IASP 2021 GOLD COAST
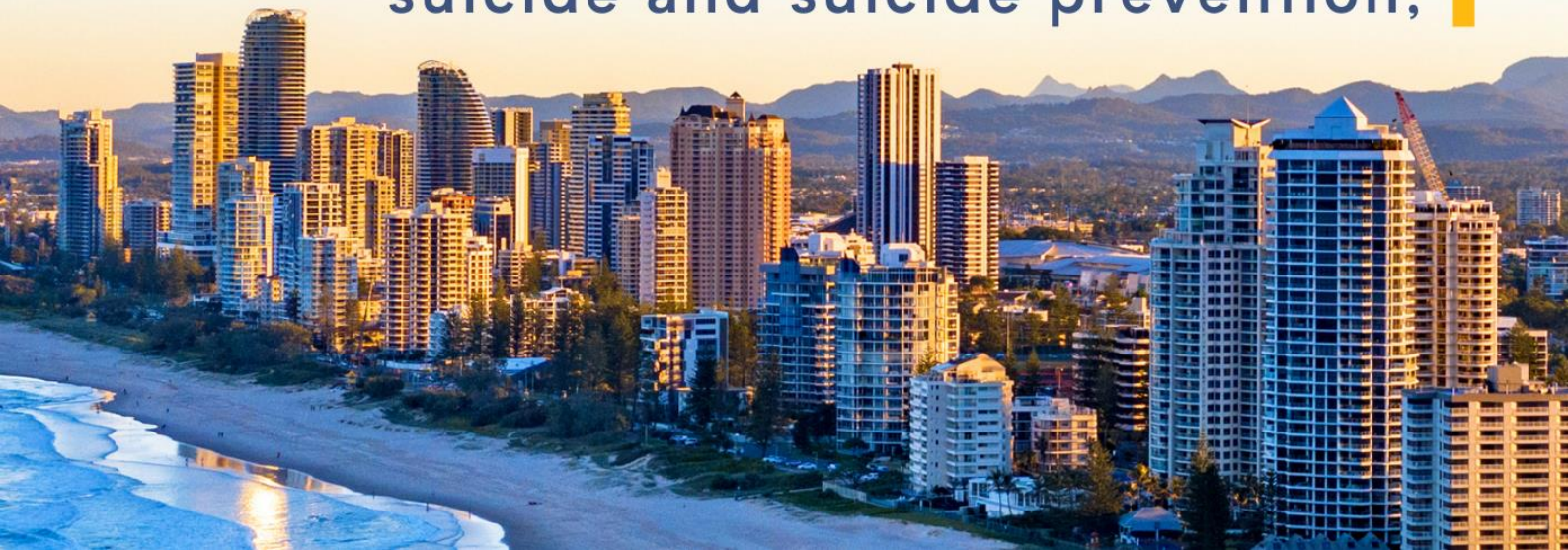
31ST WORLD CONGRESS

the primary global collaborative opportunity for expert thinking related to suicide and suicide prevention,

Book of Abstracts, Programme and Presenters

AUSTRALIAN INSTITUTE FOR SUICIDE RESEARCH AND PREVENTION

Developed in 1996, the Australian Institute for Suicide Research and Prevention (AISRAP) is a national and international suicide prevention research centre. AISRAP is the leading Australian centre for research, clinical practice, education and community action for suicide prevention, sought after for the quality of the advice and the outcomes it provides in linking research and practice.

MOVEMBER - MEN'S HEALTH PARTNER

Our fathers, brothers, sons and friends are dying by suicide, every minute of every day. We won't accept this. To make change happen, Movember focuses on mental health and suicide prevention interventions through a male lens. We focus on early intervention, engaging men and boys and working to their strengths.

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.

Welcome

Given the huge challenges presented globally by the ongoing COVID-19 pandemic, I am proud that we have overcome all obstacles to virtually host the IASP 31st World Congress.

For the first time in its history, the IASP World Congress will be on-demand from anywhere in the world. This unique opportunity presents a completely accessible and inclusive World Congress to help us further suicide prevention together.

With over three hundred presentations, including eight keynote sessions, forty symposiums and eight panel sessions, this World Congress provides a global platform to share current, high-quality research among our peers that will inform clinical practice and wider suicide prevention efforts worldwide. It also shines a light on our Early Career Researcher (ECR) community who will host an ECR keynote lecture and a Pecha Kucha event. Owing to the involvement of one of our partners, The National Mental Health Commission, we will have the largest delegation of lived experience in attendance to date, providing us with valuable insight and a wealth of knowledge to learn from.

I wish to express my gratitude to each of our partners, Griffith University Australian Institute for Suicide Research and Prevention, Movember and The National Mental Health Commission, as well as all of our valuable sponsors who have supported us in transitioning this World Congress to the virtual stage. I wish to also take this opportunity to sincerely thank the IASP 31st World Congress Gold Coast 2021 Organising and Scientific Committees, together with the IASP Central Administration Office team for their tireless efforts and adaptability over recent months in ensuring that our World Congress becomes a success.

I very much look forward to sharing this event with you all and hope that you have a stimulating experience.

Prof. Rory O' Connor
IASP President

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10 OCTOBER 2021

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Roses in the Ocean

Destination Gold Coast

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Australian Psychological Society

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Lifeline Australia

Lifeline International

Suicide Prevention Australia

Gold Coast Health

Standby

Yourtown

Gold Coast Convention and Exhibition

Aurora

Orygen

QIP

Mates in Construction

Black Rainbow

A.GEEBUNG 2021

BEING WITH NATURE

The painting showcases the natural beauty of the Gold Coast with Grandfather Sun shining over our beautiful Mother's golden beaches, crystal clear waters and lush rainforest hinterlands whilst sharing the knowledge of our old people. Their knowledge which was gained through observing and being with nature. This guided their ways and created strong and healthy communities. This opposes the disconnection experienced by many that unfortunately has led to the high number of suicides, in particular within our First Nation communities.

The centre piece symbolises body, mind and spirit/consciousness and in particular captures the upcoming gathering and its primary focus on how we help those in need find their way to a place where these three elements can be harmonious within.

The animals represent both people coming far and near to the conference as well as sharing the wisdom gained by the artist through observing their ways.

Each animal shares a story that demonstrates the protective factors within First Nation people's connection to land and culture.

The mibunn (sea eagle) possesses the virtue of patience which is demonstrated by its way of catching julum (fish).

The booning (echidna) shows us the importance of not imposing our ways and living off the land in its natural form.

The gurruman (kangaroo) shows us the importance of family/community and how their incredibly strong social and family dynamics are crucial to their survival.

The bingeeng (sea turtle) spends the majority of its life alone equally delivering a message that we have our own path and to not follow others blindly without some internal investigation first which is extremely important in these current misleading times we are living in today.

Lastly, the gowonda (dolphin) shares with us the importance of joy and how simply this can be found within nature. This is also strongly demonstrated by First Nation people and how they often use joy in the form of humour to help manage the up and downs of life.

Lann Levinge

Alara Geebung (Cameron) is an indigenous artist from the Gold Coast, Australia, where he has lived and worked for the last decade. Alara is connected to the land through the Bidjara caretakers of the land surrounding Carnarvon Gorge and through strong ties with the Bundjalung/Yugambeh communities. Alara started painting 5 years ago and in that short time has participated in a number of exhibitions. Alara's practice is one of healing, and of translating the stories and the ways of his elders in both contemporary and traditional ways.

Welcome to Country

As a Kombumerri man with a passion for music and language development, Lann is deeply immersed in the heart of the Coast's creative arts field. Lann is a man with many hats. An indigenous multi-instrumentalist, singer, songwriter, producer, director and creative designer. He seems to love the chaos and variety that his world offers. From recording and designing in his North Gold Coast studio to producing and designing large scale musical performances and audio visual presentations there is plenty to keep Lann occupied in between his 260 odd performance gigs per year. He's instinctively a creative being, a musician, a vocalist and certainly most sort after. Lann's transition over recent years moving deeper into first nations structures has reaped rewards for his community and gifted a more intimate connection to country to him. "I'm loving the journey and path that I'm on, discovering new ways to help and develop a new generation of language warriors, creating awareness of and connecting the Yugambeh Language to everyone through music, dance and visual art. "Lann seems to be popping up everywhere with works in design, soundscape development, documenting and recording language, creating visual installations and structuring new ways of presenting language based "Welcome to Country" through the combination of music, dance and video elements.

Yugambeh Youth Choir

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

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Programme at a Glance

31ST WORLD CONGRESS
GOLD COAST 2021 | PROGRAM OF EVENTS

International Association for Suicide Prevention

TUESDAY 21 SEPTEMBER 2021

Time	Event
14:30–15:00	OFFICIAL OPENING CEREMONY
15:00–15:30	OFFICIAL OPENING CEREMONY
15:30–16:00	OFFICIAL OPENING CEREMONY
16:00–16:30	PLENARY SESSION 1 | SUICIDE PREVENTION REFORM FROM A GOVERNMENT PERSPECTIVE TBC
16:30–17:00	PLENARY SESSION 2 | ABORIGINAL AND TORRES STRAIT ISLANDER SOCIAL AND EMOTIONAL WELLBEING AND SUICIDE PREVENTION, PROFESSOR PAT DUDGEON
17:00–17:30	PLENARY SESSION 3 | EMBRACING THE 'GOLDEN THREAD' OF LIVED EXPERIENCE AS WE COLLECTIVELY NAVIGATE AND REIMAGINE SUICIDE PREVENTION, BRONWEN EDWARDS
17:30–18:00	PLENARY SESSION 4 | UNDERSTANDING SUICIDE RISK IN THE TIME OF COVID, PROFESSOR RORY O'CONNOR
18:00–18:30	WELCOME GUEST SPEAKER
18:30–19:00	WELCOME GUEST SPEAKER
19:00–19:15	B R E A K
19:15–19:30	ECG PECHAKUCHA HOSTED BY JO ROBINSON SPONSORED BY TIKTOK
19:30–20:00	ECG PECHAKUCHA HOSTED BY JO ROBINSON SPONSORED BY TIKTOK
20:00–20:30	ECG PECHAKUCHA HOSTED BY JO ROBINSON SPONSORED BY TIKTOK
20:30–21:00	ECG PECHAKUCHA HOSTED BY JO ROBINSON SPONSORED BY TIKTOK
21:00–21:30	ECG PECHAKUCHA HOSTED BY JO ROBINSON SPONSORED BY TIKTOK

31ST WORLD CONGRESS
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International Association for Suicide Prevention

WEDNESDAY 22 SEPTEMBER 2021

Time									
09:00–09:30	KEYNOTE SUICIDE PREVENTION IN BOYS & MEN SPONSORED BY MOVEMBER					KEYNOTE LIVED EXPERIENCE			
09:30–10:00									
10:00–10:30									
10:30–11:00	B R E A K								
11:00–11:30	SYMPOSIUM 1 SP IN BOYS & MEN	SYMPOSIUM 2 WORKPLACE	SYMPOSIUM 3 MILITARY & POLICE	SYMPOSIUM 4 LGBTQI	SYMPOSIUM 5 RESILIENCE/ PROTECTIVE FACTORS	SYMPOSIUM 6 POSTVENTION	WORKSHOP 1 COMMUNITY/ IMPLEMENTATION	ORAL 1 COMMUNITY/ SELFHARM	ORAL 2 INDIGENOUS/ FIRSTNATION
11:30–12:00									
12:00–12:30									
12:30–13:00	B R E A K								
13:00–13:30	B R E A K								
13:30–14:00	SYMPOSIUM 7 SP IN BOYS & MEN	SYMPOSIUM 8 EDUCATIONAL PROGRAMMES	SYMPOSIUM 9 MEDIA & THE INTERNET	SYMPOSIUM 10 PSYCHOTHERAPY	SYMPOSIUM 11 CRISIS INTERVENTIONS	SYMPOSIUM 12 NATIONAL STRATEGIES	SYMPOSIUM 13 WORKPLACE	ORAL 3 COVID-19	ORAL 4 STRATEGIC APPROACHES
14:00–14:30									
14:30–15:00									
15:00–15:30	B R E A K								
15:30–16:00	SYMPOSIUM 14 SP IN BOYS & MEN	SYMPOSIUM 15 LONELINESS/ DISCONNECTEDNESS	SYMPOSIUM 16 CRISIS INTERVENTIONS	SYMPOSIUM 17 EPIDEMIOLOGY	SYMPOSIUM 18 SUICIDE	SYMPOSIUM 19 CRISIS INTERVENTIONS	WORKSHOP 2 CRISIS INTERVENTIONS	ORAL 5 CRISIS INTERVENTIONS	ORAL 6 POSTVENTION
16:00–16:30									
16:30–17:00									
17:00–17:30	B R E A K								
17:30–18:00	PANEL 1 BOYS & MEN LIVED EXPERIENCE		PANEL 2 ECR KEYNOTE		PANEL 3 COVID-19		NATIONAL STRATEGY WORKSHOP		
18:00–18:30									
18:30–19:00									
19:00–19:30	S U N D O W N E R S E S S I O N								

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International Association for Suicide Prevention

