



**Book of Abstracts,  
Programme and Presenters**

# In Partnership With



**Australian Government**

**National Mental Health Commission**

NATIONAL MENTAL HEALTH COMMISSION

The Commission monitors and reports on investment in mental health and suicide prevention initiatives, provides evidence-based policy advice to Government and disseminates information on ways to continuously improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements.



## LIVINGWORKS

LIVINGWORKS

LivingWorks is the world's leading suicide intervention training provider. They believe that suicide is preventable, & everyone can learn to play a life-saving role. With an array of integrated training programs to meet every need, they've been providing communities and organisations with suicide prevention solutions for over 35 years.



## Roses in the Ocean

stemming the tide of suicide

ROSES IN THE OCEAN

As a lead organisation for lived experience of suicide in Australia, Roses in the Ocean are focused on building a safe, trained & supported Lived Experience 'Workforce' with the expertise and skills needed to bring the lived experience as a voice of change in all aspects of suicide prevention.



# Welcome

We are delighted to be able to host another hybrid regional conference, providing us with the opportunity to share expertise, knowledge, and insights among peers within the field of suicide prevention. The 10th IASP Asia Pacific Conference will be held on Australia's Gold Coast at the Gold Coast Convention and Exhibition Centre. While we are thrilled to be able to host conferences in person again, we appreciate that not everyone will be able to or want to travel, thus it is crucial that we continue with a hybrid platform to maximise reach and accessibility.



Conferences like APAC are fundamental in informing and advancing our work in suicide prevention, affording the opportunity to learn from different country and regional perspectives. It is also crucial that suicide prevention efforts continue to include and highlight both lived and living experience voices within our work, involving in particular, those from first nation and indigenous communities. We have sought to do this through partnerships and bursary opportunities, as well as through key elements incorporated in the overall programme. Unlike plenaries of the past, the introduction of a new vibrant and discursive format for our opening and closing sessions provides an opportunity to view topics from a wider context in a collaborative approach; one that I look forward to attending and engaging in.

We have a packed programme of high quality research spanning clinical and lived experience insights as well as policy perspectives, across 3 workshops, 18 keynotes, 16 symposia, 3 panel sessions, 70 oral presentations, over 40 poster presentations, and 6 exciting pre-conference workshops. Early Career Researchers (ECRs) also feature strongly in the conference; supporting ECRs is central to our mission, they are the 'life blood' of suicide prevention research as we all strive to drive forward suicide prevention efforts globally. Following the success of the Virtual Gold Coast World Congress in 2021, we are delighted to host another Pecha Kucha, casting further spotlight on some of the extraordinary early career researchers in our field.

I would like to extend my gratitude to our partners, Australia's National Mental Health Commission, LivingWorks Australia and Roses In The Ocean, as well as to all of our generous sponsors for their contributions to making this 10th IASP Asia Pacific Conference a success and for their ongoing support of our work.

**Prof. Rory O' Connor**  
**IASP President**



# Sponsors & Exhibitors

## Sponsors



## Exhibitors





## Welcome to Country

Luther Cora

Luther Cora is an Indigenous cultural performer. He and his family have been performing at National Trust Currumbin Wildlife Sanctuary for over 20 years, sharing indigenous culture and welcoming visitors from around the world. In a conversation with Luther you quickly understand and have admiration for the respect he has for his culture and the importance of having a strong sense of identity and purpose. Luther is the Story teller and a leader for his culture.

Today is like every other day for Luther. He is having his photo taken with guests after presenting the daily Aboriginal Culture Show at National Trust Currumbin Wildlife Sanctuary. Each day he can share his culture with visitors to the sanctuary and offers a warm welcome to everyone.

Luther is a proud Indigenous man from the Yugambah Language Group on the Gold Coast. He is a dancer, a respected leader for culture and an artist that invites people to understand a little bit more about the world's oldest living culture.

In his work as an artist he has designed football code jerseys and boots for the Indigenous rounds and his photographic and digital art is often on display. His artwork explains the stories of the totems and the link to the land. He has proudly won NAIDOC art awards and most recently designed a stunning new gift range that is now available at the Sanctuary. It's just another way to get the public involved and interested in indigenous culture.

Luther was raised around saltwater and the river. He was always crabbing and fishing, a tradition he has lovingly passed on to his children, as he had also been taught as a child. He recalls the storytelling from his family - uncles, parents and grandparents talking about the Tweed Heads and Gold Coast region. As he grew up, his father moved north, and it was there that he learnt the magic of dance and song to explain culture. Luther recognises this time as the start of the journey for him that changed his life. Learning dance as a youngster offered discipline and respect – attributes that he holds dear.

He lived in Emerald and worked in schools for about nine years. Working so closely with the community highlighted the issues that often result from the lack of identity. He explains that people without a sense of place are lost and it is important to work with kids and let them develop a strong sense of who they are. Luther highlights the many social issues that face communities today - mental illness, and drug and alcohol abuse, and believes it stems from a lack of identity. Education is the key.

Luther explains that there was a time not too long ago when indigenous people were not allowed to practise song and dance. A time when they were not allowed to speak their native language and so language was lost. When the things that make you unique are stripped away, you ultimately lose your identity. On the Gold Coast sadly there are no older people that speak fluent Yugambah language anymore. He goes on to explain that ironically, people now have

to relearn the Yugambah language from the documents of early settlers from the Gold Coast area.

In a powerful statement Luther says, “We are all Australians — no matter what colour you are and we need to come together. There is a lot of hurt and frustration between groups and I feel that a lot of the issue stems from the true history not being taught in schools. The Indigenous culture of Australia is the oldest continuing living culture in the world. People travel overseas to find exotic cultures, when the truth is that we have the most beautiful, rich culture right here in our backyard. The Aboriginal culture, the histories, the stories: they belong to this land and if you are Australian they belong to you too.”

“I want to instil in my children to be proud of who they are, they are strong Indigenous people with a connection to this land and a rich, beautiful culture to be respectful people in the community. They can achieve anything that anyone else can achieve. I want them to know that the colour of their skin, their heritage and culture is not going to stop them from achieving anything; it is, in fact, an advantage. Aim high, be the best that you can be, know who you are and respect yourself and others.”

Recently, Currumbin Wildlife Sanctuary acquired a stunning sculpture by awarded artist Ivan Lovatt. Titled Totem, this is a respectful tribute to Luther and his family and their commitment to sharing culture. It was displayed at the Swell Festival in 2019 and will find its new home in 2020 at National Trust Currumbin Wildlife Sanctuary to welcome our guests – Jingeri. Luther Cora and his family perform the Aboriginal Culture and Dance Show daily at 3.30pm at Currumbin Wildlife Sanctuary. Courtesy of the National Trust Queensland.



## Yugambeh Youth Performers

Established in 2014 by songwoman Candace Kruger, a proud Kombumerri (Gold Coast) and Ngugi (Moreton Island) woman, with support from the Kombumerri Aboriginal Corporation for Culture, the unique approach utilises traditional language and instruments to communicate stories of the Yugambeh region to the broader community. Youth actively promote their culture by learning and performing in Yugambeh language at a wide range of events.

The benefits from performer's unique training, development and performance include a sense of social inclusion and cohesion, the development of cultural identity and fostering music and dance as a skill for life in Aboriginal and Torres Strait Islander youth.



**YUGAMBEH YOUTH**  
**Aboriginal Corporation**

## Artists

Eddie Williams is an aboriginal artist residing on the Gold Coast but is from a small indigenous community in Central Queensland called Woorabinda he also has Traditional connections in Far North Queensland in Guugu Yimithir Cooktown and Hopevale.

Luther Cora is an Aboriginal artist from the Gold Coast and Tweed Heads area working in different mediums acrylic paints sculpture and photography. Luther is also an Aboriginal Dancer and cultural person here on the Gold Coast and has performed around Australia in many major events and also performed overseas.

Eddie and Luther will be displaying their artwork during the Welcome Dinner and delegates will have the opportunity to purchase pieces if they wish. Eddie, Luther and the Yugambeh Aboriginal Dancers will also be joining us for the Welcome Dinner. Please make them welcome.

# Table of Contents

Scientific Committee .....	8
Invited Speakers .....	9
Detailed Programme .....	21
Tuesday 3 May 2022.....	21
Wednesday 4 May 2022 .....	22
Thursday 5 May 2022 .....	28
Pre-conference abstracts .....	33
Plenaries .....	35
Special Guest, Panels, Workshops, and Pecha Kucha .....	50
Symposium .....	57
Workshops.....	90
Oral Presentations.....	94
Poster Presentations .....	146





## Scientific Committee

Dr Lakshmi Vijayakumar	India
Associate Professor Jo Robinson	Australia
Associate Professor Lai Fong Chan	Malaysia
Professor Paul Yip	Hong Kong
Dr Ying Yeh Chen	Taiwan
Professor Jane Pirkis	Australia
Professor Murad Khan	Pakistan
Professor Rory O'Connor	UK
Professor Kairi Kolves	Australia
Professor Pat Dudgeon	Australia
Associate Professor Maree Toombs	Australia
Dr Soumitra Pathare	India
Dr Sarah Hetrick	New Zealand
Dr Shu-Sen Chang	Taiwan
Dr Michiko Ueda	Japan
Dr Ugyen Dema	Bhutan
Professor Nicholas Procter	Australia
Dr Annette Erlangsen	Australia/Denmark
Dr Yin Ping Ng	Malaysia
Dr Nicole Hill	Australia
Associate Professor	Michelle Banfield
Dr Emily Qijin Cheng	Hong Kong
Mr Kai Shuen Pheh	Malaysia
Dr Ravivarma Rao Panirselvam	Malaysia
Ms Martina McGrath	Australia
Dr S.M. Yasir Arafat	Bangladesh

# Invited Speakers



## Professor Pat Dudgeon

Pat Dudgeon is from the Bardi people in Western Australia. She is a psychologist and professor at the Poche Centre for Aboriginal Health and the School of Indigenous Studies at UWA. Her area of research includes Indigenous social and emotional wellbeing and suicide prevention.

She is the director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at UWA. She is also the lead chief investigator of a national research project, Transforming Indigenous Mental Health and Wellbeing that aims to develop approaches to Indigenous mental health services that promote cultural values and strengths as well as empowering users. She has many publications in Indigenous mental health, in particular, the Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principals and Practice 2014.

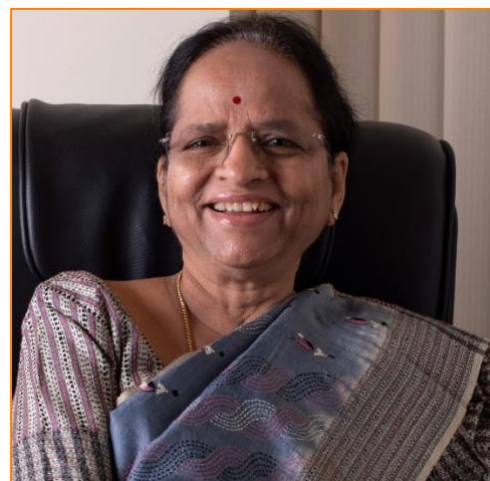
## Dr. Lakshmi Vijayakumar

Dr. Lakshmi Vijayakumar is the founder of SNEHA, an NGO in Chennai for the prevention of suicide. She is the Head, Department of Psychiatry, Voluntary Health Services, Adyar, Chennai. She is a member of the W.H.O's International Network for Suicide Research and Prevention. She is an Honorary Associate Professor in the University of Melbourne, Australia.

She was the Vice President of the International Association for Suicide Prevention (I.A.S.P.) for four years. She was awarded the Ringel Service award by IASP. She has been conferred Honorary Fellowship of the Royal College of Psychiatrists (FRCPsych), U.K and FRCP (EDIN) for her work on suicide prevention.

She was one of the editors of the WHO's report "Preventing Suicide – A global imperative" published in 2014.

She has received numerous awards in India such as For The Sake Of Honour, Bharathi Virudu, Women Doctor of the year etc. She has actively worked for decriminalization of suicide, media guidelines for reporting of suicide and developing a national suicide prevention strategy for India. She has published widely in peer reviewed journals and has authored several chapters. She is a reviewer for numerous journals and has edited two books. Her area of interest and expertise includes developing cost effective community intervention to prevent suicide.





### **Bronwen Edwards**

Lived Experience of Suicide Informed and Inclusive Culture Change suite of resources to support services, organisations and government to meaningfully integrate lived experience in all suicide prevention activity.

As the driving force behind the National Safe Spaces Network, Roses in the Ocean have been working with communities over recent years to co-design safe spaces and peer enhanced services, including their community managed and led Pop-up Safe Spaces.

Their Peer CARE Connect service provides a national lived experience of suicide warm line and in-community suicide prevention peer workforce services.

Bronwen holds a variety of state and national advisory positions, to which she first and foremost brings her personal lived experience of suicide to the table, while also striving to honour the vast perspectives of others she has been privileged to work with and walk alongside over many years. Bronwen is the Co-Chair of the International Association of Suicide Prevention Special Interest Group: Lived Experience.

### **Leilani Darwin**

Leilani Darwin is the Director of Aboriginal and Torres Strait Islander Strategy at the Black Dog Institute. She has joined the Executive leadership team to drive the work that they are doing to be a trusted partner to Aboriginal and Torres Strait Islander communities social and emotional wellbeing to address suicide prevention and mental health. Leilani is already well known within the sector for her work and leadership in Suicide Prevention and Mental Health she is a powerful advocate for Aboriginal and Torres Strait Islander led, culturally informed practices within mainstream services. This has been built from her own personal lived experience of losing many loved ones to suicide and her own mental ill health. Living with depression, anxiety and suicidality Leilani navigates workplace obligations and her own wellbeing. Through her leadership with the Aboriginal and Torres Strait Islander Lived Experience Centre she will continue to work closely with the Aboriginal and Torres Strait Islander community to support and empower their voices and participation in key policy reform, program development and advisory roles across both the Mental Health and Suicide Prevention sector.





### **Associate Professor Lai Fong Chan**

Dr. Chan Lai Fong is currently Associate Professor of Psychiatry & Consultant Psychiatrist at the National University of Malaysia. She trained in psychiatry at the National University of Malaysia and completed a Clinical Fellowship in Mood & Anxiety Disorders at the University of Toronto, followed by a Master of Science in Affective Neuroscience at Maastricht University. Dr. Chan was awarded the 2017 De Leo Fund Award by the International Association of Suicide Prevention (IASP) for outstanding research on suicidal behaviours carried out in developing countries.

Dr. Chan's current areas of research focus include suicide prevention among health care workers, media safe messaging & pesticide suicide prevention. She is the 3rd Vice-President & Malaysian representative

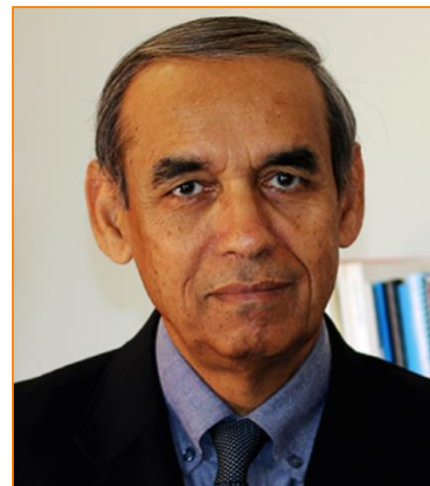
of IASP, member of the Malaysian National Technical Working Group on Suicide Prevention and scientific committee of the IASP World Congresses (2017-2021). Dr. Chan has also been involved in suicide prevention consultation with the World Health Organization from 2019-2020.

### **Professor Murad Khan**

Dr. Murad M Khan, MRCPsych, PhD is Professor Emeritus, Dept. of Psychiatry & Consultant, Suicide Prevention & Mental Health, Brain & Mind Institute ([www.aku.edu/bmi](http://www.aku.edu/bmi)) Aga Khan University, Karachi, Pakistan. He is also Associate Faculty at Center for Bioethics & Culture (CBEC), Karachi. He is a member of the Royal College of Psychiatrists, UK & obtained his PhD from King's College, University of London.

Prof. Khan served as the President of the International Association for Suicide Prevention (IASP) (2017-2020) ([www.iasp.info](http://www.iasp.info)). He serves on IASP Task Force for decriminalization of suicide. He has published widely on suicidal behavior in Pakistan and developing countries, focusing on epidemiology and socio-cultural and religious factors in suicide and self-harm. He serves on the Board of several mental health organisations in Pakistan.

His other research and clinical interests include mental health of women and elderly, bioethics, organisational ethics and narrative medicine.





### **Associate Professor Jo Robinson**

Jo Robinson is an Associate Professor at Orygen, where she leads the suicide prevention research unit, which is regarded as the leading centre of youth suicide research in the world.

A/Prof Robinson's work focuses on the development, and rigorous testing, of novel interventions that specifically target at risk youth across settings, on evidence synthesis, and on the translation of research evidence into practice and policy. Her work has a strong focus on the potential of social media platforms in suicide prevention. This includes the development

of the #chatsafe guidelines, the first evidence-based best practice guidelines for safe peer-peer communication about suicide online, which are now available in 12 countries around the world.

Examples of other current projects include the development of a multi-faceted and systematic approach to youth suicide prevention across north-west Melbourne, the establishment of a self-harm surveillance system in emergency departments across Victoria, and a large-scale school-based study.

A/Prof Robinson also has a keen interest in policy development and evaluation and has led the development of two major policy reports and is regularly called upon to provide advice to both state and federal government. She is a member of the Self-injury Advisory Group for Facebook and was an advisory board member for the Oprah Winfrey production The Me You Can't See.

She is also an Associate Editor of a leading suicide prevention journal - Suicide and Life-Threatening Behaviour and Vice President of the International Association for Suicide Prevention.

### **Professor Rory O'Connor**

Rory O'Connor PhD FAcSS is Professor of Health Psychology at the University of Glasgow in Scotland, President of the International Association for Suicide Prevention and a Past President of the International Academy of Suicide Research. Rory leads the Suicidal Behaviour Research Laboratory (Web: [www.suicideresearch.info](http://www.suicideresearch.info); Twitter: @suicideresearch) at Glasgow, one of the leading suicide/self-harm research groups internationally. He has published extensively in the field of suicide and self-harm, specifically concerning the psychological processes which precipitate suicidal behaviour and self-harm. He is also co-author/editor of several books and is author of *When It is Darkest. Why People Die by Suicide and What We Can Do To Prevent It* (2021). He is Co-Editor-in-Chief



of Archives of Suicide Research and Associate Editor of *Suicide and Life-Threatening Behavior*. Rory acts as an advisor to a range of national and international organisations including national governments on the areas of suicide and self-harm.





### **Stephen Scott**

Stephen is the National Partnerships Manager at Standby, Australia's nation-wide support service for people bereaved by or impacted by suicide. Prior to this role, Stephen managed the suicide prevention portfolio for New South Wales from 2018 to 2021. This included the design and implementation of the Towards Zero Suicides program in New South Wales, the largest single investment in suicide prevention of any Australian state or territory government. Guided by the central involvement of people with lived experience of suicide, Towards Zero Suicides delivered a suicide prevention service system including innovations in non-clinical alternatives to emergency department presentations, community outreach, support after suicide, culturally appropriate

suicide prevention with Aboriginal communities, aftercare, and the management of suicide data, underpinned by co-design and cultural change strategies in the mental health system, across government and in the community. He has also had leading roles in developing state and national strategy for suicide prevention, including the New South Wales Premier's Priority to reduce the state's suicide rate, the National Suicide Prevention Strategy for Australia's Health System and the Strategic Framework for Suicide Prevention in New South Wales. Stephen has over twelve years of experience in the suicide prevention, mental health and drug and alcohol sectors, and has previous professional lives in health promotion, community development, international health and development, communications and journalism. He has a Bachelor degree in sociology and anthropology, a Master in political economy and a Graduate Certificate in public administration.

### **Emmanuel Nii-Boye Quarshie, PhD, MPhil, BA[Hons]**

Nii received his PhD in Psychological Sciences (with research focus on adolescent self-harm in sub-Saharan Africa) at the University of Leeds, UK, where he worked with Prof Allan O. House and Prof Mitch G. Waterman. Currently, Nii is a lecturer in the Department of Psychology, University of Ghana. Nii's academic interests span community and applied health psychology, particularly, adolescent mental health, community-based and in-school interventions. Nii's



research focuses on understanding adolescent self-harm, suicide, and child sexual abuse prevention; he is passionate about developing interventions to promote adolescent mental health in low- and middle-income countries, mainly, those within sub-Saharan Africa. He has keen interests in the application of multi-ecological frameworks and interdisciplinary models to understand adolescent self-harm and suicidal behaviours. Nii was awarded the prestigious 2021 De Leo Fund Award by the International Association for Suicide Prevention (IASP), for outstanding research on suicidal behaviours carried out in developing countries.



### **Maddison O'Grady Lee**

Maddison is currently completing the combined PhD/Clinical Psychology Master's degree at the University of New South Wales and the Black Dog Institute. Maddison's PhD research focuses on investigating life interference from symptoms of anxiety and depression in Aboriginal and Torres Strait Islander young people. Her work aims to improve the measurement of mental ill-health for Aboriginal and Torres Strait Islander young people. Maddison is also the Co-Founder of the Global Youth Mental Health Advocacy Fellowship, which empowers young people to advocate for mental health within their community.

### **Professor Jane Pirkis**

Professor Jane Pirkis is the Director of the Centre for Mental Health at the University of Melbourne. She has worked in the suicide prevention field for nearly 25 years and has a particular interest in reporting and portrayal of suicide in news and entertainment media. Recently, she has conducted a number of studies focusing specifically on preventing suicide in boys and men. She is a past Vice President of the International Association for Suicide Prevention (IASP), and was a founding co-Chair of IASP's Suicide and the Media Special Interest Group. She is the Editor-in-Chief of Crisis, and the 2019 winner of the IASP Stengel Award for Outstanding Research in the Field of Suicide Prevention.



### **Professor Thilini Rajapakse**

Prof Thilini Rajapakse is a Consultant Psychiatrist and Professor attached to the Dept of Psychiatry, Faculty of Medicine, University of Peradeniya, Sri Lanka. She works as an academic, teacher and clinician, in mental health. Her areas of research interest include depression, self-harm and suicide in Sri Lanka and she has several publications in these areas. Affiliations: Dept of Psychiatry, Faculty of Medicine, University of Peradeniya, Sri Lanka & South Asian Clinical Toxicology Research Collaboration, Faculty of Medicine, University of Peradeniya, Sri Lanka.

### **Associate Professor Michiko Ueda**

Michiko Ueda is Associate Professor in the Faculty of Political Science and Economics at Waseda University, in Tokyo, Japan. Prior to joining Waseda University, she has taught at Syracuse University and California Institute of Technology. Her research interests include media and suicide, socioeconomic determinants of suicide, and railway suicide. Her latest publications include “Suicide and mental health during the COVID-19 pandemic in Japan” (Journal of Public Health, 2021), “Mental health status of the general population in Japan during the COVID-19 pandemic.” (Psychiatry and Clinical Neurosciences, 2020), and “Tweeting celebrity suicides: Users’ reaction to prominent suicide deaths on Twitter and subsequent increases in actual suicides” (Social Science and Medicine, 2017). She received her Ph.D. from Massachusetts Institute of Technology (MIT).



### **Dr Katrina Witt**

Dr Katrina Witt is an NHMRC emerging leader based at Orygen and the Centre for Youth Mental Health at The University of Melbourne, Australia. She is also a Senior Editor for the Cochrane Collaboration, UK. She has worked in the field of suicide prevention for nine years and her innovative and award-winning program of work focuses on the prevention of self-harm and the establishment of sentinel surveillance systems for monitoring population trends in self-harm and suicide worldwide. In this capacity, she has sat on the academic advisory committee for the Office of the Chief Psychiatrist in Victoria, Australia and has provided expert advice to the World Health Organization. She was awarded the 2019 Andrej Marušič Early Career Researcher award from the International Association of Suicide

Prevention in recognition of her research.

### **Professor Ella Arensman**

Professor Ella Arensman is Professor of Public Mental Health with the School of Public Health, College of Medicine and Health and Chief Scientist with the National Suicide Research Foundation, University College Cork. She is Vice President of the European Alliance Against Depression and past President of the International Association for Suicide Prevention. She is Visiting Professor with the Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Brisbane, and an advisor for WHO. Over more than 30 years, she has initiated numerous national and international interdisciplinary research consortia addressing real-time suicide/self-harm surveillance, intervention and prevention programmes for suicide, self-harm, depression, anxiety, substance abuse and excess mortality among people with mental health conditions. She has provided technical support for the establishment of self-harm/suicide surveillance systems and national suicide prevention





programmes in many countries, and she serves on a wide range of national and international advisory boards.



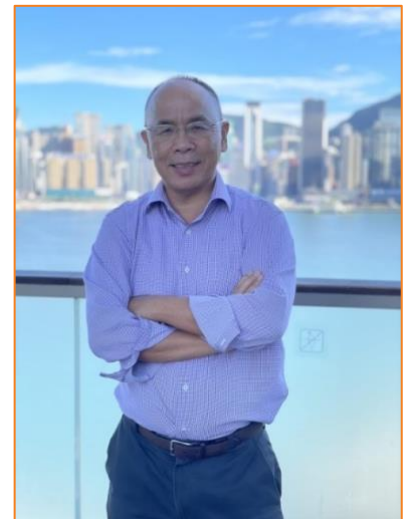
### **Professor Yoshiaki Takahashi**

Dr Yoshiaki Takahashi is a Professor of Behavioral Economics and Data Science at Meikai University, Japan. He is also Acting Director of Suicide Data Analysis at the Japan Suicide Countermeasures Promotion Center (JSCP) and a vice president of the International Society for Quality-of-Life Studies. He obtained a Ph.D. in International Studies at Waseda University. His research interests are in the development of evidence-based economic and social policies. His team started to publish regional suicide statistics with police suicide records when he was a senior research fellow at the Economic and Social Research Institute in the Cabinet Office, Japan. He was involved

in many international projects as a vice-chair for OECD Consumer Policy Committee, the head of an advisory team for GNH2015 survey in Bhutan, and the head of an advisory board for suicide ideation longitudinal surveys in the Japan Foundation. His research team has also conducted qualitative and quantitative surveys internationally like India, the Philippines, Thailand, Costa Rica, and the Netherlands.

### **Professor Paul Yip**

Professor Yip is the director of the Centre of Suicide Research and Prevention at the University, a chair professor of population health at the Department of Social Work and Social Administration and the Associate Dean (Research) at the Faculty of Social Sciences at the University of Hong Kong. His research interests are to identify and develop good practices to promoting wellness and suicide prevention in the population. He is a recipient of the Australia-China Alumni Award for Research in 2019; a medal of honor from the Hong Kong SAR Government in 2017; the Stengel Research Award from the International Association of Suicide Prevention in 2011, outstanding supervisor and researcher of the University of Hong Kong in 2010-11 and 2009-2010 respectively; a distinguished alumni of La Trobe University. He has published more than 500 research papers relating to population health and suicide prevention







### **Dr. SM Yasir Arafat**

Dr. SM Yasir Arafat is currently working as an Assistant Professor of Psychiatry at Enam Medical College and Hospital, Dhaka, Bangladesh. His research focused on suicidal behavior, social aspects of human behaviors, psychometrics, and sexual medicine. He completed his MD in Psychiatry in 2019. He also holds an MPH, MBA, and MBBS. He has (co)authored about 270 articles and book chapters. He edited the first book on panic buying in academia titled Panic Buying - Perspectives and Prevention. He conducted the first psychological autopsy study in Bangladesh and opens several

dimensions in suicide research of the country like media reporting of suicide, neuropsychiatric sequelae of non-fatal hanging, depression, and suicide literacy. He is the top fifth author in 2020 in Bangladesh and among the 2% of global researchers based on citations as per Scopus. He is also affiliated as Visiting Senior Research Associate, University of Bristol, UK.

### **Dr Soumitra Pathare**

Dr Soumitra Pathare is a consultant psychiatrist, and the Director of the Centre for Mental Health Law & Policy at the Indian Law Society, Pune, India. His primary interests are in the areas of suicide prevention, mental health policy, scaling up mental health services, rights-based care, and legislation. In the past, he has provided technical assistance to the Ministry of Health & Family Welfare, Government of India, in drafting India's new Mental Healthcare Act 2017, which takes a rights-based approach to mental healthcare. He was also a member of the Mental Health Policy Group appointed by Government of India to draft India's first National Mental Health Policy released in October 2014. He has served as a WHO consultant in many low-and middle-income countries (Botswana, Seychelles, Lesotho, Samoa, Vanuatu, Eritrea) assisting them in drafting and implementing mental health legislation and national mental health policy. Soumitra is also the co-director of SPIRIT (an implementation research project on suicide prevention funded by NIMH) and the co-lead on Outlive! (a youth suicide prevention project funded by Comic Relief, UK).



### **Maree Toombs**

Associate Professor Maree Toombs is the Associate Dean (Indigenous Engagement) for the Faculty of Medicine. From her experience teaching Indigenous students, Maree observed a pattern in young Indigenous Australians disengaging from education and has worked ever since to understand and help bridge the gap. Maree's expertise is in the mental health of Indigenous Australians and exploring the interface between Indigenous and Western research methodologies. Maree is heavily involved in NHMRC projects focusing on mental health, suicide prevention and other chronic disease accumulating in over \$11 million in research funding. Maree has dedicated her career to serving the





community and, as such, is guided by the community in which areas are important for research. Her publications have been used to influence policy in Australia and the United Kingdom. With 20 years' experience in teaching and developing curriculum with an Indigenous perspective both in education and health, Maree has improved the way people culturally work with Indigenous Australians in urban, rural and remote areas.

Maree is a member of Australian Medical Council as well as an advisory board member for St Vincent's Hospital and current chair of the Carbal Medical Service (Toowoomba and Warwick). Maree's current projects include: The Mob Van, a mobile caravan which aims to provide primary health care to Aboriginal communities around Toowoomba; and I-ASIST, a culturally-tailored training established to address the increasing rates of suicide among Indigenous people living in rural and remote areas.

As a recipient of a Churchill Fellowship, and a published author Maree's research has also focused on improving retention rates for Indigenous students at Universities in Canada. Working closely with the Aboriginal and Torres Strait Islander Studies Unit and Poche Centre for Indigenous Health, Maree will assist the Faculty of Medicine in implementing their Reconciliation Action Plan as well as ensuring the continued support of Indigenous students at UQ.

### **Dr Samah Jabr**

Samah Jabr is a psychiatrist and psychotherapist practicing in the public and the private sectors within Palestine in East Jerusalem and the West Bank. She is currently the Chair of the Mental Health Unit within the Palestinian Ministry of Health. She has taught both in the classroom and in clinical settings on the faculties of several Palestinian universities and George Washington University within the Division of Global Mental Health, where she is currently an Associate Clinical Professor. She has served as the medical director of several governmental, non-governmental, and private mental health centres in Palestine. Dr Jabr often serves as a consultant for international organizations regarding program development, policy planning, and program implementation. She is also a prolific writer and author, her areas of interest include suicide, mental health, colonialism, and universal human rights.



### **Professor Nicholas Procter**

Professor Procter is Chair: Mental Health Nursing and Director of UniSA's Mental Health and Suicide Prevention Research and Education Group. He has longstanding research and education interests in suicide prevention for people of migrant and refugee background, including people with insecure visa status. He is a former Chair of the health sub-committee of the joint advisory committee for the governments of Australia and Nauru on Nauruan regional processing of asylum seekers, previous member of the Minister's Council for Asylum Seekers and Detention, and has acted as an independent advisor to a Commonwealth Ombudsman's Own Motion Investigation into Suicide and Self-Harm across the Australian Immigration

Detention Network. In addition to many other activities Professor Procter is Australia's National Representative to International Association for Suicide Prevention to 2023.



### Joe Ball

Joe is a longstanding LGBTIQ+ advocate, with a passionate commitment to the issue of LGBTIQ+ suicide prevention. Joe is the CEO of Switchboard Victoria which is a nationally recognised LGBTIQ+ suicide prevention organisation. Joe believes in grass roots solutions to systemic issues and draws upon LGBTIQ+ history and the wisdom of LGBTIQ+ elders to guide their work. In 2020 Joe was honoured as one of the 50 Outstanding LGBTI+ Leaders in Australia. Joe proudly identifies as transgender and uses the pronouns they/them. Joe works and lives

on the lands of the Kulin Nation in Narm (Melbourne) Victoria.

### Associate Professor Laura Shannonhouse

Dr. Laura Shannonhouse is an Associate Professor at Georgia State University. She is a nationally certified counselor, Licensed Professional Counselor, and a trainer/facilitator of several LivingWorks programs. Her clinical experiences include a crisis center, college counseling center, cancer center, etc., as well as deployments with disaster impacted populations domestically and internationally (e.g. illness-related trauma in South Africa; daycare center fire disaster in Mexico with losses of 49 infants/toddlers, post-Katrina charter school teachers; both southeast Asian and post-earthquake Haitian refugees, post-earthquake Mexico City, etc.). Therefore, her research centers on crisis intervention and disaster response. She conducts community-based research in K-16 systems and with the aging



network to prevent suicide (suicide first aid), and with disaster impacted populations in fostering meaning-making through one's faith tradition (spiritual first aid). She has 55 juried journal articles, and ~40 additional publications with larger practitioner reach (i.e. book chapters and op-eds). She feels blessed to have had her scholarship funded by both federal (i.e. Department Health and Human Services) and foundations (i.e. John Templeton Foundation) entities.



### **Dr Nicole Hill**

Nicole Hill is a Forrest Research Foundation Prospect Fellow in youth suicide prevention at the Centre for Child Health Research at the University of Western Australia; an Honorary Research Associate at the Telethon Kids Institute, Perth; and the co-chair of the International Association for Suicide Prevention Special Interest Group on suicide clusters and contagion. Nicole's work focusses on identifying and preventing clusters of suicide and self-harm in young people and working with stakeholders to coordinate community-wide postvention support following a suicide loss. Examples of her current projects include improving aftercare for young people who present to emergency departments following deliberate self-harm,

an evaluation of a police-led rapid postvention referral system for people bereaved by suicide, and the evaluation of Roses in the Ocean Peer CARE Connect program. Nicole is interested in translating research into policy and practice. She currently serves as an expert advisor for local suicide prevention committees in Western Australia and works with stakeholders from the WA Mental Health Commission, Police, Mental Health Services and non-for-profit organisations under a systems approach model to suicide prevention.

# Detailed Programme

Tuesday 3 May 2022		
AEST		
08:30	Registrations for workshop attendees	
	<b>Pre-Conference Workshops</b>	
09:00 – 13:00	<a href="#"><u>Collaborating to create systems change</u></a> Facilitators: <b>Stephen Scott &amp; Lindy Zillman</b>	Meeting Room 8
09:00 – 13:00	<a href="#"><u>Lived Experience in Research</u></a> Facilitators: <b>Nichola Parry, Jane Pirkis, Myfanwy Maple &amp; Jacinta Hawgood</b>	Meeting Room 6
09:00 – 13:00	<a href="#"><u>Compassion First – translating lived experience into action to drive real change</u></a> Facilitators: <b>Bronwen Edwards, Michael Cook, Ros Garrity, James Burchmore &amp; Clare Sullivan</b>	Meeting Room 7
09:00 – 13:00	<a href="#"><u>Regional Suicide Prevention Network Programme – global strategic action</u></a> Facilitators: <b>Dr Gregory Armstrong &amp; Dr Lakshmi Vijayakumar</b>	Meeting Room 5
09:00 – 14:00	<a href="#"><u>Early Career Researchers</u></a> Facilitators: <b>Jo Robinson, Ian Hickie</b>	Meeting Room 9
09:00 – 13:00	<a href="#"><u>LivingWorks SafeTALK</u></a> Facilitators: <b>Robyn Lawrence</b>	Meeting Room 2
12:15 – 13:15	Lunch break	
14:00 – 16:20	Registration open to all	
16:25 – 17:30	<b>Opening Ceremony</b>	
17:30 – 19:00	<b>Opening Plenaries</b>	
	Proudly sponsored by LivingWorks Australia Chairs: Rory O'Connor & Jo Robinson <b>Speaker 1: Pat Dudgeon</b> Suicide Prevention in Aboriginal and Torres Strait Islander Peoples - Cultural, Social and Emotional Wellbeing <b>Speaker 2: Bronwen Edwards</b> A Rich Tapestry: Through exploring and understanding the rich tapestry of lived experiences of suicide we will discover countless opportunities to save lives and navigate barriers to their meaningful integration. <b>Speaker 3: Lakshmi Vijayakumar</b> The need to reframe suicide prevention In LAMI countries <b>Discussants: Murad Khan, Lai Fong Chan &amp; Leilani Darwin</b>	
19:00 – 19:30	Pre-dinner drinks	Southern Terrace
19:30 – 22:00	Welcome dinner All Registered In-Person Delegates Welcome	Room: Arena 2



Wednesday 4 May 2022		
AEST		
08:30	Registration open	
	<b>Keynotes</b>	
09:00 – 10:30	<p><b><u>Keynote 1: COVID-19</u></b></p> <p>Chairs: GCHHS (Hitesh Joshi) &amp; Annette Erlangsen</p> <p><b>Jane Pirkis</b> COVID-19 and Suicide</p> <p><b>Michiko Uedo</b> Female suicides during the COVID-19 pandemic in Japan</p> <p><b>Thilini Rajapakse</b> Self-harm and suicide in Sri Lanka, amidst the COVID-19 pandemic: Current impacts and future trends</p>	Room: Arena 1B
09:00 – 10:30	<p><b><u>Keynote 2: Surveillance</u></b></p> <p>Chairs: Ian Hickie &amp; Lakshmi Vijayakumar</p> <p><b>Katrina Witt</b> Bridging the knowledge gap between expectation and reality in the development of real-time monitoring for self-harm in Australia</p> <p><b>Ella Arensman</b> The Role of Self-Harm Surveillance in Suicide Prevention within International Context</p> <p><b>Yoshiaki Takahashi</b> Effective surveillance systems for suicide prevention-lessons from Japan</p>	Meeting Room 5
09:00 – 10:30	<p><b><u>Keynote 3: Priority Populations</u></b></p> <p>Proudly sponsored by #chatsafe/CRE</p> <p>Chairs: Shayne Connell &amp; Frank Iorfino</p> <p><b>Nicole Hill</b> The prevention of suicide phenomena in Australian youth</p> <p><b>Joe Ball</b> Title When hate kills: preventing LGBTIQ suicide</p> <p><b>Laura Shannonhouse</b> Addressing social isolation, loneliness, and elevated suicidality among older adults during COVID-19 and beyond: A double blind partially nested randomized controlled trial (PN-RCT) of the BE WITH innovation</p>	Room: Arena 1A
10:30 – 11:00	Coffee break / <a href="#">Poster Presentations</a>	



Symposia and Workshops		
11:00 – 12:30	<p><b><u>Symposium 1</u></b></p> <p>Proudly sponsored by <b>MATES In Construction</b></p> <p><b>Innovative Approaches in Workplace Suicide Prevention</b></p> <p>Chair: Sally Spencer-Thomas</p> <p><b>Jodi Frey</b> Man Therapy: Online program to reduce suicidal ideation and depression among working-age men: Results from a randomized controlled trial</p> <p><b>Karolina Kryszynska</b>: Work-Related Suicide Exposure, Occupational Burnout, and Coping in Emergency Medical Services Personnel in Poland</p> <p><b>Sally Spencer-Thomas</b> Advanced Skills for Managers: Impact of Suicide Prevention Training in Construction</p> <p><b>Ed Mantler</b>: Having the “tough-talk” at work: The role of the workplace in preventing suicide in the context of COVID-19 in Canada</p>	Room: Arena 1B
11:00 – 12:30	<p><b><u>Symposium 2</u></b></p> <p><b>Suicide Intervention Training co-design and implementation for the LGBTIQ Populations within trial sites</b></p> <p>Chair: Shayne Connell</p> <p><b>Renee Tsatsis, Jo Read</b></p>	Meeting Room 5
11:00 – 12:30	<p><b><u>Symposium 3</u></b></p> <p><b>The Buoy Project: Preventing Suicide in Boys and Men</b></p> <p>Chair: Jane Pirkis</p> <p><b>Angela Nicholas</b> Boys Do Cry: A randomised controlled trial testing the effect of a music video on the help-seeking intentions of Australian men</p> <p><b>Katherine Trail</b> Optimising telephone crisis helplines: Exploring the needs of male callers</p> <p><b>Zac Seidler</b> Pilot evaluation of the Men in Mind training program for mental health practitioners</p>	Room: Arena 1A
11:00 – 12:30	<p><b><u>Symposium 4</u></b></p> <p>Proudly sponsored by <b>#chatsafe</b></p> <p><b>YOUTH: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care</b></p> <p>Chair : Ian Hickie &amp; Jo Robinson</p> <p><b>Frank Iorfino</b></p> <p><b>Katrina Witt</b></p> <p><b>Maria Michail</b></p> <p><b>Alexis Hutcheon</b></p>	Meeting Room 6
11:00 – 12:30	<p><b><u>Symposium 5</u></b></p> <p><b>Suicide and COVID-19: Evidence from Japan</b></p> <p>Chair: Yoshiaki Takahashi</p> <p><b>Yasuyuki Shimizu</b> Werther Effect among the COVID-19 pandemic in Japan.</p> <p><b>Takahiro Arai</b> Predicting suicide among children and adolescents using Google Trends: a new approach using weekly data.</p> <p><b>Ayako Wakano</b> The Economic Assistance and rate of increase in suicide during the COVID-19 pandemic</p> <p><b>Hiroe Tsubaki</b> Time series similarity of policy variables with suicide cases among the COVID-19 pandemic in Japan</p>	Meeting Room 7



12:45 – 13:30	<b>Lunch/Lunchtime Session:</b> <a href="#">Lived Experience – Creating change through individual and collective wisdom.</a> Room 5 Supported by The National Mental Health Commission Chair, Professor Myfanwy Maple <b>Bronwen Edwards, Jo Riley, Graeme Holdsworth, Leilani Darwin</b>	
<b>Oral Sessions</b>		
13:30 – 15:00	<b><u>Oral Session 1</u></b> Chairs: Bronwen Edwards & Zac Seidler 1.1 <b>Karl Andriessen</b> How best to provide help to bereaved adolescents, with a specific focus on adolescents bereaved by suicide. A Delphi consensus study. 1.2 <b>Karl Andriessen</b> The reactions of adolescents, parents and clinicians to participating in qualitative research interviews regarding adolescents bereaved by suicide and other traumatic death 1.3 <b>Michelle Lamblin</b> Evaluating the effectiveness of postvention initiatives in New South Wales secondary schools: A mixed methods approach. 1.4 <b>Nicole Hill</b> Evaluation of a police-led rapid referral system to postvention support among people bereaved by suicide in the Peel and Rockingham, Kwinana (PaRK) region in WA 1.5 <b>Anita Chauvin</b> Learning from the lived experience of resilient people who survived suicidality and suicide attempt/s: the significance of self-managing recovery 1.6 <b>Peta Dampney</b> An exploration of what it means to be suicidal in Sarah Kane's "4:48 Psychosis" OR (How I learned to stop hating on suicidality and use my theatre degree in suicide prevention).	Room: Arena 1B
13:30 – 15:00	<b><u>Oral Session 2</u></b> Hetrick & Maria Michail 2.1 <b>Alan Apter</b> Feasibility and acceptability of longitudinal passive and active digital monitoring in high-risk suicidal adolescents 2.2 <b>Alison Calear</b> Development and validation of a new item bank and screener for suicide risk in young people 2.3 <b>Hareli Cecchin</b> Scoping review of 30 years of suicide prevention in university students around the world: efficacy, effectiveness and cost-effectiveness. 2.4 <b>Sikky Shiqi Chen</b> Youths' Attitudes towards Open Discussion of Suicide: A Qualitative Analysis 2.5 <b>Louise La Sala</b> A pilot study examining the acceptability and potential impact of the #chatsafe social media intervention with young people who have been bereaved by suicide 2.6 <b>Kylie King</b> The relationship between masculine norms, help-seeking intentions, and suicidal ideation in Australian men	Chairs: Sarah Meeting Room 2
13:30 – 15:00	<b><u>Oral Session 3</u></b> Spittal & Andrew McMahon 3.1 <b>Romy Attewell</b> Media Coverage of Restricting Access to Location Associated with Suicide in Aotearoa New Zealand: A Suicide Prevention Perspective 3.2 <b>Jane Lim Tze Yn</b> Effectiveness of a Malaysian Media Intervention Workshop: Safe Reporting on Suicide 3.3 <b>Sandersan Onie</b> Using Google AdWords to reach out to Individuals searching for Suicide-Related Terms 3.4 <b>Yuka Nishina</b> Japan Suicide Countermeasures Promotion Center's efforts to prevent suicides affected by suicide media reports in Japan 3.5 <b>Rakesh Singh</b> Quality of suicide reporting towards suicide prevention among major national newspapers in Nepal 3.5 <b>Steven Stack</b> Suicide in the fictional media: A quantitative review	Chairs: Matthew Room: Arena 1A

<p>13:30 – 15:00</p>	<p><b><u>Oral Session 4</u></b></p> <p>Proudly sponsored by Griffith University</p> <p>Chairs: Victoria Ross &amp; Jin Han</p> <p>4.1 <b>Peter Gutierrez</b> A trainer and an Army Veteran: suicide intervention training and dissemination in Australian</p> <p>4.2 <b>Jacinta Hawgood</b> Impact of Systematic Tailored Assessment for Responding to Suicidality (STARS) Protocol Training on Suicide Prevention Workers Suicide Risk Assessment Capabilities</p> <p>4.3 <b>Sarah Little</b> Suicide prevention in the construction industry: gatekeeper competencies, perspectives, and experiences of Bluehats</p> <p>4.4 <b>Myfanwy Maple</b> Protecting our Protectors: Suicide intervention skills training for first responders and family</p> <p>4.5 <b>Soonju Lee</b> Trends of Suicide in South Korea by Gender and Life Cycle during 2019-2020: Werther Effect, COVID-19 and Women</p> <p>4.6 <b>Sally Spencer-Thomas</b> Psychological Safety and Workplace Suicide Prevention in Safety-Critical Industries</p>	<p>Meeting Room 5</p>
<p>13:30 – 15:00</p>	<p><b><u>Oral Session 5</u></b></p> <p>Chairs: Nicholas Procter &amp; Annette Erlangsen</p> <p>5.1 <b>Phil Batterham</b> Promoting professional service use for adults experiencing suicidal thoughts</p> <p>5.2 <b>Laura Grattidge</b> The role of communities in preventing suicide in rural areas</p> <p>5.3 <b>Elliot Parkinson</b> Evaluating the implementation and outcomes of a Pop-up Safe Space Pilot Initiative</p> <p>5.4 <b>Natsuko Komaki</b> Support for the promotion of suicide prevention in local communities and future challenges</p> <p>5.5 <b>Elizabeth Paton</b> Communicating about suicide and mental illness through images</p> <p>5.5 <b>Shayne Connell</b> From Bundaberg to Bunbury: 25 years of suicide intervention skills in Australia</p>	<p>Meeting Room 6</p>
<p>13:30 – 15:00</p>	<p><b><u>Oral Session 6</u></b></p> <p>Chairs: Shu-Sen Chang &amp; Katie McGill</p> <p>6.1 <b>Pham Thi Thu Huong</b> Community Integration, Psychological Distress and Suicidality Differences among Patients with Treatment-Resistant Depression in Taiwan and Vietnam</p> <p>6.2 <b>Sue Murray</b> Zero Suicide Healthcare: program theory to guide evaluation for safer suicide care</p> <p>6.3 <b>Bernard Leckning</b> Prevalence of psychiatric assessment and hospitalization following hospital-treated deliberate self-harm: A systematic review and meta-analysis</p> <p>6.4 <b>Ravivarma Rao Panirselvam</b> Prosecuted for Attempting Suicide: a Retrospective Study in a Malaysian Forensic Psychiatric Unit</p> <p>6.5 <b>Alina Pavlova</b> Helplines and telehealth support in Aotearoa/New Zealand during COVID-19 pandemic control measures; a mixed methods study</p>	<p>Meeting Room 7</p>
<p>15:00 – 15:15</p>	<p><b>Coffee break</b></p>	
<p style="text-align: center;"><b>Symposia, Workshops and Panels</b></p>		
<p>15:15 – 16:45</p>	<p><b><u>Workplace Panel</u></b></p> <p>Proudly sponsored by MATES In Construction</p> <p><b>Suicide prevention within blue collar industries: Understanding and evidencing MATES practice</b></p> <p>Panel Guests:</p> <p><b>Jacinta Hawgood (Chair), Vincent Borg, Marilyn Sheffield, Jayson Withers, Laura Cox, Tony LaMontagne</b></p>	<p>Room: Arena 1B</p>



<p>15:15 – 16:45</p>	<p><b><u>Symposium 6</u></b></p> <p><b>International experiences of pesticide suicide prevention: the impact of bans on highly hazardous pesticides</b></p> <p>Chairs: Shu-Sen Chang &amp; Michael Eddleston</p> <p><b>Aastha Sethi</b> Impact of regional bans of highly hazardous pesticides on agricultural yields: the case of Kerala</p> <p><b>Chien-Yu Lin</b> Impact of the 2018-2020 paraquat ban on suicide in Taiwan</p> <p><b>Chien-Yu Lin</b> Longer-term impact of paraquat ban on suicide in South Korea</p> <p><b>Song Jie Chin</b> Pesticide Poisoning in an East and a West Malaysian Hospital: Characteristics and Trends pre &amp; post National Paraquat Ban</p>	<p>Room: Arena 1A</p>
<p>15:15 – 16:45</p>	<p><b><u>Symposium 7</u></b></p> <p><b>Symposium: Media reporting of suicide in low and middle-income countries in Asia</b></p> <p>Chairs: Greg Armstrong &amp; Lai Fong Chan</p> <p><b>Wen Li Chan</b> Stakeholder Perspectives on Suicide-related Reporting in Malaysia: Preliminary Insights from Editors and Regulators</p> <p><b>Nur Farahin Khirudin</b> A real-world case study in developing media statement guidelines and training for suicidal behaviour reporting for police officers in Sarawak, Malaysia</p> <p><b>Lakshmi Vijayakumar</b> Application of a Scorecard Tool for Assessing and Engaging Media on Responsible Reporting of Suicide-Related News in India</p> <p><b>Qijin Cheng</b> Typology and Impact of YouTube Videos Posted in Response to a Student Suicide Crisis: Social Media Metrics and Content Analyses</p>	<p>Meeting Room 6</p>
<p>15:15 – 16:45</p>	<p><b><u>Symposium 8</u></b></p> <p><b>Harnessing Implementation Science for Suicide Prevention</b></p> <p>Chair: Lennart Reifels</p> <p><b>Jill Francis</b> How can implementation science contribute to the impact of suicide prevention interventions?</p> <p><b>Karl Andriessen</b> Implementation of suicide prevention training: A systematic review</p> <p><b>Lennart Reifels</b> Implementation of suicide prevention interventions during disasters and public health emergencies: A systematic review</p> <p><b>Sadhvi Krishnamoorthy</b> How are implementation science frameworks utilised and applied in multicomponent suicide prevention trials: A systematic review</p>	<p>Meeting Room 7</p>
<p>15:15 – 16:45</p>	<p><b><u>Workshop 2</u></b></p> <p><b>Restorative Just Culture as a foundation for Zero Suicide Healthcare</b></p> <p>Facilitators: Sue Murray &amp; Kay McCue</p>	<p>Meeting Room 5</p>
<p>16:45 – 17:00</p>	<p>Break</p>	
<p style="text-align: center;"><b>Panel Sessions</b></p>		
<p>17:00 – 18:30</p>	<p><b><u>Panel Session: Postvention for clinicians and community members bereaved by suicide: perspectives from Malaysia &amp; Australia.</u></b></p> <p>Proudly sponsored by Postvention Australia</p> <p>Chair: Zac Seidler &amp; Lai Fong Chan</p> <p><b>Panel Guests: Yin Ping Ng, Ravivarma Rao Panirselvam, Tsui Huei Loo, Alia Ali, Darrin Larney</b></p>	<p>Meeting Room 5</p>
<p>17:00 – 18:30</p>	<p><b><u>Panel Session: The role of technology in Suicide Prevention</u></b></p> <p>Chair: Ian Hickie</p> <p><b>Panel Guests: Eleanor Bailey, Kerry Gibson, Paul Yip, Mia Garlick</b></p>	<p>Room: Arena 1B</p>

<p>17:00 – 18:30</p>	<p><b><u>Panel Session: National/Regional strategies post COVID</u></b></p> <p>Proudly sponsored by IASP</p> <p>Chair: Greg Armstrong</p> <p><b>Panel Guests: Lakshmi Vijayakumar, Sarah Hetrick, Stéphane Amadéo</b></p>	<p>Room: Arena 1A</p>
<p>18:30 -19:30</p>	<p><b><u>Suicide Prevention in Defence &amp; Veteran Communities</u></b></p> <p><b><u>Sundowner</u></b></p> <p>Proudly sponsored by LivingWorks Australia</p>	<p>Room: Arena 1B</p>
<p>19:45 – 22:00</p>	<p><b><u>Pecha Kucha Event</u></b></p> <p>Master of Ceremonies: Mark McConville</p> <p>Proudly sponsored by #chatsafe</p> <p><b>Presenter 1: Laura Hemming</b> Tell Me What You Want, What You Really, Really Want: Involving Young People In A Priority Setting Exercise For Research Into Suicide Prevention</p> <p><b>Presenter 2: Natalie Peart</b> The new face of youth mental health intervention: an analysis of a proactive digital intervention and risk assessment practices on Instagram</p> <p><b>Presenter 3: Inge Meinhardt</b> Developing a guideline for school staff on supporting students who self-harm by prioritising youth and indigenous voices: a novel approach</p> <p><b>Presenter 4: Sadhvi Krishnamoorthy</b> Practice based evidence for evidence based practice</p> <p><b>Presenter 5: Airan Yuan</b> Using Positive Psychology PERMA to Help Suicidal Individual Recover: A Case Study</p> <p><b>Presenter 6: Luke T. Bayliss</b> Suicide capability: The difference between thinking about suicide and attempting suicide.</p> <p><b>Presenter 7: Karen Kusuma</b> The performance of machine learning models in predicting suicidal ideation, attempts, and deaths: a meta-analysis and systematic review</p> <p><b>Presenter 8: Andrew McMahon</b> Caring for those who care - exploring the experiences and needs of family and friends caring for a person who has attempted suicide</p>	<p>Rimini Room Miss MoneyPenny's</p>





# Thursday 5 May 2022

AEST		
08:30	Registration open	
	<b>Symposia and Workshops</b>	
09:00 – 10:30	<p><b><u>Symposium 9</u></b></p> <p><b>Surveillance of suicidal behaviour in Western Pacific Region</b>            Chair: Kairi Kolves</p> <p><b>Sharna Mathieu</b> Surveillance of suicide and self-harm in the Western Pacific: the current state of art</p> <p><b>Kairi Kolves</b> Preliminary Framework of the Western Pacific Regional Sentinel Surveillance System of Suicidal Behavior (WPR4S)</p> <p><b>Katrina Witt</b> The development of a self-harm monitoring system in Victoria, Australia</p> <p><b>Paula Melizza Valera</b> Developing a data registry for suicide attempts and self-harm: the Philippine experience</p>	Room: Arena 1B
09:00 – 10:30	<p><b><u>Symposium 10</u></b></p> <p>Proudly sponsored by MATES In Construction</p> <p><b>Understanding suicide in the Australian construction industry: Contemporary research insights</b>            Chair: Laura Cox</p> <p><b>Tania King</b> Suicide among male Australian construction workers: analysis of 18 years of data</p> <p><b>Simon Tyler</b> Suicidal Ideation in the Australian Construction Industry: The Role of Psychosocial Job Factors and Traditional Masculine Norms</p> <p><b>Jorgen Gullestrup</b> A systematic review of evaluation evidence for the MATES in Construction workplace suicide prevention program</p>	Room: Arena 1A
09:00 – 10:30	<p><b><u>Symposium 11</u></b></p> <p><b>Suicide and self-harm monitoring in Australia</b>            Chair: Chris Killick-Moran</p> <p><b>Tessa Cutler &amp; A Flego</b> Evaluation of the National Suicide and Self-harm Monitoring Project and System</p> <p><b>N Biddle</b> Spatiotemporal Modelling of Australian Suicide Deaths between 2001 and 2020</p> <p><b>N Biddle</b> Socioeconomic Factors associated with Suicide in Australia: A Focus on Individual Income</p> <p><b>Debbie Scott</b> Using public health data to drive policy change and inform communities</p> <p><b>Angela Clapperton</b> Patterns of Suicide in the Context of COVID-19: Evidence from three Australian States</p>	Meeting Room 5
09:00 – 10:30	<p><b><u>Workshop 3</u></b></p> <p><b>The Gold Coast Mental Health and Specialist Services   Journey to Zero Suicide: The GCMHSS Suicide Prevention Pathway of Care</b>            Facilitators: <b>Matthew Welch</b></p>	Meeting Room 6
09:00 – 10:30	<p><b><u>Symposium 12</u></b></p> <p><b>Bridging Indigenous suicide prevention and assessment and clinical management of suicide risk within military population topics with a trauma frame.</b>            Chair: Maree Toombs</p> <p><b>Peter Gutierrez</b></p>	Meeting Room 7
10:30 – 11:00	Coffee break / <a href="#">Poster Presentations</a>	
	<b>Symposia and Workshops</b>	

11:00 – 12:30	<p><b><u>Workshop 4</u></b>  <b>Translating Research into Action: The design and development of an Indigenous specific suicide intervention skills training program (I-ASIST)</b>  Facilitator: <b>Maree Tombs</b></p>	Meeting Room 7
11:00 – 12:30	<p><b><u>Symposium 13</u></b>  Withdrawn</p>	Meeting Room 6
11:00 – 12:30	<p><b><u>Symposium 14</u></b>  Chair: Jane Pirkis  <b>Advancing Suicide Prevention through Economic Evaluation of Interventions</b>  <b>Long Khanh-Dao Le</b> The cost-effectiveness of brief aftercare interventions following self-harm  <b>Karolina Kryszynska</b> The cost-effectiveness of psychosocial interventions following self-harm in Australia  <b>Long Khanh-Dao Le</b> The cost-effectiveness of media reporting guidelines for the prevention of suicide in Australia  <b>Piamee Bandara</b> Cost-effectiveness of barriers for suicide prevention at bridge and cliff sites in Australia</p>	Meeting Room 5
11:00 – 12:30	<p><b><u>Symposium 15</u></b>  <b>StandBy and the Vital Role of Lived and Living Experience in Postvention</b>  Chair: Karen Phillips  <b>Presenters: Jo Langford &amp; Jon Eddy</b></p>	Room: Arena 1A
11:00 – 12:30	<p><b><u>Symposium 16</u></b>  Proudly sponsored by Lifeline International  <b>Addressing Loneliness and social isolation: The role of Crisis Helplines</b> Chair: Thilini Perera  <b>Alan Woodward</b> All The Lonely People – Why Do They Call Lifeline?  <b>Robert Sams</b> Breaking Down The Barriers To Loneliness  <b>Sam Quercioli</b> Lifeline China Adapting to the Needs of Increasing Call Volumes  <b>Justin Chase</b> Enhancing Social and Emotional Connections Through Crisis Counselling Programs</p>	Room: Arena 1B
12:30 – 13:30	<p><b><u>Lunch / Lifeline Lunchtime Learning</u></b>  Proudly sponsored by Lifeline Australia</p>	Room 5



Oral Sessions		
13:30 – 15:00	<p><b><u>Oral Session 7</u></b></p> <p style="text-align: right;">Chairs: Kylie King &amp; Maggie Hardiman</p> <p>7.1 <b>Emily Hielscher</b> The Australian Youth Self-Harm Atlas: Mapping the regional variability of non-suicidal self-harm, suicide attempts, and related risk and protective factors in Australian adolescents</p> <p>7.2 <b>Emily Hielscher</b> Self-identified risk and protective factors for self-harm and suicidality among young Australians with lived experience</p> <p>7.3 <b>Maria Michail</b> #MyGPguide: Helping young people seek help from their GP about self-harm and/or suicidal experiences.</p> <p>7.4 <b>Jo Robinson</b> Suicidal behaviour in primary care: Australian GPs' and young people's perspectives, preferences, and needs</p> <p>7.5 <b>Serena Saliba</b> Spirituality and Suicide Prevention: Paving the Way for Increased Attention to Spirituality in Mental Health Care at Universities.</p> <p>7.5 <b>Jin Han</b> Understanding suicide resilience in young adults via positive deviance</p>	Room: Arena 1B
13:30 – 15:00	<p><b><u>Oral Session 8</u></b></p> <p style="text-align: right;">Chairs: Gregory Carter &amp; Jacinta Hawgood</p> <p>8.1 <b>Tsui Huei Loo</b> Ethnic differences in the rates and characteristics of suicides in Perak, Malaysia, 2017-2020</p> <p>8.2 <b>Grace Crowley</b> Sex education and self-poisoning in Sri Lanka: an explorative analysis</p> <p>8.3 <b>Steven Stack</b> Social Construction of Military Suicide: Relationship Breakdown</p> <p>8.4 <b>Fiona Pienaar</b> The evidence for loneliness and lack of connectedness in conversations held with texters using Shout, a UK text messaging service, who are experiencing suicide ideation</p> <p>8.5 <b>Piamee Bandara</b> Intimate partner violence and suicidal behaviour in post-conflict settings: analysis of national data from Sri Lanka</p> <p>8.6 <b>Melanie Schroder</b> Staying CALM, afloat, visible, ethical, and viable during the Covid storm.</p>	Meeting Room 2
13:30 – 15:00	<p><b><u>Oral Session 9</u></b></p> <p style="text-align: right;">Chairs: Leilani Darwin &amp; Tessa Cutler</p> <p>9.1 <b>Bronwen Edwards</b> Lived Experience of suicide Informed and Inclusive Culture Change - harnessing best practice to meaningfully integrate lived experience throughout suicide prevention research, service delivery, policy reform</p> <p>9.2 <b>Daniel Gan</b> Partnering with people with lived experience to refine a digital intervention for suicide prevention</p> <p>9.3 <b>Nicole Hill</b> Evaluation of the Peer CARE Connect program in the Peel, Rockingham, and Kwinana (PaRK) region, WA</p> <p>9.4 <b>Karolina Kryszynska</b> '[Lived experience] involvement really helps us to design the best research': Views of suicide researchers in Australia on co-production/co-design in suicide research</p> <p>9.5 <b>Andrew Namestnik</b> Lived experience peer engagement is vital to effective suicide prevention and crisis interventions at Gold Coast Health's new Yalburro angabah Crisis Stabilisation Unit</p> <p>9.6 <b>Hayley Purdon</b> Organisational engagement with lived experience: The Lifeline example</p>	Room: Arena 1A

<p>13:30 – 15:00</p>	<p><b><u>Oral Session 10</u></b></p> <p>Chairs: Jane</p> <p>Pirkis &amp; Vikas Ayra</p> <p>10.1 <b>Peta Dampney</b> The politics of suicide prevention versus actually getting stuff done - Creating measurable and realistic goals that actually make sense.</p> <p>10.2 <b>Kim Holmes</b> Adelaide Urgent Mental Health Care Centre delivering an alternative response to suicidal crisis: early outcomes and reflections on the first 12 months of operation</p> <p>10.3 <b>Kazu Moriguchi</b> Overall picture of capacity-building process for suicide countermeasure for public and private sectors in Japan and its future challenges</p> <p>10.4 <b>Sanderson Onie</b>: Indonesia's First Suicide Prevention Strategy: Process and Initial Findings</p> <p>10.5 <b>Salima Farooq &amp; Yasmin Parpio</b> Applying Western Suicide Prevention approaches in Pakistan</p> <p>10.6 <b>Yasuyuki Shimizu</b> How Japan's National Strategy for Suicide Countermeasures Worked in the Crisis of Covid-19</p>	<p>Meeting Room 5</p>
<p>13:30 – 15:00</p>	<p><b><u>Oral Session 11</u></b></p> <p>Chairs:</p> <p>Maddison O'Gradey-Lee</p> <p>11.1 <b>Mandy Gibson</b> First Nations cultural education suicide prevention program: participant baseline analysis and pilot evaluation</p> <p>11.2 <b>Mandy Gibson</b>: Cultural connection and First Nations youth suicide mortality rates: Informing strategies to reduce Aboriginal and Torres Strait Islander suicide disparities</p> <p>11.3 <b>Michelle Lamblin</b> Adapting a culturally responsive resource to support families and communities of young Aboriginal people who self-harm</p> <p>11.4 <b>Bernard Leckning</b> Risk factors for mortality following hospitalisation for suicidal behaviour in the Northern Territory of Australia</p> <p>11.5 <b>Katie McGill</b> Indigenous Cultural Identity and Likelihood of Discharge to Psychiatric Hospital after Intentional Self-Poisoning At a Regional Australian Hospital</p> <p>11.6 <b>Inge Meinhardt</b> Prioritising Youth and Indigenous Voices in the Development of Guidelines for New Zealand School Staff on Supporting Students who Self-Harm: An Innovative Approach</p>	<p>Meeting Room 6</p>
<p>13:30 – 15:00</p>	<p><b><u>Oral Session 12</u></b></p> <p>Chairs: Kairi</p> <p>Kolves &amp; Fiona Shand</p> <p>12.1 <b>Hwei Yuen Chang</b>: Characteristics associated with suicides by paraquat poisoning vs other methods in Perak, Malaysia, 2017-2020.</p> <p>12.2 <b>Rijah Chhapra</b> Analysis of Self-Poisoning cases admitted to the National Poisoning Control Center (NPCC) in 2019 in Karachi, Pakistan</p> <p>12.3 <b>Angela Clapperton</b> Preventing railway suicides through level crossing removal</p> <p>12.4 <b>Manjula Weerasinghe</b> Emerging pesticides responsible for suicide in rural Sri Lanka following the 2008-2014 pesticide bans.</p> <p>12.5 <b>Manjula Weerasinghe</b> Prevention of pesticide suicides through a 'gatekeeper' training for vendors in rural South Asia</p>	<p>Meeting Room 7</p>
<p>15:00 – 15:15</p>	<p>Coffee break</p>	



Keynotes		
15:15 – 16:45	<p><b><u>Keynote 4: Priority Settings</u></b>            Chairs: GCHHS (Matt Welch) &amp; Sue Murray  <b>Soumitra Pathare</b>            Data, Data everywhere, but not when it comes to Suicide Prevention  <b>Lai Fong Chan</b>            Psychiatric service innovations for persons with severe mental illness and suicide risk in an LMIC setting during the COVID-19 pandemic: perspectives from Malaysia  <b>Maree Toombs</b>            IASIST: A product of its own success. Translating research into practice.</p>	Meeting Room 5
15:15 – 16:45	<p><b><u>Keynote 5: Media</u></b>            Chairs: Greg Armstrong &amp; Louise La Sala  <b>Paul Yip</b>            The Opportunities and Challenges of an Online Text-based Counselling Service for Vulnerable Youth  <b>Jo Robinson</b>            Social media and youth suicide prevention: the #chatsafe program  <b>S.M. Yasir Arafat</b>            Media Reporting of Suicide in South-East Asian Region: Current Status, Challenges, and Way Outs</p>	Room: Arena 1A
15:15 – 16:45	<p><b><u>Keynote 6: Refugees &amp; Displaced Persons</u></b>            Chairs: Murad Khan &amp; Andrew McMahon  <b>Leilani Darwin</b>            Assimilation, integration, and generational trauma  <b>Samah Jabr</b>            Suicide and suicidal behaviour in Palestine  <b>Nicholas Procter</b>            A Trauma Informed Approach to Suicide Prevention for People of Refugee and Asylum Seeker Background</p>	Room: Arena 1B
16:45 – 17:00	Break	
17:00 – 18:15	<p style="text-align: center;"><b>Closing Plenaries</b></p> <p>Proudly sponsored by Black Dog Institute            Co-Chairs: Jo Robinson &amp; Lai Fong Chan  <b><u>Speaker 1: Stephen Scott</u></b>            Next steps for centring lived experience in suicide prevention  <b><u>Speaker 2: Emmanuel Nii-Boye Quarshie</u></b>            Suicide prevention in low- and middle-income countries: recent inroads and ways forward  <b><u>Speaker 3: Maddison O’Grady-Lee</u></b>            How do we accurately assess the mental health of Aboriginal and Torres Strait Islander young people  <b><u>Speaker 4: Rory O’Connor</u></b>            Suicide risk and the transition from suicidal ideation to suicidal attempts</p>	Room: Arena 1B
18:15 – 18:30	<b>Closing Ceremony</b>	Room: Arena 1B
18:30 – 19:30	<b>Closing Reception</b>	Southern Terrace

# Pre-Conference Abstracts

Workshop Collaborating to create systems change

Facilitators: Stephen Scott & Lindy Zillman

## Abstract:

'Collaborating to Create Systems Change' is for people involved individually or as part of a Lived Experience Advisory/Reference/Working Group working to influence and inform system change. It provides key insights into how to effectively collaborate for positive outcomes in system reform, encouraging personal and group reflection to enhance learnings.

