-centred care.

34.7 Modeling the “push-pull” between the wish to live and wish to die signals worsening in suicidal ideation and demarcates suicide risk states.

Assistant Professor Melanie Bozzay¹, Dr. Samantha Daruwala¹, Professor Craig Bryan¹

¹The Ohio State University Wexner Medical Center, Columbus, United States

Learning Objective: At the conclusion of this talk, attendees will be able to describe clinical patterns in suicidal ambivalence that indicate acute worsening in suicide risk.

Background: Suicide risk can be understood as a “push-pull” between risk and protective processes that drive shifts from lower to higher levels of risk, and vice versa. Although the wish to live (WTL) and wish to die (WTD) have historically been conceptualized as part of a single continuum influencing risk, emerging research suggests these processes function somewhat independently, and thus may interrelate to influence suicide risk in unique ways. We examined whether dynamic interactions between WTL and WTD differentiated higher from lower suicide risk states and signaled transitions of worsening and improving risk.

Method: Participants were 116 military personnel with PTSD who were completing massed trauma therapy as part of a clinical trial. They completed an ecological momentary assessment battery 4x/day for 14 days to assess suicide risk and one's WTL and WTD. Multilevel models informed by dynamical systems theory and phase portraits were used to examine whether change patterns in WTL and WTD were associated with multiple levels of suicidal desire and self-preservation as well as change in each (i.e., improving, no change, or worsening).

Results: WTL and WTD behaved similarly when participants were experiencing absent or weak suicidal desire, and any level of self-preservation. However, WTL and WTD behaved very differently during moderate/severe suicidal desire states, with relationships between these variables oscillating in complex ways. In particular, the trajectories for moderate/severe suicidal desire and worsening suicidal desire, but no other conditions, indicated that when suicidal desire was moderate/severe and suicidal desire was about to worsen, WTL and WTD started to oscillate.

Conclusions: Our findings support the presence of discrete suicide risk states and suggest that distinct temporal patterns in WTL and WTD precede imminent worsening in suicidal desire and self-preservation. Specifically, WTL and WTD behaved uniquely during moderate/severe suicidal desire states versus all other states, with relationships between these variables oscillating in complex ways, reflective of the suicidal ambivalence that is theorized to be a hallmark of more severe suicide risk. These findings suggest risk is categorical, not continuous, and support the existence of multiple discrete suicide risk states. These findings have critical implications for clinical efforts, suggesting that collecting information that can be captured readily during routine patient care can be used to anticipate risk.

Oral #35 June 13th, 2025, 11.30am – 1.00pm

Chair: Remco de Winter

35.1 Withdrawn

35.2 Capturing the dynamics that may lead to a suicide attempt: a meta-analysis of interventions with vs. without a narrative assessment on suicide attempts.

Wilco Janssen^{1,2}, Dr. Saskia Mérelle¹, Professor Renske Gilissen^{1,3}, Wouter van Ballegooijen⁴, Dr. Claudi Bockting^{2,5}

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Learning objective: To learn about a narrative assessment and its possible value in capturing the forces that may drive someone to attempt suicide.

Background: To reduce the risk of a suicide attempt, clinicians must identify the forces that might drive people to attempt suicide before they actually do. There is currently no evidence based method to aid clinicians in this challenging task, however. Several interventions with proven efficacy in preventing suicide attempts use a so-called narrative assessment to identify treatment targets, which seems like a sensible and straightforward approach. This study therefore investigated the effectiveness of comparable interventions with and without such an assessment on suicide attempts.

Methods: to this end, we conducted a pre-registered systematic review and meta-analysis of randomized controlled trials from the publicly available MetaPsy database with a non-waitlist control group that reported suicide attempts as an outcome.

Results: Twelve studies (n = 1521) examined interventions incorporating a narrative assessment, while seven (n = 1498) evaluated interventions without this component. Meta-analysis showed that interventions incorporating a narrative assessment significantly reduced suicide attempts compared to controls with a medium effect size (RR = 0.68, 95% CI: 0.53–0.87), whereas interventions without this component did not (RR = 1.17, 95% CI: 0.62–2.21). However, the difference between the groups was not statistically significant in subgroup analysis (p = 0.094), likely due to greater uncertainty about the effect of interventions without a narrative assessment.

Discussion: Interventions with a narrative assessment show promise as a way to reduce suicide attempts. The effect of interventions without this component are uncertain.

35.3 Mental healthcare utilization and suicide risk: disparities, engagement, and gaps

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Objective: This study investigates mental healthcare utilization among suicide decedents, individuals with suicide attempts, and individuals without recorded suicide attempts, aiming to identify differences in their engagement with mental healthcare services.

Background: Existing literature on healthcare utilization suggests that there are multiple potential opportunities for intervention in the care of individuals with suicidal behavior. Examining the care-seeking behaviors of individuals with suicidal tendencies can reveal critical moments for targeted intervention. Moreover, understanding the disparities between survivors and decedents may provide valuable insights that can guide the improvement of future suicide preventive care strategies.

Methods: The study analyzed matched data from 4,537 individuals, of whom 189 had died by suicide, 72 were living patients with at least one registered suicide attempt, and 4,276 were living patients without any recorded suicide attempts. All individuals had contact with Swedish psychiatric secondary healthcare services between 2015 and 2023. Data from patient records and booking systems, including demographic information, diagnoses, and hospital interactions, were used to analyze healthcare utilization across groups. Time series analysis was conducted to assess patterns over time, with emergency department visits used as a proxy for exacerbation of suicidal behavior.

For suicide decedents, two separate time series were created: one covering the entire recorded history up until the last year, and another focusing on the final 12 months of life.

Results: Preliminary results show that individuals with suicidal behavior—both survivors and decedents—demonstrated increased healthcare utilization compared to those without a documented history of suicide attempts. This included more frequent outpatient consultations, emergency department visits, inpatient stays, telehealth appointments, and missed sessions. Final results will be presented at the conference.

Discussion: The tentative results highlight distinct disparities in healthcare utilization among the three cohorts, underscoring the importance of targeted interventions. Understanding these gaps is valuable to address potential barriers to continued care, ensuring that individuals at risk receive sustained support throughout their treatment.

35.4 Steps to evaluate a regional telephone helpline for people in need of acute psychiatric care

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Background: In September 2022, the Capital Region of Denmark initiated a reorganization of telephone contacts for acute psychiatric care. Now, calls are forwarded to a telephone service helpline where psychiatric nurses can provide counselling, make referrals (e.g., to acute teams), and facilitate communication with the patients' treatment teams or general practitioner. The aim of the present study was to evaluate this process by assessing characteristics, types of contacts and suicidal behavior of callers.

Methods: Data on all calls to the regional telephone helpline were obtained from the telephone company for the period August 2023 — February 2025 and consisted of number of calls, missed calls, response time, and length of conversations. Information on diagnoses, type of contacts, and other health-related data was retrieved from patients' medical records from January 1st, 2020, and until three months after latest contact with the helpline. Further, individual-level linkage to register data on socio-demographic variables, suicide attempts, and death by suicide will allow us to follow callers after calling the helpline.

Results: During August 2023 to February 2025, approximately 1000 calls were made on a weekly basis. Most calls came from patients (47%, hereof 21% from frequent callers) and relatives (21%), while the remaining were from general practitioners, somatic hospital departments, the police etc. The mean response time was 77 seconds. The mean length of conversations varied by type of caller: adult patients (7 minutes); patients <18 years (12 minutes); relatives of adult patients (4.5 minutes); relatives of patients < 18 years (7 minutes). During November 2022 to March 2024, 2,744 individuals (who were all in a current treatment course in the Mental Health Services) made at least one call to the helpline. Among those, 17% had at least one psychiatric hospital admission and 32% had at least one psychiatric emergency room visit within 30 days prior to their call. Most patients had a primary diagnosis of schizophrenia (28%), affective disorders (17%) or stress-related disorders (12%). Data on characteristics of persons calling the helpline who are not in a current psychiatric treatment course as well as data on socio-demographics and suicidal behavior among callers will be presented at the time of the conference.

Conclusion: Ongoing analyses revealed that most callers were patients and their relatives. Among patients in psychiatric treatment, many callers had recently been in contact with psychiatric hospital.

35.5 Experiences and needs of those bereaved by suicide in the Armed Forces community: A qualitative study

McDonnell S^{1,2}, Nelson P, Samata A, Koole L

Affiliations: ²University of Manchester, ¹Suicide Bereavement UK

Learning objective: To examine the experiences and needs of those bereaved by suicide in the Armed Forces community, to inform the development of evidence-based postvention resources for this high-risk group.

Background: When a death by suicide occurs among military personnel and/or veterans, there are particular challenges faced by relatives, friends and colleagues left behind. Little is known about the experiences and/or needs of the UK AF community who are bereaved by suicide. This exploratory research aimed to examine the perspectives of this high-risk group to inform evidence-based postvention resources.

Methods: In-depth, semi-structured qualitative interviews over one year 2022–2023 with purposively sampled bereaved individuals to generate a varied participant group including military/civilian family members; serving personnel and veterans. Participants 18 years and over were recruited via military charities and social media. A topic guide based on the literature aimed to explore participants' experiences and postvention needs. Interview recordings were transcribed and coded using Template Analysis to extract main ideas and themes. Ethical approval was received from the Ministry of Defence ethics committee.

Results: Thirty bereaved people took part (19 male; 11 female). Participants' ages at the time of bereavement ranged from 20 to 64 years in four main categories: military family members (6); civilian family members (5); serving personnel (13); veterans (6). They had lost serving or veteran sons, daughters, spouses, siblings, friends and/or colleagues. A few had also lost civilian family members. A third had experienced more than one death by suicide. Some common issues were identified across groups: grief reactions; coping strategies and the need for practical advice/signposting to sources of information and support. Notably, help to support children after suicide was common across groups and not restricted to families alone. While first-line help within the military was available to serving personnel, they had a strong need for emotional support, drawing on both military and civilian sources. Military families and veterans needed help to navigate the transition to civilian life. Civilian families needed help to understand military protocol.

Discussion: Insights generated by the study informed the development of three evidence-based suicide bereavement guides specifically tailored to families, veterans and serving personnel respectively. Guides were co-produced with people with lived experience and advisers/experts in military mental health and suicide prevention/bereavement. It is hoped the guides will serve as an immediate source of emotional and practical support for these high-risk groups, and as a signpost to further help.

35.6 The Impact of Suicide Methods and Attempt History on In-Hospital Mortality: Insights from Emergency Department Surveillance Data

Professor Gun Woo Victor Park¹, M.sc. Carola Claus²

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Learning Objective: To analyze the effects of suicide methods and prior suicide attempts on in-hospital mortality and identify high-risk groups requiring targeted intervention.

Background: Suicide attempts vary in lethality, and survival outcomes depend on multiple factors, including the method used and the individual's history of previous attempts. While some methods result in immediate fatality, others allow for medical intervention, influencing in-hospital mortality. Additionally, previous suicide attempts may affect survival odds, as individuals with repeated attempts might exhibit different risk patterns. This study examines the association between suicide methods, attempt history, and in-hospital mortality, with a focus on demographic differences.

Methods: A retrospective study was conducted using Emergency Department-based Injury In-depth Surveillance (EDIIS) data from January 2019 to December 2023, managed by the Korea Disease Control and Prevention Agency (KDCA). Suicide methods were categorized as intoxication, falling, drowning, laceration, asphyxiation, and others. Attempt history was classified as none, one, two, or unknown history. Multivariate logistic regression was performed to calculate odds ratios (ORs) with 95% confidence intervals (CIs), adjusting for sex and age.

Results: Among 10,226 suicide attempters, 6.9% (n=705) died in the hospital. Suicide method strongly influenced in-hospital mortality. Compared to intoxication, the risk was highest for falling (OR: 41.1–45.9) and asphyxiation (OR: 27.3–29.9), followed by drowning (OR: 11.2–14.3). Laceration was not significantly associated with increased mortality (OR: 0.60–0.63). Males had 1.45–1.71 times higher odds of in-hospital death than females, and individuals aged ≥ 60 had a 6.3–6.98 times higher risk than those under 30. First-time attempters had the highest in-hospital mortality (6.8%), whereas those with prior attempts had lower mortality rates (C1: 2.0%, C2: 1.1%). Individuals with unknown attempt history (C9) had the highest mortality risk (OR: 14.7, 95% CI: 8.93–24.23).

Discussion: These findings highlight the role of suicide method, sex, age, and attempt history in predicting in-hospital mortality. Falling, drowning, and asphyxiation were associated with the highest fatality risk, while intoxication and laceration had significantly lower risks. The study underscores the need for method-specific interventions and urgent care for first-time attempters. The high mortality in older individuals and males suggests that targeted prevention strategies should prioritize these groups. Further research is needed to understand the increased risk in individuals with unknown attempt history to refine intervention approaches.

35.7 Rapid reduction in suicidal ideation and depressive symptoms with personalised accelerated non-invasive brain stimulation in treatment-resistant depression

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Background: Suicidality is a major concern in treatment-resistant depression (TRD), where many individuals fail to respond to conventional treatments such as medication and psychotherapy. Repetitive transcranial magnetic stimulation (rTMS), a non-invasive brain stimulation therapy, has emerged as a promising alternative. However, the speed and durability of its effects on suicidal ideation (SI) remain underexplored. Given the urgency of suicide prevention in TRD, there is a pressing need for interventions that provide rapid and sustained relief.

The subgenual anterior cingulate cortex (sgACC)—left dorsolateral prefrontal cortex (DLPFC) circuit is implicated in depression, emotion regulation, and cognitive control. This study investigated an accelerated, image-guided neuromodulation protocol targeting this circuit and evaluated its impact on depressive symptoms and SI over 12 weeks. Interleaved TMS-fMRI, a method combining stimulation and imaging, was performed to offer real-time insights into TMS mechanisms, assessing neural engagement and potential biomarkers for treatment response.

Methods: In an open-label clinical trial of 42 patients with TRD, fMRI-guided targeting was used to personalize stimulation within the left DLPFC. Interleaved TMS-fMRI was performed pre-treatment to assess circuit engagement. Participants received an accelerated intermittent theta-burst stimulation (iTBS) protocol, consisting of 8 daily sessions at 50-minute intervals over 5 consecutive days (40 sessions total). Depressive symptoms and SI were assessed at baseline, post-treatment, and at 4- and 12-week follow-ups using the Hamilton Depression Rating Scale (HAM-D) suicide subscale and the Beck Scale for Suicidal Ideation (BSS).

Results: Clinically meaningful reductions in depressive symptoms and SI were observed within five days and sustained through 12 weeks. HAM-D scores dropped from 12 to 6, HAM-D suicide scores from 2 to 0, and BSS scores from 7 to 4. Greater pre-treatment sgACC deactivation predicted greater reductions in SI ($r = 0.55$, $p < 0.05$), suggesting a potential biomarker for treatment response.

Discussion: These findings demonstrate that personalized, accelerated iTBS can rapidly and durably reduce SI, addressing a critical gap in suicide prevention. Interleaved TMS-fMRI findings suggest that sgACC deactivation may serve as a biomarker for treatment response, offering mechanistic insight into suicidality-related circuits. Future research should refine connectivity-based targeting to enhance efficacy. Given the non-invasive nature of rTMS and its growing accessibility, this approach could be scaled globally, providing a viable solution in diverse healthcare settings.

Learning objective: To evaluate the clinical potential of image-guided, personalized accelerated iTBS as a rapidly effective neuromodulation strategy for SI reduction in TRD and explore its implications for global suicide prevention efforts.

Oral #36 June 13th, 2025, 11.30am – 1.00pm

Chair; Jacinta Hawgood

36.1 Evaluation of a peer support program for providing workplace-based support after a suicide, fatality or workplace accident

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¹MATES In Construction Queensland Northern Territory, Brisbane, Australia, ²Griffith University Centre for Work Organization and Wellbeing, Nathan, Australia

Background: Peer suicide, fatalities at work and workplace accidents are a common psychosocial hazard within the Australian building and construction industry. MATES in construction provides onsite interventions after a suicide, fatality or accident on site with case management provided to impacted workers experiencing distress. This study details the development and evaluation of a peer support program to supplement the MATES work by providing workers with the tools, ability and psychological safety to implement interventions to mitigate distress and psychological injury post a workplace incident or suicide.

Method : Program Development: The development of MATES Respond entailed a rapid review of literature regarding postvention and critical incident responses and postvention practice, qualitative interviews of construction workers (15) and five years of site note data (193) of MATES staff engaging responses.

Program Evaluation: A quasi-experimental 2x3 design was used with data collected from approximately 70 construction workers who completed the Mates Respond program (Intervention Group) and 90 construction workers who did not complete Mates Responder Training (Control Group) at 3 time points: (1) before the training, (2) after completing the training, and (3) approximately 3 months after completing the training (see Diagram 1). Data were gathered using validated scales on giving and receiving emotional support (emotional support scales; Shakespeare-Finch & Obst, 2011), distress tolerance (Garner et al., 2016), anxiety (Zsido et al., 2020), resilience (Smith et al., 2008), and stress (Cohen, 1983).

Diagram 1. Research Design

Results

Program Development

Synthesis of the rapid review, qualitative data and practice data resulted in threefold program structure with a compartmentalisation of pre, during and post event components related to reflective practice, psychological first aid, critical incident stress management and procedural and professional debriefing to maintain psychological safety (see Diagram 2).

Diagram 2. MATES Respond Program.

Program Evaluation

Results of repeated-measures MANOVAs, examining perceptions of confidence and ability increased for Mates Responder Training participants from pre- to post- intervention (including follow-up) will be presented.

36.2 Evaluation of a Large-Scale Online Gatekeeper Training to Prevent Youth Suicides in the Netherlands

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Learning objective: Participants will gain insights into the reach and long-term changes in knowledge, self-efficacy, and behavior associated with a large-scale online suicide prevention training for gatekeepers of young people.

Background: The increasing trend in suicides among young people emphasize the urgent need for effective prevention strategies. Gatekeeper trainings (GKTs) equip individuals in a young person's network with skills to recognize signs of suicidality, initiate conversations, and facilitate referrals to appropriate care. This study examines the reach of a large-scale web-based Dutch GKT, 'Just Ask', targeting gatekeepers of young people. It also investigates long-term changes in knowledge, self-efficacy, and behavior across various gatekeeper groups.

Methods: Longitudinal data were collected from N=9182 adults who participated in the GKT between October 2022 and March 2023. Participants completed a web-based questionnaire pre-GKT, post-GKT, and at a 3-month follow-up. Primary outcomes were self-reported knowledge and self-efficacy, while secondary outcomes were behavioral changes and practical experiences at follow-up. Repeated Measures ANOVAs were conducted with factors time, gatekeeper group differences and interaction effects.

Results: In total, n = 8040 formal gatekeepers (healthcare workers, educational staff, trainees/students, & other professions) and n = 1142 informal gatekeepers (family members, friends, individuals with personal interest) participated. Both groups showed significant improvements in knowledge ($F(1,7479) = 8703.82$, $p < .001$, $\eta^2 = .54$) and self-efficacy ($F(1,7464) = 4367.10$, $p < .001$, $\eta^2 = .37$) directly after the GKT, which were maintained at follow-up ($F(1, 860) = 585.70$, $p < .001$, $\eta^2 = .14$; $F(1, 832) = 191.26$, $p < .001$, $\eta^2 = .06$). A higher maintained knowledge level was predictive of gatekeepers talking to (OR=1.17[1.07-1.28]) as well as referring (OR=1.25[1.12-1.39]) at-risk adolescents. Narrative accounts of gatekeeper's behavior at follow-up revealed benefits (e.g., greater

ease in talking to a young person about suicide; acknowledging a young person's difficulties alongside challenges (e.g., resistance from young persons, limited availability of help).

Discussion: These findings confirm the importance of online GKTs in adolescent suicide prevention by reaching a large number of gatekeepers and enhancing gatekeepers' knowledge and self-efficacy over time. Expanding GKT reach to informal gatekeepers, particularly family members, is crucial given their pivotal role in youth suicide prevention. In addition, improving GKT content to foster stronger interpersonal bonds and promote accessible care options (e.g., e-health, peer support) may further enhance gatekeeper behavior and outcomes.

36.3 Development of a national distress brief intervention: a multi-agency service to provide connected, compassionate support for people in distress

Dr Ambrose Melson¹, Dr Karen Wetherall¹, Mr Kevin O'Neill², Professor Margaret Maxwell³, Dr Eileen Calveley⁴, Dr Martin McCoy², Professor Rory O'Connor¹

¹Suicidal Behaviour Research Laboratory, University Of Glasgow, Glasgow, United Kingdom, ²Distress Brief Intervention Central Team, NHS Lanarkshire, Wishaw, United Kingdom, ³Centre for Healthcare and Community Research, University of Stirling, Stirling, United Kingdom, ⁴University of the Highlands and Islands, Inverness, United Kingdom

Development of a national Distress Brief Intervention: a multi-agency service to provide connected, compassionate support for people in distress

Learning Objective: Familiarise attendees with the development, implementation and key components of the Distress Brief Intervention, a novel multi-agency response to distress in Scotland.

Background: Mental health problems, self-harm and suicide are major public health concerns. In Scotland, national mental health and suicide prevention strategies have emphasised the need to enhance the response and follow-up support for adults presenting to frontline services in emotional distress. This project describes the development and implementation of a Distress Brief Intervention in Scotland, a multi-agency service to provide connected, compassionate support for people in distress.

Methods: Intervention development, testing and implementation was guided by the six step Intervention Mapping protocol. Key sources of information comprised: literature and evidence review (including contemporary suicide and self-harm frameworks); delivery partner, stakeholder and policy lead consultations (n=19); focus groups and semi-structured interviews with staff working in frontline and community services (n=8); focus groups and semi-structured interviews with adults with lived experience of distress (n=9); feedback from test training sessions with staff (n=16) and self-assessed confidence ratings provided by staff attending training (n=388).

Results: We developed a time-limited, two-level, complex intervention for adults experiencing emotional distress, provided by 'frontline' statutory services (primary, acute and ambulance health care; police) and third-sector community organisations in Scotland. We created intervention components including competency-based training programmes for staff which were informed by the integrated motivational-volitional model of suicidal behaviour, information protocols and guidance for providers, personalised distress management planning and behaviour change tools including safety planning and volitional help sheets. During development, 525 intervention providers (n=472 frontline statutory service staff; n=53 third-sector community mental health support organisation staff) completed training in four pilot areas. Training evaluations from 388 providers (74%) indicated significantly greater confidence following training on key competencies.

Discussion: A multi-agency national Distress Brief Intervention was systematically developed and implemented in a range of non-specialist frontline and community settings in Scotland. As of 2025 more than 80,000 people in distress have received a referral to the Distress Brief Intervention, a

significant proportion of whom present with suicidal risk. The Distress Brief Intervention has been rolled out nationally across the whole of Scotland, and has potential as a model of care and prevention internationally. Further evaluation is underway to understand the possible suicide-protective effects of Distress Brief Intervention.

36.4 Assessing Suicidal Ideation, Utilization, and Satisfaction in a 24/7 Messenger-Based Psychological Counseling Service

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Objective: This study aimed to examine the utilization patterns and user satisfaction of individuals contacting a German chat-based psychological counseling service ("krisenchat") regarding suicidal ideation.

Background: Suicide represents the second or third leading cause of death among adolescents in Europe. While help-seeking behavior among young people has increased through internet-based mental health resources—given their familiarity, ease of access, and anonymity—chat-based counseling services remain underdeveloped.

Methods: Anonymized data on demographic characteristics, utilization behavior, and user satisfaction were collected from individuals who accessed the krisenchat service between January and December 2023, using metadata and a feedback survey.

Results: Data from $n = 29,387$ users were collected. Of the $N = 9,482$ users included in the final analysis, $n = 1,151$ (12.1%) contacted krisenchat due to suicidal thoughts, and $n = 1,294$ (13.6%) due to self-harm. However, $n = 331$ (3.5%) users were flagged by counselors as experiencing suicidal ideation, of whom $n = 63$ (19.9%) had not initially contacted the service for suicidal thoughts but for other concerns. The average user experiencing suicidal ideation was 17 years old and female. Suicidal ideation was significantly and positively associated with non-suicidal self-injury and suicidal thoughts as topics. User satisfaction was high, with 83.7% ($n = 77$) of respondents who experienced suicidal ideation rating the support received as at least "good," and 97.8% ($n = 91$) indicating they would recommend the service. Users experiencing suicidal ideation reported a significant reduction in emotional distress after the chat compared to before ($MD = 1.74$, $SD = 0.19$). Users predominantly discovered the service through online searches (39.1%), recommendations from acquaintances (26.1%), and TikTok (17.4%). The service was most frequently accessed between 8 PM and 12 AM (35.0%) and between 4 PM and 8 PM (23.0%). No significant differences were found between users with and without suicidal ideation regarding age, satisfaction, likelihood of recommending the service, or referral to external services (e.g., health care system).

Discussion: Findings indicate high user satisfaction and a reduction in emotional distress among users with suicidal ideation. These results suggest that traditional telephone-based counseling services could benefit from expanding their offerings to chat- and internet-based modalities, ensuring availability around the clock to reduce access barriers and enhance service reach.

36.5 A pilot project for community-based suicide prevention amongst Australian Freemasons.

Mr Jorgen Gullestrup¹, Dr Victoria Ross², Mr Nigel Faul³

¹Semicolon Consulting, Mount Gravatt East, Australia, ²Australian Institute of Suicide Research and Prevention, Brisbane, Australia, ³Masonic Caer Alliance, Gold Coast, Australia

Learning Objective: Participants in this oral presentation will get an insight into the potential of using organisational culture and social identity in the implementation of a suicide prevention program.

Background: Freemasonry is a worldwide movement of more than six million men. The demographics of Freemasons are heavily weighted towards older, white males across a variety of social classes. Freemasons have a strong common identity formed around traditions and rituals. The presentation describes a small pilot project (up to 50 participants) to develop a scalable model of suicide prevention for the Freemason community.

Methods: This project was co-designed with Freemasons in Western Australia. Two focus groups of 18 Freemasons provided feedback on the concept and initial delivery model before and after the delivery of LivingWorks suicide prevention training. The project was advertised through a Webcast by the Grand Master and a local Coordinator.

- 40 completed a pre-intervention survey and 20 completed a post-intervention survey (minimum 3-week post) 2 completed LivingWorks (LW) ASIST training
- 36 completed LW safeTALK training
- 24 completed LW START Training
- 14 pre- and post-surveys were matched used a unique participant generated identifier

Pre- and post-surveys included the WHO-5 Wellbeing Scale and 7 suicide literacy and helping intention items based on published research on the MATES in Construction program.

Results: Freemasons found the initiative highly compatible and supportive of the social values embedded in the organisation. They saw opportunities to establish the program internally to create a more resilient community within the organisation and also to become a resource for the communities they lived and worked within.

START training improved participant confidence and suicide prevention literacy. Suicide literacy and help seeking intentions both improved significantly for matched participants from pre to post intervention.

Discussion: The findings from this pilot project will inform a scaled-up trial amongst Freemasons in Australia. This trial will inform national and perhaps international roll out of the program.

Despite its limited reach, this project demonstrated the feasibility of a larger scale intervention.

36.6 Community Influences on Suicidality: Insights from a Systematic Review of Qualitative Studies

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While quantitative research has established correlations between community characteristics and suicide, qualitative studies offer deeper insights into the lived experiences and social dynamics within the communities that contribute to the suicidal process.

Objective: The review aimed to extract and synthesize themes related to community-level influences contributing to suicidal thoughts, behaviors, and deaths, as identified in qualitative studies. .

Methods: A systematic search was conducted across Medline, PsycINFO, and Web of Science for peer-reviewed qualitative studies published in English since 2000 looking for words suicide,

qualitative and community within the abstracts. A total of 853 entries (564 unique articles) were retrieved. Studies were included if they explored and described in detail themes related to community and how they impact the suicide process. From them 54 matched criteria for inclusion. Themes related to community were extracted from the studies and then synthesized into overarching categories.

Results: A central category was Belongingness. Communities characterized by strong interpersonal bonds, cultural continuity, and collective support provided protective effects by fostering a sense of identity and emotional connectedness. In contrast risk increased with social isolation—whether due to geographical remoteness, loss of traditional social structures, or acculturation gaps. Social Pressure and Community Expectations, through rigid societal norms, the burden of maintaining family honor or conforming to cultural expectations, often exacerbated feelings of shame and hopelessness. Discrimination and Social Rejection, including experiences of violence function as critical stressors within communities that increase levels of suicidality. Exposure to suicide sets off a ripple effect—normalizing suicidal behavior through communal grief, contagion, and unresolved trauma. Stigma and Silence further compounded these issues, as many communities discouraged open discussion about suicide, thereby hindering help-seeking behaviors. Interplays between sociocultural and community factors were strong, for example economic stressors and historical trauma were described as intensifying emotional distress among marginalized groups. On a hopeful note, studies highlighted the value of community-based grassroot interventions and peer support systems in reducing suicidality by promoting inclusive dialogue, cultural reclamation, and coordinated crisis response.

Conclusions: The synthesis of qualitative evidence underscores that community influences are multifaceted, functioning as both risk and protective factors in the suicidal process. These insights call for culturally sensitive, community-driven approaches to suicide prevention that recognize the impact of collective experiences on individual mental health outcomes.

LO: Participants will understand how community-level factors can operate within the suicide process.

Funding: The project was funded by the Lithuanian Research Council (LMTLT), grant No P-MIP-24-203

36.7 Using Social Media for the Prevention of Self-Harm and Suicide: A 10-Year Systematic Review

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Learning objective : Understand the current evidence base and landscape of social media interventions for self-harm and suicide prevention, including their effectiveness, potential benefits, limitations, and strategies to minimise harm

Background: Rates of youth self-harm and suicide appear to be increasing, with social media often cited as a potential contributing factor. While extensive research has examined associations between social media use and suicide-related outcomes, less attention has been given to the potential role of social media in prevention. A decade after the original systematic search, this review updates Robinson et al.'s seminal 2016 review, evaluating current evidence on social media's role in self-harm and suicide prevention.

Methods: A pre-registered systematic search of five electronic databases was conducted to identify studies with terms relating to social media, self-harm and/or suicide. Studies published after April 2014 were screened for inclusion. Data extraction included study design, intervention type,

outcomes, limitations, and implications. A narrative synthesis was conducted to qualitatively integrate the findings.

Results: From 10,352 records, 55 studies met inclusion criteria, covering the full spectrum of universal, selective, and indicated interventions. Studies fell into four categories: a) Development of social media-based interventions; b) Evaluation or testing of interventions; c) Individuals' qualitative experiences using social media for self-harm/suicide prevention; d) Content analysis of self-harm or suicide-related social media content.

Key activities identified include safe-communication guidelines, awareness campaigns, peer support communities, brief interventions delivered within social media platforms, and AI-driven risk detection with crisis intervention.

Many individuals disclose self-harm and suicidal thoughts on social media, particularly when offline support is inaccessible or stigma prevents disclosure. Results support the feasibility and safety of social media interventions, which can enhance help-seeking, provide crisis support, and promote safer online communication. Many users benefit from social connection, coping strategies, and peer support. Social media users were often motivated to intervene online but lacked the skills to do so safely. Exposure to harmful content, inadequate moderation, and hostile interactions can heighten distress or enable 'copycat' behaviors. Study quality varied, with small samples limiting generalizability.

Conclusions: Social media platforms present a promising context for self-harm and suicide prevention, enabling interventions to rapidly reach large audiences beyond traditional healthcare settings. Ensuring safety and effectiveness requires ongoing research and multisectoral collaboration to develop evidence-based interventions and platform policies.

References:

Robinson J, Cox G, Bailey E... et al. Social media and suicide prevention: a systematic review. *Early Interv Psychiatry*. 2016 Apr;10(2):103–21.

Oral #37 June 13th, 2025, 11.30am – 1.00pm

Chair: Renske Gilissen

37.1 Adverse effects of general perceptions and myths about suicide on carers in underprivileged areas of Bangladesh and access to the services of suicide attempt survivors.

Ms Farzana Ahmed, Mr Harun Abdullah Al

¹Add International, Dhaka, Bangladesh

Learning Objective: To understand the nature and depth of misconceptions and common myths of carers on suicides and impacts on healthcare and service-seeking behaviours of suicide attempt survivors.

Background: Suicide is a major public health problem in Bangladesh. Most people still don't feel very comfortable talking about suicide. Because there are various stigmas and superstitions, family, social, and religious beliefs, myths, and legal issues about suicide. But misconceptions about suicide and mental health may be prevalent among family and community members and act as a barrier to people seeking support. Many people have a religious belief that someone dies by suicide or attempts suicide when the devil is possessed. As a result of such misconceptions, suicide attempt survivors are deprived of healthcare.

Methods: We used a mixed-method research approach with purposive sampling techniques with the amount of background information on the perceptions of carers or parents. The behavioural aspects

were measured by homogeneous sampling to capture the qualitative data through focus group participants (n=35) perspectives of carers about suicide. 35 suicide attempt survivors were interviewed (in-depth interview) and assessed with exposure to the suicidal ideations, self-harm, and underlying causes and post-attempt service required from both healthcare providers and carers. Among the respondents, 90% are female carers; only 10% represent male groups.

Results: 10% of carer respondents believe that the reason for their child's suicide attempt is due to the influence of the devil or some supernatural force. In contrast, all those who had non-fatal suicide attempts at believe that they were not in their right mind at the time of their attempt and that they acted out of intense despair. All the carers are followers of Islam and Hinduism, and they all believe that suicide is a grave sin. 95% percent of those who attempt suicide are afraid to seek healthcare services from health centres due to the fear of police harassment, which results in them being deprived of their right to access healthcare.

Discussion: In Bangladeshi culture and society, there are still taboos and stigmas surrounding suicide. According to the penal code, suicide is considered a criminal offence. Individuals who die by suicide or non-fatal suicide attempts often find that others in society view them and their families with disdain, lacking empathy and making efforts to avoid them. It is essential to implement extensive public awareness programs for suicide prevention, to decriminalize suicide, and to develop strategic plans.

37.2 Diurnal Variation in Suicide Deaths: A National-Level Analysis Before and During the COVID-19 Pandemic

Professor Gun Woo Victor Park¹

¹Seoul National University Hospital, Seoul, South Korea

Learning Objective: To examine how suicide mortality patterns shifted across different times of the day before and during the COVID-19 pandemic, considering employment status, gender, and age groups.

Background: Diurnal variation in suicide mortality has been observed in multiple studies, with most suicides occurring during daylight hours. However, prior research has been limited by small sample sizes and regional constraints. The COVID-19 pandemic introduced significant societal changes, including increased remote work, which may have altered daily suicide patterns. This study aims to investigate diurnal variations in suicide before and during the pandemic, focusing on the role of employment, gender, and age.

Methods: The South Korean nationwide suicide mortality data from 2014 to 2022 were analyzed to examine diurnal variation before and during the pandemic. I investigated how the diurnal distribution of suicides varied across demographic and social factors, including gender, age group, and occupational status, and whether these patterns changed during the pandemic. Poisson regression models were used to estimate incidence rate ratios (IRRs) for each time period, adjusting for gender, age group, and occupational status.

Results: Before the pandemic, suicides peaked in the late morning and early afternoon, with the highest incidence in the 12:00–15:59 period (IRR = 1.42, 95% CI: 1.39–1.45). During the pandemic, suicides shifted toward nighttime, with a significant increase in the 16:00–19:59 period (IRR = 1.52, 95% CI: 1.47–1.57) and a decline in early morning suicides (00:00–03:59, IRR = 0.95, 95% CI: 0.91–0.99). This shift was most pronounced among younger adults (25–44 years, IRR = 1.43, 95% CI: 1.38–1.48) and those without stable employment. Gender-stratified analyses indicated that males experienced a greater shift in suicide timing, whereas females maintained a more stable diurnal pattern.

Discussion: The COVID-19 pandemic altered suicide timing, potentially due to changes in work routines and social structures. The shift toward nighttime suicides among younger individuals and

unemployed persons suggests increased psychological distress and social isolation during unconventional hours. These findings underscore the need for targeted suicide prevention efforts that address diurnal risk patterns, particularly for at-risk groups. Further research should explore whether changes in suicide timing persist post-pandemic.

37.3 Lethality and method switching in repeated suicide attempts: Insights from In-depth Injury Survey in South Korea

M.sc. Carola Claus¹, Professor Gun Woo Victor Park²

¹Ruhr-Universität Bochum, Bochum, Germany, ²Seoul National University Hospital, Seoul, South Korea

Learning objective: To examine how suicide methods evolve across repeated attempts, with particular attention to demographic factors such as gender and age, and to provide insights to inform clinical risk assessment and prevention strategies for high-risk populations.

Background: Suicide remains a critical public health issue, with South Korea reporting the highest rates among OECD countries. While some individuals die on their first attempt, others survive and reattempt, often changing methods. Lethality varies, and repeated attempts may indicate an increased risk of adopting more lethal methods. Understanding these transitions and demographic patterns is crucial for targeted interventions. Using data from the Emergency Department-based Injury In-depth Surveillance from 2019 to 2023, this study examines method-switching patterns among suicide attempters, focusing on differences by sex, age, and previous attempts.

Methods: A retrospective analysis was conducted using the Emergency Department-based Injury In-depth Surveillance, managed by the Korea Disease Control and Prevention Agency (KDCA), from January 2019 to December 2023. Patients' sex, age, methods of self-harm and previous suicide attempts were analyzed. Methods were categorized as falls, asphyxiation, laceration, drug intoxication, drowning and other. Demographic subgroups were compared.

Results: Within the sample, 6,311 individuals presented to the ED after their first suicide attempt, 1,124 had one previous attempt and 1,662 had two or more attempts. Suicide methods varied by number of attempts, gender and age. In first attempts, intoxication (62.1%) and laceration (20.7%) were the most common methods. With repeated attempts, laceration increased from 32.3% to 49.4%, while intoxication decreased. Individuals with multiple attempts were more likely to progress to hanging, falling or drowning. Sex differences were observed. Males were more likely to progress from intoxication to laceration (27.1%), whereas females more often continued using intoxication (64.7%). Repeated attempts increased the likelihood of transitioning to more lethal methods, especially suffocation by hanging and falls.

Age differences also emerged. Younger people (under 30) primarily used intoxication, while older people (over 40) more often used hanging. Method changes to hanging and falls were more common in older individuals.

Discussion: These findings underscore the need for early intervention, particularly among first-time attempters using intoxication or laceration, to prevent escalation to more lethal methods. Targeted prevention strategies should consider demographic factors, ensuring high-risk groups—particularly older and male attempters—receive appropriate support. Further research is needed to explore psychosocial factors influencing these transitions and to develop effective intervention programmes.

37.4 Withdrawn

37.5 Reducing the cognitive availability of suicide: conceptual review and proof-of-concept study

Professor Alexandra Pitman¹, Dr Millie Lowther¹, Ms Ruby Jarvis¹, Ms Anindya Nagori¹, Professor Sarah Edwards¹

¹University College London (UCL), Maple House, 149 Tottenham Court Road, United Kingdom

Learning objective: To gain insights into the potential for reducing suicide rates by reducing the cognitive availability of suicide.

Background: Restricting physical access to the means of suicide is the suicide prevention intervention supported by the strongest evidence. There is potential to complement physical means restriction through restricting cognitive access to suicide and to specific means of suicide. Addressing the cognitive availability of specific methods is particularly important for hanging, a common suicide method for which restricting ligature access is difficult outside institutional settings. Approaches to reducing the cognitive availability of suicide include dispelling myths about a method's ease, accessibility or lethality. In this project we aimed to conduct a conceptual review of the literature on the cognitive availability of suicide, develop a measure of this construct, design an intervention to reduce the cognitive availability of hanging in middle-aged men, and conduct a proof-of-concept and acceptability study for this intervention.

Methods: We conducted a systematic review of 3 databases (MEDLINE; EMBASE; PsycINFO) to identify all published empirical and conceptual articles that described the cognitive availability of suicide in order to provide a narrative synthesis of how this construct is conceptualised. We used expert consensus to i) co-develop a measure to capture the cognitive availability of suicide and specifically of hanging and 2) co-create a 1-minute script designed to reduce the cognitive availability of hanging in middle aged men. We tested proof-of-concept in an experimental study of 100 middle-aged men in the UK, also collecting qualitative data on acceptability.

Results: Our initial search identified 573 unique hits, which we are currently screening independently. The narrative synthesis will be completed by April 2025. We have gained ethical approval for our proof-of-concept and acceptability study and start data collection in April 2025. We plan to present preliminary findings in our presentation.

Discussion: This presentation will outline our current conceptual understanding of the cognitive availability of suicide and review different approaches to reducing this, including i) harnessing socio-cultural influences to prevent the idea from taking hold; ii) using media guidelines and clinical approaches to arrest the progression of suicidal planning, and iii) promulgating competing information about a method's perceived ease, accessibility or lethality. We will present preliminary findings from our proof-of-concept and acceptability study and consider the role of this intervention in the context of wider approaches.

37.6 A Feature-Based Framework for Online Platform and Social Media Regulation and Research: A Platform-Agnostic Approach to Enhancing Online Safety, Mental Health, and Preventing Suicide

Dr Sandersan Onie¹, Lyndsay Brown

¹Black Dog Institute, Unsw Sydney, Randwick, Australia

The rapid proliferation of online platforms and social media has raised significant concerns about their impact on mental health, particularly among young people. Issues such as cyberbullying, exposure to harmful content, and addictive design features have been linked to increased risks of anxiety, depression, and suicidal ideation. However, the term "social media" remains ambiguously defined, complicating efforts to regulate and research these platforms effectively.

This presentation proposes a feature-based framework for regulating and researching online platforms, focusing on specific functionalities—such as algorithmic recommendations, engagement metrics, and messaging systems—rather than entire platforms. By targeting these features, which are common across many online services, the framework offers a platform-agnostic approach to mitigating harm while preserving the benefits of digital technologies — which will aid in reducing harms for the prevention of suicide.

The framework identifies core functions present in online platforms, including algorithmic recommendations, search functions, source selection, engagement metrics, messaging systems, content creation, and advertising. These features are analysed for their potential to cause harm, such as promoting addictive behaviours, facilitating cyberbullying, or exposing users to harmful content. The framework then suggests targeted interventions, such as age-appropriate algorithms, safe search defaults, and AI-driven content moderation, to address these risks.

By focusing on specific features, the framework circumvents the challenges of defining "social media" and provides a more nuanced approach to regulation and research. It allows for cross-platform comparisons and targeted interventions, reducing the risk of overregulation while addressing the root causes of harm. For example, regulating infinite scroll features or hiding engagement metrics for young users can reduce compulsive use and social comparison, thereby mitigating mental health risks.

The proposed feature-based framework offers a scalable, adaptable solution to the challenges of regulating online platforms. By targeting harmful functionalities, it enhances online safety without stifling innovation or freedom of expression. This approach is particularly relevant for suicide prevention, as it addresses key pathways through which online platforms can exacerbate mental health risks. The framework provides a foundation for future research and policy development, ensuring that online environments are safer for all users, especially vulnerable populations.

37.7 Rethinking the relationship between Google Search Volume and Attempt and Suicide Rates according to the IMV-Model of Suicidal Behaviour: A Retrospective Study in Indonesia

Dr Sandersan Onie¹, Dr Matthew Coleshill¹, Associate Professor Michelle Tye¹, Professor Fiona Shand, A/Pro Mark Larsen²

¹Black Dog Institute, UNSW Sydney, Randwick, Australia, ²Centre for Big Data Research in Health, University of New South Wales, Sydney, Randwick, Australia

Background: The relationship between Google search trends for suicide-related keywords and suicide rates has been widely studied, but findings remain inconsistent. Few studies have explored how these search trends map onto established models of suicidal behaviour, such as the Integrated Motivational-Volitional (IMV) Model, which outlines distinct phases of suicidal ideation and behaviour.

Understanding how different categories of suicide-related searches correlate with suicide attempts and deaths could provide valuable insights for suicide prevention efforts.

Objective: This presentation focuses on Study 3 of a larger research project, which investigates the relationship between Google search volumes for suicide-related keywords, grouped according to the IMV Model, and suicide attempt and death rates across Indonesian provinces. The study aims to determine whether search trends for keywords related to distress, ideation, and methods (as defined by the IMV Model) differentially predict suicide attempts and deaths.

Methods: Using Google Trends data from 2021, we analyzed search volumes for suicide-related keywords across 34 Indonesian provinces. Keywords were categorized into three groups based on the IMV Model: (1) distress (e.g., depression, stress), (2) ideation (e.g., "suicide," "how to suicide"), and (3) methods (e.g., "hang myself," "overdose"). We examined the correlations between these keyword categories and provincial suicide attempt and death rates. Additionally, we explored whether the lethality of methods searched (high vs. low lethality) influenced these relationships.

Results: The findings revealed that distress keywords showed no significant correlation with either suicide attempts or deaths. Ideation keywords were positively associated with suicide attempt rates but not with suicide death rates. In contrast, methods keywords were uniquely associated with both suicide attempts and deaths, with high-lethality methods (e.g., "hang myself") showing a stronger correlation with suicide deaths than low-lethality methods (e.g., "overdose").

Conclusion: The results suggest that the relationship between Google search trends and suicide outcomes varies depending on the stage of suicidal behavior as outlined by the IMV Model. Keywords related to suicidal ideation are more closely linked to suicide attempts, while method-related keywords, particularly those involving high-lethality methods, are associated with both attempts and deaths. These findings highlight the potential of using search trends to monitor suicide risk at a population level, with implications for targeted prevention strategies. Future research should explore how these insights can inform real-time interventions, such as tailored online ads or crisis response systems, to reduce suicide risk among vulnerable populations.

Oral #38 June 13th, 2025, 11.30am – 1.00pm

Chair: Nina Gomboc

38.1 Insights into assisted suicide practices in Austria: A content analysis of reports from the ASCIRS platform (2022–2024)

Dr. Stefanie Kirchner¹, Angelika Feichtner², Angelina Falkner³, Dr. Eva Katharina Masel³, Dr. Dietmar Weixler⁴, Michael Prunbauer⁵, Viktoria Wentseis⁶, Prof. Dr. Thomas Niederkrotenthaler¹, Prim. Dr. Thomas Kapitany⁷, Dr. Gudrun Kreye^{8,9}

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Learning objective. To gain insights into the challenges and evolving roles of relatives and healthcare professionals in Assisted Suicide (AS), and discuss the need for improved support structures and legal frameworks to ensure well-informed AS practices.

Background. Since January 2022, Assisted Suicide (AS) has been legal in Austria under specific conditions. With no official monitoring or analysis of AS practices planned, the Austrian Palliative

Society (Österreichische Palliativgesellschaft, OPG) launched the ASCIRS platform (Assisted Suicide Critical Incident Reporting System) in May 2022 as response. This online platform allows individuals involved in AS to anonymously share their experiences. This study provides the first systematic analysis of these reported experiences.

Methods. A qualitative content analysis was conducted using a mixed-method approach, integrating both qualitative and quantitative aspects. Reports submitted to ASCIRS between May 2022 and June 2024 (n=226) were analyzed. We explored practical experiences with AS requests as well as completed and discontinued cases. We examined differences in experiences based on reporting individuals, palliative care specialization and time trends.

Results. Of 226 reports, 56.6.% were about a requested (n=128), 38.5% about a completed (n=87) and 4.9% about an aborted AS (n=11). The most frequently reported underlying diseases for an AS were tumour diseases (n=136; 60.2%) and neurological diseases (n=63; 27.9%). Relatives reported greater satisfaction with the autonomy of the patients (n=10; 43.5% vs. n=12; 59%; $p<.001$) than medical professionals. However, they expressed a higher need for more support during the application process (n=12; 56.5% vs. n=51; 25.1%; $p=.002$) and the procedure itself (n=6; 26.1% vs. n=14; 6.9%, $p=.009$). Medical professionals called more for improvements in the law or its practical implementation (n=33; 16.3% vs. n=0; 0%; $p=.030$) than relatives. Over time, there was a decline in reports about ethical conflicts (2022: n=13; 18.3%; 2023: n=6; 5.4%; 2024: n=3; 6.8%; $p=.013$), or the need for team discussions (2022: n=22; 31.0%; 2023: n=20; 18.0%; 2024: n=1; 2.3%; $p<.001$). Reports about medical professionals offering their support for carrying out an AS increased over time (2022: n=3; 4.2%; 2023: n=6; 5.4%; 2024: n=9; 20.5%; $p=.003$).

Discussion. The findings underscore the need for improved support structures, particularly for relatives who assist patients throughout the AS process. Over time, health professionals reported a growing willingness to support patients and their families, despite initial reluctance. This shift suggests an evolving professional responsibility, highlighting the importance of equipping healthcare providers with the necessary resources and guidelines to ensure well-informed AS practices.

38.2 Collaboration Between the Flemish Suicide Prevention Helpline and Educational Institutions: An Innovative Approach to Reducing Unanswered Calls

Ph.d Sam Falter, Ms. Ayla Alleweireldt, Mr. Piet De Bruyn

¹Suicide Prevention Centre, Brussels, België

Background: Suicide prevention helplines worldwide often rely on volunteers to manage the high volume of incoming calls. Despite these efforts, a significant number of calls remain unanswered. To address this issue, the Flemish suicide prevention helpline (Zelfmoordlijn1813) has established partnerships with multiple Flemish educational institutions. Through these collaborations, students participate in a specialized training program that prepares them to operate as call takers, thereby supplementing the volunteer workforce as part of their educational curriculum. These partnerships and training programs provide substantial added value, both in enhancing the helpline's capacity to answer calls and in contributing to the students' educational and professional development.

Objective: Demonstrate the impact of educational collaborations on reducing unanswered calls and improving crisis intervention training for students.

Methods: The Flemish suicide prevention helpline has implemented a comprehensive application process followed by a specialized training program to ensure that students are adequately prepared to serve as qualified call takers. The application process includes completing a questionnaire that assesses their responses to scenarios involving suicidality, crafting a response to a simulated email sent to the helpline, and participating in an interview that concludes with a role-play exercise simulating a helpline conversation. The specialized training program consists of six group sessions, each lasting three hours, one-on-one feedback sessions with a staff member, guidance from an

experienced volunteer who acts as a mentor, and multiple intervention sessions designed to foster reflection and peer learning.

Results: In 2018, the first collaborations were established with one university (Vrije Universiteit Brussel) and one university of applied sciences (Thomas More). Currently, the Flemish suicide prevention helpline collaborates with five educational institutions, training an average of 60 students annually. Each student contributes between 54 and 60 hours as a call taker, collectively providing an additional 3,420 hours of coverage per year, thereby significantly enhancing the helpline's capacity to respond to incoming calls. The overwhelmingly positive evaluation of the complete training program, with an average rating of 8.6 out of 10 from 149 students, highlights its effectiveness in preparing students for their role as call takers.

Discussion: Through innovative collaboration and rigorous training, the Flemish suicide prevention helpline has transformed the challenge of unanswered calls into an opportunity for both community impact and student development. This model not only strengthens the helpline's ability to provide critical support but also equips future professionals with invaluable skills in crisis intervention and compassionate communication.

38.3 From Chaos to Clarity: Offering Suicide Hotline Support to Frequent Users by means of Categories and Transparency

Ms. Chiara Versluys, Mr. Gijs Van Cappellen, Mr. Patrick Vanderreydt, Ms. Silke Aerts, Mr. Piet De Bruyn

¹Suicide Prevention Centre, Brussels, België

Background: Many suicide hotlines encounter frequent users, which can present significant challenges. Frequent use may lead to dependency on the hotline, reduce availability for new or occasional users, and contribute to emotional fatigue among volunteers, who often struggle with the complexity of such cases and the perceived lack of progress.

The Flemish suicide hotline (Zelfmoordlijn1813) has faced similar challenges over the years. This prompted discussions to revise existing policies, striking a delicate balance between maintaining the hotline's primary role as a crisis intervention service offering brief support, and meeting the needs of frequent callers without transitioning into a therapeutic role.

Learning objective: How to use transparency and categorization as a means of helping and managing frequent users

Methods: Our method involves categorizing frequent users into three distinct subgroups—'known users,' 'frequent users,' and 'frequent users with specific guidelines' (translated from Dutch)—to address their needs better while ensuring the hotline remains manageable across all communication channels, including chat, telephone, and email. A key principle of the new policy is transparency. Frequent users are informed about how the system operates, the rationale behind these practices, and the existence of a user profile designed to monitor their progress—all while preserving their anonymity.

The first step involved integrating transparency in 2022 into the hotline's policies and operations before introducing the categorization system to the volunteers. Reactions from volunteers and frequent users were monitored by analyzing the registered data from conversations. The second step entailed assigning existing user profiles to the newly established categories. Finally, in 2023, the categorization system was fully implemented across all communication channels and applied to new frequent users. At least once a week, volunteers manage user profiles, with support and guidance provided by professionals.

Results: Initial feedback indicates that frequent callers are comfortable with user profiles and appreciate not having to recount their stories during each interaction fully. This approach enhances

the focus on promoting self-reliance, providing relevant referrals, identifying what one perceives as helpful or unhelpful, and recognizing specific thresholds. Volunteers have reported feeling more at ease, as the profiles enable transparency about existing information and allow for discussions based on prior conversations.

Discussion: The categorization system has provided clear guidelines, fostering confidence among volunteers while still addressing the specific needs of frequent users where possible.

In 2025, groundwork will be laid to conduct research in 2026 aimed at identifying the effective components of this approach.

38.4 Simulation of a 'suicidal mind': Using the Integrated Motivational Volitional model of suicide to demonstrate dynamic suicidal states.

Mr Gabriel McDonnell-maayan^{1,2}, Professor Andrew Page^{2,3}, Dr. Wesley J. Wildman^{1,2}

¹Boston University, Boston, United States, ²Center for Mind and Culture, Boston, United States,

³Translational Health Research Institute, Western Sydney University, Penrith, Australia

Learning Objective: This talk will describe a dynamic simulation model of a suicidal mind that aims to capture nonlinear, dynamic changes in suicidal states within an individual based on an integration of (i) the Integrated Motivational-Volitional (IMV) model of suicide, (ii) the Fluid Vulnerability Theory of Suicide, and (iii) the cusp-catastrophe model from dynamical systems theory.

Background: Suicidal behaviour is characterized by a complex, multi-factorial aetiology. Dynamic simulation models (DSMs) are computational approaches that can explicitly capture the complex behaviour of suicide. This study describes the development of a DSM of a suicidal mind that aims to capture nonlinear, dynamic changes in suicidal states within an individual based on an integration of (i) the Integrated Motivational-Volitional (IMV) model of suicide, (ii) the Fluid Vulnerability Theory of Suicide, and (iii) the cusp-catastrophe model from dynamical systems theory.

Methods: A system-dynamics model was developed to estimate the level of 'suicidality' in an individual, and capture cognition and behaviour with transitions between the 'pre-motivational phase', 'motivational phase' and 'volitional phase' states in the IMV model. Preliminary model validation was based on parameter optimisation over 4.2 million model runs and related to whether changes in parameters that a priori were hypothesised to increase or decrease the level of suicidality resulted in corresponding increases or decreases in suicidality, and whether the model displayed both gradual and dramatically precipitous pathways to suicidal states, as suggested by current theories of suicide and previous research.

Results: The model's behaviour in response to varying parameters of interest was consistent with expectation. The proposed pathways from prior research could also be replicated: the 'stable' pathway, characterised by waxing and waning of ideation in relation to life events; the 'dysregulated' pathway, characterised by increasing capability and suicide risk over time; and the 'discontinuous' pathway, characterised by high ideation in the context of already existing high suicide capability leading to an immediate attempt, reflecting a situation of impulsivity. Accessing mental health services was shown to result in stabilisation of suicidal ideation, but varied by frequency of contact, suggesting pathways toward optimizing health services.

Discussion: DSMs can be used to quantify and refine theories of suicidal behaviour. There is also potential for using DSMs in virtual case studies to assist in clinical decision making or investigate how population-level policy interventions might affect individual suicidal behaviour.

38.5 A transformative journey of continuous evaluation and innovation in a national suicide postvention program

Mrs Courtney Anderson¹, Ms Amanda Glenwright¹, Mrs Alexis Lamperd¹, Mrs Nicole Cool¹

¹Youturn (StandBy Support After Suicide), Maroochydore, Australia

The field of community-based suicide postvention services continues to evolve, with new insights emerging on effective support strategies and models. This presentation chronicles the two-decade journey of a national postvention program that has consistently adapted to remain relevant and effective. The program's evolution has been driven through a commitment to evidence-informed practice and engagement with those with a lived experience of suicide bereavement.

Since its inception in 2002, Youturn's StandBy Support After Suicide program (StandBy) has grown from a small regional 'grassroots' initiative into a national suicide postvention program. The StandBy program is coordinated through StandBy National and delivered across Australia through locally-based service providers. Through multiple evaluation and research activities, the program has demonstrated its wide-reaching impact on individuals, families, and communities. Additionally, evaluation findings have guided StandBy National in refining the program to address emerging needs and develop new service offerings, including a specialist suicide bereavement counselling and peer support model.

Most recently, an internal evaluation resulted in several recommendations to enhance the program's efficiency and effectiveness. One key recommendation includes an opportunity to review and redesign the theoretical and service model. This is being implemented as a codesign project with those who have Lived Experience, service-users (the people who access StandBy) and service providers (who deliver the StandBy model).

Additionally, StandBy National has established several partnerships with academic institutions and research organisations to enhance its evidence-base. Recent research projects include understanding outcome measurements in postvention, and exploring the experiences and help-seeking responses of certain cohorts during suicide bereavement (e.g. men). These research outputs are being integrated into internal projects at StandBy National, including the development of a program-specific Outcomes Framework. This research-informed approach ensures that StandBy provides culturally informed and appropriate support, remains responsive to the complex needs of those it supports, and adapts to the ever-evolving postvention landscape.

This presentation will describe the evidence-based processes used by StandBy National, illustrating how these drive service improvements. While emphasising the value of research and continuous improvement, we will discuss the challenges and enablers to implementing evaluation in practice, based on our own experiences and the broader lessons from the field. We will also discuss how evaluation findings have been translated into action, with a focus on integrating lived experience into our efforts. Participants will gain practical evaluation strategies applicable to their own postvention work, ensuring services remain effective and responsive to those bereaved and impacted by suicide loss.

38.6 Adolescent Struggles and Strengths: A Content Analysis of Creative Expressions on Mental Health and Suicidal Behaviour

Ms Sara Vidmar¹, Ms Tina Goznic¹, Ms Polonca Borko¹, Dr Nuša Zadravec Šedivy^{1,2}, Ms Vanja Gomboc^{1,2}, Dr Meta Lavric^{1,2}, Prof. Vita Poštuvan^{1,2}

¹Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, Koper, Slovenia, ²Department of Psychology, The Faculty of Mathematics, Natural Sciences and Information Technologies, University of Primorska, Koper, Slovenia

The project 'Do you understand (yourself)?!' aims to assess adolescent mental health in Slovenia, prevent suicidal behaviour, and promote mental health awareness through workshops. Since 2014, the project has included an annual creative contest, encouraging young people to participate in the discussion on mental health through art. This study aimed to analyse the content trends that have emerged over the years and to provide an insight into adolescents' perspectives.

Between 2014 and 2024, we received 183 submissions from 208 students from primary and secondary schools in Slovenia. Most contributions came from primary school students (n = 142; 68.27%), with the majority identifying as female (n = 180; 86.54%). Literary works were the most common (n = 146; 79.21%; short story: n = 98; 53.55%; poem: n = 48; 26.23%), followed by video entries (n = 22; 12.02%), while interest in artwork increased last year (n = 15; 8.20%). Using content analysis, we created a coding framework to explore key themes, including psychological distress, coping strategies, protective and risk factors, and help-seeking. We developed a coding book to systematically examine specific elements, such as metaphors. Interrater reliability was high across all contributions (short story: $\kappa = 0.90$; poem: $\kappa = 0.92$; artistic painting: $\kappa = 0.84$; video: $\kappa = 0.97$) and the overall analysis ($\kappa = 0.91$). With quantitative analysis we examined the prevalence of themes and potential correlations between demographic factors and topics. Special attention was given to the portrayal of suicidal behaviour, adhering to guidelines for responsible reporting on suicide.

Preliminary results show that psychological distress was present in nearly all submissions (n = 178; 97.27%), some explicitly describing self-harm (n = 30; 16.39%). Notably, almost one-third included suicidal behaviour (n = 56; 30.60%), with primary school students contributing the majority (n = 32; 57.14%), compared to secondary school students (n = 24; 42.86%). Suicide was addressed both directly (n = 36; 64.29%) and indirectly (n = 50; 89.29%), with almost a third specifying a method (n = 56; 30.60%). While almost all contributions mentioned help-seeking (n = 174; 95.08%), most highlighted barriers to accessing support (n = 165; 94.83%).

Our findings contribute to the existing body of knowledge on youth mental health by capturing perspectives that extend beyond traditional clinical or survey-based approaches.

Learning objective: To gain a deeper understanding of how adolescents express their mental health challenges, coping strategies, and help-seeking behaviours through creative submissions.

38.7 Experiences of informal carers for people who have made a suicide attempt when seeking and engaging with support provisions: A systematic review of qualitative literature Dr Lauren Brockett^{1,2}, Dr Katie High^{2,4}, Dr Jennifer Heath², Dr Farah Dauhoo^{2,3}

¹King's College Hospital NHS Foundation Trust, London, United Kingdom, ²University of Hertfordshire, Hertfordshire, England, ³East London NHS Foundation Trust, London, England, ⁴Great Ormond Street Hospital NHS Foundation Trust, London, England

Background: A Systematic Review of the Experiences and Support Needs of Informal Caregivers for People who Have Attempted Suicide or Experienced Suicidal Ideation (Lavers et al., 2022) revealed that caregivers experience varying levels of psychosocial stressors in their role, and desire to engage with support services. Recommendations indicated that further research was needed to understand the caregiver experience, and intervention studies were needed to understand how to best support the population. This Systematic Literature Review was developed in response to Lavers et al.'s (2022) recommendations, aiming to consolidate existing literature referencing the experience of informal caregivers when seeking and engaging with support provisions for themselves, and for their loved one.

This review sought to answer: What is the experience of informal caregivers seeking and engaging with support provisions when caring for somebody who has experienced suicidal ideation and/or has made a suicide attempt?

PROSPERO protocol number: CRD42023445806.

Methods: The PICO framework supported development of the research question as it can be helpful when developing questions seeking to analyse human experience (Stern et al., 2014). The search strategy was developed in line with the SPIDER framework (Cooke et al., 2012). Searches were conducted on six bibliographic databases: Scopus, PsychARTICLES, PubMed (incl. MEDLINE), EBSCO, Social Care ONLINE, and Elsevier. Twelve studies were included in the review; these were international, including populations from the Global North and Global South (Odeh, 2010). The data was analysed using Thematic Synthesis (Thomas and Harden, 2008).

Results: Three themes were identified: Unmet Expectations, Psychological Barriers to Help-Seeking, Connection is Key.

Discussion: The findings are discussed in relation to existing literature. The authors draw on ideas around stigmatization, commenting on similarities and differences across contexts due to differing legal constructs. The authors also reflect on how the studies included span 20 years, and ponder on why the same clinical recommendations (e.g., psychological support to be offered to carers) have been made in study after study yet there is no tangible evidence of change to service provision.

This review concluded that carers desire to work alongside healthcare professionals, that there are psychological barriers that prevent carers from reaching out for support, and that connection is vital for a positive carer-experience of seeking/engaging with support. Recommendations are made regarding how carers can be supported by professionals to overcome some of the psychological barriers to support experienced, and to enable professionals to work better alongside carers, suggesting directions for future research.

Posters

Poster Walk Wednesday, June 11th 1:20pm – 2:00pm

11. Suicide Phenotype: from Linguistics to Neurology

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Learning Objective: To identify and understand the neurolinguistic phenotype of individuals at risk for suicide by examining key neurological and linguistic markers to inform early detection and preventive strategies.

Background: The neurolinguistic phenotype of suicide encompasses observable neurocognitive and linguistic markers associated with heightened suicide risk. This phenotype integrates distinct brain activity patterns with specific linguistic characteristics that reflect altered emotional processing and cognitive control. Neurologically, alterations in the amygdala-prefrontal connectivity and stress-regulation mechanisms suggest a predisposition to emotional dysregulation and cognitive rigidity. Linguistically, individuals exhibit biases such as dichotomous thinking, negative emotional language, and self-deprecating expressions. Early identification of these markers is critical for proactive suicide prevention.

Methods: This study analyzed 15 individuals at elevated suicide risk through functional brain imaging (fMRI) and neurolinguistic assessments. fMRI was utilized to map brain responses to emotional stimuli, focusing on areas related to emotional regulation, such as the amygdala and prefrontal cortex. Automatic natural language processing (NLP) tools examined linguistic patterns from participants' spoken and written communications. These analyses identified syntactic structures and emotional semantics, highlighting cognitive biases linked to suicidal ideation, such as rumination and dichotomous thinking.