THURSDAY 23 SEPTEMBER 2021

Time										
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10:30–11:00	BREAK									
11:00–11:30 11:30–12:00 12:00–12:30	KEYNOTE FEMALE SUICIDE & SELF-HARM SPONSORED BY BLACK RAINBOW					KEYNOTE WORKPLACE SPONSORED BY MATES IN CONSTRUCTION				
12:30–13:00 13:00–13:30	BREAK									
13:30–14:00 14:00–14:30 14:30–15:00	SYMPOSIUM 26 WORKPLACE	SYMPOSIUM 27 RISK ASSESSMENT METHODS	SYMPOSIUM 28 NON-SUICIDAL SELF-HARM	SYMPOSIUM 29 SUICIDE	SYMPOSIUM 30 PSYCHOLOGICAL FACTORS	SYMPOSIUM 31 COVID-19	SYMPOSIUM 32 INTERVENTIONS	WORKSHOP 5 RISK ASSESSMENT METHODS	ORAL 9 CRISIS INTERVENTIONS	ORAL 10 MEASUREMENT
15:00–15:30	BREAK									
15:30–16:00 16:00–16:30 16:30–17:00	SYMPOSIUM 33 WORKPLACE	SYMPOSIUM 34 PSYCHOLOGICAL AUTOPSY	WORKSHOP 6 RISK ASSESSMENT METHODS	SYMPOSIUM 35 COMMUNITY/ IMPLEMENTATION	SYMPOSIUM 36 LGBTQI	SYMPOSIUM 37 EPIDEMIOLOGY	ORAL 11 COVID-19	ORAL 12 SYSTEMATIC REVIEWS	ORAL 13 MEDIA & THE INTERNET	ORAL 14 YOUTH
17:00–17:30 17:30–18:00	BREAK/GENERAL ASSEMBLY									
18:00–18:30 18:30–19:00 19:00–19:30	KEYNOTE LONELINESS & DISCONNECTEDNESS SPONSORED BY THE AUSTRALIAN PSYCHOLOGICAL SOCIETY					KEYNOTE COVID-19 SPONSORED BY LIVINGWORKS				

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International Association for Suicide Prevention

FRIDAY 24 SEPTEMBER 2021

Time									
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10:30–11:00	BREAK								
11:00–11:30 11:30–12:00 12:00–12:30	SYMPOSIUM 38 WORKPLACE	SYMPOSIUM 39 COVID-19	TIKTOK PANEL SESSION	SYMPOSIUM 40 MEDIA & THE INTERNET	WORKSHOP 7 LIVED EXPERIENCE	WORKSHOP 8 COMMUNITY/ IMPLEMENTATION	ORAL 15 LIVED EXPERIENCE	ORAL 16 TECHNOLOGY	ORAL 17 WORKPLACE
12:30–13:00 13:00–13:30	BREAK								
13:30–14:00 14:00–14:30	ORAL 18 TRAINING	ORAL 19 ATTITUDES & STIGMA	ORAL 20 GROUPS	ORAL 21 RISK FACTORS	ORAL 22 SELF HARM & IDEATION	ORAL 23 SUICIDE ATTEMPT	ORAL 24 VULNERABLE GROUPS	ORAL 25 YOUTH	ORAL 26 MEDIA & THE INTERNET
14:30–15:00 15:00–15:30 15:30–16:00	KEYNOTE CHILDREN & ADOLESCENTS SPONSORED BY BLACKDOG				KEYNOTE COMMUNITY & IMPLEMENTATION SPONSORED BY WESLEY LIFEFORCE				
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16:30–17:00	PLENARY SESSION 5 | NMHC								
17:00–17:30	PLENARY SESSION 6 | SUICIDE PREVENTION AND SAFETY PLANNING FOR PEOPLE OF REFUGEE AND ASYLUM SEEKER BACKGROUND, PROFESSOR NICHOLAS PROCTER								
17:30–18:00	PLENARY SESSION 7 | SDGS, SUICIDE PREVENTION & LMICS: A GOAL TOO FAR?, PROFESSOR MURAD KHAN								
18:00–18:30	CLOSING CEREMONY								

Special Guest Speakers

Hon. Julia Gillard AO

Julia Gillard was the 27th Prime Minister of Australia. She currently serves as the Chair of Beyond Blue, one of Australia's leading mental health awareness bodies; is Chair of the global funding body for education in developing countries, the Global Partnership for Education; and is the inaugural Chair of the Global Institute for Women's Leadership at Kings College London, which through research, practice and advocacy, is addressing women's under-representation in leadership. She recently released her second book 'Women and Leadership: Real Lives, Real Lessons' which is co-authored by Ngozi Okonjo-Iweala. She was recently appointed as the Chair of Wellcome, the global charitable foundation which supports science to solve urgent health challenges.

Ms Christine Morgan

Ms Christine Morgan is the CEO of the National Mental Health Commission and National Suicide Prevention Adviser to Prime Minister Scott Morrison. Ms Morgan is a passionate leader in mental health care reform, committed to listening and responding to the voice and needs of those with lived experience. Prior to joining the Commission, Ms Morgan was CEO of the Butterfly Foundation for eating disorders and Director of the National Eating Disorders Collaboration. As former CEO of the Butterfly Foundation, she led a collaborative advocacy strategy that included amplification of eating disorders as a serious mental and physical health issue. This is now being replicated internationally. In the not for profit sector, Ms Morgan was General Manager at Wesley Mission, over the areas of Corporate Services; and Community & Family Development. Prior to joining Wesley Mission, Ms Morgan was Executive General Manager responsible for managing the strategic direction and business unit effectiveness of the Wholesale, Broadband & Media Business Unit at Telstra.

Ms Morgan brings connection and passion to mental health reform, built on the networks she established in the corporate world, her broad legal expertise, her extensive not-for-profit experience and her strong ability to demonstrate to people how their contribution can make a real difference.

Ms Gwen Cherne

Gwen Cherne was appointed as the inaugural Veteran Family Advocate Commissioner on the Repatriation Commission on 6 August 2020. On 2 March 2021 she was appointed a member of the MRCC.

Gwen spent three years in and out of Afghanistan doing stabilisation and reconstruction work, she is an Australian War Widow from suicide, the mother of a currently serving member of the ADF and a daughter of a Vietnam veteran who suffered PTSD and moral injury. She has lived experience of military family life, mental health issues and recovery, family and domestic violence and intimate partner violence. She is dedicated to promoting hope and healing through co-designed and co-implemented solutions.

Since the death of her husband to suicide in 2017 she has dedicated herself to advocacy for Australian war widows, defence and veterans' families, suicide prevention and mental health awareness. Gwen was appointed to the Council of the Australian War Memorial in 2019, was an inaugural Member of the Council for Women and Families United by Defence Service, served on the board of the Australian War Widow' NSW chapter, was an Ambassador for the commando Welfare Trust and Gotcha4Life and was a 2018 Invictus Games Ambassador for ClubsNSW.

Born in the United States, her career has taken her all around the world, including the US, Australia, Afghanistan, Africa, Central and South America, and the Caribbean, with a focus on stability, relief, and development for youth, women, and families living in crisis and extreme poverty.

In her early career she co-founded a school for low-income children in Brooklyn, NY. She worked in Afghanistan off and on for three years as an international development worker in the Central and South Regions and as Regional Director in Jalalabad and Kabul. After returning to the US Gwen worked as a Senior Trainer and Manager for Curriculum and Training for military, Foreign Service Officers and other civilians preparing for deployment. More recently, she spent seven years working at the Australian Civil-Military Centre as a Program Manager and Assistant Director for Research.

Gwen has a Bachelor's degree in Psychology with a minor in Women's Studies and a Masters degree in Public Administration with a concentration in International Policy from the NYU Robert F. Wagner School of Public Service.

Plenary 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.

Professor Dudgeon has been an influential member of the psychology profession as Australia's first identified Indigenous psychologist. Amongst many activities, she was founding chair of the Australian Indigenous Psychologists' Association (AIPA).

Ms Bronwen Edwards

Bronwen is the founding CEO of 'Roses in the Ocean', a lead organisation for lived experience of suicide. Contributing to best practice and a growing evidence base, Roses in the Ocean collaborates with individuals and organisations across community, corporate, health and government sectors to effectively and meaningfully engage lived experience expertise and support lived experience informed practice.

Bronwen has been a key advocate for the inclusion of lived experience in all aspects of suicide prevention since 2011, passionately driving the uptake of non-clinical alternatives to the mental health system, greater support for families and carers, lived experience led co-design, and the emerging specialised Suicide Prevention Peer Workforce.

Bronwen holds positions on a wide range of state and national advisory committees including the Co-Chair of the International Association Suicide Prevention - Special Interest Group: Lived Experience; Adult Mental Health Centres Technical Advisory Committee (2019-2023); Expert

Advisory Group – National Safe Spaces Network; Member - Aboriginal and Torres Strait Islander Cultural and Clinical Advisory Group; BeyondBlue National Advisory Committee 'The Way Back Support Service and the Black Dog Institute - National Suicide Prevention Advisory Committee.

Bronwen has extensive experience in community grassroots lived experience capacity building facilitation and consultation, mentoring and peer warm line support. She is passionate about supporting government through lived experience expertise to implement a whole of government approach to suicide prevention, and the sector and mainstream health services to provide lived experience informed suicide prevention services and initiatives.

Professor Rory O'Connor

Rory O'Connor PhD CPsychol AFBPsS 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; Twitter: @suicideresearch) at Glasgow, the leading suicide/self-harm research group in Scotland. He also leads the Mental Health & Wellbeing Research Group at Glasgow. He has published extensively in the field of suicide and self-harm, specifically concerning the psychological processes which precipitate suicidal behaviour and self-harm. In addition, he is author of When It is Darkest: Why People Die by Suicide and What We Can Do To Prevent it, co-editor of The Routledge Major Works Series on Suicide (with Keith Hawton) and of the International Handbook of Suicide Prevention (2nd edition with Jane Pirkis). He serves on the Scientific Review Board of the American Foundation for Suicide Prevention and is Co-Editor-in-Chief of Archives of Suicide Research and Associate Editor of Suicide and Life-Threatening Behavior and on the editorial board of Crisis. Rory acts as an advisor to a range of national and international organisations including national governments on the areas of suicide and self-harm. He is also Co-Chair of the Academic Advisory Group to the Scottish Government's National Suicide Prevention Leadership Group.

Professor Nicholas Procter

Professor Procter is Chair: Mental Health Nursing and leader of UniSA's Mental Health and Suicide Prevention Research and Education Group. He has longstanding research and education interests in mental health and suicide prevention for people of migrant and refugee background, including people with insecure visa status, and is a former member of the Steering Committee for the 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 an advisor to Australia's National Suicide Prevention Taskforce and Australia's National Representative to the International Association for Suicide Prevention (IASP) to 2023.

Professor Murad Khan

I am Professor, Dept. of Psychiatry at Aga Khan University, Karachi, Pakistan. I was the chair of the department of psychiatry at my university from 2003 to 2013 and Past President of the International Association for Suicide Prevention. I completed my basic medical degree (MBBS) from Karachi, Pakistan, residency and fellowship trainings (General & Old-age psychiatry) from the UK, obtaining the Membership of the Royal College of Psychiatrists, UK. I completed my PhD from University of London. I have been researching suicidal behaviour in Pakistan over the last couple of decades. My areas of interest include role of socio-cultural and religious factors in suicidal behaviours. I am the principal investigator of the Karachi Suicide Study (KaSS) and conducted the first psychological autopsy study in Pakistan and one of the few in the Islamic world. I have published on suicide and deliberate self-harm in Pakistan and developing countries and have several book chapters including the Oxford Textbook of Suicidology and Suicide Prevention: a Global Perspective and the International Handbook of Suicide Prevention: Research, Policy and Prevention. I am also on the editorial board of a number of journals, including Crisis, International Journal of Social Psychiatry, Shanghai Archives of Psychiatry and International Review of Psychiatry. I was also an international contributor to the recently published report on suicide prevention, Saving Lives: a Global Imperative' of the WHO. My other research interests include mental health of women and elderly, psychosomatic medicine and medical ethics.

Keynote Speakers

Professor John Oliffe

Dr. John Oliffe is a Professor and Tier 1 Canada Research Chair in Men's Health Promotion at the School of Nursing, University of British Columbia (UBC), Vancouver, Canada. He is also an Honorary Professor at the Department of Nursing, University of Melbourne. As founder and lead investigator of UBC's Men's Health Research Program, John's work focuses on masculinities in the areas of male suicide prevention, psychosocial prostate cancer care and smoking cessation amongst fathers. His qualitative work has progressively transitioned from description to interventions, and mixed methods program evaluation. Current projects include Canadian and Australian based studies focused on male suicide prevention. His published peer reviewed journal publications exceed 300, and he has been supported by approximately $33 million in research and career award funding. Findings drawn from his research offer public health messaging and guidance to clinicians, policy-makers and researchers.

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

Dr Zac Seidler

Dr. Zac Seidler is a Clinical Psychologist, the Director of Mental Health Training at Movember and a Research Fellow with Orygen at The University of Melbourne. Zac has devoted several years to the goal of reducing the staggering male suicide rate, treating and researching men's mental health with over 30 peer-reviewed articles published. Currently, Zac is creating and evaluating the world's first online program, 'Men in Mind' to train mental health practitioners in how to better understand and respond to men's distress and suicidality. Zac was awarded the prestigious Emerging Researcher award from Suicide Prevention Australia and is co-chair of IASP's special interest group on male suicide. Zac also sits as a member on the advisory committees for White Ribbon and Suicide Prevention Australia. Zac has appeared on the ABC, Sky News and in The Guardian, The Age and Vice for his work.