Workshop Lived Experience in Research

Facilitators: Nichola Parry, Jane Pirkis, Myf Maple & Jacinta Hawgood

## Abstract:

The LE in Research project commenced in 2021 when Roses in the Ocean brought together representatives from across the suicide prevention sector with the aim of contributing to a bank of resources and developing a skill development program for people with a lived experience of suicide interested in being actively involved in suicide prevention research in some capacity. This workshop will provide an overview of the types of different research that is undertaken in suicide prevention, the nature of opportunities available for people with lived experience to contribute to research and seek to understand what specific information and resources would be useful to support you to take on various roles in contributing to the design of research projects, participating in and contributing to suicide prevention research projects.

Workshop Compassion First – translating lived experience into action to drive real change.

Facilitators: Bronwen Edwards, Michael Cook, Ros Garrity, James Burchmore & Clare Sullivan

## Abstract:

The National Suicide Prevention Adviser's 'Compassion First' Report captured the voices of those with lived experience of suicide and stressed the importance of more comprehensive and connected approaches to suicide prevention that address vulnerabilities long before a crisis, connecting people to the right supports 'on the ground'. This workshop is an opportunity to listen to lived experience delegates' learnings. and capture feedback on the system outcome measures that will make a difference in the real world. The result will be the development of an Outcomes Framework for Services.

Workshop Regional Suicide Prevention Network Programme – global strategic action.

Facilitators: Gregory Armstrong and Lakshmi Vijayakumar

## Abstract:

This regional workshop will address specific aspects of network connectiveness that could potentially lead to the development of inter country support systems with the prime purpose of developing, implementing and evaluating national suicide prevention activities, programmes and/or strategies.

The primary focus of this workshop will explore:

- Potential collaborative pathways that cross national boundaries and gain insight and knowledge in the planning and implementation of effective suicide prevention programmes
- The provision of guidance (knowledge, skills and experience) to countries in developing such implementation and evaluation national suicide prevention programmes.





This workshop will provide a platform for countries within the 2 IASP Regions (South East Asia Region and Western Pacific Region) to present on their progress of existing national suicide prevention activities and future plans for national programmes that are currently under development. The purpose is to provide a range of relevant feedback from a diverse source of professional knowledge so that countries can benefit from exchange of expertise within and across regions.

#### Workshop Early Career Researchers

Facilitators: Jo Robinson & Ian Hickie

#### **Abstract:**

Sponsored by Youth-e: a collaboration between Orygen and the Brain and Mind Centre

The aim of this workshop is to bring together both students and early career researchers who are working across the region in the area of suicide prevention to share their work, learn from each other and enjoy some informal networking.

The session will be hosted by Associate Professor Jo Robinson from Orygen in Melbourne and Professor Ian Hickie from the University of Sydney. The session will include a series of short Lightning presentations by early career researchers, a presentation from Professor Jane Pirkis, Editor-in-Chief of Crisis and a panel discussion including topics such as supervision and mentoring, academic careers and ECR wellbeing.

#### Workshop LivingWorks SafeTALK

Facilitator: Robyn Lawrence

#### **Abstract:**

LivingWorks safeTALK is an alertness workshop that prepares anyone, regardless of prior experience or training, to become a suicide-alert helper. Suicide First Aid skills training, also known as “Gatekeeper” training, is a recognised part of the prevention ecosystem as an early intervention to someone thinking of suicide. safeTALK requires no formal training or prior experience in suicide prevention. Because it only takes three hours to learn, safeTALK is an excellent tool for people who want to become alert to the dangers of suicide in a convenient timeframe. Although formal caregivers such as social workers and counsellors employ safeTALK skills, the program is also used by students, researchers, teachers, community volunteers, first responders, military personnel, police, public and private employees, and professional athletes—among many others. By providing a universal model with adaptable components, safeTALK offers useful skills to every audience.

# Conference Abstracts

## Plenaries

Abstract Suicide Prevention in Aboriginal and Torres Strait Islander Peoples - Cultural, Social and Emotional Wellbeing

Professor Pat Dudgeon

### Abstract:

The mental health of Aboriginal and Torres Strait Islander people has become a critical issue and available data indicates an entrenched, worsening, mental health crisis. Aboriginal and Torres Strait Islander suicide occurs at double the rate of other Australians. Suicide is the leading cause of death for Aboriginal and Torres Strait Islander people of 15 to 34 years of age, accounting for 1 in 3 deaths. At the core of any solutions are concepts of community ownership and valuing culture. New approaches where the mental health profession need to and have begun to engage with Indigenous people in ways that support self-determination and assist recovery and cultural maintenance are essential. The national Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) at UWA were undertaken in response to appalling rates of suicide. ATSISPEP achieved the development of an evidence base for what works in Aboriginal and Torres Strait Islander suicide prevention and the development of a culturally appropriate evaluation framework. It identified Aboriginal and Torres Strait Islander community suicide prevention needs and that system-level change was required. As a result, the Centre of Best Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP, UWA) was established to reduce the causes, prevalence and impact of suicide on Aboriginal and Torres Strait Islander individuals, their families and communities. CBPATISIP aims to identify best practice programs and services and research in Indigenous suicide prevention through an Indigenous 'lens' for Indigenous peoples. This presentation will review main messages from the Solutions That Work Report and work of the CBPATISIP. Social and emotional wellbeing (SEWB) has emerged as an important Aboriginal and Torres Strait Islander concept of mental health and wellbeing. Although the term is often used to refer to issues related to 'mental health', SEWB has a broader scope. It recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual, family and community. SEWB issues cover a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage. The holistic nature of wellbeing, the historical impacts resulting in social determinants that adversely influence wellbeing are discussed. In recent times, innovative approaches are emerging in Aboriginal and Torres Strait Islander wellbeing that confirm a promising way forward.

Abstract A Rich Tapestry. Through exploring and understanding the rich tapestry of lived experiences of suicide we will discover countless opportunities to save lives and navigate barriers to their meaningful integration



## Ms Bronwen Edwards

### **Abstract:**

To understand suicide we must seek to deeply understand the complex sequence of events that may lead a person to find living unbearable, and we must explore the intersecting contributing factors to their emotional pain. Through exploring and understanding the rich tapestry of lived experiences of suicide we will discover countless opportunities to save lives.

The Asia Pacific region also represents a rich tapestry of environments, each facing individual challenges in ensuring the voices of lived experience are enabled to inform suicide prevention strategy, system reform and service design and delivery.

Throughout the region the maturity of the lived experience movement ranges from infancy to well established highly influential sectors. Throughout this continuum there are invisible voices that must be supported to be seen and heard and layers of power, both direct and through association, that require navigation and balancing.

Factors such as political worldviews, religion, culture and legislation present challenges we need to navigate together and find ways for barriers to be overcome by the voices they currently silence. Opportunities abound for collaboration between people with lived experience of suicide and researchers, clinicians, government officials, community workers – a necessity to achieve national approaches to suicide prevention offering choice and options that meet the needs of the people as determined by the people.

Abstract The need to reframe suicide prevention In LAMI countries

## Dr Lakshmi Vijayakumar

### **Abstract:**

Globally 77% of suicide occur in Low and Middle Income Countries and yet suicide and its prevention in these countries are accorded low priority.

Traditionally LAMICs are viewed as one entity, but LAMIC in Africa, Asia, Europe and America vary significantly in their suicide rate, gender ratio of suicide and method of suicide.

Unlike the developed countries where studies suggest that around 90% of people who had died by suicide had a mental disorder, it is only 60% in LAMICs. Sociocultural factors like economic problems, marriage related issues, academic stress, intimate partner violence and others have a significant role in suicide and suicide attempts.

The vulnerable group are young people, women, discriminated and displaced people. Protective factors like religiosity and family cohesion are also waning in LAMIC. Some of the challenges in reducing suicides in LAMIC are :

1. Inadequate human and economic resources
2. Criminalization of suicide and suicide attempts in some countries.
3. Insufficient data for effective development of strategies
4. Lack of political will and awareness about the magnitude of suicide as a major problem and the need for effective interventions.
5. Inappropriate medic reporting of suicide

Challenges have led to innovations and progress has been made but still suicide prevention programmes and strategies are at a nascent stage. SDG goal of reduction in suicide by 2030 cannot be achieved without reducing suicides in LAMIC.

Abstract Next steps for centring lived experience in suicide prevention

## Mr Stephen Scott

## Abstract:

Lived experience of suicide is an essential cross-cutting perspective capable of strengthening every aspect of suicide prevention. This includes in research, support services, awareness campaigns, policy development, and local and national strategies.

Lived experience researchers bring unique personal characteristics and strongly informed insights to both data collection and analysis. Peer support networks are vital services for people experiencing suicidal thinking, who have made a suicide attempt, or who are bereaved by suicide. People visibly and openly discussing their lived experience can break denial and silence in the community, and challenge stigmatising media reporting. Reforms in policy and national coordination are most effective when informed by lived experience.

But there must be an enabling environment for people with lived experience to identify, speak, organise and contribute if this potential is to be realised.

What are the next steps at local, national and regional levels to improve prevention and responses to suicide by increasing the role of people with lived experience? This closing plenary will assess the conference's implications for greater participation of people with lived experience, and discuss new directions for research priorities, support strategies, policy and advocacy.

## Abstract Suicide prevention in low- and middle-income countries: recent inroads and ways forward Dr Emmanuel Nii-Boye Quarshie

### Abstract:

The inclusion of suicide mortality rates reduction as an indicator of the United Nations Sustainable Development Goals directs global attention to suicide prevention, particularly, in low-and middle-income countries (LAMIC), where most of the world's suicides are reported. Evidence from LAMIC continues to delineate the epidemiology of suicidal behaviour – including ideations, attempts and deaths by suicide – its risks and (potential) protective factors. Prevention efforts and interventions at the local, national, and regional levels for identifiable groups within the general population are still lacking or bedevilled by:

1. Inadequate human and economic resources
2. Criminalisation of suicide and suicide attempts in some countries
3. Insufficient data for effective development of strategies
4. Lack of political will and awareness about the magnitude of suicide as a major problem and the need for effective interventions, and
5. Inappropriate media reporting of suicide.

However, actions, including decriminalisation of (attempted) suicide and community-level suicide prevention programmes, such as restricting and banning access to pesticides, are showing encouraging reductions in suicide in some LAMIC. This presentation identifies some of the notable recent inroads and ways forward into suicide prevention in LAMIC. It underscores a need for the prioritisation of sustainable suicide prevention programmes that are not only context-sensitive and relevant but also data-driven.

## Abstract How do we accurately assess the mental health of Aboriginal and Torres Strait Islander young people

### Dr Maddison O'Grady-Lee

### Abstract:

Aboriginal and Torres Strait Islander young people report higher levels of psychological distress than non-Aboriginal young people, with up to 30% of Aboriginal and Torres Strait Islander young



people rating high to very high levels of distress from mood or anxiety symptoms compared to 13% of non-Aboriginal people. The symptoms associated with anxiety and depressive disorders can cause significant life interference for youth and their parents. Life interference is the ways in which symptoms impact a young person's life such as their participation in school, the quality of their relationships and so on. Although there are multiple validated measures for assessing anxiety and depressive symptoms and disorders in the general population, there are only a few culturally validated measures to assess Aboriginal and Torres Strait Islander youth, none of which focus on life interference. Further, no research has examined how life interference is defined culturally and what areas it significantly impacts Aboriginal and Torres Strait Islander youths' lives. Thus, current data on the prevalence of mental health may not accurately reflect the true prevalence of mental ill-health, nor the impact it has on young people's lives. The present study aims to gather an understanding of what life interference from internalising disorders means in the cultural context of Indigenous Australia, and what measurement tools have been found to be culturally and clinically validated.

Abstract Suicide risk and the transition from suicidal ideation to suicidal attempts

Professor Rory O'Connor

### **Abstract:**

Although there have been many advances in our understanding of suicide risk, our ability to predict suicidal behaviour remains no better than chance. New approaches to predicting suicidal behaviour focus on distinguishing between those who think about suicide and those who attempt suicide. In this presentation I will focus on recent studies using the Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour (O'Connor, 2011; O'Connor & Kirtley, 2018). This tripartite model maps the relationship between background factors and trigger events, and the development of suicidal ideation/intent through to suicidal behaviour. We propose that defeat and entrapment drive the emergence of suicidal ideation and that a group of factors, entitled volitional moderators, govern the transition from suicidal ideation to suicidal behaviour. According to the IMV model, volitional moderators include access to the means of suicide, exposure to suicidal behaviour, capability for suicide (fearlessness about death and increased physical pain tolerance), planning, impulsivity, mental imagery and past suicidal behaviour. I will present a selection of empirical studies derived from the IMV model – and beyond – to illustrate how psychosocial factors increase suicide risk and what can be done to ameliorate such risk. I will also discuss some recent studies we have conducted in the context of COVID-19. The implications for the prevention of self-harm and suicide will also be discussed.



# Keynotes

## Keynote 1 COVID-19

Abstract COVID-19 and suicide

Professor Jane Pirkis

### Abstract:

This presentation will showcase some of the work that the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) has conducted to bring evidence to bear on the global impact of COVID-19 on suicide. More specifically, it will describe two international studies we have conducted looking at suicide in the context of COVID-19. The first of these involved data from 21 countries and showed that total suicide numbers remained unchanged or declined during the pandemic's first four months. In that study, we were unable to examine whether the pandemic was differentially affecting certain demographic groups. We were also conscious that the picture might change with time, so we repeated the exercise in the second study. This time, we studied 33 countries, all of which had suicide data for at least the first nine months of the pandemic and some of which had data for the first 15 months. Once again, we found no evidence of greater-than-expected numbers of suicides in the majority of countries; more commonly, there was evidence of lower-than-expected numbers. Certain age, sex and age-by-sex groups stood out as potentially concerning, but these were not consistent across countries. There were some signals that low- and lower-middle-income countries might be faring less well than other settings.

Our finding that greater-than-expected numbers of suicides were not the norm is somewhat at odds with documented pandemic-related rises in mental disorders. The presentation will consider possible explanations for this discrepancy. Is it because there is not a simple relationship between mental disorders and suicide? Or is it because there are longer lag times for suicide-related outcomes than mental health-related outcomes? Perhaps countries' responses to increases in mental disorders (e.g., funding to bolster mental health and crisis services) have mitigated against increases in suicide risk. Has the fact that communities have rallied around those who are struggling – including those with emerging mental disorders – been protective? Maybe spending more time with families, working more flexibly, and leading calmer lives has had mental health benefits for some.

Our results suggest that there has not been the sharp increase in suicides that some commentators forecast when the pandemic began. This does not mean that suicides are no longer of concern; those that have occurred have had major impacts for families and communities, and the pandemic is still causing unprecedented levels of stress for many. We need to remain alert to and respond to changes as the pandemic and its mental health and economic consequences continue to evolve.

Abstract Female suicides during the COVID-19 pandemic in Japan

Professor Michiko Uedo

### Abstract:

The coronavirus (COVID-19) pandemic is an unprecedented public health crisis with both physical and mental health consequences arising from the disease itself and the measures to prevent its spread. Japan's suicide rate has been on a declining trend since the early 2010s, but the current pandemic reversed its trend; The country experienced an increase in suicide deaths compared to the pre-pandemic period two years in a row. Notably, the increase was observed only among women in both years. For example, 935 more women died by suicide in 2020 than in 2019, whereas



there were 23 fewer suicides by men. Among all demographic groups, relatively young females experienced the largest increase. Potential causes of the increase in female suicides will be discussed based on the analysis of original monthly survey data on mental health status and economic conditions. In addition, millions of tweets are analyzed using a machine learning approach to understand social media users' psychological conditions and concerns during the pandemic.

Abstract Self-harm and suicide in Sri Lanka, amidst the COVID-19 pandemic: Current impacts and future trends COVID-19 and suicide

Professor Thilini Rajapakse

### Abstract:

The onset of COVID-19 pandemic has led to concerns about possible increased rates of self-harm and suicide, worldwide. Sri Lanka had a very high rate of suicide in the past. Deliberate self-harm, most often by self-poisoning, remains a significant public health problem. Using hospital record data from a Toxicology Unit in a large tertiary hospital in the Central Province of Sri Lanka, we explored whether the COVID-19 pandemic was associated with a change in the numbers of individuals presenting with self-harm (by self-poisoning) compared with expected trends. We examined records in the early part of the pandemic (1st Jan 2019- 31st Aug 2020).

A time-series analysis indicated that there was a 32% reduction in hospital presentations for self-poisoning during the study period compared with the pre-pandemic period. There were no significant differences by age and gender. The drop in overall presentations appeared driven by reduced hospital presentations for medicinal overdoses, especially analgesic poisoning. There was no drop in the number of people self-poisoning with agrochemicals.

Several factors might have influenced our findings – the lockdown may have limited availability of pharmacy medications, or the initial phase of the pandemic may have been associated with a protective sense of social integration, and travel restrictions and fear of infection may have prevented people from seeking treatment from hospital. Previous (pre-pandemic) work from Sri Lanka has demonstrated that self-poisoning is most among young people, is associated with interpersonal conflict, lower socio-economic states, and problematic household alcohol misuse. The risk of self-poisoning has also shown to be more in males and females who have experienced domestic violence within the past year. Psychiatric morbidity, especially depression and alcohol use disorders, was more associated with older people who self-harm.

Sri Lanka, like many other countries in South Asia and the developing world, is now experiencing and will continue to experience, the long-term impacts of the pandemic, particularly in the form of financial difficulties and rising costs of living. Given this and what we know of factors associated with self-harm, we need to continue to observe for changes in trends of self-harm and suicide in the country, and also to advocate with administrators and policy makers, for the establishment of practical measures to support those at increased risk.

## Keynote 2 Surveillance

Abstract Bridging the knowledge gap between expectation and reality in the development of real-time monitoring for self-harm in Australia

Dr Katrina Witt

### Abstract:

Nine Australians die each day by suicide making suicide the leading cause of death for Australians aged 15-45 years. Many more engage in self-harm, which includes intentional drug overdose,

self-injury, and/or self-poisoning irrespective of motivation and degree of suicidal intent. Both suicide and self-harm are associated with significant human and economic impacts. In order to appropriately target resources and interventions to prevent suicide and self-harm we need better ways of identifying trends and communities at risk in a more timely manner than is currently achievable with the data collection methods we have in Australia.

The World Health Organization's (WHO) Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm provided the impetus for the establishment of real-time surveillance systems for self-harm across the world. However, six years after its publication Australia still lacks a comprehensive and timely system for the monitoring of self-harm. And whilst methods have been developed to improve the identification of those hospitalised following an episode, the majority of those who engage in self-harm are not admitted to hospital. There are also important demographic, socio-economic, and clinical differences in those admitted to hospital following an episode of self-harm with the result that over-reliance on such systems may under-estimate the burden of self-harm. Given that emergency departments are often the first clinical point of contact, moreover, insights generated from surveillance systems embedded into emergency departments can provide a richer picture to inform intervention and prevention activities at both the public-health and grassroots levels.

For this reason, self-harm monitoring systems have been established in emergency departments in many parts of the world, including here in Australia in Newcastle and, more recently, in Victoria. However, wide-scale expansion of these systems often remains challenging due to the multiple IT platforms used in hospitals. In this keynote, I will outline the work we have under-taken to build the Self-Harm Monitoring System for Victoria.

#### Abstract The Role of Self-Harm Surveillance in Suicide Prevention within International Context Professor Ella Arensman

##### **Abstract:**

It is estimated that, for each suicide, there are likely to have been more than 20 suicide attempts. Having engaged in one or more acts of attempted suicide or self-harm is the single most important predictor of death by suicide. Consequently, long-term monitoring of the incidence, demographic patterns and methods involved in cases of attempted suicide and self-harm presenting at hospitals in a country or region provides. Improved surveillance and monitoring of suicide attempts and self-harm is a core element of the public health model of suicide prevention. The WHO report Preventing suicide: a global imperative (2014) and the Live Life Implementation Guide for Suicide Prevention in Countries (2021), emphasise surveillance of suicide and self-harm as a core component of national suicide prevention strategies

Currently, the number of countries that have established a surveillance system for suicide attempts is limited, and comparison between established systems is often hindered by differences between systems. Dedicated hospital-based surveillance systems of suicide attempts and self-harm range from national registries, such as in Ireland to subnational registries at the regional level, such as in the United Kingdom at Britain where a Multi-Centre Self-Harm Surveillance System has been in operation for over two decades. In most low- and middle-income countries there are no hospital-based surveillance systems for suicide attempts. However, in recent years, a growing number of low- and middle-income countries have taken first steps towards setting up local registries of suicide attempts presenting to one or more hospitals, such as those in India, Pakistan and Jamaica.

The National Suicide Research Foundation (NSRF) Ireland's WHO Collaborating Centre for Surveillance and Research in Suicide Prevention, has provided technical support for the



implementation of multi-centre self-harm surveillance systems in a range of countries across Europe, Central Asia and South America including Kazakhstan, Poland, Kazakhstan, Ecuador, Guyana, Suriname and Trinidad Tobago. Moreover, in 2019 the NSRF led the development of an E-Learning Programme for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals.

The objectives of this lecture are to provide an overview of self-harm surveillance systems internationally, to clarify the benefits of self-harm surveillance for the prevention of self-harm and suicide, and to provide examples of implementing self-harm surveillance systems in high-, middle- and low-income countries.

Abstract Effective surveillance systems for suicide prevention-lessons from Japan

Professor Yoshiaki Takahashi

### Abstract:

Timely and accurate data collection is critical for developing policy measures. Surveillance systems are very important in the field of suicide prevention. In Japan, the official mortality statistics are issued by the Ministry of Health, Labour and Welfare (MHLW) one year and nine months later. Moreover, the National Police Agency (NPA) suicide statistics have been used as real-time data since 2008. The preliminary monthly data is published ten days later. It includes not only the data of suicide and residence areas but also job status and causes of suicide. In addition, a register for suicide attempts and self-harm has started as a pilot project under the Innovative Research Program on Suicide Countermeasures. This presentation will present what and how the data are used and then share the lessons learned from our experiences.

## Keynote 3 Priority Populations

Abstract The prevention of suicide phenomena in Australian youth

Dr Nicole Hill

### Abstract:

Suicide is the leading cause of death in young Australians under the age of 24 years. Existing national and state-based suicide prevention strategies in Australia recognise that effective suicide prevention approaches ought to be tailored specifically to the needs of young people, who are particularly vulnerable to a range of suicide-related phenomena, such as self-harm, suicide contagion, and suicide clusters. Yet, despite significant public health investment the number of suicides in young Australians has not significantly declined. This presentation provides an overview of suicide prevention in young people. It examines recent evidence regarding the antecedents of youth suicide in Australia with a focus on the prevention of the social transmission of suicidal behaviour (formerly known as suicide contagion) and suicide clusters.

The presentation will draw on findings from a review of police, autopsy, coroner, and toxicology reports recorded in the National Coronial Information System (NCIS). The demographic, social, clinical, and suicide-related characteristics of youth suicide will be presented in a sample of 3365 young people aged 10-24 who died by suicide over a 10-year period. Information on exposure to suicide will be presented in the context of suicide clusters, including an overview of who is at risk, the mechanisms, and opportunities for prevention in young people exposed to the suicide of another.

Over half of young people who died by suicide in Australia had a mental illness, and one-third had a known history of suicide attempt. Overall, 37.5% had communicated about their intent to die, and 6.7% had been exposed to suicide. Of those who were exposed to suicide and died in suicide

clusters (involving two or more young people who shared social links), 50% died within the first 90 days of exposure, of which those aged 18-years or less were particularly susceptible. Prior history of mental-ill health in young people was not significantly associated with subsequent suicide among cluster members, but exposure to particularly violent methods of suicide was.

At a population level, strategies that safeguard and address the mental health and wellbeing of young Australians should be a key target for effective youth suicide prevention in Australia. However, additional priorities ought to exist for young people exposed to suicide, especially when the initial suicide involves particularly violent methods. Lastly, postvention strategies that are implemented within the first 90-days of exposure to a suicide may provide a critical window of opportunity for the prevention of youth suicide clusters, particularly in school-aged youth.

Abstract When hate kills: preventing LGBTIQ suicide

Joe Ball

### Abstract:

In this keynote address, Joe Ball will reflect on what it will take to tackle LGBTIQ+ suicide now. What we know, what we need to know and where to next.

In Australia, a conservative estimate of between 6,500 – 9,130 LGBTIQ+ people attempt suicide each year in Australia, this makes up 15% of all suicide attempts. This impacts the whole community.

It is well understood that when a single person dies of suicide this can impact up to a 100 people through profound lifelong grief and loss. This becomes further amplified within the LGBTIQ+ communities because of the high numbers of deaths within small, connected communities of like-minded people who rely on each other for support and inclusion.

In the LGBTIQ+ population study Private Lives 3, 41.9% of LGBTIQ+ Australians were reported to have considered attempting suicide in the previous 12 months, compared to 2.3% of the general population.

- 1 74.8% considered attempting suicide at some point during their lives, compared to 13.3% of the general population.

Despite this, consecutive Federal Australian governments have failed to proportionately priorities the suicide crisis in LGBTIQ+ communities. In the 2021-2022 Federal Australian budget, the Coalition government invested \$289.1 million in suicide prevention. LGBTIQ+ programs were not named as a priority for funding under “Supporting vulnerable Australians” budget. Yet the evidence base points to and there is an ever-increasing awareness within and across government that LGBTIQ+ communities should be a priority population.

Tragically, LGBTIQ+ lives globally and here in Australia are constantly under political attack often in orchestrated and divisive culture wars. This is exemplified by the current - school bans in Texas where teachers are not allowed to affirm young people to express their diverse identities and experiences – the remaining 69 countries where you can be killed and/or incarcerated for your sexuality or gender – and the ongoing attempts in Australia to amend human rights protection legislation to allow the right to discriminate and exclude LGBTIQ+ people from schools, services and community.

In this keynote note Joe will speak to:

- 2 The evidence base of LGBTIQ+ suicide - what we know and what is missing
- 3 The need to bring an end to policies that drive LGBTIQ+ suicides
- 4 Inclusive service delivery and how everyone can play a part
- 5 The need for leadership now





Abstract Addressing social isolation, loneliness, and elevated suicidality among older adults during COVID-19 and beyond: A double blind partially nested randomized controlled trial (PN-RCT) of the BE WITH innovation

Dr Laura Shannonhouse

### Abstract:

Social isolation and loneliness are prevalent among older adults; 24% are socially isolated, and almost half report feeling lonely (Cudjoe et al., 2020). Social isolation and loneliness are also detrimental to older adults' physical and mental health, as they result in elevated risk of dementia (McInnis & White, 2001), increased anxiety and hopelessness (Luo et al., 2012), and even increased morbidity (Joiner, 2005). Further, social isolation and loneliness have also been found to be significant predictors of suicide (Perissinotto et al., 2012). Twenty percent, or 1 in 5 older adults who receive home and community-based services (HCBS) have been found to meet clinical criteria for suicide risk (Fullen et al., 2020). Specifically, when older adults feel like they do not belong (thwarted belongingness), and that they are a burden to others (perceived burdensomeness), desire for suicide emerges (Van Orden & Conwell, 2011).

Unfortunately, the social isolation, loneliness, and elevated suicidality (SILES) older adults experience have been further exacerbated by the COVID-19 pandemic (Shannonhouse et al., 2021). The physical distancing interventions need to protect older adults from the virus have been argued to further isolate, and the medical ethical guidelines have been found to prioritize the care of younger patients. Further, older adults that are receiving HCBS face physical barriers in accessing mental health services, as well as systemic barriers (e.g. the lack of Medicare reimbursement for more than 200K Licensed Professional Counselors). Such barriers limit the effectiveness of traditional mental health service delivery pathways. Alternatively, community-based interventions within the aging services network such as nutrition services have been found to reduce loneliness and isolation among older adults (Lee et al., 2015). In addition, older adults have reported suicidal thoughts to home delivered meals volunteers.

Our approach was motivated by the proven success of nutrition services at providing social connection along with previous approaches in "training nontraditional groups to provide psychological first aid" (Cook & Bickman, 1990). Suicide prevention and intervention training in this context is all the more warranted since no such training exists on the National Council on Aging Evidence-Based Registry (NCOA). To combat SILES generally, and more specifically during a global pandemic, we have developed and implemented a standardized warm calling regime, BE WITH (Belonging and Empathy, With Intentional Targeted Helping).

This presentation describes how that program (which was funded by the U.S. Department of Health and Human Services) was grounded in community-engaged best practices at promoting social support for older adults (i.e. narrative reminiscence), and integrated evidence-based suicide intervention (i.e. ASIST) which has been shown to reduce lethality and promote life. Specifically, we trained aging services volunteers how to provide intentional social connection to older adults through a standardized, manualized warm calling program. Volunteers followed a specific calling protocol, and were trained in a standardized and manualized phone-based social connection model coupled with an aging specific variant of ASIST, an evidence-based suicide intervention training. They were also supervised and attended weekly supervision groups. Program effectiveness at reducing SILES was tracked over eight weeks with over 500 older adults. Longitudinal outcomes (e.g. loneliness, isolation, anxiety, depression, suicide desire (thwarted belongingness, perceived burdensomeness), capability to suicide (fearlessness about death, pain

tolerance), etc.) were measured prospectively, and assessed through a double-blind, partially-nested randomized controlled trial. This research design replicated Dr. Gould's coding protocol (2013) of calls to the national suicide prevention lifeline, and extended it from a cross sectional study design to a prospective, longitudinal design. We are currently analyzing the continuous outcomes, and are applying an augmented version of Gould's (2013) coding protocol to roughly 4,000 audio recorded intervention calls made over the course of the BE WITH program. This is enabling us to (a) outcomes to determine if psychological outcomes (i.e. anxiety, depression, suicide risk) decrease, it also enables us to learn (b) what aspects of the warm calls were associated with specific older adult outcomes.

In short, in this keynote, the prevalence and implications of SILES among older adults is provided, as well as an overview of techniques and best practices that can be used to address SILES in homebound, diverse, at-risk, isolated older adults. Then, we quantify the effect of the BE WITH program (in aggregate and on an individual call basis) at ameliorating those constructs of social isolation, loneliness, and elevated suicidality. The results of this PN-RCT will enable us to learn more about the impact of lay providers (aging services volunteers) that serve as "natural helpers" offers measurable positive outcomes for older adults who are isolated and may be considering suicide. Implications for local, state, and national impact are discussed along with practical procedures for how to replicate this programming.

## Keynote 4 Priority Settings

Abstract Data, Data everywhere, but not when it comes to Suicide Prevention.

Professor Soumitra Pathare

### Abstract:

Abstract: India accounts for nearly a third of global suicides despite only have 16% of world's population. The Sustainable Development Goals target for reducing the global suicide rate by 1/3 by 2030 cannot be met unless there is substantial progress in suicide prevention in India. Unfortunately, in 2020 (Covid pandemic year), India's suicide numbers increased by 10 per cent and its rate increased by 8.6 per cent. Indian suicides are therefore not just a national problem but also a global emergency.

One of the key impediments to better suicide prevention efforts in India is the lack of quality data on suicides and attempted suicides. Suicide data in India is collected by National Crime Records Bureau (NCRB), a police agency, and not a public health agency. Research in the past has shown that NCRB underestimates suicides by anywhere between 30 per cent to 70 per cent in different studies. Neither the NCRB or any other organization collects data on attempted suicides so we have no idea of the scale of attempted suicides in India.

We have trialed a low-cost community-based surveillance system for collecting suicide and attempted suicide data at the village level, using existing public health resources. This method improves the detection of suicides as well as attempted suicides without requiring resource intensive methods which are difficult to implement in Low-middle income countries. The findings of this study will be discussed along with opportunities for other LMICs to adopt such low cost surveillance systems.

Abstract Psychiatric service innovations for persons with severe mental illness and suicide risk in an LMIC setting during the COVID-19 pandemic: perspectives from Malaysia

Associate Professor Lai Fong Chan

### Abstract:



Persons with severe mental health illness are an at risk population for suicide. This population is confronted with significant disparities in the accessibility of mental health services exacerbated by lockdown measures during the COVID-19 pandemic. Service innovations in the provision of emergency, inpatient and outpatient public psychiatric services within a Malaysian setting will be discussed. Key highlight areas include suicide-prevention focused strategies to maintain safe continuity of care included prioritisation of vaccination for this population and service-user-centred tele-health and hybrid intervention models leveraging on community support networks. In addition, multidisciplinary task-shifting and creative adaptations for infection control were rapid practical solutions in response to challenges faced in a low-resource setting. Challenges to sustainability of service provision include implementation of dynamic communication amongst stakeholders (service-users, caregivers, clinicians, administrators, policymakers) with regards to evolving priorities and protocols in service provision, delivery and accessibility. In addition, the need to pro-actively address the risk of burn-out and moral injury amongst health-care workers at the individual and systemic level to improve resilience and integrity of mental health care systems will be highlighted.

Abstract IASIST: A product of its own success. Translating research into practice

Professor Maree Toombs

### **Abstract:**

Suicide rates for Aboriginal and Torres Strait Islander communities are currently twice that of non-Indigenous communities, particularly with young people most at risk. I-ASIST brings lifesaving skills and builds capacity for Aboriginal and Torres Strait Islander peoples and their communities across Australia. This has been the primary motivation of I-ASIST. I-ASIST suicide intervention skills training provides suicide first aid training which is the missing piece sitting alongside mental health awareness and crisis supports. We require people trained in suicide first aid skills to be embedded within their communities as trusted supports and connectors to keeping people safe from suicide. When community members have skills and confidence to help keep others safe from suicide, and develop collaborative safety plans together, we can reduce the reliance on clinical interventions. However, what happens when a program is the product of its own success. This keynote will give insights into the disconnect between Indigenous ways of doing and knowing, culture, engagement and rapport building, and the misalignment with funding timelines. Additionally, insights into the efficacy of the social enterprise model, that is the foundation of I-ASIST will provide.

### **Keynote 5 Media**

Abstract The Opportunities and Challenges of an Online Text-based Counselling Service for Vulnerable Youth

Professor Paul Yip

### **Abstract:**

We present the opportunities and challenges of Open Up, a free, 24/7 online text-based counselling service to support youth in Hong Kong. The number of youths served more than doubled within the first three years since its inception in 2018 in response to increasing youth suicidality and mental health needs. Good practice models are being developed in order to sustain and further scale-up the service. We discuss the structure of the operation, usage pattern and its effectiveness, the use of AI to improve users experience, and the role of volunteer in the operation. We also present the challenges in further enhancing the operation, calling for more research, especially the identification of the optimal number of users can be concurrently served by a

counsellor, the effective way to respond to a small percentage of repeated users who has taken up a disproportional volume of service, and the way to optimize the use of big data analytic and AI technology to enhance the service. These advancements will benefit not only Open Up but also similar services across the globe.

Abstract Social media and youth suicide prevention: the #chatsafe program

Associate Professor Jo Robinson

### Abstract:

Social media provides an important forum for young people to communicate about suicide-related thoughts and feelings, and whilst this has multiple benefits the potential for harm also exists.

There are a number of strategies that can be used to support the creation and maintenance of safe online environments for young people. These include government policies, the capabilities and responsibilities of the platforms themselves, and educational approaches that empower and equip young people to safely navigate their online worlds.

One educational approach is the #chatsafe program, which comprises a set of evidence-informed guidelines that were specifically designed to better equip young people to communicate safely online about suicide. These are supplemented by a social media campaign to help disseminate the guidelines to young people and a suite of supporting resources targeting the adults in young peoples' lives.

The #chatsafe intervention was initially designed as a universal intervention, in that it was established to target all young people regardless of risk. It has been tested with 189 young people and shown to be both safe and potentially efficacious. It has also been rolled out as part of a national social media campaign reaching ~4m newsfeeds. More recently it has been tested as a selective intervention among ~200 young people at elevated risk of suicide through exposure to the suicide of someone close to them. Again, the intervention was shown to be safe and potentially efficacious, and again it has been delivered in the real-world as part of a series of postvention responses in both Australia and New Zealand.

The next steps for the #chatsafe program include: examining how it could be used as an indicated intervention by targeting young people already experiencing suicidal thoughts or behaviours; extending the intervention to include guidance and campaign content about self-harm as well as suicide; testing the intervention amongst a younger cohort of school-aged young people; and examining its likely impact if delivered at scale.

In this presentation I will: 1) Briefly describe the potential benefits and harms arising from the ways in which young people use social media to communicate about suicide and self-harm; 2) Present the current evidence supporting the #chatsafe intervention; 3) Outline the next steps for the #chatsafe program of work; and 4) Consider how the #chatsafe program fits within a broader online safety agenda.

Abstract Media Reporting of Suicide in South-East Asian Region: Current Status, Challenges, and Way Outs

Dr S.M. Yasir Arafat

### Abstract:

The quality of media reporting of suicide has impacts on the suicidal behavior of the general population. Hence, sensible media reporting has been considered as an important population-level suicide prevention strategy.



The World Health Organization South-East Asian region consists of 11 low- and middle-income countries (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka, Thailand, Timor-Leste). The region caters to about one-quarter of the global population and contributes to about one-third of global suicides with a rate of 10.2 per 100 000 population in 2019. The characteristics of suicide in this region are different when compared to the West in several areas like a lower rate of psychiatric disorders, prominence of social risk factors, and a lower male-to-female ratio. Additionally, there are several enduring limitations such as lack of high-quality suicide data, underreporting, and poor quality of media reporting. The first study was published in India in 2011, and to date, no study was identified in the Maldives, North Korea, and Timor-Leste. Potentially harmful characteristics such as personal identifying information [name (82.1–98.5%), occupation (38.3–96.6%)] of the deceased, and the name of the methods (70.7–99.4%) were very frequently mentioned in the newspaper reports across the countries. A very little piece of information on potentially helpful characteristics was identified across countries with a slightly better scenario in India and Bhutan. Only four (Bhutan, India, Sri Lanka, and Thailand) out of these eleven countries have country-specific media reporting guidelines.

The majority of countries in this region lack a central suicide surveillance system and population base estimates, the central prevention strategies for suicidal behavior. Media reports suicides on basis of information collected from family members, neighbors, and police, low awareness and motivation of media personnel, lack of enduring collaboration between media and mental health professionals, poor health literacy, absence of dedicated laws, getting lower political attention are the fundamental challenges of sensible media reporting in the countries of the region.

Immediate measures are warranted to improve the quality of media reporting both region-wise and country-specific. Local, regional, and international bodies should have a special focus on it. Raising awareness among all the stakeholders, regular training of media personnel, enduring collaboration between media and mental health persons, shifting the responsibilities from crime reporters, promotion of health journalism, focusing on the social factors and locally relevant protective factors could be the prospective areas.

## **Keynote 6 Refugees & Displaced Persons**

Abstract Assimilation, integration, and generational trauma

Dr Leilani Darwin

### **Abstract:**

Leilani is a woman who is Aboriginal and comes from a family of immigrants. During her presentation she will unpack the intersections of being displaced. This will include complexity of assimilation, integration, and generational trauma. Particularly how that continues to affect Leilani and her family from both her mother and fathers' family history and experiences. With strong perspective on the stolen generations, dispossession and advocacy and championing First Nations people being included in policy, program and service delivery Leilani will share a story with at times, confronting lived experience perspectives and suggestions for how this can and should be addressed to ensure her people live longer, happier and health lives.

Abstract Suicide and suicidal behaviour in Palestine

Professor Samah Jabr

### **Abstract:**

My presentation reports on suicide and suicidal behaviour in Palestine and sets this in the context of political violence related to the surrounding political violence. Accurate data about suicide and



attempted suicide are limited and as such a range of studies including those concerned with the wider Middle East and North Africa region are used here to describe the context for suicide. The article indicates some of the individual and societal risk factors associated with suicide in Palestine and reflects on the role of Islam and religious leaders in tackling the stigma associated with suicide. It describes current mental health services for those who may attempt to take their own life and then outlines the development of a Palestinian national plan in suicide prevention.

Abstract A Trauma Informed Approach to Suicide Prevention for People of Refugee and Asylum Seeker Background

Professor Nicholas Procter

### **Abstract:**

At the time of writing the UNHCR global estimate of people of concern (i.e., victims of war, civil strife and other violence) exceeds 92 million. At the same time, several international humanitarian and aid groups are becoming increasingly concerned by suicide and suicidal behaviour among this group, with calls to implement proven suicide prevention efforts 'at scale' to mitigate suicide risk, to respond effectively to people expressing suicidal behaviour, and to take appropriate actions to reduce the effects on others when people die by suicide. However, there are few evidence-based interventions that have been implemented and evaluated in humanitarian settings. As events in Afghanistan, Ukraine and elsewhere unfold, COVID-19 adds new layers of complexity and vulnerability for people who have been forced to flee from their homes, complicating the task of protecting them, assisting them, and helping them to get home again, or to start over. This presentation will discuss and consider efforts to respond to the onset and worsening of suicidal behaviour among refugees and asylum seekers. Consideration will be given to suicide prevention efforts for refugees and asylum seekers with insecure visa status in high-income settings as well as low and middle-income countries, including work undertaken by technical staff working in mental health and psychosocial support, public health, protection - including community-based protection and child protection, policy makers and staff of partner organisations in refugee operations. Given that exposure to war, conflict, violence, disaster, or other potentially traumatic events can increase the risk for suicide, this presentation will also discuss findings of an evidence review recently commissioned by Suicide Prevention Australia to examine trauma-informed suicide prevention, the impact of interventions and strategies, as well as barriers and facilitators.



# Special Guest, Panels, Workshops and Pecha Kucha

Suicide Prevention in Defence & Veteran Communities Sundowner – sponsored by LivingWorks Australia

Chair: Shayne Connell

**Panellists: Commissioner Gwen Cherne, Peter Gutierrez, Nicole Hill**

This Sundowner Session will be facilitated by Shayne Connell, and joined by Veteran Family Advocate Commissioner Gwen Cherne, Peter Gutierrez (LivingWorks) and Dr Nicole Hill (Telethon Kids). This conversational-style Sundowner will explore practices in suicide intervention in North America and Australia for Defence and Veteran communities, as well as exploring the touchpoints around these communities including family context.

Lived Experience – Creating change through individual and collective wisdom supported by The National Mental Health Commission

Chair: Myfanwy Maple

**Panellists: Bronwen Edwards, Jo Riley, Graeme Holdsworth, Leilani Darwin**

The voice of lived experience is now a central tenet of suicide prevention reform in Australia. There has been extraordinary efforts by many who have courageously shared their experience to lead Australia towards a more compassionate and just system. Join some of the pioneers of the Suicide Prevention Lived Experience movement for a panel discussion exploring how individual and collective wisdom has worked to change the national approach to mental health and suicide prevention and the development and implementation of reform.

Lifeline Lunchtime Learning sponsored by Lifeline Australia

Chair: Nikita Ridgeway

**Panellists: Maree Toombs, Marjorie Anderson**

The Lunch time session seeks to provide an overview of the current Aboriginal and Torres Strait Islander suicide prevention landscape and future innovations that are on the horizon. An MC from 13YARN/Lifeline will facilitate a wide ranging conversation among panellists, including Marjorie Anderson, National Manager of Aboriginal and Torres Strait Islander Crisis Support, about suicide prevention and Aboriginal social and emotional wellbeing, crisis support, and postvention, and where the sector needs to go to make inroads to reducing the number of suicides in Aboriginal and Torres Strait islander communities.

National Suicide Prevention Programmes and Strategies – Post Covid 19

Chair: Annette Erlangsen

**Panellists: Lakshmi Vijayakumar, Sarah Hetrick, Stéphane Amadéo.**

IASP recognises the need to encourage and support the development, implementation and evaluation of national and sub-national suicide prevention programmes and strategies. These provide a structural framework to support the delivery of a comprehensive and integrated national response to suicidal behaviour.

The COVID-19 pandemic has impacted mental ill-health, economic activity, unemployment, poverty and destitution, while simultaneously undermining the capacity of government and civil society to provide the necessary help and support to those who are in most need. Individuals and organisations have had to address these challenges and find new ways to connect, communicate and collaborate.

The Panel will explore how knowledge gained over the last two years, amplified focus on mental health, adaptive connection and collaborative efforts, and new insights could be harnessed to develop, implement and evaluate effective national suicide prevention activities, programmes and/or strategies.

Postvention for clinicians and community members bereaved by suicide: perspectives from Malaysia & Australia sponsored by Postvention Australia

Chairs: Zac Seidler & Lai Fong Chan

Panellists: Dr Ying Ping Ng, Dr Ravivarma Rao Panirselvam, Dr Tsui Huei Loo, Mdm Alia Ali, Darrin Larney.

The lived and living experience of people bereaved by suicide have profound impacts at the individual (personal & professional) and population (organizational and societal) level. Suicide bereaved persons often suffer in silence in their traumatic grief, burdened by guilt, and stigma. In addition, clinicians who encounter client suicide are plagued by the fear of medico-legal repercussions. There is an urgent need to narrow the knowledge gap of postvention for the suicide bereaved, especially amongst clinicians. Postvention must be prioritized for the safety and integrity of health care systems, as well as prevention of future suicides. Case-based examples of hospital and community-based postvention for health-care workers and community members bereaved by suicide will be presented in the context of the current evidence-base of postvention strategies in these populations. Innovations in culturally diverse, resource-challenged urban and rural settings in Malaysia, an upper-middle income country as well as recent advances in Australia, a high-income country will be highlighted. The role of post-traumatic growth in the trajectory of advocacy, recommendations for future progress and advancement of training efforts; as well as strategies to overcome implementation challenges will be discussed.

Suicide prevention within blue collar industries: Understanding and evidencing MATES practice sponsored by MATES In Construction

Chairs: Jacinta Hawgood

Panellists: Vincent Bord, Marilyn Sheffield, Jayson Withers, Laura Cox, Tony LaMontagne

In Australia, workers employed in blue collar, traditionally male-dominated occupations are at elevated risk of suicide. The MATES programs (MATES in Construction; Energy; Mining) were created to respond to the high rates of suicidal distress observed across these industries. Since the initial launch of MATES in Construction in 2008, MATES has been committed to research evaluations of program activities, in an effort to ensure the program is relevant to, and positively impactful for, workers employed in these industries. However, how we measure the impact of a program that strives to achieve cultural, relational, and behavioural change is not straightforward, and it is the subject of ongoing consideration.

This panel discussion involves two parts. Initially, panelists will be invited to speak to the practical reality of delivering a suicide prevention program to workers employed across very different



industries, in a range of metropolitan and regional settings. MATES field officers and program volunteers (MATES Connectors) will be asked to reflect on their roles, to offer their thoughts on what 'help offering' looks like in practice, and how they each aspire in different ways to encourage change in workplace cultural and relational dynamics. This discussion will inform the second part of our panel session, pertaining to research. In reflecting on practical MATES activities, panelists will discuss: how can we develop a research program that builds a comprehensive evidence base for the (often nuanced and subtle) impact of the MATES program? In turn, how can we ensure that MATES research evidence informs the ongoing development and refinement of the program?

The role of technology in suicide prevention

Chairs: Ian Hickie

**Panellists:** Eleanor Bailey, Orygen and The University of Melbourne; Kerry Gibson, University of Auckland; Professor Paul Yip, Centre for Suicide Research and Prevention, The University of Hong Kong; Mia Garlick, Meta.

Technology plays an important role in our everyday lives, and this is increasingly the case in suicide prevention. Research has shown that use of technology for mental health and suicide prevention purposes increased significantly through the pandemic; indeed, for many it was the only means to access clinical care and social/ peer support.

Chaired by Professor Ian Hickie, this panel discussion will consider both the challenges and opportunities presented by technology in suicide prevention. This will include the role of digital tools and interventions that can be delivered across clinical and educational settings, the evidence that supports them, and the inherent challenge of embedding them into service systems. It will also include an in-depth conversation about the role of social media in suicide prevention and how the social media industry, the suicide prevention sector, and people with lived experience can work together to capitalise on the benefits that social media offers, whilst minimising the potential harms.

## **Pecha Kucha**

Tell Me What You Want, What You Really, Really Want: Involving Young People In A Priority Setting Exercise For Research Into Suicide Prevention.

**Presenting Author:** Laura Hemming, Orygen

Laura is currently employed as a postdoctoral research assistant at Orygen, where she is working on the #chatsafe project. Prior to this, she completed her PhD at the University of Manchester, which explored the role of emotions in prisoner suicide and violence. Laura has always held a passion for ensuring that those with lived experience are placed at the heart of research and her research career to date reflects her commitment to this.

Socials: @LHemming123

Co-author(s): Jo Robinson, Charlie Cooper

### **Abstract:**

**Background:** Individuals with lived experience are rarely involved in the setting of research questions, due primarily to funding issues. This project aimed to design a research study using a participatory framework, involving individuals with lived experience in a priority setting exercise. **Methods:** A series of group consultations and individual interviews were conducted with a range of stakeholders. A tweet chat was also hosted with a range of stakeholders interested in setting

the research agenda within youth suicide. Results: A rich and detailed narrative emerged from the discussions held with various stakeholders. There was debate within consultations and across groups on whether suicide prevention should focus on universal groups or selective groups at greater risk of suicide. Conclusion: This study has utilized a novel approach to setting a research question. Challenges and benefits of involving key stakeholders in the process of setting a research question will be discussed and recommendations given.

The new face of youth mental health intervention: an analysis of a proactive digital intervention and risk assessment practices on Instagram.

**Presenting Author: Natalie Peart, University of Auckland**

Natalie grew up in Wellington New Zealand in a strong female family who encouraged Natalie to continuously dream and work towards a better world for all. Natalie has taken that philosophy into research, to look into how we can proactively reach out to young people in distress on platforms where they already are disclosing distress, and make mental health intervention accessible and immediate for those who need it.

Socials: <https://www.linkedin.com/in/natalietpeart>

Co-author(s): Sarah Hetrick, Kerry Gibson, Karolina Stasiak

### **Abstract:**

Live for Tomorrow chat is a proactive service delivered on Instagram that reaches out to young people who post content indicating distress and conduct a person-centered brief intervention. The purpose of this research was to gain a greater understanding of the young person's distress and suicidal ideation and the experience of a proactive digital intervention. Thirty-five transcripts with young people aged thirteen to twenty-five were used; in sixteen conversations suicidal ideation was evident. These transcripts were analysed using a general inductive approach and reflexive thematic analysis. This research found that young people in distress were experiencing many different life events that caused and furthered their distress. Their distress was often overwhelming, causing emotional pain and they often felt isolated or unsupported. Young people highlighted the value of being reached out to, that the action signified that they mattered enough for someone to care, listen and support them through their distress.

Developing a guideline for school staff on supporting students who self-harm by prioritising youth and indigenous voices: a novel approach.

**Presenting Author: Inge Meinhardt, University of Auckland**

Inge is a doctoral candidate at the University of Auckland and an Intern Clinical Psychologist working in perinatal community mental health in New Zealand. Inge is passionate about early intervention and prevention of self-harm and suicide in young people. Inge's doctoral research is focused on developing guidelines for school staff on how to support students who self-harm.

### **Abstract:**

Our study aimed to prioritise indigenous and youth voices in developing a guideline for school staff on how to effectively support students who self-harm to ensure this management is evidence-based, culturally safe and practical. We used an adapted approach to the Delphi methodology, oversighted by an indigenous clinical and cultural governance group (Rōpū Mātanga Māori). Two panels (youth and stakeholders) completed two Delphi questionnaires. Items that did not reach consensus between both panels and Māori panel members were reviewed by the Rōpū Mātanga Māori, who prioritised youth perspectives. Following analysis and review by the Rōpū Mātanga





Māori, 305 statements were included to form the guideline, which together embodies a student-centred, whole-of-school approach that encourages communication and collaboration within the school community. An evidence-based, culturally safe, youth-friendly and practical guideline was produced, using a novel approach to the Delphi method that prioritised the perspectives and experiences of young people and Māori.

Practice based evidence for evidence based practice.

**Presenting Author: Sadhvi Krishnamoorthy, Australian Institute for Suicide Research and Prevention, Griffith University**

Sadhvi is a PhD candidate at the Australian Institute for Suicide Research and Prevention. Sadhvi has worked within community based settings in rural India, on implementation research projects to ensure access to good quality mental health care. Sadhvi is passionate about understanding the processes involved in translating evidence into practice, and making research accessible to different stakeholders. As a researcher, Sadhvi aims to contribute to the expanding knowledge on what works in suicide prevention.

Socials: Twitter: @Sadhvi\_K; Instagram: Sadhvi.krishnamoorthy

Co-author(s): Dr. Victoria Ross, Dr. Greg Armstrong, Prof. Kairi Kolves

### **Abstract:**

While there is a growing emphasis on improving health outcomes and reducing suicidal behaviour through effective interventions, there is little evidence of what works for whom, where, and how. The objective of the study is to illuminate the black box of complex interventions to better understand the mechanisms involved in the change process. The study aims to address this gap by synthesising literature on complex suicide prevention interventions, documenting experiences of key stakeholders involved in implementation, and facilitating a Delphi consultation with experts in the field. This will help in developing an understanding of the current challenges related to implementation and aid in arriving at best practice guidelines on how best to harness implementation science for suicide research. The objective is to coalesce the field to address this critical loss of experiential knowledge and answer important questions related to evidence-practice translation.

Using Positive Psychology PERMA to Help Suicidal Individual Recover: A Case Study.

**Presenting Author: Airan Yuan, University of Melbourne**

Airan grew up in China and also lived in Canada for 6.5 years. Airan has 11+ years of self-learning and applying positive psychology, a Master of Applied Positive Psychology, University of Melbourne 22'. Applying much positive psychology (PP) in my psychological counselling work. Airan was elected Secretary of the International Positive Psychology Association's Clinical Division (2nd term). This case study was based on Airan's PP interventions on a suicidal individual who had at least 14 episodes of self-harm behaviours.

Socials: <https://www.linkedin.com/in/airan-yuan>

### **Abstract:**

Suicide remains prevalent in today's world. Positive psychology interventions are found effective for clinical populations, yet little has been done to examine the effectiveness of well-being theories on suicide behaviours. In this case study, all 5 elements of PERMA— positive emotions, positive engagement, relationships, meaning, positive accomplishments, were applied to help a suicidal individual (CL) recover. The broaden-and-build effects of positive emotions were evident: it was during moments of cheerfulness that the CL proactively said, "I don't want to die anymore."

Positive relationships served an important part for CL to build a sense of meaning for staying alive. Engagement and accomplishments were established as an effort to help CL return to a normal life. After months of interventions, CL had better appetite for food, better quality of sleep, and is right on the way of recovery.

Suicide capability: The difference between thinking about suicide and attempting suicide.

**Presenting Author:** Luke T. Bayliss, University of Southern Queensland

Luke is a PhD candidate at the University of Southern Queensland. His research on suicide capability is grounded in the ideation-to-action framework, which focuses on the movement from suicidal thoughts to suicide attempt. Luke has fast developed a passion for listening to suicide attempt survivor stories. He believes lived experiences are critical for furthering knowledge about suicidal thoughts and behaviours.

Socials: @LukeTBayliss1

### **Abstract:**

Suicide capability is suggested to be the difference between an individual attempting suicide or not. Currently, suicide capability is conceptualised as three overarching contributors – acquired, dispositional, and practical – comprising many factors. However, much of the research on suicide capability is cross-sectional and uses single factors rather than multiple. This single factor focus potentially hampers theoretical progress given suicidal behaviours are rarely driven by one factor. Evidence indicates ambiguity about what comprises suicide capability. Therefore, my research qualitatively delves into lived experiences of suicide attempt survivors to simultaneously explore multiple contributors of suicide capability. Preliminary results indicate that capability is (unsurprisingly) complex involving multiple contributors and (surprisingly) fluctuates over time. Therefore another study in this PhD program utilises a repeated measures longitudinal methodology to capture potential fluctuations within and across multiple contributors of suicide capability. Taken together, these studies will theoretically advance suicide capability to guide multifaceted intervention and prevention strategies.

The performance of machine learning models in predicting suicidal ideation, attempts, and deaths: a meta-analysis and systematic review.

**Presenting Author:** Karen Kusuma, Black Dog Institute, University of New South Wales

Karen Kusuma is currently pursuing a PhD in Psychiatry in Black Dog Institute. She is interested in using data science to improve methods of suicide risk detection and mental health outcomes. Specifically, her doctoral research focuses on the application of machine learning models to predict suicide-related outcomes.

Co-author(s): Mark Larsen, Juan Quiroz Aguilera, Malcolm Gillies, Alexander Burnett, Jiahui Qian, and Michelle Torok

### **Abstract:**

Research has posited that machine learning could improve suicide risk prediction models, which have traditionally performed poorly. This systematic review and meta-analysis evaluated the performance of machine learning models in predicting longitudinal outcomes of suicide-related outcomes of ideation, attempt, and death and examines outcome, data, and model types as potential covariates of model performance. Studies were extracted from PubMed, Web of Science, Embase, and PsycINFO. A bivariate mixed effects meta-analysis and meta-regression analyses were performed for studies using machine learning to predict future events of suicidal ideation, attempts, and/ or deaths. Risk of bias was assessed for each study using an adaptation of the



Prediction model Risk Of Bias Assessment Tool. Narrative review included 56 studies, and analyses examined 54 models from 35 studies. The models achieved a very good pooled AUC of 0.86, sensitivity of 0.66 (95% CI [0.60, 0.72]), and specificity of 0.87 (95% CI [0.84, 0.90]). Pooled AUCs for ideation, attempt, and death were similar at 0.88, 0.87, and 0.84 respectively. Model performance was highly varied; however, meta-regressions did not provide evidence that performance varied by outcome, data, or model types. Findings suggest that machine learning has the potential to improve suicide risk detection, with pooled estimates of machine learning performance comparing favourably to performance of traditional suicide prediction models. However, more studies, which transparently report performance metrics using methodologies minimising risk of bias, are necessary to improve the application of machine learning in suicidology.