Results: The findings indicate marked neurological and linguistic patterns among individuals at suicide risk. Neurologically, heightened amygdala activity and reduced prefrontal cortex activation were observed, correlating with increased emotional distress and decreased inhibitory control. Linguistically, participants displayed a higher frequency of emotionally charged language focused on themes of despair, guilt, and self-devaluation, with a reduction in positive emotional expressions. Self-referential language was often dichotomous, reflecting "all-or-nothing" thinking (e.g., "I've lost everything," "There's no way out").

Discussion: The study illustrates that a neurolinguistic phenotype can help pinpoint individuals at high risk for suicide by highlighting neurocognitive patterns that precede overt suicidal behaviors. The integration of fMRI and NLP in assessing the neurolinguistic markers provides a promising pathway for early detection and intervention. The neurolinguistic phenotype enables targeted support by addressing underlying dysregulations in emotional and cognitive processing, offering a potentially valuable tool in preventive mental health strategies for those vulnerable to suicide.

19 An audit on sensitive documentation of suicide attempts and behaviour in Mount Carmel Hospital

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Affiliations : ²Mater Dei Hospital, ¹Mental Health Services

Introduction: Suicide attempts should always be recorded in a patient's discharge summary as this aids risk assessment and management. Discharge letters provide valuable information to outpatient and emergency services and guide risk assessment. However, they are available to be read by patients and their loved ones. Insensitive wording or graphic detail can contribute to feelings of shame and guilt and perpetuate stigma towards our patients.

Objectives: This audit aimed to assess quality of documentation of suicide attempts and behaviour on Mount Carmel Hospital (MCH) discharge summaries with respect to the International Association of Suicide Prevention (IASP)'s Language guidelines. It also aimed to assess the effectiveness of a short presentation intervention on suicide given to foundation (FY) doctors.

Methods: For the first cycle, discharge letters of patients admitted to MCH between January and July 2023 were screened according to inclusion criteria. Included discharges were assessed for adherence to IASP's language guidelines. The authors then gave a short presentation to FY doctors during their rotation, highlighting the importance of using sensitive language on suicide. The second cycle was carried out between January and July 2024 and results were compared to the first cycle.

Results: In the first cycle, a total of 1393 patients were admitted between January and July 2023. 26% of discharge letters did not use appropriate suicide-related terminology. Of these, the most common issues were with excessive description of the attempt (53%) and use of the phrase 'commit suicide' (28%).

In the second cycle, a total of 1335 patients were admitted between January and July 2024. 20% of discharges did not use appropriate suicide-related terminology (n = 34). The intervention significantly reduced the use of the phrase 'commit suicide' (OR 0.279; p = 0.0240).

Conclusion: In the first cycle, one out of every four patients admitted on a background of suicidal behaviour received a discharge summary that it potentially insensitive or stigmatising in nature. This decreased to one in five after the short intervention. These results are promising especially given that the intervention is neither time consuming nor costly. Simply making foundation year doctors aware and guiding them on how to write about suicide can not only improve the quality of patient care but also reduce iatrogenic harm. Additionally, foundation doctors should be supported and supervised by more senior firm members to ensure that discharge letters are not only of good quality but also written sensitively and sensibly.

29 "You will earn your bread..." Genesis, Chapter 3, Verse 19: BIBLE

¹SILVIA PELAEZ, MONTEVIDEO, Uruguay, ²MARIA JOSE DI AGOSTO, MONTEVIDEO, URUGUAY

Authors: Peláez, Silvia; Di Agosto, Ma. José

Learning Objective: To highlight the importance of addressing suicide prevention in workplaces, particularly in low- and middle-income countries.

Background: Socio-economic and cultural conditions in Latin America, particularly in Uruguay, present several challenges, such as inequality, high unemployment rates, a low number of doctors per square kilometer. There is also disparities in access to medical services. These factors contribute to the increasing need for targeted suicide prevention efforts in these regions.

Methods: This study involved analyzing workplace conditions and their relationship to suicidal behavior. Specifically, the research sought to answer whether the rate of suicidal behavior decreases when employers and employees take appropriate action following our intervention.

Data collection methods:

- Quizzes (Cuestionarios)
- Surveys
- Feedback from workshop attendees
- Data from company representatives

Results: We found the essential role of workplace interventions, especially in low- and middle-income countries. We observed two key outcomes:

1. An improvement in detecting suicide risk situations
2. Effective intervention strategies provide critical support to workers affected by suicidal behavior

The results were analyzed using both qualitative and quantitative reports.

Key Insight: Although anyone can be the first link in the chain of intervention, it is crucial that a qualified professional in suicide prevention is always involved in the process.

Discussion: We found that timely and qualified intervention plays a pivotal role in suicide prevention. Training employees enables them to identify and appropriately respond to situations of risk within the workplace, creating a safer and more supportive environment.

Why is this important? Addressing mental health proactively in the workplace not only reduces the risk of suicide but also fosters a culture of support and empathy, ultimately benefiting both individuals and the broader organizational health.

88 Exploring Inner Turmoil: Examining the Pathway from Self-Disgust to Suicidal Ideation Mridula Raj¹

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Suicide is a multifaceted phenomenon, the complexity of which is compounded by a limited understanding of the risk factors for suicidal ideation and behaviour. Self-disgust, defined as the dysfunctional self-focused internalisation of the otherwise adaptive disgust response characterised by intense and persistent feelings of repulsion towards oneself, has been proposed by many researchers as a risk factor for suicidal ideation. Unlike other self-conscious emotions, such as shame or self-hate, self-disgust remains less explored in psychological research. In particular, the trajectory from self-disgust to suicidal ideation is not well understood.

The current study sought to elucidate the trajectory from self-disgust to suicidal ideation through the lens of three prominent ideation-to-action theories of suicide (the interpersonal theory, the integrated motivational-volitional model, and the three-step theory). This connection has not been empirically investigated. The primary aim of this study was to identify which theoretical framework best explains the directionality from self-disgust to suicidal ideation. It was hypothesised that while all theories could significantly explain the trajectory, the psychological processes outlined in the integrated motivational-volitional model (i.e., defeat and entrapment) and the three-step-theory framework (i.e., hopelessness) would offer a more statistically robust explanation of the directionality compared to the psychological processes of the interpersonal theory framework (i.e., perceived burden and thwarted belonging). This expectation was based on prior findings from a pilot study, which identified conceptual overlap between self-disgust and perceived burden.

A three-wave prospective study was conducted with undergraduate university students. Participants completed questionnaires on self-disgust, suicidal ideation, and proposed mechanisms underlying suicidal thinking. Hypotheses were tested using dynamic panel modelling. The results from the analyses did not support the hypothesised trajectories, indicating that the proposed suicide theories

may not adequately explain the directionality between self-disgust and suicidal ideation. The findings highlight the need to explore other mediating factors based on alternative suicide theories but also prompt reconsideration of whether indirect effects warrant further exploration; rather, the trajectory from self-disgust to suicidal ideation may operate as a direct pathway.

However, these findings may be influenced by limitations in sample characteristics, methodology, and the measurement of self-disgust. Future research should address these methodological challenges but also consider alternative theoretical frameworks that better capture the complexity of self-disgust and its role in suicidal ideation. Expanding this research could provide valuable insights into the trajectory from self-disgust to suicidal ideation and inform the development of more effective, targeted interventions.

109 The Suicide Chronicles: collaborative attempts towards an articulation

Gee E¹, Storor M¹

Affiliations: ¹Heart of Glass

The presentation will help attendees:

- distinguish the unique position that artistic process can hold in supporting people with lived experience to articulate and share this experience with others
- critically reflect on the work they have experienced to discuss their understanding of how suicidal ideation and the aftermath of suicide attempt is explored through this artwork with fellow attendees
- consider how such methods of encountering lived experience might feed into their own working process

The conditions of late capitalism have dealt a damaging assault on what is important here and now, in terms of how people live, and how communities come together to nurture and support one another to lead emotionally, spiritually, psychologically, and philosophically healthy lives.

Emerging from St Helens in the Northwest of England in 2018, which at that time had the highest suicide rate in England and Wales, The Suicide Chronicles was born in response to the countless stories of loss in a town emblematic of a devastating national trend. St Helens also represented a town prepared to collectively address this, to find a language and a model of practice that did not exist, so that we may together address what is happening to our communities.

The Suicide Chronicles is a collaborative artistic project led by artist Mark Storor working with communities impacted by suicide, aiming to collectively find a language to articulate and explore the many experiences of suicide.

Using collaborative arts methodologies, each Chronicle takes focus on one individual story or one particular aspect of suicide ensuring that the work is sharp, vivid and truthful. In coming together, the collective Chronicles work in dialogue, giving form to the infinitely complex and multi-layered nature of suicide. We all have lived experience. We are all participants. We all have a role to play.

Now in its seventh year, spanning England, Wales and Ireland the project has produced six Chronicles, sharing experiences of partners, frontline workers, children, siblings and friends.

In this session we will screen Chronicle Four: A Letter to Everyone I Love and share an element of the process through a reflective creative workshop with attendees:

Twenty years ago, artist and circus performer Christopher Willoughby attempted to take his own life. Upon waking the resounding question became, how to go on?

During his suicide attempt Chris tried to write to everyone he loved, he didn't finish these letters. In Chronicle Four, Chris 'rewrites' the letter. A Letter To Everyone I Love is a letter of reassurance both to Chris and the recipient of the letter. It is a poem to personal pain, to resilience, to reconciliation. It reflects the fierce will to stay in the world and ultimately it is a celebration of love given and of love received.

It is an intimate, dreamlike, contemplation on being here and not here. And despite still living every day with impossible questions which may have no answers, as Chris reflects 'leaving is not an option'.

182 How do positive psychological factors impact associations between moral injury and suicide ideation in male veterans and first-responders?

Professor Marnin Heisel¹, Professor Silvia Canetto, Professor R. Nicholas Carleton, Professor David Conn, Professor Gordon Flett, Professor Simon Hatcher, Dr. Mustaq Khan, Prof. Sylvie Lapierre, Professor Paul Links, Professor Sisira Sarma¹, Professor Saverio Stranges¹, Professor David Streiner, Ms. Mara Grunau, Mr. Robert Olson

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Background: Throughout their careers in public safety services, Veterans and First-Responders (VFR) are commonly exposed to experiences that violate their belief systems, negatively impact their psychological well-being, and potentially result in Moral Injury (MI) and increased risk for suicide.

Aim: To investigate the impact of positive psychological factors on the association between MI on suicide risk among male VFR.

Method: Male VFR, 50 and older, were recruited for an online trial of Meaning-Centered Men's Groups (MCMG; see Heisel et al., 2018) for those facing release or retirement from their public safety service. Participants completed an online eligibility assessment, comprising a demographics form, screens for cognitive impairment, substance misuse, suicide ideation (SI) and behaviour (SB), and mental disorders, and validated measures of trauma history, MI, and positive psychological factors. Zero-order correlations and linear regression analyses were employed to assess associations among MI, SI, and the positive psychological factors.

Results: Participants in this on-going study included 41 male VFR (M=57.3 years, SD=4.8) facing career transition, 9 of whom scored above a cut-score for moderate severity SI, and 7 reported a lifetime history of SB. MI was associated positively with SI ($r=.46$, $p<.01$) and negatively with life satisfaction ($r=-.44$, $p<.01$). SI was negatively associated with life satisfaction ($r=-.61$, $p<.001$) and reasons for living ($r=-.38$, $p<.05$). Participants with a lifetime history of SB scored significantly higher on MI ($t(39)=-2.39$, $p=.02$) and SI than those who did not ($t(39)=-7.11$, $p<.001$). Regression findings indicated a significant association between MI and SI, controlling for age and cognitive functioning ($R^2=.23$, $\Delta R^2=.23$, $F(1,37)=10.72$, $p=.002$); prediction of SI improved following inclusion of positive factors ($R^2=.44$, $\Delta R^2=.22$, $F(3,34)=4.48$, $p=.009$). Life satisfaction mediated the association between MI and SI (Sobel's $Z=2.34$, $p<.02$).

Discussion: MI and SI were positively associated among male VFR facing career transition; this association was mediated by life satisfaction, the cognitive component of subjective well-being. These findings were limited by sample size considerations, cross-sectional analysis, and self-reported suicide variables. Researchers are encouraged to consider the role of positive psychological factors when seeking to ameliorate MI and suicide risk in VFR.

Learning Objective: By the end of this presentation, participants will be able to discuss theoretical and empirical associations between moral injury and suicide ideation and behaviour, and identify the role of positive psychological factors in potentially mitigating the negative impact of moral injury on Veteran and First-Responder mental health and well-being.

183 Psychache revisited: An initial investigation of a visual analogue scale for assessing psychological pain

Professor Marnin Heisel¹, Professor Silvia Canetto, Professor R. Nicholas Carleton, Professor David Conn, Professor Gordon Flett, Professor Simon Hatcher, Dr. Mustaq Khan, Prof. Sylvie Lapierre, Professor Paul Links, Professor Sisira Sarma, Professor Saverio Stranges, Professor David Streiner, Ms. Mara Grunau, Mr. Robert Olson

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Background: Shneidman coined the term “psychache” to refer to the experience of psychological pain that drives suicide ideation (SI). A recent review article identified over 200 studies of the construct (Cheng et al., 2021). Whereas validated psychache scales exist (Holden et al., 2001; Pachkowski et al., 2019), including a 6-item Visual Analogue Scale (Alacreu-Crespo et al., 2024), single-item tools are lacking.

Aim: To assess the psychometric properties of a single-item Visual Analogue Scale (VAS) assessing psychache.

Method: Male Veterans and First-Responders (VFR), over 50, were recruited for an online trial of Meaning-Centered Men’s Groups (Heisel et al., 2018) for VFR facing career transition. Participants completed an online eligibility assessment of demographic and clinical factors; eligible participants later completed pre-group assessments of suicide risk and resiliency factors. A novel 5-item VAS pain scale was administered at both time-points, rating current physical, emotional, psychological, existential/spiritual, and overall pain, from 0 (“no pain at all”) to 100 (“the worst pain imaginable”). Test-retest reliability of the psychological pain item was assessed from eligibility to pre-group assessments, and its validity at pre-group by way of zero-order correlations with the suicide risk and resiliency factors.

Results: Participants to date included 41 male VFR (M=57.3 years, SD=4.8); 9 (22%) scored above a cut-point for moderate SI at eligibility, and 7 reported a history of suicide behaviour. VAS psychache scores ranged from 0–85 at eligibility (M=23.7, SD=26.6) and 0–75 at pre-group assessments (M=17.4, SD=20.7), and revealed acceptable skewness and kurtosis (<3). The psychache item evidenced strong test-retest reliability from eligibility to pre-group time-points (M=106 days, SD=94.5; $r=.74$, ICC=.84). Pre-group psychache scores were significantly positively associated with VAS items assessing current emotional pain ($r=.89$) and overall pain ($r=.75$), and with validated measures of SI ($r=.52$), depression ($r=.69$), hopelessness ($r=.43$), loneliness ($r=.49$), anxiety ($r=.75$), and loss of self ($r=.55$), and negatively with reasons for living ($r=-.32$), perceived support ($r=-.34$), and life satisfaction ($r=-.54$). Regression findings revealed unique associations between psychache and SI, controlling for physical and spiritual pain.

Discussion: A new VAS psychache item demonstrated consistency over time and significant association with SI and suicide risk and resiliency factors. Despite limitations of single-item assessment, sample size, and self-reported SI, these findings suggest value in very brief measures of psychache for use in research and practice.

Learning Objective: Participants will be able to demonstrate familiarity with the psychache construct, and discuss the potential utility of a single-item psychache VAS scale.

227 Coping and Support in Crisis: Machine Learning Insights from Online Social Messaging Dr. Allegra Anderson¹, Dr. Katherine Ingram¹, Sabrina Cassarino¹, Dr. Jeff Huang¹, Dr. Nicole Nugent¹

¹Brown University, Providence, United States

Adolescents discharged from psychiatric hospitalization for suicidality represent a vulnerable population with increased rates of suicidal ideation and behavior post-discharge. Emerging lines of evidence highlight the salience of online social messaging (OSM) in shaping adolescents’ experiences of connection and communication with peers. The present study used BERTopic, a machine learning topic modeling tool, to identify topics in adolescent OSM data (e.g., texting, messaging in social media apps). Then, a content analysis was conducted to characterize topics in a subsample of adolescents discharged from psychiatric hospitalization for suicidality (Full sample, N = 194; sample with OSM data, n = 29). BERTopic models identified several salient themes, including a topic capturing the ways in which adolescents communicated about their suicidal ideation and behavior, self-harm, seeking, and receiving of support (n = 21, N conversations = 270, Topic Characterization: Coping and Support in Crisis). Further, post-hoc analyses showed that adolescents who engaged in more conversations

characterized by coping and support in crisis were less likely to report thwarted belongingness ($r = -.40$, $p = .04$) and family conflict ($r = -.42$, $p = .04$). Findings emphasize the importance of understanding the ways in which adolescents engage with OSM during the high-risk period following psychiatric hospitalization, offering significant implications for prevention and intervention efforts.

276 How do the functions of eating disorder behaviours compare with those characteristic of self-harm: A qualitative evidence synthesis.

Miss Faye Ambler¹, Dr Cathy Brennan¹, Professor Andrew Hill¹, Dr Thomas Willis¹, Benjamin Gregory¹, Samia Mujahid¹, Daniel Romeu¹

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Learning Objective: To identify the key functions of eating disorder behaviours, as reported by those who experience them and understand how this compares to the functions of self-harm.

Background: Eating disorders and self-harm are associated with distress, poor psychosocial functioning and increased risk of mortality. Both are linked to an elevated risk of suicide. Much literature discusses the complex interplay between self-harm and eating disorders, where co-occurrence is common. Understanding the similarities in functions has the potential to guide the development of targeted interventions. A review has previously been completed exploring functions of self-harm but is lacking for eating disorder behaviours. Therefore, this evidence synthesis had two aims. Firstly, to identify and summarise published first-hand accounts of the reasons why people engage in eating disorder behaviours (including food restriction, binge eating, purging and over exercise) with the view to develop a broad theoretical framework of functions. Secondly, to draw comparisons between the functions of eating disorder behaviours and self-harm.

Methods: A qualitative evidence synthesis reporting first-hand accounts of the reasons for engaging in eating disorder behaviours. A 'best fit' framework synthesis with thematic analysis was undertaken to categorise responses. The a priori framework was based upon the previous review of self-harm functions which allowed for comparisons across the two clinical areas.

Results: The most commonly identified theme in relation to eating disorder behaviour was managing distress and affect regulation. This is consistent with the self-harm literature. Other frequently endorsed themes for eating disorder behaviours were validation, personal mastery, and interpersonal influence. These differed from frequently cited reasons for self-harm which focused more on punishment and dissociation. 'Wishing for childhood' and 'gender identity' emerged as distinct themes for eating disorder behaviours. Some known functions of self-harm were not identified in the eating disorder literature such as experimenting, averting suicide, personal language and exploring/maintaining boundaries.

Discussion: This evidence synthesis summarised first-hand accounts of reasons for engaging in eating disorder behaviours and identified multiple and varying functions beyond managing weight and body image concerns. The findings indicated a prominent overlap between reasons for eating disorder behaviours and self-harm, specifically in relation to distress and affect regulation. Despite clear overlap in certain areas, some functions were found to be unique to each behaviour. The implications for targeted interventions are discussed.

323 Suicide research priorities for the Western Pacific Region

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Learning Objective: Future suicide research in the Western Pacific Region should focus on learning from and working with locals, supporting both the leaver and the left behind, and amplifying ancestral ties with spirituality and religion.

Background: A quarter of the 703,000 annual global suicide deaths occur in the Western Pacific Region (WPR), with countries in the region having some of the highest suicide rates in the world. At the same time, the region boasts an incredible amount of cultural, linguistic, and economic diversity, making it difficult to identify common research priorities beyond the global need for greater suicide surveillance. The International Association for Suicide Prevention's flagship initiative, Partnerships for Life, established regional hubs in the six World Health Organization designated regions to enhance suicide prevention efforts globally. As members of the WPR Steering Group, we sought perspectives on regional research priorities at the Association's Asia Pacific Conference in June 2024.

Methods: Data were collected from three workshops and a survey completed by conference attendees.

Result: Three overarching research priorities were identified that are applicable across the WPR. First, participants emphasised the importance of learning from and working with locals to co-create research that informs contextually appropriate suicide prevention strategies. Second, participants highlighted the impact of migration within and beyond the region, as well as within individual countries, and the need to support both the leaver and the left behind. Finally, participants suggested amplifying ancestral ties with spirituality and religion, which have been part of the WPR across the eons.

Discussion: The research priorities suggested by our participants highlighted a few consideration for future suicide research, such as the need to optimise study designs in ways that welcome instead of deter participation through locally led research, addressing contributors of suicidality faced by migrants and those they leave behind, and leveraging the power of spirituality and religion to advance suicide research and prevention, especially in countries where medical mental health services are relatively inaccessible and unavailable. Overall, by understanding what our cultures have in common and facilitating cross-country collaboration, we can develop and share good practices which are feasible and implementable in the region.

384 Effectiveness of Advanced C.A.R.E Suicide Prevention Gatekeeper Training Program Among Crisis Intervention Officers in Miri

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Aims: This study evaluates the effectiveness of the Advanced C.A.R.E. Suicide Prevention Gatekeeper Training Program in enhancing self-efficacy, declarative knowledge, and attitudes related to suicide stigma, isolation/depression, and glorification/normalization among Community Intervention Officers (CIOs) . The research also investigates the influence of demographic and experiential factors on training outcomes.

Methods: A pre- and post-training assessment design was employed. CIOs completed Advanced C.A.R.E. Suicide Prevention Gatekeeper Training Questionnaire (AdCARE Q) assessing self-efficacy, declarative knowledge, and Stigma of Suicide Scale (SOSS) to gauge their attitudes related to suicide stigma before and after participating in the Advanced C.A.R.E. training. Wilcoxon Signed-Rank Test

was applied to assess the statistical significance of changes in these outcomes, with a predefined significance level of $p < 0.05$.

Spearman's rank correlation was used to examine the relationships between continuous variables, while categorical factors were analysed using the Mann-Whitney U Test or the Kruskal-Wallis Test, as appropriate.

Results: The training significantly improved participants' self-efficacy in suicide prevention. While declarative knowledge remained largely unchanged, there was a notable increase in understanding depression as a suicide risk factor. The training showed a slight, non-significant reduction in overall stigma scores, with younger and married 8 participants experiencing greater reductions. Isolation/depression and glorification/normalization attitudes did not change significantly, although variations were observed based on education level and organization type.

Conclusion: The Advanced C.A.R.E. training effectively enhances practical skills and confidence in suicide prevention among CIOs. Further research is needed to explore the long term impact of the training and develop targeted interventions to address specific aspects of stigma, isolation/depression, and glorification/normalization attitudes. Incorporating a control group and behavioral outcome measures in future studies would strengthen the evaluation of the training's effectiveness.

390 Katatagan Program: Prevention of Suicide Cases Among Filipino Passinhon Learners

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Affiliations: ¹Schools Division, ²University of Santo Tomas, ³Natasha Goulbourn Foundation

Mental health conditions are the third most common health issue among Filipinos, according to the Philippine Statistics Authority in 2020, with a suicide rate of 2.75 per 100,000 individuals. In Passi City, Iloilo, there were three student suicides from 2021 to 2023, highlighting the urgent need to address mental health challenges in the region. The Katatagan Program was launched for the 2023-2024 academic year in response to a pressing issue related to student mental health. The primary goal of this program is to enhance mental well-being and resilience among students, with the aim of achieving zero suicides among Passinhon learners. The program incorporated the "Katatagan ng Kalooban Tungo sa Pagsulong ng Kabataang Filipino" modules, developed by the Natasha Goulbourn Foundation (NGF) Mindstrong, into the Homeroom Guidance Program (HGP) for students in Grades 4 to 12 over a two-year period. Each grade level included four modules that focused on the following themes: Self, Family, Peer Relationships, and Career Development. The Dreamline initiative enhances the Katatagan Program by offering psychological first aid to address students' immediate mental health needs through home visits, school visits, and online sessions. Evaluators assessed the program's impact on student resilience, challenges faced by educators during implementation, and parents' perceptions. A mixed-methods research design was used, incorporating quantitative resilience assessments and qualitative insights from interviews with teachers, school leaders, and parents. The findings indicated a significant improvement in student resilience, with the mean score increasing from $M = 2.41$ to $M = 3.27$. Furthermore, there was an enhancement in emotional awareness, self-compassion, and coping strategies among students. Nevertheless, educators faced challenges in applying age-appropriate methods and managing students' emotional reactions, indicating the necessity for further training. Parents strongly supported the program, noting positive changes in their children's emotional well-being and academic performance. As a result, the program successfully recorded zero suicides among Passinhon learners over the two-year implementation period. The proponents recommend the expansion of program components and the enhancement of teacher support systems to sustain student resilience and well-being, thereby maintaining a commitment to preventing future suicides.

4O3 Understanding of, and Intervening against Suicidal Behaviour in Foster Youth: Baseline Results from A Suicide Prevention Training for Foster Parents in the Netherlands

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Objective: How to develop an appropriate- and effective training program for a very high-risk group (i.e., foster children with STBs).

Children who grow up in foster families have a three to four times higher risk of attempting suicide. A pilot study was conducted to examine the effectiveness of a suicide prevention training for foster parents. Foster parents learned skills to help their foster child (and themselves during (near)suicidal situations), to recognize signals, and to gain insight into the complexity of suicide. We will present the modules, structure and format of the training program and the baseline results of our study. Exact numbers are not (yet) presented in this abstract, as the study ends in April 2025.

A total of 51 foster parents and 49 foster children were included. The training was delivered by three trainers with > 5 years of experience in suicide prevention, and consisted of several modules: foster parents' knowledge on suicide prevention, communication skills, foster parent-foster child relationship, evidence-based strategies (e.g., safety planning and means of restriction), and self-care. Study outcomes included suicidal ideation (SIDAS), suicide attempts and self-harming behaviour (C-SSRS). We also measured foster parents' knowledge, attitude and adherence towards the training program. Demographics and study outcomes at baseline were analysed with regression analysis and controlled for confounding variables. Qualitative interviews (evaluation) were held with 8 foster parents and 8 foster children, and analysed using the Constant Comparative Method.

An outline of the training program (and its modules) will be presented, and relevant baseline results will be discussed. For foster children, we found no statistically significant differences in suicidal ideation and attempts between the control- and intervention groups at baseline. At baseline, foster children felt relatively unsatisfied with the help they received from their foster parent(s). The foster parents' perceived knowledge did not differ between both groups at baseline. Foster parents' adherence towards evidence-based strategies was low. Results from the qualitative interviews showed that foster parents were very satisfied with the training program. Also, foster children felt more seen- and heard by their foster parent(s) after the training program.

For foster children, no baseline differences between the intervention- and control groups were found. Our baseline results (SIDAS and C-SSRS) confirm we included a very high-risk group. Even though foster parents in both groups reported high scores in knowledge and attitude, their adherence towards evidence-based strategies was low, and hence correctly the focus of the training program.

4O4 Understanding Help-Seeking Processes of LGBTQIA+ Youth with Suicidal Thoughts in Rural Quebec

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Learning Objective: This presentation will enable attendees to understand processes that inform the development of adequate mental health interventions for rural LGBTQIA+ youth navigating suicidal thoughts.

Background: LGBTQIA+ youth are disproportionately affected by suicide, exacerbated by discrimination and stigma. In rural Quebec, conservative norms, isolation, and scarce mental health

resources further compound these challenges. Little research has examined their help-seeking processes, limiting the development of adequate services.

Methods: This qualitative study employed constructivist grounded theory (CGT) to examine help-seeking processes among rural LGBTQIA+ youth experiencing suicidal thoughts. Fifteen LGBTQIA+ youth (16–25 years old) from rural Quebec participated in semi-structured interviews. Data analysis followed an iterative CGT approach, involving line-by-line coding to deconstruct narratives and identify emergent themes, followed by focused coding to theorize on the intersections of rurality, youth, LGBTQIA+ identity, and suicidality.

Results: First, youth described navigating tensions between rural community attachment and LGBTQIA+ identity exploration as they sought help. Familiar relationships with rural residents protected against suicidal thoughts. However, this familiarity hindered identity exploration, as rural social norms pressured youth to conceal their identity. These tensions intensified suicidal thoughts and hindered help-seeking, as youth feared stigma from their close-knit rural networks.

Second, youth reported encountering scattered mental health services, with many travelling long distances to access help. This left them dependent on parents for transportation, a challenge for those not ready to disclose their LGBTQIA+ identity. Within this scarcity of resources, youth experienced stigma and dismissing attitudes from providers related to their LGBTQIA+ realities. These discriminatory encounters intensified suicidal thoughts and discouraged youth from pursuing help.

Third, youth found their ways to seek help and support. They turned to digital platforms, searching for LGBTQIA+ representation to validate their experiences and find resources about managing suicidal thoughts. Many built supportive relationships with parents to access mental health services. Youth also established informal support networks by organizing peer groups and developing relationships with teachers who showed openness to LGBTQIA+ realities.

Discussion: This study extends previous research by revealing how relationships in rural communities shape the unique context of LGBTQIA+ youth's help-seeking. While previous studies emphasize rural environments' hostility, these findings demonstrate how tight-knit community relationships both protect against and intensify suicidal thoughts. The results also challenge assumptions about parental support, showing how geographical constraints catalyze parents' involvement in managing youth's suicidal thoughts. These findings suggest that rural youth's help-seeking processes are shaped by distinct community dynamics beyond geographical barriers.

406 Australia's National Suicide Prevention Outcomes Framework: Measuring progress against the National Suicide Prevention Strategy 2025–2026.

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Summary/Objective: On 20 February 2025 the Australian Minister for Health and Aged Care the Hon. Mark Butler MP released Australia's National Suicide Prevention Strategy 2025–2035 (the Strategy). The Strategy was developed by the National Suicide Prevention Office (NSPO) through extended community engagement and in partnership with people with lived experience of suicide. The Strategy explicitly requires NSPO to further develop a National Suicide Prevention Outcomes Framework to meaningfully track progress in suicide prevention efforts. This presentation will describe the work to date by NSPO, the Australian Institute of Health and Welfare (AIHW) and researchers at the University of New South Wales Centre for Social Research in Health to develop a mixed method Outcomes Framework, with an emphasis on the quantitative component being developed by the AIHW.

Background: The current Australian National Suicide Prevention Strategy 2025–2035 is the most recent in a series of national strategy documents designed to co-ordinate suicide prevention activity

across whole-of-government. It is the first national suicide prevention strategy in Australia to imbed an Outcomes Framework in its design.

Method: The Outcomes Framework consists of three main components, the Outcomes Map (including outcomes, indicators, measures, and the logic that connects them), the Data Improvement Plan, and the Monitoring and Reporting Plan. The Outcomes Framework introduces a mixed methods approach inclusive of both quantitative and qualitative data to track progress against the Strategy and capture unique perspectives and experiences. AIHW are leading the quantitative component of the mixed methods approach.

Result: Each of the Outcomes Framework products are currently in development. The Outcomes Map translates the goals of reducing suicidal distress and suicide in a set of outcomes, indicators and measures. It will also explain the underlying logic that clarifies the evidence and insights about the relationship between these elements and highlight any gaps in what we can currently measure. The DIP addresses the gaps in what can currently be measured and outlines how these gaps may be overcome in the future. The M&R Plan outlines the best way to meet the needs of intended audiences, including how the products will be brought together, the frequency, form and format of ongoing reporting.

414 “elegy for an elephant”: a picture-book pairing illustrated storytelling with lived experience as a therapeutic tool supporting suicide bereavement in readers aged 7+ (<https://narrativesofnature.com/>)

Mr Ryan Abramowitz¹

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learning objective: To promote the use of arts, illustrated literature and storytelling as part of a holistic healing process and as an aid for clinical and community-based grief support in suicide bereavement.

Background: as an artist and writer who lost my father to suicide, i understand the unique psychological challenges and subsequent complex grief. evidence shows that suicide-bereaved children can struggle with abandonment, guilt and shame, and often lack age-appropriate resources. my family and i discovered this shortfall of helpful and accessible bereavement literature.

Finding solace in creativity as a means of processing grief and recognising the power of storytelling in emotional healing, i authored and illustrated “elegy for an elephant” (efae), a picture-book designed to help children navigate suicide bereavement. literature is increasingly recognised as a valuable tool in mental health interventions, encouraging a safe space for emotional expression and meaning-making.

Methods: efae was developed using an iterative process involving psychologists, psychiatrists, counsellors, academics and grief organisations. efae utilises an emotionally sensitive question-and-answer format common to suicide bereavement, asking “did i do anything wrong?” and “why did you leave me?”, allowing readers to feel seen. visual neuroscience techniques informed the storyboarding and evocative watercolour imagery. animal allegories articulate the story of elysium the elephant ending his life, and his children wonder, grace and hope embarking on a journey of acceptance and repair.

Results: efae was released on world suicide prevention day 2023 with 18% of profits donated to suicide support services. efae has been well received and enthusiastically adopted into educational, clinical and community settings. efae has also received numerous literary accolades; as the judges of the nsw premier’s literary awards commended in their shortlist for outstanding debut writing, “[efae] demonstrates the power of stories in allowing us to better understand how others feel, as well as giving a voice to those who are hurting. a touching, heartfelt book... a poignant, impressive debut.”

Discussion: preliminary qualitative feedback highlighted the value of efae in fostering difficult conversations while reducing stigma. caregivers and clinicians reported that the book provides a comforting and developmentally appropriate medium for children to process their emotions and connect with the enduring bond and memory of their deceased loved one. given a global lack of child-focused suicide grief resources, integrating literature-based interventions based on lived experience into mental health support frameworks is a prime example of the iasp congress' intention to empower voices and foster resilience. (<https://narrativesofnature.com/>)

421 Pilgrimage for Men Bereaved by Suicide. Shared experiences from a grief support initiative in Norway

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Learning Objective: To share our experiences from years of organizing pilgrimage walks for men bereaved by suicide and to inspire broader grief support initiatives tailored to men.

Background: In 2023, 707 people died by suicide in Norway—502 men and 205 women. Suicide rates have remained relatively stable in recent years. Bereaved individuals are at higher risk of suicidal ideation themselves, making proper support for survivors a key suicide prevention strategy.

Research and experience indicate that men participate less frequently than women in traditional grief support services. Recognizing this, professionals have sought alternative support models that resonate with men. Since 2020, Rvts South, in collaboration with the Norwegian Church and LEVE, National organization for bereaved by suicide has organized "Walking for Change," a 30 km pilgrimage through mountainous terrain to Røldal Stave Church, historically a sacred site in Norway. The experience has been overwhelmingly positive. The most recent walk included ten bereaved men—fathers, sons, brothers, and partners.

Methods:

- Peer Support: Sharing grief with others who have experienced similar losses can be an essential part of the healing process. This pilgrimage provides a structured opportunity for mutual support along the journey.
- Existential Dimension: Throughout history, walking towards a goal while carrying personal burdens has held deep significance. Pilgrimage, regardless of faith or background, often represents a desire for transformation.
- Physical Activity: Nature offers a space for perspective and reflection. Research confirms that physical activity improves mental health and overall well-being. Walking in nature enhances social bonding and fosters a sense of mastery.
- Role of Professionals: While the primary focus is peer support rather than grief therapy, professionals play a crucial role in guiding participants and identifying those in need of further assistance.

Results & Discussion: Preliminary findings suggest that gender-specific grief support, such as this all-male pilgrimage, is a valuable addition to existing bereavement services. Participant testimonials highlight the unique benefits of walking together in nature, sharing experiences, and engaging in meaningful conversations. In a society that often prioritizes material and scientific perspectives, the spiritual and hopeful aspects of the pilgrimage tradition may expand bereavement coping mechanisms.

Conclusion: This initiative underscores the importance of diverse grief support models, particularly for men. By integrating physical, social, and existential dimensions, we aim to create a space where bereaved men can process grief in a way that feels both natural and supportive.

426 Trends and pattern of suicide in Nepal: an ecological study using 11 years of data

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Introduction: LMICs account for 77% of the global suicide burden yet they contribute only 20% of the research evidence. Nepal, like many other LMICs, does not have a comprehensive suicide surveillance system. Existing research primarily relies on modeled estimates from a WHO and a study using Nepal police suicide data assessing the association between suicide and the COVID pandemic. To our knowledge, there has been no study that has examined the trend of suicide rate by sex, age, and method at provincial and district levels in Nepal. This study aims to address this evidence gap by analysing the trends and patterns of suicide in Nepal from 2012 to 2023.

Methods: This ecological study utilized suicide data from the National Nepal Police (2012–2023) to examine national, provincial, and district levels. Patterns of suicide were explored by sex, age group, and method. Socioeconomic factors, including unemployment, literacy, foreign migration, and GDP per capita, were examined for their influence on the suicide rate. Data visualization techniques including graphs and heatmaps, were used to illustrate regional and demographic variations in suicide rates.

Results: Between 2012 and 2023, Nepal recorded 69,029 suicide deaths, with a 59% increase in the overall suicide rate (from 15.3 to 24.4 per 100,000). Males consistently had higher suicide rates, with a 74% increase compared to 43% in females. Hanging was the most common method, with rates doubling to 20.7 per 100,000 in 2023, while poisoning rates remained relatively stable. The male suicide rate due to hanging increased by 127%, whereas the female rate increased by 87%. Suicide rates increased in both adolescent and adult age groups, with a sharper rise among those under 17 (from 2.2 to 9.2 per 100,000), reducing the adult-to-child suicide rate ratio from 10.1 to 3.5. Provincial trends showed varied patterns, with Lumbini, Koshi, and Gandaki having the highest suicide rates. However, Madhesh province experienced the largest percentage increase in 2023 (225%). Suicide rates among young females under 17 were significantly higher than their male counterparts, particularly in Madhesh and Sudurpaschim provinces.

Conclusion: These findings underscore the growing suicide burden in Nepal, revealing significant disparities by sex, age, region, and method. The sharp rise in suicide rates, particularly among young individuals, highlights the urgent need for targeted, evidence-based suicide prevention strategies and stronger surveillance systems to inform policy and intervention efforts.

436 Internet-based Therapy for Patients with Suicidal Ideation: A Qualitative Study of Patients' Experiences

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Learning objective: To understand patient experiences with internet-based therapy for suicidal ideation to inform clinical practice and improve digital interventions.

Background: Internet-based therapy has emerged as a promising alternative to traditional in-person treatment in suicide prevention. However, there is a science to service gap and qualitative research on patient experiences from clinical settings is lacking. This qualitative study aims to explore the experiences of patients participating in guided internet-based therapy at a Danish suicide prevention clinic. Insights regarding this will help enhance therapy efficacy.

Method: The internet-based therapy has been offered from September 2024–onwards. A total of 12 adult outpatients were included in the qualitative study. They all participated in a seven-week online therapy program with six modules and three video consultations with a therapist. The online modules integrate elements of internet-based cognitive behavioral therapy (iCBT) and dialectical behavior therapy (DBT). We conducted individual interviews with each of the participants based on a flexible interview guide. The interviews focused on patients' overall experience with the treatment, preference in treatment choice, clinician alliance, and perceived benefits, drawbacks, and risks. Interviews were recorded and transcribed. A reflexive thematic analysis was conducted. As the interviews explore specific aspects of patient experiences, the analysis was predominantly deductive.

Results: Preliminary results indicate that participants opted for the internet-based therapy because they perceived it as a novel approach. Most participants had previously attended in-person therapy and were intrigued to find out what internet-based therapy might offer in addition. Expectations to the therapy and role of the clinician, the nature of the interactive tasks in the modules, and user friendliness were all aspects that can be tentatively highlighted as meaningful to the participants. Currently, the data analysis is ongoing, however, the final results will be available at the time of the conference.

Discussion: The results provide nuanced insights into the benefits and drawbacks of internet-based suicide prevention therapy in clinical settings. It is anticipated that findings will inform improvements to the therapy, enhancing its fit to clinical settings and contributing to a broader understanding of digital interventions in suicide prevention.

488 Lifestyle Behaviour and Mental Health Outcomes in Slovenian Adolescents

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Background: Approximately one in five adolescents (22%) in Slovenia show a high probability of depression, 6,7 % anxiety and 16,6% have seriously considered taking their life in the last year (HBSC, 2022). Previous studies have demonstrated an association between lifestyle behaviours and mental health outcomes in adolescents. However, to our knowledge, no such study has been conducted among Slovenian adolescents.

Methods: To date, the study has included 324 adolescents (ages 12–19, M = 15 years) in Slovenia. Data collection is ongoing from April 2023 to April 2025 as part of the A (se) štekaš?!? project. Self-administered questionnaires assess sleep patterns, physical activity, leisure habits, substance use, and technology use, along with mental health outcomes such as well-being, depression, anxiety, suicidal ideation and past suicide attempts. Additional measures included several demographic variables (gender, age, family financial situation).

Results and Discussion: As this is an ongoing study, data analysis is planned for May 2025. Logistic regression and correlation analyses will be used to examine the relationships between lifestyle behaviours and mental health outcomes. We anticipate that physical activity, adequate sleep, and having a hobby will be negatively associated with depression, anxiety, and suicidal ideation, whereas substance use and excessive technology use will be positively associated with these outcomes. Additionally, we will assess how closely the behaviours of adolescents in our sample align with current

lifestyle recommendations and identify potential gaps for targeted interventions. Furthermore, we aim to explore whether different patterns of lifestyle behaviours (e.g., high physical activity + low screen time vs. low physical activity + high screen time) form distinct profiles associated with varying mental health outcomes.

Learning Objective: Our primary objective is to examine lifestyle behaviours in Slovenian adolescents and their associations with mental health outcomes.

Financial Disclosure: This research was financially supported by the Slovenian Ministry of Health as part of the project A (se) štekaš?!?.

506 Enfranchising suicide grief; facilitating continuing bonds with an annual national hybrid suicide bereavement remembrance service

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One Learning Objective: To reduce stigma and shame among those bereaved by suicide and further support help-seeking behaviour.

Background: Continuing Bonds (Klass et al., 1996) acknowledge that grief is ongoing and mourners stay connected to lost ones to cope with their loss. However, when a person dies by suicide, the response often differs. Suicide is one of the most common causes of disenfranchised grief; therefore, remembering the person who died through shared rituals and activities supports legitimising grief, and offers those bereaved an opportunity to connect with others grieving.

Perceived stigma and personal shame were cited by participants in a study carried out in the Republic of Ireland with adults bereaved by suicide as reasons for not accessing formal supports (O'Connell et al., 2022). Participants expressed feelings of personal shame, underlying perceived stigma, feelings of increased social isolation, as well as avoiding speaking to others about the death by suicide. Findings from the study highlighted the need for broader postvention activities to reduce stigma among suicide bereaved adults and further support help-seeking behaviour.

Methods — In 2022 HUGG, the national suicide bereavement charity in the Republic of Ireland, designed an annual service of remembrance for those bereaved by suicide which coincided with International Survivors of Suicide Loss Day. Each element of the remembrance service was purposefully designed to enfranchise suicide grief in a responsible way following best practice guidelines (Samaritans, April 2020). This ongoing national postvention activity offers a non-judgemental space for people bereaved by suicide to connect, perform a ritual of continuous bonds, share dialogue and remember their loved ones for who they were, as opposed to how they died. Help seeking behaviour is implicitly encouraged through subtle messaging at the service and distribution of suicide bereavement support information.

Results — Increased attendance year-on-year with the evolution of a hybrid remembrance service provide evidence that this evolving postvention activity has filled a need among people bereaved by suicide living in the Republic of Ireland and wider family networks. Ad hoc written and verbal feedback from attendees, and participants, indicates that this postvention activity is meeting its aim.

Discussion — While more research is needed to understand the long-term impact of such events, it should be considered as part of suicide postvention activities to reduce stigma, promote help-seeking behaviour, and strengthen the legitimacy of grief after suicide.

507 Finding Hope and Healing After Suicide; Designing and delivering a suicide postvention activity to adults bereaved by suicide using an iterative approach.

Ceo Fiona Tuomey¹

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One Learning Objective: Create awareness of suicide bereavement and transfer evidence-based knowledge to help attendees explore ways to cope with their grief and find healing.

Background: When we provide a social opportunity for people bereaved by suicide to connect and share compassionate conversations, we enable the normalization of suicide grief symptoms, reduce feelings of isolation, and support de-stigmatizing suicide bereavement. HUGG the national suicide bereavement charity in the Republic of Ireland, designed an innovative suicide postvention activity for adults bereaved by suicide. The activity aimed to 1) Create awareness of suicide bereavement supports available at a local level; 2) Explicitly transfer evidence-based knowledge to help attendees to explore ways to cope with their grief and find healing; 3) Connect people bereaved by suicide providing opportunities to engage in compassionate conversations; and 4) Offer hope through implicit demonstrations of post traumatic growth.

Methods: HUGG delivered the postvention activity 7 times between July 2023 and June 2024, across 6 counties in Ireland, using an iterative approach. A media campaign, and collaboration with key stakeholders, including HSE Regional Officers for Suicide Prevention, HUGG volunteers, and local bereavement services played an important role in connecting with each community.

Results: Each event was evaluated through on going reflective practice, monitoring, and feedback collected from participants at the events. Positive feedback combined with social media commentary, an uplift in engagement with HUGG groups and volunteer inquiries provided evidence of their success at providing a social opportunity for people bereaved by suicide (Levi-Belz et al 2022) to connect and share compassionate conversations. The events enabled the normalisation of suicide grief symptoms, reduced feelings of isolation, and supported de-stigmatising suicide bereavement.

Discussion: The postvention activity developed by HUGG exemplifies the significance of creating supportive, social environments for individuals bereaved by suicide. By providing a space for compassionate conversation and normalising grief symptoms, the initiative promotes connection, reduces isolation and self-stigma. The positive feedback and increased engagement highlight the success of this approach in addressing the unique challenges faced by those bereaved by suicide. While further research is needed to understand the long-term impact of such interventions expanding free nationwide public information events, specifically designed for people bereaved by suicide should be considered as part of wider suicide postvention activities.

590 Mental health care utilization behavior prior to suicide in adolescence

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Suicide is a leading cause of death in adolescence. We performed a survey of all suicides below the age of 21 in the City of Leipzig and an adjacent rural district between 1996 and 2019 and compared the sample of 75 suicide cases with the medical records of the two local hospitals who grant compulsory mental health care in their child and adolescent psychiatric departments. Only 23.9% of the young adults and 20.7% of the underage suicides sought professional mental health care in hospital. Utilization of mental health care as inpatient psychiatric treatment prior to suicide was particularly low in males and hard suicide methods.

Identification and reduction of barriers to treatment is mandatory in order to reach the majority of suicidal young people for a potentially life-saving treatment.

556 Beyond Shame: The Role of Social Support in Protecting Against Self-Harm among Adolescent Survivors of Child Sexual Abuse

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Background: In Canada, girls aged 10 to 19 years old have the highest rate of self-harm. Adolescents with a history of child sexual abuse (CSA) are at particularly high risk, with shame emerging as a key factor linking CSA to self-harm. However, limited research has examined the role of shame in adolescent self-harm, particularly in relation to protective factors. Social support is known to buffer against self-harm in vulnerable youth, yet little is known about how different sources of support function for CSA survivors. This study examined the association between shame and self-harm in adolescent CSA survivors and explored whether different forms of social support mitigated self-harm risk, particularly among those with and without a history of suicide attempts.

Methodology: This study employed a multivariate regression design, integrating data from a sample of 309 adolescent survivors of CSA. Participants completed questionnaires on shame, self-harm, and six sources of social support, including parental, peer, maternal, paternal, sibling, and community support. The analysis first controlled for emotion regulation difficulties, then examined the predictive role of shame, followed by the support variables on self-harm outcome. Additional analyses were undertaken to compare survivors with and without a history of suicide attempts.

Results: We anticipate that while shame will significantly predict self-harm, various forms of social support will emerge as significant protective factors against self-harm. Findings will also reveal potential differences in the protective effects of different forms of social support between adolescents with and without suicide attempt histories.

Discussion: The research is one of the first to examine the protective effects of different types of social support on self-harm among adolescent survivors of CSA. It also addresses the understudied intersection of shame, self-harm risk, and protective factors within this vulnerable population. The focus on suicide attempt histories adds an important layer to understanding resilience mechanisms across subgroups.

560 A comparative analysis of coroner's records for suicide deaths occurring in pre-pandemic and pandemic periods in Ontario, Canada.

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Learning Objective: To identify changes in suicides during the pandemic and how these can apply to whole-of-government health and social policies.

Background: There is significant interest in understanding the trends in suicides during the COVID-19 pandemic. Examining both stressors directly caused by the pandemic, as well as changes in trends of pre-existing stressors can inform both whole-of-government health and social policies (like universal basic income) and future emergency preparedness. In many regions, suicide rates did not increase, and may have declined, during the pandemic. There are likely to be many factors contributing to this including enhancement of protective factors, such as increased financial supports. However, there may be relevant changes disguised under population-level reporting, such as in increase in suicide deaths among older adults. The goal of the study is to provide recommendations to death investigation intake forms, to better capture stressors related to suicides and to inform suicide prevention initiatives across multiple levels of government.

Methods: We completed a systematic detailed case review of all adult suicide deaths in Ontario, Canada from 2019–2022. We have two cohorts: suicide deaths that occurred during the pandemic, and suicides that occurred during 2019 until the declaration of the pandemic. All records have been reviewed for demographics, medical history, adverse life events (including bereavement, employment and financial stress, interpersonal conflict, legal stressors, health stressors and COVID-19 stressors). We will examine difference between pre- and during COVID-19 as well as by "wave" (as documented in Ontario, Canada) of the pandemic to determine if there were any differences in suicide stressors between these times.

Results: We have reviewed 4595 coroner records of suicide deaths. Data analysis is currently underway and results will be available by June. We anticipate being able to identify risk factors in pandemic suicides, including occupation, vaccine hesitancy, and social isolation, as well as exacerbation of pre-existing risk factors such as financial, legal, or health challenges. We also anticipate that stressors may vary based on the intensity of public health restrictions.

Discussion: The findings from this study will provide insight into suicides in Ontario, Canada over a 3-year period and what effects the COVID-19 pandemic may have had on suicides during this time. Findings will be able to inform whole-of-government health and social policies for suicide prevention, as well as emergency preparedness.

562 Family Conflict in Adolescents with Acute Suicidality, Depression, and Controls

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Learning Objective: Develop understanding of family conflict across clinical samples of adolescents with acute suicidality and depression.

Background: Family conflict is associated with adolescent depression and suicidality, but whether the conflict level differs among adolescents based on acuity or diagnostic condition is not known. This study compared adolescent and parent perceptions of family conflict between adolescents with acute suicidality, depression, or neither condition.

Method: Data were collected from 495 adolescents with acute suicidality (n = 151), depression (n = 256) and control adolescents (n = 88). Adolescents were between 12 and 18 years (M = 15.07, SD = 1.60; 65.3% female, 24.3% male, 10.4% non-binary; 61.4% Caucasian). Family conflict was assessed by adolescent- and parent-report on the Conflict Behavior Questionnaire, and compared by informant across diagnostic groups, controlling for demographic variables and depression status.

Results: Adolescents with suicidality experienced greater conflict with their mothers (M_{adj} = 5.83, SE = 0.54) than adolescents with depression (M_{adj} = 4.40, SE = 0.39; p = .033) and controls (M_{adj} = 2.36, SE = 0.72, p < .001), and greater conflict with their fathers (M_{adj} = 5.85, SE = 0.58) compared with controls (M_{adj} = 3.50, SE = 0.76; p = .029). Adolescents with depression reported more conflict with mothers (p = .015), and not fathers (p = .232), compared with controls. Parents of acutely suicidal (p = .002) and depressed adolescents (p < .001) reported greater family conflict (M_{adj} = 5.70, SE = 0.57; M_{adj} = 5.87, SE = 0.42, respectively) than parents of controls (M_{adj} = 2.34, SE = 0.77; p = .002 and p < .001, respectively). Parent-report of family conflict did not differ between clinical groups (p = .814).

Discussion: Adolescents and parent perceptions of family conflict differ across diagnostic groups, with adolescents experiencing acute suicidality reporting the highest family conflict. The link between family conflict and mental health problems may be a function of presenting clinical concern, informant, and parent role.

570 A study on relationship between Attitudes toward suicide and help-seeking behavior in Korea

A Study on Relationship Between Attitude Toward Suicide And Help Seeking Behavior In Korea

Younghye Hur¹, Study on predictive factors of risk group for complex grief in suicide survivors Tae-Yeon Hwang¹, Ms. Hyein Hong¹, PhD Hyejin Kim¹

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Learning Objective: Finding the factors of attitudes toward suicide to promote help-seeking behavior of the high risk group for suicide

Background: Attitudes determine behavior, and behaviors reinforce attitudes in turn (Kim et al., 2021). Attitudes towards suicide are important for our understanding of suicidality (Stecz, 2021).

Methods: This study analyzed data from 424 persons who have experienced suicidal ideation throughout one's life from the '2023 National Survey on Suicide'. The dependent variable is whether or not they have experienced help-seeking behavior to family, friends, doctors, counsellors, social workers etc., when they have suicidal ideation. The independent variables are 'Permissive factor', 'Unjustified behavior factor', 'Preventability/Readiness to help', and 'Loneliness' of ATTS (Renberg & Jacobsson, 2023) validated by Kim et al. (2021). Logistic regression analysis is conducted controlling for demographic and subjective health status to verify the relationship between the independent variables and dependent variable.

Result: When the score of the 'Unjustified behavior factor' increases by 1 unit, the probability of occurrence of help-seeking behavior when considering suicide is 39.7% lower than the probability of not occurring (OR=0.603, p=0.008). On the other hand, when the score of the 'Preventability/Readiness to help factor' increases by 1 unit, the probability of occurrence of help-seeking behavior when considering suicide is 1.652 times higher than the probability of not occurring (OR=1.652, p=0.007). Other control variables are not significant.

Discussion: The result of this study implies that it is necessary to weaken attitudes toward suicide related to stigmatization and strengthen related to belief of preventability in order to promote help-seeking behavior in times of suicide crisis.

593 Bridging the Gap: A Paraprofessional-Delivered Stepped Care Model for Youth Suicide Prevention

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Learning Objective: Participants will understand the effectiveness and feasibility of the Stratified Stepped Care model, including the role of paraprofessionals in delivering suicide prevention interventions to children and adolescents, and how this approach can enhance accessibility and support during mental health crises.

Background: Youth suicide attempts and emergency department visits for suicidal thoughts have risen sharply over the past decade. In Israel, the mental health crisis has deepened since October 7, 2023, with increased rates of depression, anxiety, and PTSD. Children and adolescents are particularly vulnerable, facing developmental challenges alongside psychological distress and barriers to care. Even before the current crisis, long waitlists and professional shortages strained the system. We developed a Stratified Stepped Care (SSC) model that integrates an adapted transdiagnostic, brief interpersonal counseling (IPC) intervention delivered by trained paraprofessionals to optimize resources and provide tiered support.

Methods: This randomized controlled trial is conducted at Schneider Children's Medical Center in Israel. Participants (ages 6–18) undergo clinical assessment and are randomized to one of two conditions: 1) Stratified Stepped Care: Mild to moderate cases receive 8 IPC sessions from paraprofessionals; severe cases receive interventions from mental health professionals; 2) Care as Usual: Participants receive standard clinic treatments based on waitlist availability. Outcomes are assessed through validated measures at intake, pre-intervention, mid-intervention, and up to six months post-treatment.

Preliminary Results: As of February 2025, 15 paraprofessionals (psychology undergraduates) have delivered IPC to 20 patients. Among 79 initial assessments, 70% were eligible for paraprofessional-led intervention, with 57% consenting to participate. The dropout rate was 10%. No families declined due to concerns about non-expert therapists. Participants reported high satisfaction (5.5/7), with qualitative feedback highlighting increased accessibility, effective safety planning, and acquisition of practical coping tools.

Discussion: Preliminary findings suggest the SSC model with paraprofessionals is feasible and acceptable for treating children and adolescents with suicidal thoughts in outpatient settings. The pilot demonstrates low dropout rates, high satisfaction, and potential to alleviate burdens on the mental health system. This research offers a scalable, cost-effective strategy to improve accessibility to suicide prevention services for youth during crises.

600 Barriers and Opportunities in Implementing Media Guidelines for Suicide Reporting in Singapore: Insights from a Qualitative Study

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Learning Objective: To identify and understand barriers to responsible media reporting on suicide as perceived by community members and media personnel in Singapore

Background: Suicide remains the leading cause of death among Singapore's youth aged 10–29. Singapore currently lacks a national suicide prevention strategy that emphasises media guideline implementation in suicide prevention. Though two media guidelines exist—by a local NGO and a government body—adherence remains inconsistent across traditional media and social media platforms without enforcement measures. Such uncoordinated advisories inadvertently perpetuate suicide-related stigma and hinder prevention efforts. This study is part of a ground-up initiative to collate community views to co-design a national strategy.

Methods: This is the first community-based, qualitative exploration of media reporting on suicide in Singapore. Focus Group Discussions (FGDs) were conducted with various population subgroups, including media personnel, health professionals, and people with lived experience, recruited through word-of-mouth and social media. FGDs explored participants' understanding of suicide, perceived gaps in current local suicide prevention efforts, and opportunities for improvement. Discussions were audio-recorded and transcribed via Zoom. Rapid Qualitative Analysis was used to identify patterns across domains of interest from the FGDs, categorising responses according to predetermined themes agreed upon by the researchers.

Result: 14 FGDs with 73 participants were conducted. Three themes were identified as barriers and gaps to media guideline implementation:

- (1) Structural gaps including lack of training on responsible reporting practices and inconsistent practice in applying media guidelines; Junior reporters deferring to seniors over referencing guidelines, leading to less personal accountability.
- (2) High suicide-related stigma influence reporting decisions, while sensationalised coverage of celebrity suicides abound. Reluctance to report suicide—due to fears of misinformation and copycat suicides—inadvertently contributes to missed opportunities for strength-based narratives to counter stigma.
- (3) Platform-specific differences are unaccounted for; Social media encounters different challenges than traditional media. Unregulated content creation, trivialisation of mental health terminology, and self-diagnosis trends lead to misunderstandings of severity of mental health challenges.

Discussion: (1) The white paper recommends coordinated efforts among media channels and content creators to adhere to prevailing media reporting guidelines. Emphasising that a national strategy should explore incentives or regulatory mechanisms to ensure adherence.

- (2) Platform-specific guidelines and trainings are needed to leverage the role of media in suicide prevention efforts.
- (3) Strength-based narratives—highlighting recovery and resilience—should be promoted to reduce stigma and provide hope.
- (4) Ongoing community engagement is key to developing enforcement tools and securing buy-in from stakeholders for sustained implementation.

658 Suicidal risk and experiences in three cases of Fibromyalgia in Mexico.

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Suicidal risk and experiences in three cases of Fibromyalgia in Mexico.

Marisol Franco-López¹

Karla Patricia Valdés-García²

Objective: The present study sought to understand the suicidal risk through experiences of FM in Mexican women to analyze the relationship that exists between suicidal risk and experiences of FM in the women interviewed.

Background: The high prevalence of fibromyalgia (FM) and the consequences it generates in the individual, their well-being, family, social, and work environment, represent an important public health problem. FM is the third most common cause of widespread chronic pain, and although pain is its main symptom, fatigue, sleep difficulties, and various affective and functional symptoms are added.

FM has a significant impact on the health and well-being of individuals, which tests the tools, strategies, and psychological resources that the subject has; it is stated that the functional deterioration of the person diagnosed with FM can be so significant that there is a high probability of presenting suicidal behavior.

FM severely affects daily functioning; pain and fatigue very often affect the ability and motivation to perform even the simplest daily tasks, such as driving and visiting family and friends. Therefore, daily life can become constricted, and this constriction can, in turn, produce highly negative thoughts and beliefs about life, significantly increasing the risk of suicidal behavior. Defining suicidal behavior involves talking about a collective term that has various behaviors that include thinking about ending one's life, planning it, communicating it, attempting self-harm, and dying by suicide.

Method: The research is developed using a qualitative approach, using the postulates of Grounded Theory as a basis for its design and analysis. It considers theoretical sampling, saturation, and theoretical coding. Three female participants were interviewed using a semi-structured, in-depth interview technique.

Results and discussion: It was found that the three women interviewed presented a significant impairment in their functioning due to the symptoms of FM, they also described depressive and anxiety symptoms associated with the impact on their quality of life due to FM, the participants who were part of the sample had thoughts of death and suicide with structuring. However, only two of them attempted to end their lives through the method of intoxication with medications for managing it.

Poster Walk Friday June 13th, 1.20pm – 2.00pm

345 “We Are Left, Marked by His Death”: Compliance with Responsible Media Guidelines for Reporting on Suicide in Youth Literature in Slovenia

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Learning Objective: Understand how suicide is portrayed in youth literature in Slovenia and evaluate these portrayals against established media guidelines.

Suicide is preventable and the media plays a key role in shaping perceptions. Study examines how suicide is portrayed in youth literature (literature for 12–18 year olds), particularly in books in which a character dies by suicide. Books were systematically selected from four lists (398 books) recommended by the Slovenian Reading Badge Society for adolescents aged 13–19. Books in which a character dies by suicide were identified through bibliographic and keyword searches and by three independent reviewers. The result was a final selection of 22 books (6 Slovenian, 16 international) published in Slovenia between 2003 to 2021.

A mixed-methods approach combining qualitative and quantitative analyses was used. Suicide-related sentences were extracted from the books and categorised as non-compliant, compliant or not applicable according to the Slovenian and international media guidelines on suicide. Interrater reliability for three randomly selected books was high ($\kappa = .850$). Statistical analyses, including a t-test and Spearman correlation, were performed.

The results suggest that compliance to the guidelines varies from book to book. The percentage of book compliance with the guidelines was 100% for the titles, depiction of grief and the impact of suicide on the community. However, guidelines compliance was lowest for avoidance of detailed methods (4.55%) and locations of suicide (13.64%), as real-life locations were described, explicit details of substances ingested and injuries were presented, and some methods were described in the books as quick and easy. Compliance with the guidelines was significantly lower in books in which the main character died by suicide than in books in which a secondary character died ($t(20) = 2.745$, $p = .012$). Furthermore, compliance to guidelines were better in more recent publications ($r(19) = .548$, $p = .008$, suggesting a growing awareness of responsible representation.

The most common risk factors found in the books were personality traits and problem-solving styles (present in 77.27% of the books), but mental disorders were also mentioned (40.90%). Good peer relationships as protective factor were mentioned in 45.46% of the books. The most common barriers to seeking help were self-reliance and suicidal thoughts, each present in 40.90% of the books. While

the results are promising as some books address the topic of suicide sensitively, not all books provide readers with help-seeking information, suggesting that more detailed guidelines for book authors are needed.

378 Psychological autopsies study for identifying suicidal risk factors in the French Overseas Territories survey (AUTOPSOM): preliminary results in Martinique and French Polynesia

Professor Stephane Amadeo¹, Miss Maya Amiot², Pr Emmanuelle Corruble³, Dr. Cyrine Bensaid¹, Nelly Lislet¹, Rotsen Dryss¹, Stéphanie Lebars¹, Florian Negrello¹, Prof Louis Jehel⁴

¹CHU Martinique & Inserm Moods Team Paris, Fort De France, Martinique, ²Centre Hospitalier de Polynésie française, Tahiti, ³Hopital Bicêtre, Paris, France, ⁴CHU Amiens, France

Learning 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") will be the first psychological autopsy study performed in France and in these FOT. 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. These rates are likely underestimated, complicating the identification of specific risk factors essential for targeted prevention efforts.

Methods: A multicenter epidemiological study will be conducted in four FOT (French Polynesia-FP, 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 (SCID-CV) and life events (life trajectories) 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 and was published recently (Amiot et al, BMJ open, 2024).

Results: The first results from this study will be exposed from 10 suicides in Martinique and 4 in FP.

Discussion: It is 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. 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.

601 Assessing Free Responsibility in Assisted Suicide: Gaps and Challenges in German Medical Guidelines

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Learning objective is: "The consideration of free responsibility as a prerequisite for assisted suicide in medical guidelines in Germany"

Introduction: On the 26th of February 2020, the German Federal Constitutional Court ruled that the right to end one's own life may not be obstructed by the state and that assistance may be sought to do so. The court ruled that the wish to die by suicide must be persistent and not dependent on a medical condition. Furthermore, according to the court, "free responsibility" (autonomy/ free will) is the main criterion for requesting assisted suicide.