Professor Vikram Patel

Vikram Patel is The Pershing Square Professor of Global Health and Wellcome Trust Principal Research Fellow at the Harvard Medical School. He co-leads the GlobalMentalHealth@Harvard initiative. His work has focused on the burden of mental health problems, their association with social disadvantage, and the use of community resources for their prevention and treatment. He is a co-founder of the Movement for Global Mental Health, the Centre for Global Mental Health (at the London School of Hygiene & Tropical Medicine), the Mental Health Innovations Network, and Sangath, an Indian NGO which won the WHO Public Health Champion of India prize. He is a Fellow of the UK's Academy of Medical Sciences and has served on the Committee which drafted India's first National Mental Health Policy and the WHO High Level Independent Commission for NCDs. He has been awarded the Chalmers Medal, the Sarnat Prize, the Pardes Humanitarian Prize, an Honorary OBE and the John Dirk Canada Gairdner Award in Global Health. He was listed in TIME Magazine's 100 most influential persons of the year in 2015.
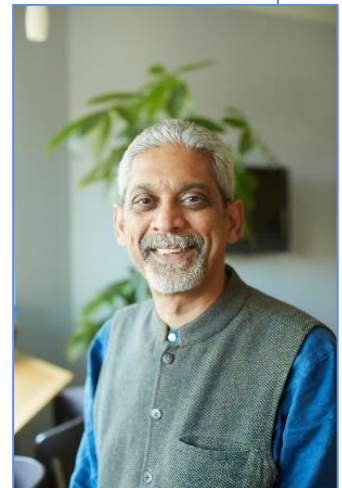
Leilani Darwin

Leilani Darwin is the Head of the Aboriginal and Torres Strait Islander lived experience centre at the Black Dog Institute. 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 and will continue to inform and provide opportunities to not only build the evidence base for the multiple benefits of lived experience but will be working closely with the Aboriginal and Torres Strait Islander community to develop their skills and ability to participate in key policy reform, program development and advisory roles across both Mental Health and Suicide Prevention. Her leadership extends to participation in several National initiatives including the Prime Minister and Cabinet Suicide Prevention Taskforce, Lifeline Australia National Lived Experience Advisory Group along with several National and State based research projects, policy reform and digital solutions.

Dr Stephen Scott

Stephen is the National Partnerships Manager at Standby, Australia's nationwide 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.

Dr Silvia Canetto

Silvia Sara Canetto, Ph.D., is Professor of Psychology at Colorado State University, USA. She has graduate degrees from Italy, Israel, and the USA. She speaks, with an accent, every language she knows: English, French, Spanish, Hebrew, and her native Italian. Her theoretical and empirical work on suicide has been recognized for its innovative cultural and gender frameworks and its social-justice perspectives. Her article "The gender paradox in suicide" is the third most-cited in Suicide and Life-Threatening Behaviour. She received the American Association of Suicidology's (AAS) Shneidman early-career award, and AAS highest-honour, the Dublin award. She was also given the Heritage Award, Society for the Psychology of Women, American Psychological Association, for long-standing contributions to women and gender research; and the Denmark-Gunvald Award, International Council of Psychologists, for feminist research and service. She is "Fellow" of the American Psychological Association, the Association for Psychological Science, and the Gerontological Society of America.

Ms Shelby Rowe

Shelby Rowe is the program manager for the Suicide Prevention Resource Center at the OU Health Science Center, and the 2016 Chickasaw Nation Dynamic Woman of the Year. A public health professional, crisis intervention expert, and suicide attempt survivor, Ms. Rowe has been a leader in the suicide prevention movement at the local, state and national level since 2007.

Ms. Rowe currently serves on the American Indian/Alaska Native Task Force and the Care Transitions Advisory Group for the National Action Alliance for Suicide Prevention, the Clinical Advisory Board for Crisis Text Line, and is the co-chair for the Lived Experience Committee for the National Suicide Prevention Lifeline. In 2019, she co-founded the Indigenous Peoples' Committee for the American Association of Suicidology, and in 2020, she was added as a faculty member for the Zero Suicide Institute. Ms. Rowe holds a B.A. in Sociology and Philosophy, and an M.B.A.

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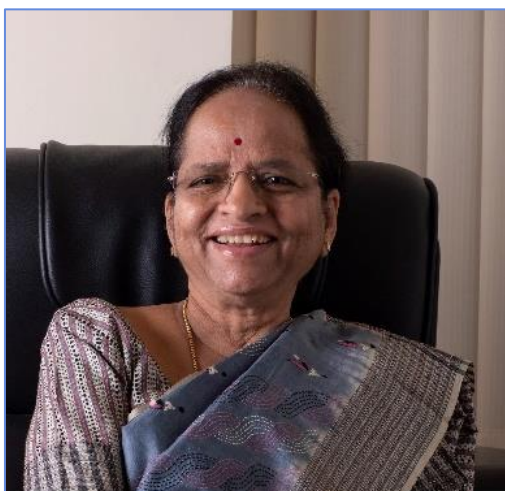
Dr. Lakshmi Vijayakumar is the founder of SNEHA, an NGO in Chennai for the prevention of suicide. She is the Head, Department of Psychiatry, Voluntary Health Services, Adyar, Chennai. She is a member of the W.H.O's International Network for Suicide Research and Prevention . She is an Honorary Associate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

She has been conferred Honorary Fellowship of the Royal College of Psychiatrists (FRCPsych), U.K. for her work on suicide prevention and also has been conferred FRCP (EDIN), She was awarded the Ringel Service award by IASP in June 2015.

She has published widely in peer reviewed journals and has authored several chapters and edited two books.

Dr Sally Spencer Thomas

Sally Spencer-Thomas is a clinical psychologist, inspirational international speaker and an impact entrepreneur. Dr. Spencer-Thomas was moved to work in suicide prevention after her younger brother, a Denver entrepreneur, died of suicide after a difficult battle with bipolar condition. Known as an innovator in social change, Spencer-Thomas has helped start up multiple large-scale, gap filling efforts in mental health including the award-winning campaign Man Therapy and is the lead author on the National Guidelines for Workplace Suicide Prevention. She currently serves as the Workplace Special Interest Group Co-Chair for IASP, the Executive Secretary for the American Association of Suicidology and the President of United Suicide Survivors International and is the recipient of IASP's Farberow Award. Connect with Sally at www.SallySpencerThomas.com and on Facebook (@DrSallySpeaks), Twitter (@sspencerthomas) and LinkedIn.

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 Anthony LaMontagne

Professor Tony LaMontagne's broad research interest is in developing the scientific and public understanding of work as a social determinant of health, and translating this research into policy and practice to improve workplace and worker health. Specific areas of interest include workplace mental health, improving job quality and psychosocial working conditions, and evaluating government policy interventions. Intervention research studies have included process and effectiveness studies, quantitative and qualitative methods, and study designs ranging from case studies to large-scale cluster randomized controlled trials. His research and publications have influenced policy & practice in workplace health both nationally and internationally.

Professor Diego De Leo

Professor Diego De Leo is among the most distinguished psychiatrists in the world, specializing in the phenomena of suicide. He is an emeritus professor of psychiatry at Griffith University in Brisbane and the head of the Slovene Centre for Suicide Research (University of Primorska, Andrej Marušič Institute).

He graduated at the Faculty of Medicine at the University of Padua, where he specialized in psychiatry. After finishing his study for the Doctorate of social and behaviour studies at the University in Leiden, he received his PhD at Griffith University.

Between 2005 and 2015, he was also the head of the Australian Institute for Suicide Research and Prevention at Griffith University (Brisbane, Australia). Prof. De Leo is a former president of the International Association for Suicide Prevention and co-founder and former president of the International Academy for Suicide Research, where he also co-founded the journal Archives of Suicide Research. He is the emeritus editor of the scientific journal Crisis and a reviewer in many international journals. He is also the initiator of World Suicide Prevention Day (2003). He is currently also the Head of the Department of Psychology (UP FAMNIT).

He started the study WHO/START (World Health Organisation/Suicide Trends in At-Risk Territories), which was announced on 18th of August 2005 in Manila and formally opened on 3rd March 2006 in Brisbane. Currently 22 countries are participating.

He has received numerous prestigious international awards and recognitions for his research, including the International IASP Stengel Research Award (1991). In 2013, Queen Elizabeth II granted him the title of nobility for credit in scientific research in the field of psychiatry and for setting up guidelines in the field of suicide prevention on a national and international level.

In 2013, he received the Gold Plaque of the University of Primorska for his extraordinary contribution to the development of scientific and pedagogical work.

Professor Dinesh Bhugra

Professor Dinesh Bhugra CBE, MA, MSc, MBBS, PhD, FRCP, FRCPE, FRCPsych, FFPHM, FRCPsych(Hon), FHKCPsych(Hon), FACPsych(Hon),FAMS(Singapore), FKCL, MPhil, FAcadME, FRSA,DIFAPA

Professor Dinesh Bhugra is Emeritus Professor of Mental Health and Cultural Diversity at King's College, London. He was Dean (Lead Educational Officer) of the Royal College of Psychiatrists (2003-2008) and then President of the Royal College (2008-2011). He was Vice-Chair of the Academy of Medical Royal Colleges with remit for education for doctors of all grades and specialities. During this period he led on College's campaign for Fair Deal for people with mental illness. He established strategy for public mental health. As President of the World Psychiatric Association he led on development of 20 Position statements and various other initiatives including Bill of Rights for people with mental illness (signed by 60 organisations) and a campaign for social justice for people with mental illness to support this. As President of the BMA (2018-2019) he led on a large survey of mental health and well-being of medical students globally, a campaign for equity between physical and mental health and Medicine's social contract. So far, he is the only British Asian for having been President of the Royal College of Psychiatrists and of the World Psychiatric Association. He chaired the Board of Trustees of Mental Health Foundation (2011-2014) and is on the Boards of Psychiatry Research Trust and Sane charities. He is currently Non-Executive Director and Deputy Chair of the Tavistock and Portman NHS Foundation Trust since 2014. In 2017 he was placed #1 in public sector professionals in FT-Outstanding Awards. In 2018, he was voted international Global Champion on mental health in an international poll. He has published widely with over 500 papers, 175 chapters, edited and written 37 books three of which have been translated into Japanese and Chinese and two have won awards. In 2019 two of his books were shortlisted in the BMA psychiatry book of the year award. Appointed CBE, he has been awarded 10 honorary degrees from international universities. He continues to champion the cause of people with mental illness.

Associate Professor 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 Shu Sen Chang

Dr Shu-Sen Chang is Associate Professor at College of Public Health, National Taiwan University, Taiwan. With a background in psychiatry and epidemiology, he has worked with local and international researchers conducting a series of studies to investigate time trends, geographic variations, and risk factors of suicide, self-harm, and mental wellbeing. He has also evaluated intervention efforts such as post-discharge aftercare, banning high-lethality pesticides, and restricting access to charcoal for suicide prevention. His recent projects involved investigations into the

impact on suicide of major infectious disease epidemics such as 1918-1920 Influenza pandemic and 2003 Severe Acute Respiratory Syndrome (SARS), as well as the impact of current COVID-19 pandemic on the number and content of calls to a national lifeline in Taiwan, with the aim to understand the pandemic's impact on suicide risk and psychological wellbeing; the vulnerable groups most affected; and potential approaches that may mitigate the risk during the global health crisis of our time.

Professor Rakhi Dandona

Rakhi Dandona, PhD is Professor of Public Health at the Public Health Foundation of India (Gurugram, INDIA) and Professor of Health Metrics Sciences at the Institute for Health Metrics and Evaluation, University of Washington (Seattle, USA). She serves as Chair of the GBD India Injury Expert Group for the India State-Level Disease Burden Initiative, which is a collaboration between Indian Council of Medical Research, Public Health Foundation of India, Institute for Health Metrics and Evaluation and about 100 institutions.

Prof. Dandona has led and contributed to a variety of epidemiological studies and health system studies in India for over twenty-five years, including communicable and non-communicable diseases and injuries. Injuries and perinatal health are her major research interests, with focus on epidemiology and broader determinants of suicide deaths and road injuries, and mental health dimensions of perinatal mortality.

Prof. Dandona has published widely in high-impact journals. She is an Associate Editor for the journal Injury Prevention and serves on the Editorial Advisory Boards of The Lancet Psychiatry and The Lancet Public Health. She is member of the Technical Advisory Group of the National Data Quality Forum which has the mandate to improve quality of health data in India. Prof. Dandona is member of the World Health Organization RGHS Task Force on improving cause of death, World Health Organization RGHS Task Force on verbal autopsy methods, the Expert Committee of the Health Ministry in India to improve vital registration, and the Technical Advisory Group of the Government of Bihar state in India for health system response to address gender-based violence. She has served on the Research and Innovation for Global Health Transformation (RIGHT) and the Global Health Research Units and Groups Programme Funding Committees of the National Institute for Health Research, UK, and on the selection committee for the Fulbright-Nehru Academic and Professional Excellence Fellowships.

She has previously served as Associate Professor at the University of Sydney School of Public Health and Head of Research at the George Institute for International Health India.

Professor David Gunnell

David Gunnell FFPH DSc FMedSci is Professor of Epidemiology at the University of Bristol (UK) School of Population Health Sciences. His research is focused on two main areas: (1) national and international approaches for preventing suicide and improving mental health; (2) early life and lifecourse influences on mental health.

He is a member of the National Suicide Prevention Strategy Advisory Group for England and contributed to WHO's 2014 Preventing Suicide Report. In 2020 he helped establish the International COVID-19 Suicide Prevention Research Collaboration. He has received research prizes from IASP (Stengel Research award 2015) and AFSP's (Research Award, 2015). Areas of current research include: the mental health and risk of suicide of young people (including students); the impact of COVID-19 on population mental health and suicide; the global burden of pesticide suicide. He leads the Mental Health theme in Bristol's a NIHR-funded Biomedical Research Centre

Professor Margaret Nahkid Chatoor

Margaret Nakhid-Chatoor. Ed.D. MBPsS. is a Psychologist and an Assistant Professor at the University of Trinidad and Tobago (UTT) in the Department of Psychology, Center for Education. Her research areas include at-risk youth, the parental bereavement of children and adolescents and the necessity to affirm indigenous Caribbean Research methodologies (https://www.caribbeanmethodology.org/) in the Caribbean diaspora. She works closely with schools and her many interventions are structured around grief and loss in families, the effects on children and adolescents and the protective factors necessary to help this vulnerable group to survive and thrive.

Dr. Nakhid-Chatoor is the Immediate Past President (2019-2021) of the Trinidad and Tobago Association of Psychologists (TTAP) and the Director at the MNC Psychological Testing and Counselling Centre which conducts workshops and training for organisations and schools. Her professional affiliations include the British Psychological Society (BPS), the American Psychological Association (APA) and the Association for Death Education Counselling (ADEC).