Caring for those who care - exploring the experiences and needs of family and friends caring for a person who has attempted suicide.

**Presenting Author: Andrew McMahon, Everymind/University of Newcastle**

Andrew is a PhD student at Everymind and The University of Newcastle, currently exploring the experiences and needs of family and friends caring for a person who has attempted suicide. Andrew is a geologist by background, but most recently was running MATES in Mining, a suicide prevention charity. He loves tending his garden, reading (he suffers from tsundoku), cooking, and red wine. But to balance the eating/drinking bits, he loves running on trails or riding his gravel bike.

Socials: @andrewpjmcmahon

Co-author(s): Dr Sally Fitzpatrick, Professor Myfanwy Maple, Professor Frances Kay-Lambkin

### **Abstract:**

Imagine that today you discover a family member or friend has attempted suicide. Quite rightly, you will experience a myriad of feelings and emotions - shock, excruciating pain, perhaps guilt, a large dose of fear and anxiety. You probably may not know what to say to your family member or friend, or even what you can do for them right now, and your relationship with them may be changed, forever. Today may be the day you become a caregiver, even if you do not realise it. The start of a new role and journey. Tragically, we know this is a common occurrence for many, with approximately 65,000 people attempting suicide in Australia annually. My presentation will provide a "5-minute thesis" style overview of my PhD research which explores the experiences and needs of family and friends caring for a person who has attempted suicide. In particular, it examines the impact on caregiver relationships, the way caregivers communicate and tests if a bespoke intervention can help increase their confidence in coping and reduce their levels of caregiver strain or burden.

# Symposium

## 1. Innovative Approaches in Workplace Suicide Prevention

Submission #93567

Chair: Sally Spencer-Thomas, Psy.D.

1.1: Man Therapy: Online program to reduce suicidal ideation and depression among working-age men: Results from a randomized controlled trial.

Presenter: Professor Jodi Frey, PhD, LCSW-C, CEAP<sup>1</sup>

Co Author: Associate Professor Philip Osteen, PhD, MSW<sup>2</sup>, Jon Gilgoff<sup>3</sup>

Affiliations: <sup>1</sup>University of Maryland Baltimore, School of Social Work; <sup>2</sup>The University of Utah, College of Social Work; <sup>3</sup>University of Maryland Baltimore, School of Social Work

Study Objectives: Healthy Men Michigan (HMM), a state-wide campaign that ran from September 2016 through May 2019 utilized a randomized trial with a mixed methods research approach to evaluate the efficacy of Man Therapy (MT; [www.ManTherapy.org](http://www.ManTherapy.org)) to reduce suicidal ideation and depression, and to encourage help-seeking among working-aged men (25-64 years) in Michigan. The primary hypothesis was that compared to men who were assigned to the HMM-only arm of the study which included receiving suicide and depression risk information and referrals (Control Condition), men who additionally used the MT website (Intervention Condition) would report decreased suicidal ideation and depression over time, and report increased help-seeking behaviors.

Method: Five-hundred fifty-four men enrolled; 421 completed the surveys and an additional 18 men who utilized MT were interviewed about the website and help-seeking behavior.

Results: Latent growth curve modeling revealed improvements in suicidal ideation and depression over time for men in both groups; however, there was no difference in slope based on group assignment. No group differences in change in risk and protective factors over time were observed. Sub-group MT-group analyses revealed significant improvements in risk and protective factors that will be discussed during the presentation. A separate analysis examined help-seeking as an outcome and results supported that MT encouraged greater formal or professional help-seeking behavior. Qualitative interviews with men who used MT revealed additional benefits of MT including reducing stigma and other barriers for help-seeking.

Conclusion: While a direct effect of MT versus HMM on suicidal ideation or depression was not observed, men in both groups improved. Results suggest online screening plays an important role in reducing suicidal ideation and depression among men and there are additional benefits to MT related to mental health, social support, treatment motivation, and professional help-seeking. Online interventions are thus a vital component of a comprehensive public health approach to suicide prevention.

1.2 P Work-Related Suicide Exposure, Occupational Burnout, and Coping in Emergency Medical Services Personnel in Poland

Presenter: Karolina Krysinska<sup>1</sup> Kinga Witczak-Błoszyk<sup>2</sup>, Karl Andriessen<sup>1</sup>, Jacek Stańdo<sup>3</sup>, Adam Czabański<sup>4</sup>

Affiliation: <sup>1</sup>Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, VIC 3010, Australia, <sup>2</sup> Poznan University of Medical Sciences, 60-512 Poznań, Poland,

<sup>3</sup>Lodz University of Technology, 90-137 Łódź, Poland, <sup>4</sup>Department of Social Sciences, Jacob of Paradies University, 66-400 Gorzów Wielkopolski, Poland

Study objectives: Work-related suicide exposure may significantly contribute to the risk of burnout in first responders. This study assessed exposure to suicide in emergency medical services in Poland and measured levels of burnout and informal coping mechanisms in this occupational group.



Methods and material: The level of burnout was assessed using the Link Burnout Questionnaire (LBQ), and coping was measured using the Coping Inventory for Stressful Situations (CISS). Data were analysed using a series of variance analyses and a partial least squares structural equation modelling. Results: The study sample (N = 411) comprised 249 males (60.6%) and 162 females (39.4%). Paramedics were the largest professional group (71.8%), followed by nurses (15.8%), medical doctors (9.0%), and other medical professionals, such as radiologists (3.4%). The study showed that 98% of emergency medical services personnel reported work-related suicide exposure and 43% experienced this as “distressing”. The LBQ score indicated symptoms of burnout, in particular relational deterioration, and the CISS showed low levels of emotion-oriented coping. Physicians reported higher levels of psycho-physical exhaustion than paramedics and nurses. Access to psychological support in the workplace was related to lower levels of burnout.

Conclusion: Emergency medical services personnel are frequently exposed to suicide, which may be related to the risk of occupational burnout, and coping strategies used in this occupational group are often not optimal. Personnel should be encouraged to access mental health services and supports and preventive measures, such as training emergency medical services personnel in regard to effective coping strategies, are needed.

### 1.3 Advanced Skills for Managers: Impact of Suicide Prevention Training in Construction

Presenter: Sally Spencer-Thomas, Psy.D.

Affiliation: President, United Suicide Survivors International

Introduction: As workplaces are moving from the awareness phase of social change to action, employers are realizing the importance of the role of managers. Managers are uniquely positioned to make significant impact in workplace suicide prevention. They have “boots on the ground” which allows them to observe changes in behavior, attitudes and life circumstances in workers. They also have connection to leadership to advocate for resources or system changes. The most effective managers have influence because of the high trust they have built and can use their own lived experience to drive a caring culture. Managers are also in the role of addressing performance problems when they arise. Often a decline in performance is due to a decline in mental health. For these reasons and more, having an advanced training, specifically for managers, makes sense.

Methods: A 3.5 hour “Advanced Skills for Managers Training” was offered virtually to 1,200 construction managers across the US and Guam. The training gave managers an opportunity to consider the many ways their role could be used in “upstream, midstream and downstream” suicide prevention. They were given a pre-test, post-test and follow up survey to gauge changes in knowledge, attitude and behavior.

Results: 94% of managers had some form of lived experience with mental health challenges, addiction or suicide and 80% had some experience with mental health services. Managers listed fears regarding their role in suicide prevention. Top fears and concerns included:

- #1 “fear of making things worse.” (24%)
- #2 “concerned I don’t know how to help.” (21%)
- #3 “fear of someone dying on my watch.” (21%)
- #4 “fear of incurring liability” (9%)
- #5 “concerned I don’t want to get too involved.” (9%)
- #6 “concerned I have too much going on in own my life” (6%)

What they liked best about the training was that it showed commitment from leadership and offered practical guidance. The largest pre-to-post change was around knowing what to expect from the crisis resources.

Conclusion: Engaging managers to help develop and implement a comprehensive workplace suicide prevention strategy is a key element in an effective approach to a sustainable workplace suicide prevention strategy. Managers play essential roles in establishing a culture of psychological safety, intervening when mental health crises impact job performance and responding after a suicide death or near miss.



#### 1.4 Having the “tough-talk” at work: The role of the workplace in preventing suicide in the context of COVID-19 in Canada

Presenter: <sup>1</sup>Ed Mantler, <sup>2</sup>Steve Tizzard

Affiliation: <sup>1</sup>Vice President, Program and Priorities, Mental Health Commission of Canada, <sup>2</sup> Radio Operator, Hibernia Platform / Mental Health Advocate

Background: COVID-19 has changed the world around us. Increased stress, anxiety and depression are all side-effects of the pandemic, adding to other stresses people are dealing with. Mental health issues and substance use among Canadians are expected to continue to worsen over the course of the pandemic. For some people, this translates to feelings of hopelessness, despair, and suicidal thoughts. Stigma continues to be a barrier to getting help. Workplaces represent an important and effective setting in which people can have meaningful conversations about mental health, substance use and coping strategies. Equipping employers, managers, workers, and communities to provide support works.

Objectives: The objectives of this study are to track the ongoing impact of COVID-19 on mental health and substance use among Canadians, including the extent to which people have seriously contemplated suicide since the pandemic began. Strategies that can be used in the workplace will be explored.

Methods: On behalf of the Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada, Leger conducted a series of bi-monthly polls with over 13000 Canadian respondents between October 2020 and December 2021.

Results: The COVID-19 pandemic has increased stress for many Canadians, primarily due to finances, isolation, and health. Coping skills and strategies have been mixed. Symptoms of anxiety, depression, and suicidal ideation, as well as alcohol and cannabis use, have increased since March 2020. The mental health and substance use impacts have been greater for people living with, or at risk of, mental health and substance use disorders, and for those among certain population groups. Access to mental health services is not keeping up with increasing need. About 5% of Canadians had seriously contemplated suicide since March 2020 with a higher percentage among those with substance use concerns or a past mental health diagnosis.

Employers should assume that people in their workplaces may need support. The results can be used to build awareness and inform the development and implementation of education, strategies, and tools for workplaces.

Conclusion: By tracking trends among the general population and priority populations, we can build on our understanding of the relationship between mental health and substance use during COVID-19 and better support Canadians to take action to provide support and inspire hope.

## 2. Suicide Intervention Training co-design and implementation for the LGBTIQ Populations within trial sites

Submission #93545

Chair: Shayne Connell

Presenters: [Renee Tsatsis](#)<sup>1</sup>, [Shayne Connell](#)<sup>1</sup>, [Jo Read](#)<sup>4</sup>

Co Authors: [Amelia Trinick](#)<sup>2</sup>, [Zed Tintor](#)<sup>2</sup>, and [Claire Pettigrew](#)<sup>3</sup>

Affiliations: <sup>1</sup>LivingWorks Australia, LGBTIQ+ Health Australia<sup>2</sup>, Twenty10<sup>3</sup>, Black Dog Institute<sup>4</sup>

Introduction: While it is unknown how many LGBTIQ people die by suicide, what we do know that suicide is a significant part of LGBTIQ peoples’ lives. Regardless of what we know statistically, we know this is a common experience. We need to support our peers to support each other. However, Barriers in the mental health system in providing adequate support LGBTI people:

1. LGBTI people are not identified as a priority population.
2. Unconscious bias assumption that people are not LGBTI.



3. Lack of LGBTI awareness training and education.
4. No identification or data collection strategies.
5. Discrimination by staff in services.
6. Lack of services that target the specific needs of LGBTI people.

The Private Lives 2 research found sexuality or gender identity for fear of violence or discrimination in a number of locations, with 33.6% report Occasionally or Usually hiding their sexuality or gender identity when 'Accessing services', 41.9% at 'Social and community events' and 38.8% 'At work'. Which means that they won't receive care that meets their needs. Friends and non-biological chosen family play a significant role in providing support. The results suggest that GLBT people associate dependent care more with ties of blood and intimate relationships, and emotional support and advice more with GLBT friends and social networks.

Peer support is important for LGBTIQ suicide prevention as LGBTIQ people are more like to turn to LGBTI people for support. With this in mind, an opportunity arose with National Suicide Prevention Trial Sites with two Government Primary Health Networks, Brisbane North (Queensland) and North Western Melbourne (Victoria), to work with LivingWorks Australia to co-design and develop training for LGTBI communities. The Presentation will explore the tackling the following barriers to training:

Training content was not inclusive of LGBTI peoples experiences of suicide.

1. Trainers did not have adequate knowledge of LGBTI populations, or competence in how to engage LGBTI people .
2. LGBTI people felt unsafe in ASIST workshops.
3. LGBTI people disconnected from workshop content if they felt marginalised, stigma, invisible or by the content or trainer.

The vision was to:

1. LGBTI people have the knowledge, skills and confidence to provide suicide prevention for their LGBTI peers.
2. Suicide prevention programs are inclusive, accessible and relevant to LGBTI people.
3. LGBTI communities form integrated safety networks.

Building on LivingWorks so far, the task was to look at content, delivery and capacity to improve agency and the presentation will explore the first 12 months post the development to 2021.

Contact: Marc Bryant [marc.bryant@livingWorks.com.au](mailto:marc.bryant@livingWorks.com.au)

### 3. The Buoy Project: Preventing Suicide in Boys and Men

Submission #93482

Chair: Jane Pirkis

Introduction:

In Australia, 75% of people who die by suicide are male. Males may be less likely to seek help than females, and when they do seek help it may not meet their needs. In light of this the Buoy Project is evaluating 7 universal/selective and indicated interventions which have been tailored to encourage boys and men to seek help and provide services that are 'male-friendly'.

This symposium will present 3 interventions and findings to date from the Buoy Project.

3.1 Boys Do Cry: A randomised controlled trial testing the effect of a music video on the help-seeking intentions of Australian men

Presenter: Dr Angela Nicholas<sup>1</sup>,

Co-authors: Simone Scotti Requena<sup>1</sup>, Dr Maria Ftanou<sup>1</sup>, Assoc Prof Simon Rice<sup>2</sup>, Dr Zac Seidler<sup>2</sup>, Justine Fletcher<sup>1</sup>, Prof Andrew McKinnon<sup>1</sup> and Prof Jane Pirkis<sup>1</sup>

Affiliations: <sup>1</sup>Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, Australia

<sup>2</sup>Orygen Youth Health, Melbourne, Australia

#### Study objectives:

We developed a four-minute music video, *Boys Do Cry*, which aimed to encourage Australian men to seek help for mental health difficulties. The music video is an adaptation of the iconic 1979 Cure song, *Boys Don't Cry*. We aimed to test the effect of the video on men's intentions to seek help.

#### Methods and material

We conducted a randomised controlled trial with 476 Australian men randomised to watch either the music video or a control video of the same length. Data collection occurred at baseline, post-intervention and four-weeks post-intervention. The primary outcome was changes in scores on an adaptation of the General Help-Seeking Questionnaire from baseline to one-week post-intervention. We also collected data on the number of times the participant viewed the video within a one-week intervention period. A range of secondary outcome measures were also assessed, including intentions to encourage other men to seek help, depression and health service use. Mixed-model repeated measures (MMRM) analyses were used to assess the difference between groups in change from baseline to post-intervention.

#### Results

Preliminary analyses indicate that the intervention group showed a significant improvement in help-seeking intentions from baseline to post-intervention, while the control group did not, although the difference in difference in change between the groups was not significant. Further results will be presented, including the dose-response effect of the number of viewings on help-seeking intentions.

#### Conclusion

The *Boys Do Cry* video had a significant effect on improving the help-seeking intentions of Australian men. However, the change in help-seeking intentions was not significantly greater than the control group. The *Boys Do Cry* video is now the centrepiece of a national media campaign aimed at promoting help-seeking among Australian men. The music video is supported by a range of other resources that form part of the campaign. We will also conduct an evaluation of the reach of the media campaign.

### 3.2: Optimising telephone crisis helplines: Exploring the needs of male callers

Presenter: Katherine Trail

Coauthors: Simon Rice<sup>1,2</sup>, Katherine Trail<sup>1,2</sup>, Tara Hunt<sup>3</sup>, Anna Brooks<sup>3</sup>, Justine Fletcher<sup>4</sup>, Zac Seidler<sup>1,2,5</sup>, Jane Pirkis<sup>4</sup>

<sup>1</sup>Orygen, VIC, Australia

<sup>2</sup>The Centre for Youth Mental Health, The University of Melbourne, VIC, Australia

<sup>3</sup>Lifeline Research Foundation, Lifeline Australia, NSW, Australia

<sup>4</sup>Centre for Mental Health, The University of Melbourne, VIC, Australia

<sup>5</sup> Movember Foundation, Melbourne, Victoria, Australia

Men account for approximately 75% of suicide deaths in Australia. Although they are over-represented in suicide statistics, they are underrepresented in calls to crisis helplines, with approximately 40% of callers across Australia's four national crisis helplines being male. Telephone crisis helplines are an important part of suicide prevention systems that provide accessible, immediate and anonymous support to individuals who are in distress or are unable to cope with the difficulties in their lives. Given the disproportionate rate of male suicides, and the potential for telephone crisis lines to provide effective suicide intervention, it is vital to ensure that crisis services are optimized to meet the needs of male callers. In order to do this, we first need to gain an understanding of what those needs are and how men currently view and interact with crisis services. This study will involve undertaking qualitative interviews with Australian men (≥18 years) who have previously utilised a mental health or crisis helpline in order to explore their experiences with and attitudes towards these services. It will also involve qualitative interviews with telephone crisis supporters and staff at Australia's largest crisis helpline; Lifeline, to identify barriers and facilitators to implementing professional development in a crisis support setting. Data will be analysed according to interpretive



description analysis to identify themes in the data that provide clinically relevant insights. Such insights will inform the future creation, implementation and evaluation of a professional development module for Lifeline that will upskill crisis supporters in engaging with and supporting male callers.

### 3.3: Pilot evaluation of the Men in Mind training program for mental health practitioners

Presenter: Dr. Zac E. Seidler

Affiliations:<sup>1</sup>Orygen, Parkville, Victoria, Australia;

<sup>2</sup> Centre for Youth Mental Health, The University of Melbourne, Melbourne, Victoria, Australia

<sup>3</sup> Movember Foundation, Melbourne, Victoria, Australia

Co-authors: Michael J. Wilson, Nicholas W. Toogood, John L. Oliffe, David Kealy, John S. Ogrodniczuk, Jesse Owen, Simon M. Rice

**Objective:** A pilot evaluation of the acceptability, feasibility and potential efficacy of an eight-hour online practitioner training program, Men in Mind, focused on engaging men in psychotherapy. Through interactive, written and video content, the training offers practitioners skills to better understand and respond to men's distress and suicidality.

**Method:** 196 Australian mental-health practitioners (72.1% female;  $M_{age}=44.98$  years,  $SD_{age}=11.75$  years) completed a baseline survey and were provided with access to Men in Mind.

**Results:** Men in Mind demonstrated acceptability, feasibility and potential efficacy, with significantly improved pre–post Engaging Men in Therapy Scale (EMITS) scores ( $p<.001$ ;  $\Delta=2.04$ ). Among completers, 89.9% ( $n=142$ ) demonstrated reliable improvement on the EMITS.

**Conclusions:** Men in Mind appears to represent an acceptable, feasible and potentially efficacious means of upskilling practitioners in the psychology of men and masculinities.

## 4. YOUTHe: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care

Submission #93499

Chair: Professor Ian Hickie and A/Professor Jo Robinson

Introduction:

YOUTHe builds a new phase in youth national health service-level research to reduce suicidal thoughts and behaviour in young people engaged with clinical care. YOUTHe is focused on youth health services research in partnership with young people and their families, conducted principally within the settings, and the health care regions, in which the learnings are to be applied. Consequently, it will transfer research outcomes into health policy and/or practice through national replication, policy development, community youth engagement and health services development.

4.1:

Authors: Dr Frank Iorfino<sup>1</sup>, Dr Simon Judkins<sup>2</sup>, Catherine McHugh<sup>1</sup>, Matthew Richards<sup>1</sup>, Adam Skinner<sup>1</sup>, Ante Prodan<sup>1,3,4,5</sup>, Jo-an Occhipinti<sup>1,5</sup>, Yun Ju Christine Song<sup>1</sup>, Simon Chiu<sup>1</sup>, Elizabeth Scott<sup>1</sup> & Ian Hickie<sup>1</sup>

Affiliations: <sup>1</sup> Brain and Mind Centre, The University of Sydney, Australia; <sup>2</sup> Australasian College for Emergency Medicine, Victoria, Australia; <sup>3</sup> Translational Health Research Institute, Western Sydney University, Australia; <sup>4</sup> School of Computer, Data and Mathematical Sciences, Western Sydney University, Australia; <sup>5</sup> Computer Simulation & Advanced Research Technologies (CSART), Sydney, Australia

**Study objectives:** To describe the emergency department (ED) presentation patterns of a youth mental health cohort

**Methods and materials:** A cohort study using linked data from the Emergency Department Data Collection registry. The cohort is comprised of 7024 young people aged between 12 and 30 years presenting to two primary care-based youth mental health services in Sydney with emerging anxiety, mood, or psychotic syndromes. Outcomes assessed include numbers of ED presentations,

disaggregated by age, sex, time since previous presentation, and reason for presentation over the period 2010 to 2020. A subgroup of the cohort had a broader set of clinical variables available for more detailed analysis of predictors of specific ED presentation patterns.

Results: During the follow up period, 4360 (62%) young people had multiple ED presentations, with 32% of these occurring within 28 days of a previous presentation. A substantial proportion (12.95%) of those who presented to an ED at least once were identified as high utilisers of emergency services (i.e. more than 4 visits within a 12 month period) with a median of 19 visits. Almost a third (31.12%) had an ED presentation that was directly associated with mental health or substance use, while the most common other reasons for presentation were physical illness (52%) and accident or injury (19%). Conclusion: Most young people presenting for primary mental health care also experienced mental and physical health outcomes that required emergency services. The preventable and repeated nature of many presentations points to inadequate prior care and suggests the need for better multidisciplinary and coordinated mental and physical health care to meet the needs of young people.

#### 4.2:

Authors: Dr Katrina Witt<sup>1,2</sup>, Ms Michelle Lamblin<sup>1,2</sup>, Ms Angela Dean<sup>3</sup>, A/Prof Jonathan Knott<sup>3</sup>, A/Prof Jo Robinson<sup>1,2</sup>

Affiliations: <sup>1</sup>Orygen, Parkville, VIC, Australia; <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Parkville VIC, Australia; <sup>3</sup>Royal Melbourne Hospital, Parkville, VIC, Australia

Study objectives: When the Australian Bureau of Statistics (ABS) suicide data for 2020 were released, they were met with much relief as rates across the broad population had not increased throughout 2020 as many had feared. Nevertheless, concerns remain about the mental health impact of the SARS-CoV-2/COVID-19 pandemic and, in particular, the impact of the associated public health measures governments worldwide implemented to delay its spread.

Methods and materials: We used data from the Self-harm Monitoring System for Victoria to investigate the impact these lockdown measures on self-harm presentations to the Royal Melbourne Hospital (RMH). Segmented regression analyses were used to identify changes in patterns of presentations to the RMH from 1 January 2019 until 30 June 2021.

Results: Over this period, preliminary analyses indicate there was an average of 2.7 self-harm presentations per day. Whilst the number of self-harm presentations remained relatively constant, there was evidence of an increase in presentations at the start of the first lockdown in Melbourne (30 March 2020), a more modest increase at the start of the second lockdown (8 July 2020), and a further increase at the start of the third lockdown (2 February 2021). Further analyses are being undertaken to investigate whether these impacts vary by age and gender/sex.

Conclusions: Given that self-harm is strongly associated with both mental ill-health and suicide and therefore represents an important proxy outcome to identify how the pandemic may have affected population mental health. Renewed focus on the social determinants of mental health and improving access to care will be vital to reduce pandemic-related distress.

#### 4.3:

Authors: Maria Michail<sup>1</sup>, Jo Robinson<sup>2,3</sup>, Michelle Lamblin<sup>2,3</sup>, Maria Veresova<sup>2,3</sup>, Jo-An Occhipinti<sup>4</sup>, Adam Skinner<sup>4</sup>, Justin Waring<sup>5</sup>

Affiliations: <sup>1</sup>Institute for Mental Health, School of Psychology, University of Birmingham, B15 2TT, UK; <sup>2</sup>Orygen, Parkville, VIC 3052, Australia; <sup>3</sup>Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC 3010, Australia; <sup>4</sup>Brain and Mind Centre, University of Sydney, Sydney, Australia; <sup>5</sup>School of Social Policy, University of Birmingham, B15 2RT, UK

Study objectives: Many countries across the world, including the UK and Australia, have seen a sustained increase in youth suicide rates in recent years. Despite our best efforts, we still do not know which suicide prevention programs, for which groups of young people, for how long, and with what intensity could generate the most significant reductions in youth suicide rates. Therefore, we cannot efficiently and effectively inform decision-making in youth suicide prevention policy, planning and





implementation. Using system dynamics modelling (SDM), SEYMOUR will: Develop and evaluate a novel model to inform the most appropriate combination of population-level suicide prevention interventions that would generate the most significant reductions in rates of suicide and attempted suicide among young people aged 12-25 in Australia and the UK; Develop an implementation strategy to facilitate the transferability, internationalisation and adoption of the model as a decision-making tool in youth suicide prevention policy and practice in Australia and the UK.

Methods and materials: A comparative case study design, with four work packages, taking place in Australia and the UK. This involves an iterative process beginning with problem definition and model conceptualisation; model formulation; model testing; and implementation. The conceptualisation, formulation (Work Package 1); testing of SDM (Work Package 2); and, development of an implementation blueprint (Work Package 3) will take place in Australia; followed by the validation of SDM in the UK and adaptation of the implementation strategy (Work Package 4).

Results: This study is currently ongoing. Deliverables include: A decision-support tool that demonstrates which combination of population-level interventions is associated with the largest number of cases averted for suicide and attempted suicide among young people aged 12-25 in North West Melbourne and Birmingham; and, the differential impacts of those interventions on males vs females. An implementation strategy to facilitate the sustainable embedding of proven suicide prevention interventions for young people in North West Melbourne and Birmingham.

Conclusion: SEYMOUR responds to the need for a novel paradigm for guiding national and global youth suicide prevention strategies. As such, it has the potential to inform decision-making in youth suicide prevention policy, planning and implementation with demonstrable benefits on young people, their families and the wider society.

#### 4.4

Authors: Alexis Hutcheon<sup>1</sup>, Samuel Hockey<sup>1</sup>, Yun Ju Christine Song<sup>1</sup>, Elizabeth Scott<sup>1</sup>, Jo Robinson<sup>2,3</sup>, and Ian B Hickie<sup>1</sup>

Affiliations: <sup>1</sup> Brain and Mind Centre, University of Sydney, Australia; <sup>2</sup>Orygen, Parkville, Victoria, Australia; <sup>3</sup>Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia

Study objectives: It is recognised that young people with lived experience experiencing suicidal thoughts and behaviours, and their supportive others bring valuable insights to shape and improve suicide prevention research. An ongoing challenge has been embedding these insights into youth mental health research in a standardised way. As a result, the inclusion of lived experience to date lacks genuine consultation between suicide prevention researchers and lived experience. This research aims to bring researchers and those with lived experience in a practical way across the design, development, implementation, and importantly the communication and dissemination to improve suicide prevention research outcomes.

Methods and materials: To recognise and accurately represent young people with lived experience in suicidal thoughts and behaviours we established a specific pilot working group consisting of lived experience young people and their supportive others. This working group emphasised the crucial role of social media, webinars and podcasts in the dissemination, education and transparency of suicide research. As a result, a YOUTH Communications Framework was produced to enhance community engagement within a strategy outlining methods and key stakeholders.

Results: The initial approach of involved open and trusting modalities of communication, via public webinars, particularly on suicide, it's current approach, dispelling concepts such as contagion, and the need for better education and dissemination. The webinar panels consisted of young people, their carers, and researchers. These webinars had wide engagement and were later disseminated through major broadcast stations and publications—spurring a significant change in the conversation narrative. A key element was the discussion on notions such as the contagion effect in young people and the ongoing need for wider dissemination, education and engagement with young people.

Conclusion: The improvements of suicide prevention research and its outcomes are being achieved through community engagement, and the embedding of this engagement to a standardised research

process. Importantly the advocacy of investing in formal research partnerships with young people and their supportive others with lived experience in suicidal thoughts and behaviours is vital. Establishing such formal investments, challenge previous/current methods of suicide prevention research. However, genuine consultation through a standardised research communications framework informs genuine and responsive engagement and outcomes for young people, and their families and carers, experiencing suicidal thoughts and behaviours

## 5. Suicide and COVID-19: Evidence from Japan

Submission #93527

Chair: Yoshiaki Takahashi

Affiliations: Japan Suicide Countermeasures Promotion Center and Meikai University

Introduction: According to the suicide statistics reported by the National Police Agency, the number of suicides in Japan decreased from January to June in 2020 compared to the previous year, and then increased after July. In particular, the number of suicides in October was increased by 45% compared to the previous year. During this period, the government has taken measures to prevent the COVID-19 pandemic, such as school closures from March 2 and emergency declaration on April 7, and at the same time, continuous economic policy measures to maintain employment and succeeding the business.

Under these circumstances, the Japan Suicide Countermeasures Promotion Center (JSCP) started a new project to explore the relationship between suicide and COVID-19. In this symposium, we will present several results among the project and what we have learned at this moment.

5.1: Werther Effect among the COVID-19 pandemic in Japan.

Authors: [Yasuyuki Shimizu](#)<sup>1</sup>, Takahiro Arai<sup>1,2</sup>, Kimiko Tanabe<sup>1</sup>

Affiliations: <sup>1</sup>Japan Suicide Countermeasures Promotion Center; <sup>2</sup>Keio University

Study objects: The sharp increase in suicide was in October, 2020 in Japan. The evidence is very important to make effective suicide policies.

Methods: Suicide data by the National Policy Agency were analyzed with regression analysis. The forecast number in 2020 was calculated based on regression analysis by using data until 2019. Survival analysis was also utilized.

Results: The actual number of suicides in 2020 was below the forecast in April and May, but above them after mid-July. It was particularly increased during two weeks after celebrity suicides on July and September. The results of survival analysis showed that the news articles about celebrity suicides may affect strongly to adolescents and young females.

Conclusion: The sharp increase in suicide in October was caused by the increased suicide risk, such as labor market uncertainty and isolation due to the impact of the COVID-19 pandemic. In addition, based on our analysis, it is likely that a series of celebrity suicides and its news articles had a major impact on persons who had various worries and life problems due to the influence of COVID-19 or who originally had suicide ideation ("Werther effect").

Keywords: COVID-19 pandemic; Werther effect; excess mortality; suicide

5.2: Predicting suicide among children and adolescents using Google Trends: a new approach using weekly data.

Authors: [Takahiro Arai](#)<sup>1,3</sup>, Hiroe Tsubaki<sup>2</sup>, Ayako Wakano<sup>1,4</sup>, Yasuyuki Shimizu<sup>1</sup>

Affiliations: <sup>1</sup> Japan Suicide Countermeasures Promotion Center; <sup>2</sup> The Institute of Statistical Mathematics; <sup>3</sup> Keio University; <sup>4</sup> Tokai University

Study objects: Suicide has become the leading cause of death among children and adolescents in Japan. Online searching behavior related to suicide is important for providing SOS counseling and psychological care via the Internet. This study aims to determine whether suicide cases among children and adolescents can be predicted by online searching queries related to a keyword, "school.



**Methods:** Suicide data for children and adolescents were used for elementary, middle, and high school students on a weekly basis, collected by the National Police Agency from January 2016 to December 2020. We used search queries related to "school" provided by Google Trends. The lag between suicide cases and search queries was estimated by cross-correlation analysis. As an additional analysis, several phrases and suicide frequencies were plotted against the number of weeks in 2020 when COVID-19 was prevalent.

**Results:** During the COVID-19 pandemic in 2020, a search term, "I don't want to go to school," showed a positive cross-correlation in the range of lag -2 to +2, and "study" showed a positive cross-correlation in the range of lag -1 to +2. In 2020, "I don't want to go to school" increased along with the number of suicides.

**Conclusion:** Search queries on "I don't want to go to school" may predict the number of suicides among children and adolescents. The weekly-based analysis will contribute to the construction of timely suicide prevention measures. In the future, it will be necessary not only to continuously monitor search queries by Google Trends, but also to analyze new media such as Twitter and Instagram, where we can transmit our own psychological states.

**Keywords:** COVID-19 pandemic; suicide; time series modeling

### 5.3: The Economic Assistance and rate of increase in suicide during the COVID-19 pandemic

**Authors:** [Ayako Wakano](#)<sup>1,3</sup>, Hiroe Tsubaki<sup>2</sup>, Takahiro Arai<sup>1,4</sup>, Yasuyuki Shimizu<sup>1</sup>

**Affiliations:** <sup>1</sup> Japan Suicide Countermeasures Promotion Center; <sup>2</sup> The Institute of Statistical Mathematics; <sup>3</sup> Tokai University; <sup>4</sup> Keio University

**Study objects:** The COVID-19 pandemic has brought severe economic consequences. The economic indices clearly showed the devastating impact caused by COVID-19. In April 2020, the number of employed people reduced by 1 million, and the number of "works on leave" was increased by nearly 4 million in Japan. To tackle this economic disruption, the Government of Japan has mobilized the supplementary budget of 57 billion JPY, nearly 10% of GDP in 2020 (Ando et al., 2021). Some of these policies were Emergency Small Amount Funds and General Support Funds and Housing Security Benefit.

In this paper, we examined whether these policies affected the number of suicides at prefecture level, compared with the same month of the last year. Indeed, a wide range of economic and social assistance programs were delivered, however, it was not clear whether it would serve a purpose of reduction in suicide cases. We conducted the prefecture-level analysis by exploiting considerable regional variation in recipient households of policies mentioned above and investigated its association with the number of suicides, compared with the same month of 2019.

**Methods:** Our recipient records were from the Ministry of Health, Labor and Welfare, who governs the distribution of assistance mentioned earlier. As for the suicide data, we used the aggregated figure of the suicide at prefecture-level which is originally individual data collected by the National Policy Agency. We merged the aggregated suicide data with the recipient record datasets as well as the Family Income and Expenditure Survey data from the Statistic Bureau of Japan.

**Results:** Based on our preferred specification, we found a significant negative association between the beneficiary household ratio (the number of beneficiary households is divided by the total number of households in prefecture) and the increased ratio of suicide cases, compared to 2019. Especially, the beneficiary household ratio of Emergency Small Amount Funds has a consistently negative effect on the increased ratio of suicide cases. This result was robust when we used the fixed effect model. The magnitude was much greater in those prefectures where the real-income reduction was small.

**Conclusion:** While past studies already argued how economic activity influences suicide cases, our analysis contribute to them by focusing on the most recent governmental assistance and revealed that the assistance reduced the rate of increase in suicide by approximately 0.11 percentage points. Although it is unsure that there's a causal association, this suggests that the suicide risk could be increased without these programs.

**Keywords:** COVID-19 pandemic; Government spending; suicide

5.4: Time series similarity of policy variables with suicide cases among the COVID-19 pandemic in Japan  
Authors: [Hiroe Tsubaki](#)<sup>1</sup>, Ayako Wakano<sup>2,3</sup>, Takahiro Arai<sup>2,4</sup>, Yasuyuki Shimizu<sup>2</sup>

Affiliations: <sup>1</sup> The Institute of Statistical Mathematics; <sup>2</sup> Japan Suicide Countermeasures Promotion Center; <sup>3</sup> Tokai University; <sup>4</sup> Keio University

Study objectives: Many policy measures were taken during the COVID-19 pandemic in Japan. This may cause or prevent suicide cases. To explore the relationship, statistical analysis was conducted.

Methods: 23 policy variables, 6 labor market variables, 7 behavioral variables related to suicide and 8 suicide variables were collected and some scales were constructed by using the variables. Hierarchy structure with 6 layers was hypothesized so that the first layer affects the variables below the second layer, the second layer affects the variables below the third layer and so on. , and there is no influence in the opposite direction. The hierarchy structure was analyzed with structural equation model (SEM).  
Results and conclusion: Results from the SEM will be presented at the conference.

Keywords: COVID-19 pandemic; policy measures; suicide

## 6. International experiences of pesticide suicide prevention: the impact of bans on highly hazardous pesticides

Submission #93500

Chair: Shu-Sen Chang, Michael Eddleston

Introduction:

Pesticide ingestion is a leading method for suicide worldwide and accounts for particularly high burden of suicide in some countries in the Asia-Pacific and South Asian regions. Many self-poisonings using pesticides are impulsive and cause deaths due to the high toxicity of pesticides ingested. Restricting access to or banning highly hazardous pesticides (HHPs) has the potential to save hundreds of thousands of lives. A better understanding into the impact of banning HHPs will provide the critical evidence base needed to inform local and global suicide prevention strategies. The presentations include analyses of the impact of recent HHP bans in Malaysia, Taiwan, South Korea, and Kerala, India.

6.1: Impact of regional bans of highly hazardous pesticides on agricultural yields: the case of Kerala  
Authors: Aastha Sethi (Presenter)<sup>1</sup>, Chien-Yu Lin<sup>2</sup>, Indira Madhavan<sup>3</sup>, Mark Davis<sup>1</sup>, Peter Alexander<sup>1</sup>, Michael Eddleston<sup>1</sup>, Shu-Sen Chang<sup>2</sup>

Affiliations: <sup>1</sup> University of Edinburgh; <sup>2</sup> National Taiwan University; <sup>3</sup> Government Medical College

Study objectives: Removing highly hazardous pesticides from agricultural practice in low- and middle-income countries is crucial for preventing pesticide suicide deaths and ensuring occupational safety of farmers. In 2011, the state of Kerala, India, banned 14 highly hazardous pesticides resulting in a marked reduction in deaths from pesticide poisoning. However, this 'means restriction' approach for preventing pesticide suicides has been challenged as threatening food production. We aimed to determine whether the Kerala pesticide bans impacted agricultural yields.

Methods: We collected data on agricultural production and area under cultivation for eight key crops that had been treated with the banned pesticides, and rainfall from the Kerala state agricultural department (2004-2018). Trends in crop yields (total production/area under cultivation) and rainfall across 14 districts in Kerala were analysed using joinpoint regression. These trends were evaluated to ascertain possible associations with the pesticide bans.

Results: The joinpoint regression analyses showed no evidence for any change in yield trends for any of the eight crops in the year of the pesticide bans (2011), or the subsequent year (2012), suggesting a negligible impact of the bans on crop yields. Steady trends of predominately reductions in overall rainfall, without any change around the time of the pesticide bans, was observed in Kerala throughout the period. No evidence of district level changes in rainfall that might have offset any potential adverse impacts of the pesticide bans on crop yields was noted. Fluctuations in yield until 2018 could be explained by variation in rainfall, changes in land use, and agricultural policies.

Conclusion: We found no evidence of an adverse effect on agricultural yields in Kerala that could be attributed to bans of highly hazardous pesticides. This work provides further evidence that such



pesticides can be withdrawn from agricultural use without affecting yields. The Keralan bans were implemented with provision of safer alternatives as recommended by the state government. This example suggests that Indian state and central governments can remove highly hazardous pesticides from agricultural production to improve farm workers safety without reducing yields.

### 6.2: Impact of the 2018-2020 paraquat ban on suicide in Taiwan

Authors: Chien-Yu Lin (Presenter)<sup>1</sup>, Shu-Sen Chang<sup>1</sup>, Chia-Yueh Hsu<sup>2</sup>

Affiliations: <sup>1</sup> National Taiwan University; <sup>2</sup> Taipei Medical University

Study objectives: Pesticide ingestion is a leading suicide method worldwide, accounting for an estimated 110,000-168,000 suicides every year. Paraquat is a highly lethal herbicide when ingested, with an estimated high case fatality of 55% in Taiwan. Taiwan recently banned paraquat in two stages – the ban on the import and production of paraquat became effective from February 2018 and the complete ban on its sale and use became effective from February 2020. We investigated the impact of the paraquat ban on suicide in Taiwan in 2019-2020.

Methods and materials: Suicide data by method (pesticide vs non-pesticide), pesticide (paraquat vs non-paraquat), and sex, age, and area among people aged 15 years or above in Taiwan were extracted from national cause-of-death data files (2011-2020). Negative binomial regression was used to estimate the changes in suicide rates in 2019 and 2020, relative to that expected based on pre-ban linear trends (2011-2017).

Results: The paraquat ban was followed by an estimated 37% (95% confidence interval 26%-46%) and 44% (33%-53%) reduction in pesticide suicide rate in 2019 and 2020, corresponding to 190 (116-277) and 225 (141-326) fewer pesticide suicides, respectively. The reductions in pesticide suicides were mainly attributable to a 58% (46%-67%) and 74% (64%-81%) reduction in paraquat suicides (145 [92-213] and 195 [128-284] fewer suicides), respectively. No change in whole-population overall suicide rates after the paraquat ban was found in 2019, whilst there was a 7% decline in overall suicide rates in 2020. A reduction in overall suicide rates was also found in rural areas (14%), males (9%), middle-aged people (11%), and the elderly (14%) in 2020. There was no evidence for an increase in suicides using other pesticides or other methods after the paraquat ban.

Conclusion: Taiwan's paraquat ban was followed by a reduction in pesticide and paraquat suicides in the two years (2019-2020) following the start of the ban in 2018. No evidence for a shift to suicides using other pesticides or other methods was found, indicating no method substitution after the paraquat ban.

### 6.3: Longer-term impact of paraquat ban on suicide in South Korea

Authors: Chien-Yu Lin (Presenter)<sup>1</sup>, Chia-Yueh Hsu<sup>2</sup>, Shu-Sen Chang<sup>1</sup>, Won Jin Lee<sup>3</sup>

Affiliations: <sup>1</sup> National Taiwan University; <sup>2</sup> Taipei Medical University; <sup>3</sup> Korea University

Study objectives: Paraquat is a highly lethal herbicide when ingested. Previous studies have shown a short-term effect of the paraquat ban (November 2011-October 2012) on reducing pesticide suicides in South Korea. However, it is unknown whether the effect of the ban would sustain and any substitution of paraquat poisoning for other suicide methods would occur over time. We investigated the longer-term impact of the paraquat ban on suicide in South Korea up to 2019.

Methods and materials: Suicide data by sex, age, area, method, and causative agent among people aged 15 years or above were extracted from registered death data (1997-2019). Negative binomial regression was used to estimate the changes in pesticide suicide rates in 2013-2019, relative to that expected based on pre-ban trends (2003-2011).

Results: The paraquat ban was followed by an estimated 49% (95% confidence interval 29%-64%) reduction in the pesticide suicide rate, with 757 (319-1,370) fewer pesticide suicides, in 2019. The reduction in pesticide suicide rates after the paraquat ban ranged from 38%-51%, relative to that expected, in each year between 2013-2019. The reduction was found in all sex/age/area groups. The absolute reduction in the number of suicides was greatest in males, older people, and rural areas. Suicides from herbicide poisoning showed the largest reduction across all types of pesticides. The non-



pesticide suicide rate showed no increase; it decreased 12.1% in 2011-2019, compared to a 79.9% reduction in the pesticide suicide rate over the same period, indicating no evidence for a shift from paraquat poisoning to other methods for suicide.

Conclusion: South Korea's paraquat ban in 2011-2012 was followed by a sustained fall in pesticide suicides in the seven-year period after its implementation, without an increase in suicide by other methods. National policies restricting or banning highly hazardous pesticides can prevent many deaths from pesticide self-poisoning with sustainability.

#### 6.4: Pesticide Poisoning in an East and a West Malaysian Hospital: Characteristics and Trends pre & post National Paraquat Ban

Authors: Song Jie Chin (Presenter)<sup>1</sup>, Tsui Huei Loo<sup>2</sup>, Ravivarma Rao Panirselvam<sup>3</sup>, Lai Fong Chan<sup>1</sup>, Anissa Raudhah Bt Mokhzan<sup>1</sup>, Farynna Hana Bt Abdul Rahman<sup>1</sup>, Shu-Sen Chang<sup>4</sup>, David Gunnell<sup>5</sup>, Michael Eddleston<sup>6</sup>

Affiliations: <sup>1</sup> National University of Malaysia; <sup>2</sup> Hospital Raja Permaisuri Bainun; <sup>3</sup> Hospital Miri; <sup>4</sup> National Taiwan University; <sup>5</sup> University of Bristol; <sup>6</sup> University of Edinburgh

Study objectives: We aimed to investigate the characteristics and trends in fatal and non-fatal pesticide poisoning from two Malaysian hospitals pre & post national paraquat ban, which was implemented from 1 January 2020.

Methods and materials: We conducted a dual-centred, retrospective medical records-based study of pesticide poisoning inpatients in an East and a West Malaysian hospital from 1 January 2015 to 31 December 2020, and 1 January 2018 to 31 December 2020, respectively. Cases categorised under the ICD-10 T60 for pesticide poisoning and history of pesticide exposure in clinical documentation were included.

Results: Our study sample of pesticide poisoning inpatients (N= 196) comprised of mostly men (65.8%), individuals aged 15 to 44 years (72.4%), and people of Indian ethnicity (44.9%). Family & partner conflict (38.2%) and financial problems (9.18%) were the leading associated factors. Psychiatric disorders were not diagnosed in 66.8% of cases. Intentional self-poisoning was identified in 76% of the patients, and 75.8 % had attempted suicide. Paraquat was the commonest (30.6%) pesticide type. The inpatient pesticide poisoning fatality rate increased from 11.6% (2018) to 30.2% (2019) and decreased to 14.5% in 2020 after the implementation of the national paraquat ban. The proportion of paraquat poisoning reduced from 34% (pre-ban, 2019) to 20% (post-ban, 2020).

Conclusion: The majority of pesticide poisonings that presented to study hospitals were suicide attempts and were not diagnosed with any psychiatric disorder diagnosis. Our study suggests a reduction of inpatient pesticide poisoning fatality rate and paraquat poisoning after the implementation of a national paraquat ban. Further research is warranted to disentangle the effect of paraquat ban from the impact of the COVID-19 pandemic on access to highly hazardous pesticides. Limitations of our study included a small sample size and lack of data on pesticide poisoning deaths occurring outside the study hospitals.

## 7. Media reporting of suicide in low and middle-income countries in Asia

Submission #93583

Chair: Dr Gregory Armstrong and Dr Chan Lai Fong

Introduction:

An estimated 75% of suicides occur in low and middle-income countries (LMICs), where resources and services are scarce, making suicide a significant global health problem. One of the few recommended suicide prevention strategies at the population level is responsible media reporting of suicides, based on evidence around imitation suicides, dissemination of suicide methods, and the imperative to deliver tailored suicide prevention messaging in media content. Responsible media reporting represents a potentially cost-effective suicide prevention strategy for LMICs. The costs are low, and on top of the above-mentioned imperatives, improved reporting may also facilitate improved suicide literacy in the population through the deployment of culturally-nuanced public



health narratives.

The vast majority of research on media reporting of suicide has been undertaken in high- income countries. Recently however, research into media and suicide has begun to emerge in several LMICs. This symposium brings together some of the latest research findings on media and suicide in three LMICs: India, Malaysia and China. Each presentation will discuss the country context for media reporting of suicide, including the current style of reporting and adherence to international guidelines. Dr Vijayakumar will discuss the creation and application of a scorecard tool against which media reports on suicide are being assessed in India. Dr Chan will discuss findings from qualitative research with media professionals in Malaysia, looking at their perspectives and experiences of reporting on suicide. Ms Khirudin will discuss an innovative guideline tool intervention that has been developed in Sarawak, Malaysia for police to guide their interactions with media around suicide incidents. Prof Cheng will discuss the impact of YouTube videos posted in response to a series of student suicides in Hong Kong.

#### 7.1: Stakeholder Perspectives on Suicide-related Reporting in Malaysia: Preliminary Insights from Editors and Regulators

Author: Dr Wen Li Chan

Affiliation: Nottingham University Business School, University of Nottingham Malaysia, Malaysia

Study objectives: While there are published guidelines for media reporting of suicide in Malaysia, implementation remains challenging. This study aims to qualitatively examine the perspectives of editors, media regulators and journalism-related NGOs on (i) impact of current reporting practices, (ii) understanding of safe reporting of suicide-related news, (iii) awareness of local and international media guidelines, (iv) mechanism(s) and effectiveness of media guideline implementation.

Methods and materials: Up to 20 in-depth interviews are currently being conducted through Zoom, and audio- recorded, transcribed, coded and thematically analysed.

Results: Some preliminary emergent themes include: 1) awareness of safe reporting, 2) challenges of implementing safe reporting, 3) the social media context, 4) the welfare of journalists, and 5) the role of media in suicide prevention. While there was some awareness of the impact of unsafe reporting, we noted no awareness of Malaysian or international guidelines on suicide reporting. At the editorial level, there was mismatch between media guidelines and the actual style of media reporting around suicide in Malaysia. Media professionals recognised their role in educating the public around suicide, although further work is needed to raise awareness about the potential impacts of varying reporting styles. Preliminary findings also revealed a need to support the mental wellbeing of journalists reporting on suicide.

Conclusion: Poor awareness of safe reporting raises the need for strategies to promote and sustain practices among reporters and editorial staff, with media professionals critical partners in the co-creation of innovation strategies.

#### 7.2: A real-world case study in developing media statement guidelines and training for suicidal behaviour reporting for police officers in Sarawak, Malaysia

Author: Ms Nur Farahin Khirudin

Affiliation: Social Development Council Sarawak, Malaysia

Objectives: Malaysia is a multilingual and culturally diverse upper middle-income country and Sarawak is one of the states in the federation with a predominant Indigenous population. Media reporting of suicide is a population-level suicide prevention intervention, and police are important stakeholders. Police are first responders to a suicide and are an important information source for media professionals in the curation of a media report on a suicide incident.

Results: A guideline tool was developed with the police to educate about safe messaging, interaction with media and produce a press statement. The development of this resource

involved media, police and experts in safe messaging utilising the principles of the WHO media guidelines and Responsible Safe Reporting model. This included framing a statement conveying the news of the suicide while minimising harm to the affected, reducing stigma around suicide and encourage help seeking. A guideline and a quick-reference name card to be used in the field were developed.

The guidelines were then disseminated in print and online formats to all police districts in Sarawak state followed by an online training for forty (40) police officers. The training involved didactic lecture and roleplay with police officers and journalists on reporting a fictional case of suicide. Post-training media surveillance allowed our team to provide feedback in press-statements produced directly to the police officers and media.

Conclusion: The guideline tool has shown to be a valuable and innovative way of engaging police around their role in media coverage of suicide incidents. We will discuss our plans for an evaluation of this novel intervention.

### 7.3: Application of a Scorecard Tool for Assessing and Engaging Media on Responsible Reporting of Suicide-Related News in India

Author: Dr Lakshmi Vijayakumar

Affiliation: Voluntary Health Services, Chennai, India

Study objectives: Recognizing the importance of the media in suicide prevention, the WHO has issued guidelines for responsible reporting of suicides. The objective of this study was to create a scorecard based on these media reporting guidelines, against which reports on suicide can be assessed for their adherence to the guidelines.

Methods and material: To develop this scorecard, we conducted a narrative review of academic studies on suicide and media reporting. Drawing from 2 assessment tools on suicide reporting, we reviewed guidelines on responsible reporting of suicide from international organizations to arrive at a list of 19 positive and 21 negative criteria. After applying these 40 criteria to an initial dataset of 20 suicide reports, we determined the frequency at which these criteria appeared in the data. In consultation with suicide prevention experts, we shortlisted 10 positive and 10 negative criteria for the scorecard selected based on their impact on readers and frequency. After finalization, the scorecard was used to assess new reports on deaths by suicide and attempted suicide from 9 major newspapers in India.

Results: 1318 relevant articles were identified from 8365 newspapers. The average positive score across all articles analysed was 1.32 (1 to 10, highest 10) and the average negative score was 3.31 (1 to 10, highest negative score 10). The most common positive practices were inclusion of verified information from official sources, followed by drawing linkages to poor mental health. Among negative reporting practices, the mention of the method of the suicide and use of attention seeking headlines were the most frequent.

Conclusion: The results from the application of the scorecard have demonstrated it is feasible to monitor adherence to media guidelines for responsible reporting on suicides, as well as providing a self-regulation guide for media professionals. The scorecard has been designed and developed such that it can be adapted to different contexts, be translated into other languages, used across media platforms and as an evidence-based recourse for training media professionals.

### 7.4: Typology and Impact of YouTube Videos Posted in Response to a Student Suicide Crisis: Social Media Metrics and Content Analyses

Author: Prof Qijin Cheng

Affiliation: Chinese University of Hong Kong, China

Study objectives: This study aimed to examine YouTube videos posted in response to a high profile



series of student suicides in Hong Kong during the 2015-2016 school year and evaluate the impacts of those videos.

**Method and materials:** Keyword search was performed on YouTube, and relevant videos were identified. Video typology was examined through content analysis, specifically grouping the videos by who uploaded the videos, what presentation formats were used in the videos, whether the videos were originally created by the uploaders, and whether the videos disclosed the uploaders' personal experiences with suicide. Impacts of the videos were assessed in terms of reach (measured by view count), engagement (measured by comment count), and insights (measured as to what extent the comments to each video could reveal personal suicide risk and attitude toward help-seeking). Statistical analysis was conducted to compare the impacts of different types of videos. The 7 most impactful videos that were originally created by the YouTubers were selected for further analysis.

**Results:** A total of 162 relevant YouTube videos were identified. They were uploaded by 7 types of stakeholders, and the most common format was one person talking to the camera. A total of 87.0% (141/162) of the videos were originally created by the uploaders and only 8.0% (13/162) of the videos disclosed uploader personal experiences with suicide. The uploader profiles being popular or top YouTubers and the video containing disclosure of the uploader's personal experiences were found to be significantly correlated with greater impacts ( $P < .001$ ). Focusing on the 7 most impactful original videos, it is found that those videos generated more engagement, especially more interactions between the viewers, and more insights than regular videos uploaded by the same YouTubers.

**Conclusions:** When responding to a youth suicide crisis, videos made by key opinion leaders on YouTube sharing their own experiences of overcoming suicide risks could generate significant positive impacts. These types of videos offer a precious opportunity to craft online campaigns and activities to raise suicide prevention awareness and engage vulnerable youth.

## 8. Harnessing Implementation Science for Suicide Prevention

Submission #93436

Chair: Lennart Reifels<sup>1</sup>

Affiliations: 1Melbourne School of Population and Global Health, The University of Melbourne; 2School of Health Sciences, The University of Melbourne; 3AISRAP, Griffith University

**Introduction:**

The suicidal process is a complex phenomenon involving multiple intertwined factors, which makes its prevention particularly challenging. As evidence-based suicide prevention interventions evolve and consolidate, it becomes increasingly important to ensure that effective interventions are efficiently implemented in practice and translated into the quality programs and care that benefit people at risk of suicidal behaviour. Implementation science has been a buzz word in the broader health and medical fields for about two decades and is gaining increasing attention in the suicide prevention field. Implementation science has been defined as the study of methods to promote the systematic uptake of evidence-based interventions into practice and policy to improve health. It provides the tools and frameworks to advance implementation research and practice in suicide prevention. The explicit adoption of implementation science frameworks and concepts is a relatively recent and yet rapidly increasing phenomenon in suicide prevention.

This symposium will bring together implementation science and suicide prevention researchers with a view to highlight the merit and applications of implementation science for suicide prevention research and practice across varied contexts. Comprising four presentations, the symposium will provide an introductory overview of key implementation science approaches of relevance to suicide prevention (Prof Jill Francis). This will be followed by three presentations which examine the current state of implementation research and practice in suicide prevention based on systematic literature reviews within specific contexts. The first review will examine the literature regarding the effective implementation of suicide prevention training initiatives (Dr Karl Andriessen). The second literature

review will focus on the effective implementation of suicide prevention interventions in the context of disasters and public health emergencies (Dr Lennart Reifels). The third review will explore the implementation of multi-level suicide prevention interventions (Sadhvi Krishnamoorthy). This symposium will thus highlight practical applications, key considerations and recommendations for future implementation research and practice which will be of interest and relevance to a wide range of suicide prevention researchers and practitioners.

#### 8.1: How can implementation science contribute to the impact of suicide prevention interventions?

Authors: [Jill Francis](#)<sup>2</sup> and [Marlena Klaic](#)<sup>2</sup>

Study objectives: Implementation science is the study of methods to promote the systematic uptake of evidence-based interventions into practice and policy to improve health. Effective interventions cannot have an impact on health outcomes unless they are adopted and sustained in practice. This presentation introduces three approaches in implementation science: (1) developing and evaluating implementation strategies; (2) considering interactions between context and these strategies; and (3) assessing the features of healthcare interventions that may make them more ‘implementable’. The third of these approaches is informed by a new framework of implementability, which draws together five concepts that are increasingly investigated in published studies.

Methods and materials: A systematic overview of reviews (date range 01/2000-03/2021) focused on the following features of healthcare interventions: acceptability, fidelity, feasibility, scalability and sustainability. Overview findings informed the development of a preliminary framework of implementability of healthcare interventions which was considered by a panel of experts. A structured consensus process was used to critique and refine the framework.

Results: Of 252 publications included in the overview of reviews, 32% reported that the intervention was feasible, 4% reported sustainable practice change and 9% were scaled to other populations and/or settings. The expert panel proposed that scalability and sustainability of healthcare interventions are dependent on their acceptability, fidelity and feasibility. Furthermore, acceptability, fidelity and feasibility require re-evaluation over time and as the intervention is adopted in different settings or with different populations. The final agreed framework of implementability provides the basis for an iterative approach to planning for wide-scale, long-term implementation of public health and healthcare interventions.

Conclusion: Assessing the implementability of suicide prevention interventions during their development may enhance the impact of implementation strategies. Future research could clarify whether co-design methods or other consensus approaches result in suicide prevention interventions that are more implementable than other approaches.

#### 8.2: Implementation of suicide prevention training: A systematic review

Authors: [Karl Andriessen](#)<sup>1</sup>, [Jacinta Hawgood](#)<sup>3</sup>, [Karolina Kryszynska](#)<sup>1</sup>, [Victoria Ross](#)<sup>3</sup>, [Lennart Reifels](#)<sup>1</sup>, [Kairi Kolves](#)<sup>3</sup>, and [Jane Pirkis](#)<sup>1</sup>

Study objectives: Suicide prevention training has been developed in various countries to improve detection of and interventions for people at-risk of or affected by suicide. Long-term impact of suicide prevention training may depend on the extent and quality of the implementation. To-date, no review has focused on the implementation of suicide prevention training. This review consists of a systematic investigation of the research literature regarding the implementation of suicide prevention training and evaluation of the implementation.

Methods and material: The review adheres to PRISMA guidelines and has been registered with PROSPERO (#288621). It involves searches in Medline, Embase, Emcare, PsycINFO, EBM Reviews, and Scopus, using a search string comprising the concepts of suicide prevention, training, and implementation. The search is limited to studies published in English in peer-reviewed journals, but not by location or date of publication. The search strategy includes a forward citation search of the selected papers, and a hand search of the lists of references of the selected papers and review papers.





Results: A narrative synthesis and quality assessment of the selected studies is currently underway and will be reported at the conference. The results will address the type of training and the setting in which it has been implemented. The outcomes of the implementation and evaluation of the implementation will be explored considering other variables (such as structure, educational methods, format of delivery, and facilitators). We will distinguish findings from quantitative and qualitative studies. We will provide summary tables of the main characteristics of the included studies and the study quality. We will formulate implications to enhance implementation and research in this field.

Conclusion: The review will shed light on what types of suicide prevention training have been implemented and how implementation has been evaluated. The findings will provide crucial information for service providers and policy makers to enhance the potential of suicide prevention training.

### 8.3: Implementation of suicide prevention interventions during disasters and public health emergencies: A systematic review

Authors: [Lennart Reifels](#)<sup>1</sup>, Karolina Kryszynska<sup>1</sup>, and Karl Andriessen<sup>1</sup>

Study objectives: Major disasters and public health emergencies, such as the unfolding Covid-19 pandemic, are increasingly affecting populations around the globe. Despite evident public concern and growing research interest in the suicidality impacts associated with such adverse events, little is known about the effective implementation of suicide prevention strategies in these challenging contexts. This systematic review is the first to examine the empirical literature regarding the implementation, adaptation, and outcomes of suicide prevention interventions in the context of public health emergencies and disasters.

Methods and material: Five databases (Medline, Embase, PsycINFO, Web of Science, PILOTS) were searched from database inception to December 2021 for English language, peer-reviewed, empirical studies, using a search string comprising key concepts relating to exposure (disaster, public health emergency), intervention (suicide prevention or postvention strategy, program, intervention), and outcomes (suicidality, self-harm). Study selection involved initial title and abstract, and subsequent full-text, screening by two researchers against eligibility criteria. Risk of study bias was assessed using Cochrane's ROBINS-I tool. Findings were distilled through narrative and quantitative synthesis. The study protocol was prospectively registered with PROSPERO (42021276195).

Results: Findings from the ongoing review will be presented, focusing on the characteristics of interventions delivered, specific implementation and adaptation strategies employed to facilitate effective delivery in disaster contexts, and associated outcomes in terms of reported changes in suicidality or self-harm.

Conclusion: As pandemics and disasters pose increasing global challenges to population health and suicide prevention, review findings provide vital insights into key strategies to ensure the effective implementation and delivery of suicide prevention interventions in such contexts. Future recommendations will be provided for suicide prevention research and practice in the face of adverse events.

### 8.4: How are implementation science frameworks utilised and applied in multicomponent suicide prevention trials: A systematic review

Authors: [Sadhvi Krishnamoorthy](#)<sup>3</sup>, Sharna Mathieu<sup>3</sup>, Victoria Ross<sup>3</sup>, Greg Armstrong<sup>1</sup>, Lennart Reifels<sup>1</sup>, Jill Francis<sup>2</sup>, and Kairi Kolves<sup>3</sup>

Study objectives: There is strong support for a combination of evidence-based strategies to address suicide as a complex public health concern. However, little is known about the implementation of these multicomponent interventions and their mechanisms of impact. This systematic review explored the implementation science frameworks reported and utilised as part of multicomponent suicide prevention trials.

Methods and material: The review adhered to PRISMA guidelines and was registered with PROSPERO (CRD42021247950). PubMed, CINAHL, PsycINFO, ProQuest, SCOPUS and CENTRAL were searched.

Eligible were empirical and peer reviewed intervention studies presenting data regarding multilevel/complex suicide prevention trials with suicide and/or self-harm as the outcome measure, in English language. All types of intervention studies, reported and published between 1990-April 2021, consisting of 3 or more components were included in the review. Key authors were contacted for further information regarding existing grey literature such as unpublished records/reports, in case of inconclusive details related to implementation processes. A narrative synthesis was adopted to analyse data from different study designs.

Results: Reporting and utilisation of implementation science frameworks to understand implementation processes of multicomponent suicide prevention interventions was found to be scarce. Most studies prioritised evaluation of intervention effectiveness and impact. Evaluation of implementation processes was found to be sparse and inconsistent.

Conclusion: Understanding implementation of complex interventions is crucial in understanding translation of theory into practice. Inconsistent reporting and inadequate evaluation of implementation processes can lead to loss of critical, experiential knowledge related to what works in suicide prevention.

## 9. Surveillance of suicidal behaviour in Western Pacific Region

Submission #93560

Chair: Professor Kairi Kolves

Affiliation: Australian Institute for Suicide Research and Prevention – AISRAP, Griffith University

Introduction:

The surveillance of suicidal behaviours is considered central to suicide prevention. Accurate data collection strengthens all other core activities by assisting planning, identifying key risk groups and areas for targeted interventions, and is useful for evaluating the effectiveness of suicide prevention activities/strategies. Recognising this important priority, the WHO Western Pacific Regional Office approached AISRAP, as a WHO Collaborating Centre for Research and Training in Suicide Prevention, to undertake a collection of research activities aimed at strengthening the evidence base for data-informed suicide prevention strategies within the region, with a focus on the development of a framework for a sentinel surveillance system for the region for the WHO Western Pacific Regional Office (WPRO).

The aim of the current symposium is to give an overview of the work conducted by AISRAP in collaboration with the WPRO and to present two case examples of current developments in suicide attempt and self-harm surveillance systems in the region. Comprising of four presentations, this symposium will provide a brief overview of the background research activities and main outcomes (Dr Mathieu); introduce a preliminary framework for the regional surveillance of suicidal behaviour and ideation (Professor Kolves); present a case study from Australia (Dr Witt) and a case study from Philippines (Dr Valera).

We would like to call interested researchers, health care professionals, government officials and people with lived experience across the Western Pacific to contribute to the further discussions and establishment of the Western Pacific Regional Sentinel Surveillance System for Suicidal Behaviour.

9.1: Surveillance of suicide and self-harm in the Western Pacific: the current state of art

Authors: Dr Sharna Mathieu<sup>1</sup>, Dr Martin Vandendyck, Dr Alexandra Fleischmann<sup>2</sup>, Professor Kairi Kolves

Affiliations: AISRAP, Griffith University; <sup>2</sup>WHO

Study objectives: A series of research activities were undertaken to support the strengthening of evidence-based and data-informed suicide prevention strategies in the Western Pacific region, and provide strategic guidance for the development of a regional sentinel surveillance system for suicide and self-harm prevention. Two rapid reviews of the literature were completed to (a) map existing suicide and self-harm health information systems across the region, and (b) summarise information on key risk and protective factors.



**Methods and materials:** Literature was sourced from the PubMed database. Inclusion criteria were studies published on suicide or suicide attempts in Australia, China, Fiji, Japan, Mongolia, Philippines, Republic of Korea, and/or Tonga. Exclusion criteria included studies published prior to 2015 or in a language other than English. The case study involved two interviews with local suicide prevention experts and an in-depth review of the Korean National Action Plan (in English).

**Results:** Most selected countries had at least a civil registration and vital statistics system in place for collecting information on suicide, although the quality varied; however, self-harm systems were limited to higher income countries. Overall, there was a lack of research identified investigating protective factors. The experience of the Republic of Korea in establishing and implementing a national strategy, including surveillance, provides an important example and opportunity for shared learning.

**Conclusions:** There is considerable opportunity for establishing a regional sentinel surveillance system of self-harm that would enhance prevention efforts across the diverse Western Pacific region.

## 9.2: Preliminary Framework of the Western Pacific Regional Sentinel Surveillance System of Suicidal Behavior (WPR4S)

**Authors:** Professor Kairi Kõlves<sup>1</sup>, Dr Sharna Mathieu<sup>1</sup>, Dr Martin Vandendyck, Dr Alexandra Fleischmann<sup>2</sup>

**Affiliations:** <sup>1</sup>AISRAP; <sup>2</sup>WHO

**Study objectives:** Different research activities were undertaken to strengthen the evidence base for data-informed suicide prevention strategies within the Western Pacific Region and a Preliminary Framework was developed. The aim of the current presentation is to introduce the Preliminary Framework of the Western Pacific Regional Sentinel Surveillance System of Suicidal Behavior.

**Methods and materials:** The Western Pacific Regional Sentinel Surveillance System for Suicidal Behaviour (WPR4S) Preliminary Framework is based upon the research activities summarized in the Presentation 1, ongoing consultations with the WHO and WPRO, and current best practice recommendations from the WHO regarding surveillance of suicide and self-harm.

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

**Conclusions:** This WPR4S Framework is a preliminary first step in developing a regional sentinel surveillance system for suicide and self-harm across the Western Pacific.

## 9.3: The development of a self-harm monitoring system in Victoria, Australia

**Authors:** Dr Katrina Witt<sup>1</sup>, Ms Michelle Lamblin, Dr Vlada Rozova, Prof Karin Verspoor, A/Prof Jo Robinson<sup>2</sup>

**Affiliations:** <sup>1</sup>Orygen, The University of Melbourne; <sup>2</sup>The University of Melbourne

**Study objectives:** Self-harm (SH) prevention is a key policy priority both in Australia and overseas. In 2016, for example, the WHO recommended member states develop SH surveillance systems as part of their suicide prevention efforts. However, systems for the automated surveillance of SH remain rare. We describe a newly developed state-wide system, the Self-Harm Monitoring System for Victoria, Australia alongside some the challenges we have encountered in implementation.

**Methods and materials:** Data on SH to 8 Victorian emergency departments (EDs) is collected quarterly. As there is no one feature within routinely collected ED data to identify SH-related presentations, we have developed a natural language processing (NLP) with machine learning classifier to identify cases.

**Results:** We have developed a classifier that can be applied to routinely collected ED data to identify SH. Our model has strong levels of precision, or positive predictive value (0.86), and recall, or sensitivity (0.72), when based on identifying SH from free-text triage case note information alone. However, in order to build this classifier, we firstly had to manually code all presentations from the

Royal Melbourne Hospital (N episodes = 497,480) over a five-year period (2012–2017) for SH. Considerable investment in coding resources will therefore be required to establish similar systems. Given the relatively rare incidence of SH (<2% of all ED presentations), this approach is promising to enable automation of SH surveillance and is likely to have excellent scalability throughout a health service.

Conclusions: Despite the challenge of identifying SH-related presentations from routinely collected ED data, we have successfully developed a classifier that is associated with strong precision and recall. We are now applying this classifier to other EDs to explore the robustness and scalability of the classifier. The Self-Harm Monitoring System for Victoria will provide accurate and timely information on SH, thereby providing a useful indicator for Australia's suicide prevention efforts.

#### 9.4: Developing a data registry for suicide attempts and self-harm: the Philippine experience

Authors: Dr Paula Melizza Valera<sup>1</sup>, Dr Jasmine Vergara<sup>2</sup>, Ms Frances Prescilla Cuevas<sup>3</sup>, Dr Caroline Mae Ramirez, Ms Ferlie Rose Ann Famaloan, Mr Reneepearl Kim Sales<sup>1</sup>, Mr Dominic Ligot, Mr Gabriel Soong<sup>4</sup>

Affiliations: <sup>1</sup>Alliance for Improving Health Outcomes, Philippines; <sup>2</sup>WHO; <sup>3</sup>Department of Health Philippines; <sup>4</sup>Cirrolytix

Study objectives: Suicide death, suicide attempts and self-harm surveillance in the Philippines is long overdue, much more with the reported 57% increase in suicide mortality in 2020. Civil registry statistics on deaths due to self-injury take an average of two years of processing before official numbers are reported, hindering immediate response. Moreover, the Philippine Mental Health Act mandates the ministry of health to develop a surveillance system for suicides, as part of the national suicide prevention strategy. In 2021, the World Health Organization Representative Office in the Philippines supported the Department of Health in developing and piloting a suicide attempt and self-harm surveillance system in the country.

Methods and materials: A series of consultations with mental health stakeholders and health ministry-led disease and health registry managers were done to understand the process of data collection and reporting.

Results: A formal workshop was conducted for consensus in utilizing the algorithm, common terminologies, inclusion and exclusion criteria, and the use of ICD-10 codes as recommended by the WHO Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm. A prototype web-based form and registry was developed followed by a pilot with three tertiary-level hospitals, each with unique hospital workflows and data collection practices. Between July to November 2021, a total of 103 unique entries of self-harm incidents were reported.

Conclusions: Recommendations include the development of national health policies to mandate suicide surveillance and further piloting of the process prior to gradual rollouts in hospitals across the country.

## 10. Understanding suicide in the Australian construction industry: Contemporary research insights

Submission #93531

Chair: Dr Laura Cox

Affiliation: MATES in Construction Australia

Introduction:

Within this symposium, our presenters each bring a different lens to the issue of suicide in the Australian construction industry, with a tripartite focus on suicide mortality among male construction workers, construction workers' experiences of suicidal ideation, and the effectiveness of an industry-based suicide prevention initiative. Together, the three presentations offer insight into the crisis of suicide in the construction industry, and the potential for industry-based prevention initiatives to effectively support construction workers.



In the first presentation, Tania King will present research findings from an investigation into the changing suicide rate observed for male construction workers over an 18-year period. This presentation will offer a historical, contextual insight into suicide in the Australian construction industry, and how it has shifted over time.

In a complementary vein, Simon Tyler will present the emerging findings of his research into the experience of suicidal ideation among construction workers. Specifically, this presentation will investigate the associations between industry stressors and suicidal ideation, and investment in masculine norms and suicidal ideation.

In the third and final presentation, Jorgen Gullestrup will present a synthesis of the peer-reviewed scholarship on the outcomes of the MATES in Construction program. The MATES program was established to encourage help offering within Australian construction workplaces, with the long-term goal of reducing high levels of psychological distress and the persistently high suicide rate within the industry. This presentation will synthesise the empirical evidence regarding the effectiveness of the MATES program, across different outcome measures (e.g., improved suicide prevention literacy, improved willingness to offer help).

All three presentations offer an up-to-date insight into the challenge of suicide within the Australian construction industry. The research findings addressed in this symposium may be valuable for shaping the development and refinement of suicide prevention initiatives for the Australian construction industry. The presentations also reinforce the value of developing industry-embedded strategies for effectively supporting workers in suicidal distress.

#### 10.1: Suicide among male Australian construction workers: analysis of 18 years of data

Authors: Tania King<sup>1</sup> (presenting author), Yamna Taouk<sup>1</sup>, Tony LaMontagne<sup>2</sup>, Humaira Maheen<sup>1</sup>

Affiliations: <sup>1</sup>School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia; <sup>2</sup>School of Health and Social Development, Deakin University, Melbourne, VIC, Australia

Study objectives: In many Western countries including Australia, construction workers are consistently found to have elevated risks of suicide relative to other workers. Using 18 years of national suicide data, the objectives of this study were to: 1) examine suicide mortality of male construction workers relative to workers from other occupations; and 2) assess changes in the suicide rate over time.

Methods and materials: Suicide cases among employed males aged 15-64 years were drawn from the National Coronial Information System (NCIS) for the years 2001-2018. NCIS and census data was used to calculate age-standardised suicide rates for construction workers and those employed in other occupations. Negative binomial regression methods were used to compare the suicide rates of construction workers versus other workers, and to examine the effect of time on the association between suicide and occupations.

Results: The overall age-standardised suicide rate of male construction workers was 27.8 per 100,000 person compared to 13.3 per 100,000 male workers employed in other occupations. The risk for suicide in male construction workers over the 18 year period was 2.14 (95% CI 1.97-2.33) times that of male workers in other occupations. There was some evidence of an interaction effect of time on the association between suicide and occupation ( $p=0.02$ ). There was a slight decrease in the risk of suicide (IRR 0.90; 95% CI 0.80-1.00) in the second decade (2011-2018) compared to the first decade (2001-2010) for males employed in other occupations. A more moderate decrease in the risk of suicide for construction workers (IRR 0.74; 95% CI 0.65-0.83) was observed in the second decade of analysis compared to the first decade, however construction workers remain at a significantly higher risk of suicide (IRR 1.92, 95% CI 1.70-2.18) in the second decade compared with males in other occupations.

Conclusion: There is some evidence of a decline in the suicide rate among male construction workers in recent years (2011-2018) however the rate remains substantially higher than that for males employed in other occupations. There is a need for continued investment in suicide prevention programs and initiatives within the construction industry, given the persistence of elevated suicide rates among Australian construction workers.



## 10.2: Suicidal Ideation in the Australian Construction Industry: The Role of Psychosocial Job Factors and Traditional Masculine Norms

Authors: Simon Tyler<sup>1</sup> (presenting author), Kate Gunn<sup>2</sup>, Hugh Hunkin<sup>3</sup>, Bob Clifford<sup>4</sup> and Nicholas Procter<sup>1</sup>

Affiliations: <sup>1</sup>Clinical and Health Sciences, University of South Australia, Adelaide, SA, Australia; <sup>2</sup>Department of Rural Health, University of South Australia, Adelaide, SA, Australia; <sup>3</sup>Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, SA, Australia; <sup>4</sup>MATES in Construction South Australia, 58A Greenhill Road, Wavell, SA, Australia

Study objectives: Research has shown Australian Construction Industry Workers (ACIW) are at increased risk of suicide in comparison to many other working populations. To address this issue, preventative programs such as MATES in Construction use education, training and support services to enhance protective factors and mitigate suicide related loss. Despite the programs proven effectiveness, information around suicidal ideation drivers, shown to be a significant risk factor for suicidal behaviors in other populations, for ACIW is needed to inform additional preventative approaches. Minimal research has focused on the role of industry related drivers such as psychosocial job factors in ACIW suicidal ideation presence. Additionally, regular commentary has been made that ACIW suicidal behaviors may be driven by individual and industry cultural endorsement of traditional masculine norms creating stigma towards mental health related issues that inhibit help-seeking. Despite previous research suggesting their importance, no investigation has been undertaken, something addressed by the current study.

Methods and materials: Analysis will be undertaken on the nationally representative Australian Longitudinal Study on Male Health data base of 13,456 men aged between 18 and 55 years of age. Comparisons of suicidal ideation presence between those employed in the ACI and the general population will be made. Additionally, investigation of associations between suicidal ideation and ACI workers perceptions of four psychosocial job factors (1) high job demands, (2) low job control, (3) job insecurity and (4) perceived fairness of pay will be investigated, as will associations between suicidal ideation and ACI workers overall and domain specific endorsement of the Conformity to Masculine Norms Inventory (CMNI-22). A range of socioeconomic covariates, previously shown to be related to suicidal ideation in other populations, will be included in the analysis to generate comprehensive understandings of industry driver relevance.

Conclusions: Deeper understanding of suicidal ideation prevalence and drivers may inform future suicide prevention efforts for ACIW. As such, this novel research is designed to provide understandings of suicidal ideation prevalence within the industry, as well as the role of psychosocial job factors and traditional masculine norm adherence play in driving its presence.

## 10.3: A systematic review of evaluation evidence for the MATES in Construction workplace suicide prevention program

Authors: Jorgen Gullestrup<sup>1</sup> (presenting author), Samantha Thomas<sup>2</sup>, Tania King<sup>3</sup>, Tony LaMontagne<sup>1</sup>

Affiliations: <sup>1</sup>School of Health, Work, Health and Wellbeing, Deakin University, Melbourne, Australia; <sup>2</sup>School of Health, Institute for Health Transformation, Deakin University, Melbourne, Australia; <sup>3</sup>School of Population and Global Health, Centre for Health Equity, University of Melbourne, Australia

Study objectives: MATES is a multimodal industry-based suicide prevention program operating across four Australian states and New Zealand. While initially focussed on the construction industry, it is now present in the Mining, Energy and Manufacturing industries. It is featured as an example of best practice in WHO's Live Life Implementation guide for governments practice. While evidence-based and highly evaluated, there has been little overall synthesis of the program effectiveness. This study sought to evaluate and synthesise the available evidence of the MATES program.

Methods and materials: A systematic review of studies assessing the implementation and effectiveness of the MATES program was conducted and presented according to PRISMA guidelines. Implementation data was reviewed and estimates of program reach calculated.



Results: We identified 12 peer-reviewed papers that met inclusion criteria. The review found strong evidence for a short-term improvement in mental health and suicide prevention literacy and decreased suicide stigma. There was evidence for reduced public stigma and increased help-seeking and help-offering intentions over time. Workers were significantly more likely to report an intention to support a workmate in a crisis than report an intention to seek help themselves. Over time, support provided to workers increased incrementally. Workers were most likely to nominate peers as targets for help-offering and help-seeking and least likely to nominate supervisors. The industry based, worker-led, collective approach to suicide prevention was identified as central to the effectiveness of MATES. A reduced relative risk of suicide for construction workers was observed and a return on investment of \$4.6 per dollar spend found.

Conclusion: There is evidence that the MATES program is successful in improving help-seeking and help-offering intentions, and the results illustrate the value of a workplace peer program and industry-embedded approach. With an increasing focus on all of government, all of community approaches to suicide prevention programs like MATES, empowering communities in suicide prevention will increase in importance. The scale and bottom-up focus of MATES may provide a template for other community-based models for intervention.

## 11. Suicide and self-harm monitoring in Australia

Submission #93549

Chair: Chris Killick-Moran

Affiliations: Australian Institute of Health and Welfare, Suicide and Self-harm Monitoring Unit, 0402 317 193, [chris.killick-moran@aihw.gov.au](mailto:chris.killick-moran@aihw.gov.au)

Introduction:

The Australian National Suicide and Self-harm Monitoring System (SSHMS) was announced in the 2019–20 Australian Government Budget with \$15m of funding allocated over three years. Further funding was allocated in the 2021–22 Budget. The Australian Institute of Health and Welfare (AIHW) has led the development and implementation of the SSHMS in collaboration with the Department of Health, the National Mental Health Commission, State and Territory governments, people with lived experience of suicidality, academic researchers, and the broader suicide prevention sector.

This symposium will provide a summary of the evaluation of the SSHMS and highlight four collaborations under the SSHMS that have utilised Australian developments in suicide and self-harm data collection. The presentations span: the SSHMS evaluation, suicide register data analysis, linked administrative data sets, geospatial analysis, and novel approaches to developing and analysing paramedic data.

### 11.1: Evaluation of the National Suicide and Self-harm Monitoring Project and System

Authors: Flego, A.<sup>1</sup>, [Cutler, T.L.](#)<sup>1</sup>, Dempster, G.<sup>1</sup>, Robinson, J.<sup>2</sup> and Pirkis, J.<sup>1</sup>

Affiliations: <sup>1</sup>Centre for Mental Health, Melbourne School of Population and Global health, The University of Melbourne, <sup>2</sup>Centre for Youth Mental Health, Orygen

The evaluation of public health surveillance systems is an important aspect of the development and maintenance of these systems, to ensure they are achieving their aims and objectives and are providing useful information for stakeholders.

Study objectives: We aimed to evaluate the development of the SSHMS, as well as its initial performance and effectiveness. We assessed the extent to which the SSHMS was meeting its aim and objectives, which included an assessment of system attributes: data quality, sensitivity, simplicity, timeliness, accessibility, acceptability, and usefulness.

Methods and materials: Our evaluation was guided by the Centre for Disease Control and Prevention Guidelines for Evaluating Public Health Surveillance Systems.

We gathered information from six data sources: (a) review of key documents; (b) observational and participatory data; (c) data audit; (d) semi-structured interviews with multiple types of stakeholders

and experts; (e) case studies and; (f) website analytics data. Information from these data sources were triangulated to answer the evaluation question.

Results: There was evidence of improvements to data collection and supply, including the timeliness and comprehensiveness of data. The SSHMS has been well accepted by those individuals and organisations with a stake in the SSHMS, and the broader public. The SSHMS was being utilised and has been shown to be useful from various user perspectives.

Based on the main evaluation findings, we provided eleven recommendations for future development, improved performance, and maintenance of the SSHMS.

Conclusion: The SSHMS is well on track to achieving its objectives, particularly in relation to the collaborative, ongoing development of the System and the creation of a 'one stop' comprehensive, high-quality resource for the public for suicide and self-harm data in Australia.

### 11.2: Spatiotemporal Modelling of Australian Suicide Deaths between 2001 and 2020

Authors: [Biddle, N.](#)<sup>1</sup>, [Ellen, L.](#)<sup>1</sup> and [Marasinghe, D.](#)<sup>1</sup>

Affiliation: <sup>1</sup>ANU Centre for Social Research and Methods

To the best of our knowledge, the most recent country and population wide spatiotemporal analysis of suicide deaths was published by Cheung et al. (2013) using 2004–2008 data. To date, investigations into spatial and/or temporal patterns of suicide in Australia have not considered the possibility that clustering of suicide deaths may be associated with the clustering deaths due to causes other than suicide.

Study objectives: Our primary aim is to identify spatiotemporal clusters of suicide deaths across Australian ASGS2016 SA2 areas between the years 2001 and 2020 inclusive. Our secondary aim is to determine whether clustering of suicide deaths in Australia is associated with the clustering of deaths by other selected causes.

Methods and materials: The National Mortality Database (NMD) is the primary data source used for this study. The NMD holds individual person level records for all deaths registered in Australia. Variables include: underlying cause of death, sex, five year age group, and week of death. Deaths were assigned to standardised geographies using the usual residence of the deceased. Area level socio-economic status and remoteness measures were included.

Initially, Scan Statistics, using STATScan software, will be used to address our research aims. We then plan to test the robustness of these initial findings with a hierarchical Bayesian approach, using the INLA R package.

Results: This work is in progress and results are yet to be finalised. Full peer review may not be complete prior to the May ISAP 2022 conference.

Conclusion: This study updates the literature on Australia wide spatiotemporal modelling of suicide deaths. To our knowledge, it is the first Australian study to investigate potential associations between the spatiotemporal clustering of suicide deaths and those of deaths by other causes.

### 11.3: Socioeconomic Factors associated with Suicide in Australia: A Focus on Individual Income

Authors: [Biddle, N.](#)<sup>1</sup>, [Ellen, L.](#)<sup>1</sup>, and [Marasinghe, D.](#)<sup>1</sup>

Affiliation: <sup>1</sup>ANU Centre for Social Research and Methods

Broader socioeconomic factors are likely contributing to suicide deaths in Australia. Further investigation is required to identify new opportunities for suicide prevention policy.

Study objectives: The study aimed to explore associations between individual level socio-economic factors and suicide death. Particular focus was given to exploring associations between individual level income related measures (average income, relative income, income uncertainty or negative income shocks, periods of unemployment) and the probability of dying by suicide.

Methods and material: We used linked longitudinal data from the Multi-Agency Data Integration Project (MADIP). More specifically, 2011 Census data, 2011 – 2016 individual level tax and social security data and 2011 – 2016 death data were used. Both cross-sectional and longitudinal regression analyses were undertaken.



Results: Individuals with lower incomes had a greater probability of dying by suicide compared to those with higher incomes. Experiencing a reduction in income or greater income variability was also associated with an increased probability of dying by suicide. The effect of income reduction and the effect of income variability on the probability of dying by suicide were dependent on the income level of the individual. Lastly, those who were unemployed had a higher probability of dying by suicide. This probability of suicide death increased with years of unemployment.

Conclusion: In this study we used individual-level linked MADIP data from 2011-2016 to explore relationships between individual level income related measures and suicide death in Australia. Though our models help us to understand the relationship between economic factors and suicide, they only capture a modest part of the complex nature of suicide in Australia.

#### 11.4: Using public health data to drive policy change and inform communities

Authors: [Debbie Scott](#)<sup>1</sup> and Rowan Ogeil<sup>1</sup>

Affiliation: <sup>1</sup>National Addiction and Mental Health Surveillance Unit, Turning Point, Monash University  
Study objectives: This presentation will discuss the importance and limitations of National Ambulance Surveillance System (NASS) data in surveillance of suicide, self-harm and their relationship with alcohol and other drugs.

Methods and material: Ambulance data present an opportunity to examine suicide and self-harming behaviours (suicidal ideation, suicide attempt, death by suicide, self-injury) that are routinely missed in other population-based resources. Ambulance data is uniquely positioned to capture complex information on population level harms. Paramedics on-scene use their professional acumen to assess the event, recording all relevant information in their clinical notes. Coders in the NASS read code each clinical record to capture this detailed information.

Results: In 2020 ambulances attended a total of around 33,000 incidents involving suicidal behaviours (suicidal ideation or suicide attempt) in NSW, Vic, Qld, Tas, and the ACT during the months of March, June, September and December. Self-injury accounted for a relatively smaller number of attendances, around 6,400 incidents.

Conclusion: Ambulance attendances to suicidal and self-harm incidents provide valuable data about harms that are not recorded elsewhere in administrative data sources.

#### 11.5: Patterns of Suicide in the Context of COVID-19: Evidence From Three Australian States

Presenting author: Angela Clapperton<sup>1</sup>

Co-authors: Matthew John Spittal<sup>1</sup>, Jeremy Dwyer<sup>2</sup>, Andrew Garrett<sup>3</sup>, Kairi Kõlves<sup>4</sup>, Stuart Leske<sup>4</sup>, Ciara Millar<sup>2</sup>, Bronwen Edwards<sup>5</sup>, Victor Stojcevski<sup>3</sup>, David Robert Crompton<sup>4</sup>, Jane Pirkis<sup>1</sup>

Affiliations: <sup>1</sup> Melbourne School of Population and Global Health, The University of Melbourne, Carlton, VIC, Australia, <sup>2</sup> Coroners Prevention Unit, Coroners Court of Victoria, Melbourne, VIC, Australia, <sup>3</sup> Coronial Division, Magistrates Court of Tasmania, Hobart, TAS, Australia <sup>4</sup> Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Brisbane, QLD, Australia, <sup>5</sup> Roses in the Ocean, Newstead, QLD, Australia.

Study objectives: We aimed to determine whether there has been a change in the number of suicides occurring in three Australian states overall, and in age and sex subgroups, since the COVID-19 pandemic began, and to see if certain risk factors for suicide have become more prominent as likely underlying contributing factors for suicide.

Methods and material: Using real-time data from three state-based suicide registers, we ran multiple unadjusted and adjusted interrupted time series analyses to see if trends in monthly suicide counts changed after the pandemic began and whether there had been an increase in suicides where relationship breakdown, financial stressors, unemployment and homelessness were recorded.

Results: Compared with the period before COVID-19, during the COVID-19 period there was no change in the number of suicides overall, or in any stratum-specific estimates except one. The exception was an increase in the number of young males who died by suicide in the COVID-19 period (adjusted RR 1.89 [95% CI 1.11-3.23]). The unadjusted analysis showed significant differences in suicide in the context of unemployment and relationship breakdown during the COVID-19 compared to the pre-

COVID-19 period. Analysis showed an increase in the number of suicides occurring in the context of unemployment in the COVID-19 period (unadjusted RR 1.53 [95% CI 1.18-1.96]). In contrast, there was a decrease in the number of suicides occurring in the context of relationship breakdown in the COVID-19 period (unadjusted RR 0.82 [95% CI 0.67-0.99]). However, no significant changes were identified when the models were adjusted for possible over-dispersion, seasonality and non-linear trend.

Conclusion: Although our analysis found no evidence of an overall increase in suicides after the pandemic began, the picture is complex. The identified increase in suicide in young men indicates that the impact of the pandemic is likely unevenly distributed across populations. The increase in suicides in the context of unemployment reinforces the vital need for mitigation measures during COVID-19, and for ongoing monitoring of suicide as the pandemic continues.

## 12. Bridging Indigenous suicide prevention and assessment and clinical management of suicide risk within military population topics with a trauma frame

Submission #93584

Presenters: Maree Toombs & Peter Guiteraz

1. Impacts of suicide on the community
2. Loss of hope
3. Lack of trust of those from outside the community/other institutions
4. Fear of negative career impacts for military
5. Loss of agency

Both topics can begin with universal elements of suicide prevention and move to community specific. You must understand the culture of where you're working to be effective. Trust between the helper and the person with thoughts of suicide is the foundation of successful relationships. Without trust, there is no chance of providing effective help.

Indigenous communities are collectives. Engaging in behaviors that will help other members of the community even if it doesn't directly benefit the individual is very important. Military members share similar values. Understanding the importance of the collective is what allows us to talk about seemingly very different populations within the same keynote address in a meaningful way.

## 14. Advancing Suicide Prevention through Economic Evaluation of Interventions

Submission #93435

Chair: Jane Pirkis

Affiliations: <sup>1</sup>The University of Melbourne; <sup>2</sup>Deakin University; <sup>3</sup>Western Sydney University;

<sup>4</sup>Everymind

Introduction:

Suicide and self-harm constitute significant public health concerns and require the implementation of effective prevention strategies informed by high quality research. Despite a growing evidence base regarding the effectiveness of interventions, research examining their cost-effectiveness is still relatively rare. A key barrier to the adoption and implementation of interventions is further often cost. In order to inform and advance future prevention efforts to address suicide and self-harm we therefore require high quality research to appraise the cost-effectiveness of interventions.

This symposium will present findings from a program of research, including a series of four studies, which established the economic credentials of four evidence-based interventions in the Australian context. Led by the University of Melbourne and conducted with key partners through the LIFEWAYS Project: Leading research into suicide prevention, the symposium will outline a proven methodology for economic evaluation of suicide prevention interventions which is informed by the Assessing Cost-Effectiveness (ACE) approach. The four presentations will provide current evidence regarding the economic credentials of brief aftercare interventions (Dr Long Khanh-Dao Le), psychosocial interventions (Dr Karolina Kryszynska), media reporting guidelines (Anna Flego), and barriers at bridge





and cliff sites (Piumee Bandara). The symposium will be of direct interest and relevance to varied sector stakeholders (including, researchers, policy makers, and service providers) seeking to address suicide and self-harm in Australia and internationally.

#### 14.1: The cost-effectiveness of brief aftercare interventions following self-harm

Authors: Long Khanh-Dao Le<sup>2</sup>, Anna Flego<sup>1</sup>, Karolina Kryszynska<sup>1</sup>, Karl Andriessen<sup>1</sup>, Piumee Bandara<sup>3</sup>, Andrew Page<sup>3</sup>, Marisa Schlichthorst<sup>1</sup>, Jane Pirkis<sup>1</sup>, Cathrine Mihalopoulos<sup>2</sup>, Lennart Reifels<sup>1</sup>

Study objectives: Suicide and self-harm are major public health problems, and the prevention of repeated self-harm is considered a national health priority in Australia. The current study aimed to evaluate the cost-effectiveness of a brief aftercare intervention, following a suicide attempt, for reducing repeated self-harm within the Australian context.

Methods and material: The study used economic modelling techniques to conduct a: (i) return-on-investment (ROI) analysis comparing the cost savings produced by the intervention to the total cost of the intervention, and (ii) cost-utility analysis comparing the net intervention costs to health outcomes measured in quality-adjusted life years (QALYs). A partial societal perspective was adopted to evaluate the costs and health benefits over a ten-year time horizon, and cost offsets related to self-harm hospitalisation and suicide (through the value of a statistical life) were included in the base case analysis. Uncertainty and one-way sensitivity analyses were conducted to test model assumptions.

Results: The brief aftercare intervention produced net cost savings of A\$8.6M (95% uncertainty interval (UI): -284.8M to 170.1M) and was associated with 91 (95% UI: -77 to 386) QALYs gained over 10 years. The estimated ROI ratio for the intervention cost in relation to cost savings was 1.65 (95% UI: -12.3 to 22.5). Seventy-six percent of uncertainty iterations showed the intervention was cost-effective (either cost saving or with an acceptable cost effectiveness ratio). Results were robust across the sensitivity analyses, except that when the monetary value attached to suicide death was reduced, the intervention was no longer cost saving. However, it remained cost effective with an incremental cost effectiveness ratio of A\$8,578 per QALY gained under the threshold value for money of A\$50,000 per QALY gained.

Conclusion: The study found that a brief aftercare intervention had a reasonable chance of being a cost-effective self-harm prevention intervention for individuals with a prior episode of self-harm, in that for every A\$1 invested, there will be a corresponding return of A\$1.65. Further research in implementing this type of intervention is needed.

#### 14.2: The cost-effectiveness of psychosocial interventions following self-harm in Australia

Authors: Karolina Kryszynska<sup>1</sup>, Karl Andriessen<sup>1</sup>, Piumee Bandara<sup>3</sup>, Lennart Reifels<sup>1</sup>, Anna Flego<sup>1</sup>, Andrew Page<sup>3</sup>, Marisa Schlichthorst<sup>1</sup>, Jane Pirkis<sup>1</sup>, Cathrine Mihalopoulos<sup>2</sup>, Long Khanh-Dao Le<sup>2</sup>

Study objectives: Cognitive behavioural therapy (CBT) is a psychosocial intervention with evidence of effectiveness in lowering the risk of repeated self-harm in adults. The aim of our study was to evaluate the cost-effectiveness of CBT for reducing repeated self-harm, specifically in the Australian context.

Methods and material: The study adopted the Assessing Cost Effectiveness (ACE) approach and the return-on-investment (ROI) method of analysis. In uncertainty and sensitivity analyses (SAs) we tested the robustness of the model outputs to changes in the following three assumptions: General Practitioner referral pathway (SA1), private setting intervention delivery (SA2), and training costs (SA3).

Results: The CBT intervention produced net cost savings of A\$47.8M (95% uncertainty interval (UI) reported: -520.2 to 238.3) and A\$38.0M (-437.6 to 272.5). The estimated ROI ratio for the intervention cost in relation to cost savings was 6.9 and 6.5 (-35.4 to 58.9). In SA1, the ROI ratio reduced to 6.6 (-24.7 to 53.0), in SA2 to 3.2 (-11.5 to 27.5), and in SA3 to 6.7 (-31.8 to 57.1).

Conclusion: Our study demonstrated cost-effectiveness of CBT for adults who have self-harmed with the return-on-investment ratio of A\$6.5 to A\$6.9 for every A\$1 invested. Implementation of CBT may lead to substantial cost savings, which points at the importance of including this intervention in evidence-based suicide prevention programs.

14.3: The cost-effectiveness of media reporting guidelines for the prevention of suicide in Australia Authors: Anna Flego<sup>1</sup>, Lennart Reifels<sup>1</sup>, Tina Fox<sup>4</sup>, Jaelea Skehan<sup>4</sup>, Piimee Bandara<sup>3</sup>, Andrew Page<sup>3</sup>, Karolina Kryszynska<sup>1</sup>, Karl Andriessen<sup>1</sup>, Marisa Schlichthorst<sup>1</sup>, Cathrine Mihalopoulos<sup>2</sup>, Jane Pirkis<sup>1</sup>, [Long Khanh-Dao Le<sup>2</sup>](#)

Study objectives: Media guidelines for the responsible reporting of suicide are a recognised universal suicide prevention intervention. While implemented in numerous countries including Australia, little is known about whether they are cost-effective. The aim of our study was to determine the cost-effectiveness of Mindframe, the national initiative implementing media guidelines in Australia.

Methods and material: We conducted a modelled economic evaluation over a five-year time-horizon incorporating two types of economic analysis: (i) a return-on-investment analysis (ROI) comparing estimated cost savings from the intervention to the total intervention cost, and (ii) cost-effectiveness analysis comparing the net intervention costs to health outcomes measured in suicide deaths prevented and quality-adjusted life-years (QALYs). We also included uncertainty analyses to propagate parameter uncertainty and sensitivity analyses to test the robustness of the model outputs to changes in input parameters and assumptions.

Results: The estimated ROI ratio was 91:1 (95% uncertainty interval [UI]: 37 to 170). The intervention was associated with cost savings of A\$575M (95% UI: A\$228M to A\$1,081M), 135 (95% UI: 55 to 252) suicides prevented and 103 (95% UI: 42 to 192) QALYs gained. The intervention was dominant, or cost saving, compared to no intervention.

Conclusion: Mindframe was found to be cost saving and therefore worthy of investment and inclusion as part of national suicide prevention strategies.

14.4: Cost-effectiveness of barriers for suicide prevention at bridge and cliff sites in Australia Authors: [Piimee Bandara<sup>3</sup>](#), Jane Pirkis<sup>1</sup>, Angela Clapperton<sup>1</sup>, Sangsoo Shin<sup>1</sup>, Lay San Too<sup>1</sup>, Lennart Reifels<sup>1</sup>, Andrew Page<sup>3</sup>, Karl Andriessen<sup>1</sup>, Karolina Kryszynska<sup>1</sup>, Anna Flego<sup>1</sup>, Marisa Schlichthorst<sup>1</sup>, Matthew J. Spittal<sup>1</sup>, Cathrine Mihalopoulos<sup>2</sup>, Long Khanh-Dao Le<sup>2</sup>

Study objectives: There is strong and consistent evidence that installation of barriers at sites where suicides frequently occur can reduce suicides. However, a major challenge to installation is cost. This is the first multi-site study to examine the cost-effectiveness of installing barriers at bridge and cliff sites where suicides are known to occur.

Methods and material: In our primary analysis, we compared cost-savings produced relative to cost of installation of barriers at seven identified bridges and 19 cliff sites across Australia. A secondary analysis was conducted using the incremental cost-effectiveness ratio (ICER), comprising the difference in costs between installation of barriers and no installation of barriers, divided by the difference in reduction of suicide cases. Uncertainty analyses were undertaken to propagate parameter uncertainty and sensitivity analyses were conducted to account for potential suicide substitution to neighbouring sites, changes in maintenance costs, and variation in the time period for value of statistical life.

Results: If barriers were installed at bridge sites, it is estimated US\$145 million could be saved by preventing suicides over five years, and US\$270 million over ten years. For cliff sites, it is estimated US\$78 million and US\$145 million could be saved over five and ten years, respectively. The estimated ROI ratio for building barriers at bridges was 2.4 (95% UI: 1.5 to 2.7) and 2.0 (95% UI: -1.1 to 3.8) at cliff sites over ten years. The ICER indicated monetary savings due to averted suicides over the intervention cost. Results were robust in all sensitivity analyses except when the value of statistical life year over five and ten years was used.

Conclusion: There is strong evidence that barriers are a cost-effective suicide prevention intervention at bridge sites. Further evidence is needed for cliff sites.

## 15. StandBy and the Vital Role of Lived and Living Experience in Postvention

Submission #93521



Chair: Karen Phillips

Presenters: Jo Langford, Jon Eddy

Introduction:

StandBy is committed to developing a specialised workforce that includes those with lived experience of suicide bereavement. These workers bring insight, wisdom and perspective that is critical to informing the best approaches.

This multimedia and collaborative symposium will powerfully demonstrate the value, impact and need for Lived Experience (LE) representation and roles and in all aspects of the Postvention space.

Six presenters currently working in various LE roles will share their own stories of loss and bereavement, highlighting the kind of supports that were available to them, and the roles they now play in the lives of those bereaved. Using video, images, stories and art, presenters will describe their personal bereavement journeys, the varied paths that led to working in postvention, and the nature of the work they now do.

Discussion and evidence will also be presented to support the need for further expansion of the LE workforce in both LE roles and those with LE bringing their insight and LE expertise to roles within the sector.

The purpose of this symposium is to show the value of LE roles and demonstrate how they are bringing about change. It will also highlight the need for more roles and greater inclusion.

Methods and material: The presenters will include the StandBy National Lived Experience Coordinator, NSW PSS Regional Peer Workers, Group Program Facilitators, StandBy National Lived Experience Advisory Group members and Volunteers.

Each presenter will:

1. Share how long ago they were bereaved and how this grief and loss though changed is still with them
2. Each person can talk about their own story, what was missing in LE support and how that has driven them to work in this area, how it may have changed their experience and how they use their LE because of this
3. Talk about their work before i.e., have they brought their past skills to their work or had a complete career change
4. Give examples of the requests for LE support from the people who contact StandBy. Examples of feedback
5. Talk about change brought about because of the work in LE

The personal impact that bereaved people gain through being supported by workers in LE roles and changes that organisations and individuals working in the sector have made through being guided by the expertise of those with LE will be shown. A video showing personal stories from organisations, first responders and people supported by StandBy will be presented.

The panel will present a case for the expansion and recognition of the value of LE roles:

1. How to grow, support and enhance the LE workforce
2. How to get LE a seat at every table i.e., remove the power imbalance
3. Changing culture: LE suicide bereavement workers as experts – LE suicide bereavement roles demand a specific skillset, distinguishing LE work from the generalised mental health space
4. LE workforce vs peer workforce

Question time will follow, to be asked of specific panel members, or to the general group.

Outcome and results: StandBy aim to share their learnings and growth in the LE workforce, outlining how roles have developed and grown and how LE has become central to the StandBy program. StandBy wants to open up conversation that can have the delegates and those with LE discuss and share ideas on how the LE workforce can continue to evolve.

## 16. Addressing loneliness and social isolation: the role of crisis helplines

Submission #93530

Chair: Thilini Perera

Affiliations: CEO Lifeline International

Introduction:

Loneliness, isolation and poor social connection can be harmful to both physical and mental health. Close personal relationships and connections provide a sense of belonging and readily accessible support to individuals. Intervention strategies that address loneliness and social isolation are integral to reducing associated mental health impacts. Interventions can include digital based care and support models as well as community-based programs.

In recent times, due to the ongoing pandemic, citizens across the world continue to experience significant disruption to their daily lives. The public health policies designed to halt the spread of the virus, such as physical distancing and lockdowns, have the potential to exacerbate risk factors associated with loneliness and social isolation. During this time, helplines across the world have experienced a significant increase in calls, primarily driven by concerns about the virus itself and loneliness (Brühlhart et al 2021). During the pandemic, many countries have established helplines and programs or adapted existing helplines and programs to enable individuals to connect with others and access support.

Here, from the perspective of three crisis support/helpline service providers, we will present on the role of crisis helplines in addressing loneliness and social isolation. We will discuss the importance of providing human connection not only during the pandemic, but also draw from those experiences to discuss the future of international helpline service provision.

#### 16.1: All The Lonely People – Why Do They Call Lifeline?

Authors: Woodward, A., Pirkis, J., Keogh, L., and Gunn, J.

Study Objectives: Connection with others is regarded as a protective factor in suicide prevention. The Interpersonal Theory of Suicide identifies Thwarted Belongingness as a feature of a suicidal state. Crisis helplines feature in suicide prevention strategies as a front-line service to provide immediate responses for people in distress, who may be contemplating suicide. Many of those who call helplines are lonely. They are often alone or isolated from others. This aspect of helplines and how it relates to their effectiveness for suicide prevention is examined in this study.

Methods and material: Lifeline Australia is a national helpline that attracts more than one million calls a year. This qualitative study explored the experiences of a selection of callers to Lifeline Australia. In-depth semi-structured telephone interviews were conducted over 12 months with 58 callers to Lifeline. Study participants were asked about their reasons for calling, their experience of a recent call and the extent to which the service related to their needs. The effect of a call to Lifeline was also explored. Qualitative analysis of interview transcripts was undertaken using NVivo 12 to organise the findings into thematic frameworks that were derived from this analysis.

Results: Study participants often called Lifeline when they ‘needed to talk to someone’. For many this meant having contact with another person at a time when they had no one else to turn to. Some participants lived with continuing loneliness and social isolation, at times associated with chronic mental ill health. Participants reported feeling less alone in their troubles if they knew there was someone they could contact, someone who would ‘be there’ for them. A call to Lifeline had positive effects on many participants, including the interruption of a cycle of downwards despair.

Conclusion: A telephone helpline such as Lifeline Australia performs an important function in the broader service system for suicide prevention as a source of convenient, immediate, low-cost support at times when a person is in ‘crisis’ i.e. struggling to cope with struggles and stresses in their lives. The personal contact provided by a helpline can address profound loneliness and social isolation for many callers. Helplines can foster connection as a protective factor for the prevention of suicide.

#### 16.2: Breaking Down The Barriers To Loneliness

Author: Robert Sams

Affiliation: Lifeline Direct Services - Executive Director and Volunteer Crisis Supporter



“Loneliness is a feeling of sadness or distress because of a mismatch between the amount of social connection a person wants and the amount they have. It is also possible to feel lonely even when surrounded by people. One can experience loneliness at work, with friends or in a relationship. Feelings of loneliness can also come as a result of experiencing mental ill health.” (www.lifeline.org.au)

Loneliness means may be experienced in different ways, at different times and by different people. It can be experienced by any of us.

Loneliness may be a feeling that no-one is there to listen, or nobody wants to listen, or it could be due to not being able to articulate or share our feelings with those who we are close to us. Whether through physical, virtual, or other feelings of isolation, helplines can help break down the barriers that may leave us feeling socially dis-connected with others. This is because they are usually available 24/7, they often don't discriminate in terms of who may call, are easily accessible, and often offered at no, or little cost.

Lifeline's 'model of 'care' supports the breaking down of the barriers and causes of loneliness by opening up avenues of connection through both voice and text channels. Importantly, strategies to support crisis line staff that engage with help-seekers and understanding the experience of the crisis supporter in this context is also an essential part of the holistic model of 'care'.

### 16.3: Lifeline China Adapting to the Needs of Increasing Call Volumes

Author: Sam Quercioli

Affiliation: Lifeline China

Lifeline China offers free, anonymous, confidential, emotional support for callers from 10am-10pm 365 days per year. The volunteer-run organization occupies a unique space on the Chinese mental health landscape as the only English-language crisis helpline in the country.

Lifeline China began operating in 2004 as a volunteer helpline for expatriates living and working in Shanghai. Over the ensuing eighteen years, Lifeline China has evolved to meet the changing needs of the callers. Call and chat volumes have changed since 2004: in 2021 they increased by some 40%, partially due to pandemic distress. Loneliness and disconnection have remained constant themes on the line. Evidence of this can be seen by the mention of suicide on 16% of all calls or chats received by Lifeline China in 2021, 2% increase comparing 14% in 2020.

Lifeline China has recognized these changing needs and has evolved services to include online platforms such as WeChat/LiveChat. This has enabled chatters to connect to Lifeline services at times and from locations that they would otherwise be unable to call. Connecting via online services also offers, alternatives for those who prefer to use written English language skills instead of spoken.

Our volunteers reflect our global community and speak more than 15 languages, enabling us to offer emotional support to callers in their own language whenever possible.

Supporting volunteers to cope with the increased call volume has become a key to sustainability for Lifeline China. Increasing the rigor and duration of the new volunteer training with a focus on handling suicide and at-risk callers has increased volunteer confidence and service.

In the past, the majority of calls originated from Shanghai, but due to the efforts of strategic outreach Lifeline China now receives calls from across the country.

Lifeline China stands ready to keep adapting to an uncertain and ever-changing future as we provide crucial support to English speakers across China who are struggling with feelings of loneliness, isolation and disconnection.

### 16.4: Enhancing Social and Emotional Connections Through Crisis Counselling Programs

Author: Justin Chase

Affiliation: President and CEO – Solari Crisis & Human Services, Arizona

Missed opportunities to socialise and connect with others as well as public health orders on physical distancing during the pandemic, have likely exacerbated feelings of loneliness, social isolation and associated emotional distress – particularly for those who already live with mental health conditions. Lockdowns have caused great uncertainty, isolation and, in some cases, economic hardships – leading to a significant increase in calls to helplines across the United States.



The Resilient Arizona Crisis Counselling Program is a federally funded program that helps people and communities recover from the effects of disasters and/or pandemics through short-term interventions that provide emotional support, crisis support, and connection to community supports. This Program aims to:

1. Increase resilience;
2. Enhance self and community efficacy;
3. Encourage hopeful feelings that things will improve;
4. Increase confidence in one's ability to cope with pandemic related stress; and
5. Establishes human connections when many of us feel alone and isolated.

Loneliness and isolation are key themes among people reaching out for support. This presentation contributes to raising awareness of the important role of programs such as The Resilient Arizona Crisis Counselling Program in helping individuals to enhance social and emotional connections to others in the community as well as promote effective coping strategies and resilience.



# Workshops

## 2 Restorative Just Culture as a foundation for Zero Suicide Healthcare

Facilitators: Susan Murray, Managing Director Zero Suicide Institute of Australasia

Kay McCue, Lived experience advocate

### Abstract:

According to Professor Sidney Dekker a just culture is a culture of trust, learning, and accountability. It is particularly important when an incident has occurred or when something has gone wrong. How do you respond to the people involved? What do you do to minimise the negative impact and maximise learning?

Most of the guidance available on just culture today - and the typical model adopted by many organisations - considers justice in retributive terms.

It asks questions such as:

1. Which rule was broken?
2. Who is responsible?
3. How bad is that violation and what are the consequences?

Restorative approaches ask very different questions in the wake of an incident:

4. Who is hurt?
5. What are their needs?
6. Whose obligation is it to meet those needs?

This is particularly important in healthcare where blame and retribution are the norm.

The goals of a restorative just culture are:

1. Moral engagement  
How do we meet hurt with healing? What are the right things to do when a patient, family, colleague have been harmed?
2. Emotional healing  
Negative events impact a lot of people. It is not just physical hurt. Caregiver, patient, family, colleagues can all be hurt emotionally and need healing.
3. Reintegration of the practitioner where possible  
A practitioner is able to receive care, heal and return to a role to continue to give care.
4. Organisational learning  
Increasing resilience by having a deeper insight into systemic issues that create difficulty

Restorative, just culture centres on forward-looking accountability which provides opportunities and responsibilities for making change. Build trust by investing in people as a resource:

5. Cleanse operations from rules that are neither meaningful nor helpful. Allow them to use their judgement
6. Hold people accountable to respond, learn and improve
7. Empower people with knowledge of what must go right instead of what could go wrong

Cultural change is required in health care settings to achieve better suicide related care. A punitive culture around suicide drives health care operations to be overly risk averse, focused on process and relying on outdated stratified risk assessment. Healthcare workers who are supported around their contacts with people who are suicidal are more likely to deliver compassionate care and place people on suicide care pathways.

### Workshop activity

In this workshop participants will explore the principles of a just and restorative culture and how these relate to healthcare settings. At the completion of the workshop participants will have a sample action plan that will assist their organisation begin to develop a restorative just and learning culture.

To achieve this, we will explore four key questions using small group work and whole group discussion.

#### Breakout session 1: Applying restorative, just culture goals

Drawing on a case study from Mersey Care and in small group discussions participants will apply the goals of just and restorative culture to determine how the organisation could have responded to an adverse incident.

Whole group discussion: The current state

Thinking about a restorative, just and learning culture, how well is the health service doing when there is a suicide or attempted suicide? What are the problems, issues and barriers to culture development that come to mind?

Breakout session 2: The desired state

Small group discussion:

If all that went away, and you had the ideal workplace culture what would it be like?

There are no constraints, you can have everything that you want to work in an organisation in which the culture is one that supports recovery, healing learning and opportunity.

Whole group discussion: The desired state

Report back from group discussion.

As ideas are presented, like ideas get grouped together so that we finish with between 5 and 7 categories.

Breakout session 2: Options to achieve desired state

Given the preferred scenario, how can we get there?

What options can you think of that will be needed to deliver the desired state?

Whole group discussion: Options to achieve desired state

Report back from group discussions on options for actions to achieve ideal state.

Building the action plan

Review the options identified. Which are the best? Which are feasible in the current climate?

Which of those options should be prioritised for action within the health service in the next 12 months.

Workshop Conclusion

From the workshop, participants will have a sample action plan that will form a foundation for their healthcare service to plan for developing a restorative, just culture.

### 3 The Gold Coast Mental Health and Specialist Services |Journey to Zero Suicide: The GCMHSS Suicide Prevention Pathway of Care

Facilitators: Mr Matthew Welch CNC RNMH. PGCAMHN. & Dr Sarah Walker Senior Psychologist. Gold Coast Mental Health and Specialist Services

Abstract:

Six years ago, the Gold Coast Mental Health Specialist Service (GCMHSS) underwent major reform and implemented the GCMHSS Suicide Prevention Strategy 2016-2018, Australia's first Zero Suicide Framework in a large acute public mental health Service. A central feature of this new approach was the development and implementation of a standardised suicide prevention clinical pathway of care.

In 2020 the British Journal of Psychiatry and New Zealand Journal of Psychiatry respectively published GCMHSS research into the efficacy and implementation of the GCMHSS Suicide Prevention Pathway (SPP). The evaluation research identified a 35% reduction in repeat suicide attempts of consumers who utilised the GCMHSS SPP as well as other improvements in care.

The 'Journey to Zero: The GCMHSS Suicide Prevention Pathway of Care ' interactive workshop will provide an in-depth overview of the GCMHSS SPP. It will provide an essential clinical case for change and how the SPP has helped clinicians overcome the many complex challenges facing clinicians on the front-line assessing suicide risk.

The GCMHSS expert presenters will take you through each element of this innovative evidence based 6 step clinical pathway which will include interactive sessions by endorsed trainers in the advanced Chronological Assessment of Suicide Events (CASE), uncovering suicide intent and lethality including access to lethal means.



The workshop will also provide an interactive session on the use of the Prevention Orientated Risk Formulation as an alternative to risk categorisation and predication, working towards a process that actively seeks to build meaningful collaborative relationships with consumers and families to prevent suicide. It offers a unique standardised way of articulating suicide risk that can be used from experts to novices.

The workshop will also focus on how to utilise key information in developing risk management planning, utilising an adaption of a suicide prevention safety plan and also focus on identification of strategies to address the drivers for suicide whilst learning how to manage risk.

Lived experience has been central to the development and implementation of the GCMHSS Zero Suicide approach. From attendance on steering committees, design, planning, workshops, research and to peer support projects that stemmed from the Zero suicide reform, the GCMHSS lived experience has been and continues to be part a key part of the GCMHSS Zero journey.

The GCMHSS supports a collaboration and a unified approach which has been at the heart of the GCMHSS Zero Suicide approach. The GCMHSS has provided leadership in the implementation of Zero suicide across Queensland by taking a lead role in the Queensland Governments Mental Health and Other Drugs Service, Mental Health Zero Suicide Collaborative commenced in 2018, with the subsequent adoption of the GCMHSS SPP by collaborative members.

The GCMHSS also continues to provide consultation advice and support to Australian governments in particular NSW, SA and WA governments on implementing the GCMHSS approach to Zero Suicide and also advice and support to Zero Suicide Institute of Australasia. The GCMHSS is recognised internationally and provides advice and support to other Zero suicide sites across the world. This workshop provides the opportunity for participants to hear and engage directly with the original developer and key experts from the service that established the SPP.

#### 4 Translating Research into Action: The design and development of an Indigenous specific suicide intervention skills training program (I-ASIST)

Facilitators: Maree Toombs<sup>1</sup>, Steve Kisely<sup>2</sup>, Leanne Hides<sup>3</sup>, Neeraj Gill<sup>4</sup>, Sharon Brennan-Olsen<sup>5</sup>, Srinivas Kondalsamy-Chennakesavan<sup>4</sup>, Geoffrey Nicholson<sup>4</sup>, Bushra Nasir<sup>4</sup>

<sup>1</sup>School of Public Health, Faculty of Medicine, The University of Queensland

<sup>2</sup>Princess Alexandra Hospital Southside Clinical Unit, Faculty of Medicine, The University of Queensland

<sup>3</sup>School of Psychology, Faculty of Health and Behavioural Sciences, The University of Queensland

<sup>4</sup>Rural Clinical School, Faculty of Medicine, The University of Queensland

<sup>5</sup>School of Medicine, Deakin University, Institute for Health Transformation, Deakin University

##### Abstract:

The I-ASIST program is developing and evaluating a community-led multi-faceted gatekeeper-training program to increase the knowledge and awareness of suicide risk factors among gatekeepers. Previous findings suggest that community-led program development is key to an affective suicide intervention program for Indigenous communities.

**Objectives:** To design and develop an Indigenous-specific suicide intervention skills program that focuses on culturally appropriate education and intervention training as an effective suicide prevention strategy.

**Methods:** Using a co-designed wrap-around framework, we developed a program working with communities, stakeholder's service providers and Indigenous experts to encompass the knowledge, awareness and sense of connectedness between at-risk groups and health services or support groups.

**Findings:** The I-ASIST training provides participants with the necessary skills and knowledge to apply a culturally appropriate suicide intervention model. The framework behind the intervention model provides caregivers the awareness to recognise when someone may be at risk of suicide. It then gives them the skills to connect with them and to understand and clarify that risk, steps to keep that person

safe for a specific period, and then provide them with the resources or links required for further help. The program enables the development of knowledge through interactive strategies through cultural recognition and empowerment of participants. Based on a social-enterprise model, I-ASIST has been translated into a certified program supported by LivingWorks Australia.

Conclusions: Based on a strengths-based and self-determination model of co-design, the grass roots innovative framework creates suicide safer communities.

Note: We respectfully refer to Aboriginal and/or Torres Strait Islander peoples as Indigenous Australians within this article.





# Oral Presentations

## Oral Papers 1

1.1 How best to provide help to bereaved adolescents, with a specific focus on adolescents bereaved by suicide. A Delphi consensus study.

Presenter: Karl Andriessen<sup>1</sup>

Co-Authors: Anna Ross<sup>1</sup>, Karolina Kryszynska<sup>1</sup>, Debra Rickwood<sup>2</sup>, and Jane Pirkis<sup>1</sup>

Affiliations: <sup>1</sup> Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, 207 Bouverie St., Carlton VIC 3053, Australia; <sup>2</sup> Faculty of Health, University of Canberra, Bruce ACT 2617, Australia

Submission #93442

### Abstract

**Study objectives:** Many adolescents struggle with their grief and mental health issues after the death of a close person, such as a family member or a friend. Given the potentially devastating impact of the loss on the adolescent and their family, especially after a death by suicide, professional help can be warranted. However, little is known about how to best help these adolescents. This study aimed to address this gap by determining what help professionals (i.e., counselors) should provide to bereaved adolescents.

**Methods and material:** The Delphi method was used to achieve consensus regarding the importance of statements that describe actions a helping professional can take to help a bereaved adolescent. Statements were compiled through a systematic search of the scientific and grey literature and reviewing interview data from a recent related research study with bereaved adolescents, parents and counselors. An expert panel (N = 49) comprising 16 adolescents, 14 parents and 19 helping professionals, rated each statement. Statements that were endorsed by at least 80% of panelists were considered consensus recommendations.

**Results:** Panelists endorsed 130 out of 190 statements as appropriate actions. These included help for a bereaved adolescent being offered on an ongoing basis, with support to be provided flexibly to meet individual adolescent needs and to acknowledge the agency of the adolescent. Support after a loss by suicide should be tailored to address specific suicide-related issues. Parents of bereaved adolescents should also be offered support so that they are better equipped to help their bereaved adolescent.

**Conclusion:** This study identified consensus recommendations on how a helping professional might best help bereaved adolescents including those bereaved by suicide. It is hoped that these recommendations will guide helping professionals and enhance adolescent grief interventions.

1.2 The reactions of adolescents, parents and clinicians to participating in qualitative research interviews regarding adolescents bereaved by suicide and other traumatic death

Presenter: Karl Andriessen<sup>1</sup>

Co-Authors: Karolina Kryszynska<sup>1</sup>, Debra Rickwood<sup>2</sup>, and Jane Pirkis<sup>1</sup>

Affiliations: <sup>1</sup> Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, 207 Bouverie St., Carlton VIC 3053, Australia; <sup>2</sup> Faculty of Health, University of Canberra, Bruce ACT 2617, Australia

Submission #93443

### Abstract

**Study objectives:** There are concerns that involving adolescents bereaved by suicide and other traumatic death in research may cause distress and harm. However, no study has investigated such

bereaved adolescents' research experiences. In addition, no study has looked at the experiences of parents and clinicians as participants in adolescent suicide and traumatic death bereavement research. This study aimed to explore the short-term impact of research participation experienced by adolescents, parents, and clinicians.

**Methods and material:** A total of 61 participants (adolescents, n=17; parents, n=12; clinicians, n=32) filled out a short survey within two weeks of having taken part in a qualitative interview study. Data were analyzed descriptively.

**Results:** Most participants had experienced no distress while participating and no negative effects of participating; rather, participation was experienced as helpful for them, and they would highly recommend participating in a study like this to others. A few adolescents and parents reported some distress, related to anxiety about participation and the un-pleasantness of grief memories.

**Conclusion:** The study clearly indicates that bereaved adolescents, parents and clinicians can safely participate in research interviews regarding their experiences of grief and help after suicide, generally valuing the opportunity to share their experience. To prevent and mitigate potential distress, training of research staff and implementation of appropriate participant distress protocols are imperative. Future studies could include longitudinal follow-up of participants to assess any longer-term consequences.

### 1.3 Evaluating the effectiveness of postvention initiatives in New South Wales secondary schools: A mixed methods approach.

Presenter: Michelle Lamblin <sup>1,2</sup>

Co-Authors: Marianne Webb <sup>1,2</sup>, Nicole TM Hill <sup>3,4</sup>, Sally Fitzpatrick <sup>5</sup>, Jo Robinson <sup>1,2</sup>

Affiliations: <sup>1</sup>Orygen, Melbourne, Australia; <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia; <sup>3</sup>Telethon Kids Institute, Perth, Australia; <sup>4</sup>University of Western Australia, Perth, Australia; <sup>5</sup>Everymind, Newcastle, Australia

Submission #93517

#### Abstract

**Study Objectives:** Suicide is the leading cause of death for young Australians aged 15-24. Secondary schools often bear the unfortunate burden of responding to a student suicide and supporting the broader school community in the aftermath. Young people are susceptible to suicide contagion and a student's suicide may start or contribute to a suicide cluster. Student suicides also have a significant impact on the wellbeing of school staff. This evaluation aims to examine the effectiveness of postvention initiatives in New South Wales public secondary schools, and conduct a process evaluation that explores the implementation of the Department of Education's suicide postvention guidelines.

**Methods:** The evaluation employed a mixed methods approach, underpinned by a detailed program logic, to identify best practice regarding postvention and suicide cluster responses in schools. Combining qualitative and quantitative data sources, the evaluation incorporated: 1) a review of peer-reviewed and grey literature; 2) a benchmarking and program mapping activity; 3) a state-wide survey of school staff (n=260); 4) qualitative interviews with school staff who have enacted a postvention response (n=18); 5) A review of the Department's Health and Safety Directorate incident data for the period January 2015-August 2020; 6) A review of the National Coronial Information System suicide data for the period 2006-2019; and 7) case studies.

**Results:** Since 2015, there have been 61 student suicides in New South Wales public secondary schools. Incidents of suicide attempt, self-harm and suicidal ideation have increased each year, though this may reflect improved record keeping over the same time period. The evaluation found that the Department's postvention guidelines were closely aligned with international best practice and current evidence. The guidelines were found to be effective in supporting schools to manage postvention responses, as evidenced by school staff responses to both the online survey and interviews.

**Conclusion:** While the guidelines met a high standard for implementation and application in supporting school communities impacted by a student suicide, 14 recommendations were made to



update the current guidelines and further enhance the effectiveness of schools postvention response planning in the future. These recommendations were accepted and are currently being implemented by the New South Wales Department of Education, alongside the updated guidelines. The findings of this study can be broadly applied to other jurisdictions and educational settings.

Key words: suicide, suicidal ideation, self-harm postvention, education, schools, evaluation

#### 1.4 Evaluation of a police-led rapid referral system to postvention support among people bereaved by suicide in the Peel and Rockingham, Kwinana (PaRK) region in WA

Presenter: Nicole Hill <sup>1</sup>

Co-Authors: Alix Woolard <sup>1</sup>, Penelope Strauss <sup>1</sup>, Roz Walker <sup>1</sup>, Ashleigh Lin <sup>1</sup>, Yael Perry <sup>1</sup>

Affiliations: <sup>1</sup> University of Western Australia, Telethon Kids Institute.

Submission #93437

##### Abstract

**Objectives:** People bereaved by suicide are often left to seek postvention support (ie. services and/or activities that facilitate recovery after suicide and prevent adverse psychological, social and physical health outcomes) themselves, despite having limited access to adequate information on postvention supports that are available. Consequently, many people bereaved by suicide do not receive the practical support they need. This presentation reports findings from a rapid-referral outreach program led by police in partnership with a postvention primary care navigator (PCN). This program has been implemented with the aim of increasing engagement and service support in the immediate aftermath among individuals bereaved by suspected suicide in the Peel, Rockingham, Kwinana (PaRK) region in South Metropolitan, Perth.

**Methods and materials:** This evaluation includes an analysis of quantitative suicide and service-related data from Anglicare WA and qualitative interviews with 23 postvention stakeholders, WA Police, and individuals bereaved by suspected suicide in 2019 to 2021. The socio-demographic characteristics of suspected suicides in the PaRK region and a description of the type and frequency of postvention support that was provided to bereaved individuals is reported. Semi structured interviews will identify the strengths, barriers and opportunities for sustainable implementation of the program in the PaRK region.

**Results:** Between 1 January 2019 to 31 March 2021 there were 80 suspected suicides referred by police to the PCN and 310 individuals who received postvention outreach (range 1 to 16 per suicide). Overall, 100 (28.8%) people who received postvention outreach went on to receive ongoing clinical postvention support. Interviews showed the intervention was perceived to be effective in promoting recovery among bereaved individuals, cost effective, and had perceived wellbeing benefits for first responders and stakeholders. Barriers included limited capacity for long term follow-up.

**Conclusion:** The implementation of a novel community led active postvention outreach service during the immediate aftermath of a suicide has the potential to improve access to psychological, social and practical supports provided to individuals bereaved by suicide and reducing the burden of adverse mental health, psychosocial outcomes and suicide risk in this vulnerable population.

#### 1.5 Learning from the lived experience of resilient people who survived suicidality and suicide attempt/s: the significance of self-managing recovery

Presenter: Anita Chauvin

Affiliations: Adjunct Research Fellow, Menzies Health Institute

Co-Authors: With thanks to the people who shared their lived experience and insights for this study

Submission #93558

##### Abstract

**Study Objectives:** This Grounded Theory study sought to learn from survivors of suicidality and suicide attempts who chose to live and now describe their life as characterised by resilience and

wellbeing. It asked “How did they navigate their recovery and prevent relapse?” and “Could their insights and experience benefit those still vulnerable to suicidality? What services and resources did they find helpful and what did they find of limited benefit or even harmful? Are there implications for clinical practice and support of vulnerable people, their loved ones and carers?”

Methods: Primary data was gained from open-ended interviews with 17 participants that was then refined using iterative cycles of engagement, interrogation of indicated research literatures and testing findings: that is, leads provided by participants were used to interrogate a range of disciplines’ research with the analyses and interpretations then shared firstly with participants to confirm their veracity, and, secondly, with clinical and other experts in the field. Overall, this approach tested the goodness of fit and applicability of findings in clinical and service delivery settings.

Results: The elements of resilience that emerged as pivotal for these individuals were congruent with what has been identified in the resilience literature. Significantly, however, it was the stages and strategies of recovery which participants described that provided new insights for suicide prevention, support and relapse prevention. Participants described the importance of self-managing their pacing through stages of recovery, the cycles of action and reflection which informed their development of strategies and their constructive response to setbacks.

Conclusion: Amongst the various findings, all participants expressed the importance of having self-managed their recovery, which gave them the ‘evidence based optimism’ to deal with future adversity – “I now know, having been through this, that I can get through anything”. This discovery challenges mental health professionals to reconsider their role, how to engage, be a resource and safe harbour, rather than directive.

Suicide prevention efforts have long been plagued by services’ long waitlists and a shortage of mental health workforce to whom primary care clinicians can refer vulnerable people. The lived experience of the resilient people who contributed to this study suggests it may be possible to develop new models to support individuals to self manage stabilisation, the steps of recovery, setbacks and the building of resilience and that the development of these would benefit from co-design with resilient survivors of suicidality and suicide attempts. They will understand what works, what is possible within their cultural and social contexts and what engagement and resources may be helpful.

## 1.6 An exploration of what it means to be suicidal in Sarah Kane's “4:48 Psychosis” OR (How I learned to stop hating on suicidality and use my theatre degree in suicide prevention).

Presenter: Peta Dampney

Affiliations: From Me to You Consulting – Principal Trainer and Consultant.

Submission #93538

### Abstract

In Stanley Kubrick’s *Dr Strangelove: (Or how I learned to stop worrying and Love the Bomb)* there is a scene where political representatives get into a fight. The United States President Merkin Muffley (played by Peter Sellers) responds by assertively telling the fighting men: “Gentlemen you can’t fight in here, this is the war room!”

Can we really have a suicide prevention conference without looking deeply at what suicidal thoughts and actions look like?

In this presentation, Peta will guide attendees through an exploration of British playwright Sarah Kane’s last play: “4:48 Psychosis” and the personal context of this work. Sadly, Kane was unable to see the play first performed in 2000 as she died of suicide in February 1999 at the age of 28. Her death resulted in a course inquest as she had died in a general ward of King’s College Hospital after having been admitted 3 days previously for a suicide attempt.

“4:48 Psychosis” has been described by many as autobiographical or as a suicide note. The play’s protagonist shares her suicidal thoughts and feelings of depression with the audience. It also depicts a relationship between her psychiatrist and herself. Like in real life, the end of the play sees the protagonist die of suicide. Her last words to the audience? “Open the curtains”. So, what does opening the curtains to this play offer us to contribute towards our work in suicide prevention?



Following surviving her own suicide attempt 2 years later, Peta used her own poetry and writing to recover by working through what she was feeling. She found that her writing began to mirror the pain, frustration and confusion Kane expressed. Only in her own writings, Peta survived. Now she would like to use the insights from her own and Kane's suicidal mind to illustrate the complexities of long-term suicidality. Attendees will listen to excerpts of the play which will provide them with the opportunity to reflect upon the common themes of lived experience as well as the conflict that can occur between treatment providers with those that are acutely suicidal. It will also delve into the compassion burn out and fatigue felt by clinicians, carers, families and friends working with those that are experiencing suicidal thoughts.

Sarah Kane asked us to open the curtains near the end of her life. Let us honour her here to bring light to make the darkness not so dark.

## Oral Papers 2

### 2.1 Feasibility and acceptability of longitudinal passive and active digital monitoring in high-risk suicidal adolescents

Presenter: Alan Apter <sup>1</sup>

Co-Authors: Barzilay, S <sup>1,2</sup>, Haruvi-Catalan, L <sup>1</sup>, Brunstein-Klomek, A <sup>3</sup>, Carmi, L <sup>4</sup>, Fine, S <sup>4</sup>

Affiliations: <sup>1</sup> Schneider Children's Medical Center of Israel, Petach Tikva, Israel; <sup>2</sup>Department of Community Mental Health, University of Haifa, Israel; <sup>3</sup>Ivcher School of Psychology, Reichman University, Israel; <sup>4</sup>Data Science Institute, Reichman University, Israel

Submission #93649

#### Abstract

**Introduction and aims:** Adolescent suicidal behaviors are often episodic, preceded by brief but intense suicidal ideation. There is a need for a novel evaluation of youths' proximal predictors for imminent suicide risk. This study capitalizes on smartphone and Big Data technologies to develop a multi-dimensional longitudinal assessment of acute, pre-suicidal mental state preceding imminent suicidal behavior.

**Materials and methods:** The pilot study included 35 adolescents presenting with recent suicidal behaviors in an outpatient clinic following ED discharge. The comprehensive assessment includes active and passive digital real-time monitoring of suicidal thoughts and behaviors (STB) and related risk factors using the iFeel app designed for this study. In addition to weekly self-reports over six months, the app collected continuous information on smartphone usage to capture changes in activity, sleep, and interpersonal behavior.

**Results:** Response of eligible patients to install the app was high (72%), and the retention rate was 81% through six months. The average response to weekly surveys was 51.2% within-participant over the study period. There were 16% reported instances of current suicidal plans with intent or suicidal behavior within all reports. These reports were followed by a clinical risk assessment and referral. Preliminary machine learning analyses identified changes in smartphone usage patterns concurrent with STB patterns. The average satisfaction score of participants was 4 of 5. Moreover, parents and youth alike reported a positive perceived notion that they were "watched over" by using the app.

**Conclusions:** Weekly self-reports and passive ongoing smartphone usage patterns are feasible and acceptable among patients, parents, and clinicians and may indicate escalations in suicide risk. This novel assessment could facilitate timely identification and intervention for adolescents at high risk for suicide.

### 2.2 Development and validation of a new item bank and screener for suicide risk in young people

Presenter: Alison L. Callear <sup>1</sup>

Co-Authors: Alyssa Morse <sup>1</sup>, Matthew Sunderland <sup>2</sup>, Philip J. Batterham <sup>1</sup>



Affiliations: <sup>1</sup> Centre for Mental Health Research, The Australian National University, Canberra, Australia; <sup>2</sup> Matilda Centre, University of Sydney, Sydney, Australia  
Submission #93452

## Abstract

**Study objectives:** Suicide is a significant public health problem, with low rates of help-seeking behavior in young people. The aim of the current study was to take a multi-stage data-driven approach to developing a new item bank and screener for suicide risk in young people, which took both consumer and expert opinion into account.

**Methods and material:** Initially, 439 items to assess suicidal thoughts and behaviours were identified from a systematic search of suicide risk scales that had been used with young people. After the removal of duplicate items, 74 items remained that were reviewed for their acceptability and relevance in assessing suicide risk in young people by young people, parents of young people, secondary school teachers, and researchers/clinicians. Using a systematic consensus process, 19 items were then selected to form an item bank that was trialled with a community-based sample of 719 Australian young people (78% female,  $M_{age} = 19.3$  years). From this item bank, a brief suicide screener will also be developed using Item Response Theory.

**Results:** The 19-item bank demonstrated strong evidence of unidimensionality, with a single factor accounting for 69% of variance and all items loading well ( $\geq 0.7$ ). The internal consistency of the new suicide item bank was high ( $\alpha = 0.98$ ,  $\omega = 0.98$ ) and was strongly correlated with the established Suicidal Ideation Attributes Scale (SIDAS;  $r = 0.88$ ) and WHO-5 wellbeing scale (negatively,  $r = -.60$ ). The new suicide item bank significantly differentiated between those reporting attempt vs no attempt on the Youth Risk Behavior Scale (YRBS; area under the ROC curve = 0.80,  $se = 0.026$ ) and serious suicidal ideation vs not on the YRBS (area under the ROC curve = 0.84,  $se = 0.015$ ), with similar precision to the SIDAS.

**Conclusion:** This study is the first to partner with young people and other key stakeholders to develop a tool for screening and monitoring suicide risk in youth. Findings indicate that the new item bank for suicide risk provides a valid and reliable assessment tool, with the flexibility to derive brief static and adaptive screeners.

## 2.3 Scoping review of 30 years of suicide prevention in university students around the world: efficacy, effectiveness and cost-effectiveness.

Presenter: Cecchin, Hareli F. G

Co-Authors: Murta, Sheila G

Submission #93597

## Abstract

A review of the scope of systematic reviews was carried out in order to identify the evidence of efficacy, effectiveness and cost-effectiveness of primary suicide prevention programs among university students around the world. Five databases were reviewed using terms in English, Spanish and Portuguese. The following were the inclusion criteria: systematic review or meta-analysis or meta-synthesis, suicide prevention in college students; evaluation of the efficacy, effectiveness and/or cost-effectiveness of interventions; peer-reviewed studies. The quality of reviews was assessed. The field of study features three decades of publication in high-income countries. The strategy used, the components of the program and the audience to which they are delivered interfere with effectiveness. In the psychoeducation strategy, the experiential and didactic components are more effective in the knowledge about suicide. And the motivational enhancement component promotes greater self-efficacy in suicide prevention. Programs that implement the multimodal approach are effective in increasing post-test attitudes related to suicide and reducing completed suicide rates. The gatekeeper strategy delivered to peer counselors is effective in a greater number of outcomes, including short and follow-up knowledge about suicide and its prevention, self-efficacy in suicide prevention. A



greater number of evaluated studies of gatekeeper interventions was identified, indicating a trend in this research field. No review addressed the effects on subgroups that were classified based on sex, racial or sexual minorities, and special (indigenous) populations. Only one study addressed cost-effectiveness, pointing out that the psychoeducation and gatekeeper strategies have relevant net benefit rates, but the gatekeeper strategy has a higher cost-benefit ratio compared to the psychoeducation strategy. The findings indicate that psychoeducation and gatekeeper interventions tend to be more effective when they combine education and skills training to intervene in suicidal behavior. The components of the intervention and the audience to which it is delivered influence effectiveness. Multimodal interventions evaluate completed suicide outcomes, but require greater implementation efforts, in terms of human and financial resources and more time for the evaluation. Keywords: suicide prevention, young people, college, universities, efficacy, effectiveness, scope review

## 2.4 Youths' Attitudes towards Open Discussion of Suicide: A Qualitative Analysis

Presenter: SSQ Chen<sup>1</sup>

Co-Authors: TP Lam<sup>1</sup>, WS Tang<sup>1</sup>, HY Chan<sup>1</sup>

Submission #93471

### Abstract

**Background:** Prior research has suggested a more open discussion of youth suicide to raise public awareness. However, since most previous studies have focused on the hazards of irresponsible media reporting of suicidal events, little is known about the opinions on public discussion about suicide from adolescents' perspectives.

**Objective:** The current study aimed to explore youths' attitudes towards open discussion of suicide.

**Methods and material:** Eligible adolescents aged 15-19 were invited to focus group and individual interviews, each lasting for 1 to 1.5 hours. Purposive sampling was used to ensure that participants had diverse backgrounds. We recruited both suicide attempters and non-attempters. A total of six focus groups (each comprising 3-7 participants) and 12 individual interviews were conducted with 40 participants. All the interviews were audiotaped, transcribed verbatim, and entered into NVivo for inductive thematic analysis, during which subthemes and themes were generated.

**Results:** Participants' views towards open discussion of suicide could be classified into three categories: 1) reluctance or rejection; 2) indifference; and 3) support. Most participants expressed hesitation or even opposition to public discussion about suicide due to various concerns while preferring to discuss it with intimate friends or through online communication. Some showed worries that suicide was an "overemotional" topic that would make individuals apprehensive when addressed face to face with a group of people, while others were concerned about the "privacy issue" of disclosing personal experiences to unfamiliar people. Several participants highlighted the "sensitivity" and "seriousness" of the suicide topic. They emphasized their fear of "embarrassment" if someone revealed suicidality, as well as anxiety concerning the "potential harm" caused by their "inappropriate attitudes and reactions". One participant criticized the school suicide prevention program, claiming that the speaker was "unprofessional", "oversimplifying emotional management", and "underestimating the impact of distress". On the other hand, some participants indicated apathy with the discussion of suicide. They regarded this topic as unrelated to their lives, describing it as "not a major issue", "none of my business", and "an easy essay topic for the assignment". Additionally, one participant expressed that open discussion of suicide might be "helpful", as it would provide "successful examples" of crisis intervention and "enhance one's confidence".

**Conclusion:** While open discussion of suicide is extensively promoted, most adolescents in Hong Kong held a resistant or hesitant attitude towards the public discussion about suicide. Online platforms and small-group discussions were preferred by most youths and should be considered for suicide-related conversations. Future research should examine how to strengthen peer support and remedy the distorted perceptions of suicide discussion among adolescents.

## 2.5 A pilot study examining the acceptability and potential impact of the #chatsafe social media intervention with young people who have been bereaved by suicide

Presenter: Louise La Sala<sup>1,2</sup>

Co-Authors: Charlie Cooper<sup>1,2</sup>, Gowri Rajaram<sup>1,2</sup>, Jane Pirkis<sup>3</sup>, Michelle Lamblin<sup>1,2</sup>, Jo Robinson<sup>1,2</sup>

Affiliations: <sup>1</sup>Orygen, Melbourne, Australia; <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia; <sup>3</sup>Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

Submission #93512

### Abstract

**Study Objectives:** Young people who have been exposed to the suicide of a friend or peer are at elevated risk of suicide. Youth suicides are over twice as likely to be part of a suicide cluster than adult suicides and much attention is being given to the role of social media in the development and maintenance of youth suicide clusters. The aims of this study were to evaluate the acceptability and safety of delivering the #chatsafe social media intervention to individuals affected by a recent suicide, with a view to examining its potential to form part of a cluster response strategy.

**Methods:** A pre/post study was conducted entirely online via Instagram, Snapchat and Facebook. Participants were eligible to take part if they were aged 16–25, lived in Australia, and had experienced the suicide or suicide attempt of a young person they knew (online or offline) in the past two years. Participants were assessed at 3 timepoints (baseline [T1], post intervention [T2] and 4-week follow-up [T3]) on patterns of social media usage, their willingness and capacity to intervene against suicide online, and their perceived self-efficacy, confidence and safety when communicating about suicide online. The intervention consisted of 1 piece of social media content being delivered to participants each week for a 6-week period. Participants were asked to evaluate the content each week.

**Results:** A total of 439 young people were eligible and commenced the study; a final sample of 209 young people completed all three surveys. Overall, willingness to intervene against suicide increased by 7.3% ( $\chi^2(2) = 81.846, p < 0.001$ ) in the perceived behavioural control subscale, and by 3.3% ( $\chi^2(2) = 23.217, p < 0.001$ ) in the intent to intervene subscale. Significant increases were also observed in confidence and safety when communicating online about suicide, with participants being less likely to post about suicide online ( $\chi^2(2) = 9.109, p = 0.011$ ). There was also an increase from 63% at T1 to 83% at T2 in monitoring social media content. Overall, participants responded positively to the #chatsafe content, with preferences for information that contained practical 'how to' steps to communicate directly about suicide.

**Conclusion:** This presentation will share the findings from this research study which suggest that social media can be used safely and proactively with young people who have been bereaved by suicide and for the purposes of suicide prevention. These findings are now being used to inform real-time responses to youth suicides in Australia and New Zealand in attempt to mitigate the risk of suicide clusters.

## 2.6 The relationship between masculine norms, help-seeking intentions, and suicidal ideation in Australian men

Presenter: Kylie King<sup>1</sup>

Co-Authors: Ruben Benakovic<sup>1</sup>, Kate Reynolds<sup>1</sup>, Georgia Tsindos<sup>1</sup>, Katrina Scurrah<sup>2</sup>

Affiliations: <sup>1</sup>Turner Institute for Brain and Mental Health, Monash University; <sup>2</sup>Melbourne School of Population and Global Health, The University of Melbourne

Submission #93507

### Abstract

**Study Objectives:** Conformity to masculine norms, particularly the norm of self-reliance, has been associated with suicide ideation and death in men. It has been supposed that self-reliance exerts its influence on suicide risk via reduced help-seeking at times of need. Consequently, many male suicide



prevention efforts seek to reduce men's suicide risk via a focus on help-seeking and masculine norms. However, the associations between these factors are not well understood for men. Our study sought to further understand the relationship between help-seeking intentions, masculine norms, and suicidal ideation in Australian men.

**Methods and materials:** We analysed data from Ten to Men: a longitudinal study of Australian men's health. This study includes 16,021 males aged 10-55 years who contributed to two waves of data collected 2-3 years apart. Our analysis was limited by the variables collected in each wave. Using data from Wave 1, we hypothesised that adult males (aged 18-55) with and without suicidal ideation would differ on help-seeking intentions, perceived social support, and conformity to masculine norms. For men who reported suicidal ideation at Wave 1, we further hypothesised that conformity to masculine norms would predict lower help-seeking intentions at Wave 2, whereas higher perceived social support would predict higher help-seeking intentions. Using data from all adult males in Wave 2 we hypothesised that help-seeking intentions would be negatively associated with suicidal ideation. Data were analysed using t-tests, linear regression, and logistic regression.

**Results:** Within Wave 1, when compared to men without suicidal ideation, men with suicidal ideation reported lower help-seeking intentions and perceived social support, and higher levels of conformity to masculine norms. For men who reported suicidal ideation at Wave 1, higher conformity to norms of emotional control, risk-taking, dominance over women, and self-reliance predicted lower help-seeking intentions at Wave 2. Lower perceived social support also predicted lower help-seeking intentions. Within Wave 2, for all adult men, total help-seeking intentions scores were significantly negatively associated with suicidal ideation. However, when separated into formal and informal help-seeking intentions, only informal help-seeking intentions were negatively associated.

**Conclusions:** Our study highlights the influential role of some masculine norms and perceived social support in men's help-seeking intentions and in suicidal ideation over time, and also provides further evidence about the association between help-seeking intentions and suicidal ideation. Our study provides important implications for men's suicide prevention – reassuring service providers that a focus on improving help-seeking intentions, via a focus on masculine norms, is likely to yield benefits. Further research is needed to confirm the longitudinal relationship between men's help-seeking intentions and suicidal ideation and death.

## Oral Papers 3

### 3.1 Media Coverage of Restricting Access to Location Associated with Suicide in Aotearoa New Zealand: A Suicide Prevention Perspective

Presenter: Romy Attewell

Co-Authors: Sarah Fortune

Submission #93473

#### Abstract

**Background:** Restricting access to locations associated with suicide is a universal suicide prevention strategy that has been shown to save lives. A natural beauty spot is locally known to be associated with suicide deaths in an urban city of, Aotearoa New Zealand, with the road accessing this local beauty spot having had various vehicle restrictions over the past 16 years. A study by Skegg and Herbison (2009) found that there were no suicides at this location when the road was closed to vehicles over a 2 year period, due to local infrastructure upgrades. Subsequently, the local council maintained the vehicle restrictions while deliberating on the optimal solution for the community. These deliberations took 5½ years and were covered comprehensively by the local newspaper, in the spirit of local democracy reporting.

**Study Objectives:** This study has two objectives. 1.) To what extent did the local newspaper comply with media reporting guidelines for suicide reporting, in terms of frequency and content of reporting. 2.) What influence did media reporting about access to the local beauty spot and the council's debate on the topic have on suicide prevention efforts in the area?

**Methodology:** This study uses a mixed methods approach. Study objective 1 is examined using quantitative analysis: each article was coded for the presence of harmful or protective elements according to media reporting guidelines for suicide reporting. Study objective 2 is analysed qualitatively using thematic analysis.

**Results:** Study Objective 1: The local media improved in their compliance of the media reporting guidelines, with less harmful elements present in more recent years. Some harmful elements remain in their reporting, such as sustained frequency of reporting and publishing of method. Study Objective 2: The reporting of the local democracy process was highly informative for the community, with a wide range of views aired, alongside calls for improved suicide prevention at the local beauty spot.

**Conclusion:** Due to continued reporting of method, it is likely that the location remains associated with suicide. Objective reporting by local media gave voice to many views on restricting access to the location, some that may have harmed efforts to implement tighter restrictions at the location.

### 3.2 Effectiveness of a Malaysian Media Intervention Workshop: Safe Reporting on Suicide

Presenter: Jane Tze Yn Lim<sup>1</sup>

Co-Authors: Qijin Cheng<sup>2</sup>, Yin Ping Ng<sup>3</sup>, Kai Shuen Peh<sup>4</sup>, Ravivarma Rao Panirselvam<sup>5</sup>, Wen Li Chan<sup>6</sup>, Lai Fong Chan<sup>1</sup>

**Affiliations:** <sup>1</sup>Department of Psychiatry, Faculty of Medicine, National University of Malaysia (UKM), Kuala Lumpur, Malaysia; <sup>2</sup>Department of Social Work, The Chinese University of Hong Kong, Hong Kong; <sup>3</sup>Psychiatry Specialty, Pantai Hospital Penang; <sup>4</sup>Department of Psychology and Counselling, Faculty of Arts and Social Sciences, University Tunku Abdul Rahman, Perak, Malaysia; <sup>5</sup>Department of Psychiatry and Mental Health, Hospital Miri; <sup>6</sup>Nottingham University Business School, University of Nottingham Malaysia, Selangor, Malaysia

Submission #93461

#### Abstract

**Study Objectives:** Suicide is a public concern that draws attention world-wide and remains an important cause for premature deaths. The impact of unsafe suicide reporting have been associated with increased risk of suicidal behaviour. In recognizing the pivotal role of media in reporting news and information of interest to the public especially in suicide-related matters, media capacity-building has been seen as one means in suicide prevention campaign. However, there are still knowledge gaps in terms of lack of data on effective strategies to improve the awareness and knowledge of safe suicide reporting. This study aims to investigate the effectiveness of a workshop conducted for media community on safe reporting of suicide-related media content.

**Methods and Materials:** An interventional single-arm pre and post pilot study was conducted on a sample of Malaysian media community recruited through purposive and snowball sampling. The media safe reporting workshop was conducted by a suicide prevention expert with media industry background. Thirty participants completed a self-reported evaluation questionnaire pertaining to their awareness and knowledge on reporting suicide-related media content; before and after the interventional workshop. There were 16 questions in the evaluation questionnaires; each to be scored with a Likert scale of 0-5; with total sum of 80. Higher scores corresponded to higher level of awareness and knowledge of safe suicide reporting.

**Results:** There was a significant difference between the total scores before and after intervention, with a large effect size ( $p < 0.001$ ,  $d = 0.9$ ). Post intervention scores were significantly improved in 8 items, namely those related to reporting of (i) contents of any suicide note; (ii) headlines with methods of suicide; (iii) headlines with location of suicide; (iv) cases of suspected suicide despite the unconfirmed cause of death; (v) suicide news to cater to readers' interests; (vi) cause of suicide; (vii) details of location of suicide and (viii) negative impact to media community when reporting suicide stories. In particular, the improvement on majority of the items were significant for media community with no lived experience of suicidal behaviour.

**Conclusion:** The media safe reporting workshop is potentially effective in improving the awareness and knowledge of safe suicide reporting among media professionals, with a more pronounced effect





in those without lived experience of suicidal behaviour. Implications from these findings include enhancing advocacy efforts and capacity building of media community as a means to improve safety of suicide reporting as a suicide prevention strategy. Future larger, randomized controlled and more representative studies on the effectiveness of such workshops in the longer term and its impact on suicide rates would be welcomed.

### 3.3 Using Google AdWords to reach out to Individuals searching for Suicide-Related Terms

Presenter: Sandersan Onie<sup>1</sup>

Co-Authors: Mark Larsen<sup>1</sup>, Nyree Gale<sup>1</sup>, Michelle Tye<sup>1</sup>

Affiliations: <sup>1</sup>Black Dog Institute, UNSW Sydney, Sydney, Australia

Submission #93540

#### Abstract

Previous studies have suggested that individuals may conduct internet searches using suicide-related terms prior to an attempt. Thus, one potentially effective area of intervention may be to use an advertisement on the search results page to link to a landing page to help individuals contemplating suicide – with the goal of disrupting this search process and promoting help seeking. In this study, we designed and evaluated such an intervention by running a nation-wide Google AdWords campaign, while also assessing differences in engagement in general vs. age-tailored ads and landing pages.

We first synthesized a list of keywords individuals are likely to use when contemplating suicide from lived experience advisors, researchers, the literature, and ad specialists, which will trigger the ad. Next, we co-designed a general, and age-tailored (18-24, 25-40, 40+), landing pages with lived experience advisors through a series of workshops divided by age group to better understand the different needs of each age group. This process included collating what resources and pages already exist, ideating new modules and resources, and noting which resources or modules would be helpful or unhelpful to have on the page as a group. Finally, we developed the landing pages tailored to each age group and modules according to the workshops, while iteratively collecting feedback from the lived experience advisors.

Following a two-week optimization period in which a professional Google Adwords agent, we delivered the ads using Google Experiments, in which an individual who searched for the identified keywords was randomized to one of two conditions (age tailored vs. general), also known as A/B testing. We assessed a) how often the ad would trigger relative to the audience size, b) which keywords would trigger the ad c) how often the ad was clicked on, and d) the landing page engagement. Analyses were broken down into general vs age tailored campaigns and keywords.

Throughout the co-design process and evaluation, there were several findings. First, through extensive lived experience consultation, we were able to understand the mutually exclusive and often competing needs of the different age groups, as contemplation may look different. For example, the oldest age group expressed a preference for direct language, while the youngest age group did not want the word 'suicide' to appear at all. The youngest age group wanted calming and distracting activities, while the oldest age group was strongly against this approach. Age differences were also present in keyword generation, with the keywords reflecting different stages of life. The evaluation is ongoing, and evaluation data, including engagement metrics, will be presented at the conference.

### 3.4 Japan Suicide Countermeasures Promotion Center's efforts to prevent suicides affected by suicide media reports in Japan

Presenter: Yuka Nishina

Co-Authors: Yasuyuki Shimizu, Kaoru Yamadera, Shota Shimono, Yoshihide Sorimachi, Hirofumi Abe

Submission #93559

#### Abstract

Background: In Japan, 2020 saw the arrival of COVID-19 and the first increase in the number of suicides for 11 years (4.5%, or 912 people, compared with 2019). It is shown by regression analysis that the number of suicides potentially affected by Japanese celebrities' suicide reports was 206.9 [95%CI, 154.8 to 259.1] in just the first ten days after a report was published in September 2020. It has been known that people suffering from suicidal thoughts may have been triggered to take suicidal actions by reading suicide reports and information shared on social media as Werther effect. There is a need for Japan Suicide Countermeasures Promotion Center (JSCP) to work with the Ministry of Health, Labour and Welfare to prevent suicides affected by a suicide report.

Methodology: JSCP as a part of suicide countermeasures:

1. Explained the WHO Media Guidelines to approximately 90 media organisations eight times during 2020.
2. Shared information with the media based on JSCP's data analysis of suicide reports and trends in the number of suicides
3. Held study sessions for media organisations and news aggregators to share information on the impact of suicide reporting and discuss possible countermeasures for future suicide reports.
4. Launched a data analysis system to disclose the status of suicide reports being disseminated by, and searched for, on social media to media organisations so that they understand the impact, on a real-time basis, of the reports they publish.

Results: Since 2020, some media organisations take the following actions as part of suicide countermeasures: 1. not using the term "suicide" in headlines when reporting on suicide, 2. not referring to detailed means or circumstances of suicide, 3. posting information on hotlines for people with thoughts of death or anxiety with the report. News aggregators also take the following actions: 1. not featuring reports on suicides as headlines, 2. featuring reports aiming at "Papageno Effect". The study sessions held by JSCP were attended by 171 members in total, and all respondents answered in the post-event questionnaire that the sessions helped determine how to report a future suicide incident.

Discussion: By informing and alerting the media about the impact of suicide reporting, they had an opportunity to review their reporting practices. Since suicide reporting is not regulated by law in Japan, some media organisations ignore, or keep reporting in a manner inconsistent with WHO guidelines. Therefore, it is necessary to promote awareness-raising activities for the media, individually alert media organisations, assist in preparing guidelines, and to provide a forum for regular information dissemination and discussion.

### 3.5 Quality of suicide reporting towards suicide prevention among major national newspapers in Nepal

Presenter: R. Singh<sup>1</sup>

Co-Authors: S. Mahato<sup>2</sup>, S. Khadka<sup>3</sup>, S.M.Y. Arafat<sup>4</sup>

Affiliations: <sup>1</sup>Transcultural Psychosocial Organization Nepal, Research, Kathmandu, Nepal, <sup>2</sup>Anandban Hospital TLMN, Research, Kathmandu, Nepal, <sup>3</sup>Helen Keller International Nepal, Research, Kathmandu, Nepal, <sup>4</sup>Enam Medical College and Hospital, Department of Psychiatry, Dhaka, Bangladesh.

Submission #93561

#### Abstract

Background: World Health Organization (WHO) estimated 9.8 per 100,000 age-standardized suicide rate in Nepal which is higher than global average. As Nepal lacks routine database on suicide, newspaper reports have been one of the important sources of information on suicide cases; however, the quality of these reports has not been assessed in accordance to guideline towards suicide prevention.

Objective: This very first study of this kind in Nepal aimed to assess the quality of newspaper reporting in Nepal with reference to WHO guideline for suicidal media reporting.



**Methods:** A retrospective search of eight major national newspapers in Nepal yielded 167 suicidal news reports from January 2020 to May 2021. Key words used during search included - “suicide”, “Nepal”, names of the news-papers, “self-harm”, “hanging self”, and “poisoning” in different combinations. The assessment of quality of data found a high level of inter rater reliability (Cohen’s Kappa >0.90). Data was analyzed using SPSS vs 20. The quality of newspaper reporting was reported in terms of proportion reporting potentially harmful and potentially helpful characteristics.

**Results:** Potentially harmful characteristics were found to be reported in both the title and main text of the suicide reports. About half of them mentioned gender (48.5%) and 38.3% mentioned location of suicide in the title. Of the total suicidal reports 74.3%, 95.2%, 34.7%, 92.2%, 98.8% and 52.7% were found to have narrated the name, gender, occupation, method, location of suicide and life events respectively in their main content. Around 34% and 23% of the reports also mentioned cause and steps of suicide in their main text. Compared to harmful characteristic, helpful characteristics were found to be reported lesser in the suicide reports. Only 6% and 2.4% reported linkage of suicides with mental illness and substance abuse. While lesser than 1% narrated educative information regarding suicide prevention, none mentioned contact information for help seeking for vulnerable.

**Conclusions:** Newspaper reporting of suicide in Nepal poorly adheres to WHO guidelines, substantiated by high presence of potentially harmful characteristics and negligible presence of potentially helpful characteristics. There was negligible information about the supportive helpline for the suicidal people. Awareness is needed to the media professionals for appropriate and sensible suicide cases reporting. Strategic collaboration with media professionals, stakeholders and mental health professionals should be designed to facilitate media professionals for their effective contribution to suicide prevention.

### 3.6 Suicide in the fictional media: A quantitative review

Presenter: Steven Stack

Submission #933488

#### Abstract

**Background:** Research on the possible impacts of suicide in the media has focused on portrayals of real suicides to the neglect of fictional portrayals. The Netflix series, 13 Reasons Why has sparked new interest in fictional portrayals, but it remains unclear what characteristics of fictional portrayals of suicide might best predict an increase in suicide. The present study tests a series of 13 (additive and nonadditive) hypotheses on both model and audience characteristics to address this concern.

**Methods:** The analysis concerns moving image portrayals (film). Studies providing empirical evidence on the effects of copycat suicides in film were located through searches including those based on MEDLINE, Sociological Abstracts, and previous literature reviews. The unit of analysis is the finding where 1=copycat effect, 0=no copycat effect. 34 studies were found and contained 228 findings. They were published from 1974 through 2021.

**Results:** Some principal findings from a multiple logistic regression analysis: studies based on films with a strong suicide prevention message were 77% less apt to report a copycat effect (OR=.23, CI.,.09,.59), studies based on youth, the ones most apt to go to the movies, were 6.52 times more apt than others to report a rise in suicide (OR=6.52, CI.,3.22,13.2), and studies of completed suicide rates are 53% less apt to report copycat effects (OR=.47,CI.,.23,.95). The full logistic regression model correctly classified 71.49% of the findings.

**Conclusion:** While there tends to be an association between certain categories of real suicide role models (celebrities) and suicides in society, fictional role models were also found to be associated with suicide in society. The inclusion of prevention messages in film (e.g., Silence of the Heart) can reduce the odds of a copycat effect.

## Oral Papers 4

### 4.1 A trainer and an Army Veteran: suicide intervention training and dissemination in Australian

Presenter: Peter Gutierrez<sup>1</sup>

Co-Authors: Brendan Barry<sup>2</sup>

Affiliations: <sup>1</sup>Vice President, LivingWorks; <sup>2</sup>Veteran (Australian Army)

Submission #93548

#### Abstract

LivingWorks is dedicated to saving lives from suicide by empowering people and communities with the skills to take action and make a difference.

Our Suicide First Aid training programs, including LivingWorks Start, LivingWorks safeTALK, and LivingWorks ASIST, enable everyone—from beginner to advanced—to be part of the solution.

These programs have reached nearly 2,500,000 people around the world, helping them to come together in integrated safety networks to protect family, friends, co-workers, students, and communities from suicide.

Open Arms, Veterans & Family Counselling was founded by Australia's Vietnam veterans. It is now Australia's leading Government funded provider of mental health assessment and counselling for Australian veterans and their families. A key Open Arms strategy is the "Suicide intervention and mental health literacy workshops", where Open Arms offer a variety of free training opportunities to those seeking to help family, friends, co-workers, or others in the veteran community. Open Arms suicide intervention workshops assist participants to recognise warning signs for suicide and learn intervention strategies. Workshops include the LivingWorks network of safety suite of START, safeTalk, and ASIST, and LivingWorks was recently commissioned in Australia to co-develop with Open Arms an adaptation of safeTalk suicide first aid training for 7,000 veterans.

The presentation will be co-presented from the point of a trainer (Shayne) and a Veteran (Barry), including

1. Research evaluation methodology, pre-development consultations and review of literature, design and development, and the production of veterans' material and training for veterans to deliver the skills-based suicide intervention program.
2. Limitations on community engagement and preparations for a dissemination campaign to be co-designed with veterans and their families.
3. Early pre-and post-training evaluations in the state-wide trial of the new material in Queensland among 300 veterans.
4. Veteran perspective of the training and impact

### 4.2 Impact of Systematic Tailored Assessment for Responding to Suicidality (STARS) Protocol Training on Suicide Prevention Workers Suicide Risk Assessment Capabilities

Presenter: Jacinta Hawgood<sup>1</sup>

Co-Authors: Tamara Ownsworth<sup>2</sup>, Kairi Kölves<sup>1</sup>, Susan H Spence<sup>1</sup>, Ella Arensman<sup>3,4,1</sup> & Diego De Leo<sup>1</sup>

Affiliations: <sup>1</sup>Australian Institute for Suicide Research and Prevention, World Health Organization Collaborating Centre for Research and Training in Suicide Prevention, School of Applied Psychology, Griffith University, Queensland, Australia; <sup>2</sup>School of Applied Psychology, Griffith University, and The Hopkins Centre, Menzies Health Institute of Queensland, Griffith University, Queensland, Australia; <sup>3</sup>School of Public Health, College of Medicine and Health, University College Cork; Cork Ireland; <sup>4</sup>National Suicide Research Foundation; Cork, Ireland

Submission #93539

#### Abstract

Study Objectives: Systematic Tailored Assessment for Responding to Suicidality (STARS) protocol and associated training were developed with the key objectives of supporting suicide prevention workers to conduct a suicide enquiry, comprehensively gather client reported psycho-social factors



contributing to suicidality, and collaboratively develop a safety plan with clients. STARS protocol is co-designed with lived experience of suicide and informed by empirical evidence around suicidal state and psycho-social risk and protective factors. The aim of STARS protocol training is to enhance worker competencies in undertaking person-centred, psycho-social needs-based assessment so that they are equipped to then intervene and support those in suicidal distress. The key objectives of this study were to: examine associations between suicide prevention worker characteristics and their pre-training competencies in suicide risk assessment (SRA), determine the impact of STARS training on the competencies of suicide prevention workers; and determine those factors that predict training outcomes around suicide risk assessment.

**Method:** Australian suicide prevention workers undertook the STARS protocol training, which is a two-day face-to-face workshop (from 2018 and 2020), and completed an online survey both before (N=222) and after the workshop (N=144; 64.9%). Most participants were female (75.7%), had completed a university degree (86.4%), had less than 10 years of experience in suicide prevention (71.7%), and were allied and mental health professionals (78.1%). For the analyses, linear mixed-effects regression for statistical analyses was used.

**Results:** STARS training participants who reported having higher perceived capability in suicide risk assessment processes before the training had significantly more formal training (workshops, courses), informal training (supervision/mentoring), more years of experience in suicide prevention, and were more likely to have experienced loss of a client to suicide and/or had at least one client attempt suicide, and to report fewer fears in undertaking SRA. We found overall significant positive impacts of STARS training on the competencies of suicide prevention workers (attitudes, perceived capability, declarative knowledge) from before to after the training. The most remarkable gains observed after STARS training were for perceived capability and declarative knowledge of STARS. Further, participants who had more positive attitudes after training were significantly more likely to have had less prior supervision/mentoring. Reluctance to intervene was not found to significantly change after training.

**Conclusions:** We found evidence that attitudes, perceived capability and declarative knowledge changed positively from pre- to post-STARS training among suicide prevention workers. Underpinned by the minimum standardised SRA competencies, STARS protocol training may be critical for informing evidence-based knowledge and skills in SRA and safety planning.

#### 4.3 Suicide prevention in the construction industry: gatekeeper competencies, perspectives, and experiences of Bluehats

Presenter: Liddle, Sarah K.<sup>1</sup>

Co-Authors: Crawley, Sharnarra.<sup>2</sup>, & King, Kylie E.<sup>1</sup>

Affiliations: <sup>1</sup>Turner Institute for Brain and Mental Health, Monash University; <sup>2</sup>Bluehats Suicide Prevention, Incolink

Submission #93481

#### Abstract

**Study objectives:** Suicide among construction workers is 1.7 times higher than that of other male workers and is likely influenced by factors including work and employment conditions; and personal factors such as interpersonal relationships, attitudes toward help-seeking, mental health stigma, alcohol and drug use, sleep and physical activity. Suicide prevention strategies should therefore target construction workers within workplaces. Incolink's Bluehats Suicide Prevention Program provides volunteer workers with gatekeeper training to provide support to other workers with suicide or mental health concerns. Evaluation of the Bluehats program is needed to support its implementation, understand its effectiveness, and optimise its impact to contribute to a reduction in the suicide rate in the construction industry. It has been proposed that effective gatekeepers require a set of minimum competencies which relate to their suicide prevention knowledge, skills and abilities, attitudes, and self-efficacy. Through the proposed gatekeeper competency framework outlined by Hawgood et al



(2021), this study aims to understand how Bluehats provide support to other workers and the factors impacting on successful implementation of the program.

Methods and material: In-depth interviews using questions based on gatekeeper competencies were conducted with Bluehats. Example questions include: “What would make you think someone might be at risk of suicide?” (knowledge), “How do you support people who come to you?” (skills and abilities), “What do you hope people will get out of coming to you for help?” (attitudes), and “Do you feel you have been able to achieve that?” (self-efficacy). Inductive (data-driven) and deductive (theory-driven) thematic analysis was conducted based on the gatekeeper competency framework.

Results: Bluehats volunteers described a range of competencies in their support of workers including: knowledge of the warning signs of someone in distress and local referral sources (knowledge), strong interpersonal skills (skills and abilities), positive attitudes about the effectiveness of Bluehats for suicide prevention (attitudes), and confidence talking about suicide and intervening with distressed work mates (self-efficacy). Bluehats also described some gaps in competencies. Individual factors specific to Bluehats volunteers as well as contextual to worksites and the industry played a role in Bluehats' effective provision of help.

Conclusion: Bluehats demonstrated GK competencies in suicide prevention interventions and the program has had a positive impact in the lives of Bluehats volunteers. The identified gaps in some competencies highlight the need for additional training. Ongoing delivery and improvements in the program could have benefits not only for construction workers but also their families, friends and the broader community. These findings could also be extrapolated to other workplace suicide prevention interventions.

#### 4.4 Protecting our Protectors: Suicide intervention skills training for first responders and family

Presenter: Professor Myfanwy Maple<sup>1</sup>

Co-Authors: Shayne Connell<sup>2</sup>

Affiliations: <sup>1</sup>University of New England; <sup>2</sup>LivingWorks Australia

Submission #93553

##### Abstract

Increasingly frontline emergency workers are dealing with call outs where they are having to support people in mental distress and expressing suicidal behaviour. At the same time, employees and volunteers of emergency services are exposed to traumatic incidents and are at a heightened risk of suicide themselves. The University of New England evaluated a partnership between Fortem Australia and LivingWorks that offered first responders and their family members free, face-to-face LivingWorks suicide first aid training in order to upskill their professional and personal tool kit. The training included LivingWorks Start online, safeTALK and ASIST and was delivered over three months in New South Wales, Queensland, ACT and Victoria for up to 500 first responders. Participants from a broad range of emergency services attended the workshops or completed the online program. This presentation will provide evaluation data from training for first responders and recommendations for future research into skills training for peers in emergency services.

#### 4.5 Trends of Suicide in South Korea by Gender and Life Cycle during 2019-2020: Werther Effect, COVID-19 and Women

Presenter: Soonju Lee

Affiliation: Korea Foundation for Suicide prevention, Ministry of Health and Welfare, division of suicide prevention policy

Submission #93451

##### Abstract

South Korean society witnessed a series of suicides of famous celebrities in 2019 and experienced a collective economic and psychological depressions caused by the first wave of COVID-19 in 2020. This



study aimed at detecting the existence of a new trends in suicide by gender and life cycle groups during the 2019-2020 period—total 24 months. To this end, we used the Farrington surveillance algorithm based on quasi-poisson regression to assess whether there was a meaningful, rapid increase of suicide victims compared to the expected points based on the monthly suicidal statistics since 2010. We checked the number of alarmed months as well as its degree by groups. Results showed that there was a significant suicide rush in women(15 times, up to 32.1% excess than algorithm expected value) for the past two years, while reported only a mild increase of suicide in the overall(six times of 24 months, up to 8.8% excess from expected value) and male populations(four times, up to 4.8% excess). Regarding of the results from subgroup population analysis, the number of suicidal victims in teenagers and young women peaked during the last two months of 2019 at the same period with two young celebrities-suicide deaths in their 20s: hinting a possible Werthers effect. The situation had worsened further in the following months. There found an significant up-rise of suicide victims in youth women group, while the first wave of COVID-19 and high-level of social distancing measures implemented. This led to an unprecedented rate of layoff in women—almost twice of that in man—with a rise of the monthly suicide excess rate up to 31.5% in young female group; but not in any other male or female age groups.

Based on main results, we conclude that young females, who rarely have been mentioned for the main focus of suicidal prevention cares, were the most severely affected by various social aspects in Korea in 2019-2020. First, we conjecture that suicide attempts in the youth and young females, characterized by help-seeking intentions and impulsiveness, were triggered by reports of celebrity suicides widely broadcast and amplified on both public media and social networks. Second, female was socio-economically vulnerable in face of COVID-19 because they are more likely to be replaced at in-person workplaces and to take on the care work at homes under shut-down policy. The fact that social crises hit young women harder than any gender and age groups suggests that special care and action need to be placed toward this group..

#### 4.6 Psychological Safety and Workplace Suicide Prevention in Safety-Critical Industries

Presenter: Sally Spencer-Thomas, Psy.D.

Affiliation: President, United Suicide Survivors International

Submission #93451

##### Abstract

Introduction: In the last few years, the research and discussions about psychological safety at work have skyrocketed. While recent definitions of the phenomenon of psychological safety center on “a shared belief held by members of a team that the team is safe for interpersonal risk taking” (Edmondson, 1999), the application of this idea is often focused on what happens when people make mistakes at work and the risk-taking required when people are learning or innovating.

Widening the lens of the definition, we can see the concepts of psychological safety also apply to other forms of vulnerability at work and the core question: “Do others have my back?”

- Do others have my back when I am making errors in learning or experimenting with new approaches?
- Do others have my back when I am different in some way from the group norms? (Edmondson, 2020)
- Do others have my back when I am going through a really hard time?

Another way psychological safety has been described is “...a feeling to be able to show and do something without fear of negative impact on self-image, status or career.” (Arbor & Patrisia, 2020, p. 3634). Vaida & Arelean (2019); Snow (n.d.); Quintana et al. (2019); Kähkönen et al. (2021); and many others, have highlighted the relationship between psychological safety and trust. A cross-discipline definition of trust is said to be “a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another” (Rousseau et al., 1998, p. 395). Trust is a prerequisite for psychological safety but the focus, time limits and levels of analysis are

different (Vaida & Ardelean, 2019). Trust is more intimate, longer-term and other-focused. Trust is earned at three levels (Snow, 2020): Ability (do I trust you are capable, intelligent and skilled), Integrity (do I trust you will do what you say you will do), and Benevolence (do I trust you have my best interest at heart). Consistency anchors all three.

When we connect the lessons learned in “psychological safety” with the approaches of workplace suicide prevention, we see many gaps exist due to these trust factors. Employers are not always seen as capable, compassionate or transparent when it comes to worker mental health.

Methods/Results: We investigated the language and processes used to promote workplace safety generally in safety-critical industries, and cross-walked those concepts with workplace suicide prevention. For health and safety professionals in these industries, the approach helps them “bake in” suicide prevention and mental health promotion into a holistic approach to safety.

## Oral Papers 5

### 5.1 Promoting professional service use for adults experiencing suicidal thoughts

Presenter: Professor Phil Batterham

Affiliation: Centre for Mental Health Research, The Australian National University

Submission #93427

#### Abstract

Study objectives: A recent meta-analysis reported that fewer than 30% of people who died by suicide had contact with mental health services in the prior 12 months. Ensuring that people with suicidal ideation get early access to professional mental health services should be prioritised, yet few population-based studies have characterised modifiable individual barriers to service use. Our aims were to identify factors associated with use of professional health services among people experiencing suicidal ideation, and to identify subgroups with varying levels of service use based on a decision tree approach.

Methods and material: A total of 1,462 Australian adults (78.8% female) who had experienced suicidal ideation in the past month were recruited online to participate in a cross-sectional survey. Logistic regression analysis was used to identify factors associated with professional service use. A decision tree model was used to identify subgroups with varying rates of professional service use.

Results: Most participants (62%) had used professional health services for mental health concerns in the past 12 months. The regression analysis indicated that professional service use was significantly higher among participants who: were middle aged, spoke English, disclosed to informal sources or helplines, met criteria for a mental health disorder, had higher levels of entrapment, psychological distress, or disinhibition, or had lower levels of detachment or antagonism. The decision tree analysis identified subgroups of the sample with rates of service use ranging from 21% to 94%. The most important determinants of service use in this model were meeting criteria for a mental disorder and disclosure of suicidal ideation to family/friends and helplines.

Conclusion: The findings from this large population-based study suggest that interventions to reduce resistance to disclosing suicidal ideation, and interventions to equip the community in supporting safe disclosure may assist in increasing professional service use. There is also a need to develop services that meet the needs of individuals who do not meet criteria for a mental health condition, along with older adults and culturally diverse populations. Overcoming individual barriers to support for individuals at risk of suicide may also require creative solutions that extend beyond health systems.

### 5.2 The role of communities in preventing suicide in rural areas

Presenter: Grattidge, L<sup>1</sup>

Co-Authors: Hoang, H<sup>1</sup>, Auckland, S<sup>1</sup>. & Mond, J<sup>1,2</sup>

Affiliations: <sup>1</sup> Centre for Rural Health, University of Tasmania; <sup>2</sup> School of Medicine, Western Sydney University

Submission #93555



## Abstract

**Study Objectives:** Complex factors impact suicide and its prevention in rural communities, including geographic location and access to services; socio-economic disadvantage; exposure to environmental adversity, including droughts and bushfires; and engagement in high-risk occupations and activities. These factors contribute to higher rates of isolation; hopelessness; despair, for example, and, in turn, higher rates of mental health problems. It is estimated that up to 50% of individuals who have attempted or considered suicide are not accessing mental health services. This suggests traditional, clinical methods are being utilised, highlighting a need to explore alternative approaches, harnessing the strengths of, and resources present within, communities. The aim of this paper is to explore the diversity of communities and their role in preventing suicide in rural areas, including how community-based efforts can be utilised in the future of suicide prevention.

**Methods:** Data sources include interviews and focus groups with participants (n=37) identifying as experts working in the field of community-based suicide prevention, either at a community, researcher, program or policy level across Australia. Additionally, a scoping review was used to explore community-based suicide prevention and its definition, and what strategies have both shown as having both reach and relevance for people living in rural areas. Interview data were thematically analysed using NVivo.

**Findings:** Findings show that a definition of community-based suicide prevention needs to consider local environment, context, and community socio-cultural needs and strengths. Efforts under this umbrella term include those which empower community to take action; (ii) are underpinned by grassroots approaches and local leadership; and (iii) address the determinants of suicidality. Community-based efforts are primarily non-clinical and community-led, with the potential to reach at-risk individuals unlikely to access formal services. Coordinated support and flexible funding approaches help foster community ownership of issues and solutions, and comprehensive community-led approaches require attention at all levels, from universal approaches targeting whole communities; selective approaches targeting community members at higher risk; to indicated approaches specifically targeting community members displaying suicidal behaviours. Strategies used in rural areas include strategic partnerships and building on the strengths of community-based organisations; recognising and utilising natural gatekeeper roles within communities; and using innovative and common sense methods to reach people at-risk.

**Conclusion:** This study will highlight essential considerations when working with rural communities to implement community-based suicide prevention initiatives, providing both first hand narrative from people working in the area, and insight from the published research. This presentation intends to inform future policy and planning of suicide prevention programs, building the existing evidence base, relevant within Australia and across the world.

### 5.3 Evaluating the implementation and outcomes of a Pop-up Safe Space Pilot Initiative

Presenter: Elliot Parkinson (Beacon Strategies),

Co-Authors: Bronwen Edwards (Roses in The Ocean), Mark Ellis (Roses in The Ocean)

Submission #93477

## Abstract

**Background and objectives:** As a result of the systemic advocacy of people with a lived experience of suicide, there has been promising government investment in non-clinical, alternative supports for people impacted by suicide in Australia. Roses in the Ocean has played a central role in the conceptual and practical development of these innovative safe space models at a state and national level. In 2021, Roses in the Ocean published a Safe Spaces Narrative Report. The report identified seven key components to a Safe Space, starting with a trauma-informed 'no wrong door' approach and covering areas such as peer workforce, shared governance, non-clinical support and a warm and welcoming environment. The

report's findings emerged from co-design activities held across numerous communities in Queensland and New South Wales and involved people with lived experience of suicide and other stakeholders including health professionals. These findings highlight common themes that have emerged about what local communities are looking for and wanting from a safe space — Roses in the Ocean has used this knowledge and experience in launching the Pop-up Safe Space Pilot Initiative to support communities to create and lead the safe spaces that meet their local needs. Roses in the Ocean engaged health and social services consultancy Beacon Strategies to develop a monitoring and evaluation framework for the Pop-up Safe Spaces Initiative that will demonstrate how the initiative has achieved its intended objectives and identify opportunities to further strengthen the sustainability and scalability of the model.

**Methods and material:** Recognising the core principles of co-design and people with lived experience having meaningful input into the evaluation at all stages, Beacon Strategies has worked collaboratively with Roses in the Ocean and representatives from local Pop-up Safe Space sites on the evaluation approach. Key steps have included defining the program model based on the co-design process, crafting key evaluation questions that matter to people with lived experience, and collect relevant and meaningful data using appropriate evaluation methods focused on both process and outcome indicators.

**Results:** At the time of writing, the program definition phase of the Pop-up Safe Space Pilot Initiative is underway. The interim results we will present will cover key components and outcomes of the program model, agreed areas of inquiry for the evaluation approach and the indicators and data collection methods co-designed with people with lived experience.

**Conclusion:** Interim results from the Pop-up Safe Spaces Pilot Initiative will be of interest to many attendees with an interest in the implementation of Safe Spaces and in program evaluation approaches designed with people with lived experience of suicide.

## 5.4 Support for the promotion of suicide prevention in local communities and future challenges

**Presenter:** Natsuko Komaki

**Co-Authors:** Kazu Moriguchi, Keiko Yogi, Hiroshi Satou, Yoshihide Sorimachi, Yasuyuki Shimizu

**Submission #**93543

### Abstract

**Objectives:** Japan Suicide Countermeasures Promotion Center (JSCP), designated by the Minister of Health, Labour and Welfare based on the new law (enacted in 2019) created in relation to the Basic Act on Suicide Prevention (enacted in 2006), is a government-designated organisation that conducts surveys and research on suicide prevention and promotes the utility of the outcomes. JSCP has provided various types of support to local governments and other organisations in order to help them promote measures since all local governments are required to formulate suicide prevention plans based on local conditions and take action under the Basic Act for Suicide Prevention. This report summarizes the supports provided by JSCP according to their aims to give a foothold for the development of support measures to further promote suicide prevention at the local level, considering the achievements and challenges.

**Methods and material:** The following four types of support were organised, and their achievements and challenges were examined through questionnaires and interviews with local government officials:

1. Support for improving knowledge and technical skills of local government officials
2. Support for planning and implementation of effective initiatives
3. Support for understanding the reality of suicide in a local community
4. Support for improving the capability of the entire community to implement countermeasures

**Results:**





1. Local Suicide Countermeasures Promotion Centers (Local Centers) answered that they were able to obtain the information they expected and that it was helpful to make inquiries easily concerning the information and advice given by the Concierge for Local Government Supporters and at various meetings.

2. Local governments said that it was helpful to receive information on suicide prevention during the COVID-19 pandemic.

3. There were several comments on the analysis of suicide trends during the COVID-19 pandemic that were helpful in addressing the issue within the local governments. In addition, JSCP periodically compiles the results of its analysis of the reality of suicide in each municipality and distributes the results as a document.

4. The status of suicide prevention in local governments was provided to Local Centers. JSCP also attended various conferences and meetings organised by local communities and gave lectures at training sessions on suicide prevention.

Conclusion: In addition to providing suicide prevention support and sharing the results of actual suicide analysis, we also provided support based on the local community's needs, even in the unique circumstance of the COVID-19 pandemic. In the future, we will need to further strengthen our relationships with both Local Centers and local governments, and develop initiatives that take into account the needs of local governments, thereby enhancing our overall strength in suicide prevention.

## 5.5 Communicating about suicide and mental illness through images

Presenter: Elizabeth Paton

Submission #93516

### Abstract

Research demonstrates the impact public communication about suicide and mental illness has on suicide risk, stigma and help seeking behaviours for individuals and communities<sup>1</sup>. Existing communications guidelines discourage the use of stereotyping, stigmatising or unsafe images but there is limited evidence and information available identifying what aspects of images classify them as non-stigmatising, safe, or accurate portrayals. Additionally, there is limited knowledge of the similarities, differences, and adherence to this evidence base in Australia within communications guidelines by those who use images to communicate about suicide and mental illness, including the media, mental health and suicide prevention sectors, government departments and Primary Health Networks.

Everymind, supported by researchers from the University of Melbourne, undertook a scoping review, focusing on a number of key questions:

1. What is the evidence base on the use of images relating to suicide and mental illness?
2. What is current practice around image use in Australia?
3. What are the current attitudes about images in Australia?
4. Are there any considerations for specific audiences or communities? For example, people who have lived experience, young people, or Aboriginal and Torres Strait Islander, LGBTIQ+ and culturally and linguistically diverse people and communities.

To address these questions, a review of the academic literature was undertaken to identify the evidence base for how images are used to communicate mental health issues and the impact of such images on community knowledge, attitudes and behaviours related to such mental health issues (including stigma). In addition, Everymind surveyed people with lived experience as well as media professionals, government and the mental health and suicide prevention sectors on their attitudes around image use. The team also collected and examined existing written guidelines and policies used in Australia that guide communication about mental health and wellbeing, mental illness, suicidal behaviour and alcohol and other drugs (AOD) through the use of images. This examination aimed to understand what existing guidelines say about the use of images and whether these aligned with the evidence base.

This presentation aims to share the findings of this scoping review as well as next steps in creating evidence-informed guidance for the use of images relating to suicide and mental illness.

<sup>11</sup> Niederkrotenhaller T, Braun M, Pirks J, Till B, Stack S, Sinyor M et al. Association between suicide reporting in the media and suicide: systematic review and meta-analysis *BMJ* 2020; 368:m575 doi:10.1136/bmj.m575

## 5.6 From Bundaberg to Bunbury: 25 years of suicide intervention skills in Australia

Presenter: Shayne Connell<sup>2</sup>

Co-Authors: Bruce Turley<sup>1</sup>, Lorna Hirsch<sup>2</sup>

Affiliations: <sup>1</sup>LivingWorks Education; <sup>2</sup>LivingWorks Australia

Submission #93563

### Abstract

The first iteration of the National Suicide Prevention Strategy in Australia coincided with the introduction of community-wide suicide intervention skills training across the country 25 years ago. LivingWorks ASIST began in Australia with a Train the Trainer program held in Bundaberg, Qld in 1997, closely followed by Wollongong and Melbourne. Since then, more than 2,000 trainers have been trained and deployed to deliver the evidence-based training across workplaces, schools, Defence, health settings and community organisations. This presentation will explore the impact of the introduction of LivingWorks ASIST into the National framework, its influence on the National Strategy and approach to suicide prevention that has pioneered a movement towards whole-of-community involvement, the language of suicide and safety and the teaching and implementation of safety planning. The authors present a comparison of Australian results with other National rollouts of ASIST training in Scotland, the Republic of Ireland, Canada and the United States of America, including the barriers and attitudinal blockages to scaled dissemination of suicide intervention education.

## Oral Papers 6

### 6.1 Community Integration, Psychological Distress and Suicidality Differences among Patients with Treatment-Resistant Depression in Taiwan and Vietnam

Presenter: Pham Thi Thu Huong<sup>1,2,3</sup>

Co-Authors: Chia-Yi Wu<sup>1,4,5</sup>, Ming-Been Lee<sup>5,6,7</sup>, Nguyen Van Tuan<sup>3,8</sup>, Pham Thi Thu Hien<sup>3</sup>, Vu Son Tung<sup>3</sup>

Affiliations: <sup>1</sup> School of Nursing, National Taiwan University College of Medicine, Taipei, Taiwan; <sup>2</sup> Faculty of Nursing and Midwifery, Hanoi Medical University, Vietnam; <sup>3</sup> National Institute of Mental Health, Bach Mai Hospital, Vietnam; <sup>4</sup> Department of Nursing, National Taiwan University Hospital; <sup>5</sup> Taiwan Suicide Prevention Center, Taipei, Taiwan; <sup>6</sup> Department of Psychiatry, National Taiwan University Hospital, Taiwan; <sup>7</sup> Department of Psychiatry, Shin Kong Wu Ho Su Memorial Hospital, Taipei, Taiwan; <sup>8</sup> Department of Psychiatry, Hanoi Medical University, Hanoi, Vietnam

Submission #93502

### Abstract

**Study objective:** Treatment-resistant depression (TRD) is one of the primary causes of disability and a major risk for suicide. However, the suicide risks and care needs for safety among patients with TRD during the community reintegration process appeared to be underestimated. There are limited mental health community facilities and government resources spent on mental health care networks in Vietnam. In contrast, Taiwan's mental health service provides long-term follow-up during community reintegration with comprehensive support from Taiwan Suicide Prevention Center which does not have in Vietnam. Therefore, to understand the characteristics and cultural influence among the Vietnamese population with TRD for future intervention, this study aims to compare the cultural feature of community integration, psychological distress, and suicidality differences among patients with TRD in Taiwan and Vietnam.

**Methods and material:** The participants who experienced more than two failed treatments of antidepressants with partial remission were defined as TRD. Patients diagnosed with major depressive



disorder were recruited upon psychiatrists' referral in two general hospitals in northern Taiwan during 2018 – 2019 and one teaching hospital in Vietnam during 2021 – 2022. A semi-structured questionnaire was used in face-to-face interviews to collect socio-demographic, psychological distress (the Five-item Brief Symptom Rating Scale), suicidality-related information, and community integration (Community Integration Questionnaires-Revised).

Results: A total of 167 patients participated in the present study with 125 patients in the Taiwanese group and 42 patients in the Vietnamese group. The mean age, gender ratio, lifetime suicide ideation, and psychological distress were not significantly different in the two groups. However, other socio-factors i.e., education, marital status, religion, and living status addressed the significant difference among the two groups. Further, an interesting feature was found related to suicidality reveal that despite a 2-fold higher of recent suicide ideation in one week, the lifetime suicide attempts significantly showed a 1.4-fold decrease among Vietnamese patients compared to the Taiwanese patients' group. Finally, the Vietnamese patients' group showed significantly lower in all the domains of community integration i.e., home, social, productivity, and electronic social networking compared to their counterparts in Taiwan.

Conclusion: The finding highlights the need to establish long-term support and follow-up by mental health professionals for all the patients with chronic depression especially in Vietnam where the community mental health service provides very limited in terms of quantity and care services after patient discharge. In conclusion, to enhance the quality of community life and mental health care for patients with TRD during the recovery process while reducing suicide risks, healthcare providers should actively empower their community involvement in the chronic illness trajectory.

## 6.2 Zero Suicide Healthcare: program theory to guide evaluation for safer suicide care

Presenter: Sue Murray<sup>1</sup>

Co-Authors: Alan Woodward<sup>2</sup>

Affiliations: <sup>1</sup>Managing Director, Zero Suicide Institute of Australasia; <sup>2</sup>Director Alan Woodward Consulting

Submission #93532

### Abstract

**Context:** The World Health Organisation estimates one person dies by suicide every 40 seconds. The importance of healthcare as an access point for prevention is highlighted by one study showing 96% of attempt survivors accessed a health service in the week following their most recent suicide attempt (Shand 2018). In Australia Gold Coast Mental Health Specialist Services demonstrated the effectiveness of applying the Zero Suicide Healthcare (ZSH) framework with fidelity achieving a 23% reduction in suicides and 35% reduction in re-admissions among people who were placed on their Suicide Care Pathway. (Turner 2021)

**Process:** The Zero Suicide Healthcare Framework enables healthcare systems to achieve better results in suicide prevention. It engages with healthcare systems at all levels – governance, executive, clinical leadership, professional workforce, industry groups, consumer and carer representatives - addressing suicide prevention through high quality, evidence-based health care. The ZSH framework has been adopted in many developed countries, comprised of seven elements designed to build organisational capability, improve clinical practice and create better service pathways for recovery.

**Analysis:** The Global Burden of Disease Report indicates 140,000 years of life are lost to suicide annually in Australia. The Productivity Commission estimated the cost of mental ill health and suicide to the Australian economy is between \$43 billion and \$70 billion per year, including the costs of providing treatment and supports and loss of economic participation and productivity. Australia's universal health system can readily identify those who present to health services with suicidal behaviours. Therefore, we have the ethical and moral responsibility to build the capacity and capability of health services to deliver competent and compassionate care to those who are experiencing suicidality. The Zero Suicide Healthcare framework draws on techniques of quality

management and continuous improvement. It implicitly assumes suicide prevention can be addressed in health care settings in the same way, and with the same absolute improvements, as has been done in wound management, infection control and medication management. It advances evidence-based practice in suicide prevention as a standardised and systematic reform. It encourages the use of data and measurement to monitor performance for continuous improvement within healthcare settings. However, there is no single source of understanding of how the elements of the ZSH framework interact to achieve outcomes. The development of the Theory of Change for ZSH provides greater clarity about the overall design of the framework using program theory. This will also provide a platform to underpin evaluation of ZSH across health systems and countries.

Outcomes: A model will be presented demonstrating alignment to the ZSH framework and giving a consistent approach to evaluation and monitoring of implementation and supported by standardised data collection.

Learning outcomes: Increased understanding of Theory of Change as it applies to the ZSH framework.

### 6.3 Prevalence of psychiatric assessment and hospitalization following hospital-treated deliberate self-harm: A systematic review and meta-analysis

Presenter: Katrina Witt<sup>1,2</sup>

Co-Authors: Katie McGill,<sup>3</sup> Bernard Leckning,<sup>4,†</sup> Nicole T.M. Hill,<sup>5,6</sup> Jo Robinson<sup>1,2</sup> and Gregory Carter<sup>3</sup>

Affiliations: <sup>1</sup> Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia; <sup>2</sup> Orygen, Parkville, Victoria, Australia; <sup>3</sup> School of Medicine and Public Health, The University of Newcastle, Callaghan, New South Wales, Australia; <sup>4</sup> Menzies School of Health Research, Charles Darwin University, Casuarina, Northern Territory, Australia; <sup>5</sup> Telethon Kids Institute, Perth, Western Australia, Australia; <sup>6</sup> Centre for Child Health Research, University of Western Australia; † Presenter.

Submission #93513

#### Abstract

Background: Guidelines recommend psycho-social assessment for all hospital-treated deliberate self-harm (DSH). After-care management follows on from the psycho-social assessment and may include community-based management or psychiatric inpatient care. Psychiatric inpatient care is intrusive and costly, whilst the balance of benefit and harm is not known. Effective community-based interventions might be underutilised. It is important to understand the prevalence of psychiatric hospitalisation and the factors influencing the choice of psychiatric after-care for hospital-treated DSH, to improve clinical management.

Aims(s): To estimate the prevalence of psycho-social assessment and different levels of psychiatric after-care for hospital-presenting DSH.

Methods: Six electronic databases were searched from their respective start dates until 17 June 2021 using keywords related to 'self-harm' and 'psychiatric treatment'. All published and unpublished studies reporting data on the proportion of admissions (events) and/or patients (individuals) receiving: (1) psychosocial assessment; (2) referral to psychiatric in- or community/outpatient treatment; and/or (3) discharge to psychiatric in- or outpatient treatment after an episode of general hospital-treated DSH were eligible for inclusion. Quantitative synthesis using the random effects model was undertaken to calculate pooled estimate of the proportion of admissions (events) and patients (individuals) for these outcomes. Methods followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.

Results: 186 studies were included from 38 different countries. These studies reported on outcomes for 550,774 individuals or 2,508,066 DSH events. The weighted mean age of participants across studies was 32.8±3.2 years and the majority were female (61.1%). For individuals we calculated pooled estimates of: 81% received a psychosocial assessment, 31% were referred to psychiatric inpatient services, 21% received psychiatric inpatient treatment, 39% were referred to psychiatric outpatient services, and 40% received psychiatric outpatient treatment. For events the corresponding pooled proportions were: 63%, 6%, 9%, 32%, 50%. Between-study heterogeneity was high with an I<sup>2</sup> of 99%.



Further analyses (meta-regressions) will investigate the potentially modifying effect of: per capita spending on mental health, psychiatric bed availability, and mental health workforce.

Conclusions: Psycho-social assessment proportions were substantially lower than the guideline recommendations. For individuals, a substantial minority were referred for psychiatric inpatient after-care and the majority were admitted. For events, the pooled estimates for referral and admission were much smaller, suggesting a differential application of inpatient after-care for repeated DSH events. Less than half (individuals or events) were referred or received community-based care, suggesting a likely underutilisation of effective interventions.

#### 6.4 Prosecuted for Attempting Suicide: a Retrospective Study in a Malaysian Forensic Psychiatric Unit

Presenter: Ravivarma Rao Panirselvam<sup>1</sup>

Co-Authors: Johari Khamis<sup>2</sup>, Norhameza Ahmad Badruddin<sup>2</sup>, Farynna Hana Ab Rahman<sup>3</sup>, Lai Fong Chan<sup>3</sup>

Affiliations: <sup>1</sup> Hospital Miri, Sarawak, Malaysia; <sup>2</sup>Hospital Permai Johor Bahru, Malaysia; <sup>3</sup>Universiti Kebangsaan Malaysia

Submission #93468

##### Abstract

**Introduction and Study Objectives:** Criminalization of suicide attempts is an archaic barrier to suicide prevention. Malaysia remains one of the few upper middle-income countries that still criminalizes suicide attempts. Globally, clinical profiles of prosecuted suicide attempters are an under-researched area. Recognizing the prosecuted would aid in understanding the survival and help in the narrative for the need for decriminalization of suicide attempts.

**Method and Materials:** This retrospective study of clinical notes aims to describe the clinical profiles of individuals who were charged for attempted suicide and subsequently sent for criminal responsibility and fitness to plead evaluation in a forensic psychiatric unit in Malaysia from January 1, 2008, to December 31, 2019.

**Results:** We identified 22 cases who were mostly adult males (90.9%) and half of the individuals were hospitalized post-attempt due to lethality of method. Seventy-three percent have a psychiatric disorder. Mood disorders were more prevalent (32%) followed by psychotic disorders and substance use disorders. For most of these individuals, this was the first contact with any form of mental health services and 41% defaulted their treatment before arrest. Notably, a large portion of the sample (72.7%) had no additional criminal charge.

**Conclusion:** Criminalization of suicide attempts complicates the care pathway for individuals who attempt suicide in Malaysia. The criminal justice pathway can significantly delay treatment. Legal processes and assessments that persons prosecuted for suicide attempt have to undergo may take precedence over mental health care. The clinical outcome post-discharge is largely unknown to a group that is at increased risk of suicide. Therefore, this sample illustrates a vulnerable group who has been and will be disengaged with mental healthcare. Future research is warranted to further investigate mechanisms that are effective in addressing unmet needs of persons in suicidal crisis as opposed to utilizing the criminal justice pathway include the need for decriminalization of suicide attempts.

**Keywords:** criminalization of suicide attempt, criminal justice pathway, criminal law

#### 6.5 Helplines and telehealth support in Aotearoa/New Zealand during COVID-19 pandemic control measures; a mixed methods study

Presenter: Alina Pavlova

Co-Authors: Bonnie Scarth, Katrina Witt, Sarah Hetrick, Sarah Fortune

Submission #93510

##### Abstract



**Study objectives:** The aims of this study were twofold (1) to examine the effect of the COVID-19 pandemic and associated public health measures on helpline and telehealth service demand as well as (2) the impact on these fluctuations on the helpline and telehealth service providers.

**Methods and material:** The quantitative data from 11 national helplines representing 1,244,293 Aotearoa/New Zealand national helpline contacts from January 2020 until March 2021 were collected and analysed by segmented regression analysis to understand the patterns of demand by gender, ethnicity, age, and method of contact. Thematic analysis of 23 in-depth interviews with service providers explored potential factors associated with observed changes in demand, and how the COVID-19 pandemic control measures affected service provision.

**Results:** Throughout the period of observation, a peak and trough pattern was observed. Significant demand increases were observed in anticipation of nation-wide pandemic control measures and significant demand decreases coincided with relaxation of national pandemic control measures. There were spikes in demand associated with public mental health interventions including a large-scale mental health promotion campaign, introduction of new helpline services, and regional lockdowns, but these did not result in significant changes in trends. Data triangulation suggested that youth and populations who were disproportionately negatively affected by unstable economic conditions and underemployment made more frequent contacts with services. Helpline providers described their perception of an increase in crisis calls and warned that socio-economic consequences of the pandemic might have a negative impact on rates of suicides. Providers felt that the COVID-19 pandemic control measures had helped to speed up technological innovation and foster inter-service collaboration. However, there were concerns about the sustainability of these changes. For new technologies, these questions revolved around accessibility, acceptability, safety, and privacy for both service users as well as the workforce. Other challenges included finite access to COVID-19-related funding and the limited availability of trained workforce who were working long hours. Insufficient training and over-reliance on volunteers and peer support workers were mentioned in the context of concerns about a lack of support for this volunteer and peer support workforce.

**Conclusions:** COVID-19, related interventions, and measures of control were associated with an increase in contacts to helplines in Aotearoa/New Zealand compared with the pre-COVID-19 period. However, the extent of the demand increase was smaller than observed internationally. The reasons for increases in demand were often beyond the COVID-19 pandemic and measures of control. Providers emphasised that increased demand could be viewed positively as a successful outcome of public health messaging; greater surge capacity is needed to better serve higher demand.

## Oral Papers 7

**7.1 The Australian Youth Self-Harm Atlas: Mapping the regional variability of non-suicidal self-harm, suicide attempts, and related risk and protective factors in Australian adolescents**  
Presenter: Emily Hielscher <sup>1,2</sup>

Co-Authors: Karen Hay<sup>1</sup>, Ivan Chang<sup>1</sup>, Martina McGrath<sup>3,4</sup>, Philip Batterham<sup>5</sup>, David Lawrence<sup>6</sup>, James Scott<sup>1, 7</sup>

Affiliations: <sup>1</sup> QIMR Berghofer Medical Research Institute, Herston, QLD, Australia; <sup>2</sup> School of Public Health, Faculty of Medicine, The University of Queensland, Brisbane, QLD, Australia; <sup>3</sup> Roses in the Ocean, Brisbane, QLD, Australia; <sup>4</sup> School of Population Health, University of Melbourne, VIC, Australia; <sup>5</sup> ANU Centre for Mental Health Research, The Australian National University, Canberra, ACT, Australia; <sup>6</sup> Graduate School of Education, The University of Western Australia, Perth, WA, Australia; <sup>7</sup> Metro North Mental Health, Royal Brisbane and Women's Hospital, Herston, QLD, Australia.

Submission #93492

### Abstract

**Background/Objectives:** Suicide prevention strategies in Australia have shifted in recent years, from a national approach to one that is regionally tailored and responsive to local community needs. Previous Australian studies on regional variation of suicide have supported this approach, however, most research has focused on suicide deaths which may not properly reflect prevention needs, and few



studies have focused on young people. This is a priority population where urgent action needs to be taken to prevent suicides in Australia. The study, funded by Suicide Prevention Australia, will be the first at the national level to investigate regional variability of the prevalence of self-injurious and suicidal behaviours, and their related risk and protective factors, in Australian adolescents.

**Methods:** A random sample of Australian adolescents aged 12- to 17-year-olds were recruited in 2013–2014 as part of the Young Minds Matter (YMM) Survey. Participants completed self-report questions regarding self-harm (non-suicidal and suicidal) experienced in the past 12 months. There were also questions on risk/protective factors, mental health, and service use. Using mixed effects regression and Bayesian hierarchical approaches, we analysed and mapped local-level prevalence estimates of non-suicidal and suicidal self-harm. The main spatial unit of analysis was Statistical Area Level 1 (SA1) and Level 2 (SA2; size of suburbs in cities). An area-level self-harm model was built using YMM survey data and census/auxiliary data to produce out-of-sample predictions (or synthetic small area estimates) of self-harm prevalence.

**Results:** Overall, there was large variability in youth self-harm prevalence across Australia. Northern Territory and rural parts of South Australia had overall highest prevalence of self-harm. Psychological distress and depression were risk factors which best predicted self-harm at an individual level. At an area level (SA1), Aboriginal and/or Torres Strait Islander status, parent employment status, and percentage in state housing authority were important predictive variables. In the final area-level model, the strongest predictor of self-harm was a high percentage of single unemployed parents, or any state housing, while being in an area where  $\geq 30\%$  parents were born overseas was associated with markedly reduced odds of self-harm.

**Conclusions and implications:** This national study has identified characteristics of regions in Australia with lower and higher youth self-harm and suicide risk and, in turn, has helped to further establish meaningful targets for youth suicide prevention efforts. These findings should assist Primary Health Networks and other commissioning bodies with implementing regionally appropriate youth suicide preventive interventions and initiatives.

## 7.2 Self-identified risk and protective factors for self-harm and suicidality among young Australians with lived experience

Presenter: Emily Hielscher <sup>1,2</sup>

Co-Authors: Ivan Chang<sup>1</sup>, Martina McGrath <sup>3,4</sup>, Kathy Poulton <sup>3</sup>, Philip Batterham<sup>5</sup>, David Lawrence<sup>6</sup>, James Scott<sup>1, 7</sup>

Affiliations: <sup>1</sup> QIMR Berghofer Medical Research Institute, Herston, QLD, Australia; <sup>2</sup> School of Public Health, Faculty of Medicine, The University of Queensland, Brisbane, QLD, Australia; <sup>3</sup> Roses in the Ocean, Brisbane, QLD, Australia; <sup>4</sup> School of Population Health, University of Melbourne, VIC, Australia; <sup>5</sup> ANU Centre for Mental Health Research, The Australian National University, Canberra, ACT, Australia; <sup>6</sup> Graduate School of Education, The University of Western Australia, Perth, WA, Australia; <sup>7</sup> Metro North Mental Health, Royal Brisbane and Women's Hospital, Herston, QLD, Australia.

Submission #93491

### Abstract

**Background/Objectives:** Suicide prevention strategies in Australia have shifted in recent years, from a national approach to one that is regionally tailored and responsive to local community needs. Previous Australian studies on regional variation of suicide have supported this approach, however, most research has focused on suicide deaths which may not properly reflect prevention needs, and few studies have focused on young people. This is a priority population where urgent action needs to be taken to prevent suicides in Australia. The study, funded by Suicide Prevention Australia, investigated regional variability of the lived experience of self-harm and suicidality, including their related risk and protective factors, in Australian adolescents.

**Methods:** We conducted 12 online focus groups with young people (15-21 years) with lived experience of self-harm and/or suicidality in several geographically distinct regions across Australia. These focus groups were co-designed and co-facilitated with staff at Roses in the Ocean, and focused on the environments in which young people live, work, learn, and play, and considerations for factors that may be protective for a young person in each environment. The focus groups also covered discussions about local support services and initiatives, in terms of what's existing and what could be improved to better support self-harming/suicidal young people in the local area.

**Results:** Self-identified risk/protective factors were largely consistent with key factors identified in previous suicide epidemiological analyses, but providing additional and needed richness to these known risk/protective factors. The home and online/digital environment were perceived as riskiest for young people, where for example in the home, key risk factors included housing quality (mould, noise) and conflict with other household members and neighbours (homophobia, aggression). Young people also discussed strategies they've come up with to bolster protective factors in each environment, where in the home environment, having pets, their own room, and a de-stressor toolbox were perceived as protective. Some variables were complex (relationships with parents) and were considered both a risk and protective factor depending on the context. Themes related to financial concerns, transportation issues, and sense of community were more prominent in regional than metro areas. The latter was perceived as a double-edged sword, resulting in greater social cohesion, but also at times acting as a barrier to disclosure of suicidal experiences.

**Conclusions and implications:** This focus group study has provided rich, in-depth information about what young people perceive to be the most relevant risk and protective factors for self-harm and suicide prevention in various local communities throughout Australia. This includes useful protective strategies to share with other young people and service providers.

### 7.3 #MyGPguide: Helping young people seek help from their GP about self-harm and/or suicidal experiences.

Presenter: Maria Michail<sup>1</sup>

Co-Authors: Rowmell Hunter<sup>1</sup>, Lizzie Mitchell<sup>1</sup>, James Morgan<sup>1</sup>, Imaan Rathore<sup>1</sup>, Kalen Reid<sup>1</sup>, Charlie Tresadern<sup>1</sup>, Beckye Williams<sup>1</sup>, Niyah Campbell<sup>1</sup>

Affiliations: <sup>1</sup>Institute for Mental Health, School of Psychology, University of Birmingham, UK

Submission #93503

#### Abstract

**Study objectives:** Primary care, and in particular general practice, is at the forefront of identifying and supporting young people with self-harm and suicidal experiences. However, many young people are concerned about talking to their GP about self-harm and suicidal experiences; others do not know what to expect from a GP consultation; and how much they should share with their doctor. These concerns might influence how, when and why a young person decides to seek help from their GP when feeling suicidal. The aim of this project was twofold: 1) to understand the processes underlying young people's help-seeking prior, during and following a GP consultation; and 2) to use this knowledge to design a guide to support young people talk to their GP about self-harm and/or suicidal experiences.

**Methods and material:** A qualitative study using semi-structured interviews with 8 young people (6 females) aged 16 to 25 years with a history of attempted suicide; and, who were under the care of a youth mental health service in the UK. The study was carried out in line with the consolidated criteria for reporting qualitative research. Data were analysed using framework analysis. Four online co-production workshops with young people with lived experience to co-design the content and format of the guide; and, a dissemination and implementation plan.

**Results:** Three main themes were identified from the qualitative study: (1) Understanding when to seek help from a GP including difficulties young people experience in asking for help and articulating their distress; (2) Barriers to and facilitators of help-seeking before, during and after a consultation; and, (3) Help-seeking as a non-linear, dynamic process; influenced by many different and complex



factors. The findings of this study fed into the co-production workshops which informed the design, content and format of #MyGPguide. #MyGPguide is an evidence-based resource preparing young people for their GP consultation, offering vital information and advice on: i) what to consider before they visit their doctor, including preparing questions and booking an appointment; ii) how to manage the consultation, what their rights are with respect to confidentiality, what questions their doctor might ask them; safety planning and referral to mental health services; iii) what to do after the consultation; and how their doctor can support them.

Conclusion: Consultations about self-harm and/or suicidal experiences can be challenging for both GPs and young people. #MyGPguide, offers evidence-based, accessible and practical tips to facilitate the best consultation and support young people at-risk of suicide. Future plans involve co-designing with young people with lived experience an evaluation plan of #MyGPguide.

#### 7.4 Suicidal behaviour in primary care: Australian GPs' and young people's perspectives, preferences, and needs.

Presenter: Jo Robinson<sup>1,2</sup>

Co-Authors: India Bellairs-Walsh<sup>1,2</sup>, Sadhbh Byrne<sup>1,2,3</sup>, Yael Perry<sup>4</sup>, Ashleigh Lin<sup>4</sup>, Michelle Lamblin<sup>1,2</sup>, Maria Michail<sup>5</sup>

Affiliations: <sup>1</sup>Orygen, Parkville, Victoria, Australia, <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria, Australia <sup>3</sup>Centre for Global Health, Trinity College Dublin, Dublin, Ireland <sup>4</sup>Telethon Kids Institute, Nedlands, Western Australia, Australia <sup>5</sup>School of Psychology, University of Birmingham, Birmingham, United Kingdom

Submission #93487

#### Abstract

Study objectives: General Practitioner (GP) contact with young people with suicidal behaviours is common, and evidence suggests that reductions in Australia's youth suicide rate could be achieved with improved detection and management of suicidality in primary care. However, there may be several barriers to the provision of optimal care for young people who present to GPs with suicide risk. Information on Australian GPs' perspectives, approaches, challenges, and resource needs when working with young people at risk of suicide is lacking, as is research on young people's preferences for care from GPs for these presentations. This qualitative study thus aimed to explore the views of both young people and GPs when working with suicide risk, and identify any conflicting perspectives and needs between these groups.

Methods and material: Participants were recruited from the Perth South region of Western Australia. Using semi-structured interview schedules, two qualitative focus groups were conducted with young people (n = 10, M<sub>age</sub> = 20.66 years), and a combination of group and individual interviews were conducted with GPs (n = 15, M<sub>age</sub> = 45.25 years). Data were analysed using the framework of reflexive thematic analysis described by Braun and Clarke (2006, 2012, 2019, 2020).

Results: Both groups emphasised the importance of having a collaborative dialogue and a positive therapeutic relationship between the GP and young person when assessing suicide risk. GPs also mirrored young people's views on the importance of protecting young people's confidentiality. However, some GPs engaged in practices that young people found problematic, such as using suicide risk screening and assessment approaches that were perceived as reductionist and potentially inaccurate. Young people expressed a strong desire for GP competency in the area of youth suicide and self-harm, including crisis management and resource provision, although GPs expressed conflicting views on their responsibilities for managing young people with suicidal behaviour. GPs described a range of barriers to the provision of optimal care, including a lack of knowledge and confidence, time and role constraints, and deficits in support from the broader system. They highlighted a need for improved system capabilities, such as better-integrated referral pathways and specialist support for suicidal young people, and more accessible and comprehensive training on youth suicide prevention.

Conclusion: Young people and GPs expressed both converging and conflicting priorities on the management and care of suicide risk. Understanding both groups' perspectives in this area of practice can contribute to the development of tailored resources to address the identified gaps in care provision, and overall, help improve the care received for young people with suicidal behaviours.

### 7.5 Spirituality and Suicide Prevention: Paving the Way for Increased Attention to Spirituality in Mental Health Care at Universities.

Presenter: Serena Margaret Saliba<sup>1</sup>

Co-Authors: Anne Vandenhoeck<sup>2</sup>

Affiliations: <sup>1</sup>KU Leuven, Belgium; <sup>2</sup>KU Leuven, Belgium

Submission #93411

#### Abstract

Suicide is a leading cause of death amongst 15-29-year-old people globally, and a significant portion of university students fall into that age range. Accordingly, many universities offer psychosocial services that aim to enhance the mental health of their students because, amongst other reasons, mental wellbeing is positively correlated with better academic results and higher levels of happiness. However, it appears that university mental health services tend to often neglect spirituality. Integral components of spirituality are meaning, hope, and belonging which are protective factors against suicidal behaviour. This paper departs from the understanding that suicidal behaviours can be associated with a lack of meaning, hope, and belonging. Thus, my paper aims to highlight the relationship between spirituality and suicide, and to indicate the potential for spirituality to enrich existing psychosocial services.

### 7.6 Understanding suicide resilience in young adults via positive deviance

Presenter: Jin Han<sup>1</sup>

Co-Authors: Philip J Batterham<sup>2</sup>, Iana Wong<sup>3</sup>, Laura Kampel<sup>1</sup>, Katherine Boydell<sup>1</sup>, Helen Christensen<sup>1</sup>

Affiliations: 1. Black Dog Institute, University of New South Wales, Sydney, Australia; 2. Centre for Mental Health Research, Research School of Population Health, The Australian National University, Canberra, Australia; 3. School of Psychology, University of New South Wales, Sydney, Australia

Submission #93486

#### Abstract

Study objectives: Despite decades of research on suicide risk factors, suicide remains the leading cause of death amongst Australian young adults aged between 18 to 25 years. Shifting our attention to resilience to suicide and its related behaviour may help inform innovative suicide prevention strategies in the population. This study adopts a positive deviance approach to identify individuals with suicide resilience and their associated psychological and sociodemographic profiles. Positive deviance is a person-centred research approach. It is grounded on the premise that in each community there are certain individuals whose uncommon behaviour and strategies enable them to find better solutions to the same problems than their peers.

Methods and material: Australian young adults aged between 18 and 25 years who experienced suicidal thoughts in the past year were recruited from Facebook and Instagram advertisements in February 2021. Other eligibility criteria include being fluent in English, currently living in Australia, having no diagnosis of bipolar disorder or psychosis, and having no suicide attempt in the past 30 days. Eligible participants filled in an online survey including questions on sociodemographic, mental health status, emotion regulatory and suicide-related domains. Latent class analysis was used to identify the individuals with suicide resilience. Predictors of suicide resilience were assessed using logistic regression models. A subgroup of participants (N=20) was interviewed online to further understand the personal and contextual factors contributing to suicide resilience. Interview data were coded, analysed and interpreted using iterative categorisation techniques.





Results: From the 2392 clicks on the Facebook and the Instagram advertisements, 725 participants completed the eligibility assessment, of which 658 (90.8%) were eligible. Altogether 557 (84.7%) completed the variables of interest for the online survey and 236 (35.9%) expressed interest in taking the interviews. Among the 67 (28.4%) participants who responded with availability for the interviews, 23 (34.3%) were invited to the interviews on a first-come, first-served basis, and 20 (87.0%) attended the interviews. Factors identified in the online survey that had a significant association with suicide resilience include greater cognitive flexibility, greater self-efficacy in expressing positive affect, reduced use of digital technology and less self-harm and substance use as a response to emotional distress. Preliminary analysis of the interview data indicated the important roles of self-awareness, diversified coping strategies, and future thinking in shaping resilience to suicidal behaviour.

Conclusion: Suicide prevention programs for young adults might be optimised by shifting from a deficit-based to a strength-based approach through promoting cognitive flexibility, self-efficacy and reducing maladaptive coping.

## Oral Papers 8

### 8.1 Ethnic differences in the rates and characteristics of suicides in Perak, Malaysia, 2017-2020

Presenter: Tsui Huei Loo<sup>1</sup>

Co-Authors: Hwei-Yuen Chang<sup>2</sup>, Shu-Sen Chang<sup>2</sup>, Lai Fong Chan<sup>3</sup>, Mohammad Shafiei, Raja Mangeet Singh<sup>1</sup>

Affiliations: <sup>1</sup>Hospital Raja Permaisuri Bainun, Ipoh, Malaysia; <sup>2</sup>National Taiwan University, Taipei, Taiwan; <sup>3</sup>National University of Malaysia, Kuala Lumpur, Malaysia

Submission #93484

#### Abstract

Study objectives: We aimed to investigate the rates and characteristics of suicides across different ethnic groups in Perak, Malaysia, 2017-2020.

Methods and materials: This was a retrospective study based on data collected from the Forensic Department in the state hospital in Perak from 1 January 2017 to 31 December 2020. An online data form was filled up by the forensic unit after the cause of death of a patient was certified as suicide by the police. The associations between the characteristics and ethnicity were investigated using multinomial logistic regression.

Results: In 2017-2020, there was a total of 391 suicides in Perak, Malaysia, corresponding to an annual suicide rate of 4.53 per 100,000. People of Chinese origin accounted for 37.9% of all suicides, followed by people of Indian origin (34.3%), foreigners (13.6%), Malays (13.3%), and other minority ethnicities (1%). The suicide rates varied markedly across ethnic groups – suicide rates (per 100,000) were highest in foreigners (14.36), followed by people of Indian origin (13.63), other minority ethnicities (13.16), Chinese (5.89), and Malays (1.10). The distribution of sex, age, marital status, suicide method, and precipitating factors of suicide varied by ethnicity. After adjusting for sex and age, compared with Malays, suicides in people of Indian origin were associated with increased odds for female sex; suicides in Chinese were associated with increased odds for older age; suicides in Chinese and foreigners were associated with decreased odds for paraquat ingestion; and suicides in people of Chinese and Indian origin, and foreigners were all associated with decreased odds for mental illness as a precipitating factor, whilst suicides in people of Indian origin were associated with increased odds for financial, social, or relationship problems compared with Malays.

Conclusion: Among the Malaysian ethnic groups, people of Indian origin continued to have a higher risk of suicide and were influenced by psychosocial factors. Continuous effort that involves multiagency is important to mitigate the impact of psychosocial factors which appeared to be prominent among people of Indian origin.

## 8.2 Sex education and self-poisoning in Sri Lanka: an explorative analysis

Presenter: Grace Crowley\* <sup>1</sup>[affiliation where research conducted] <sup>2</sup>[current affiliation]

Co-Authors: Piamee Bandara<sup>3,4</sup>, Lalith Senarathna<sup>5</sup>, Ayodhya Malalagama<sup>6</sup>, Sonali Gunasekera<sup>7</sup>, Thilini Rajapakse<sup>3,8\*\*</sup>, and Duleeka Knipe<sup>1,3\*\*</sup>

\*Presenter and corresponding author; \*\*Joint senior authors

Affiliations: <sup>1</sup>Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK;

<sup>2</sup>South London and Maudsley NHS Foundation Trust, London, UK; <sup>3</sup>South Asian Clinical Toxicology Research Collaboration, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka;

<sup>4</sup>Translational Health Research Institute, Western Sydney University, New South Wales, Australia;

<sup>5</sup>Department of Health Promotion, Faculty of Applied Sciences, Rajarata University of Sri Lanka, Mihintale, Sri Lanka; <sup>6</sup>Mental Health Unit, Bundaberg Hospital, Bundaberg, Queensland, Australia;

<sup>7</sup>Family Planning Association of Sri Lanka, Sri Lanka; <sup>8</sup>Department of Psychiatry, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka

Submission #93422

### Abstract

**Study objectives:** Our aim was to explore whether there is an association between sex education and self-poisoning in Sri Lanka. In this explorative study, we investigated whether individuals who self-poisoned were more likely to report: i) not receiving formal sex education, and that any sex education received was ii) poor quality and iii) not useful, compared to controls. We also tested to see whether any associations were stronger for females than males.

**Methods and material:** Cases (N=298) were self-poisoning inpatients on a toxicology ward, Teaching Hospital Peradeniya. Controls (N=500) were sex and age frequency matched to cases and were outpatients/visitors to the same hospital. Participants were asked whether they had received sex education, and to rate the quality and usefulness of any sex education received. Logistic regression models adjusted for age, sex, and religion quantified the association between receipt, quality and usefulness of sex education and self-poisoning. We tested whether the associations differed by sex.

**Results:** Roughly 1-in-3 cases and 1-in-5 controls reported having not received sex education. Individuals who did not receive sex education were nearly twice as likely to have self-poisoned than those who did (OR 1.68 (95% CI 1.11-2.55)). Those who reported the sex education they received as not useful were more likely to have self-poisoned compared to those who reported it useful (OR 1.95 (95% CI 1.04-3.65)). We found no evidence of an association between self-poisoning and the self-rated quality of sex education, or that associations differed by participant sex.

**Conclusion:** As sex education is potentially modifiable at the population-level, further research should aim to explore this association in more depth, using qualitative methods and validated measurement tools.

## 8.3 Social Construction of Military Suicide: Relationship Breakdown

Presenter: Steven Stack

Submission #93505

### Abstract

Persistently high suicide rates in the American military have attracted substantial public interest, funding, and scholarly attention. There is little work, however, on how the media frames suicide in the military. Through the socialization process, media portrayals of suicide contribute to cultural meanings or (mis) understandings of the public at large. The present study provides the first rigorous examination of the degree to which American feature films accurately portray suicide in the military. A focus is on the role of intimate partner problems/personal relationship breakdown as a key risk factor. Such problems, when included in investigations, have characterized nearly half of suicides in the military between 1981 and 2018.

**Methods:** All data on military suicides in film are taken from a larger study of film suicides by Stack & Bowman (2011), [Suicide Movies: Social Patterns, 1900-2009](#). Boston: Hogrefe, which has been



updated through 2018. Criteria for a film's inclusion included (1) completed suicide (attempts excluded), (2) suicide of a member of the armed forces (civilian excluded), (3) Inclusion in a feature length American film. Data on the characteristics of real military suicides (N=1,741) in are taken from annual volumes of the Department of Defense, [Suicide Event Reports](#).

Results: A total of 123 films containing 170 military suicides met inclusion criteria. Prevalence: while military suicides account for only 1.8% of suicides in society, 10.57% of suicides in films involve soldiers. In film, military suicides are over-represented by 5.87 times. In society, 49% of all military suicides involve loss of a love object, but that is true of only 19% of such suicides in film. Intimate partner breakdown is substantially under-represented in film. Fully 54.7% of cinematic military suicides are for honor, saving lives, or "altruistic" in their motivation. There is no systematic mention of this type in the military suicide literature. PTSD: less than 10% of cinematic military suicides include PTSD as a driver. Rank: officers are overrepresented in film, accounting for 65% of suicides in film (12 were generals), but only 32% in society. Supplemental regression analyses were performed to determine if selected characteristics (love problems, rank) had changed over time. Relationship strain is 39% less apt to be portrayed after 1965.

Conclusions: The present study suggests that a number of measurable aspects of military suicide, including relationship breakdown and rank, are mis represented in the American cinema. Importantly, relationship breakdowns is omitted from over 80% of cinematic portrayals of military suicides and its portrayal is declining. The present study presents the first evidence of social construction of military suicide in American feature films.

#### 8.4 The evidence for loneliness and lack of connectedness in conversations held with texters using Shout, a UK text messaging service, who are experiencing suicide ideation

Presenter: Dr Fiona Pienaar

Affiliations: Senior Clinical Advisor (NZ and UK), Mental Health Innovations / Shout

Submission #93550

### Abstract

Mental Health Innovations, a UK-based charity, powers the free, confidential, text messaging support service, Shout, for anyone in the UK struggling to cope. Due to the 24/7 nature of the service, clinical supervisors and trained volunteers based in New Zealand, take over from UK personnel to support the overnight service. Currently Shout holds anywhere between 1500 and 2100 conversations in a 24-hr cycle, with fluctuations occurring depending on events in the community, on social media, nationally or internationally. The most common presenting issue (36%) across all conversations is suicide and this has remained constant since the launch of the service mid-2019.

Study Objectives: Shout seeks to ground its model of practice in evaluated, acknowledged Ideation to Action theories of suicide, aspects of which appear to closely describe the pathway evident in our conversations held with texters experiencing suicide ideation. Specifically, the Integrated Motivational-Volitional model (O'Connor, 2011; O'Connor & Kirtley, 2018) describes Thwarted Belongingness as a moderator in the Motivational phase. Evidence of loneliness and lack of connectedness thread through many Shout conversations, particularly those Texters experiencing suicide ideation. We have not previously explored the qualitative data around 'loneliness and disconnection' or potential precipitating factors. This pilot project seeks to provide initial evidence for the presence of these factors as well as insight into contributing themes, as a precursor to a larger study. The study will also inform our staff and volunteer training.

Methods and Material: Since the service was publicly launched in May 2019, Shout has collected data from over 1 million conversations. For this pilot, we selected 150 conversations in which suicide ideation was recorded as a presenting issue. We looked for themes associated with loneliness and lack of connectedness, including the language used that suggests or highlights these experiences, as well as themes associated with precipitating factors contributing to those experiences.

Results: Results from the pilot reveal the extent to which texters talking about suicide are simultaneously experiencing loneliness and lack of connection. While some texters use language that

clearly describes their distress, others use less obvious euphemisms. A wide variety of themes emerged regarding precipitating factors, notably, but not surprisingly, the break-down of relationships with primary caregivers, professionals, and significant 'others'. The qualitative nature of the study reveals both the poignancy, and the desperation people experience when they perceive themselves as having no-one to support them.

Conclusion: This is an initial pilot project conducted to identify precipitating factors and ascertain the presence of loneliness and disconnectedness experienced by texters communicating about suicide ideation. Results will be utilised to undertake a larger study.

## 8.5 Intimate partner violence and suicidal behaviour in post-conflict settings: analysis of national data from Sri Lanka

Presenter: Piimee Bandara<sup>1,2</sup>

Co-Authors: Andrew Page<sup>1</sup>, Thilini Rajapakse<sup>2,3</sup>, Duleeka Knipe<sup>2,4</sup>

Affiliations: <sup>1</sup>Translational Health Research Institute, Western Sydney University, New South Wales, Australia; <sup>2</sup>South Asian Clinical Toxicology Research Collaboration, Faculty of Medicine, University of Peradeniya, Sri Lanka; <sup>3</sup>Department of Psychiatry, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka; <sup>4</sup>Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK.

Submission #93493

### Abstract

Study objectives: There is increasing evidence from South Asia and internationally that intimate partner violence (IPV) is strongly associated with self-harm, however its association with suicide has not been extensively examined, particularly in post-conflict settings where reports of violence and psychological distress are high. We examined ecological associations between IPV and suicide in Sri Lanka. In addition, the association between individual-level exposure to past-year IPV and non-fatal self-harm by any household member were also examined.

Methods and material: Using national datasets, area-level variation in IPV, suicide and self-harm in Sri Lanka were visualised in a series of choropleth maps. Multi-level logistic regression techniques were used to examine associations for individual-level IPV and household-level self-harm.

Results: Similar patterns in the distribution of IPV and suicide were found, with higher rates evident in post-conflict districts, specifically Batticaloa, Kilinochchi, and Mullaitivu. Experience of past year IPV and its various forms were strongly associated with household-level self-harm in the past year (adjusted odds ratio [AOR] = 3.83 95% CI 2.27-6.46). A similar magnitude was found for physical/sexual abuse (AOR 5.17 95% CI 2.95-9.05) and psychological abuse (AOR 4.64 95% CI 2.50-7.00). A dose-response association was also evident for frequency of abuse, with an increasing risk of household-level self-harm for women reporting abuse 'less often' (AOR 2.95 95% CI 1.46-5.92), and abuse experienced 'daily, weekly, or monthly' (AOR 4.83 95% CI 2.59-9.00), compared to no abuse.

Conclusion: This study contributes to a growing body of evidence on the association between IPV and suicidal behaviour in South Asia. Addressing IPV and its various forms should be a priority for suicide prevention in Sri Lanka, alongside trauma-informed approaches in post-conflict settings.

## 8.6 Staying CALM, afloat, visible, ethical, and viable during the Covid storm.

Presenter: Melanie Schroder

Affiliations: Director CALM Consulting Pty Ltd trading as Suicide Programs

Submission #93557



## Abstract

**Introduction:** The Pandemic has presented challenging for countries, communities, businesses, and individuals. We share our journey, challenges, and learnings as a for purpose Suicide Prevention training organisation in Australia; how we adapted to our ever-changing environment, identified strategies for survival and means to meet ever growing need.

Suicide Programs commenced operations in 2017 and launched CALM (Connect-Ask-Listen-Monitor) suicide prevention / intervention one day workshop in 2018 and CALM Care (Connect-Ask-Refer-Exit) suicide awareness 3.5-hour program in 2019. Given the lived experience of suicide, our training was delivered in a face-to-face format to ensure the psychological and emotional safety of participants and trainers.

Our model of delivery was to accredit contracted trainers through a Train the Trainer model to deliver the training nationally, and these were drawn from people wanting to manage their own income and business, as well as organisations wanting a cost-effective method of ensuring their staff were equipped to provide supports to peers and clients.

**Method and Methodology:** 2019 Covid commenced and our fledging but thriving business ceased almost overnight. We stayed positive and booked, cancelled, rebooked, and cancelled sessions until it became obvious that our mode of delivery and business model were no longer viable or feasible. Knowing the biopsychosocial impacts on suicide rates, we understood what lockdowns, loss of income, fear, illness, loss, and death may do to communities and individuals and so passionately wished to continue to raise awareness and share our knowledge, skills, and programs to assist in whatever small way we could. Being practical, we had also invested personally and financially heavily into our business and did not want it to fail

And so commenced the storm of trying to stay viable, ethical, and visible. Cognisant of the lived experience and so trauma triggers many live with and may experience when engaging in a training program, we consulted with colleagues, peers, education specialists and learned friends about options. We engaged with educational consultants and IT specialists, and we read and learned and practiced in the virtual world that at that stage was unknown and new.

We stressed about income and the lack thereof, we constantly checked in with our accredited trainers, concerned for their wellbeing, and after months of trying, failing, developing, and redeveloping, CALM Care became a self-paced online learning program.

We consulted with colleagues, read reviews, and attended virtual forums to clarify risks and responsibilities and months later CALM was delivered virtually for the first time.

We completed our first virtual Train the Trainer, accrediting trainers to deliver the training either face to face or virtually, with strict criteria and protocols agreed to.

**Results:** 2,300 participants have been trained in either CALM or CALM Care since the pandemic commenced, with approximately 20% completing pre and post training feedback. Our evaluations evidence that the knowledge and skills acquired by individuals to ensure they are equipped and able to identify and support somebody who may be at risk, can be gained and retained through e-learning or virtual training platforms.

## Oral Papers 9

**9.1 Lived Experience of suicide Informed and Inclusive Culture Change - harnessing best practice to meaningfully integrate lived experience throughout suicide prevention research, service delivery, policy reform.**

**Presenter:** Bronwen Edwards

**Submission #**93459

### Abstract

In the international and national suicide prevention landscape, the expertise of people with lived experience of suicide is cited as imperative to implementing life-saving policy reform, national strategy and service delivery. Governments, suicide prevention organisations, researchers and



services are facing the urgent need to navigate and indeed actively participate in the seismic shift in culture required to bring about the change needed.

Lived experience of suicide, like suicide itself, is unique, complex and multi-layered. Roses in the Ocean, an internationally recognised lived experience of suicide organisation has, over a decade, developed best practice in lived experience engagement, workforce development, service design, and integration. The objective of this project was to consolidate this expertise into a collection of resources to support lived experience informed and inclusive culture change.

The resulting recently launched suite of resources titled ‘Lived Experience of Suicide Informed and Inclusive Culture Change’ provide the roadmap and practical implementation tools to guide and support individuals, service providers, researchers, organisations and governments to systematically embed lived experience of suicide engagement principles and expertise across all suicide prevention related activity.

This presentation will introduce you to the suite of resources including the Lived Experience of Suicide Engagement Principles, the Lived Experience of Suicide Engagement, Participation and Integration Framework and its accompanying Implementation Toolkit, Decision & Evaluation Tools, Organisational Guides and Co-design Planning Guides. It will step you through a series of examples of how the resources are being utilised in Australia, how they provide the foundations for broad adaptation such as for the suicide prevention peer workforce and research contexts, and more specifically for individual services and organisations, and to support whole of government policy and program reform.

Authentic engagement and partnership with people with lived experience of suicide requires more than just compliance with the lived experience of suicide engagement principles, it involves a genuine commitment to living these principles, a shared understanding and appreciation of the meaning and value of lived experience, continuous communication and feedback, concrete accountability mechanisms, active championing of lived experience by senior decision-makers and managers, as well as through ongoing education and training facilitated by people with lived experience of suicide expertise.

The Lived Experience of Suicide Informed and Inclusive Culture Change suite of resources are designed to support this once in a lifetime opportunity to re-imagine suicide prevention strategy and service provision through the lens of lived experience.

## 9.2 Partnering with people with lived experience to refine a digital intervention for suicide prevention

Presenter: Mr Daniel Z.Q. Gan<sup>1\*</sup>, Dr Lauren McGillivray<sup>1\*</sup>,

Co-Authors: Michelle Torok<sup>1</sup>

Affiliations: <sup>1</sup>Black Dog Institute, University of New South Wales, Sydney, NSW, Australia; \*Daniel Z.Q. Gan and Lauren McGillivray will be co-presenting.

Submission #93474

### Abstract

Study objectives: Suicide is the leading cause of death among young Australians aged 15 to 24. Technology-supported interventions offer a potentially effective, scalable, and inexpensive way of bringing evidence-based mental health services to this target population. This led to the development of Lifebuoy—a smartphone application (app) which helps young people manage their suicidal thoughts. Recent evaluation findings demonstrated that Lifebuoy was superior to an attention-matched control app in reducing suicidal thinking. Greater engagement with the app is thought to strengthen these intervention effects further. This presentation details the involvement of end users - young people with lived experience - in refining the existing version of Lifebuoy and developing a strategy to promote greater engagement with the app, which will be evaluated in an upcoming trial.

Methods and material: A subset of the participants assigned to receive Lifebuoy in the initial trial were recruited for qualitative interviews. Participants were asked questions about their views on how Lifebuoy could be improved, and about the feasibility and acceptability of a concurrent engagement



strategy to promote use of the app. Participants who provided high-quality input were invited to form a Lived Experience Advisory Panel (LEAP). Members of the LEAP then participated in two 90-minute recorded co-design workshops, where they partnered with the study researchers to refine the app and design the engagement strategy.

Results: 16 young people took part in the interviews. Of these, 3 agreed to being part of the LEAP. There was strong support for using social media as an engagement platform. Insights from the interviews were used to create an initial set of Instagram posts. Subsequently, iterative improvements to posts were made during the co-design workshops. Additionally, spontaneous discussions during the workshops resulted in the creation of a blog with entries on topics relevant to Lifebuoy users. Regarding the app, majority of users liked that the colour palette and illustrations that were uplifting and non-clinical. Users also liked the name of the app as it concealed the topic. Modifications were based on users' suggestions to add a safety plan, in-depth and varied content, and more customisable features.

Conclusions: Involvement of a LEAP ensured that the refinement of the Lifebuoy app, design of the engagement strategy, and final outcomes and recommendations are of a consumer-owned initiative as a co-designed project. This project fills an important gap in promoting a person-centred approach to suicide prevention and research translation in Australia.

### 9.3 Evaluation of the Peer CARE Connect program in the Peel, Rockingham, and Kwinana (PaRK) region, WA

Presenter: Nicole Hill<sup>1,2,3</sup>

Co-Authors: Matthew McQueen<sup>1</sup>, Sam Phipps<sup>4</sup>, Bronwen Edwards<sup>4</sup>

Affiliations: <sup>1</sup>Telethon Kids Institute, Nedlands, Australia; <sup>2</sup>Centre for Child Health Research, University of Western Australia, Perth, Australia; <sup>3</sup>School of Population and Global Health, University of Western Australia, Perth, Australia; <sup>4</sup>Roses in the Ocean

Submission #93467

#### Abstract

**Objectives:** The involvement of people with lived experience of suicide has been identified as a national priority for clinical and non-clinical service reform. Roses in the Ocean Peer CARE Connect is an Australia wide program that seeks to support vulnerable individuals and build capacity among existing services in the community through a network of volunteers with lived experience, known as Peer CARE Companions. The Peer CARE Connect program comprises: a 'warm line' (24h self-referral phone call back support service) for people with a lived experience of suicidal behaviour; and an 'in-community' service that provides peer support to people with lived experience or vulnerable individuals in need of support or connection; and offers support to existing services and organisations within the local community. This presentation presents findings from an evaluation of the Peer CARE Connect program in the Peel and Kwinana, Rockingham (PaRK) region in WA. The presentation will describe the implementation process, the adaptations made to meet the needs of the PaRK region, and the reach and impact the program since its implementation in October 2021.

**Methods and materials:** A two-part mixed-methods approach is being used. Part I evaluates the impact of the Peer CARE Connect program through quantitative data including the number of people who received support from the Peer CARE connect warm line, the number of people and services that received outreach, and the type of supports that were provided. Part II evaluates the perceived effectiveness of the Peer CARE Connect program through semi-structured qualitative interviews with volunteers and employees the Peer CARE connect program; individuals who received support from a Peer CARE Companion; and stakeholders from services and organisations in the community who received support from the program.

**Results:** The evaluation is currently underway. The results will describe the program and the adaptations that were made to meet the needs of the PaRK region. It will include key insights into the

reach, impact and perceived effectiveness of the program, and key recommendations for the future sustainability of the program in the PaRK region.

Conclusion: An integral step in suicide prevention reform requires that people with lived experience of suicide are embedded within the suicide prevention and postvention workforce and are integrated with existing clinical and non-clinical services. The Peer CARE Connect program has been developed in response to these needs and has the potential to address critical gaps in suicide prevention policy and suicide prevention reform. The results of the evaluation will provide key learnings that will inform the implementation of the Peer CARE Connect program in the PaRK region and in the broader Australian context.

#### 9.4 '[Lived experience] involvement really helps us to design the best research': Views of suicide researchers in Australia on co-production/co-design in suicide research

Presenter: Karolina Kryszynska

Co-Authors: Ingrid Ozols AM, Karl Andriessen, Michelle Banfield, Jane Pirkis

Submission #93479

##### Abstract

**Study objectives:** The significance of inclusion of perspectives and insights of people with lived experience of suicide has been acknowledged in the suicide prevention sector. Nonetheless, it is not clear how people with lived experience can be effectively engaged in suicide prevention research. This is a major gap as there may be a variety of ways in which lived and living experience of suicide can enrich research outcomes in this vitally needed health arena, beyond being “participants” or “subjects” of research. The Voice of people with Lived Experience of suicide (VocLE) study addresses this gap by developing guidelines on how people with lived experience and researchers can work collaboratively in a coproduction philosophy in future research studies. The guidelines are based on material collected during interviews with people with lived experience of suicide and suicide researchers in Australia, and literature review.

**Methods and material:** This presentation reports on qualitative interviews with suicide researchers. The interview questions focused on researchers’ experience of collaboration with people with lived experience of suicide, needs and expectations regarding active involvement of lived experience across different stages and categories of suicide research, perceived benefits, disadvantages, barriers, and facilitators in this process, and education/training needs. Data collection was conducted October-December 2020, with 17 researchers recruited. These qualitative data were analysed using Thematic Analysis.

**Results:** Thematic analysis of interviews with suicide researchers yielded five themes: (a) the importance of a broader academic system supporting coproduction/co-design, (b) the importance of relationships between researchers and colleagues with lived experience, (c) the “why” of co-production/co-design in suicide research, (d) the “how” of co-production/co-design in suicide research, and (e) ensuring safety. Many participants had a rich experience of co-production and reported on the benefits and challenges of this approach. They stressed the need for training and education around this methodology and how to embed this in ways of doing future research. Comments were made on how research funding bodies can facilitate or hinder collaboration with people with lived experience. Participants reported the importance of flexible co-production/co-design options to reflect the diversity of lived experience and the variety of research methods and designs in suicide research. Problems and barriers were shared when communicating with research ethics committees.

**Conclusion:** Suicide researchers underlined the importance of various aspects of codesign/co-production of suicide studies with people with lived experience of suicide, emphasizing the need for training and communication with research ethics committees. The findings constitute invaluable information to inform development of guidelines along with the views of people with lived experience.



## 9.5 Lived experience peer engagement is vital to effective suicide prevention and crisis interventions at Gold Coast Health's new Yalburro angabah Crisis Stabilisation Unit

Presenter: Andrew Namestnik<sup>1</sup>

Co-Authors: Robena Farrell<sup>2</sup>

Affiliations: Advanced Peer Worker, Gold Coast Hospital and Health Service; <sup>2</sup>Advanced Peer Worker, Gold Coast Hospital and Health Service

Submission #93556

### Abstract

**Study objectives:** To demonstrate that the integration of lived experience Advanced Peer Workers (APWs) into Gold Coast Health's Yalburro angabah Crisis Stabilisation Unit (YACSU) promotes improved suicide prevention and crisis intervention outcomes.

**Methods and material:** YACSU provides an alternative to the emergency department for consumers in suicidal crisis with strong peer involvement, improved responsiveness and environmental safety with a less stimulating sensory space. YACSU is the first example in Australia where lived experience APWs work continuous 24/7 shifts collaboratively with clinicians as part of the multidisciplinary team.

At YACSU, APWs have been successfully utilising their lived experience, together with specialised training and previous professional experience to positively support a multitude of consumers presenting with suicidal crisis.

APWs core roles at YACSU in relation to consumers in suicidal crisis and suicide prevention have included emotional support, companion support, practical support, assistance with and promotion of self-advocacy, referral to services, promotion and facilitation of lived experience inclusion in mental health crisis interventions.

The method of how the data was collected was through an anonymous feedback survey which consumers are given the choice to receive upon discharge or prior to leaving, either to opt in or out of the survey. The data was ethically collected in such a way as to make consumers feel comfortable in providing honest and accurate feedback.

**Results:** Consumers presenting with suicidal crisis and/ or attempts account for the greatest number of presentations at YACSU with 169 out of 417 presentations or 40.5% of consumers over an 8-week period between 8/11/21 and 2/1/21. Encouragingly, 86.9% of consumers were able to be discharged home safely with ongoing community support.

Survey responses showed that consumers rated support received by a peer worker 8.7 out of 10. Consumers also rated the impact which their visit to YACSU had on their mental health and wellbeing as 8.7 out of 10.

Since YACSU had opened, APWs have aimed to reduce stigma around suicidal crisis and or/attempts as well as normalising mental health challenges and encourage consumers to reach out and specify their care needs.

**Conclusion:** Lived experience has a unique role in responding to assist people in suicidal crisis. The inclusion of lived experience APWs at YACSU contributes in a strongly positive way to improved outcomes for consumers experiencing a suicidal crisis and/or attempt. This is achieved through the building of a therapeutic shared connection based on mutual lived experience of suicidal crisis and/ or attempt.

The inclusion of APWs with lived experience of suicidal crisis and/ or attempt contributes to suicide prevention, crisis interventions and zero suicide initiatives.

## 9.6 Organisational engagement with lived experience: The Lifeline example

Presenter: Hayley Purdon

Co-Authors: Tara Hunt

Affiliations: Lifeline Australia; Lifeline Australia Lived Experience Advisory Group

Submission #93524

### Abstract

Study Objectives: Meaningful and effective lived experience involvement is now an expected part of suicide prevention services. However, there is a tension between the ideals of lived experience involvement and the everyday demands of service delivery which can act as a significant barrier to effective engagement.

The Lifeline Lived Experience Advisory Group (LLEAG) was established in 2018 to act as a mechanism to ensure the expert knowledge of people with lived and living experience informs Lifeline Australia's (LLA's) service planning and delivery. The LLEAG meet on a bi-monthly basis to provide advice in terms of participatory consultation and co-design of new Lifeline Australia initiatives including the design of Crisis Supporter Workplace Training, advice on suicide in public places and awareness-raising campaigns, and the wording of Lifeline's Interactive Voice Response (IVR) system.

The objective of this study was to explore the barriers and facilitators of effective organisational engagement with the LLEAG, and identify practical strategies for organisations successfully engage with lived and living experience and advice.

Methods and material: Using a mixed-methods design, experiences of LLEAG members and LLA staff were explored using an annual survey of barriers and enablers of effective lived experience involvement. A qualitative focus group was also held in Jan 2021 to explore LLEAG members experiences of being in the advisory group, shared value, and factors that made the LLEAG a well-developed and functioning group.

Results: Results of the evaluation identified four key factors that contributed to the LLEAG's success: 1) Relationships – relationships that are based on honesty, respect, trust and reciprocity; 2) Skills – LLEAG and LLA staff have the right knowledge and skills for effective engagement; 3) Advocacy – Internal and external advocacy about the role, value and contribution of lived experience, and; 4) Boundaries – Healthy boundaries through clarity of roles and expectations. Practical strategies used by Lifeline Australia to support each of these success factors are discussed.

Conclusion: Effective engagement with lived and living experience of suicide can be highly challenging within an organisational context. The results of this evaluation highlight practical strategies organisations can use to effectively engage with lived experience.

## Oral Papers 10

10.1 The politics of suicide prevention versus actually getting stuff done - Creating measurable and realistic goals that actually make sense.

Presenter: Peta Dampney

Affiliations: From Me to You Consulting: Principal Trainer and Consultant

Submission #93537

### Abstract

The suicide prevention sector is made up of lots of fantastic people with great intentions but sometimes it is easy to get lost along the way. Red tape, funding requirements, networking, grant applications, tenders, selfies and hashtags can block our view of why we started doing things in the first place. We say we want to do more than just reduce stigma and create awareness, but we also need to make sure that we are trending on twitter too right?

So, how do we market suicide prevention and suicidality? How do we create sexy campaigns that will get people interested? How do we capture the hearts of nations and pull on the purse strings of politicians? As a society do we want to be seen as doing something or do we actually want to achieve something? What statistics are okay to share and not share? Do we want to just promote hope instead of creating services? Do we really want to understand suicidality or are we actually scared of knowing too much because then we can't put it back into the box...

The answer? Create campaigns and strategies that promote optimism but are neither realistic nor achievable. Create deadlines that self-sabotage. Provide funding for this step but not for the steps below or for the steps that come next. Actually, just be forced to accept low rates of participation, lack of co-design and creative input because there is just no longer any time left. Just remember to take a picture from a certain angle to make sure it looks like there were more people there than there





actually was. That'll be sure to get featured in the glossy report with that really thick nice paper that you can't just get off the shelf.

This presentation will guide attendees through the reality and pitfalls associated with many suicide prevention campaigns and strategies. Peta will make attendees both laugh and cry reflecting upon our past experiences working in the sector. She will propose a checklist that should accompany any suicide prevention campaign or strategy before it even gets put on a grant application or sees the light of day. Peta will offer her cryptic yet insightfully humorous perspectives to attendees from years of sitting in rooms nodding supportively but also dying a little on the inside. Together we can create change. Realistic and achievable change that is.

### 10.2 Adelaide Urgent Mental Health Care Centre delivering an alternative response to suicidal crisis: early outcomes and reflections on the first 12 months of operation

Presenter: Kim Holmes

Co-Authors: Jamie Sellar

Submission # 93497

#### Abstract

The Urgent Mental Health Care Centre (UMHCC) provides an alternative way for people experiencing suicidal distress to seek support. Established in Adelaide in March 2021 as the first of its kind in Australia, the UMHCC has operated for 12 hours each day, increasing operations to 24hrs, in January 2022. This presentation will outline the service model and ethos and describe how the service has been operating across its first year.

The UMHCC is funded by the Commonwealth Department of Health, commissioned by the SA Office of the Chief Psychiatrist and delivered by Neami National, in partnership with "thought partners" RI International, a large US based provider with expertise in delivering mental health crisis services under the banner of Crisis Now. The presentation will provide an overview of the service, the fusion model (lived experience and clinical) staffing approach, unique governance and model of practice.

Descriptive data will be shared, describing service usage, and discussing emergent patterns in the demographics of people presenting over the 12 months of operation. Available consumer outcome data will be shared, with an emphasis on qualitative feedback from people who have directly used the service and from their support networks. Future plans for monitoring and evaluation will be shared, along with more general reflections from the first year of operating. The potential for expanding this approach to other cities and jurisdictions will be described.

### 10.3 Overall picture of capacity-building process for suicide countermeasure for public and private sectors in Japan and its future challenges

Presenter: Kazu Moriguchi

Co-Authors: Natsuko Komaki, Hiroshi Sato, Keiko Yogi, Yoshihide Sorimachi, Yasuyuki Shimizu

Submission #93551

#### Abstract

Objectives: Japan Suicide Countermeasures Promotion Center (JSCP) is the only organisation in Japan designated by the Minister of Health, Labour and Welfare to conduct research and studies on suicide countermeasure and promote making use of data obtained. JSCP also provides training for local government officials, officials of private organisations involved in suicide countermeasure activities, and other related personnel. Due to the necessity of cross-sectional collaboration in suicide countermeasure, trainings for those engaged in suicide countermeasure are essential to supplement experience and knowledge of staff in charge. Approximately 70% of local governments in Japan answered in a questionnaire that they are aware of lacking experience and knowledge among front-line staff (as of March 2021). There are few reports on the development and implementation of suicide countermeasure training at the national level, and this paper will present an overall picture based on actual examples and share some challenges for implementation.

Methods and material: Structured suicide countermeasure training consists of four levels, from fundamental to applied content aiming to go beyond the simple transmission of knowledge.

Results:

1. Lectures for staff with little experience of suicide countermeasures: giving a lecture on basic knowledge on suicide countermeasure promotion.
2. Basic learning for inclusive support to stay alive: offering necessary encouragement to implement multi-sectional projects in addition to obtaining knowledge in each field for those working on suicide countermeasure in a wide range of fields.
3. Lectures for staff who conduct intermediate and advanced suicide countermeasures: providing information on how to deal with practical issues, including interpersonal support.
4. Approach for planning suicide countermeasure projects: conducting practical workshop for those aiming to organise suicide countermeasure projects in specific areas.

Each training was conducted as a series of courses virtually and delivered on-demand in business year of 2021. Approximately 300-400 out of 1,788 local governments in Japan participated in every virtual training. In the post-training questionnaires, 95% of the participants answered, 'strongly agree' or 'agree' to the question, 'Do you think the training was helpful for the future approach?'

Conclusion: When the factors that contribute to suicide are complex, the training for staff working in suicide countermeasure is also complex, in order for them to deal with the complexity. In organising structured capacity-building programme for suicide countermeasure at the national level, JSCP as an organiser needs to be connected with experts, including practitioners and academics scattered in each region in Japan. In addition, fragmented knowledge and experience should be weaved into a narrative that will be contributed to people involved in suicide countermeasure nationwide. This initiative is still being developed; therefore, it is necessary to enrich each of the training programs and strengthen the linkage between themselves based on assessment of effectiveness.

#### 10.4 Indonesia's First Suicide Prevention Strategy: Process and Initial Findings

Presenter: Sandersan Onie<sup>1,2</sup>

Co-Authors: Juneman Abraham<sup>3,4</sup>, Jessica F. Nilam<sup>2</sup>, Stephanie Onie<sup>2</sup>, Erminia Colucci<sup>5</sup>, Diana Setiyawati<sup>6</sup>

Affiliations: <sup>1</sup>Black Dog Institute, Sydney, Australia; <sup>2</sup>Emotional Health for All Foundation, Indonesia; <sup>3</sup>Research Department, Indonesian Psychological Association, Indonesia; <sup>4</sup>Psychology Department, Bina Nusantara University, Indonesia; <sup>5</sup>Middlesex University, London, UK; <sup>6</sup>Center for Public Mental Health, Universitas Gajah Mada, Yogyakarta, Indonesia

Submission #93515

##### Abstract

Indonesia's suicide prevention faces myriad challenges, including a lack of a suicide registry, widespread stigma, and diverse cultural nuances negatively impacting suicide and its prevention. Further, Indonesia also lacks a research ecosystem able to study the situation and test contextually sensitive interventions. Thus, we are leading the first national strategy with the Indonesian Ministry of Health and WHO, Indonesia.

Using an adapted Lifespan with the WHO LIVE LIFE model, we seek to a) understand the unique suicide context in Indonesia, b) identify relevant stakeholders and in-roads for change, c) identify knowledge and implementation gaps, d) conduct an epidemiological study on suicide in Indonesia and e) empower a research ecosystem whereby researchers can generate quality research on suicide which can be rapidly and effectively translated.

To achieve this, we interviewed a wide range of stakeholders, including psychologists, researchers, government officials, religious leaders, media, educators, and tech leaders – to understand the situation and strategically plan ways forward. While the process is ongoing, preliminary findings outline key factors, challenges, and next steps that we will discuss during the presentation, including:

- There exists no reliable reporting infrastructure for suicide. However, stigma against suicide is so pervasive that many families actively attempt to change the death certificate of their



family member to hide cause of death. Thus, research is needed on how to overcome reporting stigma to ensure if reporting infrastructure is developed, it is used effectively.

- Despite government's best efforts, most mental health engagement comes from grassroots organizations, but they are lacking expertise (e.g., an up-to-date understanding on suicide or mental health). Religion and media hold key roles over societal change, and thus would need to be engaged for effective suicide prevention. Regulatory bodies on these non-government stakeholders for resourcing, research support, and strategy is required.
- Due to the extreme heterogeneity of cultural practices and beliefs, national projects have had difficulty taking root, thus a system for more localized approaches must be proposed. Certain populations (e.g., transgender individuals) are extremely discriminated against, especially in lower socio-economic circles regardless of region, which contribute to suicidality.
- Due to a problematic research ecosystem, critical suicide research is difficult to conduct. To ensure we are consistently engaging in best practices, universities and institutions must be engaged to incentivize suicide research.
- Stigma is prevalent not only in the population, but on a governmental level that is deeply religious, affecting funding, messaging, and approaches.

In conclusion, tackling suicide in Indonesia requires a multi-faceted approach to address these multiple issues which we discuss further in the presentation. We continue to develop concrete steps towards this goal.

### 10.5 Applying Western Suicide Prevention approaches in Pakistan

Presenter: Yasmin Parpio<sup>1</sup>, Salima Farooq<sup>1</sup>

Co-Authors: Shayne Connell

Affiliations: <sup>1</sup>Aga Khan University School of Nursing and Midwifery, Pakistan

Submission #93564

#### Abstract

The legal and religious approaches to suicide and deliberate self-harm in Pakistan are a key consideration for the introduction of programs and interventions developed elsewhere. This presentation will outline an approach to customise, pilot and produce training for Bachelor of Nursing students in Pakistan and other community helpers in suicide intervention skills based on the LivingWorks Network of Safety evidence-based model. PhD candidates, Yasmin Parpio and Salima Farooq, are investigating the application of the Pathway for Assisting Life model and Safety Planning Framework of LivingWorks ASIST, and the required adaptations to co-produce an education program delivered by Pakistani trainers. The authors present a protocol for consultation, co-design and cultural contextualisation that draws on elements and experience from other regions of the world, applied to the specific needs within Pakistan.

### 10.6 How Japan's National Strategy for Suicide Countermeasures Worked in the Crisis of Covid-19

Presenter: Yasuyuki Shimizu

Submission #93571

#### Abstract

Background: In Japan, the number of suicides jumped by about 35% in 1998 due to the economic recession, and today there is growing concern that the same thing will happen again. In other words, there is a growing concern that the impact of COVID-19 will cool the economy and cause suicides to skyrocket again. However, the critical difference between 1998 and now is the existence of the Basic Act on Suicide Prevention (enacted 2006) and Japan Suicide Countermeasures Promotion Center (JSCP) which started its activities in 2019. Based on the Act, more than 90% of local governments are now taking measures based on their own suicide prevention plans. The various players involved in suicide countermeasures have been working together to combat today's suicide crisis in Japan.

#### Methods:

1. In March 2020, before the spread of the infection became serious in Japan, the Bipartisan Diet Members' Group for Suicide Countermeasures submitted an urgent request to the government to strengthen suicide prevention activities.
2. The government has repeatedly launched emergency economic measures related to COVID-19, taking into account the perspective of suicide countermeasures. The government set up a strategical framework for local governments and NGOs to work on suicide countermeasures at a very early stage.
3. Local governments and NGOs worked on suicide countermeasures in their respective fields, utilizing the budget secured by the government and the livelihood support and other systems set up by the government.
4. JSCP provided training and technical assistance to local governments and NGOs to help them perform at their best.

Results: Preliminary figures on the number of suicides in Japan last year have just been released. The year before last, the number of suicides increased for the first time in 11 years (4.5%), partly due to a series of reports on the suicides of celebrities, so there was a lot of attention on what would happen, but the number decreased by 1% from the previous year.

Conclusion: As a national strategy in Japan, the whole society approach of suicide countermeasures based on the Basic Act on Suicide Prevention may have helped to cope with the increased social suicide risk caused by COVID-19. On the other hand, we have also experienced an increase in suicides due to reports of suicides by celebrities, and it is clear that there is a need for further promotion of suicide countermeasures.

## Oral Papers 11

### 11.1 First Nations cultural education suicide prevention program: participant baseline analysis and pilot evaluation

Presenter: Mandy Gibson

Submission #93565

#### Abstract

Study objectives: To (a) examine the interrelationships between cultural connectedness and suicidality for Aboriginal and Torres Strait Islander students in a baseline sample and (b) evaluate the effectiveness of a cultural education program to reduce suicidality for First Nations young people.

Methods and material: Youth2Knowledge is an Indigenous owned and managed youth mental health initiative who developed the Project Yarn Circle to build young peoples' resilience to suicide through increasing community connections between Indigenous students, reconnecting students to cultural knowledge and practices (stories, painting, dance, Indigenous languages) through artists and Elders.

A pre-post evaluation questionnaire was co-designed with cultural educators, facilitators, Elders, and community members. This questionnaire included the General Health Questionnaire 28 - Suicide Scale (GHQ-28 SS) and the Positive Ideation subscale of the Positive and Negative Suicide Ideation Inventory (PANSI-PI) as it was identified that examining only thoughts about wanting to die (suicidal ideation) with wanting to live (reasons for living) was inappropriate within holistic Indigenous concepts of health and program objectives. The questionnaire also included the Rosenberg Self Esteem Scale (RSES) and help-seeking items.

As there were no cultural connectedness measures developed for Aboriginal and Torres Strait Islander young people, items from cultural connectedness scales for International First Nations youth and general cultural identity measures were iteratively reviewed with facilitators, Elders, and community members to identify the most salient indicators of cultural connectedness for this context.

Results: Project Yarn Circle was piloted at 11 schools in northern Brisbane. In total, 150 baseline surveys were collected from students. Total cultural connectedness scores were associated with higher positive ideation/reasons for living and self-esteem but the relationship with suicidal ideation



was not significant. Higher self-esteem was associated with lower suicidal ideation. Significant correlations were reported between individual cultural connectedness indicators.

In total, 120 matched pairs of evaluation questionnaires were collected. Young people's positive ideation/reasons for living increased significantly after the program, but there was little decrease in suicidal ideation scores. Total cultural connectedness scores and self-esteem scores increased significantly. Young people were also significantly more confident in their ability to get help from services if they experienced distress.

**Conclusion:** The baseline results help us to understand the pathways by which components of cultural connection reduce suicide risk for Aboriginal and Torres Strait Islander young people. The evaluation findings indicate that the program was effective at promoting help-seeking, cultural connection, self-esteem and positive ideation, and reflects the role of promoting cultural connectedness as a valuable component of suicide prevention through supporting young peoples' reasons for living and connection to their futures.

## 11.2 Cultural connection and First Nations youth suicide mortality rates: Informing strategies to reduce Aboriginal and Torres Strait Islander suicide disparities

Presenter: Mandy Gibson

Submission #93570

### Abstract

**Study objectives:** In Queensland, Aboriginal and Torres Strait Islander young people die by suicide at over 4 times the rate of their non-Indigenous counterparts, and those under 18 die at almost 8 times the rate of their non-Indigenous peers. Despite this known overrepresentation, there is comparatively limited evidence on effective programs and initiatives to reduce First Nations youth suicide. A significant driver of this gap is differing aetiology and risk and protective factors experienced by First Nations young people – particularly the ongoing social and environmental legacies of colonisation such as racism and exclusion.

This session will present subsequent findings from an ongoing Queensland Suicide Registry (QSR) study examining the associations between Aboriginal and Torres Strait Islander youth suicide rates and culturally specific community-level risk and protective factors including community-level cultural connectedness, Indigenous language use and discrimination. This presentation will also explore potential buffering effects of community-level protective factors within regions with more identified risk factors (remoteness, and lower socioeconomic resources).

**Methods and materials:** Age-specific rates (ASRs) were calculated using First Nations youth suicide fatalities recorded between 2009-2015 and Statistical Areas Level 2 (SA2s) population data from the 2011 Census. Small geographical area estimates of the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 2008 survey results were used to classify discrimination and Indigenous language use at the SA2 level. SA2s in which more than 30% of the First Nations population experienced discrimination in the previous 12 months were classified as having high levels of discrimination. SA2s where more than 5% of Aboriginal and Torres Strait Islander residents spoke an Indigenous language at home were classified as high. Rate Ratios (RRs) and 95% CIs were calculated to compare ASRs between communities classified as having high and low levels of community-level variables.

**Results:** Aboriginal and Torres Strait Islander children and young people died by suicide at a higher rate in communities where more people reported recent discrimination. The First Nations youth suicide rate was lower in areas with greater community-level cultural connection. Within areas with elevated known risk factors (remoteness, greater discrimination, and lower socioeconomic resources), communities with greater Indigenous language use had lower suicide rates.

**Conclusion:** These results reflect the need for Indigenous-specific approaches to suicide prevention - which incorporate the unique risk and protective factors of First Nations young people. Future



research directions and implication of these findings on suicide prevention policy and practice within Aboriginal and Torres Strait Islander communities will be discussed.

### 11.3 Adapting a culturally responsive resource to support families and communities of young Aboriginal people who self-harm

Presenter: Roz Walker<sup>1,2</sup> Michelle Lamblin<sup>3,4</sup>

Co-Authors: Pat Dudgeon<sup>1,2</sup>, Jo Robinson<sup>1,2</sup>

Submission #93554

Affiliations: <sup>1</sup>University of Western Australia, Perth, Australia; <sup>2</sup>Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Perth, Australia; <sup>3</sup>Orygen, Melbourne, Australia; <sup>4</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia

#### Abstract

**Study objectives:** The presentation describes the adaptation process for the resource Supporting Young Aboriginal People who Self-Harm: A guide for families and communities to ensure its culturally appropriateness for Aboriginal families and communities in diverse geographic and cultural contexts in Western Australia. This work builds on Orygen's resource Coping with Self-Harm: A guide for parents and carers adapted in 2018.

**Methods:** Literature of existing resources and best practice regarding how families can support young people engaging in self-harm were reviewed. An Expert Advisory Group (EAG) was convened comprising clinicians and Aboriginal Lived Experience experts and a Project Reference Group (PRG) was established to provide governance. Consultations took place with Aboriginal and non-Aboriginal health practitioners, Aboriginal families and carers of young people, Elders, and Aboriginal young people themselves, from the Noongar Wadjuk, Yawuru, Bardi and Yamatji lands of Western Australia. **Results:** A draft booklet was developed based on literature review findings, feedback from the EAG, PRG and consultations with key stakeholders and mental health practitioners in four sites in Western Australia. Aboriginal families, stakeholders and young Aboriginal people were then consulted about the usefulness of the revised resource and further refinements made. The final draft version of the resource was co-designed with input from all participants.

**Conclusions:** There are a number of unique elements that make the adapted guide culturally distinctive. We will discuss the Indigenous research methods and principles underpinning the adaptation process and key learnings for future adaptations. Hard copies of the guide will be disseminated by Orygen and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. Funding will be sought to develop locally based online versions and to evaluate the reach, acceptability, cultural appropriateness and perceived usefulness of the resource.

### 11.4 Risk factors for mortality following hospitalisation for suicidal behaviour in the Northern Territory of Australia

Presenter: Bernard Leckning<sup>1</sup>

Co-Authors: Rohan Borschmann<sup>2,3,4</sup>, Tanja Hirvonen<sup>5</sup>, Steven Guthridge<sup>1</sup>, Sven Silburn<sup>1</sup>, Gary Robinson<sup>1</sup>

Affiliations: <sup>1</sup> Menzies School of Health Research, Charles Darwin University, Northern Territory, Australia; <sup>2</sup> Justice Health Unit, Centre for Health Equity; University of Melbourne, Victoria, Australia; <sup>3</sup> Department of Psychiatry; University of Oxford, Oxford OX7 3JX, UK; <sup>4</sup> Centre for Adolescent Health; Murdoch Children's Research Institute, Melbourne, VIC, Australia; <sup>5</sup> College of Medicine and Public Health, Flinders University, South Australia, Australia

Submission #93478

#### Abstract

**Study objectives:** Self-harm is associated with a higher risk of death by suicide and other causes. Because the Northern Territory (NT) in Australia has the highest rate of hospitalised self-harm of any jurisdiction in Australia, this study was designed to better understand whether the risks for suicide



and other mortality outcomes are the same or different amongst people admitted to hospital with self-harm or suicidal ideation.

**Methods and materials:** Using linked data (NT hospital and mortality data), all NT residents with a hospital admission involving intentional self-harm and/or suicidal ideation between 2001 and 2013 were identified and followed-up until 2015. A competing risk approach to survival analysis was undertaken for death by suicide, other external causes, and all other causes. The absolute risk of these outcomes was measured using cause-specific estimates of cumulative incidence and the relative risks were estimated for socio-demographic characteristics, types of suicidal behaviour, and relevant physical and mental health-related diagnoses using Fine & Gray models. All analyses were stratified by Indigenous status.

**Results:** The absolute risk of all-cause mortality was higher for Aboriginal people (16.1%) when compared to non-Aboriginal people (11.1%) in the study. In the preliminary multivariable analysis, the relative risk of suicide was greater amongst males compared to females and for each repeat hospital admission involving self-harm. Diagnoses of severe mental disorders at index admission are also associated with a higher risk of suicide amongst Aboriginal people. However, the socio-demographic and clinical profile of risk factors associated with other mortality outcomes differ. Prior to the conference the models will be further developed using additional covariates for relevant physical health conditions before model-based estimates of cause-specific cumulative incidence are calculated. The results and implications will be updated accordingly.

**Conclusion:** Preliminary analysis suggests that risk factors for suicide and other causes of death are quite distinct amongst people admitted to hospital with suicidal behaviour, with notable differences between Aboriginal and non-Aboriginal people. The results highlight the potential role of health risk behaviours and compromised mental health in the increased risk of death due to causes other than suicide in this high-risk population group.

## 11.5 Indigenous Cultural Identity and Likelihood of Discharge to Psychiatric Hospital after Intentional Self-Poisoning At a Regional Australian Hospital

Presenter: Katie McGill<sup>1,2</sup>

Co-Authors: Amir Salem<sup>1</sup>, Todd R. Heard<sup>1,3</sup>, Leonie Garvey<sup>4</sup>, Andrew Page<sup>5</sup>, & Greg Carter<sup>1,6</sup>

Affiliations: <sup>1</sup>University of Newcastle, Callaghan, Australia; <sup>2</sup>MH-READ, Hunter New England Local Health District, Waratah, Australia; <sup>3</sup>Wiyillin ta, Hunter New England Local Health District, Newcastle, Australia; <sup>4</sup>Aboriginal Health, Hunter New England Local Health District, Wallsend, Australia; <sup>5</sup>Western Sydney University, Penrith, Australia; <sup>6</sup>Calvary Mater Newcastle, Waratah, Australia.

Submission #93523

### Abstract

**Objectives:** Hospital-treated self-harm is common. Rates for Aboriginal and Torres Strait Islander (Indigenous) people are at least double those for other Australians. However, only limited research has examined this further. The aim of this study was to explore the relationship between cultural identity (Indigenous, non-Indigenous) and patterns of presenting characteristics and clinical management (after-care) for patients who had been treated for intentional self-poisoning at a regional hospital on the Eastern seaboard of Australia.

**Methods and Materials:** Data from a retrospective clinical cohort (2003—2012) who had presented to a regional poisoning referral centre (Newcastle, NSW) was used to explore the relationship between Indigenous cultural identity, presenting characteristics and discharge destination (psychiatric hospital v. other). Univariate and multivariate (including a stepwise) logistic regression models were used to examine predictors of discharge destination.

**Results:** There were 149 (4%) Indigenous and 3697 (96%) non-Indigenous presentations over the 10-year period. A greater proportion of the Indigenous group were younger (18 to 25 years), single/never married, not in paid work, with lower levels of tertiary education. The Indigenous cohort were also

less likely to receive a mood disorder diagnosis (34% v 47%). Overall, 31% of the cohort was discharged to the psychiatric hospital; Indigenous 21% (n=32) v non-Indigenous 32% (n=1175). Those who identified as Indigenous were less likely to be discharged to the psychiatric hospital, both in the univariate analysis, OR 0.59 (0.40—0.87) and in the adjusted model, AOR 0.34 (0.21-0.73).

Conclusion: This study highlights the importance of local services investigating patterns of service delivery for Indigenous people. It specifically flags the need for this health service to ensure community-based preventative supports relevant to young Indigenous people are available and that mental health assessments are being conducted in a culturally safe, sensitive and competent manner. Further investigation will be conducted to better understand the drivers of the lower rate of referral to more acute psychiatric care (e.g., patient/family preference, clinician perception of what is needed, clinician bias) and the nature of preferred after-care from the perspective of the local Indigenous community.

## 11.6 Prioritising Youth and Indigenous Voices in the Development of Guidelines for New Zealand School Staff on Supporting Students who Self-Harm: An Innovative Approach

Presenter: Inge Meinhardt

Submission #93466

### Abstract

**Study Objectives:** The school setting is an ideal place for prevention and early intervention for self-harm. School staff increasingly support students who self-harm; however report being overwhelmed and under-resourced. A guideline could serve as a useful resource that can increase knowledge, skills and ensure greater consistency of practice. However this is only the case if they are responsive to the needs and experiences of indigenous and young people. Our study aimed to prioritise indigenous and youth voices in the development of a guideline for school staff on how to effectively support students who self-harm to ensure this management is evidence-based, culturally safe and practical.

**Methods:** We used an innovative approach to the Delphi methodology, oversighted by an indigenous clinical and cultural governance group (Rōpū Mātanga Māori). Two panels of participants in New Zealand, a youth panel (between 16 and 25 years) and a service providers' panel, completed two Delphi questionnaires and provided open text reflections on each questionnaire. Literature review and interview transcripts with school pastoral care staff were used to develop the first 308-item questionnaire, consisting of statements on actions school staff can take to support students who self-harm. The second questionnaire consisted of statements that did not reach a consensus in the first round and suggestions for new statements made by panel members in round one. The qualitative data from the open text reflections were analysed using thematic analysis to identify key themes and provided recommendations and insight into the guideline content. Items were automatically included in the guideline if 80 percent of both panels and Māori participants rated an item as important or essential. The Rōpū Mātanga Māori reviewed items that did not reach consensus between both panels and Māori panel members, to determine whether an item should be included in the guideline, prioritising the youth panels' perspectives.

**Results:** Analysis showed that 256 items were endorsed by panel members to be included in the final guideline. The Rōpū Mātanga Māori reviewed 52 statements that did not reach consensus. Following this review, five statements were rejected due to lack of endorsement by the youth panel and an additional two statements were recommended. The final guideline consists of 305 statements that together embody a student-centred, whole-of-school approach that encourages communication and collaboration within the school community.

**Conclusion:** Using a novel approach to the Delphi method ensured that the perspectives and experiences of young people and Māori were prioritised. By creating space for the voice of young people and Māori in developing the guideline, an evidence-based, culturally safe, youth-friendly and practical guideline was produced.

## Oral Papers 12



## 12.1 Characteristics associated with suicides by paraquat poisoning vs other methods in Perak, Malaysia, 2017-2020.

Presenter: Hwei Yuen Chang<sup>1</sup>

Co-Authors: Shu-Sen Chang<sup>1</sup>, Lai Fong Chan<sup>2</sup>, Tsui Huei Loo<sup>3</sup>

Affiliations: <sup>1</sup>National Taiwan University, Taipei, Taiwan; <sup>2</sup>National University of Malaysia, Kuala Lumpur, Malaysia; <sup>3</sup>Hospital Raja Permaisuri Bainun, Ipoh, Malaysia

Submission #93489

### Abstract

**Study objectives:** Pesticide poisoning was the second most common method of suicide in Malaysia. Past research indicated an increase in self-poisoning using paraquat (an herbicide) in Malaysia following the lift of the previous national paraquat ban in 2006. On January 1, 2020, a second national ban was implemented. This study aimed to compare the characteristics of suicides by paraquat self-poisoning vs other methods in the state of Perak, Malaysia, to inform suicide prevention policy-making and strategies.

**Methods and materials:** Anonymized data of suicide deaths were extracted from the State's forensic registry. Group comparison was examined using the chi-square test. Logistic regression models were used to investigate the association of paraquat suicides with socio-demographic variables and possible precipitating factors of suicide.

**Results:** A total of 391 suicide deaths were identified in Perak, Malaysia, 2017-2020, corresponding to an annual suicide rate of 4.53 per 100,000 over the period. Of them, 69 (18%) were by paraquat poisoning. Compared with suicides using other methods, paraquat suicides were more likely to be female (32% vs 19%;  $p=0.017$ ) and of Indian origin (58% vs 29%;  $p<0.001$ ), and tended to be married or cohabited (51% vs 38%;  $p=0.069$ ), not have a history of suicide attempt (7% vs 17%;  $p=0.051$ ), and present with stress as a precipitating factor for suicide (46% vs 34%). After adjusting for sex and/or age, paraquat self-poisoning was positively associated with female gender (adjusted odds ratio [aOR]=2.00, 95% confidence interval [CI] 1.11-3.61) and negatively associated with being unmarried (aOR=0.56, 95% CI 0.32-1.00; vs married/cohabited), of Chinese origin (aOR=0.31, 95% CI 0.12-0.76; vs Malays), foreigners (aOR=0.25, 95% CI = 0.06-0.95; vs Malays), and a history of suicide attempts (aOR=0.36, 95% CI =0.14-0.94).

**Conclusion:** Suicides by paraquat poisoning showed distinct socio-demographic profiles and appeared to be associated with acute stress without a history of suicide attempt. The ban on paraquat from 2020 may prevent many deaths from paraquat poisoning if comprehensively implemented. Future research is needed to evaluate the extent to which the paraquat ban was implemented and its effect on reducing suicides. Continuous and comprehensive surveillance of fatal and non-fatal suicide attempts is also needed.

## 12.2 Analysis of Self-Poisoning cases admitted to the National Poisoning Control Center (NPCC) in 2019 in Karachi, Pakistan

Presenter: Dr. Rijah Chhapra

Co-Authors: Ms. Shahina Pirani, Dr. Nargis Asad, Dr. Murad Khan

Submission #93472

### Abstract

**Introduction:** Poisoning is a significant global public health problem and the major cause of morbidity and mortality worldwide. In a national health survey of Pakistan, poisoning was the second most common cause of unintentional injuries in people aged five years and above. The epidemiological data on poisoning in general and on self-poisoning in particular, is very limited in Pakistan. In view of this we aimed to study the pattern of self-poisoning cases admitted to National Poisoning Control Centre (NPCC) in, Karachi, Pakistan.

**Methods:** This was a retrospective study utilizing the information of patients' records available at the NPCC, Karachi (population: 22 million). All patients who presented with an act of self-poisoning

between January 2019 and December 2019 were included in the study. Data was analyzed using descriptive statistics.

Results: A total of 4057 patients were admitted at the NPCC, out of which 93% (n= 3767) were self-poisoning cases. There were 53% females and the most common poisons used were compounds containing organophosphates (52%) while 13% ingested medicinal tablets. The vast majority of patients (91%) recovered and required no further medical treatment, while 51 patients were shifted to the intensive care unit. Of the 84 deaths, the highest fatality (54%) was of organophosphate poisoning while 10% were of 'blackstone' (paraphenylene diamine) ingestion. In 22% cases the poison could not be identified. None of the patients received any psychiatric evaluation or follow up. There was only very basic and limited information recorded in patients files.

Conclusion: With an average of more than 10 cases per day admitted to only one centre, self-poisoning appears to be a significant public health problem in Karachi. There is need for better data collection as well data collection in other centres of Karachi and Pakistan, so that a comprehensive picture of self-poisoning can be generated. The information obtained can be used to raise awareness and inform prevention strategies for self-poisoning.

### 12.3 Preventing railway suicides through level crossing removal

Presenter: Angela Clapperton<sup>1</sup>

Co-Authors: Matthew J. Spittal<sup>1</sup>, Jeremy Dwyer<sup>2</sup>, Leo Roberts<sup>1</sup>, Jane Pirkis<sup>1</sup>

Affiliations: 1 Melbourne School of Population and Global Health, The University of Melbourne, Carlton, VIC, Australia; 2 Coroners Prevention Unit, Coroners Court of Victoria, Melbourne, VIC, Australia.

Submission #93534

#### Abstract

Background: The state of Victoria accounts for almost half of all railway suicides in Australia. Restricting access to means has been shown to be effective in preventing suicides in the rail environment. It is unknown whether level crossing removals, occurring widely in metropolitan Victoria, might restrict access to the tracks and therefore reduce the incidence of railway suicide.

Methods: We used a multiple-arm pre-post design to test whether the removal of level crossings in Victoria was associated with a decrease in railway suicides within a 500-metre radius and 1000-metre radius of the level crossing removal sites. We identified sites where level crossings had been removed (intervention sites) and randomly matched these to sites where level crossings had not yet been removed (control sites). For each intervention and control site pair, we used data available in the Victorian Suicide Register and compared the number of suicides per month before and after the period that the crossing was removed at the intervention site, by calculating rate ratios. The observation period covered by the study was 1st January 2008 to 30th June 2021.

Results: After removal of level crossings, the mean monthly number of railway suicides declined by 68% within a 500-metre radius of intervention sites (RR: 0.32; CI 95% 0.11-0.74) and by 61% within a 1000-metre radius of intervention sites (RR: 0.39; CI 95% 0.21-0.68). In contrast, there was no evidence that the mean monthly number of railway suicides changed at the control sites, either within a 500-metre radius (RR: 0.88; CI 95% 0.47-1.56) or a 1000-metre radius (RR: 0.82; CI 95% 0.52-1.26).

Conclusion: We identified a reduction in railway suicides at locations where level crossings were removed in Victoria, Australia. The Victorian Government should continue to reduce the number of level crossing sites across the railway network, and authorities in other jurisdictions where level crossing suicides occur should consider this intervention given it shows promising results as an effective method of reducing railway suicide.





## 12.4 Emerging pesticides responsible for suicide in rural Sri Lanka following the 2008-2014 pesticide bans.

Presenter: Manjula Weerasinghe<sup>1</sup>

Co-Authors: Sandamali Rajapaksha<sup>1</sup> Melissa Pearson<sup>2</sup> Flemming Konradsen<sup>3</sup> Suneth Agampodi<sup>1</sup> Michael Eddleston<sup>1,2</sup>

Affiliations: <sup>1</sup>Department of Community Medicine, Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka; <sup>2</sup>Centre for Pesticide Suicide Prevention, and Pharmacology, Toxicology and Therapeutics, Centre for Cardiovascular Science, University of Edinburgh, Edinburgh, UK; <sup>3</sup>Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.

Submission #93522

### Abstract

**Study objective:** Sri Lanka has reduced its overall suicide rate by 70% over the last two decades through a series of government regulations and bans removing highly hazardous pesticides from agriculture. We aimed to identify the key pesticide(s) now responsible for suicides in rural Sri Lanka to provide data for further pesticide regulation.

**Methods and materials:** We performed a secondary analysis of data collected prospectively during a cluster randomized controlled trial in the Anuradhapura district of Sri Lanka from 2011-16. The identity of pesticides responsible for suicides were sought from medical or judicial medical notes, coroners' records, and the person's family. Trend analysis was done using a regression analysis with curve estimation to identify relative importance of key pesticides.

**Results:** We identified 337 suicidal deaths. Among them, the majority 193 (57.3%) were due to ingestion of pesticides while 82 (24.3%) were due to hanging. A specific pesticide was identified in 105 (54.4%) of the pesticide suicides. Ingestion of carbosulfan or profenofos was responsible for 59 (56.2%) of the suicides with a known pesticide and 17.5% of all suicides. The increasing trend of suicides due to carbosulfan and profenofos over time was statistically significant (R square 0.846, F 16.541, p 0.027).

**Conclusion:** Ingestion of pesticides remains the most important means of suicides in rural Sri Lanka. The pesticides that were once responsible for most pesticide suicides have now been replaced by carbosulfan and profenofos. Their regulation and replacement in agriculture with less hazardous pesticides will further reduce the incidence of both pesticide and overall suicides in rural Sri Lanka.

## 12.5 Prevention of pesticide suicides through a 'gatekeeper' training for vendors in rural South Asia

Presenter: Manjula Weerasinghe<sup>1</sup>

Co-Authors: Flemming Konradsen<sup>2</sup> Melissa Pearson<sup>3</sup> David Gunnell<sup>4</sup> Keith Hawton<sup>5</sup> Suneth Agampodi<sup>1</sup> Michael Eddleston<sup>3</sup>

Affiliations: <sup>1</sup>Department of Community Medicine, Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka, Anuradhapura, Sri Lanka. <sup>2</sup>Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark. <sup>3</sup>Centre for Pesticide Suicide Prevention, and Pharmacology, Toxicology and Therapeutics, Centre for Cardiovascular Science, University of Edinburgh, Edinburgh, UK. <sup>4</sup>School of Social and Community Medicine, University of Bristol, Bristol, UK. <sup>5</sup>Centre for Suicide Research, Department of Psychiatry, University of Oxford, Oxford, UK.

Submission #93533

### Abstract

**Study objective:** In South Asia, up to one in five individuals who use pesticides for self-poisoning purchased them from a shop immediately prior to the event. We aimed to develop an intervention that has the potential to be effective in reducing access to pesticide from shops for self-poisoning.

Methods: We carried out three studies; 1) a case-control study to identify factors that were associated with purchasing pesticide from shops for self-poisoning. Fifty patients who had bought pesticides from shops for self-poisoning (cases) compared with 200 unmatched legitimate customers who did not use the purchased pesticides for self-harm (controls). Based on identified risk factors we aimed to identify and develop potential public health interventions that might be implemented through vendors. 2) a stakeholder analysis to select the most promising intervention among the identified interventions. 3) the selected intervention was piloted in 14 pesticide shops for 3 months period to assess the feasibility and acceptability.

Results: The case-control study identified two distinguishing risk factors: alcohol intoxication during the purchase (adjusted odds ratios [AOR] 36.5, 95% confidence intervals [CI] 1.7-783.4) and being a non-farmer AOR 13.3, 95% CI 1.8-99.6. Avoiding selling pesticides to alcohol intoxicated and non-farmers would prevent 72% of cases. Based on results of the case-control study, below we proposed four potential interventions that restrict the sales of pesticides for high-risk customers; 1) farmer identity-cards, 2) prescription for pesticides, 3) increased waiting-times before purchased and 4) training for pesticide vendors to avoid high-risk customers. All stakeholders were identified as drivers (high interest and high power) for training for vendors. Vendors were trained to check for intoxication, and to ask questions that farmers would know. Most vendors reported that they were enthusiastic with the intervention. Vendors reported that they were aware from community feedback that they had prevented seven suicide attempts. However, on four occasions they had been unable to recognize the real intention of the customers who had then drunk pesticide.

Conclusion: Our findings indicate vendor training has potential to prevent a substantial proportion of people who buy pesticides for self-poisoning. We have currently set-up a large-scale cluster randomized controlled trial to evaluate the effectiveness of the gatekeeper intervention in preventing pesticide self-poisoning. If the trial effective, it could contribute to saving tens of thousands of lives each year across Asia.



# Poster Presentations

## Poster Directory

	Submission #	Title	Presenting Author
1	#93672	<a href="#"><u>Suicidal risk and Mental Health in the General Population of French Polynesia: "images and realities survey"</u></a>	Stephane Amadeo
2	#93546	<a href="#"><u>Online suicide First Aid training for communities at risk</u></a>	Marc Bryant
3	#93542	<a href="#"><u>Suicide prevention in the construction industry: Variables impacting participant engagement with an interactive digital gatekeeper training program in the COVID climate.</u></a>	Sharnarra Crawley
4	#93673	<a href="#"><u>Social representations, recourse to traditional care and anthropo-cultural aspects of French Polynesia mental health in survey "Mental health in the general population: Images and Realities"</u></a>	Stephane Amadeo
5	#93536	<a href="#"><u>Stepping out of the Ivory Tower - Encouraging researchers and clinicians to dwell in the day to day reality of suicide and suicide prevention.</u></a>	Luke Bayliss
6	#93511	<a href="#"><u>The Mental Elf: How to disseminate suicide research beyond academia</u></a>	Laura Hemming
7	#93425	<a href="#"><u>The association between hypnotics and suicide: a nationwide cohort study</u></a>	Nikolaj Hoeier
8	#93674	<a href="#"><u>Suicide In French Polynesia and French Overseas Territories : Retrospective Study Based On Data From Judiciary, Public Health, Hospital And Interviews With Family</u></a>	Stephane Amadeo
9	#93547	<a href="#"><u>Skill-based development for youth touchpoints in school communities in suicide prevention: From pilot to the largest scale of its kind globally</u></a>	Anthea Jirgens
10	#93653	<a href="#"><u>Comparison of Emotional and Behavioral Problems among Three Ethnic Minority Children</u></a>	Caleb Kim
11	#93529	<a href="#"><u>Decreasing suicide inequalities but with a notable exception in young women in Korea population between 1995 to 2015</u></a>	Minji Hwang
12	#93424	<a href="#"><u>The association between melatonin and suicide: a nationwide cohort study</u></a>	Nikolaj Hoeier

13	#93700	<a href="#"><u>How and why do young people use social media to communicate about self-harm? A qualitative online interview study</u></a>	Louise La Sala
14	#93494	<a href="#"><u>Formal Education in Postvention</u></a>	Darrin Larney
15	#93562	Withdrawn	
16	#93519	<a href="#"><u>Detecting crisis behaviours at a cliff hotspot in Australia with computer vision algorithm: Acceptability, Behaviour Identification and Proof of Concept Evaluation</u></a>	Sandersan Onie
17	#93495	<a href="#"><u>The new face of youth mental health intervention: an analysis of a proactive digital intervention and risk assessment practices on Instagram</u></a>	Natalie Peart
18	#93525	<a href="#"><u>Research methods involving lived experience representatives</u></a>	Hayley Purdon
19	#93476	<a href="#"><u>Spatial analysis in the association between socio-economic factors and suicide: a systemic review</u></a>	Jiahui Qian
20	#93576	<a href="#"><u>Suicide by Hanging: A Scoping Review</u></a>	Rachael Sabrinskas
21	#93683	<a href="#"><u>Creating a Culture of Change: The ASPIRES Suicide and Overdose Prevention Strategy</u></a>	Katherine Turner
22	#93655	<a href="#"><u>Changing the landscape of suicide: Intervention training for suicide safety.</u></a>	Sandra Willie
23	#93579	<a href="#"><u>Using the Positive Psychology PERMA Model to Help Suicidal Individual to Recover: A Case Study</u></a>	Airan Yuan
24	#93480	<a href="#"><u>Profiles of mental health help seeking among Australian adolescent males</u></a>	Sarah Liddle
25	#93578	<a href="#"><u>I AM GLENN I am a bit damaged but not broken</u></a>	Glenn Cotter
26	#93611	<a href="#"><u>Suicide Prevention Strategic Planning: Partnerships, Progress, and Future Directions</u></a>	Saikaew Dudla
27	#93697	<a href="#"><u>Workbench for the mind</u></a>	Suzanne Evans
28	#93485	<a href="#"><u>Resilience across different psychosocial and suicide features in a population-based survey</u></a>	Wei-Chieh Hung
29	#93475	<a href="#"><u>Prevalence and Associated Self-perceived Health, Psychopathology and Suicidality of Bullying Victimization : A Nationwide Population-based Survey in Taiwan</u></a>	Jia-In Lee
30	#93572	<a href="#"><u>A study of psychological well-being and attitudes towards suicide among college students in India</u></a>	Jeshtha Angrish
31	#93469	<a href="#"><u>News Big Data Research on Suicide Phenomena in South Korea from 2011 to 2020</u></a>	Jiyoung Lyu



32	#93569	<a href="#">Towards Developing ML-based Suicide Risk: Assessment to Support Suicide Prevention</a>	Mah Parsa
33	#93573	<a href="#">Withdrawn</a>	
34	#93680	<a href="#">Comparison of Suicidality in the Micronesian Region and among Micronesian Migrants in the United States</a>	Davis Rehuher
35	#93454	<a href="#">A systematic review of the co-occurrence of self-harm and violence: Is dual harm a unique behavioural construct?</a>	Matina Shafti
36	#93677	<a href="#">Integrating individuals with lived experiences into systems suicide prevention: A study protocol for a pilot trial in Nepal.</a>	Kripa Sigdel
37	#93566	<a href="#">Household Firearm Ownership and Suicide: AR(1) Analysis of California Trends, 1980-2016: Mixed Findings</a>	Steven Stack
38	#93463	<a href="#">Ideation, Self-harming Behaviors and Suicide Attempt Trends Among Filipino College Scholars</a>	Mary Ann Gina Valderrama
39	#93465	<a href="#">Suicidal Ideation in India: an understanding of the current literature</a>	Priyanka VR
40	#93498	<a href="#">Help-Seeking Behaviors for Mental Health under COVID-19 Pandemic : A Systematic Review</a>	Naohiro Yonemoto
41	#93470	<a href="#">The Reflection of the Data in the Adolescents with Suicide Risk in One Medical Center from 2011 To 2021</a>	Shu-Ting Zhuang
42	#93428	<a href="#">Divorce and Separation in Africa During the COVID-19 Pandemic</a>	Ndirangu Ngunjiri

1: Suicidal risk and Mental Health in the General Population of French Polynesia: "images and realities survey

Authors: Stéphane Amadéo<sup>1,2,3</sup> Moerani Rereao<sup>2,3,4</sup>, Patrick Favro<sup>3,5</sup>, Germaine David-Vanquin<sup>3</sup>, Imane Benradia<sup>6,7</sup>, Jean-Luc Roelandt<sup>6,7</sup>

Affiliations: <sup>1</sup>Department of Mental Health, University Hospital Centre (CHUM) of Fort de France, Martinique, FWI, France; <sup>2</sup>MOODS Team INSERM Unity U1018, CESP, Paris, France; <sup>3</sup>SOS Suicide Association; <sup>4</sup>Department of Mental Health, Hospital Centre of French Polynesia (CHPF), Tahiti, French Polynesia; <sup>5</sup>University of French Polynesia (UPF), EASTCO research laboratory, Tahiti, French Polynesia; <sup>6</sup>WHO Collaborating Center – EPSM LILLE Métropole, Lille, France; <sup>7</sup>Inserm Unit UMR 1123 – ECEVE, Paris, France.

Submission #93672

Abstract

Study objectives: There are no systematic reports on the burden of suicidal ideations and suicide attempts in the general population in French Polynesia (FP). This survey aims to improve suicide prevention and mental health care by assessing the prevalence of suicidal risk, major mental disorders and care among adults.



**Methods and material:** The Mental Health in General Population Survey (MHGP) was conducted in FP between 2015 and 2017. Subjects were selected using the quota method to obtain a representative sample of the general population. Suicidal risk and psychiatric diagnoses were assessed using the MINI according to ICD 10 criteria.

**Results:** The sample included 968 people aged 18 or older. The prevalence of current suicidal ideation (13.4%) and current (2.6%) and lifetime suicide attempts (18.6%) was high in FP as well as mental disorders (42.8%). A notable portion of subjects suffering from these conditions did not seek medical assistance.

**Conclusion:** A high prevalence of suicidal risk and mental disorders was found in the general population with FP. Develop suicide prevention methods and mental health plans should include better access to primary care for the diagnosis and treatment of mental disorders. Future research should identify cultural risk and protective factors.

## 2: Online suicide First Aid training for communities at risk

**Authors:** Marc Bryant, Heidi Sutton, and Shayne Connell

**Affiliation:** LivingWorks

**Submission #93546**

### Abstract

LivingWorks Australia is a global leader of suicide intervention training (Gatekeeper training).

For more than 30 years, developed and delivered programs. Supported by numerous studies, our workshops help people become more willing, ready, and able to intervene with someone at risk.

A national network of over 600 Australian trainers has continued to ensure a strong nationwide presence for LivingWorks programs.

This presentation will discuss the roll out new 90-minute online evidence-based LivingWorks Start which teaches valuable skills to everyone 13 and older and requires no formal training or prior experience in suicide prevention.

Introduced in January 2020, when you sign up for LivingWorks Start training, trainees learn a powerful four-step model to keep someone safe from suicide, and you have a chance to practice it with impactful simulations.

Safety resources and support are available throughout the program.

The presentation will discuss the four-year development, pilot and workplace dissemination, and how constructive education preparation can support the workplace implementation (undertaking how to set up large numbers of staff, monitor progress, and produce data reports on pre-post outcomes for the organisation), supported by traditional communication tool kits based on the latest evidence informed campaign.

It will also present the data on the pre and post learning outcomes of participants, including First Responders, Veterans, and parent cohorts.

The presentation will include the continue of education to deeper level training, and how to form workplace Networks of Safety to vulnerable staff member to suicide.

## 3: Suicide prevention in the construction industry: Variables impacting participant engagement with an interactive digital gatekeeper training program in the COVID climate.

**Authors:** Crawley, Sharnarra<sup>1</sup>, & O'Dowd, Brendan<sup>1</sup>

**Affiliation:** <sup>1</sup>Bluehats Suicide Prevention, Incolink

**Submission #93542**

### Abstract

**Study objectives:** Incolink's Bluehats suicide prevention program adopts a synergistic gatekeeper training model of suicide prevention to support the Victorian construction industry. This integrative and coordinated approach to suicide prevention is consistent with best practice guidelines and the evidence-base for clinically supporting this high-risk subpopulation. The Bluehats program aims to create a peer-support network of workers trained in the early identification of suicidality and psychological distress in self



and others. Bluehats workers are equipped to intervene and provide referral to psychosocial and clinical interventions facilitated by Incolink, with referral pathways to primary health networks and community services. Earlier program evaluations indicate that Bluehats workers meet the minimum standards of competency expected in comparable suicide prevention gatekeeper training programs. Presently, Incolink has partnered with Monash University and a fellowship grant from Suicide Prevention Australia to evaluate the effectiveness of the Bluehats program and optimise its impact in the Victorian construction sector in 2021-2022.

Unique to the delivery of Bluehats is that program educators are professionally registered counsellors and psychotherapists. As part of their dual roles at Incolink, program educators also deliver on-site therapeutic support including critical incident response, crisis interventions and short-term clinical counselling sessions to workers and their families. Therefore, intrinsic to the Bluehats program is the therapeutic relationship Incolink counsellors maintain with Bluehats workers and the Victorian construction industry community as a whole. The COVID pandemic necessitated a redevelopment of the Bluehats program to incorporate interactive digital capability in the event of unpredictable Victorian COVID lockdowns. The successive lockdowns culminated in the inability for Incolink counsellors to attend construction sites, resulting in significant barriers to the delivery of on-site therapeutic support services. Simultaneously, Incolink observed reductions in uptake of the interactive digital Bluehats program when compared to pre-pandemic attendance. The IASP presentation explores factors influencing participant engagement, thus identifying facilitators and barriers to uptake of the Bluehats program in the COVID climate.

**Methods and materials:** A mixed methods evaluation was employed including a telephone survey of Bluehats candidates, quantitative Incolink counselling services data, qualitative responses from the Bluehats program post-training surveys, and responses from in-depth interviews with Bluehats workers conducted by Monash University.

**Results:** Preliminary results are presented with Bluehats candidate responses indicating endorsement of the interactive digital delivery format of the Bluehats program. Incolink counselling services data demonstrates a correlation between delivery of on-site therapeutic support services and uptake of the Bluehats program. Post-training survey data suggests participants' needs for on-site presence and in-person interaction with gatekeeper training and program educators.

**Conclusion:** The IASP presentation explores variables impacting uptake of the Bluehats program and emphasises the importance of a coordinated and integrative approach to suicide prevention activities in the COVID climate. The influence of the therapeutic relationship to participant engagement in suicide prevention gatekeeper training programs is posited.

#### 4: Social representations, recourse to traditional care and anthropo-cultural aspects of French Polynesia mental health in survey "Mental health in the general population: Images and Realities"

**Authors:** Stéphane Amadéo<sup>1,2,3</sup> Moerani Rereao<sup>2,3,4</sup>, Germaine David-Vanquin<sup>3</sup>, Simone Grand<sup>3</sup>, Imane Benradia<sup>5,6</sup>, Jean-Luc Roelandt<sup>5,6</sup>

**Affiliations:** <sup>1</sup>Department of Mental Health, University Hospital Centre (CHUM) of Fort de France, Martinique, FWI, France; <sup>2</sup>MOODS Team INSERM Unity U1018, CESP, Paris, France; <sup>3</sup>SOS Suicide Association; <sup>4</sup>Department of Mental Health, Hospital Centre of French Polynesia (CHPF), Tahiti, French Polynesia; <sup>5</sup>WHO Collaborating Center – EPSM LILLE Métropole, Lille, France. 6. Inserm Unit UMR 1123 – ECEVE, Paris, France

Submission #93673

#### Abstract

**Study objectives:** Understanding the social representations and sociocultural aspects of mental illness is critical to reduce stigma, enhance dialogue between mental health professionals and patients, and improve future prevention programs for psychiatric illness.

**Methods and materials:** The Mental Health in the General Population Survey (MHGP) was carried out in French Polynesia (FP) in 2015 and 2017 with questionnaires on social representations of "insane", "mentally

ill", and "depressive" individuals and the various types of help and care. A representative sample of 968 people was recruited using the quota method. The data were collected anonymously in public spaces.

Results: The origin of mental health problems is considered mainly physical, organic, or hereditary. Addictive behaviours were the cause of mental illness for 1/4 of respondents. According to the Polynesian population, "insane" or "mentally ill" individuals are perceived as excluded, irresponsible, unaware of their conditions and difficult to cure. Depressed people are seen as responsible for their actions, aware of their conditions and able to be treated. Traditional and magical-religious care still has an important role according to on the specific cultural questionnaire.

Conclusion: The results of this survey show stigmatizing representations of "insane" and "mentally ill" individuals in the Polynesian population and a significant use of traditional care. These elements have been incorporated into the mental health plan for FP to improve mental health care and promotion. It is necessary to fight against stigma and discrimination to reduce psychiatric patients' social exclusion and improve the use of psychiatric care.

5: Stepping out of the Ivory Tower - Encouraging researchers and clinicians to dwell in the day to day reality of suicide and suicide prevention.

Authors: Luke Bayliss<sup>2</sup> & Peta Dampney<sup>1</sup>

Affiliations: <sup>1</sup>From Me to You Consulting: Principal Consultant and Trainer; <sup>2</sup>PhD Candidate at University of Southern Queensland

Submission #93536

#### Abstract

When researchers and clinicians step back from or are not working within community face to face roles, they can become more detached from the reality of suicide death, suicidal attempts and thoughts. This has serious implications and ramifications regarding their ability to effectively make choices for populations of people that they may not be truly engaged with. It can also lead to "othering" – situations when patients or research subjects begin to feel ostracised, patronised or treated as something that those who dwell in the ivory towers that they look up at could never relate to.

So, we need to get real when talking about suicide. Researchers nor clinicians are immune from suicidality. Yet, despite the sector promoting reduction of stigma about suicide, stigma still coats the corridors and stairwells of these physical as well as psychological workspaces that we find ourselves within. This poses not only consequences for those that we work for but also importantly for the wellbeing and survival of ourselves and those that we work with.

This oral presentation will provide strategies that Peta and Luke in their different roles, have used in their own work and research to remain authentic and to encourage connectivity and collaboration. Peta will draw upon her own lived experiences of surviving suicide, being bereaved by suicide, receiving clinical care and now working in the field of mental health and suicide prevention education. Luke, a PhD candidate from the University of Southern Queensland, will share insights gained from his experience of interviewing suicide attempt survivors for his thesis exploring the movement from ideation-to-action. He will explain why it is necessary to remove oneself from the ivory tower to build trust and rapport with the only people who can truly convey the complex movement from suicidal thoughts to suicide attempt.

Ultimately, Peta and Luke will reflect upon how we can humanise and normalise suicide as a real event and suicidality as a human condition. Attendees will gain a greater understanding of the philosophical human complexities of working within suicide prevention and will also be provided with the opportunity to reflect upon their own practice, motivations, limitations and strengths. While researchers and clinicians will always be required to examine suicide from a different perspective, that perspective should seek to create more equality between parties and not distance.

6: The Mental Elf: How to disseminate suicide research beyond academia

Authors: Dr Laura Hemming<sup>123</sup>, Dafni Katsampa<sup>34</sup>, Douglas Badenoch<sup>3</sup>, and Andre Tomlin<sup>3</sup>

Affiliations: <sup>1</sup>Orygen, Melbourne, Victoria, Australia; <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Victoria, Australia; <sup>3</sup>National Elf Service; <sup>4</sup>University of Hertfordshire



## Submission #93511

### Abstract

**Study objectives:** It is known to take 17 years for health research to make an impact in the real world. This is particularly pertinent in the field of suicide research, where suicide prevention and intervention efforts are often not sustainable beyond a period of intense funding. The Mental Elf, a part of the National Elf Service, aims to shorten the gap between research and practice by sharing evidence in an accessible way to frontline practitioners, those with lived experience, carers and policymakers. This presentation will outline our approach to dissemination beyond academic papers in high impact journals, which are often inaccessible to many due to paywalls.

**Methods and material:** The Mental Elf curates freely accessible content via a range of mediums including blogs, podcasts, social media discussions and taking events 'beyond the room'. We aim to outline our unique and unbiased approach to disseminating research accessibly.

**Results:** The Mental Elf has been in existence for over 10 years and now has over 93,000 followers on social media. Since its inception, The Mental Elf has produced over 200 blogs exploring suicide and self-harm, each of which usually attracts around 2000 views on the first day of publication. The Mental Elf have also taken a number of suicide specific events and conferences 'Beyond The Room', including Zero Suicide Alliance events and IASP 2019 where we achieved over 60 million impressions on Twitter. Finally, we have produced and disseminated a number of suicide podcasts with experts in the field covering important topics such as suicide in LMICs and risk of suicide for those bereaved by suicide.

**Conclusion:** We will discuss the benefits of using a model such as The Mental Elf's to create accessible, unbiased mental health information to those who need it most. We believe an organisation such as The Mental Elf is crucial in a world which encourages the practice of open science, and acknowledges the importance of communicating research findings to those who are most directly affected by it. We will also end with some tips on how audience members can improve their communication of suicide research, beyond publishing papers.

## 7: The association between hypnotics and suicide: a nationwide cohort study

Authors: Nikolaj Hoeier

Submission #93425

### Abstract

**Background:** Hypnotics have been linked to a variety of adverse effects including addiction. Long term use of these drugs has been associated with an increased risk of suicide. We assessed if individuals in treatment with non-benzodiazepine (n-BZD) and benzodiazepine (BZD) had higher rates of suicide when compared to individuals not in treatment with these drugs.

**Methods:** We utilized a cohort design and national longitudinal data on all individuals aged 10 or above who lived in Denmark between 1995 and 2018. Treatment with either n-BZD or BZD was identified via the Danish National Prescription Registry and suicide deaths were identified in the national cause of death registries.

**Results:** In a total of 6,494,206 individuals, 10,862 males and 4,214 females died by suicide. Of these, 1,220 (11.2%) males and 792 (18.8%) females had been in treatment with n-BZD, resulting in adjusted IRR for suicide of 4.2 (95% CI, 4.0 – 4.5) and 3.4 (95% CI, 3.1 – 3.7) for males and females, respectively, when compared to those not in treatment. In all, 529 (4.8%) males and 395 (9.3%) females who died by suicide had been in treatment with BZD. The IRRs for suicide were 2.4 (95% CI, 2.2 – 2.6) and 2.5 (95% CI, 2.3 – 2.8) for males and females, respectively, and compared to those not in treatment.

**Conclusions:** In this study we find that those in treatment experienced higher suicide rates than those not in treatment, this persisted when also adjusting for a large variety of covariates.

## 8: Suicide In French Polynesia and French Overseas Territories : Retrospective Study Based On Data From Judiciary, Public Health, Hospital And Interviews With Family

Authors: Amadéo<sup>1,2,3</sup> S., Rereao<sup>2,3</sup> M., Favro<sup>4</sup> P., Séguin<sup>5,6</sup> M., Jehel<sup>2,7</sup> L., De Leo D<sup>8</sup>.

Affiliations: <sup>1</sup>Department of Mental Health, University Hospital Centre (CHUM) of Fort de France, Martinique, FWI, France; <sup>2</sup>MOODS Team INSERM Unity U1018, CESP, Paris, France; <sup>3</sup>Department of Mental Health, Hospital Centre of French Polynesia (CHPF), Tahiti, French Polynesia; <sup>4</sup>University of French Polynesia (UPF), EASTCO research laboratory, Tahiti, French Polynesia; <sup>5</sup>Groupe McGill d'Étude sur le Suicide, Canada; <sup>6</sup>University of Québec, Canada; <sup>7</sup>Department of Mental Health, University Hospital Centre (CHU) of Amiens, France; <sup>8</sup>Australian Institute of Suicide Research and Prevention, World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University, Mt Gravatt, Australia.

Submission #93674

#### Abstract

Study objectives: To analyse the epidemiological data on suicide in French Polynesia (FP) and French Overseas territories.

Methods and materials: Data on suicides were collected from the Judicial Police Investigations Court of Justice Records, the Centre d'Opérations et de Renseignements de la Gendarmerie, patient records for those hospitalized in psychiatry and from psychological autopsies.

Results: The dataset consisted of 316 suicide cases in FP over 25 years (1992–2016). In FP, suicide was more frequent in men (sex ratio 3.2:1), young people (mean age, 34.4 years) and individuals with previously diagnosed psychiatric disorders (100 of 316; 31.6%) The most common method of suicide was hanging (276 of 316; 87.3%). A history of previous suicide attempts was found in 25 of 56 (44.6%) of suicide cases. The most common potential triggering factors for suicide were emotional problems. The suicide rates have remained stable during 1992–2016 (mean 10.6/100 000 inhabitants per year), with periods of economic crises increasing suicide rates.

Conclusion: These results provide valuable information to enable the effective targeting of suicide prevention strategies toward those at high risk. Economic crises had larger impacts in the French overseas territories than mainland France. Given the unprecedented economic impact of the Covid-19 pandemic in FP, there is an urgent need to implement suicide epidemiological surveillance and prevention programmes. Further survey using psychological autopsy methodology (AUTOPSOM) will be implemented in these areas.

#### 9: Skill-based development for youth touchpoints in school communities in suicide prevention:

From pilot to the largest scale of its kind globally

Authors: Anthea Jirgens<sup>1</sup>, Chris Pidd<sup>1</sup>, Michelle Lampkin<sup>2</sup>, and Belinda Connell<sup>1</sup>

Affiliations: <sup>1</sup>LivingWorks Australia; <sup>2</sup>Orygen

Submission #93547

#### Abstract

Introduction: LivingWorks Australia is a global leader of suicide intervention training (Gatekeeper training). For more than 30 years, developed and delivered programs. Supported by numerous studies, our workshops help people become more willing, ready, and able to intervene with someone at risk. A national network of over 600 trainers has continued to ensure a strong nationwide presence for LivingWorks programs.

This presentation will discuss:

- Orygen-led (MAPPS study) co-designed youth community focused adaptation of LivingWorks safeTALK evidence-based training in school settings and their communities with regards to early intervention for young people and broader safe communication of awareness of help-seeking behaviour in the news media and on social media.
- Scaling the pilot to the 2021/2022 LivingWorks Australia project to train 250,000 youth touchpoints in NSW through largest single investment of its kind in terms of funding and reach globally, in partnership with Orygen.

The presentation will demonstrate the effectiveness of early intervention in the school-based in preparedness for postvention responses, through successful piloting in school setting in Australia and dissemination on schools in both Australia and Asia Pacific.





The authors will also draw on their considerable expertise delivering the world leading prevention programs for news media and social media training and education and discuss proposed changes to cyber safety legislation in Australia to support online safe behaviour and social responsibility of providers.

The LivingWorks programs work in a knowledge translation best practice environment for over 30 years, with more than 50 peer reviewed journals, and this includes that approach to work in school environments. Partnering with Orygen, world leading researcher in youth suicide prevention, pilots were held in Australian schools. The innovation is in the development and training material (co-designed with young people) which includes videos and messaging, as part of the learning process for suicide first aid skills. Young people, via Orygen run Headspace youth groups, were included in the co-design of new material for LivingWorks SafeTalk.

This knowledge is already being shared through published papers, to support other programs that may wish to work with young people and their touchpoints.

## 10: Comparison of Emotional and Behavioral Problems among Three Ethnic Minority Children

Authors: Caleb Kim

Submission #93653

### Abstract

**Study objectives:** Previous research identified that children's exposure to violence affects their emotional and behavioral problems such as depression, anxiety and aggressive behaviors. However, few studies have compared how different ethnic minority children accumulated personal and environmental factors impact on their emotional and behavioral problems. Thus, the objective of this study is to examine and compare the effects of personal (e.g., hopefulness) and environmental (e.g., school, community safety) factors on children's depression, anxiety and violent behavior among three minority children - African American, Latinx, and Asian American children. In addition, this study investigates whether relationships between community safety and violent behavior are mediated by children's hopefulness while examining ethnicity effects.

**Methods and materials:** The sample for this study consists of 185 minority children (Black=88, Latinx=60, Asian=37; male 52%, female 48%; mean age=13.3) residing in economically and socially disadvantaged inner-city communities in Chicago. This study used a cross-sectional research design and children's self-reported surveys consisting of Youth Self Report (YSR), Environment Safety Measurement, Children's Hope Scale, Commitment to School, Attachment to Parents, and demographic information. Correlation analysis and regression analysis were conducted to predict children's emotional and behavioral problems and to explore mediation of hope after accounting for gender and ethnic group.

**Results:** Results showed that community safety, attachment to parents, and hope predict a children's risk for depression, anxiety and violent behaviors, while commitment to school is not significantly associated with children's violent behavior. Community safety is the only significant risk factor associated with children's violent behavior across all three ethnic groups. In regards with community safety, Asian American children showed significantly higher safe environment scores compared with African American while there was no significant difference with Latinx children. Asian American children scored significantly lower on violent behavior than the Latinx children but not with the African American children. Females scored significantly higher on depression and anxiety, but not violent behavior across all ethnic groups. This study also found that children's hope appeared to mediate both the relationship between attachment to parents and violent behavior and the relationship between commitment to school and aggressive behavior.

**Conclusion:** These findings will fill an important gap in the literature, as few studies have compared ethnic specific risk and protective factors affecting children's depression, anxiety and violent behavior. The implication of these findings is discussed in conjunction with developing a culturally competent and gender appropriate suicide prevention program while emphasizing community-based prevention approach.

## 11: Decreasing suicide inequalities but with a notable exception in young women in Korea population between 1995 to 2015

Authors: Minji Hwang<sup>1,3</sup> and Myung Ki<sup>1,2,3\*</sup>

Affiliations: <sup>1</sup>Department of Public Health, Korea University Graduate School, Seoul, South Korea;

<sup>2</sup>Department of Preventive Medicine, Korea University College of Medicine, Seoul, South Korea;

<sup>3</sup>BK21FOUR R&E Center for Learning Health Systems, Korea University

Submission #93529

### Abstract

**Study objective:** Along with overall suicide trend, monitoring of social inequalities in suicide is imperative duty. We examined the change in the inequalities over the past 20 years according to gender and age group in South Korea.

**Backgrounds:** Recent trends in suicide rate has been decreasing in most countries including Korea. However, the studies looking at the overall trend is not sufficient, because the summary trend may occur as a result of different experiences among sub-segment of society and suicide rates are far higher in disadvantaged population.

**Methods and material:** Suicide records and total population were obtained from the Death registry the Korean census data which covers all deaths and Korean population aged 30 and over. All suicide rates (per 100,000) were calculated according to gender, age group and education level in 1995, 2000, 2005, 2010 and 2015. Risk ratios (RRs) were assessed by Poisson regression for comparing with relative different sizes of suicide rates in each education level. Additionally, to identify more accurate education inequality in suicide mortality, we use slope index of inequality (SII) which reflects the absolute disparity of socioeconomic groups from lowest to highest.

**Results:** In Korea, suicide rates had increased gradually between 1995 and 2010 (15.6 to 44.1 per 100,000 population). After reaching the world's highest suicide rate among OECD countries in 2010, the overall suicide rate has decreased. In general, the changes of suicide inequality follow the similar patterns of the overall trend; men had larger inequalities; inequalities increased until 2010 and then decreased. That is, the changes of the suicide rate in the lower educational group contributed to achieve decrease in the total suicide rate. Though the pattern was common across gender and age groups, there was a notable exception that suicide inequalities in youngest female aged between 30 to 44 persistently increasing (RR= 4.79, 95% CI=3.39, 6.75 in 1995 to RR=9.90, 95% CI=6.32, 15.51 at 2015). Furthermore, the magnitudes of suicide rate in the lowest educational group were largest among the youngest group in both gender (175.4 in men and 112.6 in women). (The result will be updated, once suicide data in 2020 are available to reflect COVID-19 situation.)

**Conclusion:** Overall trend in suicide rate has been decreased in Korea after 2010 and social inequalities in suicide also showed favorable changes toward the less educated. Nevertheless, a narrowing of inequalities has not accompanied in the youngest group, in particular among women, which we urge policymakers and administrators to target as a focus of intervention.

## 12: The association between melatonin and suicide: a nationwide cohort study

Authors: Nikolaj Hoeier

Submission #93424

### Abstract

**Background:** Melatonin is often prescribed to patients experiencing sleep disturbances, which has been linked to elevated risks of suicide. However, it remains to be assessed whether melatonin is associated with suicide and suicide attempts. We investigated whether individuals in treatment with melatonin had higher rates of suicide and suicide attempt when compared to individuals not in treatment.

**Methods:** Using longitudinal data on all persons aged 10+ years living in Denmark between 2007-2016 were obtained. Data from the National Prescription Register was used to identify periods of being in treatment with melatonin based on number of tablets and daily defined dose. Suicide and suicide attempt were identified in hospital and cause of death registries.

**Results:** Among 5,798,923 included individuals, 10,577 (0.18%) were in treatment with melatonin (mean treatment length 50 days). Out of 5,952 individuals who died by suicide, 22 (0.37%) were in melatonin treatment, while 134 (0.53%) out of 25,136 had a first suicide attempt. After adjustment for sex and age-



group, people in treatment with melatonin were found to have a higher rate of suicide (IRR: 4.2; 95% CI, 2.7-6.4) and suicide attempt (IRR: 6.7-fold (95% CI, 5.7-7.9) when compared to those not in treatment.

Conclusions: Treatment with melatonin was associated with higher rates of suicide and suicide attempt. The association might be explained through mediators, such as psychiatric comorbidity and sleep disorders. Our findings indicate that attention towards these issues might be warranted.

### 13: How and why do young people use social media to communicate about self-harm? A qualitative online interview study

Authors: Louise La Sala<sup>1,2</sup>, Pinar Thorn<sup>1,2</sup>, Sarah Hetrick<sup>2,3</sup>, Simon Rice<sup>1,2</sup>, Michelle Lamblin<sup>1,2</sup>, Jo Robinson<sup>1,2</sup>

Affiliations: <sup>1</sup>Orygen, Melbourne, Australia; <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia; <sup>3</sup>Department of Psychological Medicine, The University of Auckland, Auckland, New Zealand

Submission #93700

#### Abstract

Background: Young people communicate online about self-harm or come across self-harm related content in a number of different ways. Although research on the positive effects of self-harm online communication is emerging [1], research also suggests that exposure to, and expression of, self-harm online may be associated with potential harms [2]. The aims of this study were to expand our understanding of the motivations and mechanisms involved in youth online communication about self-harm, to explore how harms could be reduced, and how safety and benefits can be maximised in the online space.

Methods: This qualitative study conducted 20 semi-structured online interviews with young people aged 18 to 25 (M = 20.55 years, SD = 2.01). The study design was developed in consultation with young people and participants were recruited via Instagram and through the #chatsafe Youth Advisory Network. Participants were eligible to participate if they lived in Australia, and had lived experience of any method of self-harm (current or history), and had actively communicated about self-harm online as an original poster and/or responder in the past six months. Interviews were audio recorded and transcribed verbatim. Data were analysed using Thematic Analysis.

Results: Findings relating to young people's motivations to communicate online about self-harm, perceived benefits and harms associated with these communications, differences between written and visual communication, differences between content creation and content consumption, and perspectives on social media reporting and removing policies will be presented.

Conclusion: Implications for using social media to communicate about self-harm will be discussed, including recommendations for how young people can safely use social media when communicating online about self-harm. The findings from this study will be used to inform the development of the 2<sup>nd</sup> edition of the #chatsafe guidelines.

Impact Statement: The findings from this project will directly inform the development of the 2<sup>nd</sup> edition of the #chatsafe guidelines. This will ensure that young people have access to evidence informed information that will increase their, and their peers', safety when it comes to communicating online about self-harm. This work will also contribute to recommendations provided to social media platforms about how best to manage this sort of content posted and/or shared by young people.

#### References

1. Gibson K, Trnka S. Young people's priorities for support on social media: "It takes trust to talk about these issues". *Computers in human behavior*. 2020 Jan 1;102:238-47.
2. Biernesser C, Sewall CJ, Brent D, Bear T, Mair C, Trauth J. Social media use and deliberate self-harm among youth: a systematized narrative review. *Children and youth services review*. 2020 Sep 1;116:105054.

### 14: Formal Education in Postvention

Authors: Darrin Larney and Kristy Te Mana

Submission #93494

#### Abstract

At the biennial Postvention Australia Conference in 2017 it was initially identified that an educational package needed to be developed to support the bereaved through suicide.

It is estimated that in 2020 more than 400,000 Australians were affected by a suicide loss. Many of the support systems currently in place rely on peer support workers who have access to little in the way of education and training. There is a need for appropriate best practice evidence-based learning solutions to provide care and support for the bereaved and also to ensure that peer supporters are cared for.

Postvention Australia has developed an online accredited training program that has significant application across many areas as foundation knowledge or additional learning for mental health workers and professionals, first responders, school counsellors and human resource workers. It is estimated that new and existing workers who would benefit from this education package would count in the thousands. The outcome of this program meets a community need to provide support strategies and solutions to a significantly at-risk cohort of the greater community.

The initial development of the program has been funded by the NSW Government as part of their Towards Zero Suicides investment. Support in the development of this qualification has been provided from the health and community sectors across government and the not-for-profit sector.

A group of specialists in suicidality and bereavement were consulted to form the broad outline of the course. Diverse community sectors were involved in the consultation to develop the specialist community units, with specific involvement of priority groups including LGBTIQ+, ATSI and people from CALD backgrounds. Part of this process was an evaluation of current qualifications to prevent duplication.

Review was overseen by the working group headed by the chairman of Postvention Australia and others, along with the National Reference Group for postvention. Consultation was then sought from a stakeholder group made up of academics in the field, peer organisations, and service providers, for validation and comment. The course was then finally submitted to a lived experience review committee. This combined work led to the development of ten specialist units required to cover the learning outcomes not available through existing training package units.

The final validation of the course structure and content was agreed to at a meeting of the National Reference Group and Project Team in June 2021. The qualification whilst now fully completed is undergoing its pilot trial. Participants in this session will learn about the development of the course, the contents, and plans for making it available to those who will benefit.

15: Withdrawn

16: Detecting crisis behaviours at a cliff hotspot in Australia with computer vision algorithm:

Acceptability, Behaviour Identification and Proof of Concept Evaluation

Authors: Sandersan Onie<sup>1</sup>, Mark E. Larsen<sup>1</sup>, Xun Li<sup>2</sup>, & Arcot Sowmya<sup>2</sup>

Affiliations: <sup>1</sup>Black Dog Institute, UNSW Sydney, Sydney, Australia; <sup>2</sup>School of Computer Science and Engineering, UNSW Sydney, Sydney, Australia

Submission #93519

#### Abstract

Studies show that over 30% of suicides occur in public places, with many of these at frequently used locations – also known as ‘hotspots’. CCTV has been used at many of these locations to increase the possibility of intervention by a third party. While automated systems have been developed to address the challenge of continuous monitoring, often an alert comes too late to intervene. Recent research suggests that there are observable behaviours prior to an attempt, that have potential for early intervention; however, there currently exists no way of continuous monitoring for those behaviours. Across three sub-studies, we have conducted proof-of-concept research demonstrating that crisis behaviours can be identified using an automated computer system.

In the first study, we aimed to assess public perceptions on research using CCTV and artificial intelligence (AI) for suicide prevention, and we conducted a large-scale, nationally-representative survey (n=916).



Responses were positive, with 82.2% of respondents supportive of the research (85.0% amongst those with lived experience), encouraging us to proceed with the research. In the second study, we identified the crisis behaviours at a known cliff location in Sydney, Australia, by manually coding CCTV footage. Identifiable behaviours included repetitive back and forth pacing, leaning on the fence with head down, crouching in front of the fence or staying in a location for extended periods of time – thereby confirming the presence of crisis-related behaviours, beyond those previously identified in the literature in railway settings. Third, we tested whether it was possible to detect these behaviours using automated video analysis. We developed a computer vision framework to identify these behaviours using a machine learning-based method whereby, if certain behaviours were observed or conditions were met, the individual is flagged. The sensitivity and specificity were evaluated using acted video clips from the location. The system was able to detect behaviours with high accuracy, correctly identifying 80% of clips with crisis behaviours, and correctly rejecting 90% of clips without crisis behaviours.

These results suggest that automated detection of crisis behaviours using computer vision and machine learning is possible. However, real time deployment requires further assessment of different behaviour detection methods, and implementing a suitable intervention in-line with its real-world accuracy. Furthermore, generalisability across different settings and camera types must be evaluated. Despite this, these findings provide promise for early intervention at hotspots.

## 17: The new face of youth mental health intervention: an analysis of a proactive digital intervention and risk assessment practices on Instagram

Authors: Natalie Peart, Associate Professor Sarah Hetrick, Associate Professor Kerry Gibson, Dr Karolina Stasiak

Affiliations: University of Auckland

Submission #93495

### Abstract

**Study objectives:** Young people spend more time on social media platforms than ever before with disclosures of distress and suicidal ideation occurring on these platforms. Live for Tomorrow chat is a proactive service delivered on Instagram that reach out to young people who post content indicating distress or suicidal ideation. It offers a person-centred brief intervention service. As the intervention first of its kind in the world, the purpose of the current research was to gain a greater understanding of the young person's distress and suicidal ideation, how they experience the proactive digital intervention, how risk assessment is conducted in this medium and how Live for Tomorrow volunteers engage young people in an online intervention.

**Methods:** Thirty-five transcripts of conversations with young people aged thirteen to twenty-five were used for this current study; in sixteen conversations suicidal ideation was evident. These transcripts were analysed using a general inductive approach and reflexive thematic analysis. The researcher's reflexivity as being New Zealand European with my own mental health journey where I had utilised a digital service, as well as previous work experience as a counsellor and supervisor for Live for Tomorrow, was reflected on in the analytic process, and a youth-centred and empowerment approach was taken with the data by employing a young person to review the findings.

**Results:** This research found that young people in distress were experiencing many different life events that caused and furthered their distress. Their distress was often overwhelming, causing emotional pain and they often felt isolated or unsupported. Young people highlighted the value of being reached out to, that the action signified that they mattered enough for someone to care, listen and support them through their distress. Online risk assessment practices showed a benefit of being conducted in the anonymous space social media provides when discussing suicidal thoughts and with the counsellors' more focussed on identifying factors for intervention rather than classifying risk. In particular, validation and reflection were essential in the counsellor's practice for creating connection and space for a young person to disclose distress and suicidal ideation online.



Conclusion: The findings highlight that young people benefit from having intervention options in an online setting as this is where disclosures are happening. Young people also need proactive intervention, and this act of reaching out is an intervention in itself showing that someone cares and listens.

## 18: Research methods involving lived experience representatives

Authors: Hayley Purdon<sup>1</sup> and Tara Hunt<sup>2</sup>

Affiliations: <sup>1</sup>Lifeline Research Foundation, Lived Experience Advisory Group; <sup>2</sup>Lifeline Research Foundation, Australia

Submission #93525

### Abstract

There are increasing calls for the inclusion of people with a lived experience of suicide in research including as co-researchers, advisors and reviewers. Despite this, there is limited research into why, how and to what benefit/detriment people with a lived experience contribute to research practice.

Lifeline Research Foundation has engaged the Lifeline Lived Experience Advisory Group (LLEAG) in their research practice since 2018. The LLEAG has contributed in many ways over time including co-design of research, interpretation of findings and advice on research design and practice.

The focus of the current study is to outline the ways that people with a lived experience are engaged in suicide research at the Lifeline Research Foundation and to identify;

- The challenges of engaging the people with a lived experience in suicide research,
- The outcomes for the research, research team and people with a lived experience, and
- Recommendations for future engagement.

A review of the LLEAG activities were conducted to document ways of engaging with lived experience representatives in suicide research. Survey data were analysed to identify strengths and weaknesses of these approaches and recommendations were made based on these findings.

The study found that people with a lived experience were engaged primarily in the following ways, either as a group (the LLEAG) or as individuals:

- Provide feedback on research outcomes by reviewing study reports.
- Co-design research methods including survey questions, study materials and other collateral.
- Participate in focus groups with other participants such as service delivery organisations and key stakeholders.
- Recruited to participate in research activities.

As to the outcomes of involvement, initially engagement was light-touch, and this was due to a number of factors such as limited feedback to the LLEAG and the type of information sought from the LLEAG. As the LLEAG model matured, people with a lived experience were engaged earlier in projects, leading to true co-design of research and better outcomes for study participants and findings. It was also identified that provision of feedback to the LLEAG increased feelings of engagement and inclusion leading to positive outcomes to lived experience advisors.

Recommendations for future practice include early engagement of lived experience advisors in suicide research, clear communications with the group and reimbursement for time spent working on research projects.

This presentation is applicable to those working in research wanting to include lived experience in their work in meaningful and sustainable ways.

## 19: Spatial analysis in the association between socio-economic factors and suicide: a systemic review

Authors: Jiahui Qian<sup>1</sup>, Stephanie Zeritis<sup>1</sup>, Michelle Tye<sup>1</sup>

Affiliations: Black Dog Institute, University of New South Wales, Randwick, NSW

Submission #93476

### Abstract



**Background:** While a number of studies have examined the association between socio-economic inequality and suicide, little is known about what and how spatial analysis has been used in understanding the relationship, and the impact that different methodological approaches may have on findings.

**Methods:** In this systematic review we searched PubMed, Embase, CINAHL and PsycInfo for suicide studies containing spatial approaches and socio-economic information, published from inception to 1 May 2021. We included primary studies in report of suicidal ideation, suicide attempt and completed suicide. We excluded letters, conference abstracts, reviews or study protocols and studies reported non-suicidal self-injuries. The protocol for this systematic review was registered with PROSPERO (CRD42021251387).

**Results:** A systematic search yielded 4237 potentially relevant results, of which 42 studies met the inclusion criteria for review. Of the 42 included studies, 23 studies (54.8%) were conducted at administrative area levels and 16 studies (35.7%) at neighbourhood levels. At least one type of spatial approaches was applied in describing suicide burden, including spatial mapping (n=38; 90.5%), spatial smoothing (n=20; 47.6%) and spatial cluster analysis (n=10; 23.8%). However, to explore the relationship between socio-economic factors and suicide, only 24 studies (57.1%) incorporated spatial effects in their analyses. Bayesian hierarchical models and spatial lag/error models are the most commonly used methods to correct for spatial effects. The rest 16 (38.1%) studies used conventional correlation or regression models without considering spatial effects and 2 (4.8%) studies used descriptive methods.

**Conclusion:** The review has described multiple spatial models accounting for spatial effects. To select the best fitted statistic methods and ensure robust results, researcher should make a comprehensive consideration regarding data accessibility, sample size, analysis unit, data structure, and model fitting.

## 20: Suicide by Hanging: A Scoping Review

**Authors:** Mrs Rachael Sabrinskas, BAppSci, Psych, BN, M.Mental Health Nursing, PhD Candidate<sup>1</sup>, A/Prof Bridget Hamilton, BPsychN, BN(Hons), PhD<sup>2</sup>; Dr Catherine Daniel, BPsychNurs, PGDipN(MtHLth) MN, PhD<sup>3</sup>, Prof. John Oliffe, PhD., M.Ed, RN<sup>4</sup>

**Affiliations:** <sup>1</sup>Department of Nursing, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 161 Barry Street, Carlton Victoria 3010, Australia; <sup>2</sup>Director, Centre for Mental Health Nursing, Department of Nursing, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 161 Barry Street, Carlton Victoria 3010, Australia; <sup>3</sup>Lecturer, Mental Health Nursing, (1) Department of Nursing, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 161 Barry Street, Carlton Victoria 3010, Australia; <sup>4</sup>Professor and Tier 1 Canada Research Chair in Men's Health Promotion, School of Nursing, University of British Columbia, Vancouver V6T 2B5 B.C. Canada, Department of Nursing, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 161 Barry Street, Carlton Victoria 3010, Australia.

Submission #93576

### Abstract

Suicide by hanging is increasing in many countries around the world and whilst efforts are being made to influence the prevention agenda to reduce the incidence, little is known regarding the contributing factors for choosing this method.

**Study objectives:** The purpose of this poster is to present the published scoping review, which aimed to summate understandings about how the epidemiology and prevention of suicide by hanging is recognised, described, and discussed in the literature, and critically appraise the extent to which the lived-experiences of survivors of suicide attempts are included.

**Methods:** A scoping review was conducted implementing the appropriate framework and in accord with the PRIMSA-ScR extension. Three databases (CINAHL, PubMed, and PsycINFO) were searched along with the reference lists of eligible sources in January and February 2021.

**Results:** 36 articles with a primary focus on hanging as a method of suicide and/or its prevention are included in this review, with brief thematic analysis used to summarise the featured studies. 3 distinct themes emerging from the literature include: (i) Hanging suicide deaths in the community environment or person's usual place of residence, (ii) Hanging suicide deaths in controlled environments (including police cells, prisons, and inpatient units), and (iii) Medical management of near-lethal hangings.

Conclusion: This review highlights the necessity for improving education and policy regarding the controlled environments frequently associated with hanging suicides and the medical management of near-lethal hangings, as well as the ongoing need for policy to guide and govern the responsible media portrayal of known suicides as well as fictional hangings. Finally, this review highlights the necessity for including those with lived-experiences of a suicide attempt by hanging to advance the current prevention agenda.

Keywords: suicide, hanging, lived-experience, suicide prevention

## 21: Creating a Culture of Change: The ASPIRES Suicide and Overdose Prevention Strategy

Authors: Dr Kathryn Turner<sup>1</sup>, A/Prof Kylie Burke<sup>1,2,4</sup>, Ms Candida Blackwell<sup>1</sup>, Ms Ana Asnicar<sup>1</sup>, Ms Sonia Boyd<sup>1</sup>, Prof James Scott<sup>1,3</sup>

Affiliations: <sup>1</sup>Metro North Health Service – Mental Health; <sup>2</sup>School of Psychology, The University of Queensland; <sup>3</sup>QIMR Berghofer Medical Research Institute; <sup>4</sup>ARC Centre of Excellence for Children and Families over the Life Course;

Submission #93683

### Abstract

Objectives: Suicide prevention models have not typically considered unintentional overdose within their strategies and yet each year people who come in contact with tertiary mental health services are lost to these issues. There is growing evidence that healthcare systems can adopt practices that can have significant impact on prevention of suicide and unintentional overdose attempts and loss of life. This poster presentation describes the Metro North Mental Health Services (MNMH) ASPIRES – Suicide and Overdose Prevention Strategy (ASPIRES). The strategy builds on the Zero Suicide framework by extending to incorporate unintentional overdose and embedding the framework within an organisational system of continuous improvement driven by the principles of Restorative Just Culture.

Methods: ASPIRES is a whole of organisation systems approach to change that incorporates a multi-method process to the development of a continuous improvement and evaluation process that will drive improved patient safety through aspirational goals, system wide transformation, practical tools and cultural change. The initial development process for ASPIRES involved: 1) initial consultations with Executive leadership (including lived experience leadership), MNMH workforce and community partners to develop, feedback, refine and endorse the strategy; 2) socialisation of the underlying principles and theories of ASPIRES across the service; and 3) establishment of workstreams to determine outcomes, and guide the development of processes, strategies, tools and evaluation frameworks.

Results: Initial consultations resulted in the articulation and endorsement of eight interrelated components of the ASPIRES strategy: Aspirational; Suicide and overdose prevention; Pathway of care, Integration with partners; Recovery, trauma informed; Excellence, evidence-based and evaluated; Staff support and training; and, Restorative just culture. A governance approach for the strategy has been established comprising a Steering Committee with oversight and decision making responsibility for the MNMH approach to suicide and overdose prevention. Five workstreams will be used to define issues, strategies and approaches that will form the deliverables for ASPIRES.

Conclusion: Suicide prevention is a critical priority for mental health services. Typically, responses to suicide prevention do not encapsulate unintentional overdose despite significant overlap in the associated risk factors. MNMH has developed a model for suicide and overdose prevention that addresses this gap. ASPIRES is a whole of system approach that builds on the Zero Suicide framework and principles of restorative just culture to drive patient safety. Sustainable cultural and practice shifts require a continuous improvement approach that support the entire workforce and partner organisations to transform practice and adopt innovations. This poster describes the initial phases of ASPIRES and the next steps for implementing a rigorous evidence-based approach to supporting consumers at risk for suicide or unintentional overdose.

## 22: Changing the landscape of suicide: Intervention training for suicide safety.

Authors: Melanie Schroder

Submission #93655



## Abstract

### Objectives:

- Mobile Phone Suicide Safety apps. The Be Safe app enables the person with thoughts of suicide to create a safety plan that will help keep them safe should another suicidal crisis occur. It is a person driven app that empowers them to manage their thoughts/behaviours. The safety plan can be updated at any time. Phone contacts and Helplines can be called directly from the app. When they have completed their safety plan they can email it directly from the app to formal or informal supports of their choice. It is based on the latest research by Barbara Stanley and Gregory Brown.
- Trauma Informed Practice. The Be Safe app fits well with the principles of Trauma Informed Practice, as it is developed by the person themselves, with us supporting/guiding them. It is a collaborative process which provides them with sense of ownership, control, hope and self-efficacy.
- One-day training. Organisationally it is often not doable to have staff off for two days training. CALM is a one-day suicide intervention training program that provides all the necessary skills and strategies to complete a full suicide intervention and safety planning.
- Adapted to meet specific needs. CALM programs are flexible in that the basis and remains solid however the delivery is adaptable and flexible to include varying cultures and cohorts.
- Motivational Interviewing. Recent research in the use of Motivational Interviewing for suicidality has concluded positive results in this approach.
- Drawing on lived experience. Drawing on lived experience results in greater understanding of recovery principles, less stigmatising attitudes and subsequently better outcomes.
- Adult Learning Principles. People learn best by a blend of activities that promote the 3 learning domains, which we incorporate in the delivery of CALM, these include 1. cognitive (knowledge of a subject matter), 2. affective (attitudes or beliefs) and 3. behavioural (practical application). (Bloom, et al. 1956)

### Method:

CALM (Connect - Ask - Listen - Monitor) program is a comprehensive suicide intervention/prevention gatekeeper training program that addresses suicide ideation and behaviours from a conversational perspective, with the ultimate goal of allowing the person thinking about suicide to express their thoughts in a supportive, accepting and non-judgemental environment. The program was developed after recognition that the two primary suicide intervention/prevention programs being delivered in Australia were based on international models and required more than one day to complete.

Results: 117 participants from a diverse range of backgrounds and roles completed a pre- and postsurvey, and 18 additional participants completed the follow up survey. A large proportion of participants had completed other suicide prevention/mental health training in the past. The main objectives of attending CALM training reported by participants were to improve their knowledge, skills and understanding of suicide and suicide prevention/ intervention.

Conclusion: Participants who completed the CALM training reported statistically significantly higher levels of knowledge and skills after completing the training, particularly related to the ability to assist people in developing a safety plan, feeling prepared and equipped to assist people thinking about suicide, and a higher level of understanding of suicide prevention, intervention and facts about suicide. The results also showed that participants are likely to retain these increased levels of knowledge and skills with a 90%-100% level of satisfaction.

## 23: Using the Positive Psychology PERMA Model to Help Suicidal Individual to Recover: A Case Study

Authors: Airan Yuan

Affiliation: University of Melbourne

Submission #93579

### Abstract

#### Case background:

1. CL was diagnosed with depression;
2. After receiving Transcranial Magnetic Stimulation, CL started hitting the wall with the head when not feeling well
3. Previous suicide attempts when living alone;
4. Before interventions, CL had episodes of insomnia and/or anxiety before bed; no good appetite for meals
5. During the course of interventions, CL had at least 14 episodes of either expressing the suicide ideation, or exhibiting self-harm behaviors: hitting the wall with head, and seeking different means to suicide

Duration for Interventions: 2021- present

Positive Psychology Literature: Positive psychology interventions were effective to patients with severe depression (Rashid & Seligman, 2018). Moreover, a recent systematic review and meta-analysis published in nature illustrated that the multi-component positive psychology interventions were among the most impactful for clinical populations (Agteren et al., 2021).

The PERMA Model is among the most cited models in positive psychology to help individuals flourish. It includes 5 building blocks of mental well-being. To date, little research has been conducted on the effectiveness of PERMA in those with suicidal ideations /attempts.

Interventions:

P: positive emotions – could powerfully “broaden and build” mental resources and resilience. A number of small things or sources of positive emotions were identified. It was during such happy moments did CL proactively express “I don’t want to die any more”.

E: engagement – was hard as CL lost interest in many things due to Depression; therefore, engagement happened sometime after positive emotion interventions. CL entered the state of flow when applying the strength of Creativity, i.e., crafting things.

R: relationships – “the significant other” relationship with another human being: besides with me, CL was also encouraged to build meaningful relationships with others.

M: meaning – in the beginning, all other meaning was gone for CL as CL felt distant with the world due to Depression; my relationship with CL became the only meaning for CL to stay alive. Eventually, CL was encouraged to discover little bits of meaning in other things.

A: positive accomplishment – CL enjoyed helping others in everyday tasks

Results: Better appetite for food, less difficulty falling asleep, and more stable mood with fewer violent behaviors like cutting the self

Discussions: Suicide is a complex bio-psycho-social issue. Suicide ideation can be a deeply rooted programming that requires long-term interventions to remove.

Conclusions: It takes long-term efforts and lots of compassion to help uplift the mental health of the suicidal. PERMA has the potential to help reduce suicidal risks. The broaden-and-build effects of positive emotions were evident – when positive emotions were present, some of the destructive behaviors dissolved away.

## 24: Profiles of mental health help seeking among Australian adolescent males

Authors: Liddle, Sarah K.1,2, Robinson, L.2, Vella, Stewart A.2, & Deane, Frank P.2

Affiliations: <sup>1</sup> Turner Institute for Brain and Mental Health, Monash University; <sup>2</sup> School of Psychology, University of Wollongong

Submission #93480

### Abstract

Study objectives: Globally, an estimated 10-20% of adolescents experience mental health problems and suicide is currently the leading cause of death among people aged 15 to 24 years in Australia, with a consistently disproportionate rate among males. Adolescent males are the most unlikely demographic to engage with mental health services and most cases go undetected and untreated. This is significant because untreated mental illness can worsen over time, persist into adulthood, and can lead to an increased risk of suicide. Therefore, suicide prevention strategies are increasingly focusing on improving help-seeking. In this study we aimed to identify distinct groups of help-seeking intentions among a sample of male adolescents. We also aimed to explore differences between these groups on: recent exposure to or experience with





mental illness, psychological distress and wellbeing, mental health knowledge, stigma, intentions to provide help to a peer, and perceived family support.

**Methods and material:** A sample of 1038 boys aged 12–18 years who participated in community-based non-elite organised sports clubs in Australia participated in this study. Measures were completed using paper and pencil at the grounds of participating teams, or at home and returned in a sealed envelope. Participants reported help-seeking intentions from ten sources and from ‘no one’. Latent profile analysis was conducted based on these 11 items. Identified profiles were then compared across the mental health measures mentioned above.

**Results:** Four latent profiles were identified: Low general help-seekers (10.5%), Moderate general help-seekers (46.8%), High general help-seekers (25.5%), High family and friends help-seekers (17.2%). Low, Moderate, and High general help-seekers had uniformly low, moderate, and high intentions to seek help from all sources, respectively. High family and friends help-seekers reported high endorsement of intentions to seek help from intimate partners, friends, parents, and other relatives, but low intentions for other sources. Low general help-seekers showed a substantial discrepancy in their willingness to seek help from parents from all other profiles. They also had significantly elevated distress, lower wellbeing, and lower perceived family support.

**Conclusion:** Support from family and friends may be an important barrier or facilitator to appropriate service use. Increasing their capacity to provide support may be a useful target for interventions. Suicide prevention strategies may be more efficient if they focus on members of a subgroup with consistently more sceptical views about differing help sources or those that require additional support. Further research is required to understand why young males are reluctant to seek help from formal sources and should investigate the predictive utility of the parent item on help-seeking and on mental health and suicide ideation.

## 25: I AM GLENN I am a bit damaged but not broken

Authors: Glenn Cotter

Submission #93578

### Abstract

All my life I have struggled to feel satisfied with my own self achievement...

Never really understanding why. We are our harshest critic. People ask what you do for a living so they can calculate the level of respect to give you

Throughout our life we are constantly asked who we are & what we do within the first moments of meeting someone

Too often we feel the need to justify ourselves to people who realistically have no influence in our lives

You do all this great community work

What do you actually do for a job

R U OK? Mate?

Actually, no I'm not. The hardest thing I have ever had to do was admit that I needed help

I went down that rabbit hole. But with the help of friends and family I found my way back

The final part of healing is using what happens to you to help other people

I am Glenn...

The concept comes from a 5 year period of depression, anxiety & suicidal thoughts following a forced early retirement at the age of 55.

The loss of identity & feeling of not contributing to family in a meaningful way lead to feelings of lack of self-worth & depression, resulting in my ongoing drive to volunteer in the local community to try to prove myself as a valuable person once more.

The stigma around being unemployed remained, with many comments surrounding being a ‘volunteer’, but what do you really do for work.

Despite many years of volunteering in Mental Health fields, working alongside Suicide Prevention Australia, Roses in the Ocean & Black Dog Institute as well as a 3 year term as Deputy Chair of the local Suicide Prevention Network I was still unable to be seen as valuable or experienced enough to be employed.

In 2018 I was fortunate to be able to take on a role as a Community Ambassador with R U OK? & was offered a position as a Lived Experience Peer Worker working alongside people experiencing Suicidal Ideation with Grand Pacific Health across the Bega Valley.

I am passionate around being able to help others going through their own struggles & am proud to be a Lived Experience Survivor.

## 26: Suicide Prevention Strategic Planning: Partnerships, Progress, and Future Directions

Authors: Saikaew Dudla<sup>1</sup>, Tarin Tanji<sup>2</sup>, Eric Agluba<sup>3</sup>, Tricia Khun<sup>4</sup>, Shivani Trivedi<sup>5</sup>, Jeanelle Sugimoto-Matsuda<sup>6</sup>

Affiliation: University of Hawai'i at Mānoa<sup>1-6</sup>

Submission #93611

### Abstract

**Study Objectives:** Suicide is a leading cause of morbidity and mortality in Hawai'i. The Prevent Suicide Hawai'i Taskforce (Taskforce) is a partnership of individuals, community groups, and organizations working in suicide prevention. The Taskforce's strategic plan has 5 strategies (hope, help, heal, research and evaluation, and policy and advocacy) to reduce suicide in Hawai'i by at least 25% by 2025. This assets and needs assessment collected information and feedback to help inform the midpoint strategic plan review. We aimed to answer 5 research questions: 1) What progress has been made in each area of the strategic plan? 2) What is working well and should be continued? 3) What needs to be prioritized? 4) What new opportunities can create a larger impact? and 5) How has COVID-19 impacted the Taskforce?

**Methods and Materials:** A total of 18 key informants were interviewed in either individual (5) or focus group (5) sessions. Each participant was a stakeholder of the Taskforce or someone actively involved in suicide prevention in Hawai'i. An interview script containing opening, key, and summary questions was delivered in each interview. Interview transcriptions were individually coded based on the strategic plan's 5 strategies (a priori coding) and on any new topics or ideas that naturally emerged (exploratory coding).

**Results:** Several main themes relating to the strategic plan were identified: 1) Taskforce diversity is a source of strength and a challenge to organization, 2) COVID-19 has highlighted the community's ability to adapt, 3) All strategies are interconnected and cyclical, and 4) Suicide prevention is a process centered on the community. "We work collaboratively, we work as partners collectively, and we support each other."

**Conclusion:** Based on these themes, several recommendations were compiled and categorized under "efforts to continue," such as continuing to build and sustain relationships and partnerships, and "future directions" such as assess and optimize current forms of communication and organization of the Taskforce. The assets and needs assessment highlights the progress of the Taskforce and suicide prevention movement in Hawai'i in relation to the strategic plan. The Taskforce has shown resilience and strength through community, partnerships, and appreciation of diversity.

## 27: Workbench for the Mind

Author: Suzi Evans

Submission #93697

### Abstract

Monday the 8<sup>th</sup> of Jan 2018 is a night that is scarred in my memory forever. Police came to our farm to tell us that my beautiful son Murray (Muzz) had passed away – Muzz had taken his own life just two months short of his 30<sup>th</sup> birthday.

I have never felt pain like it, and I never will again.

My husband Mick & I found it hard to know where to get help. People didn't know how to deal with me in our small community.

One day in our local Tavern a friend who had lost a child through cancer saw that I was struggling & sat with me & told me what I was in for, people will say "isn't she over it yet", she had been told "you have other children". Unconsciously people can be so cruel, & I hope that they never have to find out that YOU NEVER GET OVER IT. She told me about being in the supermarket & then having to leave as she couldn't deal with bumping into someone she knew. I felt like I was finally understood, there are many support networks



however, to look in the eyes of another parent who has lost a child is so confronting, yet it has such invaluable healing power

Mick & I knew of another parent who was struggling, & Mick said “if only I could chat with him, I know I could help! Muzza’s Happy Hour was launched as a grief support/resource network. For just one hour to bring yourself/someone that you may be worried about together, to talk/not talk – to just to feel like you belong.

I quickly identified it as a resource vehicle for people to access information for help & how to respond to people that were struggling with grief or life in general.

Muzza’s Happy Hour has a FB page & website with links to support. We need to build our individual emotional workbench, so we have the tools to manage life’s ups & downs before they become labelled - not after. Resilience skills & understanding the basics of how our brain works can achieve this.

In conclusion I have created a resilience building program “Workbench for the mind” for people to lay everything out on the table, to sort through what we need to keep & what we need to let go off, understanding the basics of how the brain works, identifying our strengths. Then we can use our strengths & tools to handle change along with life’s ups & downs.

“As soon as healing takes place, go out and heal somebody else” - Maya Angelou

## 28: Resilience across different psychosocial and suicide features in a population-based survey

Authors: Wei-Chieh Hung<sup>1</sup>, Chia-Yi Wu<sup>2</sup>, Ming-Been Lee<sup>3</sup>, Chia-Ta Chan<sup>4</sup>, and Chun-Ying Chen<sup>5</sup>

Affiliations: <sup>1</sup>PhD student, School of Nursing, College of Medicine, National Taiwan University, RN, NP, Department of Nursing, Far Eastern Memorial Hospital; <sup>2</sup>PhD, RN, Associate Professor, School of Nursing, College of Medicine, National Taiwan University, Adjunct Supervisor, Department of Nursing, National Taiwan University Hospital, Vice CEO, Taiwan Suicide Prevention Center; <sup>3</sup>MD, Visiting Professor, Department of Psychiatry, Shin Kong Wu Ho Su Memorial Hospital, MD, Emeritus Professor, Department of Psychiatry, National Taiwan University Hospital, Director, Taiwan Suicide Prevention Center; <sup>4</sup>MD, Department of psychiatry, Shin Kong Wu Ho Su Memorial Hospital, Secretary-general, Taiwan Suicide Prevention Center; <sup>5</sup>Deputy Director, Taiwan Suicide Prevention Center

Submission #93485

### Abstract

**Objectives:** Suicide is a major public health concern, leading to high risk of death. . Among all risk factors, resilience is protective to suicide acts. Few studies were conducted regarding all-aged distribution of resilience features as opposed to their associations with psychosocial and suicide risk factors. The study aimed to investigate this issue in the general population in Taiwan.

**Methods and material:** A nationwide community-based telephone survey was performed by the Taiwan Suicide Prevention Center in 2016. The measurements included demographic variables, self-rated health (including mental health, physical health, and self-efficacy), psychological distress (the 5-item Brief Symptom Rating Scale, BSRS-5), and overall suicide risk or suicidality (the 9-item Concise Mental Health Checklist, CMHC-9) measuring lack of trusted person to talk, resilience (the 4-item Brief Resilient Coping Scale, BRCS). The BRCS scores were categorized into tertiles: low (5-15), medium (16-17), and high (18-20). The Cronbach's  $\alpha$  value of BRCS was 0.67. Descriptive and correlational statistics were conducted, with resilience as the main outcome variable.

**Results:** A total of 2,098 participants (50.6% females) were included in this study. The results found that resilience features could be differentiated through marriage and job status. Participants who were married or white-collar workers had better resilient coping. In addition, psychological distress, suicide risk factors or suicidality had negative influences on resilience. For example, those with severe psychological distress, no one trustworthy to talk, and lifetime drug/alcohol overuse had poor resilient coping. Moreover, resilience was positive correlated with self-health variable (mental health, physical health and self-efficacy) ( $r=0.300$ ,  $r=0.217$ ,  $r=0.267$ , respectively) and negatively correlated with BSRS5 and CMHC9 ( $r=-0.178$ ,  $r=-0.161$ , respectively).

Conclusion: Findings suggest that resilience plays a key role in health perceptions and risks of suicide. The results provided important implications for future development of suicide prevention strategies related to resilience promotion among the general public.

## 29: Prevalence and Associated Self-perceived Health, Psychopathology and Suicidality of Bullying Victimization : A Nationwide Population-based Survey in Taiwan

Authors: Jia-In Lee<sup>1</sup>, Chia-Yi Wu<sup>2,3</sup>, Ming-Been Lee<sup>3,4,5</sup>, Chia-Ta Chan<sup>5</sup>, Shih-Cheng Liao<sup>3,4</sup>, Chun-Ying Chen<sup>3</sup>

Affiliations: <sup>1</sup>Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan; <sup>2</sup>School of Nursing, National Taiwan University College of Medicine, Taipei, Taiwan; <sup>3</sup>Taiwan Suicide Prevention Center, Taipei, Taiwan; <sup>4</sup>Department of Psychiatry, National Taiwan University Hospital and National Taiwan University; <sup>5</sup>Department of Psychiatry, Shin Kong Wu Memorial Hospital, Taipei, Taiwan

Submission #93475

### Abstract

Study objectives: Various types of bullying victimization (BV) adversely effects on mental health. The present study aimed to investigate the prevalence and associated demographical characteristics, self-perceived health, psychopathology and suicidality of BV in the general population in Taiwan.

Methods and participants: A nationwide survey was conducted using a computer-assisted telephone interview of community residents aged 15 and older selected by a stratified proportional randomizing method according to the distribution of population size, sex and age in different geographic areas of Taiwan. The structured interview comprised socio-demographic information, psychological distress by a 5-item Brief Symptom Rating Scale (BSRS-5), questions about experience of BV (repeated BV, age of first EB, form, place, frequency, and physical/mental injury), self-rated physical/mental health (scoring 1-5), self-efficacy on health (scoring 0-100) and suicidality.

Results: Among 1930 respondents (53.4% females), the life-time prevalence of BV was 13.5% (12.1% for females and 14.0% for males). Among the BV individuals, 71.% occurred at school, 15% at workplace and 9% at home; 81.6% of verbal bullying, 9.8% of physical bullying, 8.3% of mental bullying. The frequency of most severe bullying was distributed as occasional (60.5%), frequently (27.1%) and always (12.4%). Although the age of the first BV was across every age group, higher rates were observed at ages of 10-14 (55.6%), 15-19 (14.1%) and 5-9 (8.9%). Comparing with the non-BV individuals, those with BV were significantly characterized as: single, higher prevalence of recent psychological distress in psychiatric morbidity (17.2%), hostility (44.1%), insomnia (38.7%), depression (34.5%), inferiority (29.9%) and anxiety (29.1%), life-time suicide ideation (33%) and life-time suicide attempts (5.4%); lower level at self-reported self-rated mental health, physical health and self-efficacy on health. Logistic regression revealed that control for gender and age, BV was the top predictor for both life-time suicide ideation (OR=3.204,  $p<0.0001$ ) and life-time suicide attempt (OR=2.738,  $p=0.008$ ). Moreover, high prevalence of psychiatric morbidity and lifetime suicidality accompanied with a low psychiatric treatment rate (5.8%) was identified.

Limitations: The cross-sectional design limits causal inferences of the findings.

Conclusion: BV had significantly long-termed adverse effects on mental health and led to higher psychiatric morbidity and suicidality. Early identification of BV in different ages and provision of timely mental health intervention are crucial for suicide prevention and mental health promotion.

Keywords: bullying victimization, mental health, suicidality, BSRS-5, self-efficacy in health

## 30: A study of psychological well-being and attitudes towards suicide among college students in India

Authors: Jeshtha Angrish Scientist 'B'<sup>1</sup>, Navdeep Singh Tung<sup>2</sup>, Professor (Retd.)

Affiliations: <sup>1</sup> Defence Institute of Psychological Research, DRDO, Selection Centre North, Kapurthala, Punjab, India, <sup>2</sup>Department of Psychology, Guru Nanak Dev University, Amritsar, Punjab, India.

Submission #93572

### Abstract



With suicide being one of the leading causes of death among youth, it becomes not only important but necessary to delve deeper into the risk factors as well as protective factors related to suicide. The present study is an attempt to view the research on suicide prevention through the lens of Positive Psychology. It aims at understanding the relationship between psychological well-being and attitude towards suicide among college students in India, thus focusing on protective factors. For the purposes of this research, data were collected from a sample of 200 students studying in various colleges of north India. The scales used for assessing the constructs included Psychological Wellbeing Scale (Ryff, 1995), Questionnaire on Attitudes Towards Suicide (Renberg and Jacobsson, 2003) and a questionnaire seeking demographic information. The data obtained were analyzed using IBM SPSS 21.00 and appropriate statistics were applied for the same. The implications of the observed results have been discussed.

Keywords: Positive Psychology, Psychological well-being, Attitudes towards suicide.

### 31: News Big Data Research on Suicide Phenomena in South Korea from 2011 to 2020

Authors: Jiyoung Lyu, Jung Eun Lee

Affiliation: Hallym University

Submission #93469

#### Abstract

**Study objectives:** Using news big data, this study was aimed to analyze the suicide phenomena occurring in South Korea, and to present basic data for suicide prevention policies reflecting social phenomena appropriately.

**Methods and material:** For this purpose, 12,570 news articles were collected from 2011 to 2020 and big data analysis was conducted. News articles were collected from BIG KINDS, a database of news articles of the Korea Press Foundation. Using Textom, a big data analysis program, Text mining was conducted on the titles of news articles and CONCOR analysis was performed and visualized using the results of text mining in UCINET6 and NetDraw.

**Results:** The characteristics of suicide phenomena were examined by dividing them by entire period and year. The research results are as follows: Suicide phenomena that appeared during the entire period were divided into seven clusters (school, public bureaucracy, military, family, anomie, suicide attempt, and suicide location). In the annual analysis, the distinctive clusters were suicide pact, suicide means, celebrity, police, sex crime, trauma, economic problem, COVID-19, and abuse of authority.

**Conclusion:** Based on the above results, the significance of this study is as follows. The clusters derived from the analysis of the entire period showed the overall characteristics of suicide phenomena in Korean society, and the annual analysis showed that social issues were affecting the suicide phenomena. Several suicide prevention policies were suggested reflecting suicide phenomena found from this study.

### 32: Towards Developing ML-based Suicide Risk: Assessment to Support Suicide Prevention

Authors: Mah Parsa

Submission #93569

#### Abstract

**Objectives:** Suicide is a public health crisis. To reduce the rate of suicide, developing automatic suicide risk assessments is essential but challenging. Employing machine learning (ML) algorithms could facilitate the development of such assessment systems. ML algorithms can investigate suicide risk using demographics, psychological, or medical data. Combining ML with natural language processing (NLP) techniques, we can detect peoples who are at the risk of attempting suicide from their language. Thus, this paper presents a preliminary approach to develop ML-based suicide risk assessment.



Approach: Our approach combines NLP techniques and ML algorithms to determine linguistic markers for suicide. The process follows the following steps:

- Augmenting textual data;
- Employing NLP methods to clean textual information and extract linguistic features;
- Training binary ML classifiers such as logistic regression (LR); and
- Evaluating ML classifiers to discriminate notes from individuals who died by suicide from individuals' textual data without any suicide ideations.

Material: We obtained consent from a website (“healthtalk”) team to study a small textual dataset collected from suicide notes left by three teens and interview transcripts obtained from three teens talking about healthy eating. We applied easy data augmentation techniques (EDA), including synonym replacement and random swap, and increased the number of samples to 18.

Results: Using the proposed approach, we extracted 16 linguistic features, including five lexical, eight syntactic and three semantic, and used them to train the LR classifier. We observed that the LR classifier could distinguish notes of suicide from the textual datasets of teens talking about healthy eating with 0.94 (+/- 0.16) accuracy (AUC=0.94 (+/- 0.06)).

Discussion: Developing suicide risk detection combining NLP and ML techniques has been reported in several studies. However, the studies have developed automatic suicide risk assessments analyzing electronic health records or social media posts (e.g., Twitter posts). To develop real-time automated suicide risk assessments, we might need an ML-based suicide detection system to detect people at risk of suicide from their language quickly; however, access to language materials and the generalizability of these findings to other written work requires consideration.

Conclusion: This paper presented our preliminary outcomes towards identifying linguistic markers for suicide risk. Our results show that by extracting 16 linguistic features and using them to train the LR classifier, the classifier can discriminate notes of individuals who died by suicide from people's written texts without any ideas for completing suicide with high precision and recall statistics.

### 33: Withdrawn

### 34: Comparison of Suicidality in the Micronesian Region and among Micronesian Migrants in the United States

Authors: Davis Rehuher<sup>1</sup> and Deborah Goebert<sup>2</sup>

Affiliations: <sup>1</sup>BA, Office of Public Health Studies, University of Hawai‘i at Mānoa; <sup>2</sup>DrPH, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai‘i at Mānoa

Submission #93680

#### Abstract

Study objectives: Countries in the Micronesian region have some of the highest rates of suicide in the world. Gaps in suicide prevention efforts and mental health care are compounded by a lack of adequate mental health infrastructure, qualified mental health professionals, and stigmatization of mental health in the community. Over the past few decades, seeking better opportunities for education, employment, and health care, people from the Micronesian region have been migrating to the United States and its Territories in increasing numbers. Yet, Micronesian migrants in the US are experiencing disparities in socioeconomic and health outcomes. Moreover, Micronesian migrants have faced interpersonal and structural racism and discrimination in their communities, in schools, and in the health care system. This study utilizes suicide data on Micronesian migrants in the US and compares it to suicide data in the Micronesian region. The study maps the extent of the problem, summarizes research findings, and identify gaps in the existing literature for this understudied population.

Methods and material: A systematic review of the peer-reviewed publications, theses and dissertations, and government and agency reports was conducted.

Results: Overall, there are few sources of information on Micronesian mental health and suicide. Suicide rates among young Micronesian males have been as high as 100 per 100,000 among different island groups in the region. Rates have decreased over the past 40 years but are still high by global standards. According



to estimates by the World Health Organization (WHO), as of 2019 the age-standardized suicide rate in the Federated State of Micronesia (FSM) was 29.0 per 100,000. Among males, it was 44.3 per 100,000. In comparison, the global age-standardized rate was 9.0 per 100,000 for both sexes and 12.6 per 100,000 for males. Data from Hawai'i indicate that Micronesian migrants have the highest rate of any ethnic group from ages 15 to 49, with rates as much as 5.7 times higher in the younger age group compared to Caucasians. Conclusion: Suicide prevention efforts are needed to abate high rates of suicidality. Efforts must include awareness, enhanced training, screening, and the development and evaluation of interventions tailored to the needs of Micronesian young people.

### 35: A systematic review of the co-occurrence of self-harm and violence: Is dual harm a unique behavioural construct?

Authors: Shafti M.<sup>1</sup>, Taylor P.<sup>1</sup>, Forrester A.<sup>2</sup>, Handerer F.<sup>1</sup>, Pratt D.<sup>1</sup>

Affiliations: <sup>1</sup>Manchester Academic Health Science Centre, The University of Manchester, Manchester, United Kingdom; <sup>2</sup>Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff, United Kingdom

Submission #93454

#### Abstract

**Introduction:** Dual harm is the co-occurrence of self-harm and violence during an individual's lifetime. Researchers have suggested that dual harm may be a unique clinical entity with distinct characteristics from sole harm behaviours (self-harm alone, violence alone). However, it is unclear whether sufficient evidence exists for dual harm as an independent construct.

**Aim:** This is the first systematic review that aimed to examine whether specific psychological factors are uniquely associated with dual harm when compared to those who have engaged in sole harm or no harmful behaviours. Our secondary aim was to conduct a critical appraisal of the literature.

**Methods:** The review followed PRISMA 2020 guidelines and searched PsycINFO, PubMed, CINAHL, and EThOS on 10/11/2021 for relevant articles. Screening of the literature resulted in 29 eligible papers that were included in the systematic review. We conducted a narrative synthesis according to the Economic and Social Research Council's principles for reporting of narrative reviews.

**Results:** The included studies assessed differences in mental health problems, personality and emotion related factors between dual harm and other behavioural groups. The narrative synthesis found weak evidence that psychological factors are uniquely associated with dual harm. Rather than constitute an independent construct, our review suggests that dual harm may result from the interaction of psychological risk-factors that are separately associated with self-harm and violence. The critical appraisal identified numerous limitations within the dual harm literature. A major concern was a lack of established and empirically tested definition of dual harm. Clinical implications and recommendations for future research were provided.

**Conclusion:** Our systematic review suggests that dual harm results from the multiplicative effect of risk-factors separately associated with self-harm and violent behaviour. Such preliminary evidence for the aetiology of dual harm highlights that this is a promising field that warrants further study. Our critical appraisal of the included research identified areas of improvement for further research. Studies that follow such recommendations will help extend our understanding of the under-researched area of dual harm. This will provide important implications for the management and prevention of dual harm within clinical and forensic settings.

### 36: Integrating individuals with lived experiences into systems suicide prevention: A study protocol for a pilot trial in Nepal.

Authors: Kripa Sigdel, Ajay Risal, Roshana Shrestha, Anmol Shrestha, Rajeev Shrestha, and Ashley Hagaman

Submission #93677

#### Abstract

**Study objectives:** To co-design and test the implementation of a package of suicide prevention services that can be integrated into a low-resourced health system. We outline our co-design process, integrating community members with lived experiences of suicide and frontline health workers, to adapt and create an implementation plan for a suicide prevention package including universal screening, safety planning, and brief contact follow up and do a pilot clinical trial testing the implementation feasibility and acceptability of the package.

**Method and materials:** The study will follow a hybrid type III design with three phases. Phase 1 will culturally adapt and optimize the Suicide Prevention Package (SuPP) through formative qualitative inquiry. Phase 2 will create the SuPP implementation toolkit for health system implementation. Phase 3 will conduct a small open, non-randomized, pilot trial to assess SuPP feasibility and acceptability at Kathmandu University's Dhulikhel Hospital. A total of 159 subjects will be involved across all phases. Measurement tools include Nepali validated PHQ-9, and culturally adapting additional suicide-specific measures including: Columbia Suicide Severity Rating Scale, Beck's Scale for Suicide Ideation, and Reasons for Living Scale.

**Results:** Pilot trial outcomes include: (1) fidelity using the ENhancing Assessment of Common Therapeutic factors (ENACT), already used in mhGAP; (2) feasibility indicators including recruitment, treatment adherence, dose, retention, screening, and acceptability, measured through adapted implementation measure questionnaires, and (3) pre/mid/post-intervention qualitative interviews for implementation. Qualitative interviews will be conducted with health workers and patients. Interviews will elicit challenges, motivations, barriers, sustainment, and suggestions for protocol refinement. Findings will contribute to the evidence of systems-integrated suicide prevention strategies and result in a multi-level package for mental health service integration that can be utilized around the world.

**Conclusion:** This pilot trial will inform how task-shifted models for mental health care can successfully integrate and implement suicide prevention practices, ultimately saving lives and improving community-based mental health services. Public health impacts may be substantial as results can be applied not only in similar South Asian contexts, but also in low-resourced settings in the US and abroad, where the suicide burden remains high. Findings will contribute to the evidence of peer-delivered suicide prevention strategies and result in a multi-level suicide prevention package for mental health service integration to be tested in a future fully powered trial.

**Keywords:** Suicide, Community/Implementation, Suicide and Religion, Suicide, Chain of Care, Suicide Prevention Package

### 37: Household Firearm Ownership and Suicide: AR(1) Analysis of California Trends, 1980-2016:

Mixed Findings

Authors: Steven Stack

Submission #93566

Abstract

Recent national data from the RAND corporation shows evidence of means restriction over the long term. The percentage of households owning firearms declined from 45% in 1980 to 32% in 2016. However the national suicide rate has increased by over 30% since 1999, a suicide trend recently labelled "Deaths of Despair," (Case and Deaton, 2020). The increase in deaths, differentially affecting the less educated, is associated with macro socio-economic forces including the decline of unions, globalization of labor markets, falling birth and marriage rates, declines in religiosity, export of jobs with a living wage, and automation (Case & Deaton, 2020). Can means restriction effectively prevent suicide in this context? While there is some evidence at the national level that it did not (Stack, 2022), it is possible that firearm ownership might be effective in a state with very high levels of means restriction. The present study fills this gap with an analysis of trends in the state of California, a state with relatively low levels of household firearm ownership (2016: RAND score 16.3 vs. 32.0 USA) and low suicide rates (2016: 10.9 vs. 13.9 USA).

**Methods:** Data on annual household firearm ownership are taken from recent estimates provided by the RAND corporation. They refer to an annual factor score of household firearm ownership for the period 1980 – 2016. These are matched with annual percentages of suicides by firearms from RAND for 1980-2016, and annual age adjusted California overall suicide rates for 1980-2016 from the National Center for Health



Statistics. The analyses are adjusted for alternative predictors of suicide, including periods covered by selected firearm control laws.

Analysis: An econometric AR (1) autoregressive model, free of autocorrelated error terms, finds the greater the firearm ownership the greater the percentage of male suicides by guns ( $b = .187$ , CI:  $.103, .271$ ). For each 1% increase in household firearm ownership index there is a .099% increase in suicides with firearms. The model explains 96.7% of the variance. However, the index of households owning firearms was unrelated to the overall suicide rate ( $b = -.117$ , CI:  $-.421, .187$ ).

Conclusions: The results provide mixed support for a means restriction hypothesis. Since 1999, suicide rates have been increasing in both California and the US, but less so in California. Means restriction in California was associated with a significant association with suicide using firearms, but not with the general suicide rate by all methods. Further work is needed to assess to what extent this was due to countervailing factors including a displacement effect involving suicide by other methods, and the increased social angst from deaths of despair.

### 38: Ideation, Self-harming Behaviors and Suicide Attempt Trends Among Filipino College Scholars

Authors: Mary Ann Gina Mercado Valderrama, RGC, PhD

Affiliation: University of the Philippines, Diliman

Submission #93463

#### Abstract

The rise of self-harm and suicide completion among Filipinos has raised attention in this new decade. This has fueled the interest to discern into the trends for family, parents, mental health advocates, schools, and community. Using the qualitative research method, counseling database was data mined for self-disclosures that signaled suicide ideation, self-harm behaviors and suicide attempts of Filipinos in a state university. In addition, triangulation of qualitative data was achieved when a Guidance Services Specialist and a Residence Hall expert with years of experiences were also consulted and interviewed. Of the 2,133 undergraduate and graduate scholars from 2010 to 2019, eighteen verbalized ideation, self-harm, and suicide attempts from 2015 to 2019. Twelve of the 18 were taking up their undergraduate courses. The age ranged from 16 to 56 years old. Twelve of the 18 were females with two LGBTQA+. Almost all these scholars belong to religious affiliations. The scholars came from Luzon, Visayas and the National Capital. They either lived with their families, on-campus residence halls, or in boarding houses. Primarily, the counseling notes and interviews were categorized as intrapersonal, interpersonal, childhood trauma and life demands. As compared to North America, the topmost trend in the Philippines is interpersonal issues combined with childhood trauma where significant others were involved. These scholars may be encouraged to undergo counseling and psychiatric sessions with psychopharmacological means to promote student engagement. For those who have expressed self-harm and already harmed themselves, life skills seminars and crisis counseling when needed may help. In addition, group activities for parents may strengthen the family unit. Protective factors may also be underscored in the sessions. In addition, self-harm protocols may be reviewed yearly to address trends.

### 39: Suicidal Ideation in India: an understanding of the current literature

Authors: Priyanka VR<sup>1</sup>, Mridula Singh<sup>2</sup>, Lancy D'Souza<sup>3</sup>

Affiliations: <sup>1</sup> PhD research scholar, University of Mysore, Mysore; <sup>2</sup> Associate Professor, University of Mysore, Mysore; <sup>3</sup> Professor, University of Mysore, Mysore

Submission #93465

#### Abstract

India accounts for a large percentage of global suicide burden; and suicidal ideation (SI) remains the most prevalent suicidality in the country. Given that SI precedes any suicidal plan, intent or attempt, there is a need for a greater understanding of SI to develop effective prevention strategies and policies. The aim of this study is to explore publications related to patterns and prevalence of SI in India and present an overview of the research findings to date. An academic

database, 'PubMed' was comprehensively searched, and 62 relevant studies were obtained. They were further categorized into 4 groups: population based prevalence studies; SI in specific groups; psychological correlates of SI; and suicide prevention/intervention studies. Prevalence studies showed high prevalence of SI among adolescents, females, and those residing in urban areas. High prevalence of SI was noted in specific groups such as farmers, gender minorities in comparison to the general population. Additionally, people with specific physical health conditions such as HIV, cancer and those with certain psychological conditions such as depression, obsessive compulsive disorder were also observed to have a high prevalence of SI. Association of various clinical and social factors with SI in patients with different psychological illness was noted. Among the several psychosocial factors observed, low education, academic stress, alcohol use, and low social support were found to be risk factors for SI, whereas, socioeconomic status and religion showed contradictory findings. Despite the limited number of intervention based studies from India, mindfulness based Cognitive Behavior Therapy and rehabilitation services have reported to be effective in reducing SI. This review identifies limitations of different studies across India and presents direction for future research such as the need for qualitative and application based studies, and development of a comprehensive, contextually adapted intervention, targeting different population groups in the country.

This comprehensive review strengthens our understanding of SI in India, marks the relevance of different SI patterns in the country. It highlights the need for a systematic suicide prevention strategy, which combines multiple sectors at a national level.

#### 40: Help-Seeking Behaviors for Mental Health under COVID-19 Pandemic : A Systematic Review

Authors: Naohiro Yonemoto <sup>1,3</sup>, Kawashima <sup>2,3</sup>

Affiliations: 1. Department of Public Health, Juntendo University School of Medicine, Japan; 2. Clinical Psychology Course, Meiji University, Japan; 3. Department of Neuropsychopharmacology, National center of neurology and psychiatry, Japan

Submission #93498

##### Abstract

**Study objectives:** In the wake of the coronavirus (COVID-19) pandemic, the nature of communication as seeking help for cares has changed dramatically due to lockdown and the needs for social distances. We reviewed articles with help-seeking behavior toward mental health during the COVID-19 pandemic.

**Methods:** This was a systematic review. Four literature databases were used: MEDLINE (medicine), EMBASE (medicine and biology), CHINAHL (nursing), and PsycINFO (psychology). The search terms used were "help-seeking" AND "coronavirus". As first selection, we checked titles and abstracts of the articles. Next, we selected research reports that 1) were conducted under the COVID-19 pandemic, and 2) dealt with help-seeking behavior for mental health. We lastly checked full text and determined eligibility. We summarize character of the eligible articles.

**Results:** Forty-three reports were found to be eligible. The target population included health care professionals, pregnant women, endemic areas, youth/students, and people with intimate partner violence, eating disorders, and emergency/general medical situations. Most of the studies reported delayed, decreased, or absent help-seeking behaviors.

**Conclusion:** In the COVID-19 pandemic, delayed, decreased, or absent help-seeking to mental health services occurred, suggesting that opportunities to link patients to appropriate treatment and care may be lost. As the pandemic is still ongoing, it is necessary to continue to study the impact of the pandemic after it ends.





#### 41: The Reflection of the Data in the Adolescents with Suicide Risk in One Medical Center from 2011 To 2021

Authors: Shu-Ting, Zhuang

Submission #93470

##### Abstract

**Study objectives:** Suicide is one of the top ten leading causes of death among adolescents in Taiwan, and the suicide death rate has been rising in 6 years till 2019. The purpose of this poster was to discover what changes or messages under the data of the adolescents with suicide attempts or suicidal ideation seeking medical care in one medical center, including the period of the covid pandemic, to find some appropriate point of view to fit this situation.

**Methods and material:** The data were collected according to the standard operating process for referring patients with suicide risk of the medical center. The adolescent age range is 10 and 19 years, consistent with the World Health Organization's definition of adolescence. The descriptive statistics from 2011 to 2021 were examined by SPSS 26.

**Results:** In this medical center, the percentage of adolescents among all patients with suicide risk-seeking medical care was up year to year. The average percentage from 2011 to 2013 was 4.4%. It was between 5.4% to 9.6% for 2014 to 2018. It declined to 6.8% in 2019 but raised to 12.5% sharply in 2020. In 2021, it was up to 14.6%. The leading cause of suicide risk these years was relationship problems. No one declared the epidemic of covid was the trigger but made existing trouble more complicated.

**Conclusion:** The concerns for adolescent suicide issues had been taken seriously for years before the epidemic spread in Taiwan. In early 2019, network practices changed by strengthening links between hospitals and schools. It may be one reason for the rise sharply in 2020. The epidemic changes daily life temporarily or permanently and makes existing developmental crises more complicated. In addition to solving the current situation, such as strengthening environmental/physical prevention or increasing counseling resources, it also considers what contemporary historical factors make the nature of development crises more complicated.

#### 42: Divorce and Separation in Africa During the COVID-19 Pandemic

Authors: Ndirangu Ngunjiri

Submission #93428

##### Abstract

**Objectives:** To assess divorce, separation, and their predictors in Africa during the COVID-19 pandemic.

**Methods:** Analytical cross-sectional study recruited 1046 participants by cluster random sampling technique. Socio-demographic, health and occupational characteristics were collected for all participants. The binary logistic regression model was fit to the dependent (outcomes), namely divorce and separation, and independent other variables (predictors).

**Participants:** The participants were (n=1046), across five countries in Africa

**Results:** 27.2% had negative divorce scores, and 36.6% had low separation scores. The mean scores of both divorce and separation were in the normal levels ( $16.7 \pm 5.90$  and  $31.5 \pm 6.63$  out of 25 and 40, respectively). From the review done in selected African countries which include South Africa, Kenya, Nigeria, Ghana, and Malawi; it was discovered that the COVID-19 pandemic across these countries worsens the already existing cases of divorce and separation. Although these findings represent the experiences of only five countries, they provide an opportunity to assess how the pandemic may have influenced both divorce and separation levels.

**Conclusion:** Divorce and separation in Africa are skyrocketing across Africa among study participants. Thus, the study recommended that countries in Africa need to join international initiatives in prioritizing divorce and separation while trying to deal with the Covid-19 pandemic. As more data become available, it will be important to acknowledge these countries' variations in response to the Covid-19 pandemic.

**Keywords:** divorce, separation, Africa, COVID-19, lockdown



International Association  
for Suicide Prevention


# 32ND WORLD CONGRESS

September 2023 | Piran, Slovenia







 Every **45 seconds** someone takes their life, an estimated **703,000 people** a year around the world. For each suicide approximately **135 people** suffer intense grief or are otherwise affected, resulting in **10.8 million people**, annually, who are profoundly impacted by suicidal behaviours. For every suicide, **25 people** make a suicide attempt and many more have serious thoughts of suicide.

Cycle Around the Globe aims to raise awareness for suicide prevention efforts around the world over the period surrounding World Suicide Prevention Day and works to support the International Association for Suicide Prevention's work promoting evidence-based action in order to reduce the incidence of suicide and suicidal behaviour. We want our global community to engage with each other and join together to spread awareness of suicide prevention. By encouraging understanding, reaching in and sharing experiences, we want to give people the confidence to take action. To prevent suicide requires us to become a beacon of light to those in pain. You can **be the light** \*



Scan the QR code to sign up as an individual or as a team.

Alternatively, click [here](#)

**FREE Virtual Cycling Event**  
**World Suicide Prevention Day**  
**10 SEPT - 10 OCT**  
**Fundraising is optional**



**REGISTRATION NOW OPEN**



TO BE AT THE FOREFRONT OF GLOBAL SUICIDE PREVENTION EFFORTS

IASP Membership is open to all individuals and organisations interested in suicide prevention: from academics, clinicians, volunteers and survivors to community, national and international organisations.



Join as an organisation



Join as an individual

benefits include;  
Special Interest Groups,  
Membership network,  
IASP Early Career Group,  
Congresses, Conferences, Symposia & Workshops,  
the CRISIS Journal,  
and the IASP Awards.

SIGN UP NOW AT [WWW.IASP.INFO](http://WWW.IASP.INFO)



# IT'S LIVE! *in Queensland*

Share your conference experience on Twitter tagging **@IASPinfo** & **#IASPGOLDCOAST2022**



Visit the conference website at:

[www.iasp.info/apac](http://www.iasp.info/apac)