Germany is the only country in the world where access to assisted suicide depends on the existence of free responsibility. How to assess free responsibility is the subject of debate in the medical community and creates a great deal of uncertainty. Therefore, we assess which recommendations on assisted suicide and free responsibility are available in German medical guidelines.

Methods: The guideline register of the Association of the Scientific Medical Societies in Germany (AWMF) was searched for high-quality guidelines on (assisted) suicide. Recommendations for the management of requests for assisted suicide and the assessment of free responsibility were compared in the identified guidelines and topics not covered were identified.

Results: The systematic search identified two already published and finalised guidelines that include assisted suicide (S-3 guideline 'Palliative care for patients with incurable cancer' and S-1 guideline: 'Dealing with the wish for suicide in general practice'). In addition, two other guidelines were found to be under development (S-3 guideline: 'Management of suicidal behaviour', S2k-guideline: 'Managing requests for assisted suicide'). Free responsibility is not adequately reflected in the currently published guidelines on assisted suicide. The new guidelines, which are currently under development, aim to include the aspect of free responsibility and how and by whom it should be assessed.

Conclusion: Assisted suicide is a major challenge for the healthcare system. The request for assisted suicide must be approached in clinical routine with an open clinical mind. The assessment of free responsibility is a challenging concept for general practice, not only for assisted suicide but for suicide in general. It therefore needs to be addressed in the new high-quality guidelines for the management of suicidal behaviour. These findings and the lack of recommendations on the concept of free responsibility need to be critically discussed and integrated into the new guidelines. All guidelines should use the same definitions and the recommendations should not be contradictory.

602 Suicide assistance from the perspective of the S-3 guideline 'Management of suicidal behaviour'

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There is no scientific evidence on the effects of legal regulation, counselling and systematic documentation of assisted suicide.

Background: On the 26th of February 2020, the German Federal Constitutional Court ruled that the state may not obstruct the right to end one's own life and that assistance may be sought to do so. This raises the question of how guidelines can provide advice to doctors and other health professionals who receive requests for assisted suicide.

Methods: When developing the S-3 guideline "Management of suicidality" (registration number O38-O28), a systematic search is carried out in defined databases on the basis of key questions. The results of the search are assessed using GRADE and AMSTAR-2. In addition, evidence gaps are filled with expert knowledge. Based on these results, recommendations for different outpatient and clinical contexts are identified, presented and discussed in consensus conferences.

Result: Three key questions were formulated to investigate the effects of legal regulation, counselling and systematic documentation of assisted suicide on suicidality in the general population. There is

little scientific evidence on the effects of legal regulation, counselling and systematic documentation of assisted suicide. The legal regulation of assisted suicide does not influence the rate of non-assisted suicide. Furthermore, the literature shows that many people who consider assisted suicide have a wide range of underlying psychosocial, psychological and physical problems.

Conclusion: After a systematic literature review and intensive expert discussions, a legal regulation without further suicide prevention measures cannot be recommended from a suicide prevention perspective. The prevention of suicides and suicide attempts should be at the centre of all assisted suicide measures and should be implemented appropriately. Assisted suicide seems to appeal to a different target group.

603 Generational Trends in Suicide Risks and Stressors in Singapore: A Comparative Study

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Introduction: Suicide remains a significant public health concern worldwide, with different generations facing unique stressors that impact their suicide risk. In Singapore, shifting socio-economic conditions, evolving cultural expectations, and technological advancements have influenced the stressors experienced by each generation (Leu et al., 2023; Yap et al., 2021; Chia, 2022). Understanding these differences is crucial for targeted interventions and improvements.

The Crisis Response Team (CRT) programme, a collaborative effort between the Singapore Police Force (SPF) and the Mental Health Helpline (MHH) at the Institute of Mental Health (IMH), plays a vital role in supporting individuals experiencing suicidal distress. This study examines suicide-related cases referred by the SPF, aiming to identify generational influences on suicide risk and stressors.

Objective: This study aims to compare suicide rates and stressors across generational group in Singapore to determine if any specific factors disproportionately impact a particular group.

Methods: A descriptive study implementing a quantitative approach using data from suicide-related cases referred from SPF to IMH in 2024. Cases were logged into an Excel database, documenting: “Presenting issue”, “Gender”, “Outcome”, “IMH status”, “Columbia–Suicide Severity Rating Scale (C–SRRS) score”, “Shift time and day of call”.

A sample of 30 cases per generational group was randomly selected, following these age classifications: “Gen Z; Year 1997–2012”, “Millennials (Gen Y); Year 1981–1996”, “Gen X; Year 1965–1980”, “Baby Boomers; Year 1946–1964)

Results: Gen Z had the highest incidence of suicide-related cases, while Baby Boomers had the lowest, with approximately four times fewer cases than Gen Z. Relationship problems were the predominant stressor among Gen Z and Millennials. Among Baby Boomers, suicidal tendencies were more common in males, with a 2:1 male-to-female ratio. Across all generations, the most common intervention was conveyance to the IMH emergency room for psychiatric assessment.

Discussion: Our findings align with broader research that Gen Z faces heightened stress due to social media influences, academic and career pressures, and evolving relationship dynamics (Twenge, 2020). Conversely, Baby Boomers show higher male suicidal tendencies, which aligns with global trends of older male suicide risks (Canetto, 2017). Gen X presents an intermediate pattern, balancing professional and familial responsibilities with mental health challenges (Beutell & Wittig–Berman, 2013). While further research with larger sample sizes is needed to refine these findings and enhance suicide prevention efforts, this study underscores the importance of generationally tailored interventions.

604 Temporal patterns of adolescent in suicide-related crisis in Singapore: A descriptive study

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Objective: To identify temporal patterns of adolescent in suicide-related crisis to underscore the need for specialized crisis support during peak periods.

Background: Suicide remains as one of the leading causes of death among adolescents globally, with a notable increase in suicide attempts in recent years (Kim et al., 2024). The adolescent years are marked by a multitude of developmental, emotional, and social challenges that can increase vulnerability to suicidality (Bilson, 2017). This study aims to update local research (Ho, 1998; Parker, 2001) to identify time-based patterns of adolescent suicide risks in Singapore.

Method: Quantitative data was sourced from an Excel database compiling suicide-related cases referred by the Singapore Police Force to the Institute of Mental Health, Crisis Response Team (Chan et al., 2023). Data collected between January and December 2024 were examined using IBM SPSS Statistics for Windows v30.0. Descriptive statistics were used to summarise suicide-related cases based on the predetermined age range of adolescents (10 to 19 years old; World Health Organisation) and further analysed according to time of day, day of week, and month of year.

Results: A total of 821 suicide-related cases involving adolescents (Age M = 16.13 years, SD = 2.00) were referred. For time of day, more suicide cases were referred after office hours (from 18:00hrs to 00:00hrs), with the peak at 23:00hrs (76 cases). For day of the week, cases referred peak on Mondays (138 cases). For month of the year, cases referred lull (range from 38 to 63 cases) during June, November, and December and increases from August to October, with the peak in September (99 cases).

Discussion: Our findings aligned with contemporary studies that have found cyclical patterns where adolescents are most vulnerable to suicidality (Lee et al., 2024; Styler, 2020). Peaks during evening could be attributed with interpersonal conflict, emotional isolation, and circadian rhythm disturbances (Perlis et al., 2016b). Peaks on Mondays could be associated with the “broken promise effect” (Gabennesch, 1988) where unmet weekend expectations contribute to feelings of failure (Kim et al., 2019). The monthly trend appears to correspond with the local school term, with a clear dip during holidays and a rise during final-year examinations; a period where academic stress is more pronounced (Matsubayashi et al., 2016). While further research is needed to replicate the findings of this study, policymakers and service providers can use knowledge of temporal fluctuations to inform targeted interventions during peak seasons.

606 Postvention Needs for Social Workers Who Experience Client Suicide: A Qualitative Study

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Learning Objective: To identify the key postvention needs of social workers who experience client suicide and explore how structured organizational support can facilitate their professional resilience and well-being.

Background: Many social workers encounter client suicide in their practice. A survey in Tokyo found that about 30% had such experiences, with 30% exceeding the PTSD scale (IES-R) cutoff. However, nearly half had received no psychological support or participation in case reviews. Despite its severe impact, postvention remains inadequate. This study examines social workers' support needs after client suicide.

Methods: This study recruited six social workers from a prior survey and one member of the Suicide Prevention Committee of the Tokyo Association of Certified Social Workers (mean age: 54.0, SD±10.8; six women, one man). Inclusion criteria were: (1) holding a national social work license, (2) experiencing client suicide within five years, and (3) stable mental and physical health for interviews. Semi-structured face-to-face interviews explored suicide's impact, received support, organizational responses, and needed resources. Data were transcribed and analyzed using thematic analysis. This study protocol was reviewed and approved by the IRB of the Faculty of Human Sciences at Musashino University (2024-11-02).

Results: Four key themes emerged:

- 1) Emotional and physical impact: Participants reported guilt, regret, and helplessness. Some experienced sleep disturbances and fatigue, while others detached personal emotions from their role.
- 2) Lessons from experience: Participants emphasized the need for grief support, reflection opportunities, and standardized postvention guidelines. Some saw proper support as key to professional growth.
- 3) Challenges in postvention and social worker isolation: Many organizations lacked structured postvention, leaving social workers to cope alone. Workplace culture and leadership greatly influenced postvention quality.
- 4) Social workers as systemic change agents: Some developed manuals, conducted outreach, and proposed systemic improvements. Several stressed the need for social workers to advocate for policy and organizational change.

Discussion: This study highlights the urgent need for structured postvention for social workers affected by client suicide. While some transformed their experiences into growth, many struggled due to insufficient support. Organizations must institutionalize postvention rather than relying on individual coping. Empowering social workers to lead systemic change through training and networking is essential. Future efforts should establish standardized support systems to ensure social workers' well-being.

615 Implementing a nurse-led safety planning intervention in emergency departments to prevent suicide reattempts: a stepped-wedge randomized controlled trial protocol

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Objective: Share the current protocol for the evaluation of safety plan interventions in the French context.

Suicide prevention is a worldwide challenge, and a visit to the emergency department is a key moment to prevent subsequent suicide risk. Previous studies reported the effectiveness of safety plan interventions (SPI) (Stanley et al. 2018), and meta-analyses confirmed encouraging results (Hu et al., 2024; Tay & Li, 2022).

Today, the SPI is recommended by the National Institutes of Health (USA) and the National Health Services (UK). The safety plan includes a range of strategies to prevent and manage suicidal thoughts and actions.

PROTECT is a multicentre French study using a three-stage stepped wedge protocol.

The aim of the study is to translate and adapt the SPI into French, and to evaluate the effectiveness of the SPI to reduce suicidal behaviors in patient discharged from emergency departments (EDs) after suicide attempt. We also aim to examine the implementation of the intervention among healthcare professionals and patients.

The primary outcome is the rate of suicidal behavior at six months, including suicide reattempts and death by suicide, after the index suicide attempt in patients who received the SPI compared to those who received the practices as usual. The control group (observation phase) is defined by the administration of usual practices, which include the national program aiming at recontact people who attempted suicide (Vigilans) combined with specialized follow-up tailored to each patient. The research teams will train healthcare professionals working in EDs in the use of the SPI (transition phase). Finally, an intervention phase will be activated during which the SPI will be implemented in EDs in addition to practices as usual. We expect to recruit a total of 2,387 people who have attempted suicide in a total of 20 EDs.

The translation/adaptation has now been completed and published (Chalancon et al., 2025). Patient enrolment is halfway complete, with 1200 patients enrolled, including 250 in the intervention phase. 7 emergency services have been trained in using the safety plan.

Our results should allow for the creation of a tool that could be used in everyday practice by emergency nurses with the aim of reducing suicidal behaviour. The study will contribute to the enhancement of patient safety in addition to the care currently provided in EDs.

618 suicide risk in psychiatric inpatient care: analyzing risk factors and development of clinical suicide prevention strategies

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1. Suicide Risk in Psychiatric Inpatient Care: Analyzing Risk Factors and Development of Clinical Suicide Prevention Strategies

2. Learning Objective: Identification of risk factors for inpatient suicide using clinical routine data and development of effective suicide prevention strategies and interventions for psychiatric inpatient care.

3. Background In Germany, approximately 10,000 people die by suicide every year, more than from traffic accidents, AIDS, illegal drugs and violent crime combined. Many people are admitted to a hospital immediately before they die by suicide. Despite this, there are always cases of suicidal behaviour associated with inpatient psychiatric treatment. It is estimated that hospital suicides account for about 5% of the total number of suicides in the general population in Germany. There is still a lack of knowledge about suicide risk factors and suicide prevention strategies in inpatient settings. Therefore, this study examines risk factors for suicide in inpatient settings using clinical routine data and aims to develop effective suicide prevention strategies and interventions.

4. Methods The aim of this study is to identify the risk factors for inpatient suicide and suicide after discharge as well as the circumstances of hospital suicides. For this purpose, case files of the last twelve years (2013 to 2024) of the nine psychiatric hospitals of the "Landschaftsverband Rheinland" (one of the largest groups of psychiatric hospitals in Germany treating more than 60.000 patients per year) will be analyzed. More than 30 sociodemographic and diagnostic factors that might increase the risk of inpatient suicide/post-inpatient suicide will be assessed. In addition, changes in the treatment setting before suicide, including type of discharge and planned aftercare, will be

determined with regard to the risk of suicide. The patients who died by suicide are compared with a control group of patients matched (matching 1:50) on these variables by age group, gender and year of discharge. Constellations of risk factors are tested using multiple regression analyses.

5. Results Between 2013 and 2024, 287 suicides occurred in the entire hospital group. These are compared with a control group of 14,350 patients. The variables as mentioned above are currently analyzed for their associated suicide risk in an inpatient setting.

6. Conclusion The results of the study are discussed. Suicide prevention strategies and interventions for inpatient suicides are derived and presented for discussion.

622 Opt-out versus opt-in parental consent for teenagers who volunteer for surveys on suicidal thinking and behaviour: A natural experiment

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Learning objective: Understand whether requiring active opt-in parental consent interacts with participant personality dysfunction to systematically bias a random sample.

Background: Parental consent poses a methodological and ethical challenge when conducting sensitive research with adolescents. We investigate whether requiring opt-in parental consent biases representation of personality dysfunction in a random sample of high school students.

Methods: 963 randomly selected adolescents (14- to 18-years) completed a two-part survey. In Part One, which employed opt-out parental consent, adolescents completed the Personality Inventory for DSM-5—Brief Form (PID-5-BF). The PID-5-BF yields scores on negative affect, detachment, antagonism, disinhibition, and psychoticism. Part Two, which included assessment of suicidal thinking, was conducted under two parental consent conditions. Initially, for 549 participants, opt-out consent was employed in Part Two. However, a change to opt-in consent was mandated by the ethical review committee (IRB) following a complaint about the consent process. After this amendment, opt-in consent was employed for 262 participants under 16 years or attending one participating school and the opt-out procedure was retained for 152 participants over 16 years attending other schools. The amendment created a natural experiment with two different consent conditions. Binary logistic regression was used to predict Part Two participation from personality dysfunction and opt-in versus opt-out parental consent.

Results: Part Two participation was more likely before the amendment than when opt-in parental consent was required after the amendment (OR=3.81, 95% CI=3.78–3.83). Before the amendment, Part Two participation was high with an L-shaped relationship with personality dysfunction. With opt-out consent before the amendment, compared to those with mean PID-5-BF scores, those 1SD below the mean were more likely to participate in Part 2 (OR=2.35, 95% CI=1.59–2.82) and those 1SD above were as likely to participate (OR=1.11, 95% CI=.93–2.17). Opt-in consent distorted this relationship. With opt-in consent, compared to those with mean PID-5-BF scores, participants 1SD below the mean were more likely to participate (OR=1.10, 95% CI=1.09–1.12), and participants 1SD above the mean were less likely to participate (OR=0.71, 95% CI=0.67–0.71). Part Two participation was unaffected by the amendment when opt-out parental consent was required.

Discussion: Opt-in parental consent was associated with disproportionately lowered odds of Part Two participation among participants reporting greater personality dysfunction. Higher levels of parental disengagement and/or objection to participation could be driving this. However, this range restricting bias may limit power to identify relationships and develop effective interventions that address the needs of vulnerable populations.

624 A Study on Predictors of Complicated Grief Risk Among Suicide Survivors

PhD Hyejin Kim¹, A Study on Relationship Between Attitude Toward Suicide And Help Seeking Behavior In Korea Younghye Hur¹, Study on predictive factors of risk group for complex grief in suicide survivors Sewon Kwon¹, Study on predictive factors of risk group for complex grief in suicide survivors Tae-Yeon Hwang¹

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Objective: The purpose of this study was to identify determinants of the complex grief risk groups in a sample of suicide survivors to provide suicide prevention intervention information for them.

Background: Complicated grief to pathological grief that continues to cause complex difficulties due to bereavement even after sufficient mourning time, usually 6 months (Prigerson et al., 1995). Complex grief has a serious impact on the social adaptation of bereaved family members after suicide bereavement, so it is necessary to detect and prevent it in advance. However, although suicide bereaved family members are at a higher risk of developing complex grief compared to general bereavement, research on which factors predict risk is limited.

Methods: South Korea has been collecting information on those who died by suicide through psychological autopsy since from 2015 to present to establish a basis for establishing suicide prevention policies. This study used the 2020–2024 Korean Psychological Autopsy Suicide Survivors Data (N=744) to identify the determinants of the complex grief risk group among suicide survivors.

Result: As a result of the analysis, the complex grief risk group accounted for 81.1% of the total (male 22.4%, female 77.5%), and the normal response group accounted for 18.9% (male 31.7%, female 68.3%). The major predictive factors identified through the binary logistic regression analysis included age (ref. 20s, 30s; OR=2.698, 95%CI=1.406–5.177, 40s; OR=2.079, 95%CI=1.406–5.177, 50s; OR=7.842, 95%CI=2.842–21.637), intimacy with the deceased (OR=1.913, 95%CI=1.323–2.462), bereavement period (ref. less than 6 months, especially 2–3 years; OR=2.958, 95%CI=1.012–8.649), depression (OR=1.198, 95%CI=1.142–1.257), changes in physical health (OR=1.911, 95%CI=1.180–3.095) and interpersonal relationships after bereavement (OR=3.621, 95%CI=2.224–5.896), and experience of formal psychological support (OR=2.460, 95%CI=1.134–5.336).

Discussion: These results provide important information for early identification of high-risk groups for complex grief among suicide survivors and for providing tailored interventions, and ultimately can contribute to secondary suicide prevention and mental health recovery of survivors.

635 Factors associated with suicidal ideation and behaviour: Analysis from the National Suicide Prevention Helpline in Lebanon

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Suicide remains a global public health concern, driven by a complex interplay of psychological, social, and economic factors. This study aims to examine factors associated with suicidal ideation and behaviour offering insights for more targeted prevention strategies.

A cross-sectional analysis was conducted using routinely collected data from the National Lifeline for Emotional Support and Suicide Prevention in Lebanon between June 2021 to February 2023. Multivariate logistic regression was employed to identify factors associated with various forms of suicidal ideation and behaviour. Predictors included age, sex, relationship status, employment status,

mental illness, and psychosocial factors. Statistical analyses were performed in R, with significance set at $p < 0.05$.

Individuals aged 25–35 were more likely to report suicidal ideation and self-harm compared to those under 25, while those aged 55 and above were less likely to experience any form of suicidal ideation and behaviour. Mental illness, stress, social isolation, and relationship problems were all predictors of suicidal ideation, intent, attempt, and self-harm. Financial problems and chronic illness were linked to higher odds of suicidal ideation and intent but were not significantly associated with self-harm. On the other hand, mental health awareness was found to decrease the likelihood of experiencing suicidal ideation and behaviour.

This study underscores the need for a holistic approach to suicide prevention, addressing broader social and economic determinants. Age-specific interventions, alongside programs aimed at reducing social isolation, relationship stress, and financial difficulties, are recommended to better support individuals at risk. Future research should further explore these interactions to develop tailored, evidence-based interventions for reducing suicide risk effectively.

638 Hospitalizations due to intentional self-harm in Croatia in the period from 2017 to 2023

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Learning objective: To investigate patterns of hospitalizations due to intentional self-harm in Croatia in the period 2017–2023, with an emphasis on gender and age differences.

Background: Deliberate or intentional self-harm is one of the most significant risk factors and predictors of suicidality.

Methods: Data on hospitalizations due to intentional self-harm (ICD-10: X60–X84) were collected from the National Public Health Information System (NAJS) for the period 2017–2023. The study includes both main and additional discharge diagnoses, while hospitalizations with a fatal outcome (death) in the hospital are excluded. Data were analyzed by gender and age groups. The analysis is based on the total number of hospitalizations rather than the number of unique individuals hospitalized. Hospitalization rates per 100,000 population were calculated using available population data.

Results: There were a total of 7,549 hospitalizations due to intentional self-harm in Croatia in the period from 2017 to 2023. The average hospitalization rate for self-harm was 27.46 per 100,000 population (95% CI 26.84–28.08). The highest hospitalization rate was recorded in 2022 (30.03 per 100,000; 95% CI 28.30–31.76), while the lowest was recorded in 2020 (23.38 per 100,000; 95% CI 21.86–24.89).

Females aged 15 to 19 years had the highest rates of hospitalizations due to self-harm, with an average rate of 105.56 per 100,000 population (95% CI 97.75–113.37). Overall, average hospitalization rates for women were 1.32 times higher than for men. A t-test for independent samples confirmed a statistically significant difference in hospitalization rates between men and women ($t = -4.72$, $p < 0.001$).

Conclusion: The findings indicate significant gender differences in hospitalization rates due to intentional self-harm, with significantly higher rates among women, particularly adolescent females aged 15 to 19 years. The statistically significant gender difference highlights the need for targeted mental health interventions, especially for high-risk groups such as adolescent females. These results also indicate a need for further examination of self-harm patterns in Croatia, since there's a lack of research in this field, especially on national data.

*Trends analysis will be presented in the final version, should the poster abstract be accepted.

646 Comparison of Suicidal Ideation Before and After the COVID-19 Pandemic Between Multicultural and Non-Multicultural Adolescents in Korea

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Aim: This study examines suicidal risk trends over time among multicultural and non-multicultural adolescents in Korea and investigates whether the COVID-19 pandemic exacerbated suicidal ideation differently in these groups.

Background: Multicultural adolescents face psychological distress due to linguistic and cultural differences, economic hardship, social discrimination, and isolation (Ji et al., 2022; Kwak et al., 2023). Perceived discrimination is a key factor in their mental health problems (Szalacha et al., 2003; Sanchez et al., 2024). Compared to non-multicultural adolescents, they experience higher levels of depression, anxiety, and social isolation, increasing their risk of suicidal ideation (Kang, 2022; Yang et al., 2024). However, little research has explored the differences in suicidal risk over time and the impact of COVID-19 on these groups.

Methods: Using data from the 2014–2023 Korean Youth Risk Behavior Web-based Survey, we analyzed suicidal ideation trends among multicultural and non-multicultural adolescents. A logistic regression analysis was performed, including an interaction term for multicultural background and the COVID-19 period.

Results: Multicultural adolescents consistently exhibited higher levels of suicidal ideation, suicide planning, and suicide attempts from 2014 to 2023. Female adolescents and those with poor mental health were more likely to experience suicidal ideation, while those with better economic conditions had lower risk. A significant interaction effect was found between multicultural background and the COVID-19 period. While non-multicultural adolescents experienced a significant increase in suicidal ideation post-pandemic, multicultural adolescents already had persistently high suicide risk levels, with no substantial change after COVID-19. This suggests that multicultural adolescents face long-term structural risks, whereas the pandemic caused a temporary surge in suicidal ideation among non-multicultural adolescents.

Discussion: These findings highlight the need for sustained mental health support for multicultural adolescents, given their consistently high suicidal risk. Meanwhile, non-multicultural adolescents require targeted interventions to address short-term psychological distress caused by crises like COVID-19. Addressing structural inequalities and providing culturally sensitive mental health resources could help mitigate the persistent risk among multicultural adolescents.

651 Organizational guidelines and recommendations for responding to a death by suicide: A scoping review

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Objective: Describe the key components of organizational suicide response plans and their applicability to PSP populations.
Background: Public Safety Personnel (PSP) are exposed to potentially psychologically traumatizing events and often report elevated lifetime rates of suicidal ideas and self-harm. When a PSP member dies by suicide, their colleagues/families may experience symptoms

commonly associated with grief and bereavement such as anger, guilt, shame, stigma, perceived preventability, relief, social isolation, family relational disturbance, perceived rejection, and trauma. This experience can often be worsened by a perceived lack of organizational support. Key PSP interest holders have identified a need for organizational guidelines on how to best respond following a member suicide. This study is part of a larger project focused on developing a national suicide prevention strategy for PSP in Canada. Methods: We conducted a scoping review investigating organizational guidelines or recommendations following a suicide death. The search was restricted to organizations most likely to have a suicide response policy in place, including PSP organizations, hospitals and clinics, and universities and colleges. A comprehensive search of the following databases was conducted: Medline and Medline in Process via Ovid, Embase Classic + Embase via Ovid, APA PsycINFO via Ovid, CINAHL via EBSCOHost and Social Services Abstracts via Proquest. No limits to age of participants, language, or publication date were applied. We also conducted a systematic search of the grey literature for any organizational documents related to suicide postvention in Canada, the US, the UK, Australia, and New Zealand. Document were screened, and data was extracted by two independent reviewers. Full-text documents were charted to provide a logical and descriptive summary of results in relation to the review questions. A narrative synthesis approach was used to describe the findings of the review. Results: While this scoping review is ongoing, preliminary results will be presented. It is anticipated that we will present on common components of organizational responses to suicide and how these components may be adapted to meet the needs of PSP organizations. We will also discuss any PSP-specific modifications need to be made to existing guidelines. Discussion: The results of this scoping review will be used to develop an evidence-based suicide response guide for PSP organizations that can be adapted to each organization's local context. These results may also inform the development of organizational interventions for PSP.

652 Suicide in Bosnia and Herzegovina and the City of Sarajevo with Special Reference to Ethnicity

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Background: Besides the war experience (1992–1995), Bosnia and Herzegovina (BiH) constitutes an interesting area for studies on suicidal behavior from an ethnic and religious perspective with its mixed ethnic population of Bosniaks, Serbs, and Croats. Aims: The study investigates suicide in BiH and the capital city of Sarajevo before (1985–1991) and after the war (1998–2006), with special reference to gender and ethnicity. Method: Official suicide data were gathered for the two periods with regard to gender, ethnicity, and suicide methods used. Results: No differences in suicide rates were found in BiH and Sarajevo before and after the war. The male-to-female suicide rate ratio in BiH was significantly higher after the war than before the war, with an opposite tendency seen in Sarajevo. Before and after the war, the highest and stable suicide rates were among Serbs in BiH. In Sarajevo the highest suicide rates were found among Croats after the war. Hanging was the most common suicide method used, both before and after the war, while firearms were more commonly used after the war. Poisoning was a rarely used method in both periods. Conclusion: The stable suicide rates in BiH over the pre- and postwar periods indicate no evident influence of the Bosnian war on the postwar level of suicide rates, except for women in Sarajevo. Beside this exception, the findings indicate a long-established underlying pattern in suicide rates that was not immediately changed, even by war. The study supports earlier findings that the accessibility of means influences the choice of suicide method used.

653 Deliberate self-harm and ethnicity in the city of Sarajevo; Bosnia and Herzegovina Psychiatrist Emina Music^{1,2}, Professor Ellinor Salander Renberg¹

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Music, Emina

The aim of the present study is to investigate deliberate self-harm (DSH) in Bosnia and Herzegovina (BiH), with special reference to gender, age and ethnicity. Between 2001 and 2003, known hospital cases of DSH in persons aged 15 or older in the Sarajevo area were monitored using standardised methods. In total, 1428 DSH events were registered, giving an annual mean DSH event rate of 119 per 100 000 (118 for women, 120 for men) and a DSH person rate of 110 (108 for women, 111 for men). The mean person-based DSH rate was 124 for Bosniaks (Muslims), 128 for Croats (Catholics), and 88 for Serbs (Orthodox Christians). Self-poisoning was the most commonly used method in all three ethnic groups (66%), with second-most common method self-harm by a sharp object (17%). A very low proportion used guns or explosives. The rates of DSH in Sarajevo during the study period were comparable to those of many other regions in Europe, though with a quite unique pattern of higher rates among men. We identified fluctuating but significantly not different rates between ethnic groups. The general belief that religious denomination is decisive for level of DSH-rates was not supported by the findings of this study; rather the post-war situation with huge demographic changes was reflected in the results. Disruptions to social integration as a consequence of the war are put forward as possible explanations.

667 Comparing Risk Factors for Non-Suicidal Self-Injury among Perpetrators, Victims, and Perpetrator-Victims of School Violence in Korean Adolescents Dr. Jongserl Chun¹, Phd Candidate Yeonjee Cho¹, Ms. Naeun Kim¹

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Purpose: This study aimed to investigate the factors influencing non-suicidal self-injury (NSSI) among adolescents who have experienced school violence in South Korea, focusing on the victim, perpetrator, and perpetrator-victim overlapping groups. The research utilized an Integrated Theoretical Model of the Development and Maintenance of NSSI to examine these factors.

Background: Suicide is the leading cause of death among South Korean adolescents, accounting for 10.8% of adolescent deaths. NSSI, a significant predictor of suicide risk, is most prevalent during adolescence. A 2024 survey found that 38.5% of adolescents victimized by school violence reported suicidal and NSSI impulses. Moreover, other research suggests that experiencing school violence, whether as a victim, perpetrator, or both, has a significant impact on adolescents' mental health, including NSSI. Therefore, further research is required to explore the factors influencing NSSI in each group, as current studies remain insufficient.

Methods: This cross-sectional study analyzed 552 samples associated with school violence from the 2021 Korean Teenagers Mental Health Status Survey (n=6,689). A hierarchical logistic regression analysis was conducted based on the Integrated Theoretical Model of NSSI. The analysis included parental abuse, negative-parenting attitude, depression, anxiety, teacher relationships, peer relationships, and perceived stress as variables, while controlling for gender, age, and economic status.

Results: In the school violence victim group, the prevalence of NSSI was 61.1% (32.5% male, 67.5% female). Anxiety was identified as the primary factor influencing NSSI in this group (OR= 3.82, $p < .001$, Nagelkerke $R^2=.309$). Among teenagers who perpetrated school violence, 52.9% (64.1% male, 35.9% female) experienced NSSI, with depression emerging as the most significant factor contributing to NSSI (OR= 15.51, $p < .001$, Nagelkerke $R^2=.490$). Additionally, among teenagers who

experienced both perpetration and victimization of school violence, 56.2% (61.1% male, 38.9% female) engaged in NSSI, with peer relationships identified as a major influencing factor on NSSI (OR = 0.40, $p = .002$, Nagelkerke $R^2 = .373$). The study also revealed that females were more prone to NSSI in the victimization group, while males showed higher NSSI rates in perpetrator and perpetrator-victim groups.

Discussion: This study highlights the differing factors influencing NSSI in victims, perpetrators, and perpetrator-victims. Historically, interventions have focused on victim protection and guiding perpetrators. To effectively prevent self-harm, interventions must be tailored to each group's unique psychological needs. This includes reducing anxiety for victims, addressing depression for perpetrators, and fostering healthy peer relationships for those in the overlapping group. Such targeted approaches are crucial for successful outcomes.

670 Age of onset of self-harm in children and adolescents: A scoping review

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Learning objective: An understanding of age of onset of self-harm in people aged ≤ 18 years with reference to self-harm definitions, onset operationalisations, and research methods employed.

Background: Self-harm is associated with significant distress in young people. Prior reviews have collated age of onset of self-harm with little discussion around how variation in study design, methods, nomenclature may impact estimates. A scoping review is an appropriate design to map the age of onset literature with respect to this heterogeneity. Therefore, this scoping review aimed to map the age of onset of self-harm in young people ≤ 18 years alongside the definitions, operationalisation, and research methods used to determine onset.

Methods : This review adhered to a published protocol and followed JBI guidance for scoping reviews. Studies reporting age of onset of self-harm in people aged ≤ 18 years in any context (i.e. hospital presenting, community settings) were eligible for inclusion. Medline, PsycInfo, Embase, CINAHL Plus, and Web of Science were searched (21st June 2024), supplemented by a grey literature search. Data were independently screened and subject to basic coding and narrative and graphical presentation.

Results: A total of 41 studies were included. Most reported a mean age of onset between 12-14 years. Eleven different terms of self-harm were used, and the majority were conceptualised self-harm as suicidal or non-suicidal, with non-suicidal self-harm distributed in favour of a slightly younger onset age. In most studies (71%), onset of self-harm was collected using methods requiring retrospective report. The operationalisation of onset was reported in 34% of studies. Some studies reported age of onset according to subgroups. Onset was generally younger in females, in those engaging in non-suicidal self-injury versus suicide attempts, and in those with a longer self-harm trajectory or a more severe nature.

Discussion: This review highlights the different ways in which age of onset of self-harm is investigated and differences in subgroups. It underscores the need for clearer, more consistent definitions to enhance the comparability of research findings. A better understanding of age of onset is critical for informing targeted clinical interventions and prevention efforts. Future research should aim to refine these definitions and employ more consistent methodologies to track age of onset across diverse populations.

671 The Effect of Stress on Suicide Risk among Out-of-School Youth: Multiple Additive Moderating Effects of Family Relationship Quality and Community Support

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Learning Objective: Participants will understand how family relationship quality and community support function as protective factors that collectively moderate the relationship between stress and suicide risk in out-of-school adolescents.

Background: Out-of-school adolescents represent a vulnerable population at heightened risk for mental health challenges, including suicide. While stress is recognized as a significant factor in increasing suicide risk, protective elements such as family relationship quality and community support have been less studied, particularly their combined moderating effects. Identifying how these factors collectively influence suicide risk could inform targeted interventions to enhance resilience in this at-risk group.

Methods: Data were collected from 752 out-of-school youth (35.4% male, 64.6% female) through the 2021 Korean Youth Mental Health Survey conducted by the National Youth Policy Institute. Suicide risk was assessed using the Mental Health Screening for Suicide Risk (MHS:S). Stress was measured through the Korean Version of the Perceived Stress Scale for Adolescents (KPSS-A), family relationship quality via the Korean Youth Indicators, and community support through selected items from KPSS-A. Data analysis was performed using SPSS PROCESS macro (Model 2) to examine multiple additive moderating effects, controlling for participants' gender and family economic status.

Result: Stress demonstrated a significant positive relationship with suicide risk among out-of-school youth (coeff.=.15, $p<.01$). Furthermore, both family relationship quality (coeff.=.01, $p<.05$) and community support (coeff.=.01, $p<.05$) independently and additively moderated this relationship. Conditional effect analysis revealed that each incremental improvement in family relationship quality reduced the stress-related suicide risk by .08-.09 units and each incremental increase in community support reduced this risk by .10-.11 units. These findings indicate that the protective influences of family relationships and community support not only independently buffer stress but also provide a compounded effect. Overall, the model accounted for 29% of the variance in suicide risk ($F=45.26$, $p<.001$).

Discussion: These findings demonstrate the crucial roles that family relationship quality and community support play in mitigating suicide risk resulting from stress among out-of-school youth. The study underscores the need for targeted interventions and preventive strategies that emphasize enhancing family cohesion and expanding community support networks. Intervention programs specifically designed to strengthen these protective factors can significantly contribute to improved mental health outcomes and substantially lower suicide risk among vulnerable youth populations. Future research should further explore specific community-based and familial strategies that effectively reduce stress-induced suicide risks.

672 Addressing Suicide Risk Through Caregiver Support: Effectiveness of the 360° Anywhere Care Program for Families of Persons with Disabilities

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Learning Objective: Participants will understand the effectiveness of the 360° Anywhere Care Program in reducing caregiving burdens, enhancing life satisfaction, and potentially mitigating suicide risk among family caregivers of individuals with disabilities in South Korea.

Background: Despite various policies implemented by the South Korean government to improve the quality of life for individuals with disabilities, significant care gaps remain, particularly during nighttime and holidays. These gaps increase caregiving burden, potentially exacerbating depression, anxiety,

and suicide risk among caregivers. To address this, Gyeonggi Province launched the "360° Anywhere Care" initiative in April 2024 as a pilot program, becoming South Korea's first region to extend disability care services specifically during nighttime and holidays across 42 agencies.

Methods: This study employed a pre-post design evaluating program outcomes through surveys with 371 family caregivers in 2024. Caregivers were predominantly middle-aged women (86.3% female; 41.2% in their 50s) living with the individuals they cared for (90.2%). Care recipients primarily had developmental disabilities (72.3%), including intellectual disabilities (48.9%) and autism spectrum disorders (23.5%), with 94.2% classified as having severe disabilities. Measures included caregiving burden, parental burnout, self-efficacy, and life satisfaction. Paired t-tests analyzed changes between measurements.

Results: Quantitative analysis revealed significant improvements following program participation. Caregivers experienced reductions in overall caregiving burden (pre: $M=3.42$, post: $M=3.14$, $t=3.425$, $p=0.001$), parental caregiving burden (pre: $M=2.88$, post: $M=2.66$, $t=3.540$, $p=0.001$), and parental burnout (pre: $M=3.01$, post: $M=2.62$, $t=5.145$, $p<0.001$), addressing key stressors that contribute to caregiver mental health challenges. Caregiver self-efficacy significantly increased (pre: $M=3.37$, post: $M=3.48$, $t=-2.146$, $p=0.033$), indicating improved confidence in managing caregiving responsibilities. Notably, 32.5% of caregivers reported experiencing depression for more than two weeks before the program, highlighting the mental health vulnerability of this population. Life satisfaction significantly improved in social relationships, health status, and leisure activities.

Discussion: This study provides evidence that specialized support programs can effectively reduce family caregiver burden and improve mental health outcomes that are known risk factors for suicide. By addressing chronic stress, social isolation, and feelings of hopelessness, such programs can interrupt the pathway from caregiver burden to depression and suicidal ideation. The findings highlight the importance of developing support systems that extend beyond traditional service hours as part of a proactive suicide prevention strategy for high-risk caregiver populations. Future policy efforts should prioritize integrated services addressing both psychological and physical caregiver health, alongside economic and respite support, as a comprehensive suicide prevention strategy for this high-risk population.

680 Prevention of self-destructive acts' recurrence through differential diagnostics of their clinical-motivational types in patients with schizophrenic spectrum disorders

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The sheer number of people with mental disorders who die by suicide is the compelling evidence that self-destructive behaviour (SDB) is significant problem in world psychiatry.

The study aim: to analyse the clinical-motivational types (CMT) of self-destructive acts (SDA, self-destructive injuries or suicidal attempts) in patients with schizophrenic spectrum disorders (SSDs) in order to prevent recurrence of them.

Methods. We examined 134 patients with SSDs and SDA (in 2021 – 2024), 66 men (49.25%), 68 women (50.75%), 18–45 years old, mean age: 34.23 ± 11.17 and 30.77 ± 10.49 .

We used statements' content analysis of the immediate psychological or situational causes of SDA realization in patients with SSDs as basis of CMT evaluation (CMT\SDA).

All patients were divided into groups according to the pathogenetic difference of a manifestations and dynamics of SDB. The first group (Gr1): 74 patients (55.3%) realized SDA under the direct influence of psychotic symptomatology, and signs of SDB completely ceased upon withdrawal from the psychotic exacerbation. The second group (Gr2): 60 patients (44.7%) had SDB symptoms at least more than half of the illness time — independently before or after the SDA.

Results. We identified the several CMT\SDA (anxious, demonstrative, self-stigmatizing, conflict, imperative, delusional, and depressive) and their distribution in each group.

The imperative CMT (under imperative pseudohallucinations: 70.2% patients) and the delusional CMT (under acute delusional ideas: 18.9% patients) we have been branded only in Gr1 ($p<0.000$, χ^2 -square test).

Whereas in Gr2' patients we observed quite different variants of CMT\SDIs. They mainly associated with psychological problems: the anxious CMT (need to reduce hard delusional anxiety) and the demonstrative CMT as desire for attention (38.3% and 20.0% accordingly, $p<0.041$, χ^2 -square test). Cases with the conflict CMT (mainly in family: 18.3% patients) and the self-stigmatizing CMT (the hopelessness due to psychiatric diagnosis: 13.3% patients) were less frequent.

Only the depressive CMT (SDA caused under severe delusional depression) was fixed in both groups less than 10% cases.

Conclusion. Thus, to prevent recurrences of SDA in patients with SSDs, it is necessary to take into account their clinical symptomology as well as SDB' features, especially CMT\SDA. Adequate antipsychotic pharmacotherapy should be used if SDB is a secondary syndrome whose onset is associated with acute psychotic symptoms (as Gr1' patients). In cases, where course of SSDs has a long-lasting pathogenetic interaction with permanent self-destructive or suicidal signs (as Gr2' patients), obligate requirement is to combine psychopharmacotherapy with long-term psychotherapy as SDA' recurrences prevention.

683 Bringing Help and Hope to Military Veterans: Evaluation of a Peer Suicide Risk Detection Training Program

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Learning Objective: Attendees will learn how an innovative peer-led suicide prevention training program empowers Veteran Service Organizations to detect and respond to veteran suicide risk.

Background: Suicide rates among military veterans vary across Europe and the U.S. (EUROMIL 2022). In the U.S., approximately 17 veterans die by suicide daily and the rate is 57% higher than the national average. Traditional prevention methods often fail to reach veterans reluctant to seek healthcare support. Veteran Service Organizations (VSOs), such as the American Legion with 1.6 million members, provide an opportunity to reach veterans in trusted communities. While up to 75% of veterans deny suicide risk, they are more likely to disclose suicidal thoughts when speaking with trusted peers familiar with military culture. To address this, the Columbia University Lighthouse Project, in collaboration with the USAA Face-the-Fight initiative, developed a peer-led suicide risk detection and prevention training program for VSOs. The training aimed to equip veteran peers with skills to recognize and respond to suicide risk in non-clinical settings.

Methods: A total of 1,583 U.S. VSO members (ages 21–93, mean 60) participated in a 90-minute virtual training led by military-experienced trainers specializing in suicide prevention. The training covered risk and protective factors, dispelling suicide myths, a public health approach, and instruction on the Columbia Suicide Severity Rating Scale (C-SSRS) for assessing risk and determining next steps. It incorporated psychoeducation, role-playing, storytelling, and audience engagement to foster skill-building. Pre- and post-training self-report surveys, adapted from the standard C-SSRS training evaluation, assessed participants' knowledge, attitudes, and confidence in identifying and intervening with at-risk veterans.

Results: Statistical analyses showed significant improvements in knowledge, attitudes, screening utilization confidence (paired $t=23.21$, $df=924$, $p<.001$), and comfort in discussing suicide (Wilcoxon signed-rank test: $z=7.36$, $p<.001$). Key findings included increased understanding that asking about suicide does not increase risk, firearm access is a major factor and attempts often occur within minutes of ideation. The training also improved participants' ability to assess and stratify risk.

Discussion: This study demonstrates the feasibility of engaging VSOs in brief, peer-led suicide prevention training and its effectiveness in improving non-clinicians' ability to detect suicide risk among veterans. The training successfully engaged hard-to-reach older veteran peers, preparing them to intervene with at-risk peers. Findings support expanding community-based, peer-led suicide prevention initiatives as a vital public health strategy. The program's success highlights the importance of leveraging peer networks to reach populations hesitant to seek formal healthcare support.

694 Exploratory analysis of suicidal thoughts in Japanese children: a text mining approach to messages posted on an online bulletin board "Facing Suicide"

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Objective: To explore how children express suicidal thoughts in written messages on an online bulletin board.

Background: In Japan, the number of suicides among school-aged children reached a record high in 2024. Understanding the factors contributing to child suicide is an urgent necessity in promoting countermeasures. The records of not only those who have died by suicide, but also the voices of children who are still living with feelings of wanting to die, should provide valuable insights into this issue. This study focuses on messages posted by children on a free, non-membership online bulletin board that is provided as a platform for people with difficulties in life to express their thoughts related to suicide and emotional struggles.

Methods: The messages posted on "Facing Suicide (Jisatsu-to-mukiau)" by persons under 20 years of age between June 1, 2023, and November 30, 2024, were analyzed using text mining. Posts containing explicit expressions such as "I want to die (Shinitai)" or "I want to disappear (Kietai)" were categorized as the Expressing Suicidal Thoughts Group, while others formed the Non-Expressing Suicidal Thoughts Group. Words (nouns, adjectives, verbs, and adjectival verbs) that appeared particularly frequently in the Expressing Suicidal Thoughts Group compared to the other group. We also examined the syntactic dependencies between the frequent nouns and other words (adjectives, verbs, and adjectival verbs).

Result: Of the total 2,443 posts analyzed, 1,449 (59.3%) were classified in the Expressing Suicidal Thoughts Group. Several words referring to the self (e.g., "I" and "me") and some negative emotional words (e.g., "painful," "hate," and "bad") appeared significantly more frequently in the Expressing Suicidal Thoughts Group compared to the other group. With the analysis of syntactic dependencies, the self-referential words were often accompanied by the negative emotional words.

Discussion: The analysis revealed that self-referential and negative emotional words were significantly more frequent in the messages that expressed explicit suicidal thoughts than in those that did not. Although the causality is unclear, these words were often used simultaneously, suggesting self-disgust and/or self-blame. Negative feelings toward oneself and low self-esteem in children with suicidal thoughts may make them less likely to engage in help-seeking behavior, and this should be taken into account when providing them with support.

699 Reflections from the field: The challenges of undertaking suicide related research with people on probation.

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To share and reflect on the challenges of undertaking suicide related research with people on probation, suggested solutions to overcome them and the implications for research design.

People on probation are a hard to reach, stigmatised and socially disadvantaged group. They are also more vulnerable to dying by suicide than both people in prison and in the general community. They experience multiple and complex health and social needs and combined with sentence requirements and probation supervision arrangements often lead chaotic and transient lives. They have limited access to, and engagement with primary care and health services. This, combined with the necessary ethical and safeguarding protocols in place for their involvement in research presents numerous challenges in addressing sizeable research gaps in our understanding of the risk factors for suicide among this group and effective prevention strategies.

A mixed-methods study is currently underway, including a feasibility test to gain access to, and link justice and health data to build a comprehensive profile of people who die by suicide on probation supervision in England and Wales. The voices of people on probation are also being sought to capture the lived experience of people on probation who have experienced a suicide attempt whilst on probation through qualitative interviews.

There are multiple and competing challenges to accessing both probation data and people on probation. Ethical, legal and organisational permissions to access data across multiple agencies were unclear and often contradictory. Individual organisations could offer little clarity on required permissions, creating lengthy delays impacting study timelines, prompting subsequent changes to the research design. Ethical permissions, whilst a necessary part of the research process, were overly lengthy, bureaucratic, and laden with duplication. Identification of people on probation nationally has been arduous, fraught with the challenges of working with frontline staff as gatekeepers who are also navigating system wide operational pressures. It requires a balanced approach to pro-active and ongoing communication, and researcher flexibility and perseverance.

The criticality of suicide research with this population is clear, yet the challenges to navigating the health and justice landscape are not to be underestimated. Being alert to and carefully considering the 'operating context' within which the research is taking place is critical from the outset. Generous and realistic planning, utilisation of gatekeeper networks, and clear communication strategies are some of the suggested solutions to gain and maintain access, whilst building in design contingencies that can respond to any unexpected changes.

707 Vienna Suicide Prevention Program (VSPP): an early intervention program for leadership staff

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Learning Objective: To understand how the implementation of an early intervention program for city administration leadership, enhancing their knowledge, attitudes, and competencies in identifying and managing suicidal crises while promoting a positive perspective on psychological support.

Background: With 28% of all suicides occurring between 45 and 59 years, suicides particularly affect the working age population.

Thus, workplaces are an important setting for suicide prevention efforts. Sudden changes in work performance and social behaviour may indicate suicidal ideation and suicidal behaviour, yet recognizing such signs and responding appropriately remains a challenge for leadership staff.

The study hypothesizes that such interventions will increase knowledge, improve attitudes towards suicide prevention, and enhance leadership confidence in addressing mental health crises among employees. Additionally, the training is expected to positively influence leaders attitudes toward seeking professional psychological support.

Methods: N=50 managers receive structured training modules and intervention materials to enhance their ability to identify and respond to suicidal crises among employees.

Guidelines: The focus of the guidelines is on enhancing leader behaviour, including competency and confidence in responding to employees experiencing psychosocial crises.

Training: This training aims to strengthen the following skills:

- Leadership preparedness in recognizing and managing crisis situations
- Positive attitudes to seek psychological support

Data collection

A questionnaire assesses:

- o Confidence in talking to suicidal individuals
- o Subjectively perceived knowledge about signs of suicide
- o Development of confidence in dealing with suicide
- o Confidence in dealing with the death of employees

Attitudes towards seeking professional psychological support are measured using a pre developed instrument.

Data collection will take place before and after the first workshop as well as before the additional training units 6, 12 and 24 months after the first participation. Questionnaires will be used to measure knowledge of suicide prevention, Attitude towards seeking professional psychological support and confidence in talking to individuals experiencing psychosocial crises. Data will be compared to a control group, which consists of 50 people who are on a waiting list for the training course.

Results: Although few data have been collected at this stage, first trends are already emerging. Preliminary results show positive changes after the first intervention in regards to competency and confidence of leadership staff when it comes to deal with employees experiencing psychosocial crisis situations. An improvement in attitudes towards seeking professional psychological support could be shown as well.

Discussion: Practical implications of our findings will be discussed in the presentation.

713 No Single Trauma Predicts Suicidality in Elementary and Preadolescent Children

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LEARNING OBJECTIVE: Identify if specific trauma exposure explains suicidality among elementary and preadolescent children.

BACKGROUND: Suicide is a leading cause of death for preadolescent children in the United States, but child suicide research largely examines later adolescence (CDC, 2024). Limited research suggests some forms of child maltreatment correlate to adolescent suicidality, and early childhood

trauma is consistently associated with poor mental health outcomes (González & Martínez-Cárdenas, 2024, Angelakis et al., 2018, Miller et al., 2013). However, the impact of specific trauma exposure on elementary- and preadolescent-children's suicidal ideations is unclear. The purpose of this study is to examine whether specific traumas predicted suicidality in elementary and preadolescent children.

METHODS: The current study includes 1,227 children aged 7–14 (54% female; 19% American Indian/Alaska Native, 2% Asian, 17% Black, 74% White, 11% Hispanic/Latino) from the National Child Traumatic Stress Network's (NCTSN) Clinical Improvement through Measurement Initiative (CIMI) sample (total N=2,666). Children were split into two age groups for analyses: ages 7–10 (n=582) and ages 11–14 (n=645). Suicidality was coded as 1 ("Yes") if either a clinician, caregiver, and/or the child endorsed: "thinking about killing themselves or attempting to do so", or "ever talked about killing themselves" in the past 30 days. No endorsement was coded as 0 ("No").

Similarly, clinicians, caregivers, and/or the child reported specific trauma exposures (Sexual Maltreatment/Abuse, Physical Maltreatment/Abuse, Psychological/Emotional Maltreatment/Abuse, Neglect, Domestic Violence, Impaired Caregiver, Extreme Interpersonal Violence, Community Violence, School Violence, Bullying). All children had exposure to at least one trauma and had experienced, on average, 6.04 traumas (SD=2.69). T-tests determined whether a specific trauma associated with suicidality.

RESULTS: Bullying was a significant predictor of suicidality for both age ranges (ages 7–10: $F(1,559)=10.29$, $p=0.001$, $r^2=0.018$; ages 11–14: $F(1,589)=20.67$, $p=0.001$, $r^2=0.034$). Community violence was significantly associated with suicidality in 11–14 year olds ($F(1,588)=4.32$, $p=0.038$, $r^2=0.007$), but was non-significant in 7–10 year olds ($F(1, 555)=0.00$, $p=0.999$, $r^2=0.01$). Notably, bullying and community violence explained less than 3% of the variance in suicidality, suggesting other variables and interactions may be contributing to the variance in suicidality. There were no other significant group differences between a specific trauma and endorsements of suicidality, regardless of age range.

DISCUSSION: Isolated trauma exposure type did not substantially explain child suicidality endorsements. However, cumulative trauma may better predict child suicidality. Future research will examine how contextual factors can protect against child suicidality in this sample.

714 The Critical Role of Leveraging Partnerships as a Public Health Strategy for Suicide Prevention

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Partnerships are pivotal in advancing public health strategies, particularly in addressing complex issues such as suicide prevention among veterans. According to a study on the Veteran Sponsorship Initiative (VSI), effective partnership formation is crucial for implementing coordinated interventions to tackle complex problems like suicide prevention. The study highlights that VSI's rapid scale-up underscores the value of partnership formation in achieving such interventions. This conceptual poster explores the significance of partnerships as a public health strategy, delineates the essential steps to establish and solidify effective collaborations, and illustrates these principles through the partnership between the Columbia Lighthouse Project and the American Legion, a similar veteran service organization to The British Royal Legion and The Royal Canadian Legion. This collaboration, supported by a grant from USAA's "Face the Fight" initiative, focuses on training the US American Legion members in the Columbia Protocol to prevent suicide among veterans.

In public health, partnerships are instrumental in pooling resources, expertise, and networks to tackle multifaceted health challenges. Collaborations between organizations can lead to more

comprehensive and sustainable health interventions. This poster examines the role of partnerships in public health, outlines the steps to cultivate successful collaborations, and provides a case study of the partnership between the Columbia Lighthouse Project and the American Legion in suicide prevention efforts.

The Importance of Partnerships in Public Health

Public health issues often transcend the capacity of single organizations, necessitating collaborative approaches. Partnerships enable:

- **Resource Sharing:** Combining financial, human, and material resources to enhance the reach and impact of health initiatives.
- **Expertise Integration:** Leveraging diverse knowledge and skills to develop comprehensive strategies.
- **Community Engagement:** Building trust and rapport within communities through established relationships of partner organizations.
- **Policy Influence:** Collaborating to advocate for policy changes that promote public health.

We will explore steps to establish and solidify partnerships through the Centers for Disease Control and Prevention Foundation and successful partnerships through the Bill and Melinda Gates Foundation's collaboration with the World Health Organization and the Global Fund.

Our case study will exemplify our successful public health partnership, and include vital data and information related to dissemination efforts, marketing and outreach, and provide our impactful outcomes.

We will demonstrate how collaborative efforts can effectively address public health challenges.

781 Clinical profiles in a phone-based suicide prevention program. L Annabel Cebria

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Introduction: Suicide is a major global public health issue and one of the leading causes of preventable death. Research consistently shows that a prior suicide attempt is among the strongest predictors of future suicide, underscoring the importance of targeted prevention efforts during the critical period following an episode of suicidal behavior. Studies estimate that around 20% of individuals with a history of suicidal behavior will experience a subsequent attempt, with 88% of these occurring within two years of the initial episode (Parra-Urbe et al., 2017).

In recent decades, the urgency of developing and implementing evidence-based prevention strategies to reduce suicide attempts in high-risk individuals has become increasingly clear. Suicide prevention initiatives encompass a variety of follow-up interventions designed to strengthen patient-provider connections, including personalized outreach (e.g., letters, phone calls, text messages), 24/7 crisis helplines, and structured follow-up appointments in specialized care settings.

Remote interventions, particularly brief telephone-based contact, have gained recognition as a cost-effective and scalable approach to suicide prevention within healthcare settings, offering a promising strategy to enhance patient engagement and reduce suicide risk.

Learning Objectives: The objective of this study is to analyze the clinical and sociodemographic characteristics associated with varying levels of adherence to a telephone-based suicide prevention program.

Methods: This study is part of the SURVIVE project, a prospective cohort within a multicenter, randomized clinical trial designed to evaluate the effectiveness of telephone-based secondary

suicide prevention programs compared to treatment as usual (TAU). The primary outcome is the recurrence of suicide attempts and/or suicide-related mortality. Secondary measures include adherence to the telephone intervention. A total of 568 participants were enrolled in the study (n = 273 in the telephone intervention group and n = 295 in the TAU group).

Results: The study will provide a detailed clinical and sociodemographic profile of individuals who adhere to telephone-based suicide prevention interventions, offering insights into factors that influence engagement and dropout rates in this population.

Conclusions: Understanding the factors that impact adherence to telehealth interventions following a suicide attempt is crucial for assessing the feasibility and long-term viability of these programs. The extent to which clinical and sociodemographic variables influence dropout rates remains unclear, representing a significant gap in current research. Identifying symptom patterns associated with treatment adherence among individuals discharged from emergency departments after self-harm could contribute to more targeted, effective interventions and improved clinical outcomes.

289 Preferences of Homeless Veterans for Suicide Care: A Treatment Development Study
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Learning objective: Discuss needed adaptations of Crisis Response Planning and Brief Cognitive Behavioral Therapy when implemented with suicidal veterans experiencing homelessness.

Background: United States (US) veteran suicide rates remain elevated over their civilian counterparts. Suicide rates among US veterans indicating homelessness are 186.5% higher than veterans without any indications of homelessness. To address this, the Veterans Health Administration (VHA) has implemented programming efforts to reduce suicide among veterans. However, only 38.3% of veteran suicide decedents accessed the VHA in the year prior to their death. Piloting and implementing interventions to effectively combat the rising rates of veteran suicides outside of the VHA are warranted, particularly for disproportionately affected groups like veterans experiencing homelessness. Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT) is one intervention demonstrated to reduce suicidal behaviors by 60% among military personnel when compared to treatment as usual (TAU). The Crisis Response Plan (CRP), an intervention delivered during the first session of BCBT, or separately on its own, has been demonstrated to reduce subsequent suicidal behaviors by 76% among military personnel compared to TAU. Recently, a four-session compressed version of BCBT was adapted for use on inpatient psychiatric units and demonstrated a 60% reduction in subsequent suicide attempts post-discharge when compared to TAU. However, these evidence-based interventions have not been implemented with veterans experiencing homelessness previously.

Methods: We are recruiting 30 veterans experiencing homelessness with current suicidal ideation and/or a recent attempt who do not receive services through the VHA. We are interested in seeing how many participants in this population (1) are interested in participating in this study, (2) consent to participate, (3) complete CRP, (4) choose to follow-up with a shortened version of BCBT, and (5) complete this shortened version of BCBT. We are evaluating the usability of our interventions and study procedures through an online survey at baseline and six-week follow-up.

Result: We will discuss recruitment efforts, the dosing of BCBT components (i.e. CRP alone vs. CRP and additional BCBT sessions) that were preferred by our participants, and how best to provide suicide care to this population.

Discussion: As veteran preference will determine the BCBT components delivered, we will discuss the findings as they relate to the study aims including (1) refining the experimental design for a

potential larger fully powered clinical trial; and (2) evaluating the feasibility of delivering BCBT adaptive treatment strategies based on veteran preference for homeless veterans.

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16 Characteristics of surveillance systems for suicide and self-harm: A scoping review

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Characteristics of surveillance systems for suicide and self-harm: A scoping review

Background: Suicide is a complex public health issue. Surveillance systems play a vital role in identifying trends and epidemiologic needs, informing public health strategies, and tailoring effective context-based suicide prevention interventions. Aim: To identify and summarise the characteristics of specific surveillance systems and general health behaviour that include data on suicide and self-harm. Method: A scoping review following the JBI recommendations and PRISMA-ScR guidelines identified 29 relevant studies on suicide and self-harm surveillance systems. A systematic search was performed on Cinahl, Embase, Lilacs—Latin American and Caribbean Health Sciences Literature, PubMed—US National Library of Medicine, Scopus, and Google Scholar. The eligibility criteria include papers that use qualitative, quantitative or mixed methods with no restrictions on time or language. The following papers were excluded regarding euthanasia and assisted suicide, as well as papers that did not explicitly describe suicide, self-harm, and surveillance systems. Two researchers independently screened the materials for eligibility and extracted data from the included studies. Data analysis was conducted using content analysis. Results: Twenty-nine references were included, and 30 surveillance systems were identified and classified into general health behaviour surveillance (n = 15) and specific systems for suicide and self-harm (n = 15). General health behaviour systems often operate at national data collection level, collecting non-fatal data in healthcare settings, mainly emergency departments. The specific systems exhibited greater variability in terms of context, involved actors, data collection level, data collection procedures, and case classification. Limitations found by the studies pointed mostly to case definitions and data quality. Co-production, intersectoral collaboration, clear case definition criteria and data standardisation are essential to improve surveillance systems for suicide and self-harm. Conclusions: This review identified the characteristics of surveillance systems for suicide and self-harm. Monitoring and evaluation are crucial for ongoing relevance and impact on prevention efforts. The study results were published in: <https://doi.org/10.1371/journal.pgph.0003292>

41 Posttraumatic growth types of mental health professionals who have experienced a client's suicide

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Learning Objective: – To understand the level of posttraumatic growth among mental health professionals who have experienced a client's suicide and categorize their posttraumatic growth type

Background: Mental health professionals are at a high risk of experiencing secondary traumatic stress and vicarious trauma resulting from a client's suicide. According to the theory of posttraumatic growth proposed by Tedeschi and Calhoun (1995), individuals can experience positive changes through the process of coping with and reflecting on severe trauma. Previous studies have identified personal and environmental factors associated with the posttraumatic growth of mental health professionals who have experienced a client's suicide. However, these studies remain limited in identifying the specific types of posttraumatic growth they experience based on their unique characteristics. Therefore, this study aimed to examine the types of posttraumatic growth among mental health professionals who have experienced trauma related to a client's suicide.

Methods: The study sample consisted of 319 mental health professionals, including social workers, nurses, psychiatrists, and psychologists, working in suicide prevention centers, hospitals, and community mental health centers. Data were collected through a self-reported online survey. Latent profile analysis was conducted to categorize the types of posttraumatic growth among mental health professionals who have experienced a client's suicide.

Results: Mental health professionals who have experienced a client's suicide were categorized into four types based on the levels of posttraumatic growth and its four sub-factors (i.e., changes in self-perception, increased interpersonal depth, discovery of new possibilities, heightened spiritual interest): avoidance, resistance, the growth possibility, and growth. The avoidance type exhibited a significantly lower level of posttraumatic growth compared to the other three types, with the lowest level of deliberate rumination. The resistance type demonstrated a low level of posttraumatic growth, indicating that posttraumatic growth has just begun. The growth possibility type showed a moderate level of posttraumatic growth, characterized by a much higher level of deliberate rumination compared to the level of intrusive rumination. Finally, the growth type exhibited the highest levels of posttraumatic growth and deliberate rumination.

Discussion: To enhance the level of posttraumatic growth among mental health professionals who have experienced a client's suicide, tailored interventions should be developed by incorporating their unique characteristics. Policymakers should also consider the specific traits of different mental health professionals based on their posttraumatic growth types to facilitate the development of administrative and institutional support.

42 A pilot study on the factors associated with posttraumatic growth of psychiatrists who have experienced patient suicide

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Learning Objective: – To understand the factors associated with posttraumatic growth of psychiatrists who have experienced patient suicide

Background: Psychiatrists face a significant risk of developing secondary traumatic stress and vicarious trauma, particularly following from a patient's suicide. Drawing on the posttraumatic growth theory introduced by Tedeschi and Calhoun (1995), individuals can undergo positive psychological transformations by engaging in the process of coping with and reflecting upon profound traumatic

experiences. Previous research indicates that psychiatrists may experience posttraumatic growth following patient suicide. However, there is limited understanding of the factors influencing such growth. Therefore, this study aims to address this gap by examining the factors associated with the posttraumatic growth among psychiatrists who have experienced patient suicide.

Methods: Using a purposive sampling method, 39 study participants were recruited. These individuals were actively involved in the suicide prevention field, had professional experience in hospital and community mental health centers, and possessed a minimum of three years of clinical experience. Data were collected through an online self-report survey and analyzed using descriptive statistics, frequency analysis, Pearson's correlation analysis, and Mann-Whitney U-tests.

Results: The mean score of posttraumatic growth was 45.5 (SD = 14.2), which was lower than that of other mental health professionals. The study results indicated that being older, having more clinical experience, having greater exposure to patient suicide, and receiving supportive supervision were significantly associated with higher levels among posttraumatic growth of psychiatrists who had experienced patient suicide. Conversely, higher levels of posttraumatic stress were correlated with lower levels of posttraumatic growth. Additionally, the Mann-Whitney U-test results revealed that psychiatrists with doctoral degrees exhibited higher levels of posttraumatic growth compared to those with bachelor's or master's degrees. However, no significant differences in posttraumatic growth levels were observed based on psychiatrists' sex or practice setting.

Discussion: There is a critical need to provide increased support for psychiatrists who have experienced patient suicide, enabling them to overcome occupational trauma and foster posttraumatic growth. This study suggests several policy and practical implications for enhancing the posttraumatic growth of psychiatrists. For example, to help psychiatrists manage psychological trauma resulting from patient suicide and evolve into more resilient practitioners, it is essential to establish a formal supportive supervision system. Such a system would facilitate psychiatrists' access to emotional support from superiors and colleagues.