Professor Helen Milroy

Prof Helen Milroy was Australia's first Indigenous doctor and is now a highly regarded expert in child and adolescent psychiatry.

For more than 25 years, Helen has been a pioneer in research, education and training in Aboriginal and child mental health, and recovery from grief and trauma. She has supported the Aboriginal and medical workforce in applying Indigenous knowledge and cultural models of care.

Helen has played a key role on numerous mental health advisory committees and boards, including the National Mental Health Commission.

She was appointed as commissioner for the Australian Government's Royal Commission into Institutional Responses to Child Sexual Abuse from 2013-2017. Helen was also the first Indigenous commissioner to the Australian Football League.

A talented artist and published author, Helen's books have been shortlisted for several major awards. Helen was also joint winner of the 2020 Australian Mental Health Prize and 2021 WA Australian of the year.

Professor Ella Arensman

Professor Ella Arensman is Research Professor with the School of Public Health, University College Cork and Chief Scientist with the National Suicide Research Foundation (NSRF), Ireland. 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, Griffith University, Brisbane, and an expert advisor for WHO and leads on initiatives of the WHO Collaborating Centre for Surveillance and Research in Suicide Prevention. She is also a Steering Group member of the International Covid-19 Suicide Prevention Research Collaboration (ICSPRC). She is Co-Chair of the 31st IASP World Congress (2021).

Prof Arensman has been involved in research and prevention into suicide, self-harm and related mental health and social issues for more than 30 years and she has published more than 200 papers addressing a wide range of topics in mental health and suicide prevention research.

Professor Nav Kapur

Nav is Professor of Psychiatry and Population Health at the University of Manchester, UK and an Honorary Consultant Psychiatrist at Greater Manchester Mental Health NHS Foundation Trust. He has spent the last 20 years researching suicidal behaviour, particularly its causes, treatment and prevention. He has led committees for the National Institute for Health and Clinical Excellence (NICE) including those developing guidelines for how all clinical staff should treat people with self-harm. He sits on the main advisory group on suicide for the Department of Health in England and is currently helping to lead a national quality improvement project to prevent suicide.

Dr Joseph Osafo

Joseph Osafo is an Associate Professor of Clinical/Health Psychology and Head of the Department of Psychology, University of Ghana. He is engaged in cutting-edged research and has over 60 publications in international journals. He is presently one of the leading researchers on suicide in Ghana. He is the Executive Director of Centre for Suicide and Violence Research- Ghana (CSVR), a leading member advocating for decriminalizing attempted suicide and developing a national suicide response strategy in the country.

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 interests are in the areas of suicide prevention, mental health policy, scaling up mental health services, rights-based care, and legislation. Soumitra has provided technical assistance to the Indian Ministry of Health & Family Welfare, in drafting India's 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 the Government of India to draft India's first National Mental Health Policy, October 2014.

He has served as a WHO consultant in many low and middle income countries (Botswana, Seychelles, Lesotho, Samoa, Vanuatu, Eritrea) assisting 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
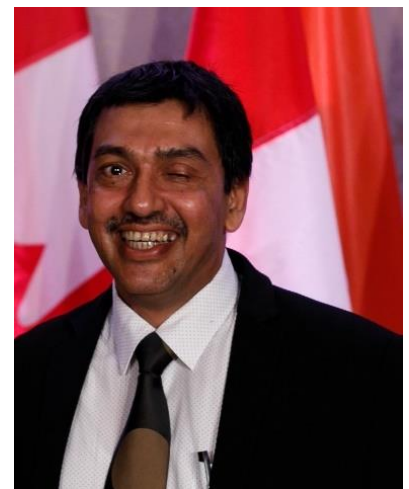
Detailed Programme

AEST	Tuesday 21 September 2021
14.45 - 16.15	**Official Opening Ceremony**
16.15 - 16.30	Chair: Professor Diego De Leo **Hon. David Coleman MP, Assistant Minister to the Prime Minister for Mental Health & Suicide Prevention** **Hon. Scott Morrison, Prime Minister** *Prevention reform from a government perspective*
16.30 - 17.00	**Opening Plenaries** **Plenary 1** Professor Pat Dudgeon *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Suicide Prevention*
17.00 - 17.30	**Plenary 2** Ms Bronwen Edwards *Embracing the 'golden thread' of lived experience as we collectively navigate and reimagine suicide prevention*
17.30 - 18.00	**Plenary 3** Professor Rory O'Connor *Understanding suicide risk in the time of COVID*
18.00 - 19.00	**Welcome Special Guests** **Georgie Harman, Hon. Julia Gillard AC & Yugambeh Youth Choir**
19:00 - 19:15	Break
19:15 - 21:30	**Pecha Kucha Event** Master of Ceremonies: Mark McConville **Presenter 1: Sadhbh Byrne** *Young people's experiences seeking care for self-harm from emergency departments* **Presenter 2: Laura Grattidge** *Reaching those who don't reach out' in rural areas - defining and building community-based suicide prevention* **Presenter 3: Mandy Gijzen** *Strong Teens and Resilient Minds: prevention of suicidal behaviour and depression using a multimodal stepped school-based prevention program* **Presenter 4: Louise La Sala** *The #chatsafe project: Helping young people communicate safely online about suicide* **Presenter 5: Eleanor Bailey** *Qualitative study of a moderated online social therapy intervention for young people with active suicidal ideation* **Presenter 6: Ruchika Kaushik** *TNF- alpha polymorphism related inflammation leading to suicidal behaviour*

AEST	**Wednesday 22 September 2021**
9.00 - 10.30	**Keynote 1: Suicide prevention in Men and Boy's** Proudly sponsored by Movember. Chairs: Dr Daniel Reidenberg & Kylie King **Professor John Oliffe** *Male suicide: Canadian contexts'* **Professor Jane Pirkis** *Preventing Suicide in Boys and Men* **Dr Zac Seidler** *The road less travelled: Exploring men's experiences of suicidality and their pathways in and out of treatment*
9.00 - 10.30	**Keynote 2: Lived Experience** Proudly sponsored by Lifeline Australia Chairs: Professor Brian Mishara & Jacinta Hawgood **Professor Vikram Patel** *Preventing youth suicide: a global health priority* **Leilani Darwin** *The Aboriginal and Torres Strait Islander Lived Experience Centre is a first-of-a-kind Centre in the world. Its focus is on elevating and empowering the voices of Aboriginal and Torres Strait Islander Peoples with Lived Experience across the mental health and suicide prevention sector.* **Dr Stephen Scott** *Lessons from real-world, at-scale implementation of a suicide prevention system centring people with lived experience of suicide*
10.30 - 11.00	Break
11.00 - 12.30	**Symposium 1** Proudly sponsored by Movember Chair: Jane Pirkis **Preventing suicide in boys and men - Building the evidence base** **Dr Kylie King** *Testing the impact of 'Breaking the Man Code' workshops on adolescent boys' help-seeking, masculinity and suicide risk factors: A cluster randomised controlled trial* **Professor Nicola Reavley** *The Mental Health First Aid 'Conversations about Suicide' trial* **Dr Angela Nicholas** *A Randomised Controlled Trial of a media-based suicide prevention intervention for Australian men*
11.00 - 12.30	**Symposium 2** Chair: Sally Spencer-Thomas Proudly sponsored by MATES In Construction **Workplace Suicide Prevention: Special Populations** **Dr Kylie Therese Crnek-Georgeson** *Retirement and suicidal behaviours: A Review of the International Literature* **Sally Spencer-Thomas** *Construction Industry Suicide Mitigation Approaches: International Context and Considerations* **Sally Spencer-Thomas** *Identifying Gap-Filling Training Needs in Firefighter Suicide Prevention: Results of a National Needs Assessment for the U.S. Fire Service*
11.00 - 12.30	**Symposium 3** Chair: Shayne Connell **Suicide first aid intervention dissemination in traditionally male orientated-male workplace settings** **Chris Lockwood** CEO Mates in Construction **Jennifer Veitch** Assistant National Manager, Open Arms **Traci Carse** Manager of Mental Health Services, NSW Rural Fire Service **Dominic Hilbrink** of Fortem Australia

11.00 - 12.30	**Symposium** 4 Chair: Stephen Scott Proudly sponsored by The Trevor Project **Why we need to shine a light on LGBTQIA+ suicide prevention: Launch of the IASP LGBTQIA+ Suicide Prevention Special Interest Group** **Martina McGrath** *Introduction of the LGBTQIA+ Suicide Prevention SIG* **Dr Penelope Strauss** *An overview of research on suicide prevention for LGBTQA+ young people* **Dr Tia Dole** *The Intersection of LGBTQ Identity, COVID-19, and Negative Mental Health Outcomes*
11.00 - 12.30	**Symposium** 5 Chair: Sally Fitzpatrick Proudly sponsored by StandBy Support After Suicide **Caring for Those Who Care: Meeting the Needs of Those Who Support Family and Friends Experiencing Suicidal Crisis** **Dr Sarah Wayland** *Moving beyond the title: Carers and role ambiguity in suicide prevention and postvention* **Andrew McMahon** *Minds Together An online program for family and friends caring for a person who has attempted suicide* **Sophie Potter** *You Are Not Alone: A resource for family and friends caring for a person who has suicidal thoughts or attempts suicide* **Bronwen Edwards** *Co-design of a carer support program in Queensland, Australia*
11.00 - 12.30	**Symposium** 6 Chair: William Feigelman **Enduring impact, coping and personal growth in people bereaved by suicide** **Lisbeth Hybholt** *Older adults' conduct of everyday life after bereavement by suicide a qualitative study* **William Feigelman** *Feelings of blameworthiness and their associations with the grieving process in suicide mourning* **Diana C. Sands** *Posttraumatic growth clinical intervention case study: Restoring the heartbeat of hope* **Larry Berkowitz** *Impact of early responder interactions on suicide loss survivors*
11.00 - 12.30	**Workshop** 1 **Core components and requirements for the detection and prevention of suicide and self-harm clusters and suicide contagion** Facilitators: **Ella Arensman, Ruth Benson, Nicole Hill & Jo Robinson**
11.00 - 12.30	**Oral Session** 1 **Community & Self-harm** Chair: Vikas Arya Proudly sponsored by Gold Coast Hospital and Health Services 1.1 **Kat Witt**: *Management of self-harm: Updated guidance from three Cochrane systematic reviews and meta-analyses* 1.2 **Amy Morgan**: *Reducing suicide through a network of community networks: Evidence from Australia and the Wesley LifeForce Networks program* 1.3 **Glen Wallwork**: *Marcus Mission: Community-based approach to suicide prevention in men through resilience, mentoring and mateship.* 1.4 **Chris Killick-Moran**: *Improving suicide and self-harm monitoring in Australia* 1.5 **Glen Bloomstrom**: *Empowering Faith Leaders to Save Lives* 1.6 **Ed Mantler**: *Community-Based Approaches to Male Suicide Prevention*
11.00 - 12.30	**Oral Session** 2 **Indigenous/First Nation** Chairs: Maree Toombs & Maggie Hardiman Proudly sponsored by Wesley Mission QLD 2.1 **Jack Bulman**: *Preventing Aboriginal and Torres Strait Islander men's suicide in the Kimberley: Development, implementation, and acceptability of holistic prevention framework and intervention* 2.2 **Mandy Gibson**: *Discrimination, Indigenous language use and community health services: community-level relationships with Aboriginal and Torres Strait Islander suicide mortality* 2.3 **Ed Heffernan**: *Suicide Related Calls to Emergency Services Involving Aboriginal and Torres Strait Islander People: Enhancing Evidence And Outcomes Using Linked Data* 2.4 **Ian James**: *Adapting the Connecting with People Programme within the Aboriginal Community in South Australia* 2.5 **Bernard Leckning**: *Risk factors for suicide following hospitalised suicidal ideation and self-harm by Aboriginal and non-Aboriginal people in the Northern Territory of Australia* 2.6 **Deborah Goebert**: *Inspiring Hope Though Sources of Strength Among a Pacific Islander Community*

12.30 - 13.30	Break
13.30 - 15.00	**Symposium 7** Proudly sponsored by Movember Chair: Brendan Maher
	From research to real world: Interventions in men's mental health and suicide prevention
	Dr Stewart Vella *Ahead of the Game: Lessons learned along the journey of international translation and scale up of a research program*
	Professor Mark Dadds *From ParentWorks to Family Man: A fathering program's journey from a research environment to real-world application.*
	Sarah Coghlan *Man Up/Man Enough Documentary: Scaling a successful mass media intervention*
13.30 - 15.00	**Symposium 8** Chair: Jo Robinson
	Suicide prevention in school settings: Insights from Australia and Israel
	Eleanor Bailey *Multi-modal Approach to Preventing Suicide in Schools (the MAPSS project)*
	Lauren McGillivray *Findings from the evaluation of Youth Aware of Mental Health in Australian secondary schools.*
	Alison L. Calear *School-based interventions to promote help-seeking for suicide in adolescents.*
	Ella Sarel-Mahlev & Anat Brunstein Klomek *Suicide prevention efforts among Israeli students during COVID-19.*
13.30 - 15.00	**Symposium 9** Chair: Greg Armstrong
	Suicide and Internet search behaviour
	Dr Benedikt Till *Investigating validity and utility of Google Trends data for forecasting of national suicide rates*
	Dr Mark Sinyor *Changes in Suicide and Resilience-Related Google Searches during the Early Stages of the COVID-19 Pandemic*
	Dr Gregory Armstrong *Suicide-related Internet search queries in India and worldwide following the celebrity suicide of Sushant Singh Rajput in India: an interrupted time series analysis*
	Dr Olivia Kirtley *Suicide prevention is everyone's business: Challenges and opportunities for Google*
13.30 - 15.00	**Symposium 10** Chairs: Anja Gysin-Maillart & Kenneth R Conner
	Proudly sponsored by Gold Coast Hospital and Health Services
	Attempted Suicide Short Intervention Program (ASSIP): Clinical experience of introducing ASSIP to real world clinical practice in different health care settings
	Kenneth R. Conner *Pilot RCT of ASSIP delivered rapidly in hospital to adult suicide attempt patients with alcohol or drug use problems*
	Petri Arvilommi *A randomized clinical trial of the ASSIP vs. crisis counselling in preventing suicide attempt repetition*
	Åsa Westrin *A Randomized Clinical Study of ASSIP in Swedish Healthcare. Presentation of the study protocol.*
	Anthony Pisani, Chris Stapelberg, Sarah Walker *Australian and US perspectives on providing the Attempted Suicide Short Intervention Program (ASSIP): Unlearning what we know?*
	Anja Gysin-Maillart *The Attempted Suicide Short Intervention Program (ASSIP) in Switzerland: Latest findings on the Mechanism of Actions and New Projects*
13.30 - 15.00	**Symposium 11** Withdrawn
13.30 - 15.00	**Symposium 12** Proudly sponsored by Roses In The Ocean Chair: Jane Pirkis
	Strengthening the evidence-base for implementation and evaluation of national suicide prevention strategies and their components in low-, middle-, and high-income countries
	Karolina Krysinska *Evaluating national suicide prevention strategies on the inclusion and effectiveness of priority components*
	Brian L. Mishara *Challenges in evaluating the impact of national strategies on suicide rates: Joinpoint Analyses of changes in 15 Countries and the potential for using Implementation Research approaches*
	Stephen Platt *Scotland's Suicide Prevention Action Plan: Review of progress*
	Mohsen Rezaeian *Design, implementation and evaluation of national suicide prevention strategies in low- and middle-income countries: What are the challenges?*

13.30 - 15.00	**Symposium 13** Chair: Ella Arensman **MENTUPP: Mental Health Promotion and Suicide Prevention in Occupational Settings** **Ella Arensman** *An Overview of the MENTUPP Programme Design, Implementation and Evaluation* **Bridget Hogg** *Workplace Interventions to Reduce Depression and Anxiety in Small and Medium-Sized Enterprises: A Systematic Review* **Charlotte Paterson & Caleb Leduc** *Factors influencing Successful Implementation of a Workplace Mental Health Intervention: Interim Results* **Arlinda Cerga Pashoja** *The prominence of mental health at the workplace during the Covid-19 pandemic: A global stakeholder survey*
13.30 - 15.00	**Oral Session 3** **COVID-19** Chair: Shu-Sen Chang Proudly sponsored by The Australian Counselling Association 3.1 **Phil Batterham**: *The effects of the COVID-19 pandemic on suicidal ideation: nationally-representative longitudinal study* 3.2 **Marc Bryant**: *Victoria COVID19 lock down response - Skills Saves Lives Campaign* 3.3 **Jackson Newberry-Dupe**: *Precipitants and management of acute mental health-related emergency department presentations in Australian children and adolescents during the first ten months of the COVID-19 pandemic* 3.4 **Jerneja Sveticic**: *Reduced suicidal presentations to emergency departments during the COVID-19 outbreak in Queensland, Australia* 3.5 **I-Ting Hwang**: *A national suicide prevention hotline's responses to the COVID-19 pandemic: a qualitative study* 3.6 **Chia-Yi Wu**: *The Influence of Research Follow-up during COVID-19 Pandemic on Mental Distress and Resilience among Patients with Treatment-Resistant Depression: A Multi-Centre Cohort Study*
13.30 - 15.00	**Oral Session 4** **Strategic Approaches** Chair: Vikas Arya 4.1 **Amanda McAtamney**: *Snapshot of the National Communications Charter: Reach, awareness and implementation* 4.2 **Amanda McAtamney**: *Life in Mind the national online portal enhancing collaboration and connection across the Australian suicide prevention sector.* 4.3 **Laura Grattidge**: *Implementing a Systems-Based Approach to Suicide Prevention at a Rural, Community-Based Level: Findings from the Local Evaluation of the National Suicide Prevention Trial in Tasmania* 4.4 **Jeanelle Sugimoto-Matsuda**: *"25% by 2025": Story of the Design, Implementation, and Evaluation of Hawaii's Suicide Prevention Strategic Plan* 4.5 M.**May Seitanidi**: *Collaborative Suicide Prevention*
15.00 - 15.30	Break
15.30 - 17.00	**Symposium 14** Proudly sponsored by Movember Chair: Pooja Saini **An Innovative community-based brief psychological model for men in suicidal crisis** **Claire Hanlon** *The role of co-production in setting up a community-based suicide prevention intervention for men* **Dr Jen Chopra** *One Year Evaluation of a Community-Based Therapeutic Suicide Crisis Service for Men in North West England* **Dr Pooja Saini** *Help-seeking and Engagement for Young Men aged 18 to 30 years in Suicidal Crisis: A prospective cohort study* **Jane Boland** *Adapting delivery of a suicide prevention intervention for men: from face-to-face to remote therapy*
15.30 - 17.00	**Symposium 15** Chair: Alejandra Arango **Innovative Methods and Strategies to Advance Translation of Social Connectedness to Youth Suicide Prevention** **Dr. Alejandra Arango** *Emergency Department Adaptation of the Youth-Nominated Support Team Intervention* **A/Prof Jo Robinson** *Can a social media intervention improve online communication about suicide?* **Dr. Peter A. Wyman** *Cluster RCT testing a universal suicide prevention program for Air Force Trainees: Wingman-Connect*

15.30 - 17.00	**Symposium 16** Chair: Alena Goldstein **Understanding caller behaviour and outcomes from suicide prevention helplines** **Stephanie Aston** *Caller outcomes study: measuring the impact of Samaritans suicide prevention telephone helpline* **Marijn ten Thij** *Leveraging CBT in the chat service of the Dutch national suicide prevention helpline* **Robin Turkington** *Relationship between events and caller behaviour to helplines: an intervention analysis*
15.30 - 17.00	**Symposium 17** Chairs: Ella Arensman & Ruth Benson **Real-time surveillance of suicide mortality data: comparing systems from different countries** **Angela Clapperton** *The accuracy of real-time suicide surveillance data: insights from the Victorian Suicide Register* **Stuart Leske** *The interim Queensland Suicide Register (iQSR) in the past, present and future: Real-time suicide mortality surveillance in Queensland, Australia.* **Sarah Fortune** *The Coronial Suspected Suicide Data Sharing Service (CDS): Real time notifications of suspected suicide deaths in Aotearoa/New Zealand* **Keith Hawton** *Real-time Surveillance of Suspected Suicides in England: The Thames Valley Police Real-Time Suicide Surveillance System.*
13.30 - 15.00	**Workshop 2** Facilitator: **Manaan Kar Ray** **SAFE: 1-2-7 Safety Conversation**
15.30 - 17.00	**Symposium 18** Chair: Olivia Kirtley **Towards a more transparent and reproducible science of suicide: Practical examples of successfully implementing open science practices in suicide research** **Olivia J. Kirtley** *Advancing transparency and methods reproducibility in experience sampling method studies of suicide and self-harm by using open materials and preregistration* **Julie J. Janssens** *Challenges and opportunities for Registered Reports in self-harm research* *A case study* **Aleksandra Kaurin** *Recommendations for Preprint Exchange, Data, Material and Code Sharing in Suicide Research* **Jane Pirkis** *Sharing real-time data to inform questions about COVID-19 and suicide*
15.30 - 17.00	**Symposium 19** Chair: Liz Scowcroft **International perspectives on caller insights and supporting service-users through suicide prevention helplines & centres during COVID-19 (2)** **Maurice Mulvenna** *The impact of COVID-19 pandemic on calls to Samaritans' telephone helpline in the UK and ROI* **Mr Guang-Yi Liu** T*he impact of the COVID-19 pandemic on calls to a national suicide prevention hotline in Taiwan* **Renske Gilissen** *Changes in the demand for and nature of help seeker conversations in the suicide prevention helpline in the Netherlands during the COVID-19 pandemic*
15.30 - 17.00	**Oral Session 5** **Crisis Interventions** Chair: Jacinta Hawgood Proudly sponsored by Aurora 5.1 **Mandy Gibson**: *Peer intervention following suicide-related emergency department presentations: Evaluation of the PAUSE pilot program* 5.2 **Fiona Shand**: *The LifeSpan RESTORE ED cohort study: What influences willingness for future treatment engagement amongst people presenting for suicidal distress?* 5.3 **Angela Clapperton**: *Evaluating signage as a suicide prevention intervention at hotspot locations* 5.4 **D. Prince Annadurai**: *Social Workers' Competency in Suicide Prevention* 5.5 **M.May Seitanidi**: *Systemic Suicide Prevention* 5.6 **K Setkowski**: *A unique collaboration in suicide prevention: The impact of the SUicide PRevention Action NETwork (SUPRANET) in 13 specialist mental health care institutions across The Netherlands*

15.30 - 17.00	**Oral Session 6** Postvention Chairs: Annette Erlangsen & Maggie Hardiman
	Proudly sponsored by Wesley Mission QLD
	6.1 **Kathryn Turner**: *Enhancing our capacity for healing, learning and improvement in the aftermath of a suicide loss in a health care service.*
	6.2 **Austeja Agniete Cepuliene**: *Spirituality and religiosity during suicide bereavement: A thematic synthesis of qualitative studies*
	6.3 **Eve Griffin**: *A study of the wellbeing and experiences of individuals attending a suicide bereavement peer support group*
	6.4 **Kelly Stewart**: *The ethical complexities of conducting qualitative suicide bereavement research*
	6.5 **Ruth Van der Hallen**: *Attitudes Toward Suicide Predict Impact of Client Suicide: A Structural Equation Modeling Approach*
	6.6 **Lorenza Entilli**: *Using Rule-based system analysis to investigate social support and help-seeking among Italian suicide bereaved*
17.00 - 17.30	Break
17.00 - 19.00	**National Strategies Workshop**
	Facilitated by Professor **Ella Arensman & Dr Alexandra Fleischmann (WHO)**
	Panel Guests: Dr Davendranand Sharma, Dr Yasir Arafat, Dr Naim Fanaj, Prof Mohsen Rezaeian & Prof Stephen Platt
17.30 - 19.00	**Panel Session:** Proudly sponsored by MOVEMBER
	Out of the ashes: Navigating male suicide with a lived experience panel
	In conversation with **Dr. Zac Seidler**
	Panel Guests: Julian Leeser MP, Anita & Chelsea Frawley & Dan Price
17.30 - 19.00	**ECR Keynote** Proudly sponsored by ORGYEN Chairs: Jo Robinson & Nicole Hill
	Laura Hemming: *The struggle is real: Navigating patient and public involvement in research as an early career researcher*
	Phillip Law: *The characterisation of social media activity in cluster and non-cluster suicides: a retrospective study on Facebook in Australia*
	Roxanne Sicotte: *Trajectories of Suicidal Thoughts and Behaviours in Canadian Patients with a First Episode of Psychosis*
17.30 - 19.00	**COVID-19 Panel** Chair: David Gunnell
	Panellists: Professor Jane Pirkis (AUS), Professor Ann John (UK), Professor Michiko Ueda (JAP), Dr Dee Knipe (UK/SriLanka)
19.00 20.00	**Sundowner Session** proudly sponsored by The National Mental Health Commission
	Christine Morgan & Gwen Cherne

AEST	**Thursday 23 September 2021**
9.00 - 10.30	**Symposium 20** Chair: Sally Spencer-Thomas
	Proudly sponsored by MATES In Constructions
	Workplace Suicide Prevention: Principles, Practices and National Guidelines
	Anthony Fulginiti *Exposure to Suicide and Readiness to Intervene in the Workplace: A Multi-Stakeholder Survey of People with Lived Experience and Human Resources Professionals*
	Sally Spencer-Thomas *Exploratory Analysis for the National Guidelines for Workplace Suicide Prevention*
	Dr. Annette Shtivelband *An Initial Evaluation of the Workplace Suicide Prevention Guidelines*

9.00 - 10.30	**Symposium 21** Proudly sponsored by Roses In the Ocean Chair: Karl Andriessen Understanding and supporting people bereaved by suicide Sandra T. McNally *Developing an effective In-person and virtual postvention program in your community: Using volunteers to make it happen* **Professor Navjot Bhullar & Professor Myfanwy Maple** *Testing the 'continuum of survivorship' model* **Ruth Van der Hallen** *Exploring the role of coping strategies on the impact of client suicide: A structural equation modeling approach* **Karl Andriessen** *Bereavement by suicide and traumatic death in adolescents: Perceived impact on adolescents and their family*
9.00 - 10.30	**Symposium 22** Chair: John Draper **Media campaigns for suicide prevention: international research and practice update** **Jane Pirkis** *Suicide prevention media campaigns* **Dan Reidenberg** *Universal Message Development Campaign* **Madelyn Gould** *Oregon Media Campaign: Evaluation of Proximal and Distal Outcomes* **Thomas Niederkrotenthaler** *The future of suicide preventive media campaigning: What can we learn from large-scale media events?*
9.00 - 10.30	**Symposium 23** Chair: Ian Hickie **YOUTHe: Centre of Research Excellence for reducing suicidal thoughts and behaviours in young people presenting for health care** **A/Prof Jo-An Occhipinti & A/Prof Jo Robinson** *Using dynamic systems modelling to inform the development and evaluation of a youth aftercare service* **Frank Iorfino** *The role of technology-enabled care coordination to improve pathways to care and response to suicidal behaviours in youth mental health services* **Dr Katrina Witt** *Understanding pathways to care after an ED presentation for self-harm* **Dr Marianne Webb** *Developing a framework for involving young people with lived experience in suicide research*
9.00 - 10.30	**Symposium 24** Chair: Jo Langford **Proudly sponsored by StandBy Support After Suicide** **Creative Arts Creating Conversations** **The Power of Lived Experience and Creative Arts in Community Postvention**
9.00 - 10.30	**Symposium 25** Chair: Janet Martin **Suicide Prevention in Health Services: Translating research and evaluation findings into excellence in suicide care in Queensland Health** **Nikki Bushell** *Review of suicide prevention in health services initiative* **Linda Leatherbarrow** *Multi-incident analysis of suspected suicides (MIA)* **Russell Evans** *Evaluating the ZERO suicide in healthcare multi-site collaborative* **Janet Martin** *Future directions in suicide prevention in health services*
9.00 - 10.30	**Workshop 3** **LivingWorks SafeTALK workshop: An introduction to Suicide First Aid skills training** Facilitator: **Jorgen Gullestrup, Renee Tsatsis, Belinda Connell, Lorna Hirsch, Robyn Lawrence, Glenn Holmes**
9.00 - 10.30	**Workshop 4** **The Laughter Clinic Workshop** Facilitator: **Mark McConville**

9.00 - 10.30	**Oral Session 7** **Community** Chairs: Greg Armstrong & Bernard Leckning **Proudly sponsored by Aurora** 7.1 **Mark Sinyor**: *Suicide-related Twitter Content in Response to a National Mental Health Awareness Campaign and the Association between the Campaign and Suicide Rates in Ontario* 7.2 **Shele Liddle**: *Learning from the development of a model of support for the loved ones of a person experiencing a suicidal crisis in Gold Coast, Australia* 7.3 **S Oostermeijer**: *Community participation in Australia's National Suicide Prevention Trial* 7.4 **Jo Riley**: *'Valuing lived experience' and 'genuine collaboration' underpin successful implementation of regional suicide prevention interventions: Learnings from the Illawarra Shoalhaven Suicide Prevention Collaborative* 7.5 **Fiona Shand**: *The implementation of the LifeSpan suicide prevention model in New South Wales, Australia: An overview and lessons for the future* 7.6 **Jeanelle Sugimoto-Matsuda**: *The Prevent Suicide Hawai'i Taskforce: A model of cross-disciplinary and community-driven collaboration to support suicide prevention*
9.00 - 10.30	**Oral Session 8** **Indigenous/First Nation** Chairs: Maree Toombs & Maggie Hardiman 8.1 **Tessa Cutler**: *Aboriginal and/or Torres Strait Islander deaths by suicide in Australia: analysis of data from the National Coronial Information System* 8.2 **Mandy Gibson**: *Project Yarn Circle: Description and pilot evaluation of a cultural education suicide prevention program for Aboriginal and Torres Strait Islander young people* 8.3 **Kevin McKenzie**: *ALIVE & Kicking Goals! Youth Suicide Prevention Program* 8.4 **Kerry Russell**: *Scoping the capability and confidence of mental health clinicians supporting Aboriginal and Torres Strait Islander young people experiencing suicidality: development of a Cultural Relational framework* 8.5 **Tim Spall**: *Trajectories of Aboriginal and Torres Strait Islander young people experiencing suicidality: Case studies identifying risk and protective factors, and potential intervention points through community outreach*
10.30 - 11.00	Break
:	**Keynote 3: Preventing Female suicide and self-harm** Proudly sponsored by BLACK RAINBOW Chairs: Alan Woodward & Katrina Witt **Professor Silvia Canetto** *Women and suicide: A paradigm shift* **Ms Shelby Rowe** *Matriarchs and Warrior Women: Indigenous Women and the Healing Power of Culture* **Dr Lakshmi Vijayakumar** *Suicide in women in Low And Middle Income Countries*
11.00 - 12.30	**Keynote 4: Suicide prevention in the Workplace** Proudly sponsored by MATES in Construction. Chairs: Lucinda Brogden & Victoria Ross **Dr Sally Spencer Thomas** *New Horizons -- Workplace Suicide Prevention & Postvention* **Associate Professor Lai Fong Chan** *Health-care worker lived experience recovery and suicide prevention: COVID-19 pandemic and beyond* **Dr Anthony LaMontagne** *Practice-informed evidence and evidence-informed practice: a researcher's perspective on MATES in Construction*
12.30 - 13.30	Break

13.30 - 15.00	**Symposium 26** Chair: Laura Cox
	Proudly sponsored by MATES in Construction.
	Suicide prevention in the Australian construction industry: Translational research and initiatives for change
	Simon Tyler *Systematic review and meta-analysis of suicide in the construction industry: Current understandings and future prevention directions*
	Chris Doran *A review of the evidence related to the impacts of, and interventions for, workplace bullying in the construction industry*
	Victoria Ross *Workplace bullying, mental health and suicidality in construction industry apprentices: A mixed methods study*
	Tania King & Tony LaMontagne *The MATESMobile randomised controlled trial: A smartphone intervention for suicide prevention in the construction industry*

13.30 - 15.00	**Symposium 27** Chair: Igor Galynker
	Testing Narrative Crisis Model of suicide in cross-cultural settings a new and effective method to assess suicide risk
	Ksenia Chistopolskaya *Adaptation of the Suicidal Narrative Inventory in a Russian internet sample*
	Vikas Menon *Factor structure of the Suicide Crisis Inventory among Indian adults*
	Shira Barzilay *Suicide Crisis Syndrome Assessment for Suicidal Youth*
	Igor Galynker *Suicidal narrative and suicidal crisis in adolescents: symptoms associated with high suicide risk in a Russian sample*

13.30 - 15.00	**Symposium 28** Chair: Ping Qin
	Self-harm Repetition and Mortality Risk Following Non-Fatal Self-harm
	Galit Geulayov *Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm in England*
	Paul Yip *Prevalence and risk factors for repetition of non-fatal self-harm: a Hong Kong population-based cohort study*
	Sidra Goldman-Mellor *Healthcare utilization and mortality after emergency department presentation for nonfatal self-harm*
	Ping Qin *Cause-specific mortality following hospital presentation for non-fatal deliberate self-harm: a national cohort study*

13.30 - 15.00	**Symposium 29** Chair: Kyriakos Katsadoros
	Integrated interventions in the fields of suicide & self-destructive behaviours
	Marie Vagia *Enhancing the psychological resilience, as a crisis intervention strategy by the Greek Suicide Prevention Center*
	Dimitra Zafeiropoulou *Suicide Trends in Greece: Data from the Suicide Observatory & psychological autopsies of suicide survivors*
	Olga Theodorikakou *The Suicide Prevention Center's suggestion concerning the development and the implementation of a National Strategy for Suicide Prevention*
	Vasiliki Stamou *Suicide in refugees: Data collected from "Iolaos" Day Center for refugees and asylum seekers diagnosed with mental health disorders*

13.30 - 15.00	**Symposium 30** Chairs: Olivia Kirtley & Aleksandra Kaurin
	Contextual Approaches to Understanding and Preventing Suicide
	Olivia J. Kirtley *The relationship between daily positive future thinking and past-week suicidal ideation in youth: An experience sampling study*
	Daniel D.L. Coppersmith *Social Support as a Dynamic Protective Factor for Suicidal Thinking: A Replication*
	Aleksandra Kaurin *Integrating a Functional View on Suicide Risk into Idiographic Statistical Models*

13.30 - 15.00	**Symposium 31** Chair: Ella Arensman **ICSPRC Symposium on self-harm trends during COVID-19** **Keith Hawton** *Self-harm during the COVID-19 Pandemic in England: Comparative Trend Analysis of Hospital Presentations* **Murad Moosa Khan** *Self-Harm in Karachi, Pakistan during COVID-19* **Nurashikin Ibrahim** *COVID-19 and suicidal behaviour: trends from police reports in Malaysia* **Oleg Boev** *Self-Harm during COVID-19: report from a Multi-Centre Self-Harm Surveillance System in the Russian Federation*
13.30 - 15.00	**Symposium 32** Chair: Gillian Murphy **International perspectives on caller insights and supporting service-users through suicide prevention helplines & crisis centres during COVID-19 (1)** **Vanda Scott & Vikas Arya** *Crisis Centres: in the frontline of the pandemic Covid -19* **Mette Isaksen** *Understanding the impact of Covid-19 on callers to Samaritan's helpline* **Dr I-Ting Hwang** *Factors contributing to suicide risk during the COVID-19 pandemic: A qualitative study of calls to a national suicide prevention hotline in Taiwan.* **Alena Goldstein** *Insights from the National Suicide Prevention Lifeline and Disaster Distress Helpline of the United States During the COVID-19 Pandemic*
13.30-15.00	**Workshop 5** Withdrawn
13.30 - 15.00	**Oral Session 9** Crisis Interventions Chair: Stephen Scott Proudly sponsored by Australian Institute for Suicide Research and Prevention, Griffith University 9.1 **Annette Erlangsen:** *Call volume of a national suicide hotline in Denmark* 9.2 **Alan Woodward:** *Why Do People Call Lifeline? What are Callers Looking For?* 9.3 **Clare Jones:** *Lifeline Australia lessons on suicide prevention at public sites where suicide is frequent* 9.4 **Andrew Sutherland:** *Taking crisis support to social media: turning points in creating a proactive online suicide intervention* 9.5 **Anne Wand:** *Evaluation of an adaptive e-learning tool: Training crisis supporters about suicidal thoughts and behaviours in older adults* 9.6 **Salim Salmi:** *Detecting changes in help seeker conversations on a suicide prevention helpline during the COVID-19 pandemic: In-depth analysis using encoder representations from transformers*
13.30 - 15.00	**Oral Session 10** Data Measurement Chair: Matthew Spittal 10.1 **Kylie King**: *Understanding the context of suicides by older men: an exploration of coronial data in Victoria, Australia* 10.2 **Stuart Leske:** *Real-time suicide mortality in Queensland, Australia: A study of counts, rates, subgroups and risk factors.* 10.3 **Penelope Sweeting:** *Using the Human Factors Analysis and Classification System (HFACS) to understand preventable suicides in hospitals* 10.4 **Jacinta Hawgood:** *Systematic Tailored Assessment for Responding to Suicidality (STARS): Protocol design and training delivery for competency in administration.* 10.5 **Guus Berkelmans:** *Risk and protective factors for suicide using Machine Learning techniques*
15.00 - 15.30	Break
15.30 – 16.15	**In Conversation with Keith Hawton.** **Hosted by Jane Pirkis**
15.30 - 17.00	**Symposium 33** Chair: Sally Spencer-Thomas Proudly sponsored by MATES in Construction **Workplace Suicide Prevention Implementation and Response to COVID-19** **Cécile Bardon, Brian Mishara** *Implementation of a Railway Critical Incident Management and Support Protocol to Help Train Drivers Cope with Accidents and Suicides* **Nitika Rewari** *The role of the workplace in preventing suicide in the context of COVID-19 in Canada* **Sally Spencer-Thomas** *Workplace Suicide Postvention A Case Study*

15.30 - 17.00	**Symposium 34** Chair: Ella Arensman **Understanding suicide among young people in The Netherlands. Novel insights using a psychological autopsy study approach.** **Saskia Mérelle** *Exploring the role of social media use in youth suicides: a psychological autopsy study* **Milou Looijmans** *Additional Value of Peer Informants in Psychological Autopsy Studies of Youth Suicides* **Elias Balt** *Gender differences in suicide-related communication of young suicide victims* **Diana van Bergen** *Understanding suicide deaths of Lesbian, Gay, Bisexual or Questioning Girls in the Netherlands through a psychological autopsy*
15.30 - 17.00	**Workshop 6** Facilitator: Manaan Kar Ray **Novel Approaches to Suicide Risk Assessment: PROTECT - PROactive detection**
15.30 - 17.00	**Symposium 35** Chair: Maria Michail **Proudly sponsored by Gold Coast Hospital & Health Services** **Suicide Prevention in Primary Care** **Faraz Mughal** *The experiences and needs of parents, families, and carers of young people who self-harm: a systematic review* **Maria Michail** *Help-seeking in primary care: Exploring the experiences of young people at-risk of suicide.* **Hayley C Gorton** *Unleashing the potential of community pharmacy teams as an untapped resource in suicide prevention* **Pooja Saini** *Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): A feasibility trial*
15.30 - 17.00	**Symposium 36** Chair: A Jess Williams **Proudly sponsored by The Trevor Project** **What's really going on? Exploring self-harm and suicide experiences within LGBTQ+ people** **A. Jess Williams** *Feasibility and Acceptability of Experience Sampling Methods among LGBTQ+ Young People with Experiences of Self-Harm and Suicide* **Talen Wright** *Trans and non-binary suicide: social determinants, risk, and novel methods to establish causality* **Hannah Gosling** *Understanding self-harm amongst non-binary young adults: A grounded theory study* **Brendan. J Dunlop** *The Self-Injury in Young Bisexual People: A Longitudinal Investigation (SIBL)*
15.30 - 17.00	**Symposium 37** Chair: Jo Robinson **Developing emergency department surveillance systems for self-harm: Examples from around the world.** **Dr Katrina Witt** *The Development of a Self-Harm Monitoring System for Victoria* **Paul Corcoran** *Development of the National Self-Harm Registry Ireland* **Sarah Fortune** *The advantages and disadvantages of four different data collection strategies: lessons from Aotearoa/New Zealand* **Prof. Greg Carter and Dr. Katie McGill** *Using a sentinel unit and case register for hospital-treated deliberate self-poisoning patients in Australia for research opportunities*
15.30 - 17.00	**Oral Session 11 COVID-19** Chair: Shu-Sen Chang 11.1 **Pham Thi Thu Huong:** *Impact of COVID-19 stressors on suicidality and mental distress in Taiwan: a nationwide population-based survey* 11.2 **Diego De Leo:** *Covid-19 and the Tragedy of Italian Nursing Homes* 11.3 **Margot van der Burgt:** *The impact of COVID-19 on suicidality: a Mixed-Method study from the Dutch Suicide Prevention Helpline* 11.4 **Tiago Zortea:** *The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behaviour, and Suicidal Thoughts* 11.5 **Meta Lavric:** *Thematic Analysis of Concerns, Perceived Changes, and Suggestions for Psychological Support and Suicide Prevention during COVID-19*

15.30 - 17.00	**Oral Session 12** **Systematic Reviews** Chair: Fiona Shand Proudly sponsored by Quality Innovation Performance Limited 12.1 **Sadhvi Krishnamoorthy:** *Exploring evaluation frameworks of multilevel suicide prevention trials: A systematic review of process evaluations* 12.2 **Kylie Crnek-Georgeson:** *Retirement pathways, mental wellbeing and suicidal behaviours in older rural Australians: A qualitative study.* 12.3 **Karolina Krysinska:** *Effectiveness of psychosocial interventions for family members and other informal support persons of individuals who have made a suicide attempt: A systematic review* 12.4 **Laurene Lestienne:** *An integrative systematic review of online resources and interventions for people bereaved by suicide* 12.5 **N McTernan:** *The harmful impact of suicide and self-harm content online: A review of the literature* 12.6 **Cara Richardson:** *A systematic review of suicidal behaviour in men: A narrative synthesis of risk factors*
15.30 - 17.00	**Oral Session 13** **Media & the Internet** Chair: Annette Erlangsen Proudly sponsored by Mindframe 13.1 **Louise La Sala:** *How and why do young people use social media to communicate about self-harm? A qualitative online interview study* 13.2 **Sarah Wayland:** *Content creation or connection? New media and lived experience of suicide.* 13.3 **Elizabeth Paton:** *Finding consensus on best practice public communication around lived experience of suicide: A Delphi study* 13.4 **Bharath Rathinam:** *Media Representation On Transgender Suicide In India* 13.5 **Cathy Brennan:** *Where's the harm? Understanding the evidence on self-harm and suicidal content found online* 13.6 **Ann Luce:** *The RSR Model & the Suicide Reporting Toolkit: Putting media reporting guidelines into practice*
15.30 - 17.00	**Oral Session 14** **Youth Programs** Chair: Vikas Arya Proudly sponsored by YourTown 14.1 **Lindy Macgregor:** *Skill-based development for school communities in suicide prevention through early intervention and safe and effective communication training* 14.2 **Paula Conforti:** *The Impact of a Harry Potter-Based Cognitive-Behavioural Therapy Skills Curriculum on Suicidality and Wellbeing in Middle Schoolers: A Randomized Controlled Trial* 14.3 **Withdrawn** 14.4 Withdrawn 14.5 **Britt Morthorst:** *Results of the TEENS Feasibility Trial* 14.6 **Vita Postuvan:** *Breaking bad news in the school environment - a postvention skills training course*
17.00 - 18.00	**IASP General Assembly**
18.00 - 19.30	**Keynote 5**: **Loneliness & Disconnectedness** Chair: Lars Mehlum & Caroline Daly Proudly sponsored by The Australian Psychological Society **Professor Diego De Leo** *Loneliness and Suicide* **Professor Dinesh Bhugra** *Loneliness, disconnect among medical students and their mental health* **Associate Professor Maree Toombs** *Why the fragility of identity and lack of acknowledgement of the history of first Nations people in this country is leading to high rates of suicide*

18.00 - 19.30	**Keynote 6**: COVID-19 Chair: Stephen Platt & Tiago Zortea
	Proudly sponsored by LivingWorks
	Associate Professor Shu-Sen Chang
	The impacts of previous infectious disease epidemics and the COVID-19 pandemic on suicide in Taiwan
	Professor Rakhi Dandona
	Varied understanding of the impact of Covid-19 on deaths by suicide in India: evidence from surveys and media reports
	Professor David Gunnell
	Suicide prevention during the COVID pandemic: knowns and known unknowns - research priorities for the next 12 months

AEST	Friday 24 September 2021
8.00 – 9.00	Meeting of the IASP Council of National Representatives
9.00 - 10.30	**Special Session**: Research Methodology
	Q&A Facilitators: Victoria Ross & Jacinta Hawgood
	Common mistakes in suicide research and how to avoid them
	Presenter: **Kairi Kolves**
9.00 - 10.30	**Chatsafe Panel** Facilitators: Jo Robinson & Mark Sinyor
	Proudly sponsored by Orygen
	Social media and suicide prevention: a panel discussion
	Panellists: **Louise LaSala, Antigone Davis, Anna Lavis, Michiko Ueda, Emily Unity**
9.00 - 10.30	**Lived Experience Panel** Facilitator: Jo Riley
	Lived Experience informed systems change co-creating the future of suicide prevention
	Panellists: **Carrie Lumby, Adriel Burley, Kristina Mossgraber**
9.00 - 10.30	**SPA Research Fund Workshop** Facilitator: Nieves Murray
	Proudly sponsored by Suicide Prevention Australia
	Taking the lid off suicide prevention research and uncovering what it's really all about
	Panel: **Professor Myfanwy Maple, Professor Nicholas Procter, Dr Jaelea Skehan OAM, Everymind; Ingrid Ozols AM**
10.30 - 11.00	Break
11.00 - 12.30	**Symposium 38** Proudly sponsored by MATES In Construction
	Chair: Sally Spencer-Thomas
	Peer Support Roles in Workplace Suicide Prevention
	Brendan O'Dowd *Delivering and evaluating the 'Bluehats' Suicide Prevention Program in the Digital Climate*
	Sarah Gaer *Peer Support and the Crisis Response Workforce*
	Eduardo Vega *Peer Support in Construction: Developing a Playbook for Program Development*
	Sally Spencer-Thomas *Construction Working Minds: A Global Resource and Gatekeeper Suicide Prevention Training*

11.00 - 12.30	**Symposium 39** Proudly sponsored by Lifeline International Chair: Thilini Perera
	Crisis support in the COVID-19 context: International perspectives
	Julian Lee & Howard Chen-Yu Ho *Taiwan Lifeline Actions To Safeguard Mental Health Under COVID-19*
	Jetha Devapura & Ranil Thilakaratne *Initiatives During COVID-19 That Will Also Continue Going Forward*
	Mary Njeri & Paula Baker *Funding and challenges for a historical community-based organisation like Lifeline PNG; how impacCOVID-19 has impacted people.*
	John Brogden *Lifeline Journey Through The Pandemic In Safe-Guarding The Mental Health Of Australians And Managing Our Crisis Support Services*
11.00 - 12.30	**Symposium 40** Chair: Thomas Niederkrotenthaler
	Proudly sponsored by Mindframe
	Research update on the Papageno effect
	Mark Sinyor *Overarching Media Narratives and Subsequent Suicides: Evidence for the Papageno Effect in Canada*
	Steven Stack *Papageno Stories Predict Lower Suicide Rates, An analysis of 64 cases in American Feature Films, 1950-2002.*
	Stefanie Kirchner *Effects of 'It Gets Better Austria' suicide prevention videos on LGBTQ youth: randomised controlled trial*
	Hannah Metzler *A Machine Learning approach to media effects research on suicide: Detecting potentially harmful and protective content in social media postings*
11.00 - 12.30	**TikTok Panel** Facilitator: **Aishwarya Kumar**
	Proudly sponsored by TikTok
	The ethics of suicide intervention and resource provision on digital platforms
	Panellists: **Daniel Reidenberg, Shelby Rowe, Ella Arensman, Nina Vasan**
11.00 - 12.30	**Workshop 7**
	Withdrawn
11.00 - 12.30	**Workshop 8**
	Development and implementation of telephone-based psychosocial interventions in individuals with recent suicide attempt-A perspective from India
	Facilitator: **Priya Sreedaran**
11.00 - 12.30	**Oral Session 15** **Lived Experience** Chair: Wendy Orchard
	Proudly sponsored by StandBy Support After Suicide
	15.1 **Joe Calleja:** *Changing the Narrative in Suicide Prevention*
	15.2 **Peta Dampney:** *Looking at the Stars: A honest discussion of the good and bad bits when sharing a lived experience of suicide*
	15.3 **Peta Dampney:** *Suicide and Spirituality - a lived experience of finding meaning and a life purpose without religion*
	15.4 **Laura Hemming:** *Involving an individual with lived-experience of custodial suicide in a co-analysis of qualitative data: hints, tips and guidance.*
	15.5 **Fiona Shand:** *Designing an alternative to the ED for people experiencing suicidal distress: Lessons in co-design*
	15.6 **Karolina Krysinska & Ingrid Ozols:** *The Voice of people with Lived Experience of suicide (VocLE) Study: Learning from lived experience in suicide research in Australia*

11.00 - 12.30	**Oral Session 16** **Technology** Chair: Matthew Spittal
	Proudly sponsored by Quality Innovation Performance Limited
	16.1 **Melanie Schroder:** *Calm conversations can save Lives - How Motivational Interviewing, Apps and technology, and focussing on communication skills improves knowledge and skill retention in suicide prevention training*
	16.2 **Samantha Wild**: *Smartphone suicide prevention safety planning: acceptability and usefulness of the Beyond Now app for Aboriginal & Torres Strait Islander and LGBTI populations*
	16.3 **Elliot Taylor:** *Reliable online helpline referrals: Early indications from a global helpline marketplace*
	16.4 **Brian Mishara:** *Befrienders Worldwide Help App for immediate suicide prevention help in 11 languages*
	16.5 **Ruth Melia:** *SafePlan: A Pilot Randomised Controlled Trial of a Smartphone-based Safety Planning Intervention as an Adjunct to Therapy in Irish Mental Health Services.*
11.00 - 12.30	**Oral Session 17** **Workplace** Chair: Victoria Ross
	Proudly sponsored by Gold Coast Hospital & Health Services
	17.1 **Tara Lal:** *Understanding and exploring the experiences of firefighters exposed to suicide A narrative approach*
	17.2 **Marc Bryant:** *Towards Zero Suicide NSW Government gatekeeper training*
	17.3 **Demee Rheinberger:** *Emergency Department staff's experience of providing care in the Emergency Department to individuals presenting with suicidal thoughts or behaviour qualitative exploration*.
	17.4 **Kathryn Turner:** *A Whole of organisation approach to supporting psychiatry trainees in the event of a patient suicide.*
	17.5 **Katherine Petrie:** *Suicide among military, emergency and protective service workers in Australia between 2001 and 2017.*
	17.6 **Katherine Petrie:** *Suicide among healthcare professionals in Australia visualizing mortality data over 16 years*
12.30 - 13.30	Break
13.30 - 14.30	**Oral Session 18** **Training** Chair: Jacinta Hawgood
	Proudly sponsored by Australian Institute for Suicide Research and Prevention, Griffith University
	18.1 **Shayne Connell:** *Suicide first aid intervention co-developed interventions training and dissemination for Australian veterans*
	18.2 **Christopher Rainbow:** *Psychological Distress and Suicidal Ideation in Australian Online Help-Seekers: The Mediating Role of Perceived Burdensomeness*
	18.3 **Meta Lavric:** *How Correctional Officers Experience Prisoners Suicidal Behaviour? Qualitative Research and Development of The Model of a House*
	18.4 **Anne Reneflot:** *Boys don't cry (to their GP) A within-individual analysis of parental suicide and adolescents' primary health care use in Norway*
13.30 - 14.30	**Oral Session 19** **Attitudes & Stigma** Chair: Greg Armstrong
	Proudly sponsored by The Australian Counselling Association
	19.1 *LN Sharwood:* How does gender, culture and population subgroups influence the stigma of suicide in Australia? Cross-sectional survey from the LifeSpan Suicide prevention trial studies
	19.2 *Nina Krohne:* Addressing Attitudes Towards Seeking Psychological Help in Suicide Prevention: Why is it Important and Who to Target?
	19.3 *Emmanuel Nii-Boye Quarshie*: One cannot commit a crime against himself": the views of parliamentarians on the call to decriminalise attempted suicide in Ghana
	19.4 *Margot van der Burgt*: The effect of local Suicide Prevention Action Networks (SUPRANET) on stigma, taboo and attitudes towards professional help-seeking: an exposure-response analysis

13.30 - 14.30	**Oral Session 20** LMIC Vulnerable Groups Chairs: Bernard Leckning & Vikas Arya Proudly sponsored by YourTown 20.1 **Riumee Bandara:** *Domestic violence and self-poisoning in Sri Lanka: a case-control study* 20.2 **Ariel Zarate:** *Silent crisis: Community insights on suicide among displaced Rohingya in Bangladesh* 20.3 **Arya Thirumeni:** *Lived Experiences of Suicide Attempt Survivors*
13.30 - 14.30	**Oral Session 21** Risk Factors Chair: Lai Fong Chan 21.1 **Ella Arensman**: *The association between childhood sexual abuse, self-harm repetition, and suicidal intent: a mixed-methods study* 21.2 **Nikolaj Kjaer Hoier:** *Association of hospital-diagnosed sleep disorders with suicide: A nationwide cohort study* 21.3 **Carine Øien-Ødegaard:** *Non-employment and suicide risk: a register-based Norwegian population study*
13.30 - 14.30	**Oral Session 22** Self-harm & Ideation Chair: Kylie King 22.1 **Verena Hinze:** *Shedding light on service use and costs in adolescents with pain and suicidality* 22.2 **Katerina Kavalidou:** *Incidence of self-harm and suicidal ideation among the Irish Traveller indigenous group: evidence from a national emergency department database* 22.3 **N McTernan:** *Characteristics and profile of prisoners who engage in self-harm: Findings from the Self-Harm Assessment and Data Analysis Project 2017-2019* 22.4 **Anvar Sadath:** *Comorbid Physical and Mental Disorders among Self-harm Major Repeaters: A Mixed-Method Sequential Study*
13.30 - 14.30	**Oral Session 23** Suicide Attempt Chair: Louise La Sala 23.1 **Myfanwy Maple:** *Eclipse: Findings from an evaluation of a support group for those who have attempted suicide* 23.2 **Lisa Wittenhagen:** *A cohort profile of children and adolescents under the age of 18 who had a suicide related contact with police or paramedics* 23.3 **Caroline Daly:** *Intentional drug overdose with paracetamol by young people: a national registry study of characteristics, incidence and trends, 2007-2018.*
13.30 - 14.30	**Oral Session 24** Vulnerable Groups Chairs: Tony Davis 24.1 **Jessica Ingram:** Supporting suicide prevention in refugees and asylum seekers 24.2 **Carla S Meurk:** Suicidality among women in the first 1000 days of motherhood: prevalence and nature of contact with first responders 24.3 **Moira Clunie:** We hold the kaupapa": exploring community-led rainbow suicide prevention in Aotearoa New Zealand 24.4 **Shankavi Vivekanandhan:** Lived Experience of Caregivers of Suicide Attempt Survivors
13.30 - 14.30	**Oral Session 25** Youth Chair: Nicole Hill 25.1 **Rachael McIntosh:** *Tackling Youth Suicide from the Ground Up: Co-designing towards a Generation Free from Youth Suicide in Queensland Public Mental Healthcare* 25.2 **Sam Brinton:** *Suicide Prevention Policies in Schools - Saving Young LGBTQ Lives Through Policy and Preparation* 25.3 **Karin Moriyama:** *The Impact of the Japanese Government Covid-19 Policy on the Psychological State of Youth in Japan* 25.4 **Silvia Piol:** *Suicide Prevention: University Students' Narratives on their Reasons for Living and Dying*
13.30 - 14.30	**Oral Session 26** Media & the Internet Chair: Maggie Hardiman Proudly sponsored by Mindframe 26.1 Withdrawn 26.2 **Hannah Mueller-Pein:** *"I just want to tell you how I overcame my suicidal crisis". Testimonials of suicidality in YouTube clips. A systematic mixed method study.* 26.3 **Dan Reidenberg:** *Using Artificial Intelligence to Improve Media Reporting on Suicide* 26.4 **Lay San Too:** *Suicide clusters among top 10 high-risk occupations: a study from 2001 to 2016 in Australia*

14.30 - 16.00	**Keynote 7: Children & Adolescents** Chairs: Alex Haines & Angela Clapperton Proudly sponsored by Black Dog Institute **Professor Margaret Nahkid Chatoor** *Alienation from school increases mental illness among children & adolescents during COVID-19* **Professor Helen Milroy AM** *Developmental Trauma and suicidality* **Professor Ella Arensman** *Self-harm and suicide in young people: Associated risk factors & evidence-based interventions*
14.30 - 16.00	**Keynote 8: Community & Implementation** Chairs: Jaelea Skehan & Kairi Kolves Proudly sponsored by Wesley Lifeforce **Dr Soumitra Pathare** *Addressing policy changes for suicide prevention in Low-middle income countries - experience from India* **Professor Nav Kapur** *Improving services for self-harm and suicide: getting research into practice.* **Professor Joseph Osafo** *Suicide prevention activities in Ghana after a decade: the state of evidence and prevention activities*
16.00 - 16.30	Break
16.30 - 17.00 17.00 - 17.30 17.30 - 18.00	**Closing Plenaries** Chairs: Ella Arensman & Eleanor Bailey **Plenary 4** Leilani Darwin Proudly sponsored by The National Mental Health Commission *We are strong, we are resilient we are here and ready to step up and lead the change, but we need you to walk and work with us.* **Plenary 5 Professor Nicholas Procter** *Suicide Prevention and Safety Planning for People of Refugee and Asylum Seeker Background* **Plenary 6 Professor Murad Khan** *SDGs, Suicide Prevention & LMICs: A goal too far?*
18.00 - 18.30	**Closing Ceremony**

Congress Abstracts

Plenaries

Abstract Title: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Suicide Prevention

Professor Pat Dudgeon

Abstract:

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 15 to 34 years of age, accounting for 1 in 3 deaths.

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. At the core of any solutions are concepts of valuing culture and Indigenous governance (self-determination). New approaches where mental health profession 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 the University of Western Australia (UWA) is a landmark report providing a way forward. 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. The *Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention* (CBPATSISP, UWA) has continued some of this work to reduce the causes, prevalence, and impact of suicide on Aboriginal and Torres Strait Islander individuals, their families, and communities. CBPATSISP aims to identify best practice programs and services and research in Indigenous suicide prevention through an Indigenous 'lens' for Indigenous peoples. Mainstream services also have important roles in suicide prevention and to meet this need a Manual of Resources was developed. This presentation will overview ATSISPEP, CBPATSISP and the Manual.

Abstract Title: Embracing the 'golden thread' of lived experience as we collectively navigate and reimagine suicide prevention

Ms Bronwen Edwards

Abstract:

As the World Health Organisation's *LIVE LIFE* Guide highlights, people with a lived experience represent a critical expertise in suicide prevention. We hold in our hands now the opportunity for re-imagining, increased collaboration, and bold innovative solutions.

Over the last decade in Australia, the voices of those with a lived experience of suicide have grown from barely a whisper to a strong, sophisticated presence. Whilst the opportunity for significant system reform is palpable, it will not be without its challenges as we collectively navigate new territory which will be understandably uncomfortable for people who operate within sectors like health and research that are wedded to traditional notions of what constitutes knowledge and expertise.

We are seeing globally that when we all appreciate the different but uniquely valuable forms of expertise we bring to systems change efforts in suicide prevention, and involve people with lived experience in a meaningful way, innovative solutions are generated. Some of the most effective new approaches to responding to people experiencing suicidal crisis globally have been developed through genuine collaboration between traditional and lived experience experts. We have witnessed the emergence of safe spaces in the UK and Australia, the SafeSide model in the US and the Distress Brief Intervention model in Scotland. Co-responder models and peer enhancement of aftercare and postvention services also show promising benefits.

This presentation will profile the myriad of opportunities and life changing possibilities ahead of us all through lived experience of suicide informed research, policy, governance, service design and delivery. It will also unapologetically and candidly highlight the barriers and challenges we must all find the best versions of ourselves to navigate through.

We must deeply listen to what people say they are requiring in times of crisis, during times when they are fighting desperately to keep someone alive, and when they are faced with suicide loss. We must create the options and choices of effective suicide prevention services that actually meet their needs.

As countries and governments continue to grapple with the complexities of suicide and look intently at the role of people with a lived experience of suicide as a catalyst for change it is important to consider the levers through which lived experience will support system reform - genuine co-design processes adapted to neutralise power imbalances that threaten to disrupt the spoken truth; mainstream health services embracing a lived experience lens; tertiary education supporting future workforces through lived experience informed curriculum; policy reform across whole of government.

In building local and national movements, there are strategies to accelerate lived experience participation and integration, platforms of deep reflection on which to build further understanding, and a growing foundation of evidence to advance.

There are still many voices that remain unheard, many layers of lived experience to be explored, and cultural change to undergo. Collaboration, humility and compassionate curiosity will be key to unlocking and applying the unique expertise that is being offered with unconditional generosity - an offer that must be taken up, with a sense of urgency, if meaningful change is to occur and lives are to be saved.

Abstract Title: Understanding suicide risk in the time of COVID

Professor Rory O'Connor

Abstract:

Since the onset of the COVID pandemic there has been concern about the short, medium and long-term impacts on population mental health. In this talk, drawing from the UK COVID-19 Mental Health and Wellbeing Study, as well as the wider research literature, I will describe the changes in mental health and wellbeing over the course of the pandemic. I will also outline some other ongoing work on suicide prevention research as well as discussing the opportunities to mitigate the risk of the longer term impacts of COVID-19 and its consequences on suicide risk.

Abstract Title: We are strong, we are resilient we are here and ready to step up and lead the change, but we need you to walk and work with us.

Leilani Darwin

Abstract:

This plenary will explore the cultural and historical contexts of suicide prevention with Aboriginal and Torres Strait Islander communities with a focus on the expertise of both lived and living experiences. Live story telling by Leilani Darwin with a powerful video of five Aboriginal and Torres Strait Islander lived experience representatives with key insights and courageous conversations about the realities of suicide prevention with First Nations people with their vision and hopes for the future. Join us, learn, listen and walk beside us on this journey to heal and live long lives.

Abstract Title: Suicide Prevention and Safety Planning for People of Refugee and Asylum Seeker Background

Professor Nicholas Procter

Abstract:

At the end of 2020, 82.4 million people worldwide were forcibly displaced as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order. With past and current trauma and ongoing uncertainty about a stable and secure future, many of these individuals are at increased risk of suicide, including ideation, behaviour, and fatalities. Recent international studies report elevated rates of suicidality (ideation, behaviour, and deaths) among asylum seekers and refugees living in host or resettlement countries, for example, the United Kingdom, Netherlands, Australia and United States. Refugees and asylum seekers with insecure visa status are a particular concern given they face unique challenges of not being

permanently settled or feeling psychologically safe and secure, placing them at increased risk of mental distress, despair, and hopelessness. Premigration risk factors such as torture and trauma history, separation from family, social isolation, loss, as well as post arrival stressors all have the potential to increase suicidality. Australia, like many other countries, has implemented restrictive and firm immigration policies that many consider to be closely linked to the onset and worsening of mental health and suicide related distress. This presentation will discuss key challenges faced by refugees and asylum seekers, as well as workers supporting them in the Australian community. Supporting and upskilling frontline workers including counsellors and volunteers is an important means of equipping individuals with the necessary skills to identify and support refugees and asylum seekers at risk. The presentation will also consider the experiences and perspectives of frontline workers in the use of safety planning as a suicide prevention strategy for refugees and asylum seekers

Abstract Title: SDGs, Suicide Prevention & LMICs: A goal too far?

Professor Murad Khan

Abstract:

In 2015 the United Nations adopted the Sustainable Development Goals (SDGs), as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. SDG 3.4.2 refers to "reduce by one third, premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being", under which reducing the global suicide rate falls. Meeting this goal poses a major challenge for many LMIC s as they struggle with health inequality, poverty, poor investment in social development, violence and armed conflict. In many LMICs the national defence budget far exceeds that of social development, health and education.

In this presentation I will focus on countries of South Asia, that contribute about a quarter of global suicides, to argue that only through public policy interventions that address the structural factors of population distress and using a public health approach, can we address the overall risk of suicide in LMICs.

Keynotes

Keynote 1 Suicide prevention in Men and Boy's

Abstract Title: Male suicide: Canadian contexts

Professor John Oliffe

Abstract:

High and rising male suicide rates prevail in Canada. This presentation visits findings drawn from a recent review of male suicide research in Canada, in contextualizing the psychosocial impacts of COVID-19 on men's mental health. In particular, men's intimate partner relationships are thoughtfully considered in the context COVID-19 challenges, and upstream strategies for men building better relationships (rather than solely focusing on corrective services for intimate partner violence and/or domestic violence). The use of photovoice in men's suicidality research is also discussed briefly in a call to inclusively integrate diverse ways of empirically knowing - and advancing men's suicide prevention efforts.

Abstract Title: Preventing suicide in boys and men

Professor Jane Pirkis

Abstract:

In most countries around the world, males dominate suicide statistics. According to the World Health Organization's global estimates, the age-standardized suicide rate in 2019 was 2.3 times higher in males than females. This presentation will consider why this may be so. It will draw on epidemiological data and theoretical perspectives to try to unpack the phenomenon. For example, it will consider some of the key explanations that have been put forward in the past, including that males are more likely than females to choose lethal means, more likely to use drugs and alcohol, more likely to withdraw in the face of stress, and less likely to seek help. It will also explore the role that masculinity – the social constructed gender ideal for boys and men – may play. In addition, it will consider what this might mean for suicide prevention, and whether we should be configuring universal, selective and indicated suicide prevention initiatives differently for males and females.

Abstract Title: The road less travelled: Exploring men's experiences of suicidality and their pathways in and out of treatment

Dr Zac Seidler

Abstract:

Men account for three-quarters of suicide deaths across the Western world, with global estimates suggesting that up to half a million men take their own lives each year. Despite worldwide public health initiatives providing psychoeducation and de-stigmatising campaigns to promote male help-seeking, men remain significantly less likely to engage mental health services than women, attending fewer sessions, cancelling more often and dropping out prematurely. This keynote presentation will serve to unpack

findings from a large Australian survey of men and their treating clinicians, to understand help-seeking drivers when men experience suicidality, reasons for dropout from care, and the challenges facing the clinicians aiming to engage them. The presentation will conclude with discussion of the future directions needed in upskilling the mental health workforce to curb men's relatively poor outcomes.

Keynote 2 Lived Experience

Abstract Title: Preventing youth suicide: a global health priority

Professor Vikram Patel

Abstract:

Suicide is amongst the leading causes of death in young people globally and mortality rates are rising in some countries. This lecture will consider why current approaches to addressing suicide may be failing and propose an alternative approach which emphasizes innovative, multi-component, community led interventions which seek to foster nurturing environments across the early life course, build skills for protecting mental health and engage young people in addressing issues which matter to them.

Abstract Title: The Aboriginal and Torres Strait Islander Lived Experience Centre is a first-of-a-kind Centre in the world. Its focus is on elevating and empowering the voices of Aboriginal and Torres Strait Islander Peoples with Lived Experience across the mental health and suicide prevention sector.

Leilani Darwin

Abstract:

This presentation will focus on how we have been working in co-design with Aboriginal and Torres Strait Islander Peoples with Lived Experience to establish the first National Network of Aboriginal and Torres Strait Islander Peoples with Lived Experience, establishing the first working definition of Lived Experience for Aboriginal and Torres Strait Islander Peoples in addition to supporting local areas to set-up grassroots Lived Experience Networks in their communities. The Centre's activities provide a blueprint for engagement with Aboriginal and Torres Strait Islander Lