Asia Pacific Regional Forum

IASP

# Abstract Book

# Fiji, 2026

14-16 September 2026
Sofitel Fiji Resort, Denarau,
Fiji Islands

**Contact**
Wendy Cliff
wendycliff@iasp.info

www.iasp.info

# Table of Content


Welcome ..... 4
Scientific Co-Chairs ..... 5
Steering Committee ..... 6
Scientific Committee ..... 6
Invited Speakers ..... 7
Plenaries ..... 9
Opening Plenaries September 14th, 2026, 9:35am — 10:50am ..... 9
Strengthening Suicide Prevention in the Pacific: Leadership, Hope and Action ..... 9
Talanoa ..... 9
Climate Change and Suicidality: What Do We Know and What Is Missing? ..... 9
Plenary September 15th, 2026, 9:00am — 9:30am ..... 10
Can an Algorithm hold the Va? ..... 10
Plenary September 16th, 2026, 9:00am — 9:30am ..... 10
Faith, spirituality: protective and risk factors in suicide prevention ..... 10
Closing Plenary September 16th, 2026, 16:30pm — 17:00pm ..... 11
Interpersonal Violence and Suicide Prevention ..... 11
Closing Remarks September 16th, 2026, 17:00pm — 17:15pm ..... 11
Partnerships for Life: Progress and New Phase ..... 12
September 14th, 2026, 11:15am — 11:45am ..... 12
Ideas Exchange ..... 12
Ideas Exchange September 14th, 2026, 11:45am — 12:45pm ..... 12
Topic 1, The future of social media regulation and safety by design? ..... 12
Topic 2. Opportunities and challenges presented by artificial intelligence, legislative action and whose voice shapes it ..... 12
Topic 3. Suicide perspectives and plans for the Pacific Islands ..... 12
Panels ..... 12
Panels September 16th, 2026, 13:30pm — 14:30pm ..... 12
Panel 1 ..... 12
Domestic Violence and Suicide in Women and Girls: Understanding the Connection and Exploring the Solutions ..... 12
Panel 2 ..... 13
Religion, Culture and Suicide Prevention ..... 13
Panel 3 ..... 13
Youth suicide Prevention ..... 13
Workshops ..... 14
Workshops September 14th, 2026, 13:45pm — 17:15pm ..... 14
Safe and effective media and online communication about suicide: Opportunities for local implementation. ..... 14
The Mānava Ola - The breath of Life ..... 15
Workshops September 15th, 2026, 9:30am — 12:30pm ..... 15

The role of mortality review in preventing suicide ..... 15
What are the clinical tools/safety planning required to work through a Suicide crisis for culturally specific adaptation ..... 16
Weaving Community Strength: Amplifying Community Led Solutions in Suicide Postvention ..... 17
Workshops September 15th, 2026, 14:30pm — 17:30pm ..... 17
Designing Safe AI for Crisis Moments: A Hands-On Workshop ..... 17
The role of coronial investigations in preventing suicides: How can we ensure coroners' recommendations are fully-informed, culturally responsive and effective? ..... 18
Talia na Veiwekani e Vakabulabulataka na Bula — "Weaving Connections that Sustain Life" ..... 19
Workshops September 16th, 2026, 9:30am — 12:30pm ..... 19
Inclusion of lived experience and culture in the co -production of suicide prevention programs, policy and research ..... 19
Collaboration for change: Co-designed strategies for addressing self-harm in school settings ..... 20
Choice, Dignity, and Hope: A QualityRights Approach to Suicide Prevention ..... 21
Lightning Presentations ..... 23
Lightnings September 15th, 2026, 13:30pm — 14:30pm ..... 23
1.1 Building carer-inclusive suicide aftercare: Strengthening practice with family, friends and carers through a train-the-trainer workforce development model ..... 23
1.2 Public Perceptions of Suicide in Tajikistan: The Role of Stigma, Attribution, and Treatability Beliefs ..... 23
1.3 Temporal distribution of suicide within a day among children and adolescents in Japan, 1995-2023 .. 24
1.4 Trauma Centers as Critical Sites for Suicide Prevention: Insights from a Rural Level II Hospital ..... 25
1.5 Ko Wai Ka Ora (Who will survive)? Rethinking Government Policy to Confront the Māori Suicide Crisis in Aotearoa New Zealand ..... 26
Lightnings September 15th, 2026, 13:30pm — 14:30pm ..... 26
2.1 Strengthening Suicide Prevention in Fiji: Advancing National Coordination, Community Action, and Hope through NCOPS ..... 26
2.2 Accountability by Design: Legislative Models for Suicide Prevention ..... 27
2.3 The Impact of Australia's Suicide Prevention Research Fund, Advancing Evidence, Translation and System-Level Change ..... 28
2.4 Development and implementation of mental health promotion program for adolescents in China ..... 28
2.5 Users' Experiences and Perceived Effectiveness of the eRAPPORT Mobile App for Suicide Prevention Among Young Adults with Mental Health Vulnerability: A Retrospective Qualitative Secondary Analysis ... 29
Lightnings September 15th, 2026, 13:30pm — 14:30pm ..... 30
3.1 Machine Learning Model for Predicting Suicidal Ideation Using Baseline and Smartphone Data in the Clinical High-Risk for Psychosis Population ..... 30
3.2 The #chatsafe Youth Participation Model: a toolkit for participatory workshops involving young people in the design of suicide prevention initiatives ..... 31
3.3 Outcomes of a Multi-Stakeholder Co-Designed Digital Psychosocial Needs-Based Assessment Protocol for Young People ..... 31
3.4 Developing an Evidence-Informed Postvention Framework for Psychiatric Nurses: Implications for Suicide Prevention ..... 32
3.5 A Five-Pillared Peer Support Framework for Responding to Workplace Sudden Death and Suicide. ...33
Lightnings September 16th, 2026, 14:30pm — 16:00pm ..... 34
4.1 Our stories matter: Storytelling for change through lived and living experience perspectives on suicide ..... 34

4.2 Strengthening Suicide Prevention in Fiji: A Situation Analysis for Adapting the WHO mhGAP Community Toolkit ..... 35
4.3 Community-Led Mental Health Awareness Walks as Culturally Grounded Pathways to Care, Stigma Reduction, and Indigenous Healing in Pacific Islander Communities ..... 35
4.4 Trust, Pathways, Case Management and Peer-Led Suicide Support in Construction ..... 36
4.5 Demonstrating the Effectiveness of the MATES Program in Reducing Stigma and Improving Mental Health Literacy in FIFO Workforces ..... 37
4.6 Understanding Suicidal Behavior in Fiji: Assessing the Three-Step Theory for the Fijian Context ..... 38
4.7 Advancing Suicide Prevention Through Workforce Innovation: A Mixed-Methods Evaluation of PM+ Training in Social Work Education ..... 38
4.8 Perceptions and experiences of experts in media and suicide on implementation of attempts to engage media on responsible suicide reporting in LMICs ..... 39
Lightnings September 16th, 2026, 14:30pm — 16:00pm ..... 40
5.1 Prevalence of help-seeking for self-harm and suicidal ideation amongst adolescent and young adult populations: A meta-analysis ..... 40
5.2 From Storytelling to System Change: Embedding Lived Experience Across Suicide Postvention ..... 40
5.3 Exposure to suicide-related information through the media among university students and related factors: An exploratory study ..... 41
5.4 The Role of Family Problems in Self-Harm: A 5-Year Retrospective Chart Review ..... 42
5.5 Building Resilience Through Holistic Self-Defense: Effectiveness of the Girls Lead Girls Program in Puducherry ..... 42
5.6 Developing Surveillance Systems for Suicidal Behavior in Fiji: Challenges and Opportunities ..... 43
5.7 Development and co-design of a telehealth referral service aimed to reduce recurrent self-poisoning in substance use disorder ..... 44
5.8 Suicidal behaviour, attitudes towards suicide, associated risk factors and peer response among Fijian youth ..... 44
Lightnings September 16th, 2026, 14:30pm — 16:00pm ..... 45
6.1 Braving the elements: Extreme weather events and male suicidality based on an Australian male cohort study ..... 45
6.2 Prevalence and Factors Associated with Suicial Thoughts and Behaviours in Vietnam: A Systematic Review and Meta Analysis ..... 46
6.3 Unacceptable loss thresholds: A qualitative exploration of the transition from suicidal readiness to active suicidality. ..... 47
6.4 Early Impact, Lasting Consequences: Adverse Childhood Experiences and Suicide ..... 47
6.5 An Exploratory Study on Children's Coping Methods for Stress and the Effectiveness of Lessons on How to Seek Help ..... 48
6.6 Belonging and Recovery: Reframing Suicide Prevention through Peer Support and Inclusion in Fiji ..... 48
6.7 Are Suicide Prevention Interventions Effective for Current and Ex-Serving Military Personnel? A Systematic Review and Meta-Analysis Based on the Suicide Prevention Trials Database ..... 49
6.8 Rethinking Suicide Loss Survivorship: Theoretical and Empirical Examinations ..... 50

# Welcome

We are delighted to host the IASP Asia Pacific Regional Forum in Denarau, Fiji 14–16 September 2026, bringing together researchers, practitioners, policymakers, and lived experience voices from across the region and beyond.

Hosted by the International Association for Suicide Prevention, this forum will provide a platform for connection, collaboration, and knowledge exchange, with a strong focus on regional priorities and context-specific solutions. A key theme will be the impact of isolation and the unique challenges of suicide prevention in the Pacific Islands, including access to services, workforce capacity, cultural considerations, and community-led responses. Participants can expect meaningful dialogue, practical insights, and opportunities to strengthen partnerships that support effective, culturally responsive suicide prevention efforts.

I would like to extend my thanks to our supporters, Ministry of Health Fiji, Orygen #chatsafe, MATES in Construction, Standby Support After Suicide, CBM Australian Aid, Character and Leadership Academy and Medirite Pharmacy. Through their generous contributions, IASP is able to bring these events to regional communities.

Professor Jo Robinson
IASP President

## Scientific Co-Chairs

Professor Kairi Kõlves

Director of the WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University
Professor Kõlves has been involved in several Australian and international projects and has been an adviser to the World Health Organization since 2003. She is a member of national and international advisory committees

Professor Shusen Chang

Professor Shu-Sen Chang is a suicide prevention and mental health researcher and Professor at the College of Public Health, National Taiwan University, Taipei, Taiwan. With a background in psychiatry and public health, he has applied tools of population health science to identify complex determinants of suicidal behaviour and evaluate interventions aimed at preventing suicide and saving lives.
Professor Chang leverages a life-course, multi-level framework and rigorous methodologies in his research to generate critical evidence to inform suicide prevention strategies. He has worked extensively with local and international researchers conducting a series of studies to investigate time trends, geographic variations, and risk factors of suicide, self-harm, and mental wellbeing as well as intervention effectiveness.

## Steering Committee

Ms Wendy Orchard IASP CEO (Chair)
Professor Kairi Kõlves (Scientific Co-Chair)
Professor Shusen Chang (Scientific Co-Chair)
Professor Nicholas Procter
Dr Devina Nand
Associate Professor Sarah Fortune
Professor Yongsheng Tong
Mr Lameka Keli Koroi
Ms Shawal Prasad
Dr Luke Bayliss
Ms Wendy Cliff
Mrs Katherine Thomson
Ms Kezia Taufik
Ms Lauren Betts

## Scientific Committee

| | |
|---|---|
| Professor Kairi Kõlves (Scientific Co-Chair) | Australia |
| Professor Shusen Chang (Scientific Co-Chair) | Taiwan |
| Professor Nicholas Procter | Australia |
| Dr Stephάne Amadeo | France |
| Associate Professor Sarah Fortune | New Zealand |
| Dr Luke Bayliss | Australia |
| Professor Jemaima Tiatia-Siau | New Zealand |
| Associate Professor Katrina Witt | Australia |
| Dr Ching Sin Siau | Malaysia |
| Professor Paul Yip | Hong Kong |
| Associate Professor Jacinta Hawgood | Australia |
| Professor Jane Pirkis | Australia |
| Professor Michael Phillips | China |
| Dr Lakshmi Vijayakumar | India |
| Professor Ying Yeh Chen | Taiwan |
| Dr Minjae Choi | South Korea |
| Professor Yongsheng Tong | China |
| Professor Chan, Lai Fong | Malaysia |

## Invited Speakers

Plenary Speakers

**Dr Jiang Long**
Technical Officer for Mental Health, Division of Pacific Technical Support, WHO Regional Office for the Western Pacific.
Dr Long provides technical support to 21 Pacific island countries and areas to strengthen governance, services, and partnerships in mental health, suicide prevention, substance use, and related fields.

**Lameka Keli Koroi**
National Suicide Prevention Officer for the Ministry of Health and Medical Services in Fiji
Lameka Keli Koroi is stationed at the National Wellness Centre in Suva. Keli acts as a prominent public health advocate, clinical leader, and Fiji's official IASP National Representative.

**Jeremaia Merekula**
Team Lead, Lifeline Fiji
Meet Jeremaia Merekula, the driving force behind Lifeline Fiji. A member organisation of Lifeline International, which provides 24-hour access to suicide prevention services in a country with one of the highest suicide rates globally.

**Margaret Eastgate**
Counselling Practitioner
Margaret Eastgate is a Counsellor by profession and an active member of the National Committee on the Prevention of Suicide (NCOPS).

**Professor Jemaima Tiatia-Siau**
Pro Vice-Chancellor (Pacific), University of Auckland.
She is of Samoan heritage and has a population and community health background. She was one of six panellists on the New Zealand Government's 2018 Mental Health and Addiction Inquiry and is currently a Board member for the inaugural Mental Health and Wellbeing Commission.

**Professor Kairi Kõlves**
Director of the WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University
Professor Kõlves has been involved in several Australian and international projects and has been an adviser to the World Health Organization since 2003. She is a member of national and international advisory committees.

**Dr Elizabeth Mati**
Chief Executive, Le Va
Dr Mati is passionate about developing effective Pasifika interventions and solutions that enable Pasifika people to unleash their full potential. She is a registered clinical psychologist and has been working within Pasifika communities for over 15 years in educational, forensic and mental health settings.

**Dr Lakshmi Vijayakumar**
Founder, SNEHA & Head of the Department of Psychiatry, Voluntary Health Services, Chennai
Dr Vijayakumar has been conferred the Honorary Fellowship of the Royal College of Psychiatrists (FRCPsych), UK, for her work on suicide prevention, and has also been conferred FRCP (EDIN).

**Permanent Secretary Selina Camaibau Kuruleca**
Office of the Ministry for Justice, Fiji
Selina Camaibau Kuruleca serves as Permanent Secretary in Fiji's Ministry of Justice and co-chairs the country's National Committee on the Prevention of Suicide, where she has been a leading public voice on the scale of Fiji's suicide burden and the need to change the national conversation around it.

**Professor Ann John**
Professor of Public Health and Psychiatry, Swansea University
Ann John, a public health-trained former General Practitioner, is a Professor of Public Health and Psychiatry at Swansea University Medical School with a research focus on suicide and self-harm prevention and children and young people's mental health.

# Plenaries

Opening Plenaries September 14th, 2026, 9:35am – 10:50am
Chair: Jo Robinson

## Strengthening Suicide Prevention in the Pacific: Leadership, Hope and Action

**Dr Jiang Long**
**Technical Officer for Mental Health at the Division of Pacific Technical Support of the WHO Regional Office for the Western Pacific, Fiji**

A technical presentation providing a broad overview of suicide prevention, which would support the development of a regional action plan – one major goal of the forum

## Talanoa

**Mr Lameka Koroi, Ms Margaret Eastgate, Mr Jeremaia Merekula**
**National Suicide Prevention Officer for the Ministry of Health and Medical Services in Fiji; Counsellor by profession and an active member of the National Committee on the Prevention of Suicide (NCOPS); Lifeline Fiji**

Rooted in the Pacific Talanoa methodology, this co-presented plenary address establishes a culturally grounded, collaborative space for stakeholders across the suicide prevention and mental health sectors. Led by three sector leaders, the session models the Talanoa framework through collective storytelling and purposeful dialogue. Together, the presenters will integrate vital community strengths, evaluate existing systemic interventions, and chart a strategic course for future cross-sector partnerships and actionable collaborations.

## Climate Change and Suicidality: What Do We Know and What Is Missing?

**Professor Kairi Kolves**, **Professor Jemaima Tiatia-Siau**
**Australian Institute for Suicide Research and Prevention (AISRAP) and is the Director of the WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology at Griffith University; Senior leader and scholar at Waipapa Taumata Rau, University of Auckland, serving as Pro Vice-Chancellor (Pacific) and Professor of Pacific Studies**

Climate change is one of the defining global challenges, requiring urgent action from governments, communities, and individuals. The United Nations Sustainable Development Goals recognise the profound impacts of climate change—including rising temperatures and sea levels, prolonged drought, flooding, extreme weather events, and ecosystem degradation—on health and wellbeing through their effects on the social, cultural, spiritual and environmental determinants of health. Increasing evidence highlights the adverse effects of climate change on mental health, including psychological distress associated with climate-related disasters and gradual environmental change, as well as climate-related emotional responses such as eco-anxiety, eco-grief, and other eco-emotions.
Despite suicide prevention being a global public health priority, comparatively little research has examined the relationship between climate change and suicidality. This presentation will provide an overview of the current international evidence linking climate change and climate-related exposures with suicidal thoughts and behaviours, highlighting emerging findings, potential mechanisms, and key research gaps. To complement this evidence, the presentation will also include a perspective on the mental health and wellbeing impacts of climate change in the Pacific Islands, Aotearoa New Zealand and Australia, a region facing disproportionate risks from rising sea levels, extreme weather events, and environmental change. Together, these perspectives will highlight

the importance of understanding both the direct and broader mental health consequences of climate change to inform future suicide prevention research, policy, and practice.

## Plenary September 15th, 2026, 9:00am – 9:30am

Chair: Jane Pirkis

### Can an Algorithm hold the Va?

**Dr Elizabeth Mati**
**Chief Executive of Le Va**

Pacific leadership in shaping the future of artificial intelligence and suicide prevention
Artificial intelligence is already changing how people seek support and make sense of distress. For Pacific communities, the question is whether we will help shape this change or respond after the technology and safeguards have been defined by others.

This presentation shares Le Va's approach to enhancing Aunty Dee through artificial intelligence, guided by Pacific knowledge, clinical expertise, community voice and cultural safety.

The Va reminds us that wellbeing is nurtured through our relationships with family, community, culture, spirituality and generations past and future. Distress can also be experienced and understood through these relationships.

Can an algorithm understand cultural meanings, values and connections? Can it respond in ways that uphold the Va? Can it support the Va without assuming it can replace what only people can provide?

Drawing on Le Va's wider suicide prevention work, the presentation will explore the opportunities and risks of AI-enhanced support. Pacific peoples need to be involved early, define what safety and accountability mean for our communities, and ensure our ancestral intelligence shapes the foundations of the technology our people may come to rely on.

## Plenary September 16th, 2026, 9:00am – 9:30am

Chair: Devina Nand

### Faith, spirituality: protective and risk factors in suicide prevention

**Dr Lakshmi Vijayakumar**

Religious faith is a structured communal system of belief, doctrines and rituals centered on a divine power. Spiritualism is an individual inner quest for meaning, personal connection and inner awareness. Although one is an external framework and the other is internal, there is a considerable overlap.

Several studies have reported that faith and spirituality protect against suicidal behaviour providing community support, moral framework and coping mechanism. A recent meta analysis suggested an overall protective effect (OR 0.38). It appears to be more protective in Western based cultures (OR -2.9) than Eastern cultures (OR 0.63) Islamic countries have the lowest suicide rates; Catholic countries have lower suicide rate than Protestant countries. Hindu and Buddhist countries have high suicide rates. Countries which were considered as atheist had high suicide rates but in the last two decades their suicide rate has reduced.

Faith and spirituality can also pose as a risk factor for suicides. Spiritual struggle like religious doubts or existential distress can heighten the risk of suicides. Rigid religious beliefs, and situations which amplifies alienation can increase the risk. A recent meta analysis suggested that religiosity was not a protective factor for LGBTQ community. Spiritual diversions can delay treatment for persons with mental disorders.

Faith and spirituality is an important part of 83% of the world's population, hence it is important to decipher the complex nuances and complexities of its association with suicide.

There is a need to understand on how to integrate and implement faith and spirituality to reduce suicidal behaviour.

## Closing Plenary September 16th, 2026, 16:30pm – 17:00pm

Chair: Kairi Kõlves

### Interpersonal Violence and Suicide Prevention

**Permanent Secretary Selina Camaibau Kuruleca**
**Psychotherapist**
**Office of Ministry for Justice, Fiji**
Lessons from Fiji

The presentation at the closing plenary will focus on interpersonal violence, the current statistics and key help seeking messages.

Interpersonal violence, particularly violence within the home, remains one of the most pressing social and public health challenges facing Fiji and the wider Pacific. Family and intimate partner violence has significant consequences for physical health, mental wellbeing, family stability, and is a known contributor to depression, self-harm, and suicide risk.

The Fiji Situation

Recent Fiji Police Force statistics indicate that domestic violence continues to represent a substantial proportion of crimes against women. In August 2024, Fiji Police recorded 184 crimes against women, of which 88% were assault-related offences. Importantly, 41% of these cases were domestic-related, involving spouses, de facto partners, or intimate relationships. Fiji Police also reported 86 domestic-related assault cases during the same month

## Closing Remarks September 16th, 2026, 17:00pm – 17:15pm

**Professor Ann John**
Professor of Public Health and Psychiatry, Swansea University

## Partnerships for Life: Progress and New Phase

September 14th, 2026, 11:15am – 11:45am

Professor Kairi Kõlves, Dr Luke Bayliss

## Ideas Exchange

Ideas Exchange September 14th, 2026, 11:45am – 12:45pm

Moderator: Jo Robinson

### Topic 1, The future of social media regulation and safety by design?

1. What are the challenges / opportunities presented by social media in suicide prevention?
2. what does safety by design look like in this field?
3. What opportunities does social media provide that we do not yet capitalise on?

Moderator: Nicholas Procter

### Topic 2. Opportunities and challenges presented by artificial intelligence, legislative action and whose voice shapes it

1. Whose voice matters?
2. How do we create a climate where all voices matter?
3. What are the challenges / opportunities presented by AI in suicide prevention?

Moderator: Jaelea Skehan

### Topic 3. Suicide perspectives and plans for the Pacific Islands

1. What are the advantages of a collectivist culture for Suicide prevention over an individualist culture?
2. What are the challenges/role of Mental Health in the Pacific region/people
3. What short term actions can be taken to advance Suicide Prevention in the Pacific

## Panels

Panels September 16th, 2026, 13:30pm – 14:30pm

### Panel 1

### Domestic Violence and Suicide in Women and Girls: Understanding the Connection and Exploring the Solutions

**Jo Robinson (Chair), Sione Vaka, Ann John, Rachel Pillay**

Join us for an important panel discussion exploring the complex relationship between domestic and family violence and suicide among women and girls.

Chaired by IASP President Professor Jo Robinson, the panel will bring together leading researchers, practitioners and policymakers from across the region to examine how experiences of gender-based violence can contribute to suicidal thoughts and behaviours, and why women and girls experiencing violence may face particular barriers to accessing safe, effective and appropriate support.

Together, we will explore key drivers of gender-based violence (including the role of social media and online abuse) and consider what they mean for suicide prevention. The discussion will highlight opportunities for researchers, policymakers and practitioners to strengthen responses, bridge gaps between the violence prevention and suicide prevention sectors, and ensure that women and girls experiencing violence receive the support they need. This timely conversation will challenge assumptions, deepen understanding and focus on practical solutions to help prevent suicide.

## Panel 2

### Religion, Culture and Suicide Prevention

**Jeremaia Merekula (Chair), Sefanaia Qaloewai, Tiana Watkins**

Join us for a discussion on the influence of Religion and Culture in preventing Suicide. The panel will discuss the cultural perspectives of suicide within the Pacific region and will explore how culture shapes suicide prevention through community-led and strengths-based approaches.

## Panel 3

### Youth suicide Prevention

**Jemaima Tiatia Siau, (Chair), Leilani Clarke, Elise Carrotte, Devina Nand**

This panel will examine emerging trends, enduring challenges, and promising directions in youth suicide prevention across Aotearoa New Zealand, Australia, and the Pacific. Drawing on clinical knowledge, research, policy and community practice, panelists will explore how evidence-informed, culturally grounded, and strengths-based approaches can prevent suicide and enhance wellbeing amongst young people.

# Workshops

Workshops September 14th, 2026, 13:45pm – 17:15pm

## Safe and effective media and online communication about suicide: Opportunities for local implementation.

**Dr Jaelea Skehan**, **Professor Jane Pirkis**, **Professor Jo Robinson**, **Dr Elise Carrotte**

This 2.5-hour interactive workshop will provide an overview of the current evidence and equip participants with practical, evidence-informed approaches #to improve media and online communication practices in suicide prevention across diverse Asia-Pacific contexts.
Drawing on the IASP and WHO media guidelines, Australia's Mindframe program (implementing media guidelines in practice) and the global adaptation of the #chatsafe guidelines (supporting safe online communication for young people), the session will explore how responsible reporting and safe digital engagement can reduce harm and stigma and enhance opportunities for support. It will also highlight how media and social media can support suicide prevention and suicide postvention work.
Participants will engage in hands-on activities, to identified opportunities in their local region with an emphasis placed on cultural relevance, local adaptation, inclusion of lived experience, and feasibility within varying resource settings, aligning with the Forum's focus on regional capacity-building and collaboration.
The workshop will provide a platform for cross-country exchange, enabling attendees to share challenges and solutions related to media, communication, stigma, and youth engagement in suicide prevention.

1. Understand the evidence underpinning safe and responsible media reporting and digital communication about suicide.
2. Explore key principles and tools from Mindframe and #chatsafe and their relevance across different cultural and regional contexts.
3. Develop strategies to adapt and implement media and communication guidelines within participants' own countries or organisations.

By the end of the workshop, participants will be able to:
1. Identify potentially harmful and protective elements in media and social media content related to suicide.
2. Apply practical communication principles to develop safer messaging tailored to local contexts.
3. Outline a feasible approach to implementing or strengthening media and/or digital communication guidelines within their region.

Target Groups: Researchers and academics, Media professionals and communication specialists, Policy makers and government representatives, Suicide prevention practitioners and NGOs, Youth workers and educators, Lived experience advocates.

## The Mānava Ola - The breath of Life

**Senior Manager Leilani Clarke**[1], **Ms Tiana Watkins**[1]
[1]**Le Va - LifeKeepers Aotearoa, New Zealand**

Suicide prevention in Indigenous and Pacific communities cannot be achieved through adapted mainstream models alone. It requires approaches built from the ground up, grounded in Indigenous knowledge, cultural values, and community relationships.
This workshop draws on the development and delivery of two Indigenous-specific gatekeeper training programmes from Aotearoa New Zealand: Mana Akiaki: LifeKeepers for Māori, and Mānava Ola: LifeKeepers for Pacific. Both are free, nationally delivered programmes that centre Indigenous worldviews as the foundation (not a supplement) of suicide prevention training.
Facilitated by two Indigenous senior practitioners – one Māori, one Samoan – participants will experience the approach first-hand through interactive activities drawn from both programmes, explore the design principles that make culturally sovereign training effective and scalable, and critically examine what it means to build genuine community capacity. Facilitators will share outcome data alongside honest reflections on what has worked, what has not, and what the Pacific region might adapt for its own contexts.
With a focus on community-led responses, workforce capacity, and the particular challenges of reaching people across dispersed and under-resourced communities, this workshop offers both a model and a conversation about the future of suicide prevention for peoples of Te Moana-nui-a-Kiwa.
Learning Objectives:
1. To examine the principles underpinning culturally grounded, Indigenous-specific suicide prevention gatekeeper training
2. To explore the design, delivery and evaluation of Mana Akiaki and Mānava Ola as replicable models for Pacific communities
3. To critically reflect on what community capacity-building in suicide prevention requires, and what gets in the way
Learning Outcomes:
1. Identify key design principles for developing Indigenous-specific suicide prevention training that is both culturally sovereign and evidence-informed
2. Apply at least one practical framework from Mana Akiaki or Mānava Ola to their own community or workforce context
3. Articulate the opportunities and barriers to scaling culturally responsive gatekeeper training in Pacific Island settings
4. Identify potential pathways for cross-regional collaboration in Indigenous suicide prevention training

Target Groups: Suicide prevention practitioners, community leaders, public health professionals, policymakers, and researchers working with Māori, Pacific, or other Indigenous communities, particularly those seeking to develop or strengthen culturally responsive suicide prevention programmes in the Asia Pacific region.

Workshops September 15th, 2026, 9:30am – 12:30pm

## The role of mortality review in preventing suicide

**Associate Professor Sarah Fortune**, **Ms Tania Papalii**

Mortality review is one approach to informing the prevention of premature mortality. In this workshop we will explore the purpose and function of suicide mortality review approaches, how mortality review intersects with adverse event reporting, surveillance, Coronial investigations and research.

We will use interactive activities to explore key elements for success in this approach including membership, data, time, sustainability and communication for change strategies.
Presenters have more than 20 years of experience with mortality review at institutional, local district and national levels.
Learning Objectives:
1. Explore the purpose and function of mortality review for suicide prevention
2. Understand how this approach differs to, or complements surveillance, quality improvement and research methods
3. Understand the potential and limitations of this approach for suicide prevention in different settings
Learning Outcomes:
Participants will
1. have a clear understanding of mortality review processes
2. have a new understanding of the physical, data, human and cultural resources that are likely to be required to develop and sustain mortality review
3. have a good understanding of the different ways in which findings can be communicated with key stakeholders

Target Groups: Academics, Health service providers, Social service providers, Police

## What are the clinical tools/safety planning required to work through a Suicide crisis for culturally specific adaptation

**Professor Nicholas Procter, Dr Lakshmi Vijayakumar**

This will be an interactive workshop, for a maximum of 50 participants. The presenters will introduce the Stanley and Brown safety planning tool and consider its use and adaption in the context participants work, taking account of local cultural and social circumstances. Scenario based learning will be used to facilitate discussion and adaptation of safety planning, Learning will be situated in a family context for use across various settings where safety planning could be utilised. Consideration will also be given to how and where broader health, social and family systems can pay a role in supporting people in distress and in the prevention of future suicidal episodes. There will be an opportunity for participants to consider nuance in use of safety planning, taking account of individual context and neurodiversity.
1. Discuss culturally appropriate ways to ask about suicide – Specifically how to ask about suicide in cultural context.
2. Identify culturally appropriate ways of supporting people in distress taking account of protective and promotive factors.
3. Introduce safety planning for adaptation across a range of contexts including community, hospital and crisis settings, incorporating the potential value and purpose of a safety plan within that context.
4. Understand family and cultural considerations in safety planning as they relate to local health systems and processes to support people at risk of suicide.
5. Apply scenario-based learning, skills to introduce safety planning, adaptation of a co-produced a plan, and evaluate the plan's effectiveness.
6. Discuss key learning from the workshop as this applies to individual work or community roles within a cultural context.

Target Group: Clinicians, community workers and policy makers.
People working in health and human services.

## Weaving Community Strength: Amplifying Community Led Solutions in Suicide Postvention

**Dr Linda Bowden, Mrs Brooke Brake, Ben Te Maro**

"Suicide bereavement and postvention responses are most effective when they honour the strengths, knowledge, and leadership of whānau families) and hapori (communities) directly affected by suicide. Te Aho (formerly Clinical Advisory Services Aotearoa, CASA) has over 20 years' experience walking alongside hapori (communities), Iwi (Indigenous tribe), hapū (sub- tribe), workplaces, and national systems to design and deliver holistic, culturally grounded postvention approaches that weave together mātauranga Māori (Māori knowledge), lived experience, and clinical expertise.

This interactive workshop will explore practical, community led postvention solutions from experience in Aotearoa New Zealand, highlighting how you as researchers, clinicians, policy makers and people with lived experience can elevate local voice, support safe communication, and strengthen collective capacity after suicide. Using case examples, small group activities, and reflective discussion, facilitators will guide participants to critically examine dominant postvention models, identify inequities, and co design more contextually responsive strategies for their own settings. The session will emphasise partnership with Indigenous communities and people with lived experience and will share tools and frameworks that can be adapted internationally to support safe, sustainable, and community owned responses following suicide.

Learning Objectives:

1. Understand the unique difference and similarities of suicide grief and loss across communities, cultures, and contexts.
2. Describe principles of community-led postvention practice
3. Identify the culturally informed, tailored specific postvention approaches in your context

Learning Outcomes:

By the end of this workshop, participants will be able to:

1. Incorporate cultural experiences of suicide grief and loss into postvention practice
2. Identify and develop tailored interventions for communities
3. Apply practical tools for postvention practice in varying contexts

Target Group: Academics, community workers, policy makers etc.

Workshops September 15th, 2026, 14:30pm – 17:30pm

## Designing Safe AI for Crisis Moments: A Hands-On Workshop

Mr Elliot Taylor, **Ms Michelle Eisenberg, Grace Curtis**

The rapid integration of AI into mental health and crisis support systems presents both extraordinary opportunity and genuine design complexity. This workshop invites participants to move beyond theory and engage directly with the design decisions that shape whether an AI-powered crisis navigation tool reaches its potential.

Using ThroughLine's FirstStep platform, a crisis navigation system built for deployment across online platforms and digital environments, participants will work hands-on through real conversation flows, stress-test clinical edge cases, and collaboratively interrogate the design principles that underpin responsible AI crisis response.

Drawing on ThroughLine's experience supporting crisis navigation across diverse populations and platforms, the workshop will explore how risk classification, coping tool sequencing, cultural responsiveness, and safety escalation pathways are built into AI systems - and where careful design is most critical. Participants will engage in structured scenario exercises, surface their own organisational and community contexts, and leave with a

practical framework for evaluating or commissioning AI tools in suicide prevention and mental health crisis response.

This workshop is particularly relevant to the Asia Pacific context, where workforce capacity constraints, geographic isolation, service access gaps, and cultural diversity make AI-assisted navigation a promising but complexity-laden frontier.
Learning Objectives:
1. Understand the key clinical and ethical design decisions involved in building AI-powered crisis navigation tools, including risk stratification, safety escalation, and coping tool sequencing.
2. Critically evaluate an AI crisis response system by stress-testing it against simulated real-world user presentations, including ambiguous, resistant, and high-risk scenarios.
3. Understand opportunities and risks in deploying AI to bridge gaps in crisis service access, with attention to Pacific Island and Asia Pacific regional priorities
Learning Outcomes:
1. Practitioners and clinical leads at helplines, crisis services, and mental health organisations — particularly those exploring or already using digital tools; 2. Policymakers and service planners responsible for crisis system design and resource allocation; 3. Researchers and academics working in digital mental health, implementation science, or suicide prevention

## The role of coronial investigations in preventing suicides: How can we ensure coroners' recommendations are fully-informed, culturally responsive and effective?

**Callum Goodwin, Antonia Lyons, Suzy Taylor, Clive Aspin**

"Māori (the Indigenous peoples of Aotearoa) have disproportionately high rates of suicide In Aotearoa across all age groups, including among young people (rangatahi). In this workshop we draw on the findings of a recent research project in which we interviewed coroners and whānau (families) bereaved by suicide of rangatahi. We explore coronial processes and show how they function to exclude whānau voices and limit the inclusion of relevant information regarding the young person and their life. This may have impacts on coroners' recommendations for suicide prevention.

During this workshop, we will:

Share findings from our research project
Interrogate how these findings can be integrated into coronial policy and investigations
Discuss how coronial investigations and recommendations can contribute to rangatahi suicide prevention
Consider how lessons learned in Aotearoa can be translated to other Pacific jurisdictions

The workshop will be facilitated by a team of four people who have played a key role in the research project: a senior Māori academic, a Māori woman with lived experience of bereavement, a senior Pākehā academic and a young Pākehā research assistant.

The format of the workshop will involve a combination of small group discussions and hands-on problem-solving led by experienced facilitators, as well as the presentation of key findings from the research project. Participants will be provided with real-life scenarios from coronial investigations derived from the research project and invited to develop family-centred solutions to the challenges outlined in the scenarios.

This project has direct relevance for people working with young people and Indigenous communities affected by suicide, and those involved in suicide prevention efforts.
Learning Objectives:
"1. Gain knowledge about the role of coronial processes in reducing suicide rates

2. Understand how coroners conduct inquiries into suspected suicides
3. Learn how families are involved in coronial investigations
4. Identify the factors that facilitate or prevent families engaging with coronial services
5. Understand how knowledge shared by families plays a part in coroners' findings and recommendations

Learning Outcomes:
"1. Identify how coronial processes can be improved to ensure greater engagement with whānau (families) bereaved by suicide
2. Recognise how respectful engagement with whānau can support coroners to gain greater insight and better understand the circumstances of rangatahi suicide
3. Explain the role of coroners' recommendations in suicide prevention efforts and how these could be more effective

Target Group: This workshop is designed to meet the needs of a range of people and groups, including policy makers, researchers and families and communities affected by suicide.

## Talia na Veiwekani e Vakabulabulataka na Bula – "Weaving Connections that Sustain Life"

**Ms Margaret Eastgate, Mr Jeremaia Merekula, Mr Lameka Koroi**

Using the Talanoa methodology, this workshop creates an authentic and culturally grounded space for participants to share their experiences, roles, services, and expertise in suicide prevention and mental health. The aim is to foster a deeper understanding of the contributions made by individuals, organizations, and stakeholders; identify existing strengths and interventions; and explore opportunities for future collaborations and partnerships.

Learning Objectives:
1. Build connections and share resources across sectors
2. Inform policy frameworks and evidence-based interventions
3. Establish systematic approaches to data collection

Learning Outcomes:
1. Develop a comprehensive database in suicide prevention
2. Contribute to the development of relevant national policy
3. Generate evidence through data collection to inform policy development and intervention strategies.

Target Groups: This workshop is open to all interested participants, including academics, health workers, community workers, and policymakers. It welcomes anyone with an interest in the Talanoa methodology and its grounding in Pacific tradition and ways of learning.

Workshops September 16th, 2026, 9:30am – 12:30pm

## Inclusion of lived experience and culture in the co -production of suicide prevention programs, policy and research

**Ms Bronwen Edwards, Associate Professor Jacinta Hawgood**

This interactive workshop will explore how policy, research and lived experience of suicide can be meaningfully integrated to strengthen the design, development and implementation of suicide prevention programs, policy and research.

Grounded in co-production principles, participants will examine the value each form of expertise brings, and how these perspectives can work together to create more relevant, effective and responsive outcomes.
Through discussion and hands-on activities, the workshop will build participants' understanding of key co-production processes, including shared decision-making, relationship-building, power-sharing and safe, purposeful engagement.

Participants will also be encouraged to reflect on the barriers/challenges that can arise in co-production, including assumptions, boundaries, organisational constraints and individual limitations. By identifying both opportunities, enablers and areas for growth, attendees will gain greater confidence in applying co-production approaches within their own contexts.

The workshop is designed to support participants to strengthen their capability and confidence to engage meaningfully with lived experience, integrate diverse forms of knowledge, and recognise the practical steps needed to move from intention to authentic partnership in suicide prevention.

Learning Objectives:
1. Acquire knowledge of the benefits derived from integrating expertise of policy, research, and lived experience of suicide
2. Acquire knowledge and skills in the processes of co-producing research, program or policy development
3. Identifying where your limitations are in co-production processes

Learning Outcomes:
1. Enhanced competency and confidence in integrating expertise of policy, research, and lived experience of suicide
2. Increased awareness and confidence in the application in one or more components of co-production with lived experience
3. Increased insight into your current capabilities and how to further develop the skills for meaningful engagement, integration and application.

Target Groups: This workshop will be interesting and beneficial for: Academics, Policy makers, People with lived experience, Community workers/ service providers/clinicians

## Collaboration for change: Co-designed strategies for addressing self-harm in school settings

**Dr Linda Bowden, Associate Professor Sarah Fortune**

Schools are increasingly recognised as critical settings for managing self-harm in schools, yet many initiatives are designed without meaningful involvement from the young people, whānau, educators, and the communities they aim to support.
Co-design offers a participatory approach that brings together key stakeholders and evidence-based practice to develop strategies for self-harm with schools that are relevant, acceptable, culturally responsive, and sustainable.
Participants will explore the ethical considerations, opportunities, and challenges of engaging diverse stakeholders in the co-design, and implementation of self-harm initiatives. Drawing on international best practice evidence, Aotearoa New Zealand perspectives, and practical case examples, the workshop will provide

participants with tools and frameworks to support meaningful collaboration across research, policy, and practice of managing self-harm.
Through interactive discussions and applied exercises, participants will develop an understanding of how co-design can strengthen the effectiveness, and implementation uptake of initiatives to manage self-harm within educational environments.
Learning Objectives:
1. Understand the principles, values, and evidence base underpinning co-design approaches in school-based management of self-harm
2. Identify key engagement strategies required to meaningfully involve young people, whānau, educators, lived-experience contributors, clinicians, researchers, and policymakers in the co-design process
3. Apply practical co-design methods and frameworks to the development, implementation of strategies to manage self-harm within school settings.
Learning Outcomes:
1. Critically assess the strengths, limitations of co-design research for self-harm in your settings.
2. Critically assess ethical considerations of co-design approaches in school-based suicide prevention research, policy, and practice.
3. Design a preliminary co-design action plan for a school-based self-harm project that aligns with evidence-informed, culturally responsive, and youth-centred practice in your setting

Target Group: All audience; academics, community workers, policy makers

## Choice, Dignity, and Hope: A QualityRights Approach to Suicide Prevention

**Sera Osborne Psychiatric Survivors Association (Fiji), Amina Boncales ACRI/Ka-ginhawa inclusive mental health project (Philippines), Sucelle Deacosta CBM Global Disability Inclusion (Philippines), Aleisha Carroll CBM Australia (Australia)**

This proposed interactive workshop aims to reframe suicide prevention through a recovery-oriented and human rights-based approach, emphasizing how hope, autonomy, and meaningful inclusion support people with psychosocial disabilities in crisis. It seeks to explore how exclusion, stigma, and systemic barriers undermine recovery and increase suicide risk, while encouraging critical reflection on how traditional responses—such as coercion, forced treatment, and institutionalization—may deepen distress and erode dignity. Drawing on the WHO QualityRights initiative, the workshop will introduce practical approaches for strengthening non-coercive, recovery-oriented crisis responses grounded in choice, supported decision-making, and respect for lived experience. Through guided reflection, participants will be invited to identify opportunities to apply QualityRights principles in their own contexts, contributing to more empowering, inclusive, and recovery-focused suicide prevention efforts.

Learning Objectives
1. Examine the relationship between exclusion and suicide risk for people with psychosocial disabilities, highlighting how barriers to inclusion undermine recovery, hope, and wellbeing.
2. Analyze how traditional suicide prevention approaches (e.g., coercion, forced treatment, institutionalization) can disrupt recovery processes, increase distress, and contribute to human rights violations.
3. Introduce the WHO QualityRights initiative as a framework for strengthening rights-based, recovery-oriented crisis systems that promote choice, empowerment, and supported decision-making.

4. Explore the intersection of human rights, psychosocial distress, and recovery, emphasizing dignity, autonomy, connection, and social inclusion as essential protective factors in suicide prevention.
5. Critically reflect on existing suicide prevention policies, practices, and cultural norms, identifying opportunities to realign them toward recovery-oriented, non-coercive, and rights-based approaches.

Outcomes:

1. Describe how exclusion, stigma, and systemic barriers contribute to distress and suicidal ideation
2. Identify at least three ways in which coercive practices (e.g., forced treatment, involuntary admission, institutionalization) can exacerbate distress and elevate suicide risk
3. Describe the key principles of the WHO QualityRights initiative, including dignity, autonomy, legal capacity, and recovery
4. Identify at least two concrete opportunities or practical actions to apply WHO QualityRights principles in their own work to strengthen recovery-oriented, rights-based approaches

Target Group: This workshop will be beneficial for academics, community workers, policy makers, mental health/suicide prevention champions.

# Lightning Presentations

Lightnings September 15th, 2026, 13:30pm – 14:30pm

Chair: Katrina Witt
Session 1

## 1.1 Building carer-inclusive suicide aftercare: Strengthening practice with family, friends and carers through a train-the-trainer workforce development model

**Dr Jaelea Skehan**[1]
[1]Everymind, Newcastle, Australia

Family, friends and carers provide vital support for people experiencing suicidal distress or following a suicide attempt, yet frequently report feeling unsupported, underprepared and inconsistently included within service responses (Marshall et al., 2023). Although aftercare is recognised as a suicide prevention priority, few structured approaches enable services to systematically identify, engage and support carers as part of routine care. These challenges can be amplified in geographically isolated and resource-constrained settings, including communities across the Pacific region, where limited workforce capacity, access to specialist services and digital connectivity affect available supports. Train-the-trainer models offer a practical strategy for building local workforce capability and expanding access to evidence-informed, carer-inclusive support.

This presentation reports findings from the implementation and evaluation of the Minds Together train-the-trainer model across aftercare and other services in Australia. The model builds workforce capability by certifying service providers to deliver a structured, face-to-face, carer-inclusive program within their own organisations. Facilitators are equipped with the knowledge, skills and resources to identify and engage family, friends and carers, and deliver evidence-informed group support that strengthens carers' capacity to support someone experiencing suicidal distress or following a suicide attempt while maintaining their own wellbeing.
Overall, 168 facilitators were trained and completed a post-training survey between November 2025 and June 2026. Nearly 96% of participants agreed or strongly agreed that the training prepared them to deliver the program, 94% found it engaging, and more than 92% reported feeling confident to do so. These results indicate strong acceptability and perceived readiness among participants.

The findings suggest that train-the-trainer approaches can strengthen workforce capability and support consistent delivery of carer-inclusive programs within aftercare and related services. By building internal facilitator capacity, this model provides a scalable and sustainable approach to embedding structured support for family, friends and carers into routine practice, particularly in geographically isolated and resource-constrained settings.

Attendees will gain practical insights into implementing train-the-trainer models to strengthen workforce capability and embed scalable, carer-inclusive support within aftercare and other service settings.

Reference
Marshall, P., Sansom, K., Jagfeld, G., Jones, S., & Lobban, F. (2023). Caring for a friend or family member who has experienced suicidal behaviour: A systematic review and qualitative synthesis. Psychology and Psychotherapy: Theory, Research and Practice, 96(2), 426–447. https://doi.org/10.1111/papt.12449

## 1.2 Public Perceptions of Suicide in Tajikistan: The Role of Stigma, Attribution, and Treatability Beliefs

**Dr. Shahnaz Savani**[1], Dr. Robin Gearing
[1]University of Texas at Arlington, United States

Background: Suicide remains a major global public health concern, yet research from Central Asia is limited. In Tajikistan, a predominantly Muslim country, suicide is shaped by religious, cultural, and social norms. Understanding public perceptions of both suicide stigma and treatability is essential for developing culturally responsive suicide prevention strategies. This study examined community attitudes toward suicidality, including stigma and beliefs about treatment.

Methods: A community-based survey using an experimental vignette design was conducted with 351 adults recruited from public locations in Dushanbe, Tajikistan. Participants were randomly assigned one of six vignettes varying by age (15, 38, or 73 years) and gender (male or female) of a person experiencing suicidal ideation. Measures assessed mental health knowledge, attitudes toward professional psychological help, familiarity with mental illness, causal beliefs about suicide, stigma (public, relational, and social distance), and perceived treatability. Bivariate correlations and ANCOVA models examined factors associated with stigma and treatment beliefs.

Findings: Participants reported moderate levels of suicide stigma across public, relational, and social distance domains. Higher stigma was associated with attributing suicidality to personal responsibility, poor upbringing, bad character, and moral failings (all $p < .05$), whereas greater familiarity with mental illness was associated with lower relational and social distance stigma ($p < .05$). Mental health knowledge was positively associated with beliefs that suicidal behavior is treatable ($r = .31$, $p < .001$); as was positive attitudes toward seeking professional psychological help ($r = .42$, $p < .001$). Participants who attributed suicidality to stressful life circumstances reported greater confidence in treatment ($p < .05$), while endorsement of genetic and supernatural explanations was associated with lower treatability ($p < .05$). ANCOVA analyses indicated that age and gender of the vignette character were not associated with public, relational, or social distance stigma. In contrast, perceptions of treatability differed by age group, with older adults viewed as less treatable than adolescents and middle-aged adults. A significant age-by-gender interaction was also observed for treatability indicating particularly low perceptions of treatment effectiveness for older adults experiencing suicidality.

Implications: Findings suggest that beliefs about the causes of suicidality play a more influential role in shaping stigma and treatment perceptions than demographic characteristics of the suicidal individual. Attribution of suicidality to controllable causes increases stigma, while mental health literacy and familiarity with mental illness promote treatment beliefs. Suicide prevention efforts should prioritize mental health literacy, challenge blame-based explanations of suicidality, and increase public awareness of treatment effectiveness.

## 1.3 Temporal distribution of suicide within a day among children and adolescents in Japan, 1995-2023

**Dr. Yoshikazu Komura**[1,2,] Prof. Naoki Kondo[3], Prof. Hajime Sueki[4,5,] Prof. Rory O'Connor[6], Prof. Masayuki Iki[1], Prof. Katsuyasu Kouda[1], Prof. Yuri Ito[2,7]

[1]Department of Hygiene and Public Health, Faculty of Medicine, Kansai Medical University, , Japan, [2]Department of Medical Statistics, Faculty of Medicine, Osaka Medical and Pharmaceutical University, , Japan, [3]Department of Social Epidemiology, Graduate School of Medicine, Kyoto University, , Japan, [4]Faculty of Human Sciences, Wako University, Japan, [5]Japan Suicide Countermeasures Promotion Center, Japan, [6]Suicidal Behaviour Research Lab, School of Heath & Wellbeing, University of Glasgow, UK, [7]Department of Health Policy, Graduate School of Medicine, Kobe University, Japan

Background: Understanding the temporal distribution of suicidality is essential for timely support and care. However, the specific times of day when children and adolescents are at highest risk for death by suicide remains unclear. We aimed to describe the temporal distribution of suicide death among this population and its variation by sex, school grade, day of the week, month, and calendar year.

Methods: This nationwide descriptive epidemiologic study used individual-level records of vital statistics (death record) in Japan from 1995 to 2023. Cause and time of death were collected from death records. To estimate the 24-hour distribution of suicide death, we used the kernel density estimator for circular data. We further stratified by sex, school grade, day of the week, month, and calendar year to explore variations in the 24-hour distribution by these factors.

Results: From 1995 to 2023, 9,453 children and adolescents died by suicide and had valid information on time of death (median age [interquartile range], 16.6 [15.2–17.7]; boys, 5,940 [62.8%]; Japanese nationality, 9,365 [99.1%]). The overall distribution showed a bimodal pattern with a primary peak at 18:00-19:00 and a secondary peak at 01:00-02:00. This bimodal pattern was more marked among boys with higher school grades. The evening peaks were consistently observed across weekdays, months, and years, while the evening peak was flatter on weekends.

Conclusion: Children and adolescents had higher suicide risk particularly in the evening and at midnight while this distribution varied by their demographics and temporal contexts. These findings highlight the importance of designing temporally targeted suicide prevention strategies for children and adolescents.

## 1.4 Trauma Centers as Critical Sites for Suicide Prevention: Insights from a Rural Level II Hospital

**Dr. RoseAnne Droesch**[1], Molly Calhoun[2]
[1]Washington State University Tri-Cities, Richland, United States, [2]Providence Healthcare System, United States

Learning Objectives: Participants will identify how trauma centers can be utilized as a population health approach to support injury survivors with suicide prevention interventions.

Background: Suicide prevention efforts have traditionally focused on behavioral health settings, despite evidence that individuals at elevated risk often first present in acute care contexts. Trauma centers, which treat patients with both intentional and unintentional injuries, represent a critical yet underutilized point for identifying and supporting at-risk patients. It is well established that early hospital-based interventions can address the risk of behavioral health complications following traumatic injury, including PTSD and depression (Giummarra et al., 2018). Injury survivors experience a significantly increased risk for suicide and self-harm (Ryb et al., 2006; Ilgen et al., 2018).

Methods: We conducted a descriptive analysis of 1,127 adult patients treated at a Level II trauma center serving an agricultural region in the western United States with a large Hispanic/Latino immigrant population (Droesch et al., 2026). Injuries were categorized using trauma registry data, including the identification of intentional injuries and self-inflicted mechanisms.

Results: Intentional injuries accounted for approximately 10% of admissions, and 28% of intentional injuries were self-inflicted. Among self-inflicted injuries, mechanisms included asphyxiation/suffocation (35%), sharp force (31%), and firearms (12%). These results highlight a substantial population with elevated suicide risk presenting to trauma centers.

Discussion: These findings point to opportunities for public health intervention within trauma care including suicide and firearm-related injury prevention. Means safety strategies such as safe opioid prescribing practices, patient education on medication storage, and firearm safe storage counseling can be integrated into routine trauma center care. Additionally, trauma centers are uniquely positioned to address social determinants of health, including barriers related to insurance, language, transportation, and access to follow-up care, which may exacerbate suicide risk.

The study hospital developed a team-based model integrating trauma surgeons, bilingual social workers and community health workers to provide support for injured trauma patients. The social worker engages patients to assess symptoms of PTSD, depression, suicidal ideation, and alcohol misuse. High-risk patients receive care navigation and brief behavioral health interventions, including suicide safety planning (Stanley et al., 2012), for up to six months postinjury. Using a stepped care model, the team connects patients with community specialists for higher levels of care throughout recovery.

Strengthening the integration between trauma care and behavioral health through culturally responsive, team-based interventions offers a scalable pathway for reducing disparities and improving suicide-related outcomes, particularly in underserved communities.

## 1.5 Ko Wai Ka Ora (Who will survive)? Rethinking Government Policy to Confront the Māori Suicide Crisis in Aotearoa New Zealand

**Ms Suzy Taylor**[1]
[1]Manaaki Ora MHAS, Rotorua, New Zealand

Māori experience persistently high rates of suicide in Aotearoa New Zealand, yet government responses remain shaped by Western models that often fail to align with Māori realities, values, and aspirations. This thesis investigates how effectively current suicide prevention policies support Māori by examining the extent to which they enable Māori-led solutions grounded in mātauranga Māori (ancestral Māori knowledge), mātāpono Māori (Māori principles), and mātātika Māori (Māori values). Using a Kaupapa Māori methodology, semi-structured interviews with Māori practitioners and policy experts were analysed alongside literature and policy reviews to explore traditional and contemporary Māori understandings of suicide, the nature of government interventions, the barriers created by existing systems, and the conditions required for transformative change. Findings show that current frameworks limit Māori autonomy, underutilise Māori knowledge, and overlook the historical and structural determinants of suicide. The research concludes that genuine co-design, sustained investment in Māori-led initiatives, and policy approaches centred on tino rangatiratanga (self-determination) are essential for reducing Māori suicide and advancing Māori well-being.

Lightnings September 15th, 2026, 13:30pm – 14:30pm

Chair: Jemaima TiaTia Siau
Session 2

## 2.1 Strengthening Suicide Prevention in Fiji: Advancing National Coordination, Community Action, and Hope through NCOPS

**Mr Lameka Koroi**[1]
[1]Ministry Of Health And Medical Services, Suva, Fiji

Suicide remains a serious public health concern in Fiji, affecting families, communities, and the nation as a whole. The National Committee on the Prevention of Suicide (NCOPS) serves as the key advisory body to the Fijian Government, providing strategic guidance to address this growing challenge.

Established under the Ministry of Health and Medical Services, NCOPS brings together key stakeholders from government agencies, non-governmental organizations, faith-based groups, and community leaders. This multi-sectoral structure ensures that suicide prevention efforts are coordinated, inclusive, and culturally responsive to Fiji's diverse communities.

NCOPS focuses on four core areas:
1. Education and Awareness – Promoting mental health literacy across schools, workplaces, and communities to reduce stigma and encourage early help-seeking.
2. Community Support – Strengthening grassroots networks and support systems, recognizing the important role of family, culture, and faith in Fijian society.
3. Policy Development – Advising the government on evidence-based policies and legislation that prioritize mental health and suicide prevention within Fiji's national health agenda.
4. Research – Supporting local data collection and analysis to better understand suicide trends in Fiji and inform targeted interventions.

Through this structured and collaborative approach, NCOPS aims to reduce suicide rates, provide timely support to those at risk, and bring healing to communities affected by suicide loss. Its work reflects Fiji's commitment to protecting the well-being of all its people.

## 2.2 Accountability by Design: Legislative Models for Suicide Prevention

**Mr Christopher Stone**, Miss Stephanie Trainor
[1]Suicide Prevention Australia, Australia

As communities and governments seek more durable and effective approaches to suicide prevention, legislation is emerging as a mechanism for sustained and accountable policy to reduce suicides. Suicide prevention legislation can establish enduring structures for whole-of-government coordination, independent oversight, public reporting, and meaningful engagement with people with lived and living experience. Ultimately, legislation embeds suicide prevention into the core business of government instead of relying on individual programs or short-term initiatives. Following the introduction of a national suicide prevention act, Japan's suicide rate fell by around 40% over 15 years. A number of other nations have successfully introduced suicide prevention legislation, and while no single law can be credited alone, the legislation provides the framework for coordinated action.

Research demonstrates that suicide is complex; influenced by a range of factors beyond mental ill-health. Drivers of distress such as homelessness, financial strain, harmful use of alcohol and other drugs, and loneliness are issues that sit across multiple government portfolios. By embedding responsibilities in law, suicide prevention legislation becomes a practical way to ensure that every part of government; including health, housing, education, justice, social services, transport and employment, works together to reduce suicide and suicidal distress.

As of 2026, Australia has seen two States enact suicide prevention legislation, with two other jurisdictions likely to introduce Suicide Prevention Bills within the next six months. As a requirement under the legislation, the State of South Australia has seen government agencies prepare and implement action plans for suicide prevention. Examples of agency-level actions in South Australia include police departments committing to developing culturally appropriate and respectful suicide prevention initiatives; Correctional Services creating strategies to monitor suicide in prison as a major incident; and the review and development of targeted Risk Registers to address hazards that may contribute to suicide risk for staff or clients across Human Services.

This presentation will explore lessons from legislative developments across Australia, where suicide prevention laws and related statutory reforms are helping to strengthen accountability and protect long-term priorities from short-term political cycles. The session will highlight lessons from consultations that informed the design of legislation in the Australian context, the enactment of Suicide Prevention Acts in two Australian jurisdictions, and the emerging benefits of legislation for clearer governance, measurable targets, improved monitoring and evaluation, and stronger alignment across social domains.

## 2.3 The Impact of Australia's Suicide Prevention Research Fund, Advancing Evidence, Translation and System-Level Change

**Mr Christopher Stone**[1]
[1]Suicide Prevention Australia, Sydney, Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. Over 3,000 people die by suicide each year in Australia, and we can never underestimate the impact that every life lost to suicide has on family, friends, workplaces, and the broader community.

In recognition of the impact of suicide on every Australian, the Suicide Prevention Research Fund (Research Fund) was established by the Australian Government to support research into suicide prevention. Suicide Prevention Australia manages the fund on behalf of the Australian Government. Suicide Prevention Australia has awarded over 100 grants to fund suicide prevention and post-vention research. These highly competitive grant rounds represents a national investment in building a stronger, more coordinated, and more impactful suicide prevention research ecosystem.

This presentation examines the Fund's impact in advancing suicide prevention knowledge, strengthening research translation, and supporting system-level change across Australia's prevention, intervention, postvention, and aftercare sectors.

Since its establishment, the Fund has supported a diverse portfolio of research spanning implementation science, clinical innovation, community-led prevention, digital mental health, and culturally responsive approaches for priority populations, including Aboriginal and Torres Strait Islander communities. A defining feature of the Fund is its requirement for meaningful inclusion of people with lived and living experience of suicide, ensuring that research is grounded in relevance, acceptability, and real-world impact.

This presentation synthesises outcomes across funded projects, highlighting key contributions to evidence generation, policy influence, and practice change. Emerging impacts include improved understanding of effective service delivery models, enhanced translation of research into frontline practice, strengthened cross-sector collaboration, and increased research capacity within the suicide prevention workforce. The Fund has also played a critical role in bridging the gap between research and implementation by prioritising scalability, sustainability, and knowledge translation pathways.
Importantly, the presentation will examine how strategic funding mechanisms have influenced research priorities and accelerated innovation in areas of national need. It will also reflect on lessons learned in fostering equitable research partnerships and embedding lived experience throughout the research lifecycle.

The presentation will also reflect on challenges and learnings, equity in funding allocation, and strengthening research-to-practice pathways. Finally, it will explore opportunities to further enhance national coordination, build research capacity, and ensure that suicide prevention research continues to drive meaningful reductions in suicide and self-harm across diverse Australian communities.

## 2.4 Development and implementation of mental health promotion program for adolescents in China

**Professor Yongsheng Tong**[1]
[1]Beijing Huilongguan Hospital, Capital Medical University, Beijing, China

Strengthening social and emotional competencies (SECs) is a promising upstream strategy for

adolescent suicide prevention. Chinese adolescents faced multiple types of psychological distress from peers, family, and society. It is necessary to dynamically design and implement adapted mental health promotion programs for suicide prevention in Chinese adolescents. Our previous study has developed a culturally adapted, teacher-delivered, school-based mental health promotion program to enhance adolescents' SECs and support suicide prevention in China. We have administered needs assessment, pilot implementation, and two rounds of Delphi consultations to develop the program titled Adolescent's Social-Emotional Skill Advancement-Multimodel Engagement (@SESAME). The program consisted of 5 modules which included 25 sessions. For each session, we designed 7-step activities to achieve our scheduled goals of mental health promotion. Training courses including instructive lectures on principles and rationales of the core modules and sessions, demonstrative sessions, and assessment of trained teachers administered proposed sessions have been also designed. The program of @SESAME emphasized adaptation, feasibility, and acceptance of the implementation. It is expected to test the effectiveness, outreach, and accessibility of the program while it would be administered in different regions in China.

## 2.5 Users' Experiences and Perceived Effectiveness of the eRAPPORT Mobile App for Suicide Prevention Among Young Adults with Mental Health Vulnerability: A Retrospective Qualitative Secondary Analysis

**Kim J[1],** Kim H[1], Kwak H[1], Park E[1], Chae W[1], Kim S[1], Chien W[2]
[1]College of Nursing, Yonsei University, [2]The Chinese University of Hong Kong

Background: Digital mental health interventions are increasingly recognized as promising approaches for suicide prevention by expanding access to psychological support and promoting self-management. Although diverse studies have evaluated the effectiveness of digital mental health interventions, qualitative evidence on users' lived experiences and perspectives remains limited, particularly among young adults with mental health vulnerability. Understanding these experiences is essential because they influence users' engagement with digital interventions and inform the development of effective, engaging, and user-centered digital suicide prevention programs (DSPPs). Thus, this study aims to explore the experiences of young adults with mental health vulnerability using the eRAPPORT mobile application.

Methods: This study used a retrospective qualitative descriptive secondary analysis of focus group interview (FGI) data collected following an 8-week randomized controlled trial evaluating the eRAPPORT mobile application, a digital suicide prevention program (DSPP). Twenty young adults with mental health vulnerability participated in six semi-structured FGIs (2–5 participants per group). Verbatim transcripts were analyzed using the Framework Method described by Gale et al. to generate four preliminary themes describing participants' experiences, perceived effectiveness, and recommendations for improvement.

Results: Preliminary analysis of the FGI transcripts identified four overarching themes: (1) Application Usability and Functionality, (2) User Experience, (3) Perceived Effectiveness, and (4) User Recommendations. Participants described the application as intuitive and easy to use, emphasizing mood visualization as a valuable feature for recognizing emotional patterns. Mood monitoring promoted emotional self-awareness, reflection on daily life experiences, and a psychologically safe space for emotional expression. Participants also reported enhanced emotional regulation, greater awareness of emotional triggers, improved mood predictability, and stronger feelings of support and connectedness. However, they identified limitations in sustaining long-term engagement, noting that self-monitoring alone was insufficient to promote lasting behavioral change. Participants recommended personalized feedback, enhanced technological features, AI-supported guidance, and stronger integration with mental health professionals and community services.

Conclusions: Our study findings suggest that DSPPs may extend beyond symptom monitoring by facilitating emotional self-awareness, self-reflection, and early emotional regulation among young adults with mental health vulnerability. Successful implementation requires not only technological innovation but also users' digital literacy, psychological readiness, and meaningful human support. The findings also highlight an expanding role

for mental health nurses as digital facilitators supporting digital engagement throughout intervention use. These findings provide user-derived qualitative evidence to inform future user-centered DSPPs and may support regional collaboration in developing culturally responsive digital suicide prevention services.

Lightnings September 15th, 2026, 13:30pm – 14:30pm

Chair: Annie Crookes
Session 3

## 3.1 Machine Learning Model for Predicting Suicidal Ideation Using Baseline and Smartphone Data in the Clinical High-Risk for Psychosis Population

**Mr Josh Nguyen[1,2],** Prof. Cheryl Corcoran[5], Dr. John Torous[6], Dr. Erlend Lane[7], Alex Dhima[7], Dr. Owen Borders[8], Prof. Martha Shenton[8], Prof. Scott Woods[9,10,] Prof. Christel Middeldorp[3,4,] Prof. Barnaby Nelson[1,2,] Prof. Lianne Schmaal[1,2,] A/ Prof. Dominic Dwyer[1,2]
[1]Orygen, Parkville, Australia, [2]The University of Melbourne, Parkville, Australia, [3]Department of Child Psychiatry and Psychology, Amsterdam UMC, Amsterdam Reproduction & Development Research Institute, Amsterdam Public Health Research Institute, Amsterdam, Netherlands, [4]Child Health Research Centre, University of Queensland, Brisbane, Australia, [5]Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, USA, [6]Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, USA, [7]Department of Psychiatry, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, USA, [8]Department of Psychiatry, Brigham and Women's Hospital and Harvard Medical School, Boston, USA, [9]Department of Psychiatry, Yale University School of Medicine, New Haven, USA, [10]Connecticut Mental Health Center, New Haven, USA

Background: The clinical high-risk syndrome for psychosis (CHR) is a critical period of heightened vulnerability for suicidal thoughts and behaviours, yet no prediction models exist for this population. Daily monitoring of risk factors may better capture fluctuations in suicide risk beyond the static baseline assessments. The objective of the current study is to test whether suicidal ideation can be predicted at 2-month follow-up and whether integrating daily smartphone surveys improves prediction. A secondary aim was to investigate the minimum amount of daily data required for sufficient predictive gains.

Methods: Baseline and 2-month follow-up data collected from 2021-2025 were obtained from the Accelerating Medicines Partnership Schizophrenia Project, which is a multicenter, international study spanning 43 academic clinical research sites across the ProNET (28 sites) and PRESCIENT networks (15 sites). Participants completed baseline assessments and daily surveys for 46 days. Machine learning models were developed using ProNET network data (n = 377) and externally validated in the PRESCIENT network (n = 193). Three pre-specified model types were compared: (1) baseline-only, using 32 sociodemographic and clinical predictors; (2) daily survey-only, using 240 summary features derived from daily surveys; and (3) an ensemble model combining both. Model predictive performance, net clinical benefit and bias across demographic subgroups were evaluated.

Results: Among 570 individuals (64% female, 63% White, age mean[SD] = 21.5[4.0]), 27% reported suicidal ideation at 2-month follow-up. Validation performance in the PRESCIENT network showed that the ensemble model (AUC = 0.81[0.76,0.89]) outperformed both baseline (AUC = 0.76[0.68,0.83], $p < 0.001$) and daily survey (AUC = 0.73 [0.66,0.78], $p < 0.001$) models. The ensemble model demonstrated higher net benefit with no biases in model predictions across race and ethnic groups, sex and sites. Two weeks of daily clinical information were sufficient for improving predictive accuracy from the baseline model. Two weeks of (non-consecutive) daily data were sufficient for most predictive gains.

Conclusion: An ensemble prediction model combining baseline and daily surveys in CHR youth demonstrates high predictive performance, low bias, and high generalizability. With further validation, the tool could inform suicide risk monitoring.

## 3.2 The #chatsafe Youth Participation Model: a toolkit for participatory workshops involving young people in the design of suicide prevention initiatives

**Dr Elise Carrotte**[1], Dr Louise La Sala[1], Mr Charlie Cooper[1], Dr Michelle Lamblin[1], Dr Ellie Brown[1], Professor Jo Robinson[1]
[1]Orygen, The University Of Melbourne, Australia

Despite increasing calls to involve young people in suicide prevention initiatives, there is limited practical guidance on how to do so in a manner that is safe, empowering, and replicable.

#chatsafe aims to empower young people to communicate safely on social media about self-harm and suicide. #chatsafe's youth participation workshops aim to both educate young people on safe communication practices, and gather their insights to inform new #chatsafe social media intervention content. To date, 26 Australian workshops have been delivered with over 300 young people; international workshops have also occurred in Norway, Italy and Bermuda.

Young people aged 15-25 years attend a full-day workshop, often in partnership with a youth priority population organisation. After introductory activities, the workshops comprise three components:

1. Learn and Define: young people learn about the prevalence and impact of self-harm and suicide, how social media is often used in relation to self-harm and suicide, and #chatsafe's guidance on safe communication.
2. Design: young people conceptualise, collaborate, and create ideas for new #chatsafe social media content in small groups, with facilitator support.
3. Reflect: young people share their designs and creations with the wider group, explain their ideas, and engage in a reflective discussion.

An evaluation study assessed the feasibility, acceptability, safety, and impact associated with attending a #chatsafe workshop. Data were collected in a pre- and post-workshop survey from nine workshops with 107 participants (M = 19.7 years, SD = 2.7 years), two thirds (64.5%) of whom reported lifetime suicidal thoughts. Feedback was positive, with 94.3% of participants reporting satisfaction with the workshop, 96.5% reported enjoying the workshop, 96.5% feeling safe, and no adverse events recorded. There was a significant increase in self-efficacy when communicating online about suicide post-workshop, $z = -5.99$, $p < .001$. Workshop insights informed two national Australian #chatsafe Instagram campaigns, reaching nearly two million young people collectively.

This presentation will overview the #chatsafe Youth Participation Toolkit, which outlines the steps taken to plan, conduct, and translate the outcomes of such workshops. This toolkit was designed to further encourage the involvement of young people in the design of suicide prevention or mental health initiatives.

## 3.3 Outcomes of a Multi-Stakeholder Co-Designed Digital Psychosocial Needs-Based Assessment Protocol for Young People

**Associate Professor Jacinta Hawgood**[1,2], Ms Grace Sholl[1,3,] Dr Melanie Roberts[1], Ms Aleena Martin[1], Dr Anna Clark[1,4,] Mr Trevor Pyman[3], Professor Caroline Donovan[2], Professor Sue Spence[1,2,] Dr Kylie King[5], Associate Professor Karl Andriessen[4,] Professor Diego De Leo[1], Professor Kairi Kolves1,2

1Australian Institute for Suicide Research and Prevention, Griffith University, NATHAN, Australia, [2]School of Applied Psychology, Griffith Centre for Mental Health, Griffith University, NATHAN, Australia, [3]Roses in the Ocean, Brisbane, Australia, [4]Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia, [5]School of Psychological Sciences, Monash University, Melbourne, Australia

Background: Young people experiencing suicidality require assessment approaches that are developmentally appropriate, person-centred, and responsive to their psychosocial needs. However, many suicide risk assessment protocols have been developed for adult populations and do not adequately reflect the lived experiences and priorities of young people. This project aimed to co-design and evaluate the first Australian digital youth adaptation of the Systematic Tailored Assessment for Responding to Suicidality (STARS-Yp) and its associated clinician training.

Methods: A four-component mixed-methods study incorporating an iterative participatory co-design approach was undertaken with young people, carers/parents, mental health professionals (MHPs), and youth suicide experts across hospital and community-based services in Queensland and Victoria. Component 1 involved interviews and focus groups to inform adaptation of the adult STARS-p into a youth-appropriate digital protocol and online training package. Component 2 evaluated the impact of STARS-Yp training on clinician knowledge, competence, preparedness, confidence, and self-efficacy using pre- and post-training measures. Component 3 examined the real-world feasibility and utility of the digital STARS-Yp through interviews with MHPs and young people following implementation in clinical settings. Component 4 established a Youth Expert Advisory Network to guide future implementation, evaluation, and ongoing refinement of the protocol.

Results: The co-design process identified key priorities for youth-appropriate psychosocial assessment, including flexible questioning, collaborative engagement, developmentally appropriate language, and comprehensive exploration of protective factors and psychosocial needs. Evaluation of the training demonstrated significant improvements in clinicians' suicide prevention knowledge, perceived competence, preparedness, and self-efficacy. Feasibility findings indicated that both clinicians and young people considered the digital STARS-Yp acceptable, practical, and supportive of more comprehensive and collaborative suicide assessment. Participants also identified opportunities to enhance usability, including streamlining interview length, improving navigation, and expanding opportunities for practical skills development.

Conclusions: This project demonstrates the value of engaging young people, carers, clinicians, and researchers as equal partners in the co-design of suicide prevention innovations. The STARS-Yp represents Australia's first co-designed digital psychosocial, needs-based suicide assessment protocol and training package for young people. Findings support its feasibility, acceptability, and workforce readiness, providing a strong foundation for future implementation and effectiveness research across hospital and community youth mental health services.

## 3.4 Developing an Evidence-Informed Postvention Framework for Psychiatric Nurses: Implications for Suicide Prevention

**Tanimoto C**[1]
[1]Niigata College Of Nursing, Japan

Background: Patient suicide has a profound psychological impact on psychiatric nurses, yet structured postvention support remains limited. Inadequate support may contribute to prolonged distress and affect the quality and safety of care. Strengthening postvention is therefore an essential component of comprehensive suicide prevention systems.

Aim: This study aimed to synthesize recent evidence on support for healthcare professionals after patient suicide and to identify key components for developing an evidence-informed postvention framework for psychiatric nurses, with implications for suicide prevention.

Methods: A targeted literature review was conducted using PubMed and expert recommendations to identify recent studies on postvention and support for mental health professionals. Search strategies combined keywords related to psychiatric nursing, suicide, and coping. Eight relevant studies were selected and analyzed to identify common elements and gaps.

Results: Healthcare professionals reported intense emotional reactions, including shock, guilt, and depressive symptoms, alongside insufficient preparation and organizational support. Informal support was frequently used and perceived as helpful, while formal support systems showed mixed effectiveness. Structured postvention approaches—including emotional first aid, team-based debriefing, delayed screening and counseling, and long-term follow-up—were associated with improved support. Educational interventions, such as emotional support training, standardized response procedures, reflective practice, and legal–ethical discussions, enhanced preparedness.

Conclusions: Postvention for psychiatric nurses should adopt a multilayered approach integrating emotional, educational, and organizational support. This study proposes an evidence-informed framework to guide the development of structured postvention programs. Supporting healthcare professionals after patient suicide is essential not only for staff well-being but also for maintaining safe clinical environments and strengthening suicide prevention efforts. These findings provide practical direction for developing postvention strategies in clinical settings.

## 3.5 A Five-Pillared Peer Support Framework for Responding to Workplace Sudden Death and Suicide.

Mr Nicholas Thompson[1], Professor Rebecca Loudoun[3], **Mr James Lacey[1]**
[1]Mates In Construction, Spring Hill, Australia, [2]School of Nursing, Midwifery and Social Work, University of Queensland, St Lucia, AU, [3]Centre for Work, Organisation and Wellbeing, Griffith University, Nathan, AU

Background: Workplace critical incidents, including suicide and sudden death, place significant demands on peers and organisations. While the role of peers in supporting colleagues through grief and loss is well evidenced, the theoretical foundations that guide the design of structured peer support programs, including the mechanisms intended to protect responder well-being, remain underdeveloped and largely unarticulated. Evidencing these foundations is essential to advancing implementation science and supporting ongoing evaluation of program effectiveness and adaptability across occupations.
Objective: To articulate the theory of change and the theory of programmatic design underpinning MATES Respond, a training program designed to build the situational awareness, skills, and support structures of peer responders undertaking postvention and workplace bereavement interventions in blue-collar industries.

Method: An integrative review methodology was employed, synthesising established frameworks from cognitive learning theory, positive psychology, conservation of resources theory, post-traumatic growth, psychosocial safety climate, and the job demands–resources model. These frameworks were mapped against the program's logic model, alongside a review of program literature, practitioner experience, evaluation data, and established workplace bereavement and postvention models of practice.

Results: The analysis identified five interconnected mechanisms through which responder and organisational capabilities are expected to develop: knowledge acquisition, personal resource development, stress and resilience management, organisational enablement, and temporal responsiveness across critical incident phases. Together, these constitute an integrated theory of change in which individual skill development and organisational systems operate bidirectionally to produce sustainable postvention and bereavement outcomes.

Conclusions: MATES Respond offers a theoretically coherent and replicable model for workplace postvention and bereavement in high-risk industries. Peer responders are positioned not merely as individual supporters but as active agents of system-level change, whose practice simultaneously reflects and reshapes the organisational cultures in which they operate. Effective peer support is not a function of goodwill alone; it depends on deliberate training, structured organisational investment, and ongoing refinement as contexts evolve. Longitudinal evaluation is warranted to assess sustained outcomes and examine how contextual factors moderate effectiveness across diverse blue-collar settings, including those with more stable workgroups such as mining.

## Lightnings September 16th, 2026, 14:30pm – 16:00pm

Chair: Jacinta Hawgood
Session 4

### 4.1 Our stories matter: Storytelling for change through lived and living experience perspectives on suicide

**Dr Jaelea Skehan**[1]
[1]Everymind and University of Newcastle, Newcastle, Australia

Sharing lived and living experiences of suicide is a powerful and purposeful way to create change, foster connection, and offer hope. Central to this is recognising that each experience is unique, and that sharing stories can support both individual healing and broader community understanding.

While storytelling is critical to suicide prevention, sharing experiences in public domains is complex. Individuals often face uncertainty about how their stories will be received, interpreted, or shaped within broader public conversations about suicide. Concerns about safety, representation, and impacts on both the storyteller and the community can create significant barriers. At the same time, public discussion of suicide has real consequences, with evidence highlighting both the harms of unsafe communication and the protective effects of stories that emphasise hope, recovery, and survival.

Despite this, there remains limited understanding of how people with lived and living experience of suicide navigate these challenges and engage with public storytelling. Supporting safe, authentic, and self-determined storytelling, while considering the wellbeing of both storytellers and audiences, is essential to strengthening the role of lived experience in shaping public discourse.

This project aimed to understand the experiences of people with a lived experience of suicide, and their engagement with media and public communications about suicide, to inform the development of a suite of guidelines to support people sharing their stories.

Following a co-design approach, the project involved people with a lived and living experience of suicide from commencement through to the final resource outputs. New knowledge has been generated through workshops, semi-structured interviews and a national research survey which engaged more than 300 people who have a lived and living experience of suicide. This data has been used to inform the development of a suite of accessible resources that support safe storytelling, along with guidelines for public communication practitioners to support the storytelling process, and discussions about suicide and related experiences in a safe way.

In the Asia-Pacific context, these findings have important implications for both policy and practice. Strengthening the capacity for safe, supported storytelling can help reduce isolation by fostering connection, empathy, and understanding through culturally relevant lived experience narratives.

This presentation will discuss not only how communities and public communicators need to shift the narrative on how suicide is discussed, but also how all lived experiences of suicide, in all their intersections, can exist equally in the public domain and move forward together.

## 4.2 Strengthening Suicide Prevention in Fiji: A Situation Analysis for Adapting the WHO mhGAP Community Toolkit

**Miss Shawal Sanjeshni Prasad**[1]
[1]Ministry of Health & Medical Services, City, Fiji

Suicide and self-harm remain a significant public health concern globally and are among the leading causes of preventable mortality, particularly among young people. In Fiji, ongoing suicide rates, particularly among youth and men, combined with limited mental health resources, stigma, geographic barriers, and a highly centralized service model, highlight the need for strengthened community-based prevention approaches. The WHO Mental Health Gap Action Programme (mhGAP) Community Toolkit provides evidence-informed guidance for suicide prevention, including community awareness, early identification of risk, referral pathways and support for vulnerable individuals. The present study aimed to identify the key factors in adapting the toolkit for suicide prevention in Fiji.

A situation analysis was undertaken using a range of methods including stakeholder consultations, key informant interviews, and engagement with community representatives, health workers, faith-based organizations, and people with lived experience. The data explored system readiness, community resources, implementation platforms, and culturally appropriate approaches for suicide prevention.

The situation analysis identified key vulnerable populations for suicide prevention interventions, including young people, men, and individuals affected by substance use and limited access to mental health services. Priority implementation platforms included schools, workplaces, primary health care facilities, faith-based organizations, and community-based structures. Key implementation actors included community health workers, teachers, faith leaders, traditional leaders, youth representatives, and people with lived experience. Priority intervention components included community awareness and stigma reduction, suicide prevention education, early identification of suicide risk, strengthening referral pathways, and improving help-seeking behaviour. Cultural adaptation was identified as essential, with emphasis on local languages, talanoa-based engagement approaches, family involvement, and incorporation of Fijian concepts of wellbeing to ensure acceptability and relevance.

The situation analysis provides a clear pathway for adapting and rolling out the WHO mhGAP Community Toolkit in Fiji. Findings highlight priority populations, delivery platforms, community stakeholders, and culturally grounded approaches required to strengthen community-based suicide prevention. This provides a practical foundation for scaling up suicide prevention efforts through community engagement and integration within existing systems.

## 4.3 Community-Led Mental Health Awareness Walks as Culturally Grounded Pathways to Care, Stigma Reduction, and Indigenous Healing in Pacific Islander Communities

**Dr Eric Orr**[1]
[1]BYU Hawaii, Laie, United States

Community-led mental health awareness walks have become an increasingly effective strategy for reducing stigma, strengthening social connection, and improving access to care—particularly in Pacific Islander communities where cultural norms often discourage open discussion of emotional distress or suicide risk. This lightning presentation examines how awareness walks function as low-barrier, culturally grounded engagement tools that promote early intervention and expand pathways to mental-health services. Central to this approach is the incorporation of Talanoa principles—relational, story-based dialogue that fosters trust, empathy, and collective understanding.

Mental-health stigma remains one of the most persistent barriers to help-seeking, especially in communities where mental illness is viewed as a private matter or a source of shame. Awareness walks counter these barriers by creating a visible, non-clinical, and socially safe environment where individuals can participate without fear of judgment. The public nature of the walk—collective movement, shared messaging, and community presence—signals that mental health is a communal priority. Participants frequently describe the walk as a "first step" toward acknowledging personal or family mental-health challenges, increasing readiness to engage with formal support systems.

A central feature of the walk model is its ability to increase accessibility to services. By embedding peer presenters, counselors, peer-support groups, Indigenous healers, and resource providers directly into the event, attendees can interact with both peers and professionals in a relaxed, culturally familiar setting. This reduces logistical and psychological barriers to care. Preliminary post-event surveys indicate increased awareness of available services and greater willingness to seek help. These findings align with conference goals of addressing isolation and expanding culturally responsive community-led approaches.

Awareness walks also strengthen collective efficacy, a protective factor in suicide prevention. Through shared movement, storytelling, Talanoa-based dialogue, and cultural expression, participants experience a sense of unity that counters isolation. This collective framing encourages communities to view suicide prevention as a shared responsibility, increasing the likelihood of sustained engagement beyond the event itself.

This presentation will highlight practical insights from six years of walk initiatives and outline key components such as utilizing a Talanoa approach, embedding Indigenous interventions and practitioners, and applying Allport's Contact Theory, Bandura's Social Learning Theory, and Bem's Self-Perception Theory to enhance cultural responsiveness. We will discuss how awareness walks can be scaled across Pacific Island contexts to support regional collaboration and action. As suicide-prevention efforts continue to evolve, awareness walks offer a promising, community-driven model for reducing stigma, increasing accessibility, and strengthening resilience across the Asia-Pacific region.

## 4.4 Trust, Pathways, Case Management and Peer-Led Suicide Support in Construction

**Mr Nicholas Thompson**[1], Professor Rebecca Loudoun[3], Mr James Lacey[1]
[1]Mates In Construction Qld-NT, Spring Hill, AU, [2]School of Nursing, Midwifery & Social Work, University of Queensland, St Lucia , AU, [3]Centre for Work, Organisation and Wellbeing, Griffith University, St Lucia, AU

Background: Workplace suicide prevention is a critical concern in high-risk industries, particularly construction. Trust is a well-established predictor of help-seeking, yet its role within social worker–facilitated case management and peer-led support systems remains underexplored. Little is understood about how workers navigate between peer support, non-clinical care, and formal case management, or how these systems intersect relationally between clients, peers, and social workers.

Objective: To adapt and validate a measure of trust in social worker–led case management, and to examine its influence on help-seeking within peer-led suicide prevention contexts.

Methods: A multi-phase design was employed. Qualitative interviews, focus groups, and an expert panel informed selection of a pilot trust measure, which was then adapted to the construction case-management context. Psychometric testing was conducted using data from 797 Australian construction workers across five cohorts spanning commercial, civil, and trade-based settings. Of these, 155 (19.4%) had engaged in case management and 317 (39.8%) had not; only the case-managed data were used for this testing.

Results: Preliminary findings will be reported. The Trust Measure is anticipated to be associated with increased help-seeking and self-referral, supporting its construct validity and practical utility in peer-led suicide prevention settings.

Conclusion / Significance: This study highlights the importance of integrating trust-informed case management with well-defined peer support pathways. Strengthening relational practice, co-design, and system-level coordination can improve engagement, continuity of care, and safe navigation between informal and clinical supports. It positions social work as central to workplace suicide prevention, offering a practical tool to measure trust and support help-seeking. The research addresses a critical gap in measurement and provides actionable insights for designing effective mental health interventions in construction and similar high-risk workplaces.

## 4.5 Demonstrating the Effectiveness of the MATES Program in Reducing Stigma and Improving Mental Health Literacy in FIFO Workforces

Mr Nicholas Thompson[1], **Professor Rebecca Loudoun**[3], Mr James Lacey[1]
[1]Mates In Construction Qld-NT, Australia, [2]School of Nursing Midwifery and Social Work, University of Queensland, St Lucia, AU, [3]Centre for Work, Organisation and Wellbeing, Griffith University, Nathan, AU

Background: Fly-in-fly-out (FIFO) work arrangements expose workers to distinctive psychosocial hazards, including isolation, disrupted social support, and high-pressure rosters. Poor mental health and psychological injury are known consequences of these hazards, while stigma and limited mental health literacy remain significant barriers to help-seeking and help-offering when workers in these male-dominated settings are in distress. The MATES in Construction program seeks to raise awareness, build literacy, and reduce stigma through workplace awareness campaigns and education, yet its effectiveness within the FIFO context has not been independently evaluated.

Objective: To evaluate whether participation in MATES General Awareness Training (GAT) in FIFO work environments is associated with measurable improvements across four domains: stigma surrounding mental health and suicide; help- and support-seeking; mental health literacy; and suicide awareness and prevention.

Method: A mixed-methods, quasi-experimental 2×3 design was used across FIFO sites in Queensland and the Northern Territory. An intervention group (approximately 400 workers completing GAT) and a control group (approximately 200 non-participating workers) complete validated self-report measures at three time points: pre-intervention, post-intervention, and three-month follow-up. Instruments include the Mental Health Professional Stigma Scale, the Help-Seeking subscale of the Stigma and Self-Stigma Scales, the Mental Health Literacy Questionnaire (MHLq-SVa), the Literacy of Suicide Scale, and the Military Suicide Attitudes Questionnaire–Short Form. Quantitative analysis comprises correlational analyses, repeated-measures MANOVAs, and chi-squared difference tests.

Results: Data collection and analysis are ongoing, with full results expected in 2027. This presentation outlines the study rationale, design, and measurement framework, and reports on progress, preliminary findings, and emerging directions to date.

Conclusions: Once complete, this evaluation will provide independent, longitudinal evidence on the effectiveness of a widely deployed workplace suicide prevention program within a high-risk, geographically dispersed workforce. By assessing change across stigma, literacy, help-seeking, and suicide awareness simultaneously, the study will clarify which mechanisms drive improvement and where additional support is required. Findings will offer practical guidance for tailoring mental health interventions to FIFO and other remote, male-dominated industries, and will contribute to the broader evidence base on awareness-based suicide prevention in workplace settings

## 4.6 Understanding Suicidal Behavior in Fiji: Assessing the Three-Step Theory for the Fijian Context

**Mrs Mercy Gogoi**[1], Dr Annie Crookes[2], Dr. Luke Bayliss[3]
[1]University Of Fiji, Lautoka, Fiji, [2]University of South Pacific, Lautoka, Fiji, [3]Griffith University, Brisbane, Australia

Suicide is regarded as a major social and public health problem in Fiji, particularly among the Indo-Fijian community. While some literature has described potential risk factors based on basic health data of deaths from suicide, there has been no systematic analysis of the psychological risk factors that determine suicidal ideation and the progression from ideation to action. To address this gap, this thesis will use the Three Step Theory of suicide by Klonsky and May as a basis for assessing suicidal ideation and action variables in the Fijian context. In particular, the studies will test whether psychological pain and hopelessness increase the risk of suicidal ideation and whether a sense of connectedness serves as a protective factor. These will be assessed against other culturally specific factors such as ethnic identity, family relationships, and religiosity. Finally the thesis will try to explore what components make up the capacity for suicidal action itself. Therefore, the thesis will comprise three studies: the first two will test the model of ideation through quantitative surveys on youths and general community population; the final study will then aim to understand pathways from ideation to action through qualitative interviews with a targeted sample drawn from health services. The findings will greatly enhance our understanding of suicidal behaviour in Fiji in a way that can directly inform prevention and community interventions.

Keywords: suicide, suicide ideation, attempted suicide, risk and protective factors, Fiji

## 4.7 Advancing Suicide Prevention Through Workforce Innovation: A Mixed-Methods Evaluation of PM+ Training in Social Work Education

Dr. Andrea Germany[1], **Dr. RoseAnne Droesch**[2], Dr. SHAHNAZ SAVANI[1], Leslie Sirrianni[3]
[1]University Of Texas At Arlington, Dallas, United States, [2]Washington State University Tri-Cities, Richland, USA, [3]University of Houston Downtown, Houston, USA

Suicide prevention remains an urgent global health priority, and it is closely tied to a persistent mental health treatment gap. Ninety percent of individuals experiencing common mental disorders receive no care. Traditional, specialist-driven models alone are insufficient to meet population-level needs, particularly in underserved and resource-constrained settings. Addressing suicide risk at scale requires innovative workforce development strategies that equip non-specialist providers with evidence-based, culturally responsive skills.

This study presents a novel educational model that integrates the World Health Organization's Problem Management Plus (PM+) intervention into undergraduate social work training as a scalable approach to reducing psychological distress, which is a precursor to suicidality. PM+ is a brief, transdiagnostic, task-sharing intervention designed to reduce depression, anxiety, and stress through structured, adaptable techniques. While PM+ has demonstrated effectiveness across global contexts, its integration into U.S. social work education as a workforce development strategy remains underexplored.

Using a sequential mixed-methods design, this study evaluated both learning outcomes and student experiences within a Bachelor of Social Work program at a minority-serving institution. Quantitative findings (N=17) from pre–post surveys demonstrated statistically significant gains in PM+ knowledge and improvements in counseling self-efficacy across domains central to suicide prevention, including empathetic engagement, structured assessment, and crisis response. Effect sizes ranged from medium to very large, indicating meaningful improvements in students' confidence and readiness for practice. Qualitative findings (N=7) from participants' experiences revealed four key themes: 1) course increased PM+ knowledge; 2) structured feedback supported skill development; 3) cultural adaptation and real world application enhanced relevance; and 4) logistical factors influenced engagement.

Participants will: (1) identify how task-sharing interventions such as PM+ can be integrated into social work education to strengthen suicide prevention capacity; (2) examine key findings on knowledge acquisition and self-efficacy gains associated with PM+ training; and (3) explore strategies for adapting scalable, evidence-based interventions to diverse cultural and resource contexts.

This work contributes to global suicide prevention by positioning social work education as a critical and underutilized site for workforce expansion. By embedding scalable interventions into pre-professional training, this model advances an upstream, sustainable approach to reducing suicide risk and expanding access to care across diverse populations.

## 4.8 Perceptions and experiences of experts in media and suicide on implementation of attempts to engage media on responsible suicide reporting in LMICs

**Mrs Reihaneh Moniri**[1], Dr Sadhvi Krishnamoorthy[1], Prof Matthew Spittal[1], Prof Gregory Armstrong[1]
[1]Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

Responsible media reporting of suicide is recognised as a key strategy for suicide prevention. However, most implementation efforts have been concentrated in high-income countries, and little is known about how engagement initiatives are implemented in low- and middle-income countries (LMICs). To address this gap, we conducted qualitative interviews with experts involved in attempts to engage the media on responsible suicide reporting in LMICs.

Methods: Between July 2025 and February 2026, semi-structured qualitative interviews were conducted with 25 participants from 14 LMICs. Participants were recruited via professional networks, targeted outreach, and snowball sampling, and included psychiatrists, psychologists, and other stakeholders with experience in media engagement efforts. Interviews followed a discussion guide covering participants' experiences in leading media engagement initiatives, barriers and facilitators to changing media reporting practices, assessment and evaluation practices, and collaborative strategies. Interviews were audio-recorded, transcribed, and analysed using a combined deductive and inductive thematic approach in NVivo 15.

Results: Five overarching themes were identified: (1) Engagement efforts to influence media reporting, highlighting strategies including training, advocacy, and collaborative initiatives; (2) Global guidelines and local adaptation in practice, reflecting the need to tailor international recommendations to local sociocultural and media contexts; (3) Barriers to engagement efforts, including limited resources, structural constraints, and competing media priorities; (4) Monitoring, evaluation, and evidence gaps, revealing challenges in assessing the impact of media engagement initiatives; and (5) Future directions and system-level solutions, emphasising the importance of sustained, multi-sectoral strategies for improving media reporting.

Conclusions: The study provides insights into the complex processes of implementing responsible media reporting initiatives in LMICs. Findings can inform context-sensitive strategies, enhance collaborations between

media and suicide prevention experts, and support the development of sustainable interventions to improve media reporting of suicide.

Lightnings September 16th, 2026, 14:30pm – 16:00pm

Chair: Sarah Fortune
Session 5

## 5.1 Prevalence of help-seeking for self-harm and suicidal ideation amongst adolescent and young adult populations: A meta-analysis

**Dr Long Le**[1], Mr Dai Quy Le, Professor Jane Pirkis, Professor Cathy Mihalopoulos
[1]Monash University, Australia

Background: Self-harm and suicide are among the leading causes of deaths among adolescents and young adults. However, limited help-seeking was observed among these individuals. This meta-analysis aims to estimate lifetime and 12-month help-seeking prevalence among adolescents and young adults with self-harm and suicide ideation, disaggregated by help-seeking sources.

Methods: Systematic searches were conducted in MEDLINE, Embase, PsycINFO, CINAHL, and Web of Science to identify studies that reported help-seeking prevalence among adolescents and young adults with self-harm and/or suicidal ideation published up to July 2024. Meta-analysis was conducted to determine the pooled prevalence of help-seeking for self-harm and/or suicidal ideation over the past year and lifetime. The Joanna Briggs Institute Checklist for Prevalence Studies was used to assess the methodological quality of the eligible studies. Protocol for this systematic review and meta-analysis was published on PROSPERO (CRD42021259907).

Findings: Of the 63 studies included in the systematic review, 57 were used in the meta-analysis. The pooled estimates showed that 31% to 46% of adolescents and young adults who experienced self-harm, suicidal ideation, or both sought help in the past year and 56% to 66% over their lifetime, respectively. Additionally, they were more inclined to seek help from informal sources rather than formal services.
Conclusions: These findings demonstrated generally low to moderate levels of help-seeking among adolescents and young adults at risk for suicide. These patterns align with findings from earlier systematic reviews conducted over a decade ago [9,13], highlighting little to no progress in increasing help-seeking among such population for self-harm and/or suicidal ideation during the last decade. Thus, interventions should target informal support networks to improve the quantity and quality of help-seeking in this population.

## 5.2 From Storytelling to System Change: Embedding Lived Experience Across Suicide Postvention

**Ms Kristy Steenhuis**[1]
[1]Youturn/StandBy Support after Suicide, Nambour, Australia

Presentation Objectives: Lived experience is increasingly recognised as essential to effective suicide prevention and postvention. However, many organisations continue to engage people with lived experience primarily through storytelling or consultation, rather than recognising lived experience as a form of expertise that can shape organisational strategy, policy and practice. This presentation will share the journey of StandBy Support After Suicide, Australia's national suicide postvention program delivered by Youturn, in developing and implementing a Lived Experience Framework that embeds lived experience across all levels. Participants will gain practical strategies for moving beyond participation towards authentic partnership, leadership and shared decision-making.

Key Insights

The StandBy Lived Experience Framework positions people with lived experience of suicide bereavement as leaders, advisors, collaborators and decision-makers across governance, leadership, workforce development, service design, service delivery and evaluation. Rather than viewing lived experience as a standalone initiative, the framework embeds lived experience within organisational systems, culture and continuous improvement processes.

Drawing on implementation examples, this presentation will explore the critical enablers of authentic lived experience integration, including governance structures, lived experience leadership pathways, workforce capability, meaningful remuneration, co-design and organisational accountability. It will also reflect on implementation challenges, lessons learned and practical approaches to avoiding tokenism while creating psychologically safe and sustainable opportunities for lived experience leadership.

Early outcomes demonstrate stronger partnerships, increased organisational capability, greater confidence in lived experience leadership, and improved opportunities for people with lived experience to influence decisions that shape services and organisational culture.
Relevance to Regional Collaboration and Action
Across the Asia-Pacific region and internationally, organisations are seeking practical, sustainable approaches to embedding lived experience within suicide prevention systems. While organisational contexts differ, the principles underpinning authentic lived experience leadership are widely transferable.

By sharing practical implementation lessons and scalable approaches, this presentation aims to support regional collaboration, strengthen lived experience leadership and contribute to more responsive, person-centred suicide prevention and postvention systems where lived experience is recognised not simply as a story to be heard, but as expertise that drives meaningful and lasting systems change.

## 5.3 Exposure to suicide-related information through the media among university students and related factors: An exploratory study

**Ms. Haruka Sugiyama**[1], Prof. Daisuke Kawashima[2]
[1]Graduate School of Psychology, Chukyo University, Nagoya/Showa-ku/Yagoto Honmachi, Japan, [2]School of Psychology, Chukyo University, Nagoya/Showa-ku/Yagoto Honmachi, Japan

Although the 'Werther effect' of traditional news reporting is well documented, concerns about exposure to suicide-related information have expanded to digital environments, particularly in Japan, where suicide rates remain high among young people and social networking site (SNSs) usage is widespread among younger age groups. College students in contemporary digital environments may encounter suicide-related information both intentionally and accidentally. However, little is known about the association between this exposure and suicide-related behaviors. This study examined the exposure of Japanese university students to suicide-related information and explored the factors associated with suicide-related behaviors. A cross-sectional survey was conducted among Japanese university students (N = 125; 41 men, 84 women; mean age = 19.60) between November 202X and January 202X＋1. The assessments included scales measuring exposure to suicide-related information, suicide-related behaviors, prevention knowledge, stigma, acceptability, and mental health status. Exploratory factor analysis (EFA) with maximum likelihood estimation and Promax rotation was used to categorize 22 exposure items. Then, ordinal regression analysis was performed to identify correlates of suicide-related behaviors. All participants reported at least one experience of exposure to suicide-related information through media. EFA identified a three-factor structure consisting of intentional exposure, intensive exposure, and accidental exposure. Intentional exposure included actively searching for suicide-related information or details surrounding suicide incidents. Intensive exposure reflected repeated or intense encounters with suicide-related content on SNSs, including streaming videos and large volumes of suicide-related posts. Accidental

exposure represented unintended encounters with suicide-related information through news reports, timelines, entertainment media, or online searches unrelated to suicide. High correlations were observed among the three factors; therefore, a composite exposure score was used in subsequent analyses. Ordinal regression analysis revealed that poorer mental health, greater exposure to suicide-related information, and male gender were significantly associated with higher levels of suicide-related behaviors. In contrast, media use duration, number of SNSs platforms used, suicide prevention knowledge, stigma, and suicide acceptability were not significantly associated with suicide-related behaviors. These findings suggest that exposure to suicide-related information, particularly through SNSs and other online platforms, is associated with suicide-related behaviors among university students regardless of baseline mental health status. Contemporary media environments may facilitate both intentional and involuntary encounters with suicide-related content. This study has several limitations, including its small sample size, the fact that it only included college students, and its cross-sectional design. Further longitudinal studies involving a broader age range are required to confirm these findings.

## 5.4 The Role of Family Problems in Self-Harm: A 5-Year Retrospective Chart Review

**Dr. Shahnaz Savani**[1] Dr. Priya Sreedaran
[1]University of Texas at Arlington, Arlington, United States

Background: Family problems are a leading reported trigger for self-harm in low- and middle-income countries, including India. In many high-income settings, self-harm is often understood primarily through an individual psychiatric lens, but in India and similar contexts, socio-cultural and family-related stressors frequently play a central role. Terms such as self-harm, suicidal behavior, deliberate self-harm, and non-suicidal self-injury are often used inconsistently in the literature, which can obscure the broader social and relational factors involved. This study focused on the role of family problems in self-harm among patients treated at a tertiary care hospital in Bengaluru, India.

Methods: The study used a retrospective chart review design. Data were drawn from the Assertive Management of Attempted Suicide (AMAS) registry at a large urban teaching hospital in Bengaluru, India. Records from individuals admitted for self-harm between January 2016 and September 2021 were reviewed. Of 1,340 cases initially identified, 1,331 were included after excluding incomplete records. The analysis examined whether family problems were identified as the primary trigger for self-harm and assessed associations with sociodemographic characteristics, including age, gender, marital status, education, occupation, and psychiatric diagnosis.

Findings: Nearly half of the sample (46.5%) reported family problems as the main reason for self-harm. Family-related triggers were especially common among women, married individuals, and homemakers. Gender and marital status were significant predictors: men were less likely than women to report family problems, while married individuals were nearly twice as likely as single individuals to identify family-related stressors. Education was also associated with reporting family problems, with individuals who did not cite family problems more likely to have completed diploma or graduate-level education.

Implications: The findings show that family dynamics are a major contributor to self-harm in this setting and should not be overlooked in prevention and treatment efforts. Interventions should move beyond an exclusively clinical model and incorporate relational, social, and cultural contexts. Screening, counseling, and prevention programs should pay particular attention to women, married individuals, and homemakers, while also addressing conflict, abuse, and other family stressors that may elevate risk.

## 5.5 Building Resilience Through Holistic Self-Defense: Effectiveness of the Girls Lead Girls Program in Puducherry

**Ms Lokitha Kamachi**[1], Dr Siva Mathiyazhagan, Ms Adithya M.R

[1]Trust for Youth and Child Leadership, Puducherry, India, 2University of Pennsylvania, , United States of America, 3Trust for Youth and Child Leadership, Puducherry, India

In India, female suicide is still a serious public health issue. The National Crime Records Bureau (NCRB, 2024) reports that 45,245 women committed suicide in 2024, with housewives, students and daily wage workers, being the most impacted. There is a big void in comprehensive, holistic approaches that develop resilience and protective behaviors both at once because existing empowerment programs typically focus on specific domains. This study assessed how effectively the Trust for Youth and Child Leadership's (TYCL) Girls Lead Girls (GLG) program shields them from social variables that could negatively impact their mental health by possessing clarity, self-confidence, and the ability to make independent decisions in all areas pertaining to them through holistic self-defense skills and strengthened protective factors related to empowerment, violence prevention, mental wellness, and suicide prevention. 553 female college students (from the ages of 18 to 24) across nine higher education institutions in Puducherry, India, participated in a pre-post quasi-experimental intervention study. Eight domains of holistic self-defense, Socio-Legal, Physical, Intellectual, Economic, Emotional, Socio-Cultural, Online, and Sexual Self-Defense, were covered by validated pre- and post-assessment questionnaires. The research team utilized JASP to conduct descriptive analysis. All eight domains showed notable gains. Socio-Legal Self-Defense (+2115) and Physical Self-Defense (+1950) showed the biggest improvements, followed by Intellectual (+1494), Economic (+1350), Emotional (+1045), Socio-Cultural (+898), Online (+485), and Sexual Self-Defense (+25). Increased help-seeking, abuse disclosure, and access to legal and psychosocial supports were among the behavioral outcomes. The GLG program shows significant promise as a scalable, all-encompassing intervention for resilience-building and suicide prevention among young women in India, calling for deeper evaluation and wider implementation.

Keywords: Women's empowerment; Holistic self-defense; Suicide prevention; Help-seeking behaviour; Gender-based violence, College students, Empowerment

## 5.6 Developing Surveillance Systems for Suicidal Behavior in Fiji: Challenges and Opportunities

**Dr Annie Crookes**[1], Mr Lameka Koroi
[1]University Of The South Pacific, Fiji

Suicide has been recognised as a significant issue in the Pacific Islands over many years (Haynes, 1984; Booth, 1999; Mathieu et al., 2021) with estimated Suicide mortality rates across the region being significantly higher than the global average (Kolves et al., 2022). In Fiji, while the estimated population rates reflect global averages, the rates among Fijians of Indian Descent are significantly higher (Haynes 1984, Morris, 2000; Forster et al., 2007)

However, these conclusions are drawn from literature reviews of estimated data rather than comprehensive surveillance data. Currently, national statistics on suicide in Fiji are compiled and reported by the Police Service. This system does provide reliable and necessary data on deaths by suicide across sectors of the population. However, this is less reliable for non-fatal self injury and for broader recording of suicidal ideation. This has raised concerns by members of NCOPS that we significantly underestimate the true prevalence of suicide in the population. Particularly in light of the stigma against openly discussing suicide among Indigenous communities. Moreover, the current data have limited use for understanding risk and protective factors and making evidence-based decisions on prevention activities.

In 2021, WHO published the Suicide Prevention Surveillance Framework for the Western Pacific (2021). As part of this report, an evaluation of current suicide behavior and prevention activities in Fiji was conducted. This review makes two key statements:

- That there is a need to enhance the quality and comprehensiveness of surveillance mechanisms for suicidal behavior across the country
- That a systematic evaluation of suicide prevention strategies is necessary, but can only take place once adequate surveillance and reporting systems are in place

However, establishing a valid and reliable surveillance system for suicide (or indeed any mental health data) is challenged by the lack of understanding and stigma towards suicide, and the practical difficulties of coordinating across rural and low resource settings.
Academics representing the two major universities have been working with NCOPS in the past few years to build on this report. This presentation will provide a brief summary of the activities being undertaken to try and develop Fiji's first systematic and comprehensive national framework for suicide surveillance. The testing of this framework is critical to support more evidence based and targeted suicide prevention initiatives in Fiji and to strengthen the purpose and actions of NCOPS as it is constituted under the mental health Act.

## 5.7 Development and co-design of a telehealth referral service aimed to reduce recurrent self-poisoning in substance use disorder

**Professor Kirsten Morley**[1]
[1]University Of Sydney, Australia

Background: Repeated self-poisoning, substance use and presentations to the Emergency Department (ED) are key risk factors associated with suicide. Evidence-based approaches such as active follow-up and contact following discharge from the ED do not adequately address self-poisoning in the context of substance use. Project Connect was developed to address this gap by assertively linking assessment and treatment for substance use problems to consumers presenting to the ED following a self-poisoning event.

Methods: Guided by a generative co-design framework (1), an initial protocol was developed by a group of key stakeholders including consumers, providers and organisational leaders and then implemented over four months. Participants (consumers, providers, organisational leaders) provided feedback through semi-structured interviews guided by the Consolidated Framework for Implementation Research (2), which informed key protocol revisions.

Results: 294 consumers were opportunistically screened following a self-poisoning event involving an ED admission and associated call to the Poisons Information Centre. 72 (24.5%) of these calls yielded positive screens for substance use. Following further review, 30 were deemed eligible and only 16 were contactable. Of these, 4 (25%) of eligible consumers enrolled. All consumers who participated in the implementation reported positive experiences and there was strong agreement regarding the value of the intervention. Providers and organisational leaders identified barriers with the screening and triaging procedures, and with the use of direct telephone contact. Suggested protocol adaptations included streamlining screening and utilising communication methods that would enable consumer-directed options for treatment engagement.

Conclusions: Project Connect was co-designed using an iterative approach. It involves an evidence-based, consumer-centred contact and follow-up methodology with a referral model that assists with the coordination of care across services. Given that substance use is assessed outside of the busy ED setting, Project Connect allows for greater focused and streamlined consumer-centred follow-up treatment which has the potential to have a profound impact on overcoming current access barriers.

## 5.8 Suicidal behaviour, attitudes towards suicide, associated risk factors and peer response among Fijian youth

**Mrs Sofia Sandys**[1], Dr Neeta Ramkumar[2]
[1]The University of the South Pacifc, Suva, Fiji, [2]The University of the South Pacific, Suva , Fiji

Suicide is a global phenomenon and remains a major public health concern. Published data has suggested that Fiji has a particularly high suicide rate, and that youth in the Pacific region may be at higher risk for suicidal

behaviour than similarly aged peers in other countries. However, little research has explored the underlying factors that could explain the higher risk of suicide faced by Fijian youth. The purpose of this study was to gain a better understanding of how psychological, social-psychological and subcultural factors influence suicidal behaviour and attitudes towards suicide amongst youth in Fiji. The study also aimed to identify predictors of suicidal behaviour among youth. Fijian students (N = 218) from the University of the South Pacific completed an online questionnaire which included a number of standard measures related to suicide. Two pilot studies were first conducted to ensure suitability of the research instruments to obtain feedback regarding participant perception of the length, clarity, ability to sustain focus and emotional impact of the questionnaire. Regression analyses identified depression, self-compassion, and attitudes relating to normality and rejecting as significant predictors of suicidal behaviour. Demographic variables were generally not significant predictors, with two key exceptions: gender and sexual orientation. Gender was a significant predictor in all four regression models. For sexual orientation, LGBTQA+ participants showed significant correlations with suicidal behaviour, while the models for heterosexual participants were also significant. Implications for practical suicide interventions could focus on areas such as depression, self-compassion, peer support and specific groups; for example, women, men and LGBTQA+. The findings of the study are relevant to Fiji and Pacific region where youth suicide represents a critical public health concern. The findings also offer evidence-based insights that can inform the development of culturally appropriate prevention strategies and coordinated mental health interventions in schools. Such educational programmes have the potential to reduce suicidal behaviour and improve peer response among at-risk Fijian youth.

Future research is needed to investigate suicidal behaviour in the wider community.Such educational programmes have the potential to reduce suicidal behaviour and improve peer response among at-risk Fijian youth. Future research is needed to investigate suicidal behaviour in the wider community.

Lightnings September 16th, 2026, 14:30pm – 16:00pm

Chair: Luke Bayliss
Session 6

## 6.1 Braving the elements: Extreme weather events and male suicidality based on an Australian male cohort study

**Kairi Kõlves**[1,2], Hannah R. Ristovic[1], Lennart Reifels[3], Damian Shaw-Williams[4] & Luke Bayliss[1,2]
[1] Australian Institute for Suicide Research and Prevention, WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University, Brisbane, Australia [2] Griffith Centre for Mental Health, Griffith University, Brisbane, Australia
[3] Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Victoria, Australia [4] School of Economics and Finance, Queensland University of Technology, Brisbane, Australia

Purpose: Climate change is projected to increase the frequency and co-occurrence of extreme weather events (EWEs) in Australia. The aim is to analyse the link between the EWE exposure and suicidality.
Methods: Data were drawn from Ten to Men, the Australian Longitudinal Study on Male Health. Exposure to five EWEs (bushfire, drought, flood, storm/hail, cyclone) was assessed at Wave 3, and suicidality (ideation, plans, and/or attempts) was assessed at Wave 4 (N=5,404). Associations were estimated using modified Poisson regression with robust, SA1-clustered standard errors, across crude, demographic-adjusted, and fully adjusted models.
Results: Overall, 26.9% of men reported exposure to at least one EWE. Any-EWE exposure was associated with elevated last year suicidality at full adjustment (RR=1.26, 95%CI: 1.00–1.57). This varied markedly by hazard:

storm/hail exposure showed the strongest, most consistent association (RR=1.73, 95%CI: 1.25–2.38), while isolated bushfire, drought, and flood exposure were not independently associated with suicidality. No dose-response relationship was observed with cumulative hazard exposure.
Conclusion: Storm and/or hail exposure, a hazard largely absent from prior suicide research, was independently associated with elevated suicidality risk among Australian men, while more heavily studied hazards showed no independent association once co-occurring exposure was accounted for. Prevention planning following EWEs should not focus solely on higher-profile hazards.

## 6.2 Prevalence and Factors Associated with Suicial Thoughts and Behaviours in Vietnam: A Systematic Review and Meta Analysis

**Mr Josh Nguyen[1],** Huong Pham Thi Thu[2], Philip Koe-Leong[1,] Minh Nguyen Van[2], Hoa Thi Hoa[2], Kiira Sarasjarvi[1], Linh Ngoc Bao Hoang[3], A/prof Katrina Witt[1,3], Prof. Lianne Schmaal[1,3]
[1]Centre for Youth Mental Health, The University of Melbourne, Parkville, Australia, [2]Hanoi Medical University, Hà Nội, Vietnam, [3]The University of Melbourne, Parkville, Australia

Background: Approximately 75% of deaths by suicide occur in low- and middle-income countries (LMICs), yet evidence on suicidal thoughts and behaviours in many LMIC settings remains limited. One such setting is Vietnam, a country undergoing rapid social and economic transformation alongside rising mental health concerns. This study provides the first systematic synthesis of the prevalence and correlates of suicidal thoughts and behaviours in Vietnamese populations.

Methods: A systematic review and random-effects meta-analysis were conducted using logit-transformed proportions. Searches were performed in both English- and Vietnamese-language databases and sources to maximise coverage of published and locally indexed literature. This search strategy is particularly important in contexts where access to English-language publications remains limited. Studies were stratified by sample type (clinical vs general population) and publication language (English vs Vietnamese). For each variable and outcome, we summarised the proportion of studies reporting statistically significant associations ($p < .05$).

Results: Across English- and Vietnamese-language searches, 15,904 records were identified. After removal of 8,832 duplicates, 7,072 titles and abstracts were screened and 228 full-text articles were assessed for eligibility. Of these, 143 studies met inclusion criteria. The pooled lifetime prevalence of suicidal ideation was 20.4% (95% CI: 17.5–23.6; k = 99), while the pooled lifetime prevalence of suicide attempts was 16.9% (95% CI: 10.1–24.9; k = 44). Marked differences were observed between clinical and general population samples for both suicidal ideation (32.4% vs 9.9%) and suicide attempts (26.0% vs 6.0%). Vietnamese-language studies were predominantly conducted in smaller clinical samples and demonstrated comparable rates of suicidal ideation, but higher rates of suicide attempts, relative to English-language clinical studies (28.8% vs 42.2%), with substantial heterogeneity across estimates. Depression (73% of studies), anxiety (71%), tobacco use (80%), prior self-harm (100%), substance use (100%), and bullying (67%) were among the most consistently identified correlates of suicidal thoughts and behaviours, whereas demographic variables such as sex, socioeconomic status, and urban–rural residence showed inconsistent associations. Further random effect analyses are underway.

Conclusions: Suicidal thoughts and behaviours appear common in Vietnamese populations, particularly among clinical samples, and associated risk profiles are broadly consistent with findings from the wider suicide literature. However, the evidence base is constrained by substantial methodological limitations, including frequent reliance on single-item or non-validated measures, incomplete reporting of analytic details, and small sample sizes. These issues likely reflect broader structural and resource-related constraints within Vietnamese research and publication contexts.

## 6.3 Unacceptable loss thresholds: A qualitative exploration of the transition from suicidal readiness to active suicidality.

**Professor Andrea Lamont-Mills**[1]
[1]University Of Southern Queensland, Ipswich, Australia

Why an individual attempts suicide at a particular moment in time rather than another is a central question suicidology research and clinical practice has sought to answer. The concept of unacceptable loss thresholds was proposed to address this. It posits that individuals set personal tolerance limits or thresholds regarding losses and negative life events that if breached would be perceived as intolerable and unable to be accommodated. The loss can be a real such as a job loss, relationship breakdown or financial hardship or perceived such as the loss of identity, status, or autonomy. When the loss threshold is breached in the context of an existing suicide readiness state, it is argued that a suicidal mode becomes activated. This results in a heightened arousal state with an increased likelihood that an attempt will follow, unless arousal dissipates. Initial proof of concept research found that many participants could identify unacceptable loss thresholds and that violations of the at times minor but personally meaningful thresholds trigged a suicide attempt.

Participants also reported a willingness to disclose threshold in clinical contexts, suggesting that identification of client thresholds may have suicide risk assessment and intervention utility. Despite the conceptual and clinical appeal, the concept of unacceptable loss thresholds has received limited empirical attention. Researchers have questioned whether progression from a suicidal readiness to actively clinical suicidal state is automatic and have argued that such interpretations of the movement may overlook the agentic nature suicidal behaviour. This presentation extends upon the original proof of concept work and will present preliminary findings from a qualitative analysis of online suicidal communication. Implications for clinical practice and theory development will also be discussed

## 6.4 Early Impact, Lasting Consequences: Adverse Childhood Experiences and Suicide

**Mr Christopher Stone**, Miss Stephanie Trainor
[1]Suicide Prevention Australia, Australia

Adverse Childhood Experiences (ACEs) may be among the most significant but preventable contributors to suicidal distress and behaviour across the life course with research estimating that childhood maltreatment may be associated with up to 41% of suicide attempts. ACEs have been defined as traumatic events which can occur during childhood and may result from harmful interactions with family, peers, institutions or systems, such as the criminal justice system or child protection system. They can include experiences of abuse, neglect, family violence, and chronic socioeconomic adversity. Exposure to ACEs is common and just over 60% of Australians aged over 16 report having experienced ACEs across childhood. This can have a detrimental impact on the trajectory of a person's life and has been linked to a range of negative outcomes, including suicide.

This is a significant concern for the suicide prevention sector as the research is clear — people who have experienced ACEs are significantly more likely to die by suicide compared to people who have not experienced ACEs. In 2025, Suicide Prevention Australia released Adverse Childhood Experiences and Suicide, a national report that amplifies the voices of people with lived experience, synthesises the latest evidence and sets out a comprehensive policy opportunity to reduce childhood adversity as a core component of effective suicide prevention.

A tiered approach that adopts principles underpinned by a public health model provides a strong blueprint for a more coordinated and effective approach to preventing ACEs. As such, this session will explore how activities across primary, secondary and tertiary prevention settings can contribute towards meaningful harm reduction. In addition, the session will explore current opportunities for policy prioritisation, including how strengthening perinatal and parenting supports, embedding trauma-informed and culturally responsive approaches across

health and social domains, investing in early intervention, and improving coordination across social sectors may play a role in reducing ACEs and suicide risk. By addressing childhood adversity through national suicide prevention efforts and working with people with a lived experience to create meaningful change, there is an opportunity to reduce distress, improve individual and community outcomes, and deliver long-term benefits for children and families.

## 6.5 An Exploratory Study on Children's Coping Methods for Stress and the Effectiveness of Lessons on How to Seek Help

**Dr Hiroko Matsunaga**[1] T Takahashi[1], S Ogawa[1], K Kawakubo[1]
[1]Tokyo Metropolitan Institute for Geriatrics and Gerontology, Tokyo Japan

Objective: In the 2025 academic year, the number of suicides among schoolchildren in Japan reached a record high of 532. Since the 2018 academic year, our team has been conducting lessons, at primary and lower secondary schools, with methods on how to seek help (45 minute per session: lectures by psychological professionals on topics such as stress coping and increasing the number of trusted adults, as well as demonstrations of story reading by picture book reading volunteers '(the lessons)). This report aims to clarify children's methods of coping with stress and the effectiveness of these lessons.

Methods: We collected the free-response comments on the coping methods with worksheets during lessons held at Primary School A in the 2021 academic year, and analysed and categorised them creating a pool of 22 items. In the 2023 academic year, self-administered questionnaire surveys were conducted at Primary School A and B, and they were organised before the lessons (T1), after the lessons (T2) and three months after the lessons (T3) (n = 221, Years 4–6). The questionnaire employed a four-point scale ranging from '1: Rarely do' to '4: Often do'. The coping scale was measured by covariance structure analysis after the EFA using the method of maximum likelihood, and the effects of the lessons was assessed by the repeated measures ANOVA. IBM SPSS Ver. 25 and IBM SPSS Amos Ver. 29 were used for the analyses. This study was approved by the Research Ethics Committee (R21-022).

Results: The EFA was performed from 22 items, excluding items with estimated communality values that were too high, too low, or with factor loadings below 0.40. The results from T1 identified three factors comprising eight items; 'Confrontation' from 'try to solve problems on my own', 'take time alone to think' and 'try to change myself'; 'Suppression' from 'try to forget' and 'try not to think about'; and 'Externalisation' from 'play to my heart's content', 'eat what I like' and 'exercise'. The CFA presented the probability of CMIN 0.97, CFI 1.00 and RMSEA 0.00. An analysis of the T1, T2 and T3 scores for these factors revealed the following p-values: Confrontation p = 0.046, Suppression p = 0.002, and Externalisation p = 0.036.

Discussion: The lessons led to a reduction in coping focused on confronting worries and a shift towards approaches aimed at changing one's mood, demonstrating the effectiveness of learning stress management techniques at an earlier stage.

## 6.6 Belonging and Recovery: Reframing Suicide Prevention through Peer Support and Inclusion in Fiji

**Ms. Sera Blanche Maude Baleivuna Osborne**[1], Ms Aleisha Carroll
[1]Psychiatric Survivors Association, Suva, Fiji

Emerging evidence from the Pacific highlights the critical yet under-recognised role of social inclusion as both a protective factor against suicide and a foundation for recovery among people with psychosocial disabilities. This

presentation aims to demonstrate how Organisations of People with Disabilities (OPDs) in Fiji deliver peer-based support as a primary, rights-based mechanism linking community inclusion and suicide prevention.

Drawing on qualitative research (Understanding Barriers and Enablers to Community Participation for People with Psychosocial Disabilities in Fiji) with people with lived experience, families, and stakeholders, findings reveal a pervasive "cycle of exclusion" driven by stigma, discriminatory attitudes, institutional legacies, and restrictive legal frameworks. Participants described how being devalued, excluded from decision-making, and denied meaningful roles entrenches isolation, emotional distress, and, in some cases, suicidal ideation.

Conversely, inclusion was consistently associated with improved mental health, wellbeing and recovery. Central to enabling inclusion were peer-to-peer support approaches led by OPDs. Participants described peer support as "transformative," offering safe, non-judgmental spaces for connection, mutual learning, and empowerment. Peer networks reduced isolation, strengthened self-worth, and supported individuals to re-engage in community life, advocate for their rights, and access services. OPDs acted as trusted intermediaries, delivering both psychosocial and practical supports, including crisis assistance, accompaniment, and pathways to livelihoods and social protection.

This presentation showcases evidence of peer-based support not as complementary to clinical care, but as a central, inclusion-driven response that disrupts pathways from exclusion to suicidality. These approaches operationalise the CRPD by elevating lived experience leadership in service delivery and system transformation.

Implications for policy and practice include scaling community-based, peer-led models; investing in OPDs as critical components of mental health and suicide prevention systems; and addressing structural drivers of exclusion, including discriminatory laws and institutional practices. Integrating peer support within broader suicide prevention strategies offers a culturally resonant, rights-based pathway to "ending exclusion" while strengthening protective factors at individual, community, and system levels.

Relevant across Asia-Pacific contexts facing similar structural barriers, this work highlights opportunities for regional collaboration to scale community-based, peer-led models. Strengthening OPDs and embedding peer support within national suicide prevention strategies offers a culturally resonant, rights-based pathway to reducing risk while advancing inclusion, dignity, and belonging.

In conclusion, advancing suicide prevention for people with psychosocial disabilities requires a paradigm shift: from risk-focused, and biomedical responses to inclusion-driven, peer-led systems of support that centre lived experience and uphold dignity, belonging, and hope.

## 6.7 Are Suicide Prevention Interventions Effective for Current and Ex-Serving Military Personnel? A Systematic Review and Meta-Analysis Based on the Suicide Prevention Trials Database

**Luke T. Bayliss[1],** Michael Lam[2], Nikki Jamieson[1], Katelyn Kerr[1,3,4,5], Jacinta Hawgood[1,6], and Kairi Kõlves[1,6]
**[1]Australian Institute for Suicide Research and Prevention, WHO Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University, Brisbane, Australia. [2]School of Public Health, The University of Queensland, QLD, Australia. [3]Gallipoli Medical Research Foundation, Brisbane, QLD, Australia. [4]Avive Health, Windsor, QLD, Australia. [5]GO2Health, Everton Park, QLD, Australia. [6]Griffith Centre for Mental Health, Griffith University, Brisbane, Australia.**

Introduction: Suicide is a significant public health concern among current and former military personnel, who experience elevated rates of suicidal ideation, suicide attempts, and suicide deaths compared with civilian populations. Despite the development of numerous suicide prevention and intervention strategies for military

populations, evidence regarding their effectiveness remains mixed. This systematic review and meta-analysis evaluated the effectiveness of interventions targeting suicidal ideation and suicidal behaviours among current and former military personnel and examined intervention characteristics associated with improved outcomes.

Method: The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Studies were identified through the Suicide Prevention Trials Database and screened against predefined eligibility criteria. Randomised controlled trials were synthesised using meta-analysis, with standardised mean change used for suicidal ideation outcomes and pooled log odds ratios for suicidal behaviours. Moderator analyses examined whether intervention type influenced outcomes. Non-randomised studies were synthesised using Cochrane-recommended vote counting based on the direction of effect, classifying studies according to whether outcomes demonstrated improvement or no effect.

Results: Twenty-four studies met the inclusion criteria, including 17 randomised controlled trials. Most studies were conducted in the United States (n=21) and evaluated indicated interventions targeting individuals at elevated risk of suicide (n=17). Meta-analyses found no significant overall effects of interventions on suicidal ideation or suicidal behaviours. However, moderator analyses indicated that care management, follow-up, or monitoring interventions and non-pharmacological biological interventions were associated with greater reductions in suicide attempts than behavioural interventions. Selective and multicomponent interventions also demonstrated promising outcomes, suggesting potential benefits of targeted and comprehensive prevention approaches.

Conclusion: Current evidence does not demonstrate significant overall effects of interventions on suicidal ideation or suicidal behaviours among current and former military personnel. However, several intervention approaches show promise and warrant further investigation. Future research should prioritise theory-driven, evidence-based interventions co-designed with people with lived experience of military service and suicidality to enhance intervention relevance, acceptability, and effectiveness.

## 6.8 Rethinking Suicide Loss Survivorship: Theoretical and Empirical Examinations

**Prof. Daisuke Kawashima**1, Ms. Haruka Sugiyama[1], Dr. Yoshiki Koga[2], A/Professor Asumi Takahashi[3]
[1]Chukyo University, Nagoya, Japan, [2]National Hospital Organization Kurihama Medical and Addiction Center, Yokosuka, Japan, [3]Hokusei Gakuen University, Sapporo, Japan

Recent research indicates that the term “suicide loss survivors” includes not only individuals who have lost close relatives to suicide but also those exposed to others’ suicides. Evidence also suggests that individuals exposed to suicide deaths face a higher risk of suicidal behavior than those who have not been exposed. Consequently, postvention initiatives should extend beyond kinship ties to include all individuals exposed to suicide. Nevertheless, this perspective has not been fully acknowledged, particularly in non-Western countries. In Japan, postvention efforts predominantly target bereaved family members, while other significant relationships, such as friends, colleagues, and clients, have been largely overlooked. Moreover, empirical studies on suicide loss survivorship are scarce, and this lack of evidence hampers efforts to recognize broader survivorship, especially in Japan. Additionally, there is a lack of theoretical examinations that carefully consider the socio-cultural contexts of suicide loss survivorship. This study aims to empirically and theoretically examine suicide loss survivorship. We conducted a survey of 5,000 Japanese individuals aged 18 and older using panel sampling. Participants were asked to answer questions about their personal experiences with the suicide death of someone close to them, the degree of distress caused by the death, their relationship to the deceased person, etc. We also conducted a theoretical examination using the Trauma Island model, a novel metaphorical framework for understanding trauma survivorship. As a result, approximately one in three respondents reported having personal knowledge of at least one person who had died by suicide. Distress was notably higher among those who had experienced the suicide of a family member or friend. Additionally, about 64% of individuals who had experienced a suicide loss reported that it had caused at least some psychological distress. Across all survey

participants, regardless of personal exposure to a loved one's suicide, this figure accounted for approximately 22% of the total population. The findings of this study suggest that roughly one in three Japanese individuals may have been exposed to the suicide of someone close to them. It was also observed that, beyond familial kinships, the experience of a friend's suicide can significantly affect those left behind. Moreover, it is estimated that about 20% of the Japanese population has endured considerable emotional distress attributable to the impact of the suicide of someone close to them. Furthermore, we reconceptualized the existing nest model of suicide loss survivorship as an island model reflecting the sociocultural contexts surrounding suicide.

# Contact us


1717 Pennsylvania Ave Northwest Suite 1025, Washington, DC 20006, USA.

communcations@iasp.info

www.iasp.info