44 Suicide following discharge from inpatient psychiatric care: A retrospective case study

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Background and Aims: The period following discharge from psychiatric hospitalization is associated with high suicide risk. This study sought to determine the rate and associated risk factors of individuals who die by suicide after discharge in Ontario, Canada.

Methods: This retrospective case-control study, spanning from 2006–2018, utilized Ontario data to compare individuals who died by suicide within 7, 30, and 90 days of discharge with controls. Clinical, demographic, and healthcare utilization factors were compared. A Cox proportional hazards model was utilized to determine factors independently associated with suicide.

Results: Across 615,067 psychiatric discharges, there were 320, 771, and 1325 suicide deaths within a 7-, 30-, and 90-day period respectively. These deaths correspond to a suicide rate of 2713, 1525, and 882 deaths per 100,000 person-years and 0.52, 1.25, and 2.15 suicides per 1000 discharged individuals. Cases were more likely to be male, aged 45–54, involve unplanned discharge and a history of suicidal behaviour, and admitted for mood or adjustment disorders. Rural residence, income, medical comorbidity, alcohol, substance use disorder, and psychotic illness were not significantly associated with suicide. Healthcare service utilization did not differ significantly.

Conclusions: The suicide rate is highest immediately following discharge and remains elevated above that of the general Canadian population throughout the 90 days afterward. Risk factors identified include mood disorders, male sex, middle age, shorter length of stay, and unplanned discharge – consistent with previous work. Individuals with unplanned discharges and shorter lengths of stay may be good candidates for closer follow-up to mitigate risk. This can help inform interventions for suicide prevention.

46 The associations of household firearms and unsafe firearm storage prevalence with firearm and non-firearm suicide: an ecological study in two U.S. states, 2020–2022

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Learning Objective: Understand how firearm prevalence and storage impact firearm and non-firearm suicide rates.

Background: Suicide is a leading cause of death globally, and firearms are the #1 cause of suicides in US. Up to half of US homes have a firearm, most of which are stored unsafely. While the presence of firearms in the home has been associated with firearm suicide, the impact of firearm storage practices on firearm and non-firearm suicide rates is not well understood. We examined the associations of household firearm prevalence with firearm suicide rates and the prevalence of unsafe firearm storage with firearm and non-firearm suicide rates in 83 counties in two US states.

Methods: This analysis included data from three federal surveillance systems including a population-based survey, vital records, and healthcare services administration. Prevalence of having at least one firearm in/around the home "household firearms" and of storing at least one firearm stored loaded and unlocked "unsafe firearm storage" were dichotomized at the county-level as higher or lower than the respective state's county-level average. Firearm suicide and non-firearm suicide rates were dichotomized at the county-level as either being higher or lower than the respective state's rate. Generalized Linear Mixed Models were used to assess associations between (1) household firearm prevalence and firearm suicide rate, (2) unsafe firearm storage prevalence and firearm suicide rate; and (3) unsafe firearm storage prevalence and non-firearm suicide rate, controlling for confounding and including random effects for state.

Results: Of the 83 counties included, 41 (49.3%) had higher proportions of persons reporting household firearms than mean county-level prevalence, and 42 (50.6%) had higher proportions reporting unsafe storage than mean county-level prevalence. Counties with above-average household firearm prevalence had 5.5 (95% CI 1.7–17.3) times the odds of a firearm suicide rate above state rate. Counties with above-average unsafe firearm storage prevalence had 3.4 (95% CI 1.19–8.12) times the odds of a firearm suicide rate above state rate. Above-average prevalence of unsafe firearm storage was not associated with a non-firearm suicide rate above state rate.

Conclusion: High prevalences of household firearms and unsafe storage were associated with high county firearm suicide rates. Initiatives to educate messengers to discuss firearm safety with those with access to firearms may be important to reduce firearm suicide. This study adds to the evidence for environmental and social factors relating to suicide risk and the need for systems-level interventions.

53 Modeling temporal dynamics of suicidal ideation and risk factors on social media via network analysis

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Learning Objective: Attendees will be able to illustrate prospective, concurrent, and inter-subjective associations between suicidal ideation and bio-psycho-social risk factors.

Background: Suicidal ideation is a complex system influenced by interacting bio-psycho-social risk factors over time. Traditional statistical methods such as regression analysis fail to capture the complexity of suicide pathways, and existing timeframes and traditional self-reports limit exploration of the dynamic over-time nature of suicidal ideation and its risk factors. Therefore, this study examined temporal dynamics between these factors through network analysis relying on extensive longitudinal social media data collected non-invasively.

Methods: We collected monthly posts (Total=2,206,949,679) published from 2010 to 2019, by 644,243 Weibo users from 439 Chinese cities, who met specific inclusion criteria. Suicidal ideation and bio-psycho-social risk factors were identified from the words in the posts using the Chinese Suicide Dictionary (CSD). Network analysis was applied to examine temporal, contemporaneous, and between-subjects associations between suicidal ideation and risk factors. Centrality analyses illustrated the importance of risk factors within each network.

Result: Psychache ($r=0.070$, $p<0.001$), mental illness ($r=0.018$, $p=0.022$), avoidant coping ($r=0.044$, $p<0.001$), negative personality ($r=0.048$, $p<0.001$), prolonged stress ($r=0.029$, $p=0.001$), traumatic life events ($r=0.050$, $p<0.001$), and anger and hostility ($r=0.057$, $p<0.001$) predicted elevated suicidal ideation at next month. Suicidal ideation in turn predicted certain risk factors. Furthermore, suicidal ideation was positively associated with hopelessness, avoidant coping, negative personality, prolonged stress, and traumatic life events, while being negatively linked to shame and guilt both in contemporaneous and between-subjects networks. Suicidal ideation was concurrently correlated with psychache and anger and hostility. Overall, psychache emerged as the most central node in both the temporal and contemporaneous networks, whereas negative personality was the most central node in the between-subjects network.

Discussion: Psychache played a crucial role in the short-term prediction of suicidal ideation, although timeframes within which other factors influenced suicidal ideation varied. For instance, the impact of hopelessness on suicidal ideation may manifest instantaneously, whereas mental illness typically takes at least a month before its effects become apparent. A notable positive feedback loop was observed between traumatic life events and suicidal ideation. People with negative personality or coping strategies responded to stressors with increased suicidal ideation. Our findings provide clearer understanding of temporal dynamics between suicidal ideation and bio-psycho-social risk factors and offer insights into how vulnerable individuals may manifest. It provides evidence to underpin improved suicide prevention strategies, by using the pathways through which suicidal ideation develops.

55 Suicide-specific rumination as a chronifying factor for suicidal behavior

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Learning objective: Are multiple suicide attempts associated with a greater tendency to engage in suicide-specific rumination, even when controlling for the influence of other known risk factors?

Background: Initial studies highlight the importance of suicide-specific rumination as a risk factor for suicidal behavior. However, the extent to which cognitive risk factors, such as suicide-specific rumination, contribute to the chronic course of suicidal crises and repeated suicide attempts remains unclear. The present study therefore aims to investigate whether suicide-specific rumination also represents a chronifying factor for suicidal behavior by examining its association with repeated suicide attempts.

Method: In the present study, N=181 patients with one (n=101) or two or more (n=80) past suicide attempts were asked about suicide-specific rumination, suicidal thoughts, depression, anxiety and stress. The sample consisted of patients from outpatient (n=148) and inpatient (n=33) treatment settings.

Results: Patients with multiple lifetime suicide attempts showed higher levels of suicide-specific rumination than patients with one lifetime suicide attempt. Suicide-specific rumination was not able to determine suicide attempt status when controlling for the influence of sex, age, suicidal ideation, depression, anxiety, and stress.

Discussion: The results suggest that the suicide-specific rumination might be a relevant factor for the chronification of suicidal behavior. However, this association loses significance when other risk factors are controlled for. Overall, the findings highlight the importance of further research on the role of SSR and support the potential effectiveness of rumination-focused interventions.

57 Fostering ethical clarity: bridging personal foundations and professional stance in suicide prevention.

Dr. Elisa Reifschneider¹, Evaluation of national suicide prevention strategies: systematic review and meta-analysis Camila Altavini¹

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This workshop aims to explore personal perspectives that inform tensions between two ethical imperatives in interventions with suicidal patients: patient autonomy and the preservation of life.

Learning objectives:

- 1- Explore participants' formative experiences with death, their emotional valence, and possible impacts on professional stance.
- 2- Increase awareness of moral underpinnings in life/death thresholds and map out personal, social, religious, political and cultural influences that contribute to each individual's perspective.
- 3- Reflect on dilemmas and boundaries between care and control with suicidal patients.

Background: As mental health professionals working in suicide prevention, identifying and being mindful of personal worldviews, values and emotions is a cornerstone of care. There is a complex interplay between therapists' personal perspectives and values (Duggal & Sriram, 2021), their technical training, emotional responses, and patients' worldviews, objectives and needs (Bachelor, 2013). It is necessary to acknowledge cultural variables (Matsumoto & Juang, 2003), alongside spatial, sociopolitical and personal factors- including the role of therapists' emotional responses to patients (Pope & Tabachnick, 1993) - as influences that shape professional stance. The challenges posed by the relationships between these factors can be amplified due to heightened emotional load,

present when working with patients with suicidal behaviors (Kleespies et al. 1993). Moreover, the complexities surrounding different potential understandings of patient autonomy (Bascuñan et al., 2023) further complicate decision-making in volatile crisis scenarios, highlighting that self-awareness and deliberate practice are crucial skills for therapists (Pereira et al., 2024)

Session plan: Introduction and Visualization Exercise (10 minutes)

The workshop will begin with a visualization exercise designed to identify personal distress and general attitudes related to the presentation of suicidal ideation across diverse scenarios.

Progressive Objectives and Active Learning Approach

Each of the three workshop objectives will be addressed through active learning methodologies that emphasize engagement, reflection, and practical application:

Objective 1 will be addressed through an individual reflective exercise (20 minutes)

Objective 2 will involve a guided reflection using structured prompts that will aid in mapping each participant's unique factors that influence professional stance, and a group exercise that will chart participants' perspectives on controversial life/death thresholds. (30 minutes)

Objective 3 will be explored through a structured group discussion that will elicit arguments for each conflicting ethical position in the tension between patient autonomy and patient safety, followed by their application in real-life dilemmas. (25 minutes)

The session will conclude with a reflection on common challenges identified and suggestions for further study. (5 minutes)

These activities are drawn from key themes in the broader field of therapist readiness, covered in an annual advanced crisis management and suicide prevention course offered to mental health workers and first responders by the facilitators at their university of origin.

The workshop should provide a balance of self-reflection, peer interaction, and practical application, fostering a deeper understanding of personal and ethical dimensions in dealing with suicidal patients.

58 Possible causes of lower-than-expected suicide rates in Taiwan and South Korea during the COVID-19 pandemic

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Learning Objective: Understand the potential factors contributing to lower-than-expected suicide rates during the COVID-19 pandemic in Taiwan and South Korea, with a focus on the impact of outbreak control measures, reduced access to suicide means, and variations by sex, age, and method.

Background: Decreases in suicide rates during the coronavirus disease 2019 (COVID-19) pandemic were found in several countries, including Taiwan and South Korea. We investigated the pattern of the reduction in suicide by sex, age, method, and outbreak period in the two countries.

Methods: Suicide data for Taiwan (2015–2021) and South Korea (2017–2021) stratified by sex, age, method, and month were extracted from national mortality data files in the two countries. Negative binomial regression was used to estimate suicide rate ratios and 95% confidence intervals across outbreak and inter-outbreak periods during the pandemic, relative to that expected based on pre-pandemic trends, and their associations with economic and outbreak control stringency indicators.

Result: There were fewer-than-expected suicides in Taiwan (7%–16% fewer suicides over outbreaks and inter-outbreaks) and South Korea (17% fewer suicides in outbreaks III and IV). Fewer-than-expected suicides were found primarily in the working-age populations aged 25 to 64 years in Taiwan and those aged 45 to 64 years in South Korea. In both countries, fewer-than-expected suicides by charcoal burning during the pandemic were consistently found; the greatest reduction occurred when the outbreak control measures were most restricted. Increased time at residence was associated with decreased suicide rates in South Korea.

Discussion: Taiwan and South Korea showed reduced suicide rates during the COVID-19 pandemic in 2020–2021. Potential reasons for the decrease in suicides may include reduced access to suicide means during outbreaks in the two countries.

60 "reaching in" timely and effective postvention responses through a collaborative approach with Western Australia police.

Ambler K²

Affiliations: ²StandBy support after suicide, 1Anglicare WA

In 2022, dialogue began between the StandBy Support After Suicide Program and the Deputy Commissioner of Western Australia (WA) Police, discussing collaboration to further support the WA community impacted by suicide and the ability to offer equal opportunities of support to those individuals and families identifying support needs. A Memorandum of Understanding was developed between WA Police and Anglicare WA enabling the following.

WA Police officers attending incidences of suspected suicide to share the information through a newly developed "sudden death" application with the StandBy service at the time of the incident.

- Supporting WA Police officers to understand the importance of providing education and information about the StandBy support after suicide program to individuals and families bereaved by suspected suicide, where possible and practical.

- To encourage all new WA Police recruits and officers to undertake a StandBy induction informing them of expectations and processes when supporting bereaved people. This can occur through online sessions and more recently through an agreement to deliver regular education and training at the police academy in Perth.

Western Australia's broad geographical region and low population density outside the Perth Metropolitan region presents difficulties in providing consistent and effective coordinated postvention responses across the state. Further challenges are faced when considering rural regions and remote Aboriginal communities and the cultural protocols that must be learnt, understood, and adhered to when offering supports to bereaved people in these communities.

The expansion of the StandBy service across WA in 2022/23 presented distinct opportunities to further improve collaboration with WA Police. Based on this collaboration, feedback from our National Lived Experience Advisory Group (LEAG), and the individuals, families, and communities we support, StandBy WA endeavours to create a "reach in" model, where impacted families are proactively offered support through a Coordinated community postvention response. This community model

collectively identifies and maps which services are the most appropriate to deliver the supports whilst in close consultation with those impacted.

Where consented to, contact with individuals, families and communities is initiated within a couple of days of the suspected suicide (often on the same day), enabling supports and relevant information to be provided about coronial inquests, funeral planning, resourcing, and other issues/experiences specific to suicide loss. Connections and referrals to relevant clinical supports and any other identified support pathways are also completed on request.

65 The High Place Phenomenon and relations to positive and negative mental health markers

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Lara Wiesmann, André Wannemüller & Tobias Teismann

One Learning Objective: To understand the High Place Phenomenon in terms of its prevalence in a clinical sample, its relationship to suicidal ideation and psychological correlates with personality traits and positive and negative mental health markers.

Background: The Call of the Void phenomenon describes an inexplicable urge to consider dangerous, suicidal or self-destructive actions in certain situations. Previous studies have focused on the High Place Phenomenon (HPP), which is the sudden urge to jump from high places. One aim of this study is to replicate the previously found associations of HPP with suicidality and anxiety in a larger sample of patients suffering from flight phobia or agoraphobia. Furthermore, the influence of personality traits and protective factors, such as self-efficacy and self-esteem, will be examined to identify associations between the HPP and potential markers of both positive and negative mental health.

Methods: The study sample comprised 612 participants (76% female; Mage=43.77, SDage=12.82) suffering from clinically relevant fear of flying. Participants filled out questionnaires on experiences with the high place phenomenon, suicidal ideation, depression, personality traits, anxiety sensitivity, insecurity in social contact, flight phobia symptoms, positive mental health, self-efficacy expectations, self-esteem and satisfaction with life.

Results: Consistent with previous findings, the high place phenomenon was known to nearly 43% of the patient sample. Multiple regression analysis showed that suicidal ideation, openness to experiences, neuroticism, and insecurity in social contacts were positively related to the high place phenomenon, whereas agreeableness, self-efficacy and self-esteem were negatively related.

Conclusion: The high place phenomenon is a common experience in individuals, whether or not they suffer from suicidal ideation. It is therefore cautioned not to interpret such experiences as an expression of a hidden death wish. Nevertheless, the occurrence of the HPP is influenced by the presence of negative and positive mental health markers. Future studies should examine the association between HPP and intrusions in the context of obsessive-compulsive disorders.

93 Effects of community knowledge and attitude on suicide prevention . Suicide is not only personal which again is outside the society. A cross sectional study.

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Learning Objective: The main objective of the study was to determine the prevalence of suicide attempts among women with major suicidal ideation and to provide systematic counseling and treatment or services to those who have persistent suicidal thoughts.

Background: Suicide rate is increasing in Bangladesh. Suicide is a common cause of abnormal death and is a long-term social problem. 2.06% of the people who die by suicide worldwide every year – are Bangladeshis. 19,697 people died by suicide in Bangladesh. 11,095 people died by suicide in 2017. The number of suicides in 2020 reached 5,998. According to the statistics of the police headquarters every year about 10,000 people died by suicide due to various reasons. Bangladeshi women are more at risk of suicide. Incidents like suicide occur mainly due to social instability, strife, personal unrest, family distrust, political anarchy, economic disaster, extreme discrimination, unemployment etc.

Method's : A descriptive cross-sectional study was conducted among 265 conveniently selected female participate to find out the reasons for suicide with their mentality of female drug users, sex-workers, young women living in the Slums of working area of BARNALY. Data were collected through face-to-face interviews using a pre-tested semi-structured questionnaire and analyzed by SPSS software. Data on socio demographic characteristics, usage patterns and mental health status were obtained.

Face-to-face interview. # Semi-structured questionnaire # Analyzed by SPSS software

Summary Total Participants 260

Participants age between 15–30 Years 65%

Unmarried Participants 50%

Participants with Suicidal ideation 60%

Participants who attempted suicide 40%

Prevalence of Mental illness is present at the time of suicide attempts: Major depressive disorder, mood disorders, schizophrenia, personality disorders, obsessive compulsive disorder,

Results/ Out Come: Majority (65%) of the client were relatively very young (15–30 Years) and almost half of them were unmarried . In total 60% of the participating respondents had suicidal ideation and 40% had attempted suicide. Although all participating respondents with suicidal behaviors presented a high severity in there addition. Participating respondents with both suicidal ideation and suicidal attempts showed a more severe addiction profile. Mental illness is present at the time of suicide-major depressive disorder, mood disorders, schizophrenia, were related to suicide attempts.

Discussion / Conclusion: According to the results, a systematic screening of suicidal risk in female are seeking treatment for substance use disorders is recommended. Differently addiction treatment centers should develop treatment strategies to prevent suicidal attempts, mainly among those with a mental disorder.

112 Social Determinants of Trait Resilience for Self Harm

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Learning Objective: Low cost recreation and urbanicity promote trait resilience and in turn reduce self harm.

Background: There is partial evidence that trait resilience is associated with reduced self harm, but there is little work on structural determinants of trait resilience. This study examined the role that several candidate structural protective factors including access to affordable leisure, green spaces, family and peer support, and urbanicity play within the risk network linking self harm, trait resilience, depression, socio-economic status (SES), and adverse childhood experiences (ACE's).

Methods: A bespoke questionnaire of candidate structural protective factors was developed and completed online by 316 respondents alongside standard measures of depression, SES, ACE's, self harm, and trait resilience. Past year self harm was reported by 47.6% (137) respondents. Differences

between groups reporting self harm and not were examined, followed by network analysis within the self harm group to examine the role of the structural protective factors within the risk network.

Results: The self harm and non self harm group showed a wide range of differences in the measures collected. In the network analysis in just the self harm group, access to low cost recreation and urbanicity was associated with greater trait resilience which in turn was associated with reduced self harm and depression. In contrast, ACE's were a risk factor for increased depression, which in turn was associated with lowered trait resilience and greater self harm.

Discussion: Findings elevate the possibility that access to low cost leisure may be an effective and pragmatic intervention strategy for promoting trait resilience and reducing self harm and depression, opposing the harms produced by childhood adversity.

142 Suicide Rates in China: What will be the Next?

SUNY Distinguished Professor Jie Zhang^{1,2}

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Learning Objective: Through analyses of the Chinese suicide rates in the past three decades, we will learn about the social, economic and cultural effects on the suicide rate changes in China.

Background: Over the past two decades, China's suicide rates have declined significantly, from 23.0 per 100,000 in 1999 to 5.25 in 2021. This contrasts with global trends, where rates have risen since 1980, and the U.S., where rates increased from 10.5 in 1999 to 14.2 in 2022 despite substantial prevention funding. In China, rural women under 35 saw the most dramatic decline, with rates dropping by 90%. This reduction occurred despite limited investment in suicide prevention, suggesting broader social and economic changes played a key role.

Methods: This study uses a literature review, data mining, and comparative analysis to examine factors behind China's declining suicide rates.

Results: 1. Economic Growth: Rapid economic development has improved living standards, reducing psychological strains linked to deprivation and unfulfilled aspirations. According to the Strain Theory of Suicide, this alleviation of strain lowers frustration, anger, and psychological pain, reducing suicide risks.

2. Urbanization: Rural-to-urban migration has decreased suicide rates, as young rural individuals, previously at high risk, moved to cities for better opportunities, leaving behind high-risk environments.

3. Women's Liberation: Rural women have benefited from migration, escaping traditional pressures, oppressive marriages, and poverty. Education, employment, and modernized social values have enhanced their autonomy and reduced psychological strains.

4. Surveillance and Media Control: China's prevention measures, such as university dormitory monitoring and controlled media reporting, have minimized suicide risks, particularly among college students, and reduced copycat behaviors.

Discussion: China's declining suicide rates are driven by economic growth, urbanization, women's empowerment, and government interventions, which have collectively reduced psychological strains. With a 2021 rate of 5.25 per 100,000, China is among the lowest-risk nations globally and is on track to meet the WHO's target of reducing suicide rates by one-third before 2030. However, if economic growth slows, suicide rates may stabilize or rise, as stagnation could reverse gains in life satisfaction and psychological well-being. Sustained progress will require continued monitoring and adaptive prevention strategies.

144 Aconte(s)cer: a process of subjectivation beyond suicidal ideation.

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For Camus, suicide is a gesture that begins to be silently prepared in the heart of human beings and from there it ascends to consciousness as a thought. Thinking, then, is much more than making use of grammatical structures and logical reasoning. It is a movement of assimilation, ordering, transmutation, translation, and if necessary, communication of the affections, emotions, and feelings experienced by the body. Thinking is not something natural — it is something that has to be cultivated in the relationship with yourself and with others. And it is in this way that a certain quality of thought can lead to cognitive constriction (tunnel vision) which, combined with a strong psychic pain, can lead to a suicidal act by limiting the possibilities in a lifetime. For Camus, it is the absurd that commands death, considering that life lacks a full and indelible meaning. Thus, suicide is seen by the author as a philosophical problem, since the human being must respond to this absurdity by choosing to remain alive or not. However, it is worth putting a question: would the biophysical-chemical suicide of the body be the only alternative to the meaninglessness of life? According to Camus, no. Therefore, the present work aims to outline a critical-reflective analysis of such an assertion, basing it on some contributions by Nietzsche and Foucault that corroborate the Camusian position that only the revolt (the turn of the thought about itself), hopes without an ultimate target, is the main condition under which thought can withstand and assimilate the gravity of the absurd by making, precisely, the critical ontology of itself or continue pursuing the truth about its own truth. It is from this perspective that the work signals and infers as a conclusion that, by commanding the death, the absurd can also lead to its dissolution. From this segment of perspectives, the neologism *aconte(s)cer* — a happening that is the result of an exercise of oneself in the thought which reveals possibilities for suicide prevention. The social contribution of this work is placed on the horizon of suicide prevention from a philosophical-conceptual perspective, employing a literature narrative review, which puts the focus on human feeling and thinking on the paths of the contributions of Nietzsche, Foucault and Camus. Indirectly, these perspectives highlight the possibility of the clinical management of suicidal ideation based on the notions of helplessness and anguish present in Freudian-Lacanian psychoanalysis.

179 Group Therapy for Adolescents at Suicide Risk

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Affiliations: ¹University of Haifa

Suicide is the second leading cause of death among adolescents worldwide, with suicide rates increasing over the past decade. Adolescence is a period of heightened vulnerability but also a time of significant psychological growth. While psychotherapy is recognized as an effective and valuable suicide prevention measure for youth at-risk of suicide, group therapy remains an underutilized approach, with limited evidence regarding its feasibility and effectiveness.

This presentation will explore findings from two complementary studies on group therapy for adolescents at suicide risk.

Study 1 is a scoping review of group therapy interventions for youth (ages 10–25) at risk of suicide. The systematic review identified 10 relevant studies. Results highlighted diverse theoretical approaches, including Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), psychodynamic therapy, and narrative therapy. Interventions were delivered in diverse settings, including outpatient clinics, schools, and virtual platforms addressing suicidality through emotion regulation, cognitive restructuring, and social connectedness. The group interventions tested effectively reduce suicidal ideation and behaviors, enhanced emotional regulation, and fostered social support. While feasibility and acceptability were generally high, challenges such as participant diversity, methodological limitations, and concerns about potential contagion effects were noted.

Study 2 included semi-structured interviews with 15 experienced mental health professionals working with adolescents at suicide risk. Thematic analysis revealed key concerns and recommendations for implementing group therapy in clinical setting.. Professionals emphasized the need for a rapid response in adolescent suicide crises, the importance of establishing clear group boundaries, adequately preparing adolescents for group therapy, and the potential of group interventions to strengthen the sense of belonging.

Together, these studies provide a comprehensive overview of the current state of group therapy for suicidal adolescents, highlighting both its promise and its challenges. While research and clinical insights suggest that group therapy holds significant potential as a suicide prevention strategy, further research is needed to refine its structure, ensure safety, and enhance accessibility for diverse populations.

206 Identifying high-risk groups for self-harm in adolescents using the Avon Longitudinal Study of Parents and Children (ALSPAC): a cross-cohort comparison latent class analysis study

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To identify homogenous subgroups in early and late adolescence that exhibit similar risk factors for self-harm, using the Avon Longitudinal Study of Parents and Children (ALSPAC), to examine the longitudinal associations between the latent classes with the distal outcome of self-harm, to compare the results with a similar study that used an Irish Longitudinal Cohort Study.

Background: Young people who self-harm are at an increased risk of suicide. Furthering our understanding of the risk factors for self-harm is essential for identifying high-risk groups, which can be used to inform the design of preventative interventions.

Methods: This study used the Avon Longitudinal Study of Parents and Children (ALSPAC) and applied latent class analysis to the risk factors for self-harm at ages 13 and 17. Longitudinal associations between the latent classes and self-harm at ages 17 and 20 were examined. Cross-cohort comparisons were conducted between this study and a previous study using Irish data.

Results: At age 13 there was a low risk group, a peer problems group, and substance use group, similar for the two cohort studies, and a family conflict group, which was the least similar group to its matching group in the Irish study. All of these age 13 high-risk groups had approximately twice the relative risk (between 1.3 and 2.5) for self-harm at age 17 compared to the low risk group. The age 17 models were very similar across the two cohorts, each with a low risk group, a depression and high substance use group, a depression and low substance use group, and a substance use group. The relative risk of self-harm at age 20 for these high-risk groups compared the low risk group ranged from 3.6 to 8.0.

Discussion: These groups could help identify those at risk of self-harm and inform the design of prevention programmes to reduce self-harm behaviour in young people.

207 Beyond loss: grieving process in a suicide survivor in Mexico

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Beyond loss: grieving process in a suicide survivor in Mexico.

Learning objective: Analyze the emotional, cognitive, physiological, and behavioral manifestations of grief in suicide survivors.

Background: Grief due to suicide is described by several authors as one of the most challenging griefs to navigate. James Worden (2004) classifies losses due to suicide as special losses necessary for additional understanding since he considers that this grief is complicated to face and resolve due to its intense emotional consequences and a prolonged duration that interacts with the shame and fear of rejection caused by the social stigma that accompanies deaths by suicide; Coupled with emotional consequences such as anxiety or depression, it identifies behavioral problems such as substance abuse or self-punishment behaviors that are intended to mitigate the feeling of guilt. The effects on suicide survivors due to grief are not limited to the behavioral or emotional area. Perdomo et al. (2021), in a systematic review of scientific articles related to suicide survivors, found physiological manifestations such as dizziness, nausea, muscle pain, and loss of appetite directly associated with grief. Likewise, cognitively Romero (2018) found cognitive consequences of grief, such as failure to adapt, avoidance of memories or thoughts of the deceased, and irrational demands on the grieving process.

Method: A qualitative investigation was carried out; a person who experienced the suicide of his partner participated. The information was collected through a semi-structured interview, and the data was processed using the thematic analysis method, defined by Braus and Clarke (2006), to identify, analyze, and report patterns (themes) within the data.

Results: The results show physical effects such as insomnia and lack of concentration; Emotionally, the interviewee faced anxiety and despair; Behaviorally, habits such as smoking and increased food intake emerged; Finally, thoughts of responsibility for suicide were identified at a cognitive level.

Discussion: The results coincide with the consequences reported in cases of grief due to suicide, such as substance abuse, the presence of anxiety (Worden, 2004), the presence of thoughts of responsibility for suicide, and irrational demands of grief (Romero, 2018). In conclusion, we can say that the characteristics and difficulties of grief due to suicide involve more than just a loss and therefore require support and interventions, therapeutic, community, or any other type, specifically developed to address the needs of survivors to promote their elaboration and adaptive management.

211 Examining multidimensional discrimination, traumatic violence exposure in the media, racial trauma, and suicidal thoughts and behaviors in a sample of diverse youth

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Background: Prior literature has established a link between experiences of discrimination, post-traumatic stress disorder, and suicidal thoughts and behaviors (STBs). However, with the uptick of exposure to online media violence (i.e., hate crimes and police brutality), no recent studies have examined the associations among discrimination, traumatic online violence exposure, and STBs.

Objective: This study examines the associations among multidimensional forms of discrimination, traumatic online violence exposure, racial trauma symptoms, and STBs.

Present Study: The sample includes 355 US adolescents 13–17 years-old. Data were collected via a cross-sectional online study. Adolescents completed a survey to assess four discrimination subtypes (chronic, acute, online-vicarious, and online-individual), traumatic online violence exposure, racial

trauma, and STBs. Finally, adolescents provided qualitative responses to answer whether they believed the experiences contributed to their STBs.

Results: Elevated rates of discriminatory experiences and reactions to traumatic online violence exposure were independently associated with the experience of racial trauma symptoms ($ps < .0001$). Only chronic discrimination and traumatic online violence exposure reactions were associated with lifetime STBs and past-month suicidal ideation ($ps < .0001$). Furthermore, racial trauma symptom severity did not mediate the associations between discrimination and traumatic online violence exposure, and past-month suicidal ideation. Lastly, exploratory topic modeling was conducted for six open-text responses from adolescents reporting whether exposure to these events contributed to their STBs.

Conclusion: This preliminary examination revealed significant associations among discrimination, traumatic online violence exposure, racial trauma, and STBs. Future studies should continue to examine how concurrent exposure to these events impacts suicidality.

220 Synchronisation of life and time on Earth in overcoming suicidal challenges

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The gift of life opens up opportunities and possibilities. To live life in full is the universal demand to fill the cup and fulfill the meaning of life. To rise and fall in life is the rhythm without rhyme. Thomas Edison started life by selling newspapers. The twin stars of hope and inspiration ultimately peddle the lifeboat to destinations. J.K Rowling may be rolling in a lot of Harry Potter dough today, but she was nearly penniless, severely depressed, divorced, and trying to raise a child while attending school and writing a novel. Through hard work and determination, Rowling went from depending on welfare to being one of the world's most beloved authors (and richest women) in only five years. Could there be a better metaphor for perseverance than a deaf musician Ludwig van Beethoven? Charles Darwin's story as a naturalist and biologist is fraught with obstacles bigger than the tortoises lumping about the Galápagos Islands. During his lifetime, Van Gogh sold only one painting, and it was to a friend for very little money. but what he didn't do was allow that to stop him from turning out more than 800 sublime paintings that, today, are worth millions upon millions of dollars. The common thread of all these great men and women is to live meaningfully as long as possible and never to give up.

Life is a problem-ridden phenomenon as one is solved, another one crops up. In the age of advanced technology, all children must be skilled in knowing the worthiness of life. All need to be forewarned about potential risks and problems in the motion of life and mentally equipped to fight back with a strong attitude for survival in critical moments. The legal regime is oftentimes at odds with suicides, attempted suicides, and suicidal tendencies. The study captures the psycho-social and legal implications in the myriad scales by exploring ontological bases to add hope to life, control life-saving measures, and prepare the journey with the support of care, sharing, and dare of death to prefer life over fate or destiny. The paper seeks to develop a model minted on new curricula and teaching methods combined with parental grooming to build a sound and strong mental

225 Suicide prevention via a SafetyPlan intervention for patients after a suicide attempt or in suicidal crises in suicidal crises (SAFETY+)

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Learning objective: Does the implementation of an emergency plan intervention (SAFETY+) reduce the number of suicide attempts 12 months after an inpatient psychiatric stay compared to standard inpatient psychiatric treatment (Treatment as Usual, TAU)?

Background: In 2023, 10,304 people died by suicide in Germany. For those who died by suicide, there is a social environment that is usually deeply affected by the tragedy. The enormous economic and social costs illustrate the high relevance of suicide prevention measures. Hence, the Federal Parliament has made the development of targeted prevention projects a task of the German federal government. A number of cognitive-behavioural approaches have been shown to be effective in addressing suicidality. In particular, safety planning, i.e. the development of individual emergency or safety plans, has been proven to be highly effective in reducing the number of suicide attempts.

Method: Mixed-methods study: Randomized controlled trial (RCT) with a two-group plan: experimental group (SafetyPlan+ intervention) vs. control group (TAU), investigation of the implementation of the intervention.

In this study, N=310 patients from three large psychiatric clinics in Bavaria will be recruited. The patients are randomly assigned to either the SafetyPlan group (n=155) or the control group (TAU, n=155). The intervention includes a manualized SafetyPlan therapy session to create an emergency plan and telephone follow-up sessions after hospital discharge (one week and four weeks after discharge). Data is collected at four time points: before discharge (T0, Baseline), one month (T1), six months (T2) and twelve months (T3) after discharge. The aim is to investigate the effectiveness of the plan to prevent suicide attempts over a period of 12 months.

Results: It is expected that the intervention will reduce the risk of suicide attempts, and therefore that people assigned to the intervention group will have fewer suicide attempts during this 12-month period than those assigned to TAU. In addition, secondary results on a possible improvement in suicidal thoughts and the use of supportive resources in aftercare will be determined.

Discussion: If proven effective, the results could support the use of SafetyPlan interventions as part of standard care in German psychiatric hospitals.

226 Perinatal depression and suicidal behavior in adult women from Saltillo, Coahuila, México

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Learning objective: To describe the perinatal depressive symptoms and suicidal behaviors in pregnant women from the second trimester and up to two years after giving birth in Saltillo, Coahuila, México. Inform the population regarding this phenomenon and raise awareness among medical and health personnel for a timely and relevant diagnosis that reduces the risk of suicide.

Background: Postpartum depression is considered a severe affective mental disorder that affects more than 50% of women in Mexico and can last 1 year after giving birth. The WHO reports that between 20 and 40% of women suffer from this disorder.

Previous research shows that having a low family income, marital status, being single, lack of social support, geographical location, age 20 to 44 age group, occupation, and stressful events during pregnancy are risk factors for perinatal depression.

The WHO defines suicide as the deliberate act of taking one's own life; García-Haro et al. (2018) define the suicidal act, completed or not, as an internal experience of daily life problems.

Related to perinatal depression, it is mentioned that there are thoughts in mothers of harming themselves, related to death or suicide. Previous research highlighted that perinatal depression increased the possibility of suicidal risk, ideas, and attempts during pregnancy.

Method: The methodology used was an exploratory, non-experimental quantitative approach using the EPDS and ISO-30 scale.

Results: Regarding the suicidal behaviors of the participants, during their pregnancy and/or postpartum, 34.61% have seriously thought about taking their own lives; 23.07% have planned to take their own lives; 38.46% have mentioned having the intention or desire to take their life; 21.15% have self-harmed; and 19.23% have tried to take their lives.

In the EPDS, 55.76% have a moderate level of postpartum depression, and 44.23% have a high level. On the suicidal risk scale, 44.23% of the participants scored low, 53.84% moderate, and 1.92% high suicide risk.

Discussion: Perinatal depression can elevate the suicidal risk in women. With the results of this research, we observe that suicidal thoughts, behaviors, and communications are considerable during pregnancy and/or after childbirth, as well as suicidal risk. This research can be the basis for future interventions that inform, prevent, or treat perinatal depression and suicidal behavior in women.

237 Psychometric Evaluation of the revised Suicide Crisis Inventory (SCI-2) in a German Online and Outpatient Sample

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Objective: To examine the psychometric properties of the Suicide Crisis Inventory (SCI-2) in Germany, contributing to a cross-cultural perspective on this risk assessment tool for the Suicide Crisis Syndrome (SCS).

Background: The Suicide Crisis Syndrome (SCS) is considered a cognitive and affective state preceding a suicide attempt. Previous studies have demonstrated its predictive validity and uniform disorder entity in various countries worldwide; however, research in Europe remains limited. The aim of this study was therefore to contribute to a cross-cultural perspective on the SCS and to examine its factor structure, reliability, and validity in Germany.

Methods: Data of N = 1,157 participants were collected between October 2022 and December 2024 cross-sectionally from a German adult outpatient sample (n = 586; 65% female; age: M[SD] = 36.31[12.80], range: 18–68) and a German adult online sample (n = 571; 74% female; age: M[SD] = 24.69[7.20], range: 18–67). Participants completed the German version of the revised 61-item Suicide Crisis Inventory (SCI-2-G) and other instruments (e.g., SIBS, BDI-II, DASS) to measure convergent and concurrent criterion validity. Statistical analyses included confirmatory factor analyses (CFA) to confirm the proposed factors (entrapment, affective disturbance, loss of cognitive control, hyperarousal and social withdrawal).

Result: The SCI-2-G total score demonstrated excellent internal consistency, good convergent and moderate concurrent criterion validity in relation to stress, depression, anxiety, suicidal ideation and lifetime suicide attempts. The CFA showed good model fit for the total and online sample and adequate-to-good fit for the outpatient sample, with the five-factor model consistently outperforming the one-factor model.

Discussion: CFA yielded adequate-to-good to good model fit depending on the sample. Analyses indicate that the SCI-2 is a valid measurement tool in Germany. The five-factor solution is suggested to have higher clinical utility than a one-factor solution, as it reflects the current formulation of the proposed SCS diagnosis. Future studies should expand the cross-cultural perspective with longitudinal studies across diverse clinical and non-clinical samples.

239 Religiosity, Spirituality, Meaning-Making, and Suicidality in Psychiatric Patients and Suicide Attempters: an Overview and Meta-analysis

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The participants are able to discern cross-cultural protective and risk-increasing aspects of RSM in relation to suicidal behaviour.

RSM often plays a protective role against suicidality and suicide, but not always. Thus far, research in psychiatric populations often included only one RSM dimension, reviews on the topic have been largely descriptive, and no meta-analyses focused on psychiatric patients.

As part of a PhD project, a systematic pre-registered review of all available quantitative studies worldwide, including a meta-analysis, was performed. A prospective study and an experience sampling study focused on the dynamics of several different RSM dimensions in relation to suicidality over time.

Overall, RSM was associated with lower suicidality, especially positive-supportive RSM dimensions. Maladaptive-distressing aspects of RSM correlated with higher rates of suicidality (e.g., religious struggles). Most studies were cross-sectional. Longitudinal studies suggest an intricately connectedness of RSM, psychopathology, and suicidality, that asks for a personalized network approach.

RSM is a often overlooked but clinically significant factor in the assessment of suicidality. Including RSM enables:

- strengthening of protective factors
- a more personalized approach and stronger therapeutic relationship
- identification of symptom-inducing RSM-struggles
- providing a base for a recovery-oriented approach

241 Themes and profiles of people expressing suicidal thoughts online: A mixed-method approach

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Poster Presentation Title: Themes and profiles of people expressing suicidal thoughts online: A mixed-method approach

Learning Objective: Analyze themes associated with suicidal thoughts in online discussions using topic modeling and network analysis, and evaluate how user engagement in specific online communities relates to known suicide risk factors to inform prevention strategies.

Background: The online community r/SuicideWatch provides its members with a place where they can express their suicidal thoughts anonymously. Profiling its users' characteristics and identifying themes present in their discussions may allow for a greater understanding of issues associated with their suicidal thoughts, to inform in planning for prevention and interventions.

Aim: This study had the following objectives: 1) To identify themes (topics) present in posts made in the forum r/SuicideWatch; 2) To identify the different profiles of r/SuicideWatch users based on the other forums to which they contributed.

Methods: We extracted all the 204,562 posts made in r/SuicideWatch from January 1, 2015 to December 31, 2019. For the first objective, an automated topic modeling algorithm (LDA) was used to identify latent themes present in posts. For the second objective, network analysis with community detection was used to profile users based on their posting history to other forums (subreddits) during the same time period.

Results: Topic modeling detected twenty themes that could be related to suicidal thoughts. Network analysis with community detection identified four communities of r/SuicideWatch users, two of which were composed of forums suggestive of known suicide risk factors: mental health issues, LGBTQ+ issues, loneliness and social strains, drugs, and self-harm.

Discussion: The identification of issues expressed by users may allow for the development of adequate prevention strategies in online forums for people with suicidal thoughts. Additionally, r/SuicideWatch users tend to participate in forums related to known suicide risk factors. It may be advisable to involve these forums in preventive efforts (e.g., providing links to external suicide prevention and mental health resources).

242 How is knowledge about suicide (suicide literacy) connected to other personal characteristics and what does that mean for suicide prevention campaigns?

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Background: For public relations work aimed at general suicide prevention, it is important to know which content needs to be addressed to which target groups and how to achieve good prevention effects.

There is some evidence in favor of differentiating according to suicide knowledge. For example, suppose a target group is unaware of the basic characteristics of suicidality or does believe in common myths. In that case, a different type of approach and content is required than if they already have elaborate knowledge.

The central question of the survey presented was how widespread suicide knowledge is in the population and how it is related to socio-demographic characteristics in particular.

Methods: In a representative population survey, a total of n = 2046 people were asked in two waves about their knowledge of suicide, suicide-related attitudes, and socio-demographic characteristics. The telephone survey was conducted by the research institute infas. The items relating to suicide knowledge were taken from the three areas 'legal situation (in Germany)', 'epidemiological facts', and 'knowledge about suicidological myths'. Individual suicide knowledge was measured as a sum score across n = 14 dichotomous items (true/false).

Results: 1. Internal distribution of suicide knowledge: The two areas "legal knowledge" and "knowledge of suicide myths" (5 items each) reveal relatively small gaps in knowledge (20% and 30% incorrect assumptions). In the area of "epidemiological knowledge" (4 items), these are significantly larger at approx. 60%.

2. correlations with other personal characteristics:

- a. Gender: no difference between men and women
- b. Age: Suicide knowledge shows an inverted U-shaped curve
- c. Education: Suicide knowledge increases with the level of education.

- d. Income: The higher the income, the greater the suicide knowledge.
 - e. Party preference: Higher levels of knowledge are found in the left-liberal area of the party spectrum, lower in the right-conservative area.
3. attitude towards assisted suicide: people who are in favor of assisted suicide (tend to) have a greater knowledge of suicide than those who are against it.

Discussion: – Suicide knowledge was assessed using an ad hoc indicator.

– We now know which suicidological knowledge gaps exist. However, we still need to investigate what relevance these have for suicide prevention in detail.

Learning objective: For general suicide prevention campaigns, it makes sense to differentiate according to the suicide-related prior knowledge of the recipients. Since the distribution of this knowledge in different population groups is now known, specific messages can be formulated.

243 Rates of Suicide Ideation and Associated Risk Factors Among Female Secondary School Students in Iraq.

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Learning Objective: The aim of the study was to explore rates of suicidal ideation and associated risk factors among female secondary school students in Baghdad, Iraq

Background: Suicide rates among Iraqis is rising, with many analysts attributing it to political instability, exposure to trauma, economic hopelessness, social stigma surrounding mental health, as well as cultural and societal pressures. However, the prevalence of suicidal ideation and associated risk factors in Iraqi youth is unknown, requiring urgent attention and effective public health interventions.

Method: A cross-sectional study was conducted, utilising quantitative survey data collected in four girls' secondary schools across Baghdad, Iraq, between August and December 2023. The survey consisted of questions relating to their demographic characteristics (age, gender, school) and a series of measures pertaining to participants' levels of suicidal ideation, as well as factors commonly identified in the literature as predictors of suicide.

Results: Four-hundred and two participants took part. Participants were aged between 13 and 17 years (M=15.50, SD=1.22). 11.3% of the students scored in the at-risk range for suicidal behaviour and only 20.1% (n=91) said they had not had some thoughts of suicide in the previous two weeks. Previous diagnoses of anxiety, high levels of depression and hopelessness, and poor quality of life were significant risk factors for suicidal ideation. On average, students reported moderate levels of depression and high levels of hopelessness.

Discussion: Female Iraqi secondary school students experience high levels of suicidality, alongside several other known risk factors for suicidal ideation. Findings emphasise the importance of developing targeted school-based interventions to support students' mental health. Increasing research and attention in this area is vital to not only improving the mental health of students in Iraq but also reduce the stigma around mental health and suicide.

244 Multi-modal Approach to Preventing Suicide in Schools (MAPSS): Learnings from Conducting a School-Based Suicide Prevention Trial

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Background: Suicide is the leading cause of death among children and young people under 35 in the UK, and suicide rates in this group are rising. Schools are considered an appropriate and logical setting for youth suicide prevention activities, with universal access to a wide range of young people. However, schools are complex settings, meaning research projects often encounter a number of logistical and engagement challenges.

Method: This commentary presents learnings from a regionally based feasibility trial of an integrated response to suicide risk among UK secondary schools. The paper explores the barriers and challenges to engaging and conducting research within schools and offers detailed recommendations for researchers.

Results: Staff engagement is key to the success of any school-based trial. In many cases, staff members were not relieved of their regular responsibilities to support the MAPSS project, leading to additional work outside of standard hours, such as calling parents in the evenings. Often, the responsibility fell on a single staff member, increasing staff stress and resulting in limited capacity to implement the programme effectively. This highlighted the need for schools to allocate sufficient resources and staffing when engaging with similar initiatives.

Public and Patient Involvement (PPI) played a critical role in addressing communication challenges and enhancing project engagement. For instance, concerns regarding how students were informed about their risk were mitigated by co-developing a guidance document for school staff in collaboration with a Young People's Advisory Group (YPAG). Additionally, misconceptions and myths about suicide, often cited by parents when opting out, were addressed through a concise frequently asked questions sheet co-developed with an Adult Advisory Group. This document provided clear, accessible information to highlight the facts about youth suicide, this was particularly helpful for parents who may not have read the full participant information sheet.

Finally, the logistical challenges of conducting research within the school setting were also notable. Issues, such as unreliable Wi-Fi, room booking and finding time within a busy school calendar, hindered the data collection process. Obtaining school buy-in is crucial to ensure the needs of both the students and staff are considered.

Discussion: This research highlights the challenges many researchers face when conducting school-based research. Adequate staffing, engagement with stakeholders and PPI groups, as well as troubleshooting technical issues are critical to project success. Schools provide important settings for suicide prevention programmes, thus, sharing experiences and learnings is key to supporting young people.

248 Children and young people seeking help in Emergency Departments in England for suicidal crisis: A case series study over the COVID-19 pandemic

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Background: Suicide is a leading cause of death among children and young people (CYP) worldwide, and rates have been increasing in recent years. However, while evidence exists regarding factors

associated with suicide and self-harm, there is limited information available on the CYP who present in suicidal crisis, despite it being a well-established risk factor for death by suicide. This study aimed to examine Emergency Department attendances for CYP in suicidal crisis, including demographic data, methods of recording patient attendance, the clinical pathways available and patterns of pathway usage, and differences in presentations before, during, and after the COVID-19 pandemic.

Learning Objective: To understand the CYP who are seeking help from Emergency Departments for suicidal crisis, and to understand how that changed as a result of the COVID-19 pandemic.

Methods: This is a case series study of CYP experiencing suicidal crisis who presented at an Emergency Department at an English pediatric hospital between March 2019 and March 2022 (n=338). Clinical records were extracted and audited, and descriptive and inferential (t-tests, chi-square, regressions) statistical tests were conducted.

Results: Attendees were mostly White females (mean age 13.5 years), 27% had diagnosed special educational need, most commonly autism, and a further 18% were suspected of having autistic traits. Thus, in total, 36% of the sample were either diagnosed as or suspected to be autistic. A range of parental and familial factors were also identified as significant predictors. Approximately half had a history of mental health difficulties, with this being lower after the pandemic. 58% were known to CAMHS, with higher rates during COVID-19 and lower rates post-COVID. The majority (78%) had not previously attended for suicidal crisis, although 65% had a history of self-harm. There were significantly more CYP presenting with self-harm in addition to suicide ideation after the pandemic began (43 vs 27%). There were also significantly more CYP who were known to a social worker (28 vs 18%) and who were under mental health services (29 vs 17%) after the pandemic began, whereas other services or specialties were used significantly less as a referral pathway.

Discussion: This study provides the first clear insight into CYP in England who are seeking help from Emergency Departments for suicidal crisis. Females, particularly those who are autistic and those whose parents are experiencing difficulties, are more likely to present in suicidal crisis. Work is now needed to develop effective prevention strategies tailored towards these groups.

261 Predictors of disclosure and help-seeking before and after a non-fatal suicide attempt

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Learning objective: How does disclosure of suicidality before and after a suicide attempt correlate with help-seeking behaviour after a suicide attempt?

Background: Receiving appropriate (mental) healthcare after a non-fatal suicide attempt is known to reduce the risk of re-attempt and fatal suicide. Yet, a substantial proportion of people who attempt suicide do not disclose their suicidal thoughts or behaviours to others. Here we investigate characteristics and factors contributing to disclosure of suicidality prior to and after a non-fatal suicide attempt, and their role in help-seeking behaviour.

Methods: We administered questionnaires among Dutch participants who attempted suicide in the past year. Respondents reported on disclosure of suicidal thoughts to a loved one and/or a (mental) healthcare professional prior to the attempt, disclosure to a loved one or professional after the attempt, mental healthcare received after the attempt, as well as a number of background variables including prior attempts or self-harm and prior healthcare use. Participants also reported their wish to disclose, their needs, and their reasons for non-disclosure, if applicable.

Results: Among N=318 respondents, 85% were female and 51% were between 16–30 years old. 49% had attempted suicide ≥2 times in past 12 months. N=260 respondents (82%) had disclosed their suicidality to a healthcare professional prior to their suicide attempt, and N=221 (70%) disclosed their attempt. To a loved one, N=150 (47%) disclosed their suicidality prior to the attempt and N=197 (62%)

after the attempt. N=98 participants (31%) did not receive any (mental) healthcare after their suicide attempt. Among those who did not disclose their attempt to a professional or loved one (N=63), 75% reported a need to disclose. Reported barriers to disclosure were expected non-response of their surroundings, shame, fear of consequences and fear of burdening others.

Discussion: A substantial proportion of people do not disclose their suicide attempt and do not receive healthcare afterwards. Note that the current sample is predominantly female, young and people who attempted multiple times. Alternate recruitment strategies should be applied to derive a more representative sample. Further analyses (presented at the conference) will show how disclosure prior to and after a suicide attempt are related to help-seeking. These analyses will provide important insights as to how to better reach and help people who attempted suicide, in order to prevent re-attempt and suicide fatalities.

266 Examining defeat and entrapment as mediators between social comparison and subjective social rank and suicidal thoughts across racial backgrounds

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In the United States, Asian, Black, and multiracial college students face a higher suicide risk than their White peers. These disparities underscore the need to understand the unique stressors experienced by young people of color. Using predominantly White samples, research highlights that social comparison and subjective social rank (one's perceived position derived from social comparison) can produce feelings of defeat and entrapment that increase suicidal ideation. However, the role of social comparison and subjective social rank in suicide risk among Asian, Black, and multiracial students remains unclear. This study investigated whether social comparison and perceived social rank predict suicidal thoughts via defeat and entrapment, focusing on racially minoritized young adults.

The study included 409 college students with a racial composition of 65.5% White, 21.8% Asian, 7.1% multiracial, and 5.6% Black. All participants had elevated depression scores or recent suicidal thoughts and completed online surveys at baseline and one month later. A single-level mediation model was employed with various measures of suicidal thoughts as outcomes; predictors were global social rank, frequency of social comparison, and perceived U.S. social rank (past, present, future) and the mediators were defeat and entrapment.

Analyses using a p-value threshold of .01 revealed significant indirect effects for defeat as a mediator for subjective social rank on various outcomes of suicidal thoughts. Specifically, better perceived global social rank significantly led to decreased feelings of defeat, which was linked to recent suicidal thoughts, lifetime suicidal thoughts, and suicidal beliefs. All three models revealed significant indirect effects. Similarly, current social rank predicted defeat, which mediated the relationship with recent suicidal thoughts. In several models, predictors of subjective social rank led to decreased feelings of defeat and entrapment, but only for White students.

These findings imply that subjective social rank can serve as a protective factor against suicide risk, though its effect may not operate through defeat and entrapment for racially minoritized students, or additional unexamined variables may play a role. The different findings for White students and racially minoritized students highlight the importance of integrating cultural variables and frameworks to understand how to decrease suicide risk for at risk and underserved populations. Future research designs should focus on incorporating more culturally-relevant variables to better understand the connection between subjective social rank and suicidal thoughts and beliefs.

Participants will be able to analyze the role of subjective social rank and social comparison in suicide risk among racially minoritized college students.

273 Situational impact, psychosocial factors, and suicidality among young adults during and after the COVID-19 pandemic: A repeated cross-sectional network analysis

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Learning Objective: To better understand the impact of the COVID-19 pandemic on young adults' mental health, including the roles of social and physical impacts, societal pessimism, hikikomori, and distress, and analyze the inter-relationships using network modeling; and identify meaning in life and societal pessimism as potential intervention targets to reduce suicidality among young adults post-pandemic.

Background: The COVID-19 pandemic has brought substantial impacts and mental distress to young adults. No existing studies have investigated the roles of situational impact and psychosocial risk factors on suicidality under the pandemic context. The present study aimed to examine the relationships between situational impact, psychosocial factors, and suicidality via a network approach during and after the COVID-19 pandemic.

Methods: Cross-sectional telephone surveys recruited three samples of young adults in Hong Kong via random sampling in autumns of 2021-2023 (N = 1226-1472). The respondents completed measures on situational impact, meaning in life, societal pessimism, Patient Health Questionnaire-4 (PHQ-4), hikikomori, and suicidality. Mixed graphical modeling was used to estimate the network and identify the partial correlations among the study variables in the three waves.

Result: The 2023 wave showed lower levels of COVID-19 distress and PHQ-4 but higher suicidality than 2021 and 2022 waves. Social impact, physical impact, and PHQ-4 were the central nodes in the 2021 and 2023 networks. Meaning in life showed negative linkages with other psychosocial factors. Suicidality showed positive linkages with societal pessimism, hikikomori, and PHQ-4 in the networks. Network comparison found no significant differences in network structure and global strength across gender, age, and waves. Societal pessimism showed significantly stronger linkages with financial impact, meaning in life, and suicidality in 2023 than 2021.

Discussion: The network results elucidated the relationships among situational impact, psychosocial factors, and suicidality in young adults after the pandemic, highlighting meaning in life and societal pessimism as potential targets of interventions.

275 The Insight study: A case-control psychological autopsy study examining factors associated with suicide in middle-aged people.

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Learning Objective: To understand the key risk and protective factors for suicide in middle-aged individuals (45-60 years old) and identify potential intervention strategies by examining differences between suicide cases and living controls.

Background: Despite current suicide prevention strategies, suicide rates are increasing in many Western countries in the 45-60 age group. In order to comprehend the high risk of suicide in this group, it is essential to gain insight into its risk factors.

Methods: A case-control psychological autopsy study examined the differences between individuals who died by suicide (i.e., suicide cases) and those with psychological problems (i.e., living controls) between the ages of 45 and 60 years.

Result: 82 informants were interviewed regarding 48 suicide cases and 23 controls. Controls were significantly more likely than suicide cases to have discussed the subject of euthanasia (45.5% vs.15.2%), to experience physical problems (95.7% vs. 70.8%) and undergo treatment for these problems (73.9% vs. 39.6%). Suicide cases were more likely to be diagnosed with a depressive episode, depressive disorder (87.5% vs. 60.9%), but less likely to have current treatment for psychiatric disorders (70.8% vs. 95.7%). Suicide cases were more likely than controls to experience problems at work (85.4% vs. 60.9%), future financial problems (59.0% vs. 22.2%), and concerns about these problems (56.8% vs. 22.2%).

Conclusion: The results suggest possibilities for suicide prevention among middle-aged individuals through targeted interventions addressing mental healthcare, occupational settings, and financial distress.

277 Emotional Storms and Self-Destructive Risk: The Interplay of Dysregulation, Impulsivity, Hostility, Self-Harm, and Suicidality in Individuals with Borderline Personality Disorder Clinical Psychologist Christos Nouis¹

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Emotional Storms and Self-Destructive Risk: The Interplay of Dysregulation, Impulsivity, Hostility, Self-Harm, and Suicidality in Individuals with Borderline Personality Disorder

Learning objective: To understand the interplay of emotional dysregulation, impulsivity, and hostility in predicting self-harm and suicidality in individuals with Borderline Personality Disorder (BPD), enabling the identification of key risk factors and the development of targeted interventions.

Background: Borderline Personality Disorder (BPD) is marked by emotional instability, impulsivity, and aggression, often leading to self-harm and suicidality. While related, these behaviors follow distinct psychological mechanisms. From a psychoanalytic standpoint, self-harm is more than just a maladaptive behavior—it is a deeply meaningful, though often destructive, attempt at self-regulation, affective discharge, and communication. Whether through the lens of Freud's death drive or object relations theory, self-injury can be understood as a symbolic act that reveals hidden conflicts, unmet developmental needs, and unconscious struggles with aggression, guilt, and identity.

This study investigates the roles of emotional dysregulation, impulsivity, and hostility in predicting self-harm and suicidality in BPD. It examines emotional dysregulation's impact, impulsivity's mediating role, hostility's contribution to risk, and differences between self-harming and suicidal individuals.

We hypothesized that:

- Emotional dysregulation was positively associated with self-harm and suicidality.
- Impulsivity mediated the link between emotional dysregulation and self-harm.
- Hostility increased self-harm and suicide risk, especially during interpersonal conflicts.
- Self-harm served as an emotion regulation strategy, whereas suicidality relates to hopelessness and relational disruptions.
- A predictive model combining emotional dysregulation, impulsivity, and hostility would best assess self-harm and suicide risk in BPD.

Methods: This quantitative study utilized psychometric tools such as SCID 5PD, BPDsi (BPD Severity Index), SR (Suicidality), DERS (Emotion Regulation Questionnaire), AECOM —ics (Impulsivity) and Self-harm inventory. An hierarchical regression model was used to determine the direct and interactive effects of emotional dysregulation, impulsivity, and hostility. Mediation analysis explored underlying pathways leading to self-harm and suicidal behaviors.

Results: Results showed that emotional dysregulation was the top predictor of self-harm and suicidality, with impulsivity increasing risk. Self-harm provides short-term emotional relief but is maladaptive, while suicidality is linked to chronic distress and hopelessness. Hostility raises interpersonal distress, escalating both self-harming and suicidal behavior.

Discussion: Understanding these factors is crucial for suicide prevention and intervention strategies. The study emphasizes the need for integrative therapy focusing on emotion regulation, impulse control, and hostility management to mitigate self-harm and suicide risk in BPD populations.

278 Treasure: a randomized controlled trial of brief online cognitive behavioral therapy for suicide prevention

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Learning objective: The primary objective is to determine the efficacy of semi-guided Online Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) in reducing and preventing STBs, both for scientific reasons and as a service evaluation of 113 Suicide Prevention's Online Therapy.

Background: Online interventions can overcome practical and psychological barriers for people with Suicidal Thoughts and Behaviors (STBs) to receive professional help. This study aims to investigate whether suicide attempts can be reduced with Online Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP). In-person CBT-SP has previously been found safe and effective in preventing suicide attempts.

Methods: A fully remote randomised controlled trial is being conducted, in which participants are randomly assigned to either CBT-SP or an online self-help course, that has previously been found effective in reducing suicidal thoughts. Based on a power analysis, we determined a sample size of 364 participants to detect a significant effect. They are recruited among the people who register for 113 Suicide Prevention's Online Self-help course or Online Therapy. The primary outcome of the study is suicide attempts as measured with the Columbia Suicide Severity Rating Scale. Secondary outcomes are suicidal thoughts and quality of life. Moreover, self-reported treatment satisfaction and adverse effects are measured in order to determine the acceptability and feasibility of Online CBT-SP. Follow-up assessments are conducted directly after treatment has concluded and at 1.5 years.

Result: Data collection has started on 8 May 2024. Currently, 100 participants have been included and 33 participants have finished treatment. Baseline (expected N = 120) and post-assessments (expected N = 50) results will be presented. Demographics (age and gender), baseline and post-assessment STBs, and self-reported experiences of the treatment will be presented.

Discussion: This is the first study to evaluate the effect of Online CBT-SP on suicide attempts. Knowledge gained from this study will be valuable for the clinical implication of effective online interventions on STBs. The current results demonstrate promising acceptability and feasibility of Online CBT-SP. Online CBT-SP broadens the accessibility for help seekers with severe suicidality and is positively received by patients as well as clinicians. Due to the elaborate baseline and post-assessment measures, it is a challenge to include a large sample within a specific timeframe.

280 Training pharmacy teams as gatekeepers for suicide prevention: evaluation of an online gatekeeper training

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Learning objective: To evaluate the impact of an online gatekeeper training on pharmacists' and pharmaceutical technical assistants' (PTAs) attitudes, self-efficacy, and perceptions regarding suicide prevention, as well as their skills to support and refer people with suicidal thoughts.

Background: Pharmacists and pharmaceutical technical assistants (PTAs) are accessible healthcare providers and potential gatekeepers in suicide prevention. Training these professionals as gatekeepers can be an effective strategy to reduce suicidal behaviour. Following a needs assessment in pharmacists and PTAs an e-learning was developed. This study evaluates the online training's impact on attitudes, perceptions, self-efficacy, and gathers feedback from pharmacist teams.

Methods: Using a pre-post survey design with follow-up, pharmacists and PTAs were recruited online and given access to the gatekeeper training for seven days. Participants completed an online survey before (pre-test) and after seven days (post-test) of training, and after three months (follow-up) to assess the training's usability.

Results: Of the 109 participants who completed the initial questionnaire and received access to the online training, 37 finished the post-test survey, and 39 completed the follow-up survey. The results indicated a significant positive change in attitudes towards tabooing and non-communication, self-efficacy, and perceptions over time. Participants reported feeling more confident and knowing more about supporting and referring patients with suicidal thoughts, and where to find information and advice. At follow-up, all participants who encountered patients with suicidal thoughts and/or behaviours in their pharmacy applied the knowledge and skills acquired through the training, and the training was positively evaluated.

Discussion: These findings contribute to the research on the role of pharmacists and PTAs as gatekeepers in suicide prevention. Although more research is needed, the e-learning gatekeeper training appears to be a promising strategy for supporting pharmacist teams in their role as gatekeepers in suicide prevention.

284 Working towards a definition and classification of harm minimisation for self-harm

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Learning objective: To gain a comprehensive understanding of a co-developed definition and classification of harm minimisation for self-harm.

Background: Standard clinical practice is to restrict or prevent self-harm under the premise that it will reduce the behaviour. For some people harm minimisation for self-harm might be a more achievable goal than cessation until they learn other coping strategies. However, there is no agreed definition or taxonomy for harm minimisation for self-harm, and there is a tension between survivors and clinicians/academics in how it's conceptualised. We aimed to co-produce a draft definition and taxonomy of harm minimisation for self-harm.

Methods: First, we conducted a scoping review of the survivor and academic literature to find current definitions and classification systems of harm minimisation for self-harm. We put together a list of all the definitions and categories we could find for harm minimisation for self-harm. Next, we consulted with key stakeholders to refine the list. We held an online event with 16 attendees (survivors, clinicians, charity workers, academics) mostly from the UK, to discuss 1) Defining harm-minimisation 2) What is and what isn't harm minimisation 3) Harm minimisation categories and approaches 4) Alternatives categories and approaches. After the event, we sent a summary of our notes to the relevant group for checking and comments. The finalised discussion notes were used to form a new definition and classification.

Results: Harm minimisation for self-harm largely included damage limitation (e.g. wound care) and education (e.g. providing basic anatomical information on where arteries and tendons are so they could be avoided) in its conceptualisation. It was considered important to include the idea of harm caused by treatment (iatrogenic harm) in the definition. Alternative categories and approaches included delaying self-harm, sensation proxies (e.g. pinging rubber bands against the skin, holding ice), process proxies (e.g. drawing red lines on the area of skin that you would otherwise cut) or distraction techniques (e.g. going for a walk). There was a clear preference for alternatives to self-harm to be kept separate from harm minimisation and not included in its definition.

Discussion: We have co-produced a definition of harm minimisation for self-harm with key stakeholders that appears to be more acceptable than existing definitions and taxonomies. We plan to discuss the lessons we learned from this co-development task. In the next phase, we plan to conduct a Delphi study.

288 Evaluating the Collaborative Assessment and Management of Suicidality (CAMS) Framework in Ireland: An Implementation-Evaluation Approach

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Learning Objective: To understand the potential of the CAMS Framework to work effectively for clinicians and patients in clinical practice.

Background: The CAMS Framework is a highly effective, structured, and patient-centered approach to suicide prevention, which shows effectiveness in both inpatient and outpatient settings. Grounded in a collaborative therapeutic alliance, CAMS not only assesses and manages suicidal risk but also targets the underlying drivers of suicidality. Empirical research, including randomised control trials, has demonstrated that CAMS significantly reduces suicidal ideation, distress, and self-harm behaviours. While research in the Irish setting is largely focused on clinicians' perspectives, the evidence suggests that clinicians are more competent to manage suicidality after engaging with CAMS training. However, using CAMS in practice also presents challenges, including difficulties integrating CAMS into therapeutic settings and the need for ongoing peer support. As such, this study aims to evaluate the implementation potential of CAMS in clinical settings in the Irish context.

Methods: Evidence-practice gaps represent a lack of application of effective interventions in practice, relative to the extant scientific knowledge. Therefore, understanding how evidence-based interventions are adopted, delivered, and sustained in real-world settings requires a focus on implementation science. The RE-AIM framework informs the proposed implementation-evaluation approach by identifying the study concepts of interest: reach, effectiveness, adoption, implementation and maintenance. An exploratory qualitative study design is employed to understand the clinicians' experiences of using CAMS, with one-to-one, semi-structured interviews providing a space for clinicians to share their views on engaging with CAMS in training and practice contexts.

Result: Initial clinician feedback (n=7) reveals challenges in adopting CAMS, including lack of relevancy to clinical settings and difficulties in sustaining long-term use with clients. Engaging in the CAMS training led to the development of skills useful for managing suicidality. Follow-up interviews are currently being conducted. Inductive thematic analysis guided by Braun and Clarke (2021) will generate overarching themes representing clinicians' experiences of engaging with CAMS in training and clinical practice.

Discussion: This study is the first to explore the potential of implementing CAMS into regular care for individuals who show signs of suicide risk, from the perspective of clinicians working in Ireland. Given the promising potential of CAMS for suicide prevention in diverse clinical settings, study insights will

evidence implementation requirements needed for translating the CAMS framework to clinical settings beyond the Irish context.

290 Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients Rewari N¹

Affiliations: ¹Mental Health Commission Of Canada

Participants will learn how to integrate person-centered, empathetic suicide risk assessment strategies into healthcare practice, fostering stronger client connections and enhancing collaboration within healthcare teams.

Background: Suicide is a critical global health issue, with more than 720,000 people dying by suicide every year. An international study found that nearly half of individuals who die by suicide visited a primary care provider in the month before their death, with 77% of older adults doing so within the past year. Despite this, many healthcare providers feel unprepared or uncomfortable initiating a conversation about suicide. Traditional risk assessment models often focus on predictive categorization rather than prioritizing person-centered dialogue. In response to this gap, the Mental Health Commission of Canada (MHCC) developed "Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients," an online self-directed training module aimed at equipping providers with practical, compassionate strategies for discussing suicide.

Authors: Yvonne Bergmans, PhD RSW, University of Toronto, Anita David, BC Mental Health and Substance Use Services, Jennifer Jeffery, Mental Health Commission of Canada

Methods: The training was co-developed with physicians, nurses, suicide prevention experts, and individuals with lived experience. It emphasizes:

- Asking directly about suicide in a caring and non-judgmental manner.
- Fostering empathy, building client connection, and prioritizing professional judgment over risk stratification.
- Scenario-based learning and reflective exercises to strengthen provider confidence.

This course moves beyond checklist-driven risk assessments, focusing instead on meaningful engagement and collaborative safety planning to help clients keep themselves safe.

Results: Building on the strengths of its previous iteration, this updated training integrates expanded scenario-based learning and enhanced practical strategies to better prepare providers for life-saving conversations. Previous findings demonstrated the effectiveness of suicide prevention training for healthcare providers, with provider confidence in discussing suicide doubling (40% to 82%), awareness of how to address suicide safely increasing from 39% to 91%, and recognition of risk factors rising from 47% to 94%. While a fulsome evaluation of the updated training is planned for 2026, the enhancements are expected to further strengthen provider readiness and engagement in suicide prevention efforts.

Discussion: Unlike traditional trainings focused on risk categorization, Talking About Suicide prioritizes person-centered communication, equipping healthcare providers with the skills to ask directly about suicide. This presentation will explore how this approach can improve providers' ability to confidently engage in life-saving conversations. It will also contribute to the broader multidisciplinary dialogue on advancing suicide prevention within healthcare systems worldwide.

308 Prevalence of suicide in adolescents and youth at ultra high risk for psychosis: a systematic review and meta-analysis

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Objective: To determine the prevalence of suicidal ideation and attempts among adolescents and youth at Ultra High Risk (UHR) for psychosis and to identify key risk factors, including depression, personal transition to psychosis, and family history of psychosis that contribute to these suicidal behaviors.

Background: Suicide is a leading cause of death in individuals with schizophrenia and those in the prodromal state (i.e., UHR for psychosis). However, there is a relative paucity of data on the magnitude of suicidality in adolescents and youth at UHR, despite the unique psychosocial and environmental vulnerabilities of this demographic. This review synthesizes existing research on suicidal ideation and behavior in this population and examines the associations between suicidality and its correlates.

Methods: A comprehensive literature search was conducted in PsycINFO, PubMed, Embase, Cochrane Library, Web of Science, and Scopus up to December 2024. Studies reporting on suicidal ideation, non-suicidal self-injury, suicide attempts, and associated risk factors in adolescents and youth at UHR were included. A meta-analysis of prevalence was performed for lifetime suicidal ideation, lifetime non-suicidal self-injury, lifetime suicide attempt, and current (2-week) suicidal ideation. A narrative synthesis explored key correlates of suicidality in this population.

Results: Fourteen studies met the inclusion criteria. The meta-analysis revealed substantial rates of lifetime suicidal ideation (58%), lifetime non-suicidal self-injury (37%), lifetime suicide attempts (25%), and current (2-week) suicidal ideation (56%). Narrative findings indicated that a personal transition to psychosis and a positive family history of psychosis significantly increased the likelihood of suicide attempts. Additionally, depression was strongly associated with both suicidal ideation and attempts.

Conclusion: Adolescents and youth at UHR for psychosis face a high risk of suicidal ideation and behavior, comparable to estimates in the general UHR population. Given these findings, existing suicide prevention and intervention strategies developed for UHR individuals should be adapted to address the specific needs of younger cohorts. Early identification and management of depressive symptoms, along with close monitoring of psychosis risk and family history, may be critical in reducing suicidality in this vulnerable group.

321 StandBy Support After Suicide: Strengthening Postvention Through Community Empowerment, Peer Models and Specialist Services

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The StandBy Support After Suicide (StandBy) program was established in Australia in 2002 and is a world-leading model for suicide postvention. Postvention is a crucial aspect of suicide prevention, as it plays a vital role in reducing the risk of further suicide loss.

StandBy is a universally available program in Australia, providing tiered support options that respond to the evolving needs of individuals and communities bereaved and impacted by suicide loss. By offering timely, compassionate, and culturally appropriate support, StandBy helps to break the

devastating cycle of grief and trauma and helps ensure those impacted by suicide loss are not left to navigate their journey alone.

Central to StandBy's success is its commitment to asset-based community development, where local networks are strengthened to support individuals in a sustainable, culturally responsive, and tailored manner. The program fosters resilience by focusing on individuals' strengths, the power of community, and connecting people to their local networks and support systems. Additionally, in four of the Australian states and territories, the program has been expanded to offer a range of additional services, including Lived Experience Peer Workers and a specialist Suicide Bereavement Counselling Service (SBCS). These empathetic and culturally sensitive services help to ensure that people receive the appropriate care they need at every stage of their grief journey.

A defining feature of StandBy's approach within these additional services is its peer-led framework, where trained Peer Workers, who have lived experience of suicide loss, provide compassion and guidance while helping people navigate their grief and healing process. Alongside this, StandBy also offers access to professional suicide bereavement counselling, combining the strengths of both peer support and expert mental health services.

By integrating community engagement, peer support, and specialised counselling, StandBy has proven effective in fostering a sense of belonging and long-term healing for those impacted by suicide. The program's focus on both immediate and ongoing support, alongside its asset-based development model, allows individuals and communities to build resilience from within, ensuring that people receive the care they need at every stage of their healing process.

This presentation offers participants an opportunity to learn from StandBy's unique approach, with insights on how a non-clinical, tiered, and community-driven model can be adapted for global application. Additionally, in sharing our lessons learned, participants will gain strategies for integrating peer support, specialised-counselling, and community empowerment into their own suicide postvention efforts.

322 Epidemiology of suicide in prisons in Japan

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One Learning Objective: The suicide rate in Japan was not high for suicide in prison compared to other developed countries.

Background: The problem of suicide in prison facilities such as prisons and jails, and after release, has been the topic of many research reports from Europe and the United States. It is internationally recognized as a high-risk population for suicide. However, few research reports are from outside Europe and the United States. This study reports on the epidemiology of suicide in prisons in Japan.

Methods: Suicide rates (per 100,000) were calculated and examined for annual trends and summarized the background of suicides. The number of suicides and the denominator, the number of persons institutionalized, was taken from the official statistics, National Criminal Statistics (1952–2022; 1990–2022 for males and females) in Japan.

Result: The annual trend results showed that for the period 1952–2020, the suicide rate varied considerably from year to year (min 5.5 – max 46.8). In the period 2010–2022, there were 184 suicides, with a minimum suicide rate of 5.9 and a maximum rate of 31.8. The background of the suicides was 89% male and 10% female. Age was 9% in their 20s, 26% in their 30s, 34% in their 40s, 12% in their 50s, 13% in their 60s, and 5% in their 70s, respectively. Sixty percent were prisoners and 37% were jailed.

Discussion: We presented the epidemiology of suicide in Japanese prisons. Although persons in prisons are a special group and environment, and comparisons might be difficult, there were some

years when the suicide rate was higher and some years when it was lower than that of the general population in Japan. Yearly trends were very different from those of the trend of total in Japan, and there was no association with Japan's overall suicide rate. Because of the large number of males in prisons, there were more male suicides. Compared to other developed studies, the suicide rate in Japan was not high.

326 Integration of lived experience into suicide postvention in Australia: Strengthening support through authentic connection

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Lived experience of suicide bereavement is a powerful and transformative tool in postvention support. In Australia, integrating the insights of those bereaved and impacted by suicide into postvention models has revolutionised the way support is designed and delivered. This presentation explores how lived experience is embedded within suicide postvention services, particularly within the StandBy Support After Suicide program, to ensure authentic, person-centred and culturally responsive support.

Integrating lived experience into postvention enhances service delivery by fostering trust, empathy, and understanding between peer workers and those they support. The presentation will highlight key strategies, such as co-design processes, establishing lived experience advisory groups, and tailored training for peer workers to safely and meaningfully share their experiences. These approaches ensure that the voices of those bereaved by suicide shape support models, making them relevant and relatable.

Furthermore, the session will discuss the outcomes of incorporating lived experience into postvention, including improved accessibility for groups disproportionately impacted by suicide, increased community engagement, and better support outcomes for both those bereaved and peer workers. Real-world examples and case studies will illustrate this integration's transformative impact, emphasising lived experience's role in reducing stigma, fostering post-traumatic growth and promoting hope.

Participants will leave with actionable insights on integrating lived experience into services in their contexts, as well as an understanding of how this approach enriches suicide prevention and postvention efforts overall. This presentation underscores the importance of authentic connection, equity and empowerment in service delivery, ensuring those who engage in our services for support receive the support and dignity in navigating their grief.

327 Who we are: The people and principles behind StandBy – Support After Suicide

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StandBy Support After Suicide (StandBy) is Australia's leading suicide postvention program, dedicated to assisting people who are bereaved or impacted by suicide. What makes StandBy unique is its evidence-based, person-centred approach—the people who deliver the program and the principles that guide them. This presentation delves into the who of the StandBy program: the team of lived experience peer workers, professionals, and community partners who unite to provide tailored, compassionate support to individuals and communities bereaved or impacted by suicide.

The presentation will explore the diverse roles within StandBy, including peer workers with lived experience who bring authenticity and understanding, trained coordinators who ensure services are

accessible, an experienced counselling team and responsive, and community partners who enable meaningful local engagement. By integrating a multidisciplinary team and prioritising lived experience as a cornerstone of the program, StandBy ensures a holistic approach to suicide postvention that is both flexible and culturally safe.

This presentation will also discuss how dignity, mutuality, equity, and self-determination principles inform StandBy's work, from direct support to system-level advocacy. Using real-world examples, we will illustrate how the who of StandBy contributes to its success in supporting those bereaved by suicide, fostering community resilience, and reducing the stigma surrounding suicide.

Participants will leave with a deeper understanding of StandBy's approach, as well as practical insights into how a focus on who—not just what or how—can transform postvention services and create lasting change for those impacted by suicide.

328 The importance of postvention planning as a critical component of suicide prevention strategies

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Postvention is often regarded as a response to suicide, but its role in suicide prevention is equally critical. Recognising the impacts of suicide on individuals, families and communities, this presentation explores how proactive postvention planning is an essential element of comprehensive prevention strategies.

This presentation will highlight key strategies for embedding postvention planning into broader prevention efforts, drawing on insights from StandBy Support After Suicide, Australia's leading postvention program. Suicide bereavement may increase the risk of mental health challenges, trauma and suicidal behaviour among those who are bereaved and impacted. By integrating postvention into prevention frameworks, we may help to mitigate these risks, foster resilience, and build supportive environments that reduce the likelihood of further suicides.

Key components include developing community response plans, equipping workplaces and communities with postvention training and ensuring timely access to tailored, culturally appropriate support services for those bereaved or impacted by suicide. Case studies and real-world examples will illustrate how effective postvention planning may help prevent the compounding effects of suicide loss, strengthen community resilience, and build systems capable of responding compassionately to future crises. Participants will gain a deeper understanding of the intersection between postvention and prevention, leaving with actionable steps to integrate postvention planning into their suicide prevention strategies.

331 Development of psychological support hotline unannounced standardized callers

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Development of psychological support hotline unannounced standardized callers

Learning objective: To refine the development of Unannounced Standardized Callers (USC) for psychological support hotlines and substantiate their efficacy.

Background: Psychological support hotline emerges as a cost-effective means for suicide prevention. In China, over 20 suicide prevention hotlines now have been designated as psychological support hotline, manage approximately 150,000 calls per annum. However, the comprehensive evaluation

of hotline counselors' competencies is hindered by the scarcity of standardized, structured scenarios involving psychological distress or high suicide risk. This study aims to formulate three categories of unannounced standardized callers: one specifically for high suicide risk, another for acute stressful situations, and a third for chronic life circumstances.

Methods: Thirty tape-recorded calls, categorized into ten for severe suicidal ideation, ten for acute stressful events, and ten for chronic life events, were sourced from the Beijing Psychological Support Hotline. A psychology researcher meticulously examined these recordings to distill the defining features of each call category. Consequently, three archetypal cases—one for each category—were formulated. To hone and standardize these cases into USCs, a Delphi study was conducted to refine and standardize the three archetypal cases.

Result: The standardized call for high suicide risk exhibited traits such as hopelessness, extremism, confusion, grievance, and emotional fragility. Calls associated with acute stressful events demonstrated guilt, anxiety, fear, avoidance, impulsivity, crying, contrivance, and lack of focus. Calls pertaining to chronic life events displayed loneliness, desires for invisibility, sensitivity, and bewilderment.

Discussion: High-quality USCs are essential for enhancing training and assessing the performance within psychological support hotlines. The USCs crafted in this study have shown acceptability. Future research should concentrate on training research assistants to emulate these three standardized callers and on further refining them. It is also important to develop scales for rating performances of the USCs and hotline counselors.

341 Words left unspoken: Exploring the unspoken narratives of loved ones supporting a person who has survived a suicide attempt

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Background: The suicide prevention field has grown in recent years, with researchers placing increased resource into understanding the phenomena which has been described as a “multisectoral public health concern” (Henry, 2021). Currently, academic interest appears to be largely located around the individual identified as being ‘suicidal’, with less interest shown to the network around the individual (e.g., family, friends). There are vast impacts recognised when somebody presents as suicidal, with a high frequency of associated people experiencing distress (Cerel et al., 2019). This is often described as “the ripple effect of suicide” (Samaritans, 2023).

This research addressed the following question: What unspoken narratives exist for informal caregivers who have supported a loved one following a suicide attempt?

Methods: As the research sought an understanding of human experience, a qualitative methodology was employed (Austin & Sutton, 2014). An advisory panel of experts-by-experience were consulted throughout the process. A convenience sample of 14 adult participants (78.6% female, 21.4% male) responded to a social media advert inviting participation in a semi-structured interview to talk about their experience of caregiving. The interviews were analysed using Reflexive Thematic Analysis (Braun and Clarke, 2019).

Results: Five main themes were identified: The Conspiracy of Silence, Unequivocally Unspoken [Narratives], A Sense of Responsibility, Making Comparisons, and Relationships with Professionals.

Discussion: The research acknowledges the complexity of loved ones when stepping into the informal caregiver role. The findings are discussed in relation to existing literature; drawing on theories to help understand systemic influence [(e.g., Spiral of Silence Model (Noelle-Neumann, 1974)], and

stigmatisation [e.g., The Modified Labelling Theory (Link et al., 1989)], as well as reflecting on the role of current policy (e.g., NHS England., 2016, 2019), and bringing in carer's literature more broadly (e.g., Daniels, 2023).

This research provides practical and actionable clinical implications for clinicians (e.g., placing emphasis on the use of statutory carer's assessments, and introducing wider training for staff teams on systemic frameworks such as 'trauma-informed care') and offers invitations for research (e.g., testing the applicability of Sands' (2009) Tripartite Model of Suicide Greif in psychological therapy with 'almost' bereaved loved ones, and qualitative studies to better understand how stigma is experienced by carers as to inform relevant policy).

The author's hope to inspire others to want to learn more about informal caregiver experiences in this context so that they are given the space and time in service provision they so desperately deserve.

344 Development of an evidence-based implementation plan for a gatekeeper intervention in schools

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Learning Objective How to use implementation science frameworks and models in suicide prevention research

Background Often suicide prevention interventions have difficulties showing similar impact at community level compared to controlled study settings. Reasons for the problems are correlated with problems of unaddressed issues of what makes an intervention work and how to implement a suicide prevention intervention.

Aim This mixed method study investigates how to use the Implementation Stages science tool; the Implementation drivers and the Behavior Change Wheel framework to develop an evidence-based implementation plan for a gatekeeper intervention in schools attended by youth.

Methods: The implementation stages and Implementation drivers as well as the Behavior Change Wheel are applied to systematically design the implementation plan and implementation strategies for a gatekeeper intervention.

To investigate components and effectiveness of a gatekeeper intervention a scoping review is performed. Secondary analyses are done on a survey about barriers and facilitators at teaching staff level and furthermore analysis is performed on single and group interviews at the organization level for the implementation of a gatekeeper intervention.

Setting: The Preparatory Basic Education and Training schools in Denmark, called FGU schools are state funded schools for youth that either have personal, academic or psychological problems. The FGU schools prepare young people aged 15-25 years to start and continue secondary school education or to get into employment by helping them to develop personal and social skills. The young people are referred to the schools by Municipal youth guidance units, if it is assessed that the school is the best fit for them.

Result: There were found 13 barriers and facilitators for the implementation of a gatekeeper intervention in FGU schools. Nine different intervention functions of implementation strategies were

established and developed. The Mechanisms of change are education, skills training, modelling and enablement.

Discussion: The consolidated framework for Implementation research could have been used, however it does not provide the same detail in elements that are needed to be explored.

357 Unspoken narratives in the context of suicide: a comparison of the bereaved, and the 'almost' bereaved

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Background: It is estimated that, globally, 700,000 people die by suicide each year (WHO, 2021), this is equivalent to one suicide death every 45 seconds. For every suicide death it is estimated there are 19 suicide attempts (WHO, 2021). Research suggests that up to 135 people are effected hen one person takes their own life (Cerel et al., 2019), a phenomenon described as the "ripple effect" of suicide (Samaritans, 2022). The ripple effect of suicide does not only occur following a suicide death; many people experience distress when hearing that someone they know has experienced any form of suicidality (Daly, 2005). The intensity of distress felt can differ based on several factors, such as the relationship between people (Andriessen, 2019), religious/cultural beliefs around suicide (Boyd & Chung, 2012), and previous experiences of suicide (Pitman et al., 2014).

This research addressed the following research question: What are the similarities and differences in the unspoken narratives of those who have been bereaved by suicide, and those who have 'almost' been bereaved by suicide (e.g., the informal caregivers who provide support after the suicide attempt of a loved one).

Methods: As the research seeks an understanding of human experience, a qualitative methodology was employed (Austin & Sutton, 2014). Using mixed sampling approaches, 33 adult participants (81.8% female, 18.2% male) were recruited to two concurrent qualitative studies (Brockett, 2024; High, 2024). An advisory panel of experts-by-experience were consulted throughout the research process for both studies. The data yielded in each study was analysed by the respective author using Reflexive Thematic Analysis (Braun and Clarke, 2019). The subsequent method of analysis for this comparison paper was Thematic Synthesis (Thomas and Harden, 2008).

Results: The authors are in the process of refining five main themes. At present, these themes relate too: Changes/Manipulation of a Narrative, Emotional Challenges, A Hierarchy of Greif, Protection, and a Comparison between Mental Health and Physical Health. It is the authors intention that these themes will be refined, defined and fully developed by the IASP conference.

Discussion: The findings of this research will be discussed in relation to existing literature. The authors will also give recommendations for actionable clinical implications to ensure accurate public health information and that support provisions can be implemented by appropriate services with trained staff. The authors will also make suggestions inviting future researchers to build on their research, encouraging cultural competency within this field of work.

360 Developing the HARMONY Approach: Co-creating a standardized suicide-evaluation through focusgroups with healthcare professionals in the Netherlands

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Background: In the Netherlands, 40% of people who die by suicide are in treatment within mental healthcare. Yet, there currently is no standardized framework for evaluating suicides and suicide attempts within mental healthcare institutions, nor any structural support for healthcare professionals. A lack of attention to the perspective and knowledge of healthcare professionals, misses the opportunity to learn from and improve care processes surrounding the suicidal patient. Furthermore, the underestimated impact of patient suicide on healthcare professionals in combination with blameful accountability, hinders open reflection that can lead to valuable insights for prevention.

Objective: The HARMONY Approach aims to develop a standardized evaluation of suicides and suicide attempts within mental healthcare institutions. By acknowledging the complexity of the care system and understanding the daily reality of healthcare professionals, the approach follows the larger movement of Safety II and Restorative Justice Culture. The HARMONY Approach encourages learning throughout all levels of healthcare institutions, enhances structural support for healthcare professionals and systematically collects data on care processes and risk factors. To incorporate these three main aspects, we carefully lay out an in-depth, qualitative method that aims to capture and connect to the reality of daily on the job experiences of healthcare professionals and creates an applicable, supportive evaluation instrument.

Method: Two rounds of focusgroups including both clinicians, psychiatrist and nurses, and management and policy staff are held. The focusgroups consisted of twenty participants in total, coming from seven Dutch mental healthcare institutions, containing both inpatient and outpatient care. In February 2025, the first round of focusgroups took place. The topic list included first impressions, support for healthcare professionals, learning from suicides, involving the bereaved, barriers and facilitators, time investment. In April 2025 the second round of focusgroups will take place. Additionally we hold expert- and bereaved panel.

Result/Expected outcomes: The first round of focusgroups showed an appreciation of standardizing and structuralizing suicide-evaluation, explicit attention to support and the guidelines for involving the bereaved. Improvements are wanted on the data-collection instrument, role of the suicide postvention coordinator, and the organisation of the evaluation meetings.

Discussion/Conclusion: At the moment of writing, the second focusgroup round still has to take place. The final product will be delivered by the end of May, followed by a pilot and uptake. After completion, the HARMONY Approach should offer a complete and concrete guide for effective evaluation that cultivates insights to improve care processes surrounding the suicidal patient.

363 Risk and protective factors for self-harm and suicide in children and young people: a systematic review and meta-analysis

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Learning objective: To learn about the impact of the different risk and protective factors for suicide and self-harm in children and young people from a comprehensive, recent, systematic review and meta-analysis.

Background: Suicide is one of the leading causes of death in children and young people globally. Self-harm is the strongest known predictor of suicide with prevalence estimates of around 16%. Identifying risk and protective factors is crucial for developing our understanding of how and for

whom self-harm and suicidal behaviours are likely to develop. Existing systematic reviews include both longitudinal and cross-sectional data, which limits our ability to determine the predictive value of these factors. We aimed to provide a comprehensive overview of the risk and protective factors that have been assessed longitudinally in the literature, and to quantify each factor's effect using meta-analysis.

Methods: We searched five databases (Medline, PsycINFO, EMBASE, HMIC, CINAHL) from inception to April 2023 to identify publications investigating the longitudinal relationship between any risk or protective factor and self-harm or suicide. Participants were aged under 18 at both the time of exposure and the outcome. We extracted odds ratios, risk ratios, hazard ratios, or converted other standardised effect sizes to odds ratios where possible. Meta-analyses were conducted separately for death by suicide and all other self-harm outcomes (i.e., attempted suicide, non-suicidal self-injury, self-harm behaviour). Quality of the included publications was assessed using the Newcastle-Ottawa Scale for case-control and cohort studies.

Result: One-hundred-sixty-nine publications reporting 64 distinct risk and protective factors were meta-analysable. Preliminary findings show significant risk factors for self-harm outcomes include prior suicide attempt [Pooled OR=5.87], psychiatric treatment [OR=4.58], family history of suicide [OR=4.37], previous self-harm behaviour [OR=3.31], alcohol use [OR=2.75], friend suicide/suicide attempt [OR=2.70], depressive disorder [OR=2.69], and LGBTQ+ status [OR=2.56]. Community support [OR=0.24], peer acceptance/inclusion [OR=0.58], and self-esteem [OR=0.67] were among the few reported significant protective factors.

Discussion: The findings from this comprehensive review improve our understanding of the risk and protective factors that are the strongest predictors of self-harm and suicide-related outcomes in children and young people. A number of publications reported unique factors or effect sizes that we could not meta-analyse, meaning there may be other important risk and protective factors not captured in this review. Nevertheless, these findings are of critical importance to identifying those at greater risk, informing treatment development, and ultimately reducing unfavourable outcomes.

367 Social Factors Contributing to Rural Male Suicide in Bangladesh

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Background: Suicide is a significant global public health concern and one of the leading causes of death. Social characteristics undoubtedly play a crucial role in influencing suicidal behavior. In Bangladesh, although the issue of suicide is complex, there remains a limited body of empirical research addressing the underlying social factors of suicide.

Aim: This study aims to explore the social context surrounding male suicides in rural Bangladesh.

Methodology: This qualitative study involves in-depth interviews with 45 "significant others" and "close persons" of 15 purposefully selected male suicide cases from Jhenaidah, one of the high-suicide prone districts in Bangladesh. The data were analyzed thematically and corroborated with relevant studies.

Results: Four major themes emerge as potential social risk factors: failed masculinity, socially unconventional relationships, extramarital affairs/infidelity, and father-son interaction problems. Each theme reflects a range of social actions, expressions, motives, and intentions from the individuals involved in these suicides.

Conclusion: Given the study's limited scope, it is recommended that future research comprehensively investigates the social determinants of suicide in Bangladesh. Furthermore, as the number of male suicides continues to rise, suicide prevention strategies must prioritize a deeper understanding of men's emotional pain and suffering, and take appropriate action to address these concerns.

369 Suicide in Prisons/Custodial Settings in Bangladesh Anisur Khan¹

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Suicide is a global issue that affects all levels of society and is the leading cause of death in prisons and custodial settings. International studies have consistently shown that inmates in prisons and custodial facilities are at a higher risk of suicide compared to the general population. Despite Bangladesh having a large prison population, there is no scholarly evidence on suicide within its custodial and prison settings. This analysis aims to broadly capture the diverse characteristics of prison and custodial suicide in Bangladesh from 2014 to 2024 by examining online news content. Information was collected on year-wise trends, age, sex, type of custody, nature of criminality, methods, and causes of suicide.

A total of 20 suicide cases were identified during the study period, with 60% of all suicides occurring in just three years (2022–2024). Sixty-five percent of these suicides took place in judicial custody (prisons and jails), while 35% occurred in police custody. Sixty-five percent of the suicides involved prisoners aged between 20 and 35, and all cases (100%) were among male prisoners. In terms of criminality, 40% of prisoners charged with homicide and 20% charged with drug-related offenses died by suicide. Hanging was identified as the most common method of suicide, accounting for 90% of all suicide deaths. Prisoners used various locations or points. However, there was no single concentrated factor for suicide; rather, individuals died for multiple reasons. Both individual and environmental/institutional factors were associated with prison and custodial suicides. Notably, no information on the cause of suicide was available for 50% of the cases.

Given that suicide is a preventable issue in prisons and custodial settings, it is imperative for Bangladesh to develop effective prevention strategies. These strategies should be informed by empirical evidence, international institutional guidelines, and consultation with global best practices. As a content analysis, this study has certain limitations, but it holds significant potential for contributing to theory, research, and policy interventions in this critical area.

370 Traditional Chinese Adaptation of the Psychache Scale by Ronald Holden and Colleagues: A Preliminary Study with a Non-clinical Sample in Taiwan Counseling Psychologist Chen-Yi Kuo, Associate Professor Fortune Fu-Tsung Shaw¹

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Learning Objective: The traditional Chinese version of the Psychache Scale had good internal consistency and concurrent validity in a non-clinical sample of young adults in Taiwan. A further exploration with a clinical sample is in progress.

Background: The Psychache Scale (Holden et al., 2001) is a self-assessment method which comprises 13 items and is designed to assess subjectively experienced psychological pain. The scale has been used in numerous studies to measure the said construct, but not been adapted in Taiwan.

Methods: After having obtained the acceptance for adapting the scale, the authors made translations from English to traditional Chinese. Next, a professor of clinical psychology helped modify and ensure that the translated items have the same meanings as the original and functions in the same way. A non-clinical sample of 851 young adults—620 undergraduate and 231 postgraduate students—across Taiwan responded to the traditional Chinese version of the Psychache Scale, the Loss Experiences Questionnaire (Lin, 2009), and wish to die (Items 1) and wish to live (Item 2) in the Modified Scale for Suicidal Ideation (Miller et al., 1986) using Google Forms.

Result: The internal consistency was reliable with a Cronbach's alpha of .96. The scale was able to distinguish between the individuals of high wish to die versus their counterparts of low wish to die. It was also able to distinguish between the individuals of high wish to live versus their counterparts of low wish to live. There was a full mediation effect of psychological pain on the relationship between loss experiences and wish to die, as well as between loss experiences and wish to live.

Discussion: The traditional Chinese version of the Psychache Scale is a reliable and valid tool in assessing the level of psychological pain in non-clinical Taiwanese young adults. A further investigation with a clinical sample of Taiwanese young adults is underway.

372 Beyond the assessment: an ethnographic study of mental health practitioners' aftercare decisions for individuals in suicidal crisis

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Learning objective: Understand how MHPs in EDs make aftercare decisions and adapt to challenges within a strained mental health system.

Background: Each year, more than 200,000 people who self-harm present to Emergency Departments (ED) in England. Liaison psychiatry teams are embedded in EDs to support individuals experiencing suicidal crisis and serves as a crucial access point for onward mental health support. During this one-time contact, specialist mental health practitioners (MHPs) conduct biopsychosocial assessments of the person's needs and risks and refer them onto appropriate services. However, many people experience gaps between the help sought from MHPs and the care they are offered.

These gaps can happen for many reasons including, limited availability of mental health services, restrictive eligibility criteria, and variability in how MHPs assess individual needs. Within these constraints, MHPs are tasked with navigating complex decisions to secure appropriate care. The challenges they face can prevent people from receiving the support they need, increasing their risk of harming themselves again or future ED presentations. Additionally, MHPs may experience moral injury—the psychological distress that arises when they are unable to provide adequate care—contributing to burnout and impacting their attitudes toward their work and patients.

Methods: This study employs a non-participant ethnographic observation approach to examine how MHPs make aftercare decisions. Liaison psychiatry teams in ED and MHPs will be observed as they conduct their work. MHPs will be asked about psychosocial assessments, their decision-making approaches and processes and the practical tasks involved. Semi-structured interviews will further explore their reflections on psychosocial assessments, aftercare planning, and their communication with other mental health services and relevant organisations. Fieldnotes and interviews will be analysed using thematic analysis to identify key patterns and influences on decision-making.

Expected results: This study will highlight contextual factors that shape how MHPs approach aftercare decisions for people attending ED in a suicidal crisis. It will reveal how MHPs adapt their practices, make trade-offs and navigate systemic constraints to secure care.

Discussion: Findings from this study can shed light on how a strained mental health system can trickle down to MHPs' decision-making in EDs. By highlighting these challenges and adaptations they make it can improve mental health care in EDs, particularly in relation to aftercare decisions. Ultimately, these insights can inform policies and interventions aimed at enhancing support for individuals in crisis and addressing the systemic pressures faced by MHPs working in this setting.

373 Examining the Content, Implementation and Measurement Properties of Suicide Risk Assessment Tools in Mental Health Services: A Scoping Review

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Background: Suicide prevention strategies have been widely believed to benefit from prediction of patients at risk. Suicide risk assessments have been developed to help clinicians predict patients at risk, which has caused much criticism. First, categorization into high or low risk patients may distort treatment. Next, the diagnostic accuracy of the tools is low, and they rely on risk factors that may have limited clinical value for the single individual and in the clinical setting. Based on these points of criticism other approaches to suicide risk assessments have been suggested. Examining how newer tools and approaches differ from traditional ones in terms of the content (e.g., reliance on the same risk factors), could provide insights into their performance issues. And whether the suggested intervention or support differs by the content. Additionally, examining the implementation of suicide risk assessment tools could contribute to unveiling their shortcomings. Given the low diagnostic accuracy due to a low base rate, it seems important to also explore other measurement properties that have been used to assess the tools.

Aim: The primary aim of this scoping review is to examine the content of suicide risk assessment tools used in mental health services. Specifically, to describe the: (a) approach; (b) input, such as risk factors, protective factors etc.; (c) form, such as checklist, clinical judgment, prose etc.; (d) extent, such as time, involvement of colleagues and/or patient relatives etc.; (e) output, such as risk scores, triage, prose; (f) suggested interventions and (g) characteristics, such as year, country, setting, population. Secondly, we wish to examine whether the implementation of these has been investigated and thirdly the measurement properties of the suicide risk assessments.

Methods: We developed a logic model of suicide risk assessments to identify uncertainties on how suicide risk assessments lead to the intended outcome on prevention of suicide. This guided the aim(s) of the review and planning of the data extraction. **Population:** Individuals with suicidal behavior at all ages. **Concept:** Suicide Risk Assessments. **Context:** Mental health care services including in- and outpatient services. We searched the electronic databases Medline (Ovid), Embase (Ovid), PsycINFO (Ovid), CINAHL (EBSCO) and Scopus. There is no universal agreement on the definition of suicide screening and assessment. We included screening as a search term to ensure sensitivity. During the full text screening, we excluded tools that seek to identify whether a patient is at risk.

Results: Title and abstract screening is currently undergoing.

376 Adolescent Depression with Self-destructive behaviour: sex differences

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To date, the comorbid combination of depressive disorders (DD) and self-destructive behavior (SDB) in adolescence is one of the most challenging problems of modern psychiatry.

The study aim: to analyze sex differences between DD and SdB in adolescents, as well as the psychopathological background of this phenomenon.

Methods. We analyzed 130 patients, 14–19 years old (from Kyiv and region in 2022 – 2024) with DD in a comorbid combination with SDB: 94 girls (72.31%), 36 boys (27.69%), mean age: 17.02±2.6 and 18.14±2.4. Clinical characteristics assessed by ICD-10. Psychometric estimate included the Beck's

Depression Inventory (BDI, Beck et al, 1961), the SdB predictors scale: only self-destructive tendencies and affective disturbance subscales as outcomes with statistical significance (SdBPS, Pyliagina, 2003–2019) and the Purpose in Life test (PIL, Crumbaugh, Maholick, 1981).

Results. The following types of SDB were recorded (girls vs boys: in %, χ^2 -square test): occasional suicidal fantasies (8.5 vs 22.2; $p=.003$), suicidal ideation (53.2 vs 47.2; $p=.087$), cutting and excoriation as adolescent self-harm (74.5 vs 36.1; $p=.542$), 23 single suicidal attempts (only girls: 24.5), and repeated suicidal attempts (10.6 vs 11.1; $p=.937$). These SDB variants were generally associated with depressive conduct disorder (F92.0) without significant sex differentiation.

As a rule, cutting and excoriation, and suicidal attempt in girls were associated with hysterical-depressive (dissociative) symptomatology and/or depersonalization-derealization syndrome. In boys, depressive-obsessive syndrome prevailed ($p<.0003$ by χ^2 -square test) as the basis of suicidal fantasies and ideas.

We fixed essential sex differences in psychometrics (girls vs boys: $M\pm\delta$): in a severity of depression by DBI ($33,64 \pm 9,8$ vs $24,19 \pm 9,4$; $r=-0,403$, $p<.0001$), in the level of self-destructive features by SdBPS ($18,04 \pm 5,4$ vs $12,25 \pm 6,1$; $r=-0,421$, $p<.0001$ - by self-destructive tendencies subscale, and $35,81 \pm 9,2$ vs $25,94 \pm 9,5$; $r=-0,432$, $p<.0001$ by affective disturbances subscale), and in the meaning of life by PIL ($61,77 \pm 19,3$ vs $72,03 \pm 19,1$; $r=0,234$, $p=.007$).

Conclusion. It can be argued that an adolescent's comorbid combination of DD with SdB has substantial sex specificity. We found that girls had more severe depression with hysterical-depressive symptoms and/or depersonalization-derealization than boys, and there was a correlation between major depression, cutting \ excoriation, and suicide attempts. Boys were more likely to have a depressive-obsessive syndrome and a better sense of meaning in life than girls.

The results of this study need to be utilized in clinical practice, especially in the area of suicide prevention.

379 A new journey for counseling volunteers: an analysis of the effectiveness of text-based counseling in suicide prevention among young generations—the experience of Taiwan Lifeline International

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Learning Objectives: Using IT to response the changing usage habits of physical phones among the younger generation and providing accessible services

Background: Since its introduction from Australia in 1969, Taiwan has accumulated 55 years of experience in suicide prevention through Lifeline's hotline services. Over time, social changes have presented challenges to these services. In 2024, both the number of counseling volunteers and supervisors decreased by 10% compared to 2023, while the total number of calls declined by 5%. More notably, service users have increasingly concentrated in middle-aged and older age groups (over 70%), whereas younger generations (only 10% of users) have been gradually disengaging. On the other hand, self-harm and suicide deaths among young people are hitting record highs. To overcome these challenges and enhance accessibility for younger populations, Taiwan Lifeline International launched its text-based counseling service in October 2022 and fully implemented it in 2023. After two years of effort, the total number of services provided in 2024 reached 1,874 cases—more than double that of 2023. Notably, over 80% of the service users were between the ages of 13 and 29.

Method: Survey Method

Results: Users voluntarily participated in a feedback survey. The preliminary findings are as follows:

- (1) Over 70% of users reported feeling "much better" or "better than before" after the session.
- (2) Nearly 40% of users had never sought help from any professionals or family members before using this service.
- (3) Approximately 75% of users learned about the service through online searches, e.g., Google, YouTube, ...etc.
- (4) The most frequently cited reason for choosing text-based counseling was that it felt more comfortable compared to face-to-face or phone conversations.
- (5) More than 80% of users found text-based counseling to be "very helpful," "helpful," or "some help".
- (6) Nearly 80% of users expressed willingness to use the service again.
- (7) Over 80% of users stated they would recommend this service to friends.

Discussion: (1) Expanding the pool of text-based counseling personnel: Encouraging more Lifeline center volunteers and university students from relevant fields to participate.

(2) Innovating shift scheduling for text-based counseling: Exploring remote shift models that utilize diverse digital tools such as mobile phones, tablets, and laptops.

(3) Establishing a big data database: Training AI-powered bots to conduct initial assessments, thereby improving the accuracy and efficiency of preliminary responses.

383 Long-term Trajectories of Composite Linguistic Indicators in Crisis Hotline Conversations of People who Died by Suicide

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Learning Objective: This study demonstrates how the closed-word composite indicators can be applied to risk assessment and clinical practice in suicide prevention.

Background: The Linguistic Inquiry and Word Count (LIWC) (Pennebaker et al., 2015) has been utilized in a lot of research to examine the natural language use that reflect an individual's psychological characteristics, present status, attitudes, and attention. Two studies have identified five suicide-related LIWC's composite linguistic indicators, i.e. opposition and questioning, active engagement, negative rumination, focus on death (Huang et al., 2024) and distress (Iserman et al., 2018), and not yet been utilized to examine the speech content of people who died by suicide.

Methods: The long-term conversational content of 7 callers who died by suicide was transcribed and processed through the LIWC2015 software (Pennebaker et al., 2015) with the Chinese version adaptation (Lin et al., 2020) for calculating the frequency of words in each category. The frequency of selected lexical categories was then standardized and composed into five composite scores (see below).

Opposition and questioning = you + interrogative + modal particle — time — focus future — conjunction — adverb — pre-end — causation — certainty — tentative

Active engagement = words per sentence + total word count + I — non-fluency — modal particle — filler

Negative rumination = negation + negative emotion + insight + adverb + certainty — spec-art

Focus on death = ingesting + progressive marker + general particle + health + death

Distress = negation + swear + negative emotion + I + death + tentative + discrepancy — positive emotion — we

Results: The time series plots of the composite linguistic indicators revealed that, for all callers, the five indicators varied dramatically over the course of the last months of life. No specific patterns were found in the dynamics of the indicators before suicide death, except for active engagement. Five out of the 7 callers showed a dramatically decrease and another one showed a small decrease in the level of active engagement in their last conversations.

Discussion: The great instability for all composite indicators during the last months of life reflects the dynamic nature of suicidality. Moreover, the decrease in active engagement before suicide death, implying that an individual is half-hearted about and self-distancing from help, could be an important warning sign of imminent risk. Due to the limitation of sample's size, further studies with much larger samples are needed.

386 Developing a brief intervention to reduce repeated self-harm: A qualitative study of co-design team member research experience

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Learning objective: Attendees will gain insights into the experiences of developing a digital brief intervention using a co-design approach with service users with lived experiences and service providers

Background: Suicide ranked as the 11th leading cause of death in Taiwan in 2023, which represents an age-standardized suicide mortality rate of 12.7 per 100,000 people. Self-harm is one of the risk factors for suicide, making it necessary to develop interventions that can reduce self-harm behaviors. Collaborating with service users with lived experiences and service providers through a co-design research approach can help develop interventions that are more aligned with the users' needs. However, there is a lack of understanding regarding the process and experiences of the co-design process. This study aimed to explore the facilitators and barriers experienced during the co-design process, as well as the impacts of the process on team members.

Methods: The co-design team included eight members: three service users with self-harm experience (aged 23–28), two service providers with experience in providing self-harm aftercare (aged 32–45), and three university researchers (aged 22–48). The co-design team met for two hours monthly from October 2022 to April 2023. The service users and providers were interviewed individually, and the university researchers were interviewed using a focus group approach by an interviewee who was not involved in the co-design process. The interviews were audio-recorded, transcribed verbatim, and analyzed using the codebook thematic analysis.

Result: The findings indicate that factors facilitating discussion among the co-design members include allowing flexible ways to participate, showing a non-judgmental attitude, creating a low threshold for expressing oneself, and maintaining a power balance. Time conflicts emerged as a common barrier among all team members. Regarding the impacts of the co-design process on team members: 1) service users expressed that the co-design experience helped them adjust their views on their self-harm experiences; 2) service providers modified their understanding of those who self-harm through their involvement in the co-design group; and 3) researchers reported an enhancement of their skills and knowledge and a reshaping of their initial assumptions regarding the members' level of involvement in the co-design process.

Discussion: The results emphasize the importance of creating an environment involving flexibility, active listening, and equity to help service users and providers effectively express and exchange their opinions.

393 Innovative data-driven approaches to suicide prevention

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Innovative Data-Driven Approaches to Suicide Prevention

Learning Objective: To appreciate the strengths and weaknesses of publicly available large data sets in guiding suicide prevention strategies.

Background: Northeast Texas (NETX), a large rural area with 35 counties, has one of the highest suicide rates in the US. In developing suicide prevention interventions, we wanted to ensure that the programming was specific to the area's needs. Many publicly available databases measure factors correlated with suicide risk, including demographics, poverty, smoking, mental and physical health, alcohol and substance use, and mortality rates.

Methods: We extracted suicide risk factors at the county level and compared them to Texas and the US overall. Databases used included the US Census Bureau, Fatality Analysis Reporting System, Bureau of Labor Statistics, County Business Patterns survey, Small Area Health Insurance Estimates, the American Community Survey, Behavioral Risk Factor Surveillance System, and the CMS National Provider Identification Index. We correlated these factors with suicide rates and used data visualization with Microsoft Power BI.

Results: NETX had significantly higher suicide rates than Texas (14.2 per 100,000) and the US (13.5 per 100,000), with county rates ranging from over 15 to 30 per 100,000. NETX was more rural, poorer, had lower education rates, more self-reported depression, more individuals over 65, higher smoking rates, and fewer mental health providers. NETX had similar substance use disorder rates and better social association rates. Suicide rate was positively correlated with the percentage of people over 65, increased rurality, smoking rates, and lower mental health workers per capita.

Discussion: The data indicates suicide in NETX is more common in counties with fewer mental health professionals, more rural areas, and higher percentages of people over 65, with poor physical health and smoking. We utilized the findings from this study to inform the design of evidence-based regional interventions to targeted populations. We are placing trained community health workers and telehealth capabilities to psychiatric services within rural primary care sites to specifically increase accessibility to mental health professionals for the medically ill and those over 65. Future work will be to conduct a program evaluation to measure impact of the strategies on suicide rates and other identified health outcomes within the region.

396 Supporting 2SLGBTQIA+ crisis line caller subgroups

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Learning Objective: Identify how membership to different subgroups within the 2SLGBTQIA+ community may be significant to crisis line operators.

Background: Crisis Lines offer short-term support with little opportunity to learn about caller backgrounds. The 2SLGBTQIA+ community is composed of diverse subgroups with unique experiences. 2SLGBTQIA+ people are known to experience higher rates of suicidal ideation (Kingsbury et al., 2022). However, there is significant diversity within this population: for example, the collective experiences of trans and gender-diverse people are quite different from those in sexual

minority subpopulations. How can crisis line providers address the unique needs of 2SLGBTQIA+ subpopulations with minimal background on each caller's demographics?

Methodology: We conducted 18 semi-structured interviews with crisis line service providers across Canada about their experiences supporting 2SLGBTQIA+ callers. We are analyzing data through inductive thematic analysis.

Findings: Multiple crisis responders shared that information about a service user's sexual orientation or gender identity was only obtained if the caller or service user disclosed. 2SLGBTQIA+ identity has varying degrees of relevance across interactions, meaning that crisis line service providers must navigate how much time and attention to devote to service user identity. Practice recommendations from crisis responders often centered around remaining non-judgmental and avoiding assumptions for all callers. However, a few responders described specific situations where knowledge of different populations was especially relevant to the call.

Discussion: Service provider recommendations were generally involved avoiding assumptions, gender neutral language, and expressing empathy. Some responders expressed that they felt unsure about how to support service users with issues specific to sexual/gender diversity, improved training may be required to better support callers with concerns specific to their identity. Additional training may present unique challenges to service providers, however, due to limited resources and a busy training schedule. The current political landscape for 2SLGBTQIA+ people was mentioned by interviewees: rising hatred against this community is an ongoing stressor for both service users and responders.

400 'Not angels but humans' A qualitative study of female nurses with lived experience of self-harm

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Learning Objective: To explore the experiences of nurses who have self-harmed as student or qualified nurses.

Background: Nurses are an occupational group found in several countries to have an increased risk of suicide. To develop suicide prevention interventions tailored for nurses, there is a need to increase our understanding of the perspectives of nurses with such experiences, including those who have self-harmed.

Methods: Semi-structured interviews were conducted with eight female nurses who had self-harmed (with or without suicidal intent) as a student or qualified nurse. Participants were recruited from hospitals in England and included adult, mental health, children's, and learning disability nurses. Interviews broadly focused on characteristics and contributing factors toward self-harm, experiences of support received, and ideas for suicide prevention interventions. Data were audio-recorded, transcribed, and analysed using reflexive thematic analysis.

Results: Thematic analysis generated four themes. The first theme reflected personal characteristics and factors contributing to self-harm reported by participants. Personal and occupational problems were described as combining to increase distress, with occupational stressors including workload and associated pressures, and workplace bullying. Second, participants described cultural expectations surrounding the nursing profession, alongside external and internalised stigma which prevented help-seeking. For example, concerns surrounding confidentiality, and judgements surrounding competence as a nurse. The third theme describes the experience of holding simultaneous identities of being a nurse alongside a person who has self-harmed, and the value and challenges associated with this. Finally, participants shared their experiences of receiving mental health support and made suggestions for how workplace mental health support for nurses can be developed and improved.

Discussion: The results from this study, combined with previous work conducted by the research team and findings of an ongoing programme of research which will include a much larger version of this study, can inform the development of co-produced suicide prevention interventions tailored for nurses. Potential avenues for such initiatives suggested by the findings of this small-scale study may include tackling barriers to help-seeking, such as challenging nursing culture, and mental-health related stigma, implementation of education surrounding mental health and wellbeing in nursing training curricula, and peer support opportunities.

4O1 Pneumoconiosis and Suicide Risk in Taiwan: A Nationwide Population-Based Study Dr. Hsuan-Yu Chen¹, Dr. I-Ming Chen², Prof. Shih-Cheng Liao³

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Learning Objective: Recognize the elevated risk of suicide among patients with pneumoconiosis and identify targeted prevention strategies for this vulnerable population.

Background: Pneumoconiosis is an incurable occupational lung disease that often affects older workers, leading to chronic respiratory disability. Prior studies show pneumoconiosis patients have high rates of depression (up to 27% in older silicosis patients, versus 7% in controls) and significantly reduced quality of life. These factors are strongly linked to suicidal behavior. However, the association between pneumoconiosis and suicide in Taiwan remains under-investigated in this vulnerable group.

Methods: We conducted a retrospective cohort study using Taiwan's National Health Insurance catastrophic illness and death registries. All patients who received a pneumoconiosis catastrophic illness certificate from 2001–2006 (n = 11,255; ~89% male; mean age ~70) were followed through 2006 for mortality. Suicide deaths were identified by ICD-9 codes E950–E958. Standardized mortality ratios (SMRs) were calculated to compare suicide risk in pneumoconiosis patients with the general population, stratified by sex, age, and suicide method.

Results: Patients with pneumoconiosis had nearly three times the suicide mortality of the general population (overall SMR = 2.93, 95% CI 2.36–3.60). Elevated suicide risk was observed in both men (SMR 2.89) and women (3.51). All age groups showed increased risk, with the highest relative risk in patients <65 years (SMR 3.33) and those ≥75 years (3.30). Hanging was the most disproportionately frequent suicide method (SMR 3.20), followed by poisoning (2.59).

Discussion: This study identifies pneumoconiosis patients as a vulnerable group with substantially elevated suicide rates. The psychological burden of an irreversible, debilitating illness likely contributes to this risk. Our findings underscore the need for targeted suicide prevention, including routine depression screening and mental health support in pneumoconiosis care. Importantly, since many affected individuals are older and often present in primary or chest clinics (rather than psychiatric settings), frontline healthcare providers should be trained to recognize suicide risk factors in this population. Strengthening social support and integrating mental health services into occupational disease care is crucial to reducing suicide in this vulnerable group.

4O2 What do we mean by self-harm recovery what personally modifiable factors can help with recovery?

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One (1) Learning Objective: The primary aim of this review is to identify, and if possible quantify the effects sizes for, personally modifiable factors for self-harm recovery (clinical or personal) in young people

Background: Self-harm is the most important predictor of suicide, one of the leading causes of death in young people globally. There is a dearth of studies in the literature that have examined the processes underpinning recovery for those who have self-harmed. In particular, there is a lack of studies identifying elements that people who have self-harmed can change or influence to improve their wellbeing i.e. personally modifiable factors. Identifying these factors is important for individuals and clinicians finding strategies to reduce or cease self-harm behaviours and improve their wellbeing. In addition, it is imperative to understand why implementing these personally modifiable factors may succeed or fail.

Methods: This study will describe the preliminary results from an on-going systematic review that has examined two types of recovery for young people who have self-harmed: symptom-based recovery and personal recovery. It will also describe the various personally modifiable factors from both qualitative and quantitative studies addressing this topic. Furthermore, it will examine barriers and facilitators that have been found for implementing these personally modifiable factors.

Result: Clinical or symptom-based recovery is characterised by administering interventions aimed at diminishing symptoms linked to self-harm or reducing the act of self-harm itself. Personal recovery is subjective, multidimensional and can be signified by a person developing life satisfaction, irrespective of reducing mental health difficulties.

Discussion: Identifying personally modifiable factors for self-harm recovery, and the barriers and facilitators underpinning their implementation, could inform the design of effective public health interventions to reduce self-harm in young people.

409 Mediation analysis of the Conversations about Suicide course: effects of confidence, knowledge, and stigmatising attitudes on intended suicide prevention action

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Mediation analysis of the Conversations about Suicide course: effects of confidence, knowledge, and stigmatising attitudes on intended suicide prevention action

Learning Objective: To understand the mechanism of action of a suicide intervention gatekeeper training course (Conversations about Suicide) tested in a cluster randomised controlled trial.

Background: The Mental Health First Aid Conversations about Suicide course is a specialised four-hour course for community members on how to recognise and support people with suicidal thoughts. A cluster randomised controlled trial of the course showed improvements in the suicide prevention skills of older males. There have been few robust examinations of the mechanisms of change from suicide prevention training interventions. This secondary data analysis aimed to examine the mediators of change in intended support for a person at risk of suicide.

Methods: The sample included 261 Australian older men (mean age = 71.6) who completed surveys at baseline and one month later, with 92 assigned to the Conversations about Suicide course condition. The primary outcome was intended action to support a person at risk of suicide, based on a scale of 10 recommended actions (e.g. asking about suicide, calling a crisis line). Potential mediators included confidence in providing support, beliefs in myths about suicide (e.g. Talking about suicide can cause suicide), and stigmatising attitudes related to suicide. A parallel multiple mediation model was tested using structural equation modelling with full information maximum likelihood. This tested the effect of the training course on intended suicide prevention action via each potential mediator.

Results: Results showed that the Conversations about Suicide course improved intended action to support a person at risk of suicide (total effect=4.76 [95%CI 3.61, 5.92]). About 25% of this effect was mediated through confidence in providing support (indirect effect=0.43 [0.14, 0.87]), beliefs in myths about suicide (indirect effect=0.50 [0.15, 1.01]), and desire for social distance (indirect effect=0.28 [0.07, 0.62]), but not beliefs that a suicidal person is weak (indirect effect=0.25 [-0.10, 0.67]) or dangerous (indirect effect=-0.29 [-0.74, 0.08]).

Discussion: These data provide empirical support for the importance of addressing prevalent myths about suicide intervention and improving self-efficacy to intervene to support a person at risk of suicide.

412 Prevalence of deaths by suicide and suicidal thoughts among adolescent girls and young women in poverty-stricken villages and slums of two southwestern districts of Bangladesh.

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Learning Objective: To understand the prevalence of and factors associated with suicide, non-fatal attempts of suicide, and suicidal ideations among adolescent girls and young women in the marginalised communities and to explore potential suicide prevention interventions.

Background: Bangladesh is one of the emerging low- and middle-income countries in Southeast Asia. The current population of the country is 171,466,990 as of 2023, with a projected increase of 25% to 214,709,097 by 2050. Around 10,000–14,000 people die by suicide every year. According to WHO data, the suicide mortality rate is 3.68% per 100,000 population, which is 0.84% of all deaths as of 2019, and the rate is increasing annually by 2.26%, which is very alarming. Around 4.7% of adolescents and youths had suicidal thoughts, and 1.5% had suicidal plans and attempted suicide at least once in their lifespan. Females had more serious suicidal thoughts than males (6.6% vs. 2.6%). The study was conducted in the rural and urban slum areas of two districts in the southwestern region of the country.

Methods: We used a mixed-method approach, including secondary information, semi-structured focus group discussions (5), (n=50), semi-structured in-depth interviews (n=10), and case study analysis of suicide deaths (n=5), persons with non-fatal suicide attempts (n=5), and suicidal thoughts (n=5) to understand the prevalence, bio-psychosocial factors, and impacts of suicides. Apart from this, key informant interviews were conducted with mental health and suicide prevention service providers (n=5), examining the underlying causes and psychosocial factors and availability of services and modalities. The ratio of men and women among the respondents is 40:60, and the age group is between 16 and 60.

Results: Suicide rates appear to be increasing among adolescent girls and young women in the poverty-stricken villages (71%), and of those who attempted suicide, 70% were women and 95% were between the ages of 16 and 25. Almost a hundred percent of women (99%), especially adolescents and young women, have thought of suicide at least once in their lifetime. Adolescent girls and young women who died by suicide and who have non-fatal suicide attempts are from a highly psychologically distressed group and poor families.

Discussion: Risk factors affiliated with suicide among young women are extreme poverty, failure in relationships, domestic violence, frustration due to failure in getting anything demanded from parents, humiliation by the teacher, bullying, harassment, long-term psychotic disorders, etc. There is a paucity of psychosocial risk factor analysis at the community level.

413 Personal Growth from Volunteering. The Samaritans of Thailand: a Suicide Prevention Charitable Organisation

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This research aimed to study the areas of “personal growth” attained from volunteering at The Samaritans of Thailand, a suicide prevention charitable organisation. The volunteers, who offered telephone/text hotline-services to distress cases, self-harm or suicidal thoughts, did not receive any monetary compensation for their work with the organisation.

This study used mixed methods with 10 volunteers, consisting mostly of females (8 females, 2 males). The average age was 58.4 years (ranging 27–80 years). Most volunteers were single (5 singles, 4 married, 1 widowed). In terms of education level, the majority held a master's degree (1 doctorate, 5 master's, 3 bachelor's, 1 diploma). Average volunteer service was 23.8 years (ranging 4–41 years). Participants were asked to rate their satisfaction with volunteering on a scale from 1 (least happy) to 10 (most happy). The average happiness score before volunteering was 6.8 (ranging 3–8). After becoming volunteers, the score increased to 8.8 (ranging 8–9.5).

The study shows a personal growth of volunteer as follow: (1) Volunteers developed a deeper understanding of the motivations behind people's behaviors and cultivated the ‘unconditional positive regard’, resulting in better understanding others’ and their own perspectives, feelings, and emotions. They become more open to listen to different perspectives and experiences without judging and ultimately be more receptive to their own life experiences. (2) Volunteers experienced internal transformation, developing self-consciousness, emotional control, accountability and realizing the truths about life. (3) Volunteers adapted to new lifestyles, expressing themselves more gently, learning new concepts, applying these insights to resolve personal, interpersonal, work-related issues, and become happier. (4) Volunteers developed a sense of pride and fulfillment, seeing the value of life from helping others via listening to suicidal person. (5) Volunteers learned to live in the present moment and let go from offering advice anonymously without expecting money or any reward in return.

The findings align with the study done by Carl Rogers (Humanistic Theories), which stated that a personal growth is derived from a process where one can achieve full potential from interaction with people around them, making one reach a stage where one has a sense of congruence, an ability to accept others more, become more empathetic, and has unconditional positive regard for oneself and others. Therefore, volunteering at The Samaritans of Thailand to help those who are in distress can help promote one to achieve personal growth and be happier in life.

415 Responding to Crisis: Supporting the Greyhound Racing Community Through Industry Closure

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Learning Objective: Participants will be invited to consider how general suicide intervention programmes may be activated during a crisis.

Background: OnTrack is an industry based mental health and suicide prevention programme in the New Zealand Thoroughbred, Harness and Greyhound racing industry. On December 10, 2024, the Minister for Racing announced the closure of the Greyhound racing industry for animal welfare reasons.

Greyhound racing is more than a job; it is an identity and way of life. Racing provides purpose, status, and camaraderie, reinforcing in-group solidarity, particularly in an industry under public scrutiny. Participants endure difficult conditions for the sake of racing.

OnTrack is an industry response to poor mental health and increased suicide risk across the New Zealand racing codes workforce. The OnTrack Industry Wellbeing and Hazards Survey, Ross, V., & Veale Sotheren, K. (2024), found poor well-being in the industry, with 42% indicating moderate to severe depression. More than 11% reported recent suicide ideation, with Greyhound racing participants having worse outcomes than other codes.

Methods : Over the past 18 months, OnTrack has built trust and formed strong relationships with participants, understanding that the industry itself must lead their approach, leveraging peer-driven, community-based support models to mitigate distress and prevent suicide. External mental health interventions are rarely used.

Results and Crisis Response to Date : Over the past 18 months, OnTrack has built trust and formed strong relationships with participants, understanding that the industry itself must lead their approach, leveraging peer-driven, community-based support models to mitigate distress and prevent suicide. External mental health interventions are rarely used.

Discussion : The closure of an identity-driven industry compounds suicide risk, as participants lose livelihoods, social structures, and sense of self. The announcement has triggered acute distress in an already vulnerable group, reinforcing the need for tailored suicide prevention strategies.

OnTrack's response highlights the power of peer networks, social identity, and proactive outreach. Future efforts will focus on:

- Expanding peer-led suicide prevention, embedding long-term support within the greyhound community.
- Advising government on the risks of workforce closures and strategies to protect affected workers.
- Promoting the development of sustainable career transition pathways, ensuring participants regain economic and psychological stability.

Conclusion: The greyhound racing closure demonstrates the urgent need for suicide prevention strategies to be developed for identity-sensitive industries. OnTrack's peer-driven model could provide a blueprint for supporting at-risk occupational groups through crisis and transition.

418 Suicide and the law: A study of public attitude towards criminalization of attempted suicide in Ghana

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Suicide remains a significant public health issue in Africa, with alarming trends across the continent. Ghana recently decriminalized attempted suicide after the parliament passed a bill in March 2023. Up until then, the longstanding legal approach was driven by the belief that punitive measures serve as a deterrent and anyone who attempted suicide faced prosecution or a jail sentence. Although Ghana has recently repealed the criminalisation of attempted suicide, understanding public attitudes remains crucial to ensuring the success of this reform. This study was conducted before the repeal of the law to provide a baseline for exploring public attitudes toward suicide and its criminalisation and track attitudinal change over time. The survey comprised a sample of 516 adult participants in Accra. The results shows that females are more likely to attempt suicide (53.5%) than males (46.5%). The majority of participants (76%) believe that attempting suicide is a crime. Among males, 92% support the criminalization of suicide, while 91% disapprove of suicide. Overall, 89.8% of participants hold a negative attitude toward suicide. The findings show pre-existing stigma and although suicide

attempt has been decriminalised, this does not automatically change societal attitudes. The timing of this study offers valuable insights into public perceptions before the legal transition to decriminalisation. As Ghana moves forward with decriminalisation, the findings underscore the importance of engaging the public in the reform process, addressing stigma, providing support and fostering an understanding of suicide as a public health issue.

419 A comprehensive model of LGBTQ+ youth suicide attempts to advance LGBTQ+-specific and -sensitive suicide prevention

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Learning Objective: The aim of this presentation is to inform suicide prevention strategies for LGBTQ+ youth by presenting an empirical model that comprehensively describes LGBTQ+ youth suicide attempts from a processual perspective.

Background: The LGBTQ+ population, especially youth, is particularly vulnerable to suicide attempts. Existing models and theories — as well as suicide prevention strategies — are either LGBTQ+-specific but lack consideration of the broader living situations not directly related to SOGI (sexual orientation and gender identity), or they are general and fail to account for the specificities of LGBTQ+ youth suicide attempts. Therefore, our study investigated the processual dynamics, background, and subjective meaning of suicide attempts among LGBTQ+ youth, experiences with care and support, and the role of SOGI in these processes.

Methods: Qualitative problem-centred interviews were conducted with LGBTQ+ youth in Switzerland who had attempted suicide one to three times between the ages of 14 and 25. Applying a multi-perspective approach, persons from their social environment were also interviewed if possible. Data collection and analysis followed Grounded Theory methodology, including 'theoretical sampling'. The final sample comprised 41 individuals: Seven bisexual/lesbian cisgender women, four bisexual/gay cisgender men, 15 transgender/nonbinary persons with various sexual orientations, three heterosexual cisgender persons, and 12 persons from their respective social environments.

Results: The role of SOGI-related factors in the suicide attempt process of LGBTQ+ youth can be described along three types: a) SOGI-related factors, such as SOGI-related bullying or impeded access to gender-affirming care, being the main drivers of the suicide attempt process. b) Other, general factors, such as unsafe familial conditions, school performance pressure and sexualised violence, being the primary reasons for the suicide attempt, but SOGI-related factors exacerbating suicidality in the background. c) SOGI-related and non-SOGI-related factors being similarly important in the suicide attempt process and interplaying to lead to the suicide attempt. In all three types, experiences with access to care and support were found to be a crucial dimension for the suicide attempt process.

Discussion: The processual model developed offers a comprehensive understanding of LGBTQ+ youth suicide attempts, aligning SOGI-related and non-SOGI-related factors, along with access to care and support. This study provides a foundation for the development and advancement of LGBTQ+-specific and -sensitive suicide prevention strategies, as well as their coordination with and acknowledgement by general suicide prevention strategies and public health policy.

420 Building resources for elucidating the genetic etiology of suicide outcomes in India

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Suicide is a major global public health concern, resulting in over 720,000 deaths annually, with 72% occurring in low- and middle-income countries (LMICs). India, now the world's most populous country and classified as an LMIC, reported 170,924 suicides in 2022, according to the National Crime Records Bureau (NCRB). Despite the high burden, research on the genetic etiology of suicide remains largely focused on Western populations, limiting the global applicability of genetic and epidemiological insights. A lack of population-based genetic data from underrepresented regions hinders the development of comprehensive suicide risk models.

Addressing this gap, this collaborative study between All India Institute for Medical Sciences in Delhi and the University of Utah School of Medicine, USA, supported by the Fogarty International Center and the National Institutes of Health, aims to collect blood, brain tissue, toxicology, and psychological autopsy data from 4,000 postmortem suicide cases and controls in Delhi, India. Brain tissue will be collected from half of this cohort, marking the first non-western suicide postmortem collection worldwide. This collaborative study, aims to establish a long-term, impactful global research resource in India.

This study will allow researchers to examine top loci identified in large-scale genetic analyses of suicide across diverse ancestral populations, validating findings through differential gene expression in postmortem brain tissue. Additionally, polygenic profiling of population-based suicide will provide new insights into suicide mortality, particularly in populations where individuals who die by suicide often lack prior mental health diagnoses or medical records. Preliminary genetic analyses suggest that (1) GWAS summary data from this study will enhance the generalizability and predictive accuracy of global suicide-related GWAS meta-analyses, (2) polygenic prediction of suicide risk shows some portability across Indian and European ancestry admixtures, and (3) polygenic profiling of comparative risks in an Indian cohort is feasible.

Through this research partnership, a representative comparison cohort will be established to deepen our understanding of suicide risk and inform future clinical and genomic studies. Additionally, capacity-building efforts have facilitated cross-training between Indian and U.S. researchers, fostering equitable collaboration, studying cultural differences relevant to suicide risk and prevention, and developing expertise to support sustained research efforts in Delhi and beyond.

427 Factors associated with intent to die among self-harm patients at a tertiary care hospital in Karachi, Pakistan

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Learning Objective: To identify the association between intent to die and key interpersonal and sociodemographic factors among self-harm patients in Karachi, Pakistan

Background: Despite the decriminalization of self-harm acts (SH) in Pakistan in 2022, societal stigma, religious condemnation, and limited mental health support continue to obstruct progress in addressing this critical public health issue. This study examines the association between key interpersonal and sociodemographic factors and suicidal intent among individuals presenting with SH at a tertiary care hospital in Karachi, Pakistan.

Methods: This retrospective study analyzed medical records of all patients who presented with SH to the emergency department of a tertiary care center in Karachi Pakistan, over a five-year period (January-2018–December-2022). Demographic and clinical data, including psychiatric history and suicidal intent, were analyzed. The study adhered to institutional ethical guidelines. Data were analyzed using multivariate Cox proportional hazards regression analysis. Crude and adjusted prevalence ratios (PR) with 95% confidence intervals (CI) were reported to identify factors associated with suicidal intent.

Results: A total of 261 patients who presented with SH were included in the study. The mean age was 31.09 ± 12.24 years, with majority (n=181, 69.4%) being women. Suicidal intent was identified in 102 cases (39%), with drug overdose being the most common method of SH reported by 211 patients (81%).

The primary reasons for SH included familial (n=81, 31%) and marital issues (n=80, 30.6%) and psychiatric comorbidities (n=32, 12.3%). Strong associations with suicidal intent were found for psychiatric and medical illness (PR=3.48), financial hardships (PR=3.12), and marital issues (PR=2.64).

Multivariable analysis showed significant associations between suicidal intent, reasons for SH, and psychiatric diagnoses. An interaction term between the variables of gender and history of psychiatric medication use concluded that men without psychiatric medication history were significantly more likely to have suicidal intent (APR=21.64).

Discussion: Previous studies from Pakistan report suicidal intent among 28% to 86% SH patients, with our study reporting 40%, highlighting the need for broader, multi-centre research to address variability in findings. This heterogeneity in the statistics of prevalence of suicidal intent could be due to the lack of comprehensive national epidemiological data related to suicide and self-harm in Pakistan, which means we must rely on studies based in single centres.

Limitations include reliance on self-reported intent and single-centre design, affecting generalizability. Future studies should use validated assessment tools and broader, multi-centre data to better understand suicidal behaviour in Pakistan.

429 The development of a suicide prevention intervention tailored for the Irish construction industry

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One (1) Learning Objective: To explore the utility of embedding behaviour change theories and co-design methodologies in developing a suicide prevention training to ensure acceptability and feasibility among the Irish construction industry.

Background: The construction industry is considered a male-dominated industry (i.e., those industries comprising >70% male) and, in high-income countries, those working in the construction industry are considered at increased risk of suicide (Milner, et al., 2018; Tyler, et al., 2023) compared to the general population. Considerable research has been conducted over the past decade investigating the disproportionately high rates of suicide within the construction sector globally (Windsor-Shellard & Gunnell, 2019; O'Donnell, et al., 2024; Roberts, et al., 2013; Tyler, et al., 2022). Internationally there have been a number of interventions developed for the construction sector such as the MATES in Australia, however limited evidence based, bottom up interventions yet exist for this sector.

Methods: First, findings from two recent systematic reviews were synthesised. One review was focused on male mental health stigma reduction interventions and behaviour change techniques (Sweeney et al., 2024), while the other examined workplace interventions targeting mental health literacy and help seeking in male-dominated industries (Roche et al., 2024). The insights garnered

from the systematic reviews were then used to inform the design of the co-design workshops embedded with the Theory of Planned Behaviour, involving 30 participants across various roles within the construction industry.

Result: This collaborative process directly informed the development of two pilot training programmes: general awareness training and selective, connector training. Results of these pilot trainings are currently under evaluation and will be completed by June 2025. Preliminary feedback suggests that a co-designed approach provides an acceptable and appropriate training suited to the nuances of the construction industry culture in Ireland.

Discussion: While using behaviour change theories such as the TPB effectively provides a psychological framework for understanding why people engage in specific behaviours, identifying the factors influencing mental health help-seeking/offering behaviours, the co-design process ensures that the intervention is developed with and for the target audience, integrating the behavioural drivers and associated psychological factors with practical, relevant and actionable strategies that work within the given culture.

430 Gender, marital status, and suicidal behavior in Pakistan

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Learning Objective: To understand, from the available literature, the relationship between marriage and suicidal behaviors in Pakistani culture and its effect on Pakistani men and women

Background: While the literature on suicidal behavior has shown a protective effect of marriage in the West. The impact of marital status on suicidal behavior has not been systematically examined in Pakistan. Pakistani culture is characterized by strong family structures and high marriage rates. Arranged marriages remain common and often prioritize social and familial expectations over compatibility, potentially leading to marital dissatisfaction and a lack of emotional support.

Given the context, we studied whether the traditionally believed protective role of marriage against suicidal behavior stands true within the Pakistani society and whether it differs between men and women.

Methods: All studies on suicide and self-harm from Pakistan that reported on marital status and gender were included in the study. Studies not disaggregating marital status and gender were excluded.

Results: Of the 235 studies identified, only 19 disaggregated marital status by gender and were included. 6 studies reported on suicide, 12 on self-harm, and 1 on suicidal ideation.

These studies report on a total of 3968 cases: 2151 (54.3%) cases of self-harm and 1812 (45.7%) cases of suicide.

Suicide was more prevalent among women who were married (n=428, 68%) than were single (n=185, 29%). Among men who died by suicide, 646 (54.5%) were married and 476 (40%) were unmarried.

Self-harm was also far more prevalent among married women (n=935, 65%) than single (n=455, 32%). With men, it was relatively more prevalent among unmarried men (n=400, 56%) than married (n=287, 40%).

Discussion: Suicide and self-harm were more common among women who were married than were single. There could be several reasons for this. Gender roles in Pakistan are often patriarchal, placing a significant burden on women, coupled with a limited autonomy within a marriage. Intimate partner violence against women is a significant problem, giving rise to mental health issues among the victims,

mostly women. The stigma associated with divorce and separation forces women to stay in an unhappy and a potentially abusive marriage.

There is need for better quality disaggregated data for gender, marital status and suicidal behaviors in Pakistan. Suicide prevention strategies in Pakistan must address the high incidence of 'marital morbidity' in Pakistani women.

431 Patterns of suicidal behavior in Pakistan

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Learning Objective: To conduct a scoping review to map the available evidence on the patterns of suicidal behavior in Pakistan

Background: In Pakistan, suicidal behavior remains under-researched and understudied and official statistics are lacking. WHO estimated that in 2019, there were 19,331 deaths by suicide in Pakistan. Due to sociocultural, religious, and legal issues this may be an underestimate.

Given the local and global burden, research on suicidal behavior is crucial to inform policy and guide suicide prevention strategies.

Methods: This scoping review includes all published literature (primary and secondary) on suicidal behavior from Pakistan until December 2023. The methodological framework proposed by Arksey and O'Malley, amended by Levac et al. was followed.

7 databases were searched using key words (MEDLINE, CINAHL, Cochrane, Google Scholar, PakMediNet, SCOPUS, and Science Direct) along with local, unindexed journals. Additionally, we used an ancestry approach, checking the references of included articles for relevant studies.

Results: A total of 2639 studies were identified out of which 235 met our inclusion criteria and were included in the final review.

139 (59%) studies reported on self-harm, 63 (27%) on suicide, and 21 (9%) on suicidal ideation. The total number of cases of suicide reported were 4616, for self-harm 28,771, and suicidal ideation 1538. The overall mortality by suicide was more commonly reported among men (2,715) than in women (1,901) whereas self-harm was more commonly seen among women (17,401) than men (11,370). Most common methods of self-harm reported were self-poisoning (n=164, 50%), hanging (n=45, 14%), and firearms (n=41, 12%). The most reported poison for self-harm was organophosphate (95 out of 164). Of the total, only 56 (24%) studies had authors with a mental health background

Discussion: Suicide and self-harm are significant public health problems in Pakistan. However, the majority of studies on suicidal behaviors are from single centers, of low quality and lack standardization. Crucial socio-demographic and other data, for example the role of mental illness is often missing from the studies. Part of the reason may be that majority of studies are conducted by non-mental health professionals.

There is need for better quality studies on suicide and self-harm in Pakistan, with standardized data collecting methodology. There is also need for a national suicide and self-harm registry in Pakistan

434 Support needed by families after a suicide death: Insights from a community survey in India

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Learning objective: To understand support needed by a household after a suicide death, and if the support needs vary based on demography of the deceased in India.

Background: Suicide affects families, leaving them with emotional, financial, and social burden. Understanding their needs is crucial for developing effective postvention support. Little is known beyond mental health support needs of the households affected by suicide in India.

Methods: An in-depth exploration was conducted of a representative sample of suicide deaths of all ages between 2019 and 2022 in three Indian states of Uttar Pradesh, Maharashtra, and Tamil Nadu. We report on the extent and type of support required by households bereaved by suicide.

Result: Data were available for 155 (70.8%) of the 220 suicide deaths. Overall, 129 households (83.8%) reported needing support at the time of interview, which averaged between 5–6 years post the suicide death. The proportion of households needing support was similar across the states—Maharashtra (83.6%), Tamil Nadu (82.7%), and Uttar Pradesh (85.7%). The households with a male suicide death were more likely to report needing support (87.2%) as compared with households with a female suicide death (75.6%; $p=0.076$). The households belonging to the highest wealth index quartile (68.6%) reported less support need as compared with the households belonging to the lower wealth index quartiles (88.2%, $p=0.006$). The types of support need identified were financial in nature. This included (not mutually exclusive), support towards education of children (43.4%), job support (25.6%), widow pension (8.5%), and generic financial support (31%). Child support was cited irrespective of the wealth index. Job support need was higher in the urban (56.7%) than the rural areas (16.2%, $p<0.001$), and also pension support in urban (20.0%) than the rural areas (5.1%, $p=0.010$). Job and child support needs varied by state with the former significantly higher in Tamil Nadu (51.2%, $p<0.001$) and the latter significantly higher in Maharashtra (55.4%, $p=0.040$). Pension support need in Tamil Nadu was 6 times higher than that in Uttar Pradesh and Maharashtra ($p=0.015$).

Discussion: Families affected by suicide in India require substantial financial support, particularly for children and employment. Targeted interventions addressing socio-economic determinants following a suicide are crucial for effective postvention care and long-term recovery of the households affected by suicide.

452 The importance of social connectivity in preventing elderly suicide

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Objective: This study aims to explore the perceptions of mental health professionals in a local tertiary psychiatric hospital regarding risk factors and reasons for change in elderly suicide rates from 2022 to 2023 in Singapore.

Background: In 2022 there was a 60% increase in the number of elderly suicides (>60 years) in Singapore from 112 in 2021 to 151 in 2022. However in 2023, suicide rates dropped across all age groups (107 elderly suicides), to its lowest since 2000, closer to baseline.

Methods: This study was conducted at a local tertiary psychiatric hospital – Institute of Mental Health. Data was collected by administering a four-question survey and from a convenience sample of clinical staff with considerable expertise and experience in the field of mental health, including doctors, nurses, and allied health professionals. Descriptive quantitative statistics were calculated and presented.

Results: Most respondents were highly experienced professionals – $\frac{1}{3}$ (34%) had experience working in mental health for >20 years, 24% with 10–20 years experience. The most prominent risk factor for

elderly suicide in Singapore identified was loneliness, followed by chronic illness and pain, then subsequently psychiatric illness. Greater isolation from society was reportedly the most likely reason for the increase in elderly suicides in 2022. The perceived most likely reason for the decrease in elderly suicide rates in 2023 was an increase in efforts and programs to support the elderly. Most respondents believed that Singapore should pour more efforts into increasing befriending programs to decrease elderly suicide rates.

Discussion: The mental health staff in Singapore perceived loneliness to be the most pertinent risk factor for the increase in suicide rates from 2021 to 2022, likely due to the lockdown imposed during COVID-19 leading to increased social isolation which contributed to increased suicide rates in older adults.

The initial dip in suicides immediately after the COVID-19 outbreak from 2020 to 2021 was likely due to reasons including the government's generous subsidies, working from home, school closures, which were not sustained subsequently.

Responders felt an increase in efforts to support the elderly helped reduce mortality rate. Increased awareness among mental health professionals have helped improve support for the elderly, such as increasing befriender programs. As Singapore's aging population grows, the need to develop community programs to maintain elderly social connectivity is paramount in preventing elderly suicide, and further input from experienced mental health professionals can help in developing services to support the elderly.

455 “You Have to Make It Normal, That’s What We Do”: Construction Managers’ Experiences of Help-Offering

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Learning Objective: To explore the factors influencing help-offering behaviour among construction industry managers within the context of workplace suicide prevention.

Background: Men are at a higher risk for suicide when compared to women, with those in male-dominated industries, such as construction, being particularly vulnerable. These industries are typically characterised as ‘macho’ environments — endorsing traditional masculine norms, higher levels of mental health stigma, and delayed help-seeking. Settings-based approaches to health promotion identify the workplace as a promising setting for engaging men around their mental health. Although managers play a key role in this process by connecting workers in distress with mental health supports, research exploring their experiences of this is limited. Methods: Five focus groups were conducted with managers in the construction industry (n=33) to explore their perspectives on supporting and offering help to workers in distress. Reflexive thematic analysis was used to analyse the data. Results: Findings led to three key themes: (1) Creating the right environment with subthemes focused on fostering an open culture around mental health on-site and overcoming systemic challenges; (2) Navigating the practice of help-offering; and (3) The right tools for the job. Discussion: Findings highlight the need for manager training, tailored to the construction industry, as part of a multi-faceted approach to help-offering within the industry.

467 Building Stronger Foundations: Evaluating the 2024–2026 Suicide Prevention Plan of Ohio for Sustainable Impact

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Learning Objective One: Participants will review key priorities of the 2024–2026 SPPO, understand high-priority settings, identify key stakeholders, and review the aims of the OSU implementation evaluation team.

Background: Suicide remains a leading cause of death in Ohio. The Ohio Suicide Prevention Foundation (OSPF) and The Ohio State University (OSU) evaluation team have partnered to assess the 2024–2026 Suicide Prevention Plan of Ohio (SPPO). The plan outlines four strategic priorities to reduce suicide across the state. Evaluating these priorities and identifying service gaps for high-risk populations are key components.

Methods: The evaluation team uses a mixed-methods approach, informed by the National Strategy for Suicide Prevention. The evaluation includes three main aims: 1. Evaluating the implementation of SPPO using mixed-methods research, including document review, interviews, and data analysis. 2. Identifying service gaps through qualitative focus groups with high-risk populations, and 3. Developing long-term strategies for enhancing suicide prevention in Ohio through cross-institutional collaboration. Additionally, project administration and partnership development have been a focus, including establishing administrative procedures, engaging with external stakeholders, and conducting meetings with OSPF staff and external partners.

Results: The evaluation team successfully established key administrative procedures, including executing contracts, finalizing budgets, and coordinating staffing efforts. The team also fostered ongoing partnership development, engaging in regular meetings with OSPF staff, external stakeholders, and various implementation workgroups. These discussions facilitated collaboration and alignment with the goals of the SPPO. A major achievement was developing a comprehensive protocol for assessing the implementation of SPPO. This process involved conducting literature reviews, identifying relevant metrics, and piloting new data collection tools to assess the plan's progress effectively. These early steps lay the groundwork for future evaluation activities, ensuring the assessment is both rigorous and adaptable.

Discussion: The collaboration between OSU and OSPF has been crucial in aligning with the strategic priorities of the SPPO. Moving forward, the team will continue to refine the implementation protocol, engage with high-risk populations to identify service gaps, and explore strategies for enhancing suicide prevention efforts across Ohio. These efforts aim to improve statewide outcomes and reduce the suicide rate, particularly among vulnerable populations.

471 “People don’t want to talk about it”: How medical doctors evaluate and document suicide risk in a country with high suicide rates

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Suicidal patients rarely themselves attempt to access mental health care, they need gatekeepers who notice their need for help and connect with appropriate services. However in countries where nationwide suicide prevention strategies are only emerging, it is not clear how other doctors are involved in noticing suicide risk. In Lithuania – a country with high suicide rates – majority of those who suicide visit at least one doctor in the year leading up to their death, but only a third see a mental health professional. Therefore it is important to understand how the non-mental health clinicians understand their role in suicide prevention.

This study explored the perspectives of physicians on the necessity, challenges, and ethical dilemmas associated with evaluating and documenting suicide risk in clinical practice.

Method: A qualitative research design was employed. Semi-structured interviews were used to inquire about specific encounters with suicidal patients, how the clinician approached providing help and documenting their assessment afterwards, as well as main challenges faced during the process. The study included a diverse group of doctors (N=16) from different specialties (family, internal, emergency medicine, toxicology, neurology, anesthesiology), levels of experience, and workplace settings (inpatient, outpatient). Thematic analysis was used to identify core themes and patterns in the participants' narratives.

Results: Four main categories were identified in the data. Talking about suicide was difficult for both clinician and the patient, assessing suicide risk was described as a complex task, therefore acquiring specific knowledge was needed. Suicide risk assessment was seen as inevitably subjective, depending on the attitudes of the clinician and the community where they work. Clear guidelines were seen as a necessity, without which the clinicians were reluctant to inquire about suicide or document risk. Finally anything related to suicide risk tended to be seen as outside the scope medical doctor, as something to be delegated to a mental health professional, but they were often in short supply.

Conclusions: Medical doctors struggle with the task of noticing and documenting suicide risk and require support, clear guidelines and training if they are to become effective gatekeepers in suicide prevention.

LO: By the end of this presentation, participants will be able to describe the challenges medical doctors face in evaluating and documenting suicide risk and recognize the factors influencing their engagement in suicide prevention.

Funding: This study was funded by the Institute of Hygiene, Lithuania.

480 Exploring the views of young people, including those with a history of self-harm, on the use of their routinely generated data for mental health research

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Learning Objective: To better understand young peoples views on the use of their data for research, including those with a history of self-harm.

Background: This survey set out to engage respondents with and without a history of self-harm to gain insight into their views and knowledge of the way in which different kinds of data, including healthcare and social media data, are anonymised and utilised for research. We aimed to explore differences between those with and without a history of self-harm and, between those who had contacted health services for self-harm and those who had not.

Methods: We examined young people's views on use of their routinely collected data for mental health research through an online survey, evaluating any differences between those with and without a history of self-harm.

Results: 1,765 respondents aged 16–24 years were included. Respondents' views were mostly positive towards the use and linkage of their data for research purposes for public benefit, particularly with regards to the use of mental and physical healthcare data. Individuals with a history of self-harm who subsequently contacted health services more often reported being 'extremely likely' or 'likely' to share mental and physical health data compared with those who had not contacted services. Respondents were overall less likely to want to share their social media data, which they considered to be more personal compared to their healthcare data. Most respondents stressed the importance of anonymity and the need for an appropriate ethical framework.

Discussion: Young people care about how their data is being used and for what purposes, irrespective of having a history of self-harm. Young people are largely positive about the use of healthcare data for research, emphasising the importance of research being done to help others and not for the financial interests of industry. Social media data was considered to be more personal than healthcare data and issues of anonymity and data security, particularly around images, were discussed. Those who had been in contact with healthcare services for self-harm were more positive about this data being used to improve services. There is a need for a greater awareness of how different sources of data are used for research with a focus on anonymisation, privacy and the way in which data is used to help others.

481 Suicide and Self-harm by Burns in Pakistan: A Scoping Review

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Background: Burns are a significant global public health concern. Self-inflicted burns are among the most painful and violent methods of suicide, associated with high morbidity and mortality. Suicide by burning is more prevalent in low- and middle-income countries (40.3%). Understanding the frequency, demographic patterns, and contributing factors is essential for gaining insights into this critical issue.

Objective: To conduct a scoping review to determine the frequency, demographic distribution, common methods, and outcomes of self-inflicted burns, including self-harm and suicide, in Pakistan, including variations by age, sex, and marital status.

Methods: This scoping review followed the methodological framework proposed by Arksey and O'Malley. We systematically searched four electronic databases: MEDLINE (PubMed), Google Scholar, SCOPUS, and PakMediNet. Additionally, we searched the grey literature using Google Scholar and Open Access Theses and Dissertations (OATD). Studies examining self-inflicted burns as a method of suicide and self-harm in Pakistan were included, with no date restrictions applied. Searches were conducted up to December 2023. Two independent reviewers screened all articles. Data were extracted using a structured extraction form, developed iteratively by the research team, and analyzed using descriptive statistics.

Results: Among 67 included studies, 2 focused exclusively on self-inflicted burns, 19 on burns in general, and 46 on suicide/self-harm where burns were mentioned as a method. Self-inflicted burns made up 3.35% (1,684/50,283) of reported cases. Gender was reported in 33 studies (males: 443, females: 564). Key sociodemographic and clinical variables such as age, occupation, marital status, and burn extent were often unreported. Among 27 studies documenting methods, self-immolation (11 studies) and fire/flame burns (10 studies) were most common. Outcomes were reported in 8 studies, covering 340 cases; mortality was 42% (143), while 54.7% (186) survived. Minimal evidence was found regarding psychiatric comorbidities or referrals to psychiatric services in burn studies. Only 17 studies (25%) had authors from a mental health background, highlighting a gap in interdisciplinary research.

Discussion: Self-inflicted burns remain a major public health concern in Pakistan, with a higher frequency among females. However, critical demographic and other details are often missing, limiting a comprehensive understanding of at-risk populations. The high fatality rate underscores the severity of the method. Establishing a national surveillance system for self-inflicted burns is crucial for tracking trends, identifying high-risk individuals, and guiding prevention efforts. Additionally, integrating psychiatric evaluation and mental health interventions into burn care can improve both immediate and long-term outcomes, ultimately supporting suicide prevention efforts in Pakistan.

484 Symptoms of a feather flock together; Dynamic time warp analysis of 11 single case time series of suicidal ideation and related symptoms

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Learning Objective: To explore the temporal relationships between suicidal ideation and related symptoms using dynamic time warping (DTW) analysis, providing insights into symptom clustering and potential intervention targets.

Background: Suicidal ideation fluctuates over time, often co-occurring with symptoms such as hopelessness, depression, and entrapment. Understanding how these symptoms dynamically relate to each other can inform personalized interventions. Traditional statistical approaches may not fully capture these complex temporal relationships. This study applies DTW, a technique from time series analysis, to examine how symptoms cluster and change over time in individuals experiencing suicidal ideation.

Methods: We conducted a secondary analysis of 11 single-case time series, where participants self-reported suicidal ideation and related symptoms daily. DTW was used to assess the similarity and alignment of symptom trajectories over time, identifying patterns of synchrony and divergence between suicidal ideation and associated symptoms.

Results: Findings indicated that specific symptoms, such as entrapment and hopelessness, frequently showed strong alignment with fluctuations in suicidal ideation. However, substantial inter-individual differences were observed, with some participants exhibiting distinct symptom pathways. The results suggest that suicidal ideation does not always follow a linear relationship with other symptoms, emphasizing the need for personalized assessment and intervention strategies.

Discussion: This study demonstrates the potential of DTW in capturing complex symptom dynamics in suicidal ideation. The results highlight that while certain symptoms tend to co-occur with suicidal thoughts, individual differences must be considered in clinical practice. Future research should explore the application of DTW to larger datasets and assess its utility in predicting acute suicidal crises. By improving our understanding of symptom interactions over time, these findings contribute to the development of more targeted and adaptive interventions for suicide prevention

485 Are the elderly in Pakistan protected against suicidal behaviors?

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Learning Objective: From available evidence, identify incidences of suicide and self-harm among the elderly in Pakistan, studying possible risks and protective factors.

Background: Research shows that the elderly are at high risk for suicide and self-harm, frequently associated with depression, isolation, chronic illness and financial insecurity. However, most of the evidence comes from high-income countries. In collectivistic societies with strong family systems, risk and protective factors for the elderly may be different. Based on this we hypothesized that the elderly in Pakistan, a low and middle-income South Asian country with strong family systems, may have lower incidences of suicidal behaviours compared to high income countries.

Methods: A review of all studies on suicide and self-harm from Pakistan that defined age group of the cases. For comparison, we also reviewed studies from South Asian and high-income countries (HIC) that included participants aged 55 years or older.

Results: Twenty-seven studies from Pakistan, 37 from South Asian countries and 20 studies from high income countries met our inclusion criteria. High-income countries had the highest proportion of elderly suicides (17.6%) and self-harm (18.8%) incidences, while Pakistan had the lowest (1.74% and 5.03% compared to other age groups, respectively). Gender breakdown was noted in 34 studies, showing more elderly females in suicides (n=7) in Pakistan and in self-harm cases (n=1516) in HIC. Suicide and self-harm methods were detailed in 12 Pakistani studies (51 cases), 10 South Asian studies (21,239 cases), and 5 HIC studies (290 cases). Hanging was the most common suicide method (4 cases) in Pakistan, while poisoning was predominant for self-harm (30 cases) across all regions. Only one Pakistani study reported attempted suicide outcomes.

Discussion: Only a small number of studies in mention age group in studies on suicidal behaviours in Pakistan. However, the available data suggests that incidences of suicide and self-harm and suicides are much lower in the elderly compared to their younger counterparts. A strong family support system that provides emotional, financial and physical support to the elderly may act as protective factors against mental health morbidity and suicidal behaviours. Additionally, religious values may be playing a crucial role, as many elders adhere to Islamic teachings that strongly discourages suicide.

There is need for more and better research on risks and protective factors for suicidal behaviours in the elderly in Pakistan.

487 Comparing Self-Harm in Nairobi and Karachi: Epidemiological Patterns and System-Level Insights

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Learning Objective: To compare self-harm characteristics between Nairobi and Karachi and drawing lessons for improved data collection and intervention strategies in the Global South.

Background: Self-harm is a growing public health concern, yet research in low- and middle-income countries (LMICs) is hindered by inconsistent data collection and reporting systems. A well-structured hospital management system facilitates efficient documentation, coding, and retrieval of self-harm cases, enabling comparative analyses. This study explores how hospital data can be leveraged to assess self-harm trends in Nairobi, Kenya, and Karachi, Pakistan. By analyzing similarities and differences in self-harm cases, we aim to identify opportunities for cross-regional learning and targeted interventions.

Methods: Hospital records were reviewed from two tertiary hospitals, Nairobi (n=144) and Karachi (n=282), for the same time period (January 1st 2018 to December 31st 2022), capturing demographic characteristics, psychiatric history, methods of self-harm, and suicidal intent. Descriptive summary analyses were conducted to identify patterns and differences between the two cohorts.

Results: Self-harm cases in Nairobi involved a younger population, with a mean age of 26.5 years compared to 30.9 years in Karachi. The majority of self-harm cases in both cities involved women, (74.3% in Nairobi and 68.1% in Karachi). Overdose was the most common method in both settings; however, self-injury was significantly more frequent in Nairobi (57.6%) than in Karachi (5.3%). Nairobi had a higher prevalence of past psychiatric diagnoses, with 89.2% of males reporting a prior diagnosis compared to 30.7% in Karachi. Differences in suicidal intent were also observed, with 79.7% of Karachi cases reporting intent to die, compared to 50% in Nairobi. Additionally, past self-harm attempts were more frequently documented in Karachi.

Discussion: This study underscores the critical role of robust hospital management systems in self-harm surveillance, demonstrating how structured documentation and coding enhance the ability to conduct meaningful epidemiological analyses. The observed differences in self-harm behaviours suggest that socio-cultural and healthcare system factors influence self-harm patterns in each setting. Nairobi's higher rates of self-injury may indicate different coping mechanisms, while Karachi's higher proportion of cases with intent to die highlights the need for targeted suicide prevention efforts. By improving hospital data systems and fostering collaborations between LMICs, self-harm research can be strengthened, informing more effective intervention strategies and mental health policies across diverse settings.

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

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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.

501 Retrospective cohort study of suicide attempters and patients visited suicide prevention outpatient clinic among teenager in Japan

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Background: Suicide was the leading cause of death among 10- to 19-year-olds in 2020, and suicide prevention among teenagers is now an urgent issue.

Objective: The aim of this survey is to understand the actual situation of patients in their 10s who were led to a psychiatric consultation as a result of a suicide-related event.

Methods: In the period from June 2017 to February 2021, 26 persons in their teens who were transported to the Fukuoka University Hospital Emergency Centre (the tertiary emergency) and ER Department (the secondary emergency) and were judged by psychiatrists to have attempted suicide were defined as 'suicide attempts'. In addition, 23 persons in their teens who had first visited the Fukuoka University Hakata Station Clinic (Suicide Prevention Outpatient Clinic), for a total of 49 patients, were defined as 'patients visited suicide prevention outpatient clinic', and their medical records were examined for one year from the date of their first visit to compare the characteristics of both groups. The study was approved by the Fukuoka University Medical Ethics Committee.

Results: There were 6 males and 20 females (mean age 15.9 [12-19] years) who attempted suicide. The means of suicide attempt was overmedication in 16, jumping in 10, stabbing in 2 and hanging oneself in 2. Of these, suicide re-attempts were observed in 8 (31%) within six months and 12 (46%) within one year. Interruption of hospital/clinic visits was within six months in three (12%) and not within six months to a year. On the other hand, the 'patients visited suicide prevention outpatient clinic' were 4 males and 19 females (mean age 16.0 [13-18] years), and the reasons for the visits were suicidal ideation in 7, self-harm in 6, consultation for psychiatric symptoms in 8 and non-attendance at school in 2. Since the first visit, suicide attempts were observed in one (4%) within six months and two (9%) within one year. Interruption of hospital/clinic attendance was observed in five (22%) within six months and eight (35%) within six months to one year.

Discussion: Suicide attempts after the first psychiatric visit were more common among those who attempted suicide. While, interruption of hospital/clinic visits was less common among suicide attempters. It was inferred that suicide attempters were more motivated to attend hospital despite a higher risk of suicide re-attempts.

525 Breaking the silence: Addressing educators' mental health through promotion and early intervention training

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This presentation examines the mental health needs of education professionals, a group often overlooked despite their critical role with children and young people. Through sharing a lived experience and research findings, participants in this oral presentation will understand some of the barriers to help-seeking among teachers, educators and education leaders and explore tested strategies to reduce stigma and facilitate help-seeking pathways.

The mental health of teachers and principals is of key concern. More than half of Australian teachers report symptoms of depression and anxiety, double the prevalence in the general population, with many Australian principals indicating serious mental health risks such as burnout, self-harm, or severe distress.^[2] Therefore, early mental health interventions for education professionals are key to reducing negative impacts and attrition; however, most available programs are resource-intensive for time-poor teachers and principals. ^[1,2, 5, 6]

The Mental Health First Aid (MHFA) course is a safe and effective training that increases participants' mental health literacy and problem recognition, increases knowledge of how to provide mental health first aid, increases intention and confidence to provide support to others, and reduces stigma. ^[7,8,9] Guidelines were developed to support mental health first aid provision in the workplace, ^[10] and in

2018, a randomised control trial found the effectiveness of its eLearning and blended delivery modes. [11]

A recent adaptation of the MHFA workplace training to education professionals saw the creation of contextualised materials, including bespoke videos from education professionals advocating for early help-seeking and messages of hope and recovery from teachers and principals with lived experience.

The eLearning has been subsequently tested with adults working in education institutes such as schools, colleges and early learning centers. This uncontrolled evaluation aimed to identify whether the training is effective, acceptable and suitable for education-based workplaces. A mixed-methods methodology was utilised, including the Mental Health Support Scale (MHSS) in pre and post-eLearning surveys measuring recognition of mental health problems, intention and confidence to provide support; as well as semi-structured interviews with education professionals aimed at understanding their beliefs about help-seeking, individual stigma and experience with providing or receiving support from colleagues in their workplace settings.

Initial evaluation results will be presented in this talk, marking a key first step in developing this contextualised workplace course iteration and paving the way for further adaptations and large-scale implementation.

529 Alcohol use and suicide risk among youth in one U.S. state, 2023

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Learning Objective: Explain the association between alcohol use and suicidality among youth, including suicidal ideation, planning, and attempts.

Background: Globally, more than half (57%) of 15-year-olds have tried alcohol at least once, with nearly 40% reporting alcohol consumption in the past 30 days and suicide is the 3rd leading cause of death among young people. There is a well-established association between alcohol use and suicide for adults, yet little is known about this association for youth. We sought to examine the association between alcohol use and suicidality among high school students in one U.S. state.

Methods: The Healthy Kids Colorado Survey is a population-based survey of 9–12th grade students (14–18 years old) in the state of Colorado (U.S.) administered online, in classrooms in English or Spanish. The survey is administered every other year; we used the 2023 data from high school students (49989 unweighted and 240253 weighted responses). Survey weights were used to represent the underlying population. We assessed differences in suicidality between students who did vs. did not report alcohol use in the last 30 days using survey-weighted frequencies and Rao-Scott chi squared tests.

Result: Most students were Male cisgender (46.3%), Heterosexual/Straight (75.9%), white (50.3%), and non-Hispanic (62.8%). Nearly half (44.3%) of students reported drinking at least one drink of alcohol in the past 30 days, of whom most drank on 1–2 days (59.3%), followed by 3–5 days (20.6%). Fewer than 10% reported drinking on 6 or more days. Over half (58.0%) of those who drank reported having 4 or more drinks consecutively, and most students (34.4%) had their first drink of alcohol between 13–14 years old. Among those who reported current drinking, compared to those who did not, more students reported they considered attempting suicide (20.4% vs 8.9%, $p < 0.001$), made a plan to attempt suicide (17.0% vs 7.4%, $p < 0.001$), and attempted suicide (5.3% vs 3.7%, $p < 0.001$).

Discussion: In Colorado, students who reported current alcohol use were more likely to report suicidal ideation, suicide plans, and suicide attempts than those who did not. This relationship is likely bi-directional—youth at risk for suicide may be more likely to drink, and alcohol use may further increase suicide risk. Alcohol use in youth may impair cognitive function and decision-making abilities, making

suicide prevention interventions especially important in this population. Additional research should assess the cultural norms, social support, and policies that influence the association of youth alcohol consumption and suicide.

530 Acute Suicidal Affective Disturbance Inventory Lifetime (ASADI-L): Initial Validation of a German Version

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Learning Objective: To validate the German version of the Acute Suicidal Affective Disturbance Inventory – Lifetime (ASADI-L), assess its psychometric properties in clinical and non-clinical samples, and explore its potential role in identifying individuals at risk of acute suicidal crisis.

Background: A syndrome called Acute Suicidal Affective Disturbance (ASAD) has recently been proposed as a suicide specific diagnosis. The syndrome is characterized by a drastic increase in suicidal intent, social and self-alienation, as well as overarousal. A 28-item self-report measure, the Acute Suicidal Affective Disturbance Inventory Lifetime (ASADI-L), has been developed to assess the lifetime occurrence of ASAD symptoms. This study aims to validate a German version of the ASADI-L and to replicate the unidimensional factor structure of the original version.

Method: The psychometric properties of the German version of the ASADI-L were examined in a non-clinical online sample of n1 = 300 participants, n2 = 837 outpatients from a mental health research and treatment center and n3 = 148 outpatients from a treatment study on individuals diagnosed with Borderline Personality Disorder. Confirmatory factor analysis (CFA) was conducted to test the unidimensional structure of the ASADI-L, and internal consistency as well as convergent validity were assessed.

Results: A substantial proportion of all participants, including 23 % in Sample 1, 13.26 % in Sample 2, and 86.49 % in Sample 3, reported having ever experienced a drastic increase in suicide intent during their lifetime. In addition, 20 % reported every single ASAD item on the ASADI-L. Confirmatory factor analysis showed an adequate model fit for the unidimensional model, with good internal consistency. Convergent validity was supported by significant correlations with measures of suicide-related constructs as well as symptoms of self-hatred and feelings of disgust as assessed in the Borderline Symptom List-23 (BSL-23).

Discussion: These findings provide initial support for the German version of the ASADI-L as a reliable and valid measure to assess lifetime experiences of Acute Suicidal Affective Disturbance. The unidimensional structure and strong associations with established suicide-related constructs underscore its potential utility in both clinical practice and research contexts.

Particularly noteworthy is the high prevalence of ASAD symptoms among individuals with Borderline Personality Disorder, highlighting the syndrome's relevance in high-risk populations. Future research should focus on ASAD in longitudinal studies to deepen the understanding of the syndrome and to examine the predictive power of this suicide-specific diagnosis.

533 Half-day training program for professionals working with young people and vulnerable population: Implementation and evaluation study

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Learning Objective: Participants will gain insights into the feasibility and preliminary impact of a half-day suicide prevention training program for professionals working with adolescents, young adults and other vulnerable population.

Background: Providing initial support and appropriate referrals for suicidal individuals remains a challenge in suicide prevention. Fear of discussing suicide, misconceptions, and biases often hinder timely intervention. Since 2005, a two-day role-play-based training has been available for health, social, and education professionals in the French-speaking part of Switzerland. To extend its reach, a half-day version was introduced in 2019, specifically targeting professionals working with young people and vulnerable population, including teachers, school counselors, and youth social workers.

Methods: The half-day training includes interactive role-playing to challenge misconceptions, particularly the belief that “asking about suicide may lead individuals to consider it.” Participants also practice strategies to ensure they do not remain alone when supporting a person in suicidal distress.

Since 2023, a longitudinal before-after design has been implemented to assess the training’s impact. Data are collected using selected items from the Attitudes to Suicide Prevention (ASP), Attitudes Towards Suicide (ATS), QPR Gatekeeper Knowledge of Suicide questionnaire, Confidence Scale survey, and a skills assessment inspired by the Suicide Intervention Response Inventory-2 (SIRI-2).

Results: To date, 28 training sessions have been conducted, involving 344 professionals and benevolents. Response rates for the first assessments are 24.1%, and for the follow-up assessments 1.5%, providing preliminary insights into training effectiveness.

The program demonstrates high feasibility and acceptability, with 77% of participants rating the training as useful and applicable to their professional context. Additionally, 75% of participants reported feeling more equipped to work with suicidal individuals.

Discussion: The program has shown promising results, highlighting its potential as a valuable resource for professionals. However, further data collection is needed to validate the program’s long-term impact. Future research should explore how the training influences real-world practices and whether booster sessions could enhance long-term skill retention. Additionally, future surveys should allow for the differentiation of the impact of the intervention based on the target population, particularly distinguishing between professionals working with children, adolescents, and young adults. Expanding the program to additional professional sectors remains a key objective to ensure broader access to effective suicide prevention strategies across diverse settings.

534 Assessing changes in suicidality during treatment in mental health care patients using routine outcome data

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Learning Objective: learn more about level of suicidal behavior in outpatient mental health care and how it develops during treatment.

Background: Many patients receiving specialist mental health care engage in various types of suicidal behavior, including suicidal ideation, planning, or self-harm. Reducing suicidal behaviors is a crucial treatment target, and many different treatment approaches can effectively achieve this. However, comprehensive data from real-world settings are essential for monitoring and improving routine care.

In this study, we investigated the level of suicidal behavior in patients from five different outpatient clinics.

Methods: All patients attending the outpatient clinics over two years were invited to self-report symptoms, well-being, and functioning via a digital platform. A total of 16,370 patients provided more than one response and were included in the study. We investigated the four questions related to suicidal behavior from the CORE-OM, assessed at the start of treatment and at the last available assessment. Patients were asked how often they experienced each symptom over the past week, scored on a five-point scale ranging from “Not at all” to “Most or all the time.”

Results: At the start of treatment, 9.9% of patients reported thoughts about harming themselves often or most of the time, compared to 7.8% at the end of treatment. Additionally, 4.9% often made plans to end their life at the start, compared to 3.9% at the end. Furthermore, 21.1% often or most of the time wished they were dead at the start, compared to 18.2% at the end. Lastly, 3.7% had hurt themselves or taken dangerous risks during the last week at the start, compared to 2.7% at the end.

Discussion: Routine assessment of suicidal behavior is useful for monitoring the quality of outpatient mental health care. Consistent with previous research, a substantial proportion of patients reported suicidal behavior at the start of treatment. This study provided new insight that these symptoms persist well into treatment, even if they are somewhat reduced. A more sophisticated assessment of suicidality is warranted, and more effective treatments are desired, as the level of suicidal behavior at the last assessment was still substantial.

538 The situation of suicide and suicide prevention in the resource-limited country, Bangladesh, policy limitations, and opportunities to reduce suicide through advancing actions

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Learning Objective: An understanding of the current scenario of suicide prevention in Bangladesh and an evaluation of policies, along with insights into the future landscape of suicide prevention and necessary actions.

Background: In Bangladesh, an average of 10,000 to 14,000 people die by suicide each year. Suicide, or self-harm itself, accounts for an estimated 6% of all deaths among the 15–29-year-old population. It is the second leading cause of death in this age group after road-traffic injuries. Among students aged 13–17, 4.4% of boys and 5.8% of girls consider attempting suicide. 4.7% of adolescents & youth had suicidal thoughts, and 1.5% had suicidal plans and attempted suicide at least once. Females had more serious suicidal thoughts than males (6.6% vs. 2.6%); the 20–35 years age group is more among the suicides. Bangladesh has only a suicide prevention strategy built in with the MH strategy. Suicide is a criminal offence according to its’ penal code inherited from the colonial era.

Methods: Analysis of related mental health policy, act and strategic plan, and other secondary documents. Key informant interview conducted among key government stakeholders (5), 3 influential people with policy formulation. Interviews conducted with 5 community actors on mental health and suicide prevention activities.

Results: Lack of national surveillance and a reporting system on suicide is remaining in the country. There are no comprehensive and countrywide coordinated suicide prevention programs. Weak mental healthcare systems and poor access to prevention interventions are significant reasons for having fewer services in the country. Criminalisation of suicide and suicidal behaviours in the law, which is a barrier to receiving health services willingly. Discriminative health care financing in mental healthcare and suicide behaviour is still existing. There is a lack of intersectoral coordination on mental

health psychosocial issues, a lack of integration of MH into primary healthcare service delivery, and limited awareness. Programs for suicide prevention and destigmatization are crucial to provide the support.

Discussion: The following recommendations came in the discussion to advance the suicide prevention program in the future:

- Decriminalise suicide immediately and increase awareness among religious leaders and community people.
- Mental health should be integrated into the primary healthcare system.
- Empower and train grassroots/community organisations.
- Increase the budget for mental health.
- Activate national helpline and support systems.
- Develop a suicide prevention strategy separately.
- Activate national helpline and support systems.
- Standardise research methods.
- Train law-enforcing authorities

539 Navigating methodological and ethical challenges in exploring first-hand accounts of adolescent self-harm in a sub-Saharan African country

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Learning objective: This presentation aims to reflect on and highlight some of the key methodological challenges and ethical issues related to conducting qualitative research on first-hand accounts of adolescent self-harm in a resource-poor context and contribute some mitigation strategies

Background: There is emerging research interest in adolescent mental health outcomes, including self-harm and suicide, in sub-Saharan Africa. However, besides having highly proscriptive norms against self-harm and suicide, most countries within the subregion do not have specific research ethical codes to guide research on (adolescent) self-harm and suicidal behaviours. Studies exploring and discussing ethical and practical challenges in adolescent self-harm and suicide-related research in Africa are lacking.

Methods: This is a reflective presentation drawing on a decade of fieldwork experiences in conducting in-depth interviews on the lived and living experiences of self-harm involving both school-going and out-of-school adolescents in Ghana.

Results: At various stages of qualitative fieldwork (e.g., negotiating access, recruitment, interviewing, and post-interview [dis]engagement), methodological and ethical challenges are identified. These challenges include iatrogenic concerns, gatekeeper posturing, consent processes, confidentiality, language, and researcher positionality. It is argued in this presentation that both obvious and subtle events at any stage of fieldwork can potentially have methodological and ethical implications. Thus, researchers in the subregion need to pay attention to the often-overlooked interactions that can contribute to reflexivity, positionality, and identities in adolescent self-harm research. This presentation underscores the need for the formulation of context-sensitive adolescent mental health research guidelines and ethical frameworks that are responsive to and safeguard the emotional wellbeing of young participants and researchers.

Discussion: It is critical to balance positionality and reflexivity, while exploiting available resources and relationships in the field to enhance not only the methods and ethical soundness of the research but also to safeguard data quality and the well-being of both participant and researcher.

543 Uncertainties in Modeling Psychological Symptom Networks: Implications for Suicide Prevention

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Learning Objective: To explore how uncertainties in psychological symptom networks—such as noise and small sample sizes—affect the reliability, and to discuss implications for suicide prevention efforts.

Background: Network models are increasingly used in suicide research to identify risk factors and intervention targets. By mapping the relationships between symptoms like depression, entrapment, and suicidal thoughts, these models aim to improve our ability to detect individuals at risk. However, the reliability of network models is often compromised by data-related uncertainties, including noise in self-reported symptoms and small sample sizes. If symptom networks are unstable under such conditions, their utility for prevention efforts may be limited. This is especially concerning, when evaluating edges leading towards “main” symptoms, such as suicidal ideation.

Methods: A dataset with variables from the Integrated-motivation volitional (IMV) theory is used. Networks are constructed using both directed (Hill-climbing and TABU search), as well as undirected (Gaussian Graphical model) models. Data-related uncertainty is operationalised in two ways: (a) by introducing varying degrees of white noise into the dataset and (b) by reducing the sample size. To assess the impact of these uncertainties, we use Precision, Recall, and F1 scores. These metrics are used to compare the graph estimated from the modified data (with noise or reduced sample size) to the graph derived from the original data. Additionally, the frequency of the edges leading towards suicidal ideation is calculated under both noise and sample size reduction.

Results: Both Hill-Climbing and TABU search are very sensitive to noise and sample size, with the Hill-Climbing algorithm slightly outperforming TABU search. The performance of the Gaussian Graphical model gradually declines as well, although at a slower rate. Here, diminishing sample size and increasing noise led to sparse networks, meaning that many of the edges in the original graph are not detected. This is visible in the high precision and low recall. Regarding the edges leading towards suicidal ideation, we find that the relationship from depressive symptoms to suicidal ideation is stable.

Discussion: Our findings highlight the vulnerability of psychological symptom networks to data-related uncertainties. To derive more robust conclusions from these networks—particularly regarding potential targets for intervention—it is essential to systematically assess and account for uncertainty. On the other side, we find that the relationship from depressive mood to suicidal ideation is robust, which is encouraging, given the existence of established interventions targeting depression to reduce suicide risk.

544 Bridging Gaps, Building Resilience: A World Café to Strengthen Crisis Response

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Learning Objective: Participants will come away with a community's shared understanding of challenges related to offering and receiving crisis intervention, and recommendations to reduce silos and improve supports.

Background: While scholarship indicates crisis phone lines are an effective method for suicide intervention to reduce emotional stress and suicidality (Alimohammadi et al., 2025), some research notes barriers for communities who are marginalized in accessing effective service (Bravo et al., 2024; Lim et al., 2022). Sharing community knowledge demonstrates an improved ability to understand local needs, reach service users who are falling through the cracks and offer better services overall (Chen et al., 2024). Community knowledge gathering plays an important role in addressing service gaps.

Methods: Forty community members and service providers participated in the World Café, engaging in structured group discussions. Participants were divided into table groups to explore priorities in crisis response, prevalent societal concerns, and prevention, intervention, and postvention strategies. Discussions were guided by pre-determined questions related to resource accessibility, impact measurement, and collaborative partnerships. Qualitative data was collected through notetaking, audio recordings and summaries of group discussions.

Results: Participants identified several key challenges: the need for tailored resource delivery, ensuring resources are not overwhelming, and the importance of warm handoffs during crises. Concerns were raised regarding a lack of advocacy for callers in crisis and the necessity of building rapport before providing resources. Specific crisis response concerns included call timing constraints, language appropriateness, and the varying definitions of terms like "abuse" and "mistreatment." Cultural differences in understanding and addressing issues like elder abuse and domestic violence were also discussed. Participants emphasized the need for robust impact measurement, including tracking caller increases, assessing client impact, and evaluating program effectiveness. Partnership development was highlighted as crucial, with a focus on co-creation, fostering interagency relationships, and improving resource awareness.

Discussion: The World Café highlighted the complex and multifaceted nature of crisis response. Findings underscore the importance of shifting from transactional to reciprocal relationships, prioritizing community outreach, and ensuring diverse communities are actively involved in solution development. The need for culturally attuned and linguistically appropriate services, as well as improved resource accessibility and interagency collaboration, was emphasized. Future efforts should focus on implementing community-driven strategies, building trust through cultural brokers and grassroots organizations, and developing comprehensive training for frontline workers to address the diverse needs of vulnerable populations.

550 Toward Cultural Humility: Improving Crisis Intervention for Diverse Communities

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Learning Objective: Participants will identify key barriers faced by immigrant, refugee, ethnocultural and racialized (IRER) individuals when accessing crisis support services and recognize practical strategies for improving cultural humility within crisis intervention practices.

Background: Immigrant, refugee, ethnocultural and racialized (IRER) individuals are more likely to experience suicide related stressors (Lee et al., 2024), such as racism, isolation and migration related challenges (Lai et al., 2017). Decreased recognition of early struggles with mental health and disparate access to mental health support limit preventative care (Vance et al., 2023). Access to crisis line

support is impeded by many personal and systemic barriers, such as fear, language, stigma (Salami et al., 2022) and lack of culturally competent service providers (Wang et al., 2019).

Methods: This study employed semi-structured, in-depth interviews with seven crisis service responders and five stakeholders (managers, team leads, and trainers supporting IRER individuals), alongside two small focus groups with both stakeholders and responders. Grounded in Sociocultural Theory and Critical Race Theory, this study aimed to investigate experiences and perspectives of responders and stakeholders and elicit recommendations to improve support for IRER callers.

Results: Themes emerged across six key areas: 1) the underpinnings of training and workplace culture, revealing a reliance on general training with limited specialized culturally specific training; 2) the identification of culturally diverse callers, relying on observable cues rather than explicit demographic data; 3) challenges for responders, including difficulty understanding contextual backgrounds, language barriers, and resource scarcity; 4) barriers for culturally diverse callers, such as language, negative past experiences, lack of affirming care, and stigma; 5) best practice proposals, emphasizing simplified language, trust-building, and culturally aligned care; and 6) recommendations for improved service provisions, including enhanced language support, contextual training, and better referral protocols. Responders perceived racialized callers as less frequent and more reluctant, and safety planning was hindered by fear of police, and lack of appropriate resource referrals.

Discussion: The literature and study results show significant barriers in accessing and providing effective crisis support for IRER callers. The findings further highlight the need for cultural humility training, improved resource accessibility, and systemic changes to address the unique needs of IRER individuals accessing crisis services. The reliance on implicit cues for identifying cultural diversity underscores the necessity for explicit data collection and culturally attuned approaches. The identified barriers to safety planning require urgent attention and alternative strategies.

This study has critical implications for self-harm prevention and intervention, as it highlights how different forms of social support could mitigate the risk of self-harm among adolescent survivors of CSA. By understanding these protective mechanisms, this research could inform strategies aimed at reducing self-harm among this high-risk group, in both clinical and community settings. Attendees of this presentation will gain an understanding of how different forms of social support can serve as protective factors against self-harm in adolescent survivors of CSA, both generally and in relation to those with and without suicide attempt histories.

559 A systematic review of empirical studies examining the facilitators, barriers, and mechanisms of implementing suicide prevention interventions with veterans and active-duty service members

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Background: Suicide rates in military and veteran populations continue to rise even with new, promising, and increasing availability of evidence-based interventions for suicide prevention. Though promising, implementing suicide prevention interventions in novel settings often present unique challenges. Having an increased awareness and understanding of the various facilitators, barriers, and mechanisms of implementing suicide prevention interventions with military and veteran populations is therefore warranted. **Objective:** The following systematic review identified facilitators, barriers, and mechanisms to implementing suicide prevention interventions targeting active-duty service members and veteran populations. **Methods:** Our methods and reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). We

systematically searched five electronic databases [Ovid-Medline, PsycINFO, PTSDPubs, Cochrane Library, and Web of Science] for studies describing or evaluating barriers, facilitators, and mechanisms related to implementing suicide prevention interventions with active-duty service members and veterans at risk for suicide. Backward citation searching of the included studies was completed to capture any missed or recently published papers. Title, abstract, full-text screening, and data extraction were completed independently, in duplicate, using Covidence. Eligible implementation studies: (1) reported in English- or French-language peer-reviewed publications; (2) reported on primary data generated from a sample of participants of whom (a) > 80% are veterans or active-duty service members, or, health professionals or health leadership whose clients are comprised of > 80% active duty service members or veterans at risk of suicide; (3) reported on, describe, or evaluate a barrier, facilitator, strategy, or mechanism of suicide prevention intervention implementation; and (4) used a qualitative, quantitative, or mixed method research design. Quality of the included studies are being rated using the Standards for Reporting Implementation Studies Checklist and the Critical Appraisal Skills Programme. Results: Emerging findings indicate that implementation research has disproportionately focused on active-duty service members and veterans of the United States military, as well as the identification of implementation facilitators and barriers using qualitative methods. Conclusion: We provide a critical summary of implementation evidence for suicide prevention interventions among veterans and active-duty service members who are at high risk of suicide. Preliminary recommendations suggest that evaluation of implementation strategies is a focal point for future research. We outline future directions for research on the implementation strategies and mechanisms that to date, are likely to have an important role in achieving population-level reductions in suicide risk among military populations.

563 Safety planning interventions for suicide prevention with children and adolescents: A meta-analysis

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Learning Objective: Provide overview of current evidence on the effectiveness of safety planning for adolescents.

Background: Suicide ideation and suicide-related behavior (e.g., suicide attempts) are increasingly prevalent among adolescents. Evidence supports safety planning interventions for adults at risk for suicide; the effectiveness for adolescents is unknown. The aim of the current meta-analysis was to evaluate the effectiveness of safety planning as a standalone intervention for adolescents with suicide ideation and/or suicide-related behavior.

Methods: The study protocol was preregistered with PROSPERO and adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines. Searches were run in Ovid MEDLINE, OVID PsycINFO, EBSCO CINAHL, and Scopus (Elsevier) from January 1, 2008 to March 26, 2024. We included all studies that examined safety planning as a standalone treatment for adolescents, and assessed suicide ideation, suicide-related behavior including suicide attempts, and/or re-presentations to healthcare settings. We included peer-reviewed studies evaluating intervention effectiveness or efficacy, with or without a control condition. Non-empirical studies, grey literature, and studies not available in English were excluded. Two reviewers performed data extraction and quality assessment independently. Meta-analytic random-effects models were used

to calculate effect size estimates. Risk of bias was assessed using Joanna Briggs Institute Critical Appraisal tools. The outcomes planned for extraction were (a) suicide ideation, (b) suicide-related behavior (e.g., attempts; planning with intent to act), and (c) re-presentation to healthcare settings (i.e., emergency department visit; inpatient admission) during the follow-up period.

Results: Ten studies including 1,002 adolescents (mean age 15.0 yrs; 76.0% female) met inclusion criteria; seven were included in the meta-analysis. There was no significant association between safety planning interventions and suicide ideation ($g = 0.10$, 95% CI $[-0.03, 0.23]$), behavior ($g = -0.12$, 95% CI $[-0.28, 0.04]$), attempts ($RR = 0.81$, 95% CI $[0.20, 3.37]$) or suicide-related re-presentation ($RR = 0.94$, 95% CI $[0.64, 1.38]$) at follow-up. Risk of bias for majority of studies was moderate to high.

Conclusion: There is limited research evaluating safety planning with adolescents. While available data does not support safety planning as a standalone treatment for reducing suicide-related outcomes among children and adolescents, well-powered studies are needed to address this common intervention for suicide prevention in adolescents.

566 Supporting multilingual crisis line callers

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Learning Objective: Understand the challenges of service provision for multilinguistic/English as an Acquired Language (EAL) service users.

Background: Crisis lines differ in their approaches to supporting linguistic diversity in their services. Larger crisis lines tend to rely on third-party translation services for service users who speak languages other than English or French in Canada.

Methods: Using a World Cafe model, the research team invited community stakeholders from diverse demographics to discuss gaps and opportunities for crisis services in Calgary, Alberta. Participants were invited to share their thoughts through casual, semi-facilitated discussions.

Results: Challenges related to language barriers was a common theme among participants. Though crisis lines may have access to third party translation services, research participants noted that the involvement of these services often presents a significant challenge to rapport and conversational flow. Given the often acute nature of the suicidal crises faced by many of these callers, the potential impacts of these difficulties may be severe. Multiple service provider participants shared experiences where they were speaking to a service user with the same first language, but policy prevented them from using any language other than English on the line. Multiple participants also described that community- and faith-based services were likelier to provide effective support for newcomer communities, highlighting potential limitations of generalized supports.

Discussion: Large crisis lines are constantly balancing between standardized practice and individual circumstances. Callers for whom English is an acquired language are an underserved population within many suicide prevention and crisis centres. This research highlights an example of how standardized translation services may compound crises through a damaged therapeutic alliance. However, at the same time, this strategy helps ensure basic access for many demographics. This research highlights a frontier in crisis line access, and highlights possibilities for stronger partnerships with grassroots organizations.

569 Developing a Self-Harm Registry: Insights from Two Years of USHAS Study in Bengaluru, India

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Learning Objective: Attendees will gain a comprehensive understanding of the epidemiological trends in self-harm behaviors in an urban setting and learn how to implement and maintain a self-harm registry in LMICs, taking into account resource constraints and the need for sustainable interventions.

Background: Self-harm is a complex public health issue with high prevalence rates in urban areas. It poses significant challenges to healthcare systems, particularly in low—and middle-income countries (LMICs) where resources are often scarce. The Urban Self-Harm Study (USHAS) was initiated in Bengaluru, India, to systematically monitor and analyze self-harm trends and inform targeted interventions. This model is designed to be replicable in other LMIC settings, providing a valuable framework for addressing this critical public health concern.

Methods: A comprehensive self-harm registry was established across eight general hospitals in Bengaluru from August 2022 to December 2024, with an additional eleven hospitals joining the initiative in January 2025. This registry documented patient demographics, socioeconomic indicators, methods of self-harm, and intervention outcomes. To address the challenges of patient load and limited staff in emergency departments (ED), the project advocates for dedicated staff to manage interventions and a streamlined self-harm registry with a maximum of ten key variables to minimize the burden on healthcare workers.

Results: Between August 2022 and January 2025, a total of 12,593 cases of self-harm were registered. Key findings include a predominance of females among self-harm individuals and a concerning high rate of poisoning as the preferred method. Additionally, a significant proportion of patients reported a history of previous self-harm attempts. While intervention efforts were successful in 69.4% of cases, 30.6% remained incomplete due to various factors, including patients leaving against medical advice (DAMA). A detailed descriptive statistics will be presented.

Discussion: The USHAS offers invaluable insights into the multifaceted nature of self-harm in Bengaluru and provides a replicable model for LMICs to monitor trends, implement targeted interventions, and ultimately reduce the burden of self-harm in their communities. The project's emphasis on streamlined data collection and dedicated staffing addresses the challenges faced by healthcare systems in resource-constrained settings, ensuring the sustainability and effectiveness of self-harm prevention efforts.

574 "CONSOLE: Pioneering Peer-Driven Postvention and Prevention in Plymouth County, Massachusetts"

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In response to the critical need for immediate support for suicide loss survivors, Plymouth County, Massachusetts, implemented a Local Outreach to Suicide Survivors (LOSS) team in 2021, based on Dr. Frank Campbell's innovative postvention model. This abstract presents the development and impact of CONSOLE, a non-profit organization born from the lived experiences of two suicide loss survivors, which has revolutionized suicide prevention, intervention, and postvention efforts in the region.

CONSOLE's methodology integrates three key components:

1. A LOSS team comprising trained volunteers with personal experience of suicide loss, providing immediate on-scene support to the newly bereaved.
2. Survivor support groups facilitated by peers who understand the nuances of suicide grief.
3. Evidence-based community education and training programs designed to equip local members with skills to respond effectively to suicide-related crises.

The content excellence of CONSOLE's approach lies in its comprehensive, peer-driven model that addresses the full spectrum of suicide prevention needs. By leveraging the unique insights of those with lived experience, CONSOLE offers a level of empathy and understanding that traditional support services often struggle to provide.

Launched in January 2023, the LOSS Team Plymouth County exemplifies the power of lived experience in suicide prevention efforts. By partnering with local police departments, CONSOLE ensures timely and compassionate outreach to those impacted by suicide, significantly reducing the time between loss and access to support services.

This peer-driven model not only provides crucial support to the bereaved but also contributes to broader suicide prevention efforts by destigmatizing conversations around suicide and mental health. CONSOLE's work demonstrates the profound impact that individuals with personal experience of suicide loss can have in fostering hope, resilience, and community-wide engagement in suicide prevention initiatives.

579 Psychometric properties of the literacy of suicide scale (LOSS-SF) and the stigma of suicide scale (SOSS-SF) in general population sample from Hungary

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Learning Objective: The primary aim of this study was to examine the structure and validate the Hungarian translation of the LOSS-SF and the SOSS-SF in a general population sample

Background: Suicide is a serious public health problem. According to the WHO, more than 700,000 people die by suicide every year. Suicide prevention is a complex interdisciplinary challenge, with the community level mapping literacy, stigmas and help-seeking related to self-injury. Many do not get the proper help they need because of the stigma associated with mental disorders and suicide. This is particularly relevant for Hungary, which has a traditionally high suicide rate, and where suicide deaths have been extremely high in the last century. The Hungarian national suicide rate peaked in 1985 (46 per 100,000), but due to a year-on-year decrease, it was only 17.1 per 100,000 in 2020. Mortality increased significantly compared to the period before the pandemic C19, a change attributed to the socio-economic impact of the pandemic. Although knowledge and stigma about suicide are important factors in suicide prevention, there are no adequate instruments available in Hungary.

Methods: An anonymous online survey was administered to a sample of 954 participants. Beyond attitudes towards suicide and suicide literacy, we measured help-seeking intentions (GHSQ) along with reported past suicide attempts or ideation. Our study used a descriptive, correlational, cross-sectional design.

Results: Confirmatory factor analysis results indicate a good model fit for a three-factor structure of the SOSS-SF scale. Invariance testing revealed that the scale is valid across gender, age and former

suicide ideation. LOSS-SF had an acceptable unidimensional model fit as a 2PL IRT survey, and results showed good infit—outfit with appropriate item discrimination and difficulty measures. Respondents' mean score was 6.82 (SD = 2.17) with 558 (58.5%) scoring at or above 7, which suggests a higher level of suicide literacy in this sample.

Discussion: The results show that the two instruments are valid and reliable measures among the Hungarian-speaking population. The Hungarian versions of the SOSS-SF and the LOSS-SF allow for the assessment of suicide stigma and suicide literacy, helping to plan and evaluate suicide prevention interventions and informing potential decision-makers.

581 Intimate Partner Violence and Its Relationship with Mental Health Symptoms and Suicide Risk Among Chilean University Students

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Intimate Partner Violence (IPV) is a significant public health concern, particularly among young populations. Global studies indicate that approximately 24% of adolescent girls aged 15 to 19 who have been in a relationship have experienced physical or sexual violence from an intimate partner. In Chile, the situation is alarming, with 59% of young individuals reporting having experienced some form of violence in their romantic relationships. Psychological violence is the most prevalent (63%), followed by physical (33%) and sexual violence (4%). This issue is further exacerbated by the high prevalence of depressive symptoms (around 40%) and anxiety symptoms (approximately 25%) among young people, factors that significantly increase the risk of suicide.

Given this background, the present study analyzed the impact of IPV on the mental health of 192 Chilean university students, identifying the main predictors of depression, anxiety, stress, and suicide risk. The research employed a quantitative, non-experimental, descriptive, and correlational design with a non-probabilistic convenience sampling method. The study received approval from the Ethics Committee of the Valdivia Health Service (Chile). Data collection involved the administration of the CUVINOVA questionnaire (to assess dating violence), DASS-21 (to measure depression, anxiety, and stress), C-SSRS (to evaluate suicide risk severity), and a sociodemographic questionnaire.

Simple linear regression analyses were conducted to identify predictors of the evaluated symptoms. The results indicate that detachment-related violence was the most frequently experienced, followed by physical and sexual violence. A high prevalence of depressive symptoms (45.1%), anxiety (37.9%), and stress (37.9%) was observed. Regarding suicide risk, 56.2% of participants reported a desire not to wake up, and 25.5% disclosed concrete suicidal ideation.

The analyses revealed that physical violence significantly influenced the presence of depression ($B=0.49, p < .001$) and was a predictor of anxiety symptoms ($B=0.47, p < .001$). Additionally, physical violence was identified as a predictor of stress ($B= 0.42, p < .001$), along with coercive violence ($B = 0.39, p < .001$). Physical violence ($B = 0.23, p < .001$) and sexual violence ($B = 0.22, p < .001$) emerged as the primary predictors of suicide risk. Participants identified at risk of suicide were contacted and provided support by the OPA Foundation.

Learning Objective: To identify the significant impact of IPV on the mental health of Chilean university students and its association with suicide risk. This knowledge facilitates the development of targeted interventions and the promotion of policies and practices that foster safe and healthy environments for young people.

584 Contextual Factors Associated with Self-harm Among Adolescents in Low- and Lower-Middle Income Countries: An Ecological Study.

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Learning Objective: To examine the national-level contextual factors associated with self-harm incidence among adolescents in low- and lower-middle income countries (LLMICs).

Background: Suicide and self-harm in adolescents are understudied in low- and lower-middle income countries. However, the World Health Organization reports that suicide is the third leading cause of death among adolescents and 73% of all suicides happen in low- and middle-income countries. This study aimed to examine these contextual factors associated with self-harm incidence among adolescents in LLMICs.

Methods: Annual sex-specific self-harm incidence rates for ages 10–19 from 2000 to 2021 were obtained from the Global Burden of Disease 2021 database. First, we used joinpoint regression analysis to investigate the trend in sex-specific self-harm incidence between 2000 and 2021, we used the joinpoint regression analysis. Then we applied a linear mixed-effects model to estimate significant associations of each of the contextual factors obtained from the World Bank and United Nations databases including demographic, economic, neighborhood, environmental, social, and cultural factors with self-harm incidence. Using step-wise selection, significant factors were selected and fixed-effects analysis with country and year effects was used in the final analysis.

Results: Of the 77 countries, average annual percentage changes (AAPC) showed a decreasing trend in 40 countries and positive AAPC of up to 2.16% in 37 countries among males. Among females, negative AAPC in 49 countries and positives up to 3.63% in the remaining 29 countries were observed.

We found that mean country-level self-harm incidence rates for males increased as exposure to drug use, adolescent fertility rate, the number of young people newly infected with HIV, rule of law, the urban population, and unemployment rates increased. The rates, however, decreased with increases in the gross domestic product (GDP) per capita and improvements in the control of corruption. Among females, the mean country-level self-harm incidence rate increased with increases in adolescent fertility rates, exposure to drug use, rule of law, and the labor force participation rate. However, they decreased with increases in exposure to alcohol use, control of corruption, and the social development index.

Discussion: With some differences in factors associated with self-harm incidence rates between males and females, factors like exposure to drug use, adolescent fertility rates, improvements in the rule of law showed positive associations in both sexes yet control of corruption showed negative association. Policy addressing self-harm needs to consider cross-cutting and sex-specific differences in factors associated with suicide in LLMICs.

585 The Impact of Motor Impulsivity and Loss Aversion on Decision-Making in Suicide Attempters

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Background: Decision-making (DM) deficits has been consistently reported among suicide attempters in previous research (Perrain et al., 2021). Suicide as an extreme outcome of value-based DM may stem from impaired cognitive domains like risk assessment, loss aversion (LA) and inhibitory control. Only few studies investigated LA in suicide attempters, yielding contradictory findings (Baek et al., 2017; Hadlaczky et al., 2018). Moreover, due to the multidimensional nature of the impulsivity construct, the role of impulsivity in suicidal behavior remains inconclusive (Bruno et al., 2023; Klonsky & May, 2010; Lockwood et al., 2017).

Methods: We recruited 49 patients with previous suicide attempt (SA) who met the DSM-5 criteria for both current suicidal behavior disorder (SBD) and major depressive disorder (MDD), 34 depressive (PC) and 49 healthy controls (HC), all with no history of SA or family history of SB in first- or second-degree relatives. All participants went through the clinical assessment and completed computerized mixed gambling task and Go-NoGo task. For subgroup analysis, we divided suicide attempters into violent/nonviolent and impulsive/non-impulsive subgroups.

Results: Suicide attempters exhibited lower loss aversion compared to healthy controls, suggesting reduced sensitivity to negative outcomes. Compared to both depressive and healthy controls, SA displayed more commission errors in Go-NoGo task, indicating higher motor impulsivity. Subgroup analysis revealed that violent attempters had significantly lower loss aversion compared to PC and HC, while non-violent attempter subgroup did not differ from control groups.

Discussion: Reduced loss aversion may lead to riskier decision-making, influencing the choice of more violent and lethal means. For individuals with diminished LA, death may not be perceived as a significant loss, lowering the threshold for suicidal behavior and increasing acquired capability for suicide (Klonsky et al., 2021). Decreased neural activation in brain regions associated with LA has been observed in both suicide attempters and first-degree biological relatives of suicide completers during risky decision-making tasks (Ding et al., 2017; Jollant et al., 2010). Moreover, poor motor inhibition may represent a trait vulnerability factor facilitating the transition from suicidal ideation to attempts (Klonsky & May, 2015), potentially lowering the threshold for suicidal behavior. Furthermore, the results underscoring the heterogeneity within suicide attempters—a factor often overlooked in prior research.

586 Family Always Remains ... Why Do Patients Involve or Not Involve Family Members in the Treatment of Suicidality

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Learning Objective: To gather knowledge about the considerations of patients regarding the involvement of family members in the treatment of suicidality within the context of suicide prevention.

Background: Guidelines for the treatment of suicidality recommend involving family members in suicide prevention efforts. Joiner identifies both perceived burdensomeness and low belongingness as risk factors for suicidality. Strengthening the connection with family members can therefore be beneficial in suicide prevention. Additionally, family members remain involved throughout the

patient's life, whereas caregivers are often involved for a shorter duration. Given that the risk is in the gaps, the involvement of significant others is crucial. However, in practice, it is often challenging to motivate patients to involve family members in the treatment of suicidality.

Research question : What considerations do patients with suicidality have when deciding whether or not to involve their family members in the context of suicide prevention?

The outcomes of this research can be used to develop interventions for the triad (patient-family-caregivers). By capturing and presenting the various considerations of patients in their own words. We aim to gain a deeper insight of the differences in their decision-making regarding family involvement.

Method: Qualitative phenomenological research.

Data will be collected by interviewing patients under the care of the intensive home treatment team within a mental health institution. Recruitment will be conducted through the therapists of these teams, within the institution where the researcher is employed. The analysis will follow the method of Colaizzi as described by Sosha.

Inclusion criteria are: the patient is under care at a mental health institution, exhibits suicidality, speaks Dutch, and is older than 18 years.

Exclusion criteria: patients with a florid psychotic presentation.

Results and Discussion: The preliminary results and discussion of this research will be presented at the conference.

588 Clinical characteristics and self-harm behaviour in detainees incarcerated for the first time and needing acute psychiatric care.

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One Learning Objective : Learn about sociodemographic , clinical and suicidal characteristics of first time detained persons admitted to an acute psychiatric ward.

Background: Mental health of detainees is a high-sensitive public health issue and suicide among detainees is a critical concern. Individuals who experience incarceration are prone to suffer of poor health in a very disproportionally way, especially those belonging to poor and minorities groups; disparities by race or ethnicity are largely observed. The rise of suicides and self-harm behaviour is one of major adverse consequences of untreated psychiatric disorders in prison and it is a major global public health problem.

While it is considered the most common preventable cause of death in prison, factors and circumstances of suicide are not completely known and understood. Interactions of mental health factors, health service-related factors and prison-related factors are complex and not completely known.

Among detained persons, those incarcerated for the first time (FTI) are known to present long-standing psychological vulnerability but also suffer significant deterioration of their mental health during the first year following imprisonment.

Methods: In this work, we will compare the sociodemographic and clinical characteristics of 80 first time detained persons and 59 detainees with repeated and long term incarceration (RLTI) admitted

to UHPP (Unité hospitalière de psychiatrie pénitentiaire), focusing on determinants of suicidal behaviours.

UHPP is a unit of 15 beds specially designed for acute psychiatric care of detained persons from the French speaking counties of Switzerland. Fisher exact, unpaired Student t and Mann-Whitney U tests were used to compare sociodemographic (age, gender, marital status, religion, French knowledge, education) and clinical variables (psychiatric outpatient care, suicidal behavior, psychiatric diagnosis) between FTI and detainees with repeated and long term incarceration (RLTI).

The occurrence of depression was significantly higher in FTI compared to RLTI cases after controlling for sociodemographic factors and other psychiatric morbidities. This strong association persisted even after the correction for multiple comparisons. Importantly, the probability of depressive illness was more than 20 times higher in FTI compared to RLTI cases needing acute psychiatric care. Our results show increased vulnerability of FTI cases to depressive illness. History of psychiatric outpatient care (before conviction), use of inpatient care (number of hospitalizations during the past 12-month period) and suicidal behavior did not differentiate FTI from RLTI cases.

589 Mental Health of University Students in Brazil and Germany During the COVID-19 Pandemic

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Aim: Two studies investigated differences in mental health and psychosocial factors between Brazilian and German university students in 2022, and between international and domestic students in Germany during the COVID-19 pandemic (2020, 2021, and 2022).

Background: University students were significantly affected by the COVID-19 pandemic, with international students and those from lower-middle-income countries (LMICs) experiencing poor mental health even before the crisis.

Methods: Data were collected through three cross-sectional, anonymous online surveys at German universities (July–August 2020, March–April 2021, and April–May 2022) and one in Brazil (November 2021–March 2022). Standardized self-report instruments assessed depressive symptoms, suicidal thoughts, social support, self-efficacy, resilience, perceived stress, and loneliness. Data were analyzed using univariate and bivariate models.

A total of n = 14,498 students participated in Germany, including 3.8% international students (2020: n = 128; 2021: n = 173; 2022: n = 245). In Brazil, n = 2,437 university students completed the survey.

Results: No significant time-related effects were observed for mental health or psychosocial factors among international students, except for loneliness (p < 0.001), which significantly increased from 2020 to 2021, from 2021 to 2022, and between 2020 and 2022.

International students exhibited clinically relevant depressive symptoms across all time points— in 2020 (50.8%) and 2022 (45.7%), the prevalence was higher than among domestic students. Suicidal thoughts were consistently more prevalent among international students (2020: 26.6%; 2021: 27.7%; 2022: 28.2%) than domestic students (2020: 14%; 2021: 16%; 2022: 19%). Regardless of time point, international students reported higher depressive symptoms and perceived stress, lower social support and resilience, but greater self-efficacy compared to domestic students.

Brazilian students exhibited significantly higher rates of clinically relevant depressive symptoms (61%) and suicidal thoughts (33%) than German students (35% and 19%, respectively). They also reported higher perceived stress and lower perceived social support and resilience, whereas German students experienced greater loneliness.

Discussion: Brazilian and international students exhibited poorer mental health outcomes, with elevated (inter)personal risk factors for suicidal behavior. Their prevalence of clinically relevant depressive symptoms exceeded rates reported in France (16.1%), the USA (48.14%), China (22.0%), and Ethiopia (46.3%), as well as the global pooled prevalence among university students during the pandemic (34%).

To support students, proactive initiatives should promote mental health and encourage help-seeking behaviors by reducing stigma, fostering belonging, improving healthcare access, and developing coping strategies. Targeted preventive actions addressing students' specific needs are essential, as early identification of suicidal behavior can prevent suicide deaths.

591 Association between cytokine levels and suicidal symptoms in adolescents and young adults: A cross-sectional study of major depressive disorder

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Learning Objective: To understand the association between cytokine levels, including both proinflammatory and anti-inflammatory markers, and suicidal symptoms in young individuals with major depressive disorder.

Background: Major Depressive Disorder (MDD) in young people is a significant global health concern, often complicated by suicidal ideation and behavior. Emerging evidence suggests that inflammation plays a critical role in the pathophysiology of both depression and suicidality. However, most research focuses on proinflammatory cytokines, while the interplay with anti-inflammatory markers remains less understood, particularly across the adolescent-young adulthood transition.

Methods: This study recruited participants aged 12–24 years with MDD from psychiatric outpatient clinics. Clinical symptoms included the 17-item Hamilton Depression Rating Scale (HDRS-17), 21-item Beck Depression Inventory-II (BDI-II), and Generalized Anxiety Disorder-7 (GAD-7). Blood samples were collected and processed to measure serum levels of 14 cytokines, including proinflammatory and anti-inflammatory types. Patients were categorized into two groups based on HDRS-17 Item 3 (suicide) scores: a without suicidal symptoms group (score <3) and a with suicidal symptoms group (score ≥3). Group differences in cytokine levels and clinical scores were analyzed using independent t-tests, and regression models evaluated associations between cytokine markers and suicidal symptoms, adjusting for key confounding factors.

Results: The study included 137 participants (82.5% female, mean age = 19.16 years), comprising a without suicidal symptoms group of 70 participants and a with suicidal symptoms group of 67 participants. The suicidal symptoms group exhibited significantly higher scores across all clinical scales compared to the without group. Cytokine analysis revealed significantly lower levels of IL-4, IL-5, IL-12p70, and IL-15 in the suicidal symptoms group. Regression analysis found that suicidal symptoms were negatively associated with IL-5 and IL-15 levels, even after adjusting for key confounding factors.

Discussion: This study links lower levels of IL-4, a known anti-inflammatory cytokine, along with other cytokines (IL-5, IL-12p70, and IL-15), to increased suicidal symptoms in young individuals with MDD. This challenges the predominant focus on pro-inflammatory cytokines in suicidality research. The findings suggest an immunoregulatory imbalance, indicating that a deficiency in anti-inflammatory responses may compromise neuroprotective mechanisms. Clinically, assessing anti-inflammatory cytokine profiles could improve suicide risk stratification in young MDD patients. This research has

significant implications for global suicide prevention, particularly among youth, by providing a novel biomarker for early detection and intervention. Future studies should investigate whether these cytokine alterations precede the onset of suicidal behavior and explore therapeutic interventions targeting anti-inflammatory pathways.

592 Automated Detection of Suicidal Ideation Using Speech Analysis during Regular Clinical Consultations

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Background: Suicide is a leading cause of premature death worldwide. Early identification of suicidal ideation(SI) is crucial. Traditional screening methods face challenges such as poor agreement among healthcare providers, time and resource limitations, and reliance on self-reporting.

Objective: This study aimed to develop a machine learning(ML) model to detect SI through linguistic features.

Methods: This cross-sectional study recruited 107 Chinese psychiatric outpatients who were attending their regular clinic session in Hong Kong public healthcare system. Their verbal responses(Cantonese-based) during clinical consultations were recorded. In addition, participants underwent a screening interview with a trained research personnel, including an SI-related question. Patients completed questionnaires after consultation. SI was evaluated based on the most severe outcomes identified through three sources: attending clinician judgment, the Columbia Suicide Severity Rating Scale(self-report), and the SI-related screening question. Participants were categorized as high-risk(suicidal thoughts, plans, or behaviors), low-risk(wishing to die without plans for harm), or non-suicidal. The recorded consultations were transcribed, followed by feature extraction using the Linguistic Inquiry and Word Count(LIWC) tool and part-of-speech(POS) tagging using HanLP engine.

Results: In this study, 45 participants were non-suicidal(mean age 48.6, SD 12.02, 76% female) while 22(mean age 49.2, SD 13.62, 86% female) and 40 (mean age 45.5, SD 12.72, 73% female) had low and high suicide risks, respectively. No significant age or gender differences were noted among the groups. Adjusted ordinal logistic regression revealed significant associations between SI and linguistic features in patients' responses. Increased use of sadness words(e.g., cry, sad; odds ratio[OR]=6.69, 95% CI 1.09–41.07, p=.04) and time-related words(e.g., hour, day; OR=1.61, 95% CI 1.18–2.20, p=.003) during consultations were significantly associated with SI. Among ten tested algorithms, the support vector machine with LIWC and POS features performed the best(weighted AUC=0.88, p<.001).

Discussion: This study highlights the potential of using linguistic features, coupling with ML, to detect SI during regular clinical consultations. There were significant associations between SI and specific linguistic features like sadness and time-related words. ML models showed promising results, indicating its effectiveness in detecting SI. The study's real-world clinical setting adds to the ecological validity of the findings. However, the cross-sectional design and modest sample size limit the generalizability of the results. Future research should include larger diverse samples and further validate the automated models Integrating linguistic features-ML into clinical practice that may enhance early identification and intervention.

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595 Suicide prevention in Montana: Analyzing preliminary data to inform targeted efforts

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Learning Objective: Identify how the intersection of multiple high-risk factors may contribute to increased suicide mortality in Montana and explore implications for targeted prevention efforts.

Background: Montana has the highest suicide rate in the United States and has ranked in the top five states for suicide mortality for over 30 years. Unique geographic and systemic challenges contribute to this crisis, including high elevation, extremely remote communities, and a severe shortage of social and mental health services. Long travel distances and high firearm ownership rates further exacerbate risk.

Previous research has identified high-risk populations, including military veterans, certain occupational groups (e.g., agriculture, construction, and extraction industries), and residents of specific towns or high-altitude regions. However, little research has examined whether individuals belonging to multiple high-risk categories experience compounded risk. This ongoing interdisciplinary study explores these intersections using statewide mortality data.

Methods: This study analyzes all suicide deaths in Montana from 2012–2024 using data from the Montana Department of Public Health and Human Services (MT DPHHS). Key demographic and contextual variables include town/city of residence, industry, occupation, relationship status, sex, date of birth, date and time of death, location of death, state of birth, and veteran status. A frequency analysis was conducted to assess whether individuals with multiple risk factors experience disproportionately higher suicide rates.

Results: Preliminary findings suggest that individuals with overlapping high-risk factors—such as veterans employed in high-risk industries—may face compounded suicide risk. Geographic factors, including town of residence and elevation, also appear to influence mortality rates. Suicide remains significantly higher in Montana's most rural communities, where access to mental health services is limited. While individual risk factors are well-documented, these findings suggest cumulative risk should be a greater consideration in prevention efforts.

Discussion: Understanding how multiple risk factors intersect is essential for targeted suicide prevention. Findings highlight the need for strategies that address cumulative risk rather than isolated factors. Potential solutions include expanding telehealth mental health services, implementing industry-specific suicide prevention programs, and increasing outreach to high-risk populations such as veterans and rural workers. As this research continues, further analyses will refine these patterns and explore additional variables contributing to vulnerability. These findings can inform data-driven strategies for policymakers, mental health professionals, and suicide prevention organizations, both in Montana and in other remote or high-risk regions.

597 Economic evaluation of suicide preventions: a systematic review

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One Learning Objective: Economic evaluation is important in implementing suicide prevention.

Background: Economic evaluation might be a need for priority for the implementation of suicide prevention.

Methods: A systematic review search was performed in literature databases as Medline, EMBASE, CHINAL, and Psycho infor to identify relevant articles. We also identified relevant articles from

previous reviews in health economics and hand searches. We summarized characteristics in eligible articles and evaluated the quality by validated tool.

Result: 518 identified from search terms. A variety of types was identified as interventions in an emergency department, mental health promotion, and internet interventions. The majority of evaluations found it as cost-effective.

Discussion: Economic evaluation are important work in implementing suicide prevention. We would promote the work for the implementation. The challenge would be to transfer to diverse populations.

609 Effects of a one-day online Interprofessional Education (IPE) program for students on the topic of suicide prevention

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Background: Interprofessional collaboration practice is essential for suicide prevention. The purpose of this study was to develop a one-day online Interprofessional Education (IPE) program for students on the topic of suicide prevention, and to explore the effectiveness of the program for students from multiple universities and departments.

Methods: Participation criteria for the online IPE program were defined as students enrolled in one of the following departments: medicine, nursing, social work, or clinical psychology. Participants of the online IPE program were then recruited through a snow-ball sampling. Study participants were those who agreed to participate in the study and completed a pre-post survey (conducted before, immediately after, and three months after the program). The online IPE program consisted of two lectures on interprofessional collaboration practice and three group work sessions in which participants discussed simulated cases (suicide attempters). The evaluation instruments used were the Gatekeeper Self-Efficacy Scale (GKSES), the Japanese versions of the Attitudes to Suicide Prevention scale (ASP-J), the Readiness for Interprofessional Learning Scale (RIPLS), and the Attitudes toward Health Care Teams Scale (AHCTS). Effectiveness was evaluated by assessing the difference in each scale score between baseline (BS) and immediately after, and between BS and 3 months later, and a one-sample t-test was conducted. This study was conducted with the approval of the Ethics Committee on Human Research of Meiji University: School of Arts and Letters and Graduate School of Arts and Letters.

Results: Study participants were 18 students from 9 universities and 4 departments (3 from medicine, 6 from nursing, 3 from social work, and 6 from clinical psychology). For each scale, scores on the GKSES (mean of BS = 34.11; mean of difference between BS and immediately after the program = 11.33; mean of difference between BS and 3 months later = 10.39), RIPLS (80.89; 6.11; 3.83), and AHCTS (4.02; 0.45; 0.25) increased after the program and ASP-J (29.83; -4.28; -2.28) were shown to decrease ($p < 0.001$ for all differences between BS and immediately after the program).

Discussion: The one-day online IPE program developed in this study on the topic of suicide prevention for students showed the potential to improve attitudes and confidence toward suicide prevention and also to promote more positive changes in attitudes toward interprofessional collaboration practice. Future studies are needed to compare the face-to-face and online versions of the program, as well as to conduct randomized controlled trials to verify the effectiveness of this program.

610 Implementation of a low-threshold follow-up after hospitalization for suicide attempt in child and adolescent psychiatry department of Geneva.

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Background: Suicide rate among young people up to the age of 25 remains the leading cause of death among teenagers over 16 (1). Risk factors, namely suicidal thoughts and attempts are a major risk factor in new attempts and completed suicide (2, 3). Involvement in the care of suicidal adolescents and their support networks has been identified as a protective factor against further suicide attempts (4,5). Research highlights the importance of maintaining active communication with caregivers to improve continuity of care and reduce recidivism rates (6).

Context: Scientific literature and daily practice highlight the many difficulties faced by suicidal youth in seeking help from professionals and in maintaining therapeutic links. Child and adolescent psychiatry department in Geneva has developed general and specific care for hospitalizations issues. The department benefit of 6 beds and intensive ambulatory care dedicated to suicidal adolescent: Malatavie Crisis Unit.

Objective: The aims is to describe implementation of a clinical program, to develop new knowledges about this vulnerable population, to facilitate care access, to coordinate general and specific care, to give information about suicide prevention tools and to maintain outpatient psychotherapeutic follow-up after discharge.

Methods: A descriptive approach examine the implementation of a pilot clinical suicide monitoring, follow-up and prevention program in adolescents aged 12-18 years who had attempted suicide and had been hospitalized. The adolescents were assessed after the suicide attempts (SA), before discharge, and after 3 and 6 months. Suicide attempts, use of emergency care and Malatavie helpline, retention in outpatient psychotherapy and satisfaction were assessed.

Results:

- 61 adolescents were eligible.
- 47 adolescents were included in the program.
- 39 adolescents were finally assessed at 6 months.

At the 6-month follow-up:

- 26% (10/39) of adolescents had reattempted suicide
- 6/10 had used an emergency consultation
- 5/10 had used Malatavie helpline.
- 36/39 adolescents are still following therapy.

Discussion: Permanence successfully engaged 47 suicidal adolescents, with its primary objective centered on promoting link retention and therapeutic compliance. At 6 months, results highlighted an overall reduction in the intensity of depressive symptoms, maintenance rate for outpatient therapy is 87% (34/39). 59% (23/39) of adolescents said they felt connected thanks to the messages and regular interviews and that they received a great deal of support in the critical six months following their suicidal crisis.

611 Exploration of psychosocial characteristics associated with the process of recovery following suicide attempts in adolescents

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Background. The number of suicides in Japan increased rapidly in 1998 by more than 30% compared to the previous year and has been on a downward trend since falling below 30,000 cases in 2012. However, a recent rise has been observed in the number of suicides among individuals aged 19 and under. The Japanese government, under the 2022 Basic Act for Suicide Prevention, has emphasized “further promotion of measures to prevent suicide among children and young people”. While the risk factors for suicide differ between children/adolescents and adults, suicide among young people in Japan is a rare phenomenon, accounting for only about 3% of all suicides. This study aimed to explore the psychosocial characteristics associated with the process of recovery after suicide attempt in this age group, since there is a lack of empirical research on this topic.

Methods. The participants consisted of five adolescents aged 19 years or younger (5 females; Mean age=17.8 years, SD=1.8 years), who were admitted to Saitama Medical University Hospital between March and December 2023 for suicide attempts. We administered questionnaires to collect data on demographics and the severity of suicidal ideation, and conducted in-depth interviews at the time of transport to the hospital. A total of three interviews were conducted at one month, three months, and six months after the initial in-depth interview. At the 6-month follow-up interview, participants are asked to complete the questionnaires. The Modified Grounded Theory Approach (M-GTA) was utilized to qualitatively analyze interview data on participants' psychological and social changes, with a focus on the process of change and recovery from suicidal ideation after a suicide attempt. The study protocol was reviewed and approved by the Institutional Review Board (IRB) of the Saitama Medical University, School of Medicine.

Results and Discussion. All participants were female, living with their families, and three out of the five were students. The Suicide Ideation Scale had a mean score of 12.0 (3.7 SD) at the initial interview and 7.0 (4.3 SD) at the 6-month interview. The M-GTA analysis revealed that the psychological state of the participants underwent a series of transition in response to “environmental change,” “school/family influence,” “stress/disruption of life,” “suicidal ideation/self-harm,” “medical care/support,” and “recovery,” with each element exerting a significant influence on the other. This study highlights the importance of providing adolescents with the multi-layered support they need to recover after a suicide attempt.

612 Prevalence and associated risk factors for suicidality among apprentices in the Irish construction industry

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Learning Objective: To better understand the prevalence and associated risk factors for suicidality among Irish apprentices.

Background: Suicide rates among male construction workers are reported to be disproportionately high compared to the working age population, with younger and lower-skilled construction workers being at particular risk. Apprentices pursuing a career in the construction industry are therefore a priority group in terms of mental health promotion and suicide prevention. However, little is known about the prevalence or associated risk factors for suicidal ideation, non-suicidal self-injury, and suicide attempt among this cohort.

Methods: A cross-sectional study was conducted on a large sample of Irish construction-related apprentices in Ireland (n = 654). We investigated the prevalence of suicidal ideation, non-suicidal self-injury and suicide attempts and explored the sociodemographic, occupational, and mental health factors associated with these three outcomes. Multivariable logistic regression was used to estimate the odds ratio of suicidal ideation, non-suicidal self-injury, and suicide attempt.

Results: The lifetime prevalence rate for suicidal ideation was 40.5%, 13.3% for non-suicidal self-injury, and 9.3% for suicide attempt. In the univariate model, occupation, severity of depression and severity of generalised anxiety disorder were associated with these outcomes. Additionally, severity of financial worries, suicide bereavement and lower self esteem were associated with two outcomes (suicidal ideation and non-suicidal self injury). In fully adjusted multivariable models, depression was associated with an a higher odds ratio of suicidal ideation, non-suicidal self-injury and suicide attempt, with self esteem and living in rented accommodation being associated with higher odds of suicidal ideation and non-suicidal self-injury respectively.

Discussion: Suicidal ideation, non-suicidal self-injury and suicide attempt are significant issues for construction-related apprentice. Findings highlight a need for increased mental health support at an earlier stage in their apprenticeship journey. They also highlight the need for the early detection and treatment of generalized anxiety disorder, low self esteem and depression in order to intervene in, and potentially prevent, suicidality among construction-related apprentices.

614 Self-harm hospitalization in last decade at Hospital "Ģintermuiža" (2014–2024)

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Aim: To assess the prevalence and demographic profile of hospitalizations related to self-harm in the hospital "Ģintermuiža" in last decade.

Background: Hospital "Ģintermuiža", is the third largest psychiatric hospital in Latvia, more than 3000 hospitalizations are registered every year, there are 269 beds, of which 20 are for minors.

The prevalence of suicides in Latvia remains relatively high, 266 suicides have been committed in Latvia in 2023, which is 14.2 suicides per 100,000 inhabitants, which unfortunately makes this problem a permanent issue. The study aims to raise awareness of the problem in order to facilitate the development of national guidelines, as no such clear guidelines have been developed at present.

In 2023, a research report was published in which were studied the prevalence of mental disorders and suicidal behavior in Latvia, 2687 respondents were interviewed, thoughts of suicide, self-harm and suicidal behavior were found in 10.6% of respondents. [Kīvīte-Urtāne A. 2023.]

Methods: The retrospective analysis was performed for all patients who were admitted to the hospital "Ģintermuiža" between January 1, 2014 and December 31, 2024 due to self-harm. Descriptive statistics were used for data analysis.

Results: The prevalence of self-harm has not changed significantly in the last decade, averaging 2.6% [SD 2.2–3.1] of hospitalized cases. There is no statistical significance in average age changes over time, however, there are statistically significant changes in mean age within gender. There has been a significant increase in the number of hospitalizations of minors due to self-harm, peaking in 2022, 54.21% of all hospitalizations due to self-harm. Noticeable changes in the gender distribution, over the past decade, the number of women hospitalized for self-harm has gradually increased.

Discussion: Although the number of suicides in Latvia decreases over time, the number of hospitalized cases related to suicide attempts over time does not change. Over ten years, the prevalence of self-harm among hospitalizations remains stable. In last decade there have been demographic changes

among hospitalized patients. The gender distribution is changing, in last years more women than men are hospitalized due to self-harm. Over the past decade, there has been an increase in the number of juveniles among hospitalized self-harm patients.

620 The Negative Influence of Public Figures on Suicide Prevention Efforts: A Scoping Review

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Suicide remains a critical global public health concern, with over 720,000 deaths annually (WHO, 2024). Public figures play a dual role in suicide prevention, with their influence either raising awareness of mental health or inadvertently contributing to suicide contagion. The Werther effect describes the phenomenon in which highly publicized celebrity suicides lead to an increase in suicide rates, particularly among vulnerable individuals. In contrast, the Papageno effect suggests that responsible media portrayals emphasizing resilience and recovery can reduce suicidal behaviors and encourage help-seeking. The rapid expansion of social media has intensified both of these effects, complicating suicide prevention efforts by increasing the speed and reach of suicide-related content.

This scoping review follows Arksey and O'Malley's (2005) framework to synthesize existing research on the impact of public figures on suicide prevention efforts. A comprehensive literature search was conducted across PubMed, PsycINFO, Scopus, Web of Science, and Google Scholar, focusing on studies published between 2000 and 2024. Only peer-reviewed studies examining the influence of media portrayals of public figure suicides on suicide rates, mental health outcomes, or suicide prevention were included. Studies were limited to North America, given the prominence of media culture in shaping public attitudes. Data extraction focused on the characteristics of media portrayals, public reactions, and the effects of celebrity suicides on suicide rates and mental health outcomes.

32 studies met the inclusion criteria. The findings indicate that sensationalized media coverage of celebrity suicides correlates with increased suicide rates, particularly among young people who identify closely with public figures. Social media has exacerbated these effects by facilitating the rapid and widespread dissemination of unregulated content, making the Werther effect more pronounced. Conversely, media reports that follow responsible reporting guidelines, which emphasize coping strategies and mental health resources, are associated with reduced suicide rates and increased public awareness of prevention efforts. However, inconsistencies in media guidelines and gaps in their uptake pose significant challenges.

These findings highlight the urgent need for stricter media guidelines and targeted interventions to mitigate the negative influence of public figures on suicide prevention efforts. While public figures can serve as advocates for mental health awareness, irresponsible messaging can have harmful consequences. Future research should explore strategies for leveraging social media to promote responsible discourse, while collaborations between mental health professionals, media organizations, and policymakers remain crucial in developing evidence-based guidelines for suicide prevention in the digital age.

623 Research on media and suicide in low- and middle-income countries: A systematic review and narrative synthesis

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The objective of this study was to systematically examine research on media content related to suicide in LMICs. We aimed to analyse the geographical distribution, the study designs and methodologies employed, and the overall methodological quality of the existing literature through a comprehensive synthesis of findings.

We undertook a systematic review adhering to the PRISMA guidelines. We searched Ovid/MEDLINE, PsycINFO, Scopus, ProQuest, and CINAHL, and conducted citation searches of key papers until December 6, 2024. Studies examining fictional and non-fictional media content related to suicide were included, covering media quality, its effects on suicide-related behaviours and attitudes, content creators' and consumers' perspectives, and evaluations of media guidelines and campaigns. Risk of bias was assessed using adapted JBI checklists for content and qualitative analyses, as well as ROBINS-I for interrupted time series and pre-post studies. The studies that examined media compliance with WHO guidelines were analysed by calculating pooled estimates and heterogeneity measures for each country and guideline. The remaining studies underwent narrative synthesis to explore their findings.

All 79 included papers were from 19 countries, and the majority were conducted in India, followed by Bangladesh, China, and Pakistan. These studies spanned various platforms, including social media, newspapers, online news, television, and employed quantitative, qualitative, or mixed methods designs. Most of the papers were published in 2021 and 2022. 82% of the papers were content analyses of newspaper reporting, while the remaining 18% included qualitative studies, interrupted time series, pre-post studies, and content analyses of other media formats. Around 78% of the papers were at low or moderate risk of bias. Among the 65 papers assessing adherence to WHO Guidelines in newspaper reporting, 19 reporting characteristics were commonly assessed. The pooled estimate for mentioning the suicide method (a harmful characteristic) was 87%, while the estimate for including a helpline or contact details (a helpful characteristic) was only 1.6%.

Our study found small evidence base emerging on the topic of media and suicide in LMICs. Almost all the studies were limited to content analyses focusing on the quality of newspaper reporting, leaving major research gaps examining other important research questions in this field. The existing literature is concentrated in a few countries and a large proportion of studies were at low to moderate risk of bias. The quality of media content on suicide in these countries requires further attention, as harmful reporting practices were very common, while helpful reporting practices were rare.

626 The Black Box Project: How Digital Forensics Could Save Lives

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Learning Objective: Understand how digital forensic analysis of personal digital devices can provide critical insights into suicide risk and inform just-in-time intervention strategies.

Background: Suicide remains a global public health crisis, with over 700,000 deaths annually. While research has identified numerous risk factors, we lack real-time, high-resolution insights into the critical final days, hours, and moments before a suicide occurs. Personal digital devices—such as smartphones, computers, and tablets—capture behavioral, linguistic, and emotional cues that may serve as vital indicators of distress. Inspired by aviation's "black box" flight recorder, Stop Soldier Suicide, a veteran-serving suicide prevention organization in the U.S., developed the Black Box

Project to analyze posthumous digital data from individuals lost to suicide. By identifying digital patterns associated with suicide risk, this initiative aims to revolutionize suicide prevention strategies and inform clinical, technological, and policy interventions.

Methods: The Black Box Project utilizes digital forensic analysis to examine data from personal devices loaned by suicide loss-surviving families. Advanced data mining techniques, natural language processing (NLP), and machine learning algorithms are applied to detect behavioral trends, crisis signals, and key risk indicators. Ethical considerations, including privacy protections and family consent, are central to the project process.

Results: Preliminary insights suggest that individuals who died by suicide exhibited identifiable digital patterns in the days and hours preceding their deaths, including increased crisis language, social withdrawal/marked change in communication both inbound and outbound, and evidence of sleep deprivation.

Discussion: The Black Box Project represents a pioneering approach to suicide prevention, harnessing digital forensic insights to bridge gaps in crisis detection. By understanding suicide risk through a digital lens, this project offers global implications for developing proactive, technology-driven interventions. Future directions could include integrating findings into AI-driven crisis response tools, informing clinical risk assessments, and advocating for ethical policies around digital data in suicide research. Additionally, this initiative provides loss-surviving families with a meaningful way to contribute to suicide prevention efforts. As digital footprints become increasingly integral to human behavior, leveraging this data responsibly and effectively can transform how we identify and support individuals in crisis worldwide.

627 Sexual orientation disparity in suicidal ideation among adolescents in Hong Kong: a decomposition analysis

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Background: Sexual minority adolescents have consistently been found to be at a higher risk for suicide behaviors. However, few studies have distinguished whether this disparity in suicide risk between sexual minority and heterosexual adolescents is attributable to varying levels of risk and protective factors or to differing behavioral responses to these factors.

Methods: Data were extracted from a population-based survey of local secondary school students in Hong Kong. Among the 6,883 adolescents included in the analysis, 20.43% identified as sexual minorities. Logistic regression examined the intra- and interpersonal factors associated with suicidal ideation. Decomposition analysis investigated the contribution of these factors to the disparity in suicidal ideation based on sexual orientation by breaking down the disparity into two components: one attributed to differing levels of explanatory factors between sexual minority and heterosexual adolescents (endowments effect), and the other to differing responses to these factors (coefficients effect).

Results: Body dissatisfaction, cyberbullying, sexual harassment, perceptions of family life, and academic performance were significantly associated with suicidal ideation across different sexes and sexual orientations among Hong Kong adolescents. Sexual minority adolescents, regardless of sex, experienced greater stress compared to their heterosexual counterparts. This discrepancy contributed to the observed disparity in suicidal ideation, as evidenced by the significant endowments effect in the decomposition analysis. Among the variables with notable endowments effect, perceptions of family life made the most substantial contribution. Our study also observed significant

coefficients effect related to family life: the protective effect of positive family life was less pronounced among sexual minority girls compared to heterosexual girls.

Discussion: Our findings highlighted the significant role of family-related factors in shaping suicide risks among Chinese sexual minority populations. Family relationships may be less effective in helping sexual minority adolescents cope with their stress. Interventions aimed at fostering understanding and acceptance within families are crucial for improving the mental health of sexual minority adolescents in Chinese contexts, which are characterized by a family-oriented culture and collective and relational values.

Learning Objective: 1) To understand how intra- and interpersonal variables contribute to the disparity in suicide risk based on sexual orientation among adolescents; 2) to apply decomposition analysis in the study of health disparity issues.

628 Wish to die and healthcare use in older people: findings from The Irish Longitudinal Study on Ageing (TILDA)

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Learning Objective: To examine the relationship between wish to die and healthcare use in primary and secondary care amongst a nationally representative cohort of community-dwelling older adults living in Ireland.

Background: Older adults represent 10% of the population globally and are the age group with most predicted growth in future years. International research shows that mental health problems such as depressive symptoms are associated with increased healthcare use, including a higher risk of hospitalisation, longer length of stay, and a higher re-admission risk in adults and older adults. Early detection and intervention are key in supporting mental health and suicide-related thoughts and behaviours therefore it is imperative to know whether older adults who experience WTD access healthcare services frequently.

Methods: Secondary analysis of a nationally representative sample of community-dwelling older adults from The Irish Longitudinal Study on Ageing (TILDA). Primary outcomes were self-reported general practitioner (GP) and emergency department (ED) visits in the last 12 months. Negative binomial regression was used to examine the associations between WTD and healthcare use.

Results: WTD was associated with increased number of GP visits (IRR: 1.03, p=0.03, 95% CIs 1.00–1.06). After adjusting for relevant covariates, associations between WTD and ED visits were not observed. Female gender, lower education levels, living alone, depressive and anxiety symptoms, chronic health conditions, severe chronic pain, problematic alcohol consumption, smoking, falls, disability, and regular medication use showed significant associations with WTD. Limitations: We present cross-sectional results, we do not make causal inferences or conclude on directionality/trajectory of WTD and healthcare use.

Discussion: Older adults reporting WTD present to GPs approximately 5 times within the previous 12 months. While effect sizes were small, findings emphasize the opportunity for prevention and early intervention of future suicidal behaviour in older adults within General Practice settings. GPs are well placed to detect suicidal behaviours and may provide timely interventions with adequate support and skills training.

630 2025 Suicide Prevention Continuing Education: State Licensure Requirements for Registered Nurses and Advanced Practice Registered Nurses Across the United States Assistant Professor Jennifer Zohn¹

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Learning Objective: To compare and contrast current state licensure requirements for suicide prevention continuing education for Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) across the United States (U.S.)

Background: Across the globe, more than 720,000 people die due to suicide every year. In the U.S., suicide rates increased approximately 36% between 2000–2022. While suicide is preventable, nurses often lack training in suicide prevention. Despite continuing education in suicide prevention being identified as a primary goal in the U.S. Surgeon General's 2024 National Strategy for Suicide Prevention, most states do not require suicide prevention continuing education for RN or APRN re-licensure. Nurses' roles and patient interactions provide opportunities to prevent suicide, and nurses have an ethical obligation to uphold patient safety and care. Mandatory, evidence-based continuing education for RNs and APRNs can be an effective suicide prevention strategy and help states align with the U.S. Surgeon General's 2024 National Strategy for Suicide Prevention.

Methods: This study utilized a descriptive review of 2025 re-licensure requirements for RNs and APRNs in each state of the U.S., updating previous research on this topic. Descriptive statistics were used to analyze, compare, contrast, and summarize variations in state re-licensure requirements for nurses, aligning with each state nursing board's scope and standards of practice. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines were used to complete this study.

Results: Out of 50 states, six require continuing education in suicide prevention for RN and APRN re-licensure, four states don't require continuing education, while the remaining states require or encourage general continuing education credits for licensure renewal, varying in hours and focus.

Discussion: The lack of standard requirements for continuing education in suicide prevention for U.S. nurses highlights the opportunity for greater continuity across the states. Challenges to continuity include lack of transparency and uniformity across state databases. Standardizing continuing education can equip nurses for their role in recognizing and managing suicide. These efforts should prioritize ethical considerations, ensuring that nurses are prepared to perform best, evidence-based practices with a strong ethical foundation in patient care and safety. Mandatory, evidence-based continuing education for RNs and APRNs can be a useful suicide prevention strategy and align states with the U.S. Surgeon General's 2024 National Strategy for Suicide Prevention.

631 Heterogeneity of internet gaming disorder and psychosocial profiles among young gamers and associations with suicidality – a latent profile analysis Xingcan Ye¹, Professor Paul S.F. Yip^{1,2}

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Learning objectives: Understand psychosocial profiles and suicidal risks across different groups of young gamers with varying internet gaming disorder (IGD) risks to better facilitate suicide prevention in the online gaming context.

Background: Internet gaming disorder (IGD) is an increasingly concerning mental health problem, manifesting as a combination of psychosocial indicators and behaviors. As IGD was associated with

severe harm, young gamers' suicidality may be embedded in the online gaming context. However, how gamers with heterogeneous profiles differ on suicidality in terms of suicidal ideation, suicide attempts, and self-harm remains unclear. This study aimed to unravel distinct profiles of gamers with varying IGD risks and psychosocial problems, including depression, social withdrawal, and gaming motives, and then to explore suicidal risks associated with different groups of gamers.

Methods: 1610 young gamers (mean age = 23.05, SD = 4.18) were recruited via purposive sampling in Hong Kong. The participants completed Internet Gaming Disorder Scale – Short Form (IGDS-SF9), Gamification User Type Hexad scale, measurements on mental well-being, and suicidality between May and June 2023. Latent profile analysis was used to identify latent subgroups of gamers based on their severity of IGD symptoms. Group-wise comparison explored suicidal risks across groups. Multinomial logistic regression examined the associations between the IGD subgroups and psychosocial factors and gaming motives in terms of gamification user types.

Results: The sample showed four IGD subgroups: healthy gamers (21.7%), highly-engaged gamers (38.4%), at-risk gamers (32.7%), and disordered gamers (7.1%), with increasing risks of IGD symptoms, depression, and social withdrawal behaviors. At-risk and disordered gamers had a higher likelihood of suicidality but showed distinct patterns on suicidal ideation, suicide attempts, and self-harm. Negative consequences due to gaming, loss of interest in other activities, and continuation despite harm exhibited the most differential power. Escapism motives differentiated healthy and highly-engaged gamers from the two problematic subgroups, while sequentially increasing Disruptor levels were related to an elevated probability of falling into IGD subgroups with higher risks.

Discussion: The findings depict young gamers' IGD symptomatic and psychosocial profiles with different risks of suicidality, which could emphasize the importance of considering internet gaming in suicide prevention and help facilitate personalized suicide prevention strategies for at-risk and disordered gamers based on their gaming motivations.

632 Predictors of Suicidal Thoughts among Young Autistic Users of a Mental Health App

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Learning objective: To use self-reported data from young autistic users of a mental health app in the UK to gain insights into factors associated with the presence of suicidal thoughts.

Background: Across all age groups, autistic people experience higher rates of suicidal thoughts and behaviours than the general population¹. While previous studies have identified various risk factors for suicidality among autistic adults, findings are more limited for autistic youth and typically rely on parent report or medical records², potentially overlooking important risk factors.

Methods: Autistic users of the Tellmi mental health app were invited to complete a 50-item survey co-designed with feedback from autistic people. In addition to reporting whether they experienced suicidal thoughts, respondents answered items related to (i) demographic characteristics, (ii) autism-related characteristics, (iii) adverse experiences/challenges, and (iv) co-occurring conditions. Descriptive statistics were used to describe the sample and the chi-square test was used for comparisons between possible sub-groups. Binomial logistic regression was then used to calculate whether items from the four categories of factors predicted the presence of suicidal thoughts.

Results: Complete data were available for 365 participants with an autism diagnosis or who identify as autistic. As diagnosed and self-identifying participants did not differ in the frequency with which they experienced autism-related challenges, they were analyzed as one group. Most participants (63%) reported experiencing suicidal thoughts. Gender non-conformity (i.e., identifying as trans, non-binary, gender questioning, etc.) and eligibility for school meals (as a proxy of socioeconomic status)

were associated with a significantly higher odds ratio (OR) of suicidal thoughts. Among autism-related characteristics, requiring full-time care and higher reported levels of camouflaging were associated with suicidal thoughts. Experiencing hopelessness, family difficulties, physical abuse, and not wanting to attend school had a significantly higher OR of suicidal thoughts, while feeling overwhelmed by exam stress was associated with a lower OR of suicidal thoughts. Among co-occurring conditions, participants who experienced depression, bipolar disorder, and self harm had a significantly higher OR of suicidal thoughts.

The findings demonstrate that established risk factors for suicidality in the general population extend to autistic youth (i.e., gender non-conformity, socioeconomic status, camouflaging, self-harm, depression, abuse, hopelessness), while identifying additional factors that may be unique to this group (i.e., family difficulties, higher care need, not wanting to attend school). As suicidal thoughts are a precursor to suicidal behaviour, knowledge of risk factors could be applied to identify young people at high-risk and offer support.

633 Childhood income inequalities in youth suicide attempts and deaths

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Learning Objective: To examine whether household income throughout childhood is associated with youth suicide deaths and attempts.

Background: Socioeconomic inequalities during childhood relate to variety of adverse mental health outcomes, such as youth suicide attempts. However, youth suicide deaths have been rarely examined, and only a few studies on suicide-related outcomes have explored the importance of income throughout the childhood.

Methods: In this register-based cohort study of all individuals born in Finland in 1991–2005 (n = 886 748), we followed the study subjects from their 15th birthday and examined whether household income throughout childhood is associated with the risk for suicide death and suicide attempt during adolescence and young adulthood. Measures including cumulative income quintiles and income trajectories captured the individual household income over the first 15 years of life. We used penalized spline models to model the non-linear associations between the exposure and the outcome. Cox regression models estimated the hazard ratios (HRs) for both outcomes and genders separately. To consider potential confounders, we adjusted the Cox models for birth year, urbanicity, parental age, parental education, and parental mental disorder.

Results: Over the follow-up period of over 6.8 million person-years, we identified 964 youth suicides (28.5% females) and 9811 first suicide attempts (60.9% females). Low household income was associated with suicide attempts for both genders. This association was attenuated but remained after adjusting for control variables. The association between household income and suicide deaths was weak and entirely attenuated after adjusting. The results were consistent across both income indicators.

Discussion: In this study, we observed an inverse relationship between household income during childhood and youth suicide attempt. The association with suicide instead was modest and attenuated entirely when control variables were considered. As childhood socioeconomic factors present a set of modifiable risk factors, they have the potential in preventing adverse health outcomes, including youth suicide attempts. Furthermore, our findings suggest that the risk factors related with childhood socioeconomic circumstances are not uniformly shared between suicide attempts and

deaths. Given that youth suicide is a rare and extreme condition, findings related to non-lethal suicidal behavior may not be generalizable to it.

636 Development of an educational program for the cultivation of help-seeking in junior high school students

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Objective: This study aimed to develop an educational program for the cultivation of help-seeking in junior high school students and to examine its effectiveness.

Background: The number of suicide in Japan has been on a gradual downward trend since 2010, but in contrast, the number of suicide among junior and senior high school students has been gradually increasing since the same period, with a record number of 512 reported in 2024. The authors developed an educational program aimed at promoting help-seeking behavior as part of suicide prevention education, and examined its effectiveness.

Method: The subjects were 466 (229 males and 237 females) 1st–3rd graders of a public junior high schools in Sapporo. The educational program consisted of 1) a case vignette of probable mental ill-health, 2) a group work on a necessary care for the case, and 3) a lecture on help-seeking. The program was conducted in a 50-minute lecture slot at the junior high school concerned. The participants were assessed using a questionnaire scored on a four-point scale before and after the program. It was developed to measure “whether they are able to help someone close to them when they are distressed” and “whether they are able to help someone they are not close to when they are distressed.” The participants were also asked about who they consult when they have a problem that they cannot solve themselves.

Results: The scores for “I can help when someone close to me is in distress” increased significantly ($p<0.00$) after the program than before. The scores also increased significantly ($p<0.00$) for the item “I can help people who are not close to me when they are in distress” after the program. Furthermore, with regard to “consulting partners”, the number of students who described themselves as “not consulting anyone” decreased from 83 to 62 after the program in response to the question “Who do you consult when you have a problem or concern that you cannot solve by yourself”. The most common person to talk to was “friends”, which increased before and after the program, as did the number of pupils who stated “school counsellors”. The number of different types of advisers also increased.

Discussion: The present short program was considered to be effective for the students to take an preferable attitude for help seeking.

639 Keep calm and answer the phone ! Protocol of Training in Crisis Unit with Suicide crisis Helpline for young people in Geneva University Hospital

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Background: Suicide crisis helplines (SHSs) are indispensable in the realm of mental health support. Telephone counselling and emergency numbers 24/7 are particularly important in the context of suicidality . Effective risk assessment, training, access to professional or emergency care, active engagement, robust feedback, is tremendous to maintain high service standard.

Context: In the chain of care in child and adolescent psychiatry of Geneva, Malatavie crisis unit is involved in preventing suicide among young people under 25. Since 1996, to facilitate access to care, a helpline is available 24/7. Nurse and Psychologist offer a professional answer to assess risk, provide support and advice. A consultation could be planned with the respondent to move forward from a call for help to a request for care.

Objectives: This poster describes clinical data and training in Malatavie Crisis unit and the benefit to have the same professional answering calls and offering an interview in order to assess and orientate teenagers toward care.

Method: We describe our training protocol and our activity data illustrating increase of calls, increase of interviews and orientation after calls and after interviews.

Results: During the last 10 years, 20 psychologists and 5 nurses were trained to answer hotline and receive patients. In 10 years, calls doubled, and first interviews have risen 10-fold.

Moreover, since Covid, 72% of calls concern a suicide risk. Psychologist receive 577 adolescents of which 80% after a call on hotline.

Discussion: This poster illustrates how suicide crisis helplines (SHS) "play an essential role in crisis intervention. They improve effectiveness and relevance by addressing operational challenges and integrating best practice." Regular training, feedback, individual and group supervision are essential to involve respondent to suicide crisis helpline.

641 Making sense of sensing: Ontological integration of multimodal and missing data in suicide research

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In recent years, suicide research has taken advantage of mobile sensing, a research paradigm for studying behavior in naturalistic real-world settings leveraging personal devices to collect passive sensor data as well as self-report measures. Collected data differs in shape, semantics and frequency across modalities, and current modeling approaches are limited in integrating different information sources effectively and without loss of information, as it is the case when aggregating many datapoints into one single index or "feature". In addition, mobile sensing datasets are riddled with missing datapoints due to frequent technical issues during data collection. Being able to identify which portions of the data can reliably be used is important to avoid biases during the analysis. Ontologies provide a way to formally integrate different modalities as well as to produce and add metadata to inform on the reliability of collected data.

In the context of suicide research, we formalised key theoretical constructs from the Interpersonal Theory of Suicide (IPTS) and the Integrated Motivational-Volitional model of suicidal behavior (IMV) with the Ontology for Mobile Sensing Integration (OMSI), a machine- and human-readable vocabulary of entities assessed in mobile sensing datasets and their interrelations. We annotated variables in a synthetic mobile sensing dataset with the definitions in our ontology and performed two evaluation procedures. First, we queried this data, employing queries that required accessing multiple distinct modalities to be answered (i.e. "multi-hop") successfully retrieving all relevant data points without missing or including incorrect ones. Second, using the Hermit reasoning algorithm, we developed a method for annotating the reasons behind missing data in mobile sensing datasets, demonstrating OMSI's ability to add information on meaningful data absence.

By extending the ontology vocabulary, our definitions can serve as a foundation to describe emerging constructs and variable meaning in future datasets. This approach enhances the quality and interoperability of datasets from future mobile sensing efforts in suicide and psychopathology research, supporting more robust outcome predictions, patient monitoring and targeted digital intervention delivery.

642 The influence of somatic symptoms in depressed patients on the severity of suicidality and its protective factors

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Background: Somatic symptoms, such as pain or fatigue are common and associated with increased suicidality risk, independent of affective disorders. Depressed patients show a higher prevalence of these symptoms and greater suicidality risk. Protective factors of suicidality (e.g., confidence, life goals, coping and satisfaction) and the impact of specific somatic symptoms remain largely unexplored.

Learning objective: Understanding the role of somatic symptoms in the severity of suicidality in depressed patients and their impact on protective factors is crucial for effective prevention, intervention and postvention in primary care.

Methods: 521 patients (68% female, mean age 41 years) were recruited through general practitioners, psychotherapists, a psychosomatic day clinic and a psychiatric inpatient unit. Depression (PHQ-9), somatic symptoms (PHQ-15) and suicidality (SUPR-10, BSS) were assessed. To analyze the associations between somatic symptoms, depression, suicidality, and protective factors, logistic regression analyses, correlations and ANOVAs were used.

Results: Depression (mean = 14.8) and somatic symptoms (mean = 12.4) were of moderate severity. Suicidal thoughts occurred in 74% of patients at least once, 22% had attempted suicide at least once, and 52% were acutely suicidal in the past two weeks. Preliminary results showed higher levels of somatic symptoms ($p=.010$) and higher suicidality severity ($p=.006$) in younger patients (< 31 years). Women reported higher levels of somatic symptoms ($p<.001$). Somatic symptoms correlated positively with depression severity ($r = .404$, $p<.001$) and with suicidality severity ($r = .201$, $p<.001$). For both the sum score ($r = .218$, $p<.001$) and the individual items, negative correlations between somatic symptoms and protective factors of suicidality were found. No moderation effects of age or gender were found, with further investigation to add later on. We intend to supplement further research on specific somatic symptoms and the mediation of the relationship between depression and suicidality through somatic symptoms and protective factors.

Conclusion: Somatic symptoms are associated with increased suicidality severity and reduced protective factors in depression. Surprisingly, younger patients showed a higher severity of both somatic complaints and suicidal tendencies, highlighting the need of further investigation into their coping strategies. As most depression cases are managed in primary care, assessing not only suicidality but also somatic complaints and protective factors, especially in young patients, is crucial for early intervention.

643 Administration and perceptions of safety-planning type interventions among a diverse, national sample in the United States

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Introduction: Safety planning-type interventions reduce attempts in meta-analyses (Nuji et al., 2021). However, it is unknown whether intervention administration and perceived helpfulness of these interventions differ between demographic groups with heightened prevalence of suicides and related outcomes, including gender and sexual minorities (Hottes et al., 2016; Ramchand et al., 2022) and specific racial groups (Troyaa et al., 2022). The objective of this research is to identify significant differences in: 1) demographic groups that received safety planning-type interventions and 2) perceptions of helpfulness of the intervention among at-risk groups that have received these interventions.

Method: A sample of 2,606 adults across the US (Mean age= 41.03 years; SD=15.69; 76.86% White; 10.40% Black; 6.37% Asian; 62.01% women; 27.94% men; 10.05% other genders; 64.86% heterosexual; 12.87% bisexual; 11.91 other orientation; 10.36% gay/lesbian) were recruited through an online platform to complete a series of series of questionnaires as part of a study approved by the presenter's Institutional Review Board. In addition to providing demographic information. (age, race, gender, sexual orientation) and histories of suicidal ideation and/or suicide attempts, participants indicated whether they have ever received a safety planning-type intervention. Those who indicated that they had received the intervention rated their perceived helpfulness of the intervention (0: "Not at all helpful" to 4x: "Extremely helpful"). A series of analyses of variance and Chi square analyses were conducted identify sample demographics and to accomplish study aims.

Results and Discussion: Only 31.39% of those with a history of suicidal ideation/suicide attempts received a safety planning-type intervention and were significantly younger (Mean difference=6.29 years). A lower proportion of men and a greater proportion of those other than women or men received an intervention ($p<.001$); proportions did not differ based on race. Those with suicide attempts or sexual orientations other than heterosexual, bisexual, or gay/lesbian perceived the interventions as less useful than those without suicide attempts or heterosexual adults, respectively (all $p<.001$). Differences based on interactions between these groups (e.g., bisexual women, men with a history of suicide attempts) were not significant, and perceived usefulness did not significantly differ based on race or gender. These findings indicate that efforts to expand safety-planning type interventions among men should be increased, while efforts to increase its acceptability among sexual minorities and those with suicide attempt histories is critical for increasing suicide prevention efforts for these high-risk groups.

645 Psychiatric/physical functions in suicide attempters with severe traumatic injuries transferred from an emergency department to a psychiatric ward

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Objective: This study was conducted to investigate the details of both psychiatric and physical functions among suicide attempters with severe traumatic injuries, and to examine the association between each of these functions and the length of stay in a psychiatric ward.

Background: While a previous suicide attempt is known to be the most potent risk factor for suicide, whether physical and psychiatric severity is associated with a risk of suicide reattempts is unknown. Basically, few previous studies have revealed both physical and psychiatric function of severe suicide attempters in detail.

Methods: We targeted those who were admitted to the psychiatric department at the Sapporo Medical University Hospital after suicide attempt between April 1, 2017 and March 31, 2023. All of them were first sent to the emergency department due to severe traumatic injuries, and moved to the psychiatric department after physical treatment. Basic demographic and psychosocial data including psychiatric diagnosis, suicide method, psychiatric function (GAF), physical function (BI), length of stay in both emergency and psychiatric department, and place of discharge were obtained from patients' medical records. Survival time analysis using the Cox proportional hazards model was used to examine the factors in length of stay in psychiatric department.

Result: The participants were 45 patients (19 men and 26 women) with a mean age of 42.0(SD=20.5) years. The most common psychiatric diagnosis was mood disorders (n=16, 35.6%), followed by neurotic, stress-related and somatoform disorders (n=10, 22.2%). The mean score of GAF immediately after their transfer from the emergency department to the psychiatric department was 32.0 (SD=16.1), and 54.2 (SD=13.8) on the discharge from the psychiatric department. The mean score of BI immediately after their transfer from the emergency department to the psychiatric department was 55.4 (SD=26.0), and 83.9 (SD=23.3) on the discharge from the psychiatric department. The mean total length of stay was 84.9 (SD=56.7) days, in emergency department 14.9 (SD=12.7) days, and in psychiatric department 70.0 (SD=55.8) days. The survival analysis showed that higher GAF score at the transfer from the emergency department to the psychiatric department increased the probability of discharge to home (HR 1.03, 95% CI 1.00–1.06, p=0.05).

Discussion: When they were transferred to the psychiatric ward, both GAF and BI scores were low, and higher GAF score at the time of transfer has an influence on the length of stay. Therefore, early psychiatric intervention for suicide attempters is considered necessary for preferable outcomes.

647 Serial Dual Mediating Effects of Stress-Vulnerability and Phobia-Anxiety in the Relationship Between Traumatic Experiences and Suicidal Ideation Among South Koreans: Pre- and Post-Counseling Effects

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Aim: This study examines the serial dual mediating effects of stress-vulnerability and phobia-anxiety in the relationship between traumatic experiences and suicidal ideation among South Koreans. Additionally, it evaluates the effectiveness of a 10-session group counseling program designed to mitigate these psychological factors.

Background: Research has established a strong link between traumatic experiences and suicidal ideation. Individuals with trauma histories often suffer from chronic psychological distress, which increases suicidal ideation (Braithwaite et al., 2016). Stress-vulnerability and phobia-anxiety may amplify the negative impact of trauma, heightening suicidal risk. Cognitive-behavioral therapy (CBT) is known to improve stress-coping skills and alleviate phobia-anxiety. This study assesses the effectiveness of a CBT-based 10-session group counseling program in reducing these risk factors among South Koreans.

Methods: The study involved 200 Korean adults (aged 18 and above) with clinically significant suicidal ideation (top 25%) based on the Korea Symptom Checklist-95 Revised (KSCL-95). Participants completed pre- and post-intervention assessments and attended 10 group counseling sessions focused on stress recognition, deep breathing techniques, aromatherapy, self-regulation, stress inoculation, cognitive restructuring, grounding strategies, and positive self-talk.

Data collection spanned from January 2021 to January 2025. PROCESS Macro Model 6 (Hayes, 2013) was used to analyze direct and indirect effects of trauma on suicidal ideation through stress-vulnerability and phobia-anxiety.

Results: Stress-vulnerability ($\beta = 0.2019$) and phobia-anxiety ($\beta = 0.0629$) showed significant indirect effects on the relationship between trauma and suicidal ideation (Total indirect effect: $\beta = 0.0478$), after controlling demographic variables. Pre- and post-test comparisons showed significant reductions in PTSD symptoms, stress-vulnerability, phobia-anxiety, and suicidal ideation (PTSD, $t = 8.94$, $p < .001$; stress-vulnerability, $t = 10.61$, $p < .001$; phobia-anxiety, $t = 7.15$, $p < .001$; suicidal ideation, $t = 8.46$, $p < .001$), demonstrating the effectiveness of the intervention.

Conclusion: The impact of trauma on suicidal ideation is partially mediated by stress-vulnerability and phobia-anxiety. The CBT-based intervention effectively reduced these risk factors, highlighting its potential for broader application. However, as the intervention did not fully mediate trauma's effects, future research should explore additional protective factors to further mitigate suicidal risk among individuals with trauma histories.

648 Bridging the gap with hard-to-reach elderly: Transforming invisibility into community Senior Project Manager Chui Shan, Carmen Lai¹, Professor Paul Yip¹

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Background: Hong Kong is experiencing accelerated population aging, with the elderly population (aged ≥ 65) surging from 1.16 million in 2016 to 1.45 million in 2021. Projections indicate this demographic will nearly double to 2.74 million by 2046, posing unprecedented challenges to socioeconomic structures, welfare systems, and healthcare infrastructure. Of particular concern is the correlation between social isolation and adverse outcomes: Our center's epidemiological study reveals a suicide mortality rate of 30 per 100,000 among older adults, with loneliness and systemic support deficits identified as key risk factors.

Methods: This pilot community-based intervention study, namely, Jockey Club "Reach to Bridge" Community Elderly Support Project, implemented across six districts in 2023 in Hong Kong, funded by the Hong Kong Jockey Club Charities Trust. The project aims to actively identify elderly who does not use the social service or lack of support within the districts through proactive outreach strategies by twelve social welfare organizations and local groups. Needs assessments were conducted using a questionnaire developed by our centre, enabling real-time service triaging and community reintegration support.

Results: From November 10, 2023, to September 30, 2024, 2,235 valid questionnaires were collected (mean age=76.5 \pm 8.2 years; range:60-106; male=671, female=1,559). Social workers identified 72.0% (n=1,609) of participants as requiring immediate social services. A striking disparity emerged in help-seeking behaviours: 9.0% (n=202) exhibited complete service disengagement despite encountering significant difficulties.

Discussion: The findings demonstrate a critical paradox: While objective needs assessments confirm high service demand, subjective barriers—including limited health literacy, self-reliance biases, and underutilization of community resources—perpetuate service gaps. The program's success in identifying 1,609 cases underscores the efficacy of targeted outreach strategies. By mobilizing community stakeholders and implementing multidimensional interventions, this model effectively enhances social connectedness among isolated elders. Future policies must address systemic awareness barriers while scaling evidence-based outreach frameworks to mitigate the escalating costs of elder isolation.

Keywords: Hard-to-reach elderly, community-based intervention, help-seeking behaviour, suicide prevention, aging population, service utilisation

650 Relationship between reappearing suicidal ideation in Iranian young adults with PTSD from one's own suicide attempt, and the mediating role of future-oriented thinking

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Learning objective: to investigate factors for reappearing suicidal ideation in individuals with a history of suicide attempt with focus on predicting role of PTSD from one's own suicide attempt and mediating role of future-oriented thinking.

Background: Globally, over 700,000 people die by suicide annually, with previous attempts being most significant risk factor. less studies focused on factors that impact suicidal ideation and behavior in individuals who survived suicide attempt(s). Studies link PTSD to suicidal ideation and attempts, specially in pre-motivational stage of suicide (Rory O'Connor) in some studies future-oriented thinking has a strong correlation with suicidal thoughts and pre-motivational stage of suicide in young adults, however studies rarely explored this in individual with a history of suicide attempt. PTSD from one's own suicide attempt is a new diagnosing factor which identifies Post-Traumatic Stress Disorder caused by the individual's own suicide attempt or events after their attempt (Ian H. Stanley.et al); and this stress-related mental health issue can lead to reappearing suicidal ideation among the individuals. Suicide attempt trauma can also negatively affects future-oriented thinking which is a key preventive factor specially in young adults.

Methods: I gathered 241 forms filled by Iranian young adults who had a previous suicide attempt using non-probability Sampling method. the survey was online and had three questionnaires (Post Traumatic Stress Disorder Checklist for DSM5 Self-Assessment(PCL5-SA), Beck Scale for Suicidal Ideation(BSSI), Future Orientation Scale(FOS)). I analyzed data using Structural Equation Model Analysis with SPSS and AMOS.

Result: 78% female, correlation between PCL5-SA and BSSI was meaningfully positive (.79**), correlation between PCL5-SA and FOS was meaningfully negative(-.69**) and between FOS and BSSI was meaningfully negative (-.44**).model found a Partial mediating role of Future Orientation between PTSD from one's own suicide attempt and reappearing suicidal ideation (direct effect: .632** and indirect effect: .035**).

Discussion: These findings suggest that PTSD symptoms caused by one's own suicide attempt can predict reappearing

suicidal ideation among young adults with suicide attempt history by negatively effecting Future Orientation in individuals. this study was limited to Iranian population and a cross-sectional analysis. more studies needed to repeat this results and explore other factors that may mediate or moderate the path between PTSD from one's own suicide attempt and reappearing suicidal ideation in young adults with history of suicide attempt.

654 "Health Mode On": A multicentric study for mapping psychological distress and suicidal behaviours, and promoting well-being among university students — study protocol and design

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Background: Systematic reviews reported a high prevalence of psychological distress among university students, with estimates of 11.1% for suicidal ideation, 27.2% for depressive symptoms and 33.8% for anxiety symptoms. As a response to this concerning scenario, University of Piemonte Orientale (UPO) participates to the multicentric project "Health Mode On" (HMO) involving 10 Italian academic institutions and funded by Ministry of University and Research. HMO aims to: (1) map psychological distress among university students; (2) create a standardized counselling framework promoting adequate support for students experiencing emotional fragility and psychological distress; (3) develop new interventions for enhancing student well-being through sport and music. The project adopts a multidisciplinary collaborative approach by integrating counselling services with musical activities and health promotion sport-based interventions.

Method: The study is designed as observational longitudinal study with a one-year follow-up: the baseline survey will be completed between May and August 2025, and the follow-up survey one year later. Protocol and tools used in the study are under evaluation of Ethical Committee. All students will receive an anonymous, self-administered online questionnaire investigating academic functioning, self-perceived physical and mental health, well-being, psychological distress (depression, anxiety, stress), access to psychological or pharmacological mental health treatment, alcohol and substance abuse, self-harm and suicidal behaviours, stressful life experiences, self-esteem, behavioural addictions, loneliness, academic stress, physical activity, diet, loss of hope for the future and socio-demographic factors. Suicidality will be assessed through questions on suicidal thoughts, suicidal attempts and self-harm in lifetime and last year. Before the administration of questionnaires, informed consent will be asked. A pseudo-anonymization code self-completed by the student at the beginning of each survey will allow data linkage between baseline and follow-up questionnaires. The data will be analysed in an aggregated, anonymized form.

Results: The study will provide a comprehensive overview of mental health issues and suicidal behaviours among university students, identifying key risk and protective factors. These insights will support targeted well-being initiatives, including prevention programs and innovative health promotion interventions integrating sports and music. Additionally, the study will help optimize university counselling services, ensuring the adoption of standardize effective interventions and increasing the offer of psychological interventions.

Conclusions: This study will generate valuable epidemiological data with significant implications for university services, and for designing effective intervention strategies to prevent or reduce the psychological distress and suicidality among university students.

655 Suicide posts on Reddit and automated integrative complexity

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Background: An increasing number of people experiencing suicidal ideation or crisis seek support online and various machine learning strategies have been examined to identify online posters as at-risk for suicide. Other methods of analysis may enhance suicide prevention efforts; for example, Integrative Complexity (IC) is a measure of cognitive complexity that has been used as a behavioural intervention and also has predictive value for behaviour. IC may be lowered if a person is assessing their situation as being beyond their resources, i.e., a threat stress response.

Objective: This study compared posts written by people on the social media platform Reddit to examine whether differences in IC can be detected between those posting in a suicide-related subreddit and those posting in comparison subreddits. The study was exploratory, but it was

predicted that IC would be lowest in the r/SuicideWatch group, due to subjects potentially experiencing a threat stress response; the alternative prediction was that IC scores between r/SuicideWatch and r/depression would show no difference, due to the close connection between depression and suicidality, while IC in r/Advice would be higher than both.

Method: Reddit posts from subjects posting in three subreddit groups, r/SuicideWatch (n = 41), r/depression (n = 37), and r/Advice (n = 38), were analyzed using automated scoring of IC.

Results: The results do not support an association between IC and suicidality in online posts as there was no significant difference across the three subreddit groups.

Discussion: It may be that subjects are not experiencing a threat stress response or that they are experiencing it differently from non-suicidal people. Limitations include the lack of baseline IC scores; small sample size; and, an inability to verify background or follow up with subjects.

660 What do you meme? -- Identifying characteristics and user perceptions of suicide memes in social media

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Suicide memes, defined as internet memes that include elements or content related to suicide in images, have recently attracted increasing attention from the public. Suicide memes are common on social media. For example, the subreddit r/SuicideMeme is in the top 5% of Reddit communities by size. However, there is a significant gap in understanding the sharing and functions of these memes. The visual stimulus and the humorous nature of memes, which seem contradictory to serious suicide-related topics, lead to a lack of understanding of how this new expression differs from general serious suicide notes, and whether they are harmful or beneficial to users.

Focusing on the r/SuicideMeme Reddit community, we present a computational quantitative study to better understand suicide memes. We extracted multiple visual and textual features and applied statistical hypothesis tests to discover distinguishable features of suicide memes. Further focusing on suicide memes and their online community, we explored how these features impact user interactions, and how users perceive these memes using negative binomial regression models and topic modeling. Finally, we experimented with different machine learning models to predict suicide memes using the extracted features.

Our findings revealed users' visual preferences for suicide memes: fewer and smaller faces, less colorful, sharper and higher contrast images, along with sadder, more fearful, angrier, and higher-arousal overlaying text. We found that these features impact user interactions to different degrees, with --- for example --- the existence of faces associated with a 10.6% decrease in the expected number of comments. Using topic modeling, we also discovered that individuals within the suicide meme online community held generally favourable views about suicide memes since they allowed them to release their burdens with humor and in a relatable manner, but there were also some negative feelings about these memes. Further, we developed prediction models to identify suicide memes that achieved an accuracy of 80.04% and an F1 score of 80.75%.

To the best of our knowledge, this is the first study to use computational methods to understand suicide memes. This work could serve as a basis for further exploration of this relatively new form of suicide-related expression. By uncovering the distinct characteristics and users' perceptions of suicide memes, our findings can provide valuable insights for fostering safer online discussions about suicide, designing more targeted intervention and communication strategies for individuals, and informing the development of effective, nuanced moderation strategies for suicide-related content on social media.

661 Future paths for low-middle income countries suicide prevention : a futures study method for researchers and policy makers

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Learning Objective: To create dynamic, evidence-based strategic roadmaps for suicide prevention in Low-Middle Income Countries (LMICs) by integrating futures study methodologies, offering adaptable solutions that address both current and future challenges.

Background: Suicide is a global public health problem, taking lives everyday, disproportionately affecting LMICs like Iran due to socio-economic, cultural, and political complexities. Despite its urgency, suicide prevention research in LMICs remains underdeveloped compared to high-income regions. Suicide arises from interacting factors, theories like Integrated Motivational Volitional theory highlight risk and preventive factors, emphasizing the need for integrated strategies combining clinical and public health approaches. Effective prevention requires collaboration across researchers, policymakers, and communities.

Futures studies—a systematic, interdisciplinary discipline—offers strategic tools for mitigating suicide risk factors reducing estimation errors, and preventing strategic surprises. Rapid geopolitical and social changes in LMICs demand a forward-thinking approach, yet no studies have applied futures methodologies to suicide prevention.

Methods: I employed a futures studies approach to develop Paths for suicide prevention in LMICs. Four components were analyzed:

- 1.Current conditions in LMICs (e.g., healthcare problems, stigma, political and economic factors).
- 2.Futures Wheel to explore two systemic changes: "Economic stability: Impacts on healthcare funding, mental health accessibility", and "policy shifts; and "Political narratives: Effects on societal attitudes and suicide reporting".

First- to fourth-order consequences were mapped, including unintended outcomes.

- 3.Futures Cone to visualize plausible futures (possible, probable, preferable).
- 4.Expert interviews with 3 futures researchers and 4 suicide prevention specialists to refine scenarios, futures wheels and futures cone to develop paths and provide more insight.

Result: Key outputs include: Current scenario analysis of LMICs' suicide data and challenges. Two Futures Wheels. a Futures Cone outlining adaptable paths for proactive strategies.

Expert feedback validated the frameworks, but qualitative analysis remains pending due to suicide of a cousin(will be completed upon full presentation request)

Discussion: “a path” was ambitious and unreasonable, in a highly complex issue such as suicide and in complex backgrounds such as LMICs, I changed it to “Paths”, that have possible, ideal/wild routes, and have the ability to take step by step actions based on them, current events and change path directions if needed. Futures Wheels and Cone identified strategic intervention points (e.g., healthcare funding, media engagement) aligned with LMICs' socio-political realities. so far, Experts helped refining my results.

this research had limitations such as Political constraints and limited budgets. I will expand this research in future with world experts' insights and support.

665 Post-traumatic instances involving non-fatal suicide attempts, family and social behaviours, difficulties receiving mental health care, and the likelihood of recurrent suicidal ideation.

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Learning Objective: Discover the trauma suffered by suicide survivors, the attitudes of families and communities, and the hurdles to getting mental health care and interventions.

Background: Approximately 700,000 individuals die by suicide each year worldwide, with 77% occurring in countries with low or middle incomes (World Health Organisation [WHO], 2021). Every year, approximately 10,000–14,000 people die by suicide in Bangladesh. It increases annually by 2.6% to 2.75%. Suicide is the second leading cause of death in the 20–35 age group, after traffic accidents. Every year, approximately 4.25% of people attempt a nonfatal suicide. Suicidal thoughts, planning, and attempts are becoming increasingly common among young people above the age of 18.

Methods: A cross-sectional study of individuals (n=40) with non-fatal suicide attempts in Bangladesh's rural and urban slum areas encompassing three districts was carried out utilising a combination of in-person and online approaches. Participants in this response group had to be 14 years or older and have reported a nonfatal suicide attempt during the last three years. Nine focus group conversations were held with a total of 90 parents and family members of suicide survivors. Nine health care providers (n=9) were questioned using a Key Informant Interview to better understand the service barriers encountered by bereaved individuals who attempted nonfatal suicide. The study examined the stigmatised attitudes of community members among suicide survivors using the Stigma of Suicide Scale (SOSS; Batterham et al., 2013) and the Suicidal Ideation Attributes Scale (Van Spijker et al., 2014).

Results: All of the responders had attempted suicide within the last three years. Ninety percent of respondents (suicidal attempts) had been stigmatised multiple times by their family and communities. Ninety percent of respondents (suicidal attempts) had been stigmatised multiple times by their family and communities. A significant proportion of those who attempted suicide for the first time (30%) considered suicide again in the previous year. In most cases, parents' and family members' judgmental conduct has caused them to consider suicide again. Twenty percent of parents believe that their child's suicide attempt was motivated by the devil or anything physical on their part.

Discussion: More research is needed on the stigmas and fallacies surrounding suicide in the community, as well as carer awareness and training. People who survived suicide attempts due to police harassment or negative perceptions in the community indicated reluctance to seek mental health care. A comprehensive, nationally coordinated suicide prevention program is required.

669 An Exploratory Trial on Maternal Mental Health in Japan

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[Purpose]: A sensational press release was issued by the National Centre for Child Health and Development in 2018, stating that suicide is the most common cause of maternal death, and received widespread media coverage (The National Center for Child Health and Development, 2018). The Suicide Prevention Strategy, prepared in response to those events, outlines plans to improve existing measures to prevent suicide among young women. The new Suicide Prevention Strategy, approved by the Cabinet in October 2022, also states a commitment to strengthen support services for all

women. In Japan, media has recently been promoting the idea of sharing household chores more equally, and showing an increase in the number of fathers who are actively involved in child rearing, in order to deconstruct some of the current conventional perceptions. However, the physical and mental burdens on mothers during childbirth and childrearing still remains, as symbolised by the terms 'lone parenting' and 'one-operation parenting (single operated parenting)', where some mothers rear their children with little to no support, and this is considered to be a major cause of postpartum depression (Okubo et al., 2020).

The authors have been involved in a postnatal care project, group day service in City A in Tokyo since FY2021, providing companionship for mothers 2–3 months postpartum. This research aims to identify risk periods and variables that lead to declining mental health and determine if there is a relationship to social participation, emotional support and other factors. Therefore, they have recruited survey participants and organized research on the transition of mental health for new mothers.

[Methods]: The research recruited survey participants among pregnant and postpartum women with the consent of two metropolitan municipalities in Tokyo and requested the 78 consenting women to complete online survey once a month (ten times in total).

[Results]: The number of respondents to the first survey was 67 (aged 22 to 44 years, mean 32.28 years old). The survey is ongoing and is expected to conclude in October 2025.

[Possible results and discussion]: The survey results grouped respondents into primiparous mothers, multiparous mothers and those with a prior history of mental health issues. After the completion of the research, they plan to implement day services at a preliminary stage of mental health issues and to further investigate mental health of mothers over this period, to contribute to suicide prevention efforts for young women.

673 Designing Affirming and Accessible Online Gatekeeper Training for Two-Spirit, lesbian, gay, bisexual, transgender, queer (2S/LGBTQ+) Communities: Insights from Expert Interviews

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Learning Objective: Participants will develop an understanding of the key components essential for an online gatekeeper training aimed for 2S/LGBTQ+ communities.

Background: 2S/LGBTQ+ individuals face disproportionately high rates of suicidal ideation and suicide attempts due to structural stigma, discrimination, and social isolation. Gatekeeper training has proven effective in equipping individuals with suicide prevention skills, yet no such training has been designed explicitly for 2S/LGBTQ+ communities in Canada. While some online suicide prevention programs exist, they rarely address the unique needs of these communities. A national survey highlights strong interest among 2S/LGBTQ+ individuals in learning how to support peers in crisis, with a preference for an accessible online format. This gap underscores the need for a tailored training model that is inclusive, relevant, and community-informed.

Methodology: Between June and November 2023, in-depth semi-structured interviews were conducted with 30 global experts in suicide prevention and 2S/LGBTQ+ mental health. Participants were identified through purposive and snowball sampling. The interviews, conducted via Zoom, explored key elements necessary for effective online suicide prevention training aims for 2S/LGBTQ+ communities. A thematic analysis was used to extract essential components for training development.

Results: Experts emphasized three core elements for designing an effective online 2S/LGBTQ+ suicide prevention training. First, the training must be engaging and adaptable to different learning styles. Interactive components like scenario-based exercises, multimedia content, and self-paced modules were recommended to foster engagement and maintain motivation. Experts also stressed

the importance of accessibility through flexible formats that let trainees navigate content at their own pace.

Second, the training must reflect the diversity of 2S/LGBTQ+ suicide lived experiences. Experts highlighted the need to integrate testimonials from individuals across various gender identities, sexual orientations, and cultural backgrounds. Lived experience narratives, particularly in video format, were seen as powerful tools to enhance relatability, credibility, and community connection.

Finally, ensuring the emotional safety of learners was deemed critical. Experts underscored the need for confidential access to materials, options for anonymous participation, and integrated support for 2S/LGBTQIA+ trainees who may experience distress. Clear guidance on self-care strategies and crisis resources was identified as essential to fostering a safe, supportive learning environment.

Discussion: Online suicide prevention training offers a promising avenue to increase suicide literacy and peer support capacities among 2S/LGBTQ+ communities. However, to be effective, such training must be carefully designed to reflect the realities of 2S/LGBTQ+ lives, ensure emotional safety, and accommodate diverse needs through flexible, affirming, and community-informed approaches.

675 At the Intersection of Public and Private: An Analysis of Public—Private Partnerships in South Korea's Suicide Prevention Centers

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Background: Public—private partnership (PPP) refers to a cooperative framework in which governmental and private entities share responsibilities in delivering public services. While Japan operates public mental health centers in partnership with local governments, South Korea's suicide prevention centers (SPCs) are unique in that they are funded by the government but operated by private organizations. These centers serve as regional control towers for suicide prevention, embodying both public and private characteristics. This dual structure offers distinct strengths and challenges in implementing effective suicide prevention strategies.

Purpose: This study aims to analyze the current status of public—private partnerships in South Korea's suicide prevention centers. By exploring the dual nature of SPCs, the research identifies both advantages and limitations of their operational structure and proposes directions to enhance partnership-based service delivery systems for suicide prevention.

Method: Focus group interviews (FGIs) were conducted with professionals currently working at suicide prevention centers. Participants were selected based on over five years of field experience and voluntary agreement to participate. The interviews explored the roles of public and private actors, partnership practices, and associated challenges. Participants were divided into two groups, and online interviews were held on September 17, 2021 (Group A: 10:00—12:00, Group B: 19:00—21:00).

Results: Findings show that public institutions are primarily responsible for establishing infrastructure, securing budgets, and coordinating interdepartmental efforts, while the private sector plays a key role in delivering community-based, client-centered services. The dual identity of SPCs enables flexibility but also exposes structural limitations, including a lack of legal authority and administrative power. Partnership efforts, such as interagency councils and memorandums of understanding (MOUs), are in place, yet challenges persist—such as ambiguous role boundaries, frequent turnover of public officials, and limited autonomy for SPCs. Successful cases highlighted the importance of timely data sharing, strong leadership from local governments, and continuous communication among partners.

Conclusion: This study sheds light on the dynamics of public—private partnerships in South Korea's suicide prevention system. To strengthen partnership effectiveness, it is essential to clarify

institutional roles, secure stable employment for expert staff, and enhance interagency coordination. These insights can inform the development of a more responsive and sustainable partnership model in mental health and suicide prevention services.

676 Twelve years of remote suicide crisis intervention in Romania via phone and email: Telefonul Verde Antisucid 0800801200 and sos@antisucid.ro

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The Romanian crisis line Telefonul Verde Antisucid 0800801200 and crisis email sos@antisucid.ro are the main resources of volunteer – based, confidential remote support for persons struggling with suicidal ideation and behaviours. Calls are free of charge for the caller, volunteers are not paid, and financial costs of operating these resources are provided by the Romanian Alliance for Suicide Prevention from donations.

Telefonul Verde Antisucid started functioning on July 15th 2013 and the crisis email became operational on September 10th 2010. This study presents the trends of evolution for the number of phone calls and email received by the two aforementioned resources.

The number of phone calls received gradually increased by the onset of the COVID-19 pandemic. Few emails were received by the crisis email in the beginning; however, once the crisis line was established, the number of emails gradually increased.

With the emergence of the pandemic, the use of email communication became the first option for persons struggling with suicidality who did not want to be overheard while speaking on the phone, and also for those who experienced difficulties in starting a conversation over the phone.

2019 was the year with most phone calls to the crisis line. Due to limited human resources, very low volunteer applications and in order to prevent exhaustion and burnout, we reduced the functioning of the crisis line from 7 to 3 nights per week in the summer 2021. However, the number of phone calls per night soared by 2024. The number of emails received also soared from 859 in 2019 to 1147 in 2023 and 3167 in 2024.

In Romania, there is no operational government-established or supported resource for suicide crisis counseling and intervention. The NGO Romanian Alliance provides intense, specific and constantly upgraded weekly training for its volunteers, in order to appropriately prepare them for the increasing pressure of community needs. The training was moved online on March 18th 2020 due to the pandemic, with the advantage of increasing the pool of potential volunteer candidates. Yearly hybrid meetings on World Suicide Prevention Day were added since 2022 in order to foster connection amongst volunteers from different generations. We plan to resume onsite training in 2025, albeit not on a weekly basis, to further enhance connections and the quality of training.

678 A systematic review of the epidemiology of non-fatal suicidal behaviours among tertiary students in Africa

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Learning objective: The systematic review aimed at synthesising available evidence on the lifetime and 12-month prevalence estimates and correlates of suicidal ideation, planning, and attempts among tertiary students in Africa.

Background: Suicidal behaviours among tertiary students in Africa present a serious public health challenge, yet empirical evidence remains critically inadequate to inform effective interventions. Suicidal ideation, planning, and attempts reflect profound psychological distress and significantly increase the risk of death by suicide. Given the complex interplay of psychosocial, economic, and cultural determinants, a systematic synthesis of prevalence rates and correlates is necessary to guide targeted prevention efforts.

Methods: A comprehensive literature search was conducted across multiple databases (MEDLINE, PubMed, Africa Index Medicus, African Journals Online, PsycINFO, and Global Health) without language restrictions. Studies published up to December 2024 were screened for eligibility, yielding 24 studies from eight African countries. Given the substantially high heterogeneity across studies for all outcomes, prevalence estimates were synthesised using medians and interquartile ranges (IQR).

Results: Findings indicate a burden of suicidal behaviours among African tertiary students. The lifetime suicidal ideation estimate was 27.5% (IQR: 18.5%–44.5%), with a 12-month prevalence estimate of 20.5% (IQR: 14.0%–24.5%). Suicidal planning was estimated at 16.6% (IQR: 6.7%–31.9%) over a lifetime and 12.4% (IQR: 6.8%–22.3%) within a year. Suicide attempts—one of the strongest predictors of future suicide—were reported at 6.3% (IQR: 3.4%–21.5%) over a lifetime and 4.0% (IQR: 2.9%–17.6%) within a year. Narrative synthesis of reported correlates suggests previous and current alcohol use significantly exacerbates students' vulnerability. Other critical correlates include substance use, gender and sexual identity-related distress, financial hardship, lack of social support, personal and family history of (untreated) mental illness, self-esteem and self-compassion struggles, academic dissatisfaction, religious prohibitions, rurality, and adverse childhood experiences.

Discussion: These findings provide continental—level statistics underscoring an urgent need for comprehensive, evidence-based suicide prevention initiatives tailored to the unique sociocultural contexts of students in tertiary educational institutions in Africa. Institutional policies, mental health support systems, and culturally sensitive and targeted interventions must be prioritised and strengthened to address this crisis. The high prevalence of non-fatal suicidal behaviours among African tertiary students represents young lives at risk, necessitating immediate action from researchers, policymakers, mental health professionals, and governments to prevent loss of lives by suicide among this young population.

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679 Understanding how autistic people use apps to cope with suicidal thoughts and behaviours

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One (1) Learning Objective: To understand why and how autistic people use apps to cope with suicidal thoughts and behaviours and whether they find them helpful.

Background: With autistic people at increased risk of dying by suicide, understanding their app use for managing suicidal thoughts and behaviours is important for suicide prevention efforts. Despite

there being many counselling and self-help apps, including some designed specifically for autistic people, research has yet to explore why or how they use them. The internet is accessible for autistic people due to its suitability to autistic communication and cognitive styles. Connecting with others online may benefit autistic peoples' well-being, providing emotional and practical support for those experiencing suicidality. This study aimed to understand which apps autistic people use to help cope with suicidal thoughts and behaviours, whether they find them helpful, and whether certain subgroups of autistic people are more likely to use them.

Methods: We analysed a secondary dataset of autistic people, living mainly in the UK (N=1312, average age=36.4), using chi-square tests and unadjusted binomial logistic regressions. Demographics (age, gender, education and employment), reported mental health disorders, and National Health Service (NHS) experiences were included as covariates within the logistic regressions. Participants named the apps they used to help with suicidal thoughts and behaviours and rated their helpfulness on a scale from 1 ('very dissatisfied') to 5 ('very satisfied').

Result: Just over a quarter (27%) of participants reported using apps, averaging two apps each. Headspace and YouTube were the most frequently used. The average app helpfulness rating was 3.6, with no significant differences between apps. App use was more common among those aged ≤ 25 years compared to >25 year olds, transgender and non-binary participants compared to cisgender participants, and those reporting having an anxiety disorder and/or PTSD compared to those not reporting these disorders ($p < 0.01$). App users and non-app users did not differ in the extent of their experiences with suicidal thoughts and behaviours. Previous NHS referral rejections when suicidal increased the odds of app use (OR=1.693, 95% CI: 1.045–2.728, $p < 0.05$).

Discussion: Autistic participants used a range of apps to help manage suicidal thoughts and behaviours, including those not marketed as counselling or self-help apps. App users differed from non-app users in demographics, mental health and NHS experiences when suicidal. Results suggest negative NHS experiences when suicidal may lead some autistic people to seek alternative support, with apps potentially feeling more accessible—highlighting their role in suicide prevention.

681 Hope as a Protective Factor for Suicide Risk: Insights from the Stigma Narratives of Young Latino Sexual Minority Men

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Learning Objective: To explore how experiences of intersectional stigma influence the development of hope and its role in suicide prevention among young Latino sexual minority men.

Background: Young Latino sexual minority men (YLSMM) face disproportionate suicide risk due to intersectional stigma exposures. While hope has been identified as a protective factor against suicide, little is known about its manifestation in those experiencing ethnoracial, sexual, and gender-based marginalization. This study applies Snyder's Hope Theory to investigate how YLSMM describe life goals, agency, and pathways in the aftermath of stigma experiences—offering culturally grounded insights into suicide prevention of minoritized youth.

Methods: This qualitative descriptive study draws on 15 in-depth interviews from the GLORIA study, a mixed-methods HIV prevention project in North Carolina. Participants (ages 18–24), identified as HIV-negative or on PrEP, were recruited through Latino-led community outreach. Interviews (in English or Spanish) were transcribed, translated, and analyzed using deductive content analysis guided by Snyder's Hope Theory. Thematic analysis identified life goals and accompanying cognitive strategies in response to stigma.

Results: Participants described five core life goals: 1) emotional safety, 2) social acceptance, 3) authentic self-expression, 4) altruistic action, and 5) sexual health. While most participants

demonstrated strong agency thinking, specific and varied pathways were often limited, particularly among those describing repeated stigma exposures. Conflict avoidance was the most frequent strategy to preserve emotional safety, sometimes at the cost of other goals. Participants expressed identity through drag, peer support, and altruistic health behaviors, often motivated by a sense of LGBTQ+ familismo—collective responsibility within the community. Despite access to resources, psychological barriers such as internalized stigma and fear impeded action.

Discussion: Findings reveal that chronic stigma may deplete hopeful cognition by constraining perceived pathways to meaningful goals. However, identity-affirming environments and altruistic engagement fostered hope and resilience. Suicide prevention strategies for YLSMM should incorporate tailored interventions based on expanding specific, culturally meaningful pathways to safety, belonging, and purpose. Clinicians and policymakers must address both the psychological and structural effects of stigma, promoting environments where vulnerable youth can cultivate agency as a protective factor for suicide.

685 Trends in maternal suicide and associated factors in 2014–2022 in Japan

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Learning Objective: To understand the actual status of maternal suicide in Japan.

Background: Maternal suicide is an event that disrupts the start of a family. However, it might be possible to prevent it through timely intervention. Japan has a particularly high suicide rate. In addition, there is currently a lack of data on the actual status of maternal suicide during pregnancy or in the first year following childbirth. Therefore, this study aimed to develop a body of evidence for appropriate preventive interventions using descriptive analyses of maternal suicide in Japan.

Methods: We identified maternal deaths occurring during pregnancy or in the first year of childbirth by linking death and birth certificates and death and stillbirth certificates within vital statistics in Japan and by extracting death certificates with ICD-10 O codes or pregnancy-related words. Of those maternal deaths, we determined the cases of death by suicide and conducted a descriptive analysis of trends and background factors. We compared background factors between maternal deaths due to suicide and those due to non-suicide causes. We also compared the proportion of maternal suicides among all pregnant women to the proportion of deaths by suicide among all women in Japan in the same age groups.

Results: Maternal suicide accounted for approximately 30%–40% of all maternal mortality and increased during and after the COVID-19 pandemic, while there was no significant change in maternal deaths due to non-suicide causes. Compared to non-suicidal maternal deaths, maternal suicides were more likely to be primipara, older mothers, unemployed households, and divorced at the time of death. Compared to the rate of suicide among women of the same age, the rate of maternal suicide was low in women in their 20s but increased to the same level in women in their 40s.

Discussion: Suicide is a leading cause of maternal death globally, and its prevention is an urgent issue. A similar trend regarding vulnerability has been observed in other countries. In addition, the high incidence of suicide among older mothers and primipara might be reflected in the challenge of raising children in advanced maternal age. These results will help strengthen current health policies supporting the mental health of pregnant and postpartum women, including appropriate childcare support.

687 Suicide rates among women in three districts of Bangladesh have risen due to domestic and external violence.

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Learning Objective: To understand the causes and solutions to the rise in suicide among young women in distant rural and urban slum regions.

Background: Suicide has become a global health issue. However, the suicide rate in Bangladesh is extremely concerning. According to the Lancet report, Bangladesh is one of the most suicide-prone countries in South Asia. In 2021, the suicide rate in South Asia was 11.4 per 100,000 live births, more than the global average of 9.0. The suicide rate among women (8.7) is particularly concerning. Bangladesh has the highest suicide rate among women aged 10 to 29 in South Asia. Violence against women, such as dowry torture, sexual assault, bullying and harassment, rape, marital strife, and so on, has increased the likelihood of women dying by suicide. The survey was carried out in three districts of Bangladesh, both rural and urban slums. Despite global efforts to prevent suicide, Bangladesh currently lacks adequate research and effective suicide prevention policies

Method: A mixed-methods approach was used, including an In-Depth Interview (IDI) with 18 women (n=18) who experienced suicidal ideation and nonfatal suicidal attempts, as well as interviews with 9 bereaved family members. Other 45 family members were questioned in nine Focus Group Discussions held in rural and urban communities (slum areas) (n=45).

Result: Forty percent of women (aged 18 to 25) attempted suicide after being tortured by their husbands and in-laws over dowry. 15 percent attempted suicide because of their husband's second marriage or extramarital relationship. Many of them are divorced from their husbands. Many women die by suicide or attempt suicide in response to violence against women, particularly street bullying, harassment, and rape. Cyberbullying and social media humiliation are driving up the frequency of suicides among young people, particularly girls and young women.

Discussion: Young women in rural communities are hesitant to discuss incidences of sexual harassment and torture they have experienced, sometimes due to feelings of shame or fear. Because in these circumstances, parents or others in society frequently blame them. Suicide attempts are still illegal in Bangladesh; therefore, those who are at risk of suicide are afraid to seek emotional support. Suicides are not regularly documented, particularly in rural regions, hence accurate data on suicides is unavailable. Mental health services are limited in rural areas, and there are very few psychiatrists in urban areas. Suicide is often seen as a social failure, so many people do not seek psychiatric treatment.

688 Identifying Patterns of Suicidal Thoughts and Behaviors in Hospitalized Adolescents: A Cluster Analysis of Retrospective Data

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Background: Many adolescents with mental health disorders experience suicidal thoughts and behaviors (STB), often leading to hospitalization. Although evidence exists regarding a higher prevalence of STB immediately following discharge, few studies have examined changes in STB during hospitalization. This study aimed to identify groups of patients with similar patterns of STB and evaluate the correlates of these patterns.

Methods: We analyzed retrospective data from 1,146 hospitalized patients between 2014 and 2020 at the Psychiatric Hospitalization Unit for Adolescents at the University Hospital of Lausanne, Switzerland. A Two-Step Cluster Analysis was performed to identify groups of patients with similar patterns of STB, based on changes from admission to discharge. Multinomial logistic regression analyses investigated the association between clusters and clinical and sociodemographic correlates.

Results: We identified three subgroups of evolution (i.e., stable, increasing, decreasing) based on the level of STB at admission and discharge. The stable cluster (50.5%, n=579) had low STB at both admission and discharge; the increasing cluster (26.9%, n=308) rose from low to high STB; and the decreasing cluster (22.6%, n=259) fell from high to low STB. Girls represented 49.5% of the stable cluster, 67.7% of the increasing cluster, and 81.6% of the decreasing cluster. In terms of age, early, middle, and late adolescence accounted for 22.2%, 51.9%, and 25.9% of the stable cluster; 18.8%, 49.6%, and 31.6% of the increasing cluster; and 24.1%, 50.6%, and 25.3% of the decreasing cluster. Voluntary admissions occurred in 69.7% of the stable cluster, 66.2% of the increasing cluster, and 77.2% of the decreasing cluster. The length of stay was short: 7.4%, 6.0%, 7.0%; medium: 51.5%, 57.9%, 63.3%; long: 41.1%, 36.1%, 29.7% for stable, increasing, and decreasing cluster, respectively. A significant difference was only found between gender and cluster membership ($\chi^2=48.5$, $p<.001$): girls had a doubled risk (OR=2.1 [95% CI 1.4–3.3]) compared to boys of belonging to the increasing and four times (OR=4.6 [2.8–7.3]) of belonging to the decreasing cluster. No significant association was found with age, type of admission, and length of stay.

Discussion: We identified a group of subjects with increased STB at discharge and a significant association between gender and cluster. Future analyses will explore the specific factors underlying these clusters.

Learning Objective: Participants will learn about distinct trajectories of suicidal thoughts and behaviors in hospitalized adolescents

689 The school-based Youth Aware of Mental Health (YAM) program for prevention of suicidal behaviour: a cluster-randomised, controlled trial in Danish 9th-grade students
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Learning objective: To evaluate the feasibility, acceptability, and fidelity of the Youth Aware of Mental Health (YAM) programme in Danish 9th-grade students and to explore its potential impact on mental health awareness and suicidal ideation and behaviour.

Background: An estimated 4% of adolescents aged 12–15 experience suicidal ideation, increasing to 16% in 16-year-olds in school samples. Universal, upstream prevention strategies, such as school-based mental health programmes, have been suggested and investigated internationally. However, country-specific feasibility and implementation insights are needed to guide effective local adaptation and integration.

Methods: This study is a two-arm, observer-blinded, cluster-randomised feasibility trial. Students aged 14–16 will either receive the manualised YAM programme as an add-on to the general school curriculum or continue with the standard curriculum plus posters. The feasibility trial will be conducted nationwide in 8–10 Danish public schools. The YAM programme aims to raise student awareness about protective and risk factors for suicidal behaviour, enhance general knowledge about mental disorders, and improve coping strategies for dealing with adversities, such as emotional distress and negative life events. The manualised programme comprises five sessions delivered over three weeks, including a student booklet, educational posters, classroom discussions, lectures, and role-playing activities. Six educational posters will remain displayed in classrooms during the intervention period, including in control schools. Primary feasibility outcomes include programme participation and response rates, student endorsement, and adherence to the intervention manual. Secondary explorative outcomes include quality of life, assessed by the WHO Well-being Scale (WHO-5); psychological distress, measured using the Kessler Psychological Distress Scale (K-10); help-seeking intentions assessed via the General Help-Seeking Questionnaire; and suicide stigma and literacy, measured using the Stigma of Suicide Scale. All questionnaires are tested and suitable for use in adolescent populations.

Results: By June 2025, the presentation will focus on preliminary feasibility findings, including the status of school recruitment, programme delivery, and key implementation milestones, followed by logbook themes and YAM instructors' experiences of delivering the YAM program. Preliminary data show that approximately 10% of students reported experiencing suicidal ideation, underlining the relevance of early preventive efforts. Additional results will include descriptive characteristics of a non-clinical population of Danish 9th-grade students and their well-being.

Discussion: Findings will inform the feasibility of implementing a school-based universal mental health promotion programme in Denmark.

690 Suicide among older adult nursing home residents in Austria: A national retrospective cohort study (2019–2023)

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Learning objective: to inform on estimates of suicide risk and characteristics of older adults who die by suicide while being nursing home residents in Austria.

Background: Little is known on rates of suicides in nursing home residents (NHR), and no previous estimates are available for Austria, a country with particularly high suicide rates among the oldest old. The aim of this study was to exploit newly available national register data to calculate, for the first time, suicide risk among older NHR in Austria.

Methods: In a retrospective cohort study, we linked data from multiple registers via the Austrian Micro Data Center. All older adults in Austria aged 65+ who were alive on 1st of January 2019 (n=1,645,823) were followed for up to five years. During follow-up, 152,232 older adults were recorded as NHR. Suicide deaths were identified based on cause-of-death statistics (ICD-10: X60–X84, Y87), and sensitivity analysis also included uncertain suicide deaths (ICD-10: Y10–Y34). Regression models were used to estimate risk ratios (RR) adjusted for socio-demographic characteristics.

Results: Between 2019–2023, there were 1,944 suicide deaths among older adults in Austria, of which 70 occurred among NHR. Overall, only 0.05% of the deaths among NHR were due to suicide. Median age at death among NHR suicides was 83.9 (IRQ=8.5) compared to 79.5 years (IQR=10.2)

among community-dwellers. The most common methods of suicide among NHR were drug overdoses (43%) and hanging (33%), whereas hanging (43%) and firearms (28%) were the most frequently used methods among community dwellers. The cumulative incidence of suicide was 46 per 100,000 among NHR compared to 126 per 100,000 among community dwellers, i.e. the suicide risk was considerably lower among NHR (adjusted RR=0.33). In sensitivity analyses, we included uncertain suicides and found an adjusted RR of 0.38. Suicide risks were 7-fold higher among male residents when compared to females. This was comparable with findings for community dwellers.

Discussion: Suicides were rarer among NHR in Austria when compared to older adults residing in community. Males had substantively higher risks in both settings. Future studies might assess level of comorbidity and disability among NHR who die by suicide to inform prevention efforts.

691 Enhancing Help-seeking Intentions and Perceived Effectiveness of Online Text-Based Emotion and Crisis Support Among Adolescents and Early Adults: A Network Psychometric Analysis in Hong Kong

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Learning objective: This study aims to identify the key experiences of synchronous text-based counseling (STC) that influence the intention to seek help in the future and the perceived effectiveness of STC among adolescent and early adult help-seekers.

Background: Mental ill-health among adolescents and early adults has been escalating globally. Despite this rise, this demographic demonstrates notably low help-seeking intentions, contributing to over half of their mental health service needs remaining unmet. Synchronous text-based counseling (STC) services have emerged as a promising intervention to enhance help-seeking intentions. STC has the potential to encourage more adolescents and early adults to seek help for their mental health challenges, thereby reducing the treatment gap in this vulnerable population.

Methods: A survey was conducted among users of Open Up, a 24/7 free STC service for Hong Kong youth aged 11 to 35. Out of 3,865 invited participants, 415 valid responses (335 females and 80 males) were analyzed using network psychometric approaches. Experiences related to service use were modeled as nodes, and co-occurrence was represented in edges. Two separate networks were constructed: one for perceived effectiveness and the other for future help-seeking intention. Mixed graphical models and community detection algorithms were used to identify clusters of co-occurring factors.

Results: The survey revealed that 82% of respondents reported that their experience with Open Up encouraged their intention to seek help in the future, highlighting a strong potential for fostering future help-seeking intention. Network analysis demonstrated that future help-seeking intention was primarily influenced by specific elements, including affirmation of emotions (Strength=0.18), effective resolution of inquiries (Strength=0.15), the provision of advice (Strength=0.38), and a not helpful session (Strength=-0.84). In contrast, perceived effectiveness encompassed a wider spectrum of experiences, such as understanding needs (Strength=0.06), and the overall quality of the counselor (Strength=0.12). Interestingly, referral services were identified to lie in the same experiences cluster with the perceived effectiveness.

Discussion: Synchronous text-based counseling services play a pivotal role in promoting help-seeking intentions among adolescents and early adults. Key factors influencing future help-seeking include emotional affirmation, effective problem resolution, and the provision of advice. Enhancing referral services can further indirectly improve perceived effectiveness, supporting a connected care approach. These insights inform the best practices for delivering STC interventions aimed at the young population.

693 Suicides among the young-old, middle-old and oldest-old in Austria

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Learning objective: to understand differences in sociodemographic factors among young-old, middle-old and oldest-old Austrian adults who died by suicide.

Background: When assessing risks of suicide, older adults are often examined as one homogeneous group, thus, potentially overlooking age-related differences. The aim of this national, retrospective cohort study was to analyze differences between the young-old (65–74 years), middle-old (75–84 years) and oldest-old (85 years and older) in Austria during 2019 and 2023 with regard to sociodemographic factors and suicide methods.

Methods: Using the Austrian Micro Data Center, multiple, individual-level registers were linked. All older adults aged 65+, living in Austria, and alive on January 1, 2019 (n=1,645,823) were followed for up to five years. We calculated the cumulative incidence of suicide. Odds ratios and their 95% confidence intervals and χ^2 trend tests were applied to identify subgroup differences in risk factors and suicide methods.

Results: Between 2019–2023, 1,944 older adult Austrian aged 65+ years died by suicide. Among those, 770 (77.8 % male) were young-old, 870 (81.6 % male) were middle-old, and 304 (82.2% male) belonged to the oldest-old. The overall cumulative incidence of suicide was 118 per 100,000 persons. The highest rate was found among middle-old older adults (145 per 100,000) and the lowest rate was found among young-old older adults (92.9 per 100,000). Across all age groups, substantially higher incidence rates were found males versus females. Compared to middle-old, the young-old who died by suicide were less likely to have completed basic education only, be widowed, or be on long-term care allowance, while they were more likely to be divorced. The oldest-old had higher odds of being widowed and receiving long term-care allowance, while no significant differences were found with respect to educational levels. Regarding suicide methods, the oldest-old were more likely to die by hanging, while the young-old were less likely to use firearms.

Discussion: Middle-old adults were found to have the highest suicide rate in Austria. Our findings highlight the importance of considering age-specific risk factors when addressing suicide prevention in later life. Targeted interventions, such as bereavement support for the oldest-old, might help reduce suicide risks among older adults.

699 Change in psychological distress and associated factors among Hong Kong young adults in post-COVID-19 era: a latent transition analysis

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Background: The COVID-19 pandemic has brought negative impacts on young adults' mental health. The present study aimed to examine the transition of psychological distress classes in young adults after the pandemic and the associated factors.

Methods: A total of 577 young adults (mean age = 25.9 years, SD = 4.4) in Hong Kong participated in a longitudinal online survey on mental wellness in 2022 and 2023. The participants completed the 10-item Chinese Health Questionnaire and self-constructed items on COVID-19 distress, financial distress, and social distress. Latent class analysis was used to classify the participants into latent classes of psychological distress. Latent transition analysis was conducted with measurement invariance to examine the transition amongst the latent classes from 2022 to 2023 and the associations with changes in the stressors.

Results: The data supported three latent classes of psychological distress. One-third of the participants belonged to the High-distress class with elevated symptoms and its prevalence decreased over two years. Of those in the moderate- and high-distress class, 40.9% and 10.0% respectively transitioned to the low-distress class after the pandemic. Increases in financial distress (OR = 3.67, 95% CI = 1.39–9.67) and social distress (OR = 1.96, 95% CI = 1.03–3.74) after the COVID were significantly associated with a greater likelihood of transitioning from the Low-distress class to the High-distress class.

Discussion: The findings suggest a reduction in psychological distress among young adults after the pandemic. Increases in financial and social distress after COVID-19 showed significant temporal effects on worsened psychological distress.

697 Identifying high-risk groups for self-harm in adolescents using the Avon Longitudinal Study of Parents and Children (ALSPAC): a cross-cohort comparison latent class analysis study

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Objective: The primary aim of this current study was to identify homogenous subgroups in early and late adolescence that exhibit similar risk factors for self-harm, using the Avon Longitudinal Study of 710Parents and Children (ALSPAC), and to examine the longitudinal associations between the latent classes with the distal outcome of self-harm.

Background: Young people who self-harm are at an increased risk of suicide. Furthering our understanding of the risk factors for self-harm is essential for identifying high-risk groups, which can be used to inform the design of preventative interventions for these subgroups.

Methods: This study used the Avon Longitudinal Study of Parents and Children (ALSPAC) and applied latent class analysis to the risk factors for self-harm at ages 13 and 17. Longitudinal associations between the latent classes and self-harm at ages 17 and 20 were examined. Cross-cohort comparisons were conducted between this study and a previous study using Irish data.

Results: At age 13 there was a low risk group, a peer problems group, and substance use group, similar across the two cohorts, and a family conflict group, which was the least similar group to its matching group in the Irish study. All of these age 13 high-risk groups had approximately twice the relative risk

of self-harm at age 17 compared to the low risk group. The age 17 models were very similar across the two cohorts, each with a low risk group, a depression and high substance use group, a depression and low substance use group, and a substance use group. The relative risk of self-harm at age 20 for these high-risk groups compared the low risk group ranged from three to eight.

Discussion: These groups could help identify those at risk of self-harm and the design of prevention programmes to reduce self-harm behaviour in young people.

703 Ensuring Quality in Suicide Prevention: Implementation of Resource Person Training in Life on the Agenda

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LEARNING OBJECTIVE: Assess the implementation quality of Resource Person Training in Life on the Agenda, with focus on alignment to program goals.

BACKGROUND: Evaluating how suicide prevention programs are implemented is essential to understanding their impact. Life on the Agenda (LPT) is a school-based program aimed at equipping staff and school health nurses with the confidence and skills to engage with at-risk students. Implemented in over 40 schools in Vestland County, Norway, it is important to understand how its core components are delivered. The program offers knowledge on mental health and suicide, practical conversation training, and guidance on seeking support. A key component is the three-day Resource Person Training, which prepares selected staff to support colleagues in identifying and responding to student concerns. This study explores how the training is implemented and aligned with LPT's goals.

METHOD: Qualitative interviews were conducted with three school staff members who completed the Resource Person Training. Two interviews were conducted in person and one by phone, each lasting 20–40 minutes. Participants were asked about their experiences with the training, its impact on their ability to support at-risk students, and how well it prepared them to guide colleagues. Interviews were recorded and securely stored in Services for Sensitive Data (TSD). Transcripts were analyzed using Systematic Text Condensation to identify key themes.

RESULTS: All participants described the training as well-structured, relevant, and professionally delivered. They emphasized the value of practical exercises, particularly role-play and case discussions. The training improved their ability to recognize signs of mental health concerns, initiate conversations with students, and follow up appropriately. Participants reported increased confidence in guiding colleagues and sharing conversation tools. Some noted uncertainty about condensing and delivering course content to others. Challenges related to school-home collaboration and communication between support services were also mentioned. The perceived usefulness of the training varied depending on participants' prior experience.

DISCUSSION: The findings suggest that the training is implemented largely in line with LPT's goals, particularly in building participants' confidence and skills in suicide prevention. Strong Fidelity was demonstrated through relevant content and clear delivery. However, variation in how participants share knowledge may affect the training's overall reach. Although based on a small sample, this study provides useful insights into implementation and highlights opportunities for improving collaboration

and clarifying the resource person role. It adds to the limited research on suicide prevention training implementation, highlighting factors that may influence reach and impact

704 Signs and symptoms recorded before self-harm and suicide in children and young people with depression and anxiety.

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Background: Rates of depression, anxiety, self-harm, and suicide among children and young people are rising, yet traditional diagnostic models often fail to capture the full spectrum of risk factors. Mental and physical health signs and symptoms remain underutilized in identifying individuals at risk.

Objective: This study aims to examine the association between mental health diagnoses, and physical and mental health signs and symptoms with subsequent self-harm and suicide (SH&S) in children and young people with anxiety and depression.

Methods: We conducted a retrospective e-cohort study using routinely collected clinical and administrative data from individuals aged 10–24 years in Wales (2005–2019). An evolutionary algorithm (Artificial Intelligence) combined with logistic regression identified risk factors for SH&S within one year of a randomly selected primary care contact. This data driven model allowed us to consider both individual and co-occurring risk factors. We compared the results of a purely diagnostic-based model with a model integrating also signs and symptoms.

Results: Among 99,126 identified individuals, 4,034 presented with SH&S during follow-up. Integrating signs and symptoms slightly improved risk identification beyond purely diagnostic-based models (specificity 90.4% vs 89.0%, and Mathews correlation coefficient 0.19 vs. 0.17). Physical symptoms such as pain and gastrointestinal symptoms, alongside traditional mental health indicators, were associated with increased risk of SH&S. Strong risk factors of future SH&S included previous self-harm or co-occurring SH&S symptoms and signs of wounds (odds ratio 5.1, 95% confidence interval 4.7–5.5), and co-occurring oral symptoms & alcohol use (odds ratio 2.4, 95% confidence interval 1.7–3.4).

Conclusion: Enhancing risk models with physical and mental health signs and symptoms offers a more comprehensive approach to identifying SH&S risk. Current healthcare strategies fall short in addressing the needs of at-risk youth, underscoring the importance of integrated care, clinician training, and targeted interventions such as school-based programs.

710 Role of Neutrophil-Lymphocyte Ratio (NLR) and Mean Platelet Volume (MPV) as biomarkers of suicidal ideation in Depression: A cross-sectional study

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OBJECTIVE: To examine the relationship between Neutrophil-to-Lymphocyte Ratio (NLR), Mean Platelet Volume (MPV), and suicide risk in depression by comparing their levels in depressed individuals (with and without suicidal thoughts) and healthy controls.

BACKGROUND: Suicide is a leading global cause of death, with nearly 800,000 deaths annually, with high prevalence in India, where it remains a major public health challenge. Depression is a key risk factor, linked to 60% of suicide cases, yet traditional assessments rely on subjective reporting, often limited by stigma. Studies show inflammation and immune changes with suicidal ideations, NLR

and MPV emerging as potential biomarkers. This study explores their role in assessing suicide risk in depression.

METHODS: A two-month cross-sectional study with 50 depressed patients (ICD-10 diagnosis) and 50 healthy controls. Presence of suicidal ideation was assessed using Hamilton Depression Rating Scale (HAM-D) and the severity using the Beck Scale for Suicidal Ideation (BSIS). Blood samples were collected, NLR and MPV levels analyzed. Statistical analyses were done, $p < 0.05$ were considered statistically significant.

RESULT: NLR ($p=0.001$) and MPV ($p=0.01$) showed a significant increase in cases when compared to controls. A statistically significant difference in NLR ($p = 0.03$) and MPV ($p = 0.01$) was found between depressed individuals with and without suicidal ideation. Based on BSIS scores, 42% of depressed individuals had moderate suicidal ideation, while 26% had high suicidal ideation. However, no significant difference was observed in NLR and MPV between suicide attempters and non-attempters ($p = 0.882$, $p = 0.961$)

CONCLUSION: This study highlights the strong association between depression and suicide risk, with biological markers like NLR and MPV showing a significant link to suicidal ideation. While these markers may aid in early detection of suicide risk, they do not differentiate previous suicide attempts. Integrating biological markers with psychological assessments could enhance suicide prevention efforts and timely interventions.

711 Assessing the Impact of Suicide Prevention Training on Knowledge, Attitudes, and Self-Efficacy Among Medical Students

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Objective: To evaluate the effectiveness of a structured suicide prevention workshop in enhancing medical students' knowledge, attitudes, and self-efficacy in suicide intervention.

Background: Suicide is a major public health crisis, with over 700,000 deaths annually worldwide. Healthcare professionals, particularly medical students, play a important role in early detection and intervention. However, gaps in suicide-related knowledge, stigma, and lack of confidence in handling at-risk individuals limit their effectiveness as gatekeepers. The World Health Organization (WHO) and Sustainable Development Goal (SDG) 3.4 emphasize the importance of mental health training to reduce suicide rates. This study assesses the impact of a structured training program in improving medical students' preparedness for suicide prevention.

Methods: A pre- & post-interventional study was conducted among 100 MBBS students attending a suicide prevention workshop. Participants were assessed using three validated scales: Literacy of Suicide Scale (LOSS) for knowledge, Attitudes Towards Suicide Scale (ATTS) for stigma and beliefs, and the Gatekeeper Self-Efficacy Scale (GSES) for confidence in intervention. The workshop included interactive lectures, case-based discussions, and role-playing exercises. A paired t-test was used to compare pre- and post-training scores, $p < 0.05$ were considered statistically significant.

Results: All 100 participants completed both pre- and post-workshop assessments, showing significant improvement across all domains. The mean LOSS score increased from 12.4 (SD \pm 3.1) to 18.9 (SD \pm 2.7) ($p < 0.001$), reflecting enhanced knowledge. The ATTS score improved from 45.6 (SD \pm 7.2) to 52.8 (SD \pm 6.4) ($p = 0.002$), indicating reduced stigma and a stronger belief in suicide preventability. Similarly, the GSES score rose from 28.3 (SD \pm 5.5) to 37.1 (SD \pm 4.9) ($p < 0.001$), demonstrating increased confidence in identifying and assisting at-risk individuals.

Conclusion: This study confirms that a structured suicide prevention workshop significantly improves medical students' knowledge, attitudes, and self-efficacy in suicide intervention. Given the global burden of suicide, incorporating similar programs into medical curricula can strengthen healthcare

systems' suicide prevention capacity. These findings align with WHO's Mental Health Action Plan and SDG 3.4, emphasizing the need for mental health training as a crucial strategy to combat suicide on a global scale.

712 AinaAI: Empathetic Conversational AI Robot for Multilingual Psychological Counselling and Suicide Prevention

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Objective: The aim of this research is to study the effectiveness of psychological counseling particularly for suicide prevention and suicide thought detection, when integrated with a conversational AI-based robot equipped with multilingual and emotional recognition capabilities.

Background: In today's fast-paced world terms like depression, stress, and anxiety have become increasingly common, even in countries considered to be the world's happiest. Research shows that many individuals feel overwhelming emotions and when they have no one to talk to about it is what leads them towards life-threatening decisions. Although individuals can approach psychotherapists to speak about their problems and build their mental well-being, this loop is often hindered by factors like language barriers, privacy concerns, social anxiety about seeking help, appointment scheduling issues, etc. Our research design aims to provide solutions for these gaps by leveraging the potential of the Furhat robot, conversational AI, and emotional recognition to provide inclusive, private, and accessible psychotherapy.

Methodology: The system designed for this research incorporates a multimodal and multilingual conversational AI-based system. The architecture of this system consists of a Furhat robot, VGGFace model, EmotionNet, and BERT/LLM-based model. Furhat robot is a conversational AI-based system, that has the capability to adapt to multiple languages, and voices, display faces, and also make interactions real by varying facial expressions making it the best suitable option as a speech interface for psychotherapy. The inbuilt camera of Furhat is accessed in real-time with a time-step and ingested as an input to VGGFace and EmotionNet models, which verify the identity and detect the facial emotion of an individual respectively. The speech input from the user is passed on to the sentiment analysis model to detect the emotions of the user from speech and then passed on to the BERT/LLM-based model to analyze the semantics of the sentence. A reply sentence is generated by the model upon analyzing the semantics and emotions of the user.

Anticipated Results and Discussions: As the project is currently in development, a Wizard-of-Oz theoretical technique was deployed to check the use of the Furhat robot for psychotherapy with users. Based on sessions, users are positive about emotional recognition, dialogue flow, and empathetic response generation. When integrated with an AI model, the system is believed to perform with high accuracy (>90%). Deploying this research into clinical practice could reduce emotional isolation, overcome language barriers, and accessibility, and provide personalized counseling support, significantly improving suicide prevention outcomes.

715 Non suicidal self- injury among primary and middle school children: School teacher's knowledge, experience and response

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Learning Objective: To assess the knowledge, experiences & response of teachers regarding NSSI in children and adolescents studying in primary and middle school classes

Background: Non suicidal self- injury (NSSI) has been reported in adolescent as per previous research. Little is known about NSSI among primary & middle school children. School teachers experience about encountering NSSI among this group, how they respond and their preparedness also remains unexplored.

Method: A cross-sectional survey was conducted among primary and middle school teachers (Classes 1—8) in Chandigarh, India, targeting both government and private institutions. A calculated sample size of 377 ensured 95% confidence with a 5% margin of error for estimating population proportions. Stratified sampling followed by systematic random sampling was employed and a total of 9 government schools and 5 private schools were selected. All teachers in the selected schools fulfilling the inclusion criteria were approached after obtaining due permission from District Education Officer & school principals. Data collection involved a sociodemographic profile form and a semi-structured questionnaire adapted from a prior study, distributed electronically via Google Forms.

Results: Participants enrolment is ongoing. A total of 172 (134 government & 38 private school teachers) response has been received till date and were analysed. Majority (77%) of the participants were females, with postgraduate degree and with an average teaching experience of 14.14 years. Only 5 teachers (2.9%) indicated personal experiences with non-suicidal self-injury (NSSI), either themselves or through family members or loved ones. Additionally, 17 teachers (9.9%) reported having encountered NSSI among their students. Majority reported perceived prevalence of NSSI as rare event (1–3%) among school children and that also may happen only in higher classes like 8th class onwards. More than a half (68%) of the participants felt inadequately equipped to handle NSSI. Professional training needs were expressed by participants in domains of identification of NSSI (32.6%), approach to a student with NSSI (38.9%) and referral system for intervention (30.8%).

Discussion: The available data depicts the unmet training needs of teachers to handle NSSI. Even though 9.9% teachers encountered NSSI amongst students, only half of them responded and reported difficulties while dealing with these students. This gap needs to be overcome through awareness and training programs for teachers to aid identification of NSSI, early intervention, referral to mental health professionals and sensitisation.

784 CLINICAL EXPERIENCE IN THE APPLICATION OF A SECONDARY PREVENTION PROGRAM FOR THE RISK OF SUICIDE AND REATTEMPTS (PRISURE) AT THE INSTITUTE OF PSYCHIATRY AND MENTAL HEALTH (IPSM) GREGORIO MARAÑÓN GENERAL UNIVERSITY HOSPITAL (MADRID — SPAIN)

Mercedes Valtueña-García, Hospital Gregorio Marañón, Spain.

Learning Objective: This study aims to describe the PRISURE prevention program and present some results derived from the program delivery in a public hospital in Madrid, Spain.

The PRISURE program, developed in Institute of Psychiatry and Mental Health (IPSM) Hospital General Universitario Gregorio Marañón (Madrid — Spain) is a comprehensive approach to secondary suicide prevention, addressing a critical need in our region (Spain: 4,227 suicides/2022; suicide rate 8.57/100,000 population; average 11.6 suicides/day in 2022; Madrid: 403 suicides/2022; suicide rate 5.93/100,000 population). This innovative program integrates early detection, targeted intervention, and research to support individuals at high risk of suicide. Key objectives of PRISURE include:

1. Psychosocial assessment and prevention of suicidal behaviour

2. Intensive and individualised outpatient support
3. Limiting accessibility to possible suicide methods
4. Development of support networks for survivors of suicide attempts
5. Coordination with professionals from other resources and facilities such as primary care, emergency services and psychiatric units
6. Promotion of healthy lifestyles through psychoeducation
7. Research on local prevalence and the effectiveness of interventions

Our multidisciplinary team, consisting of psychiatrists, mental health nurses, clinical psychologists and social workers, provides comprehensive care. Patients are referred from different facilities and undergo an initial assessment within seven days. Since July 2023, 385 referrals to PRISURE device, the majority of them were referred by emergency services (69.35%), followed by primary care services (9.61%) and the Brief Hospitalization Unit (BHU) (9.09%). Weekly coordination meetings ensure personalized treatment plans based on individual risk profiles: low and moderate suicide risk with regular follow-up format; high suicide risk with intensive follow-up format. Of these referrals, 285 patients attended the PRISURE device, and 138 individuals met the inclusion criteria for inclusion in the program, of whom 35 received intensive treatment due to a high-risk profile, and 103 received regular follow-up

PRISURE emphasizes patient participation through a shared decision-making model, fostering engagement in treatment and recovery. This approach has shown promising results: treatment duration, ranging from 6 to 9 months for patients before offering them therapeutic discharge to other services, and re-attempts. In the last year (N=89 patients in the program), 11 of them made re-attempts within the first 3 months after the start of the intervention, dropping to only 2 re-attempts during the six-month period. It is also noteworthy that 23 of the patients were frequent re-attempters before attending the consultation (≥ 2 attempts in their lifetime), and only 2 of them re-attempted suicide during the course of the program. By integrating systematic evaluation, targeted interventions, and ongoing research, PRISURE represents a holistic approach to indicated suicide prevention, adaptable to diverse healthcare settings.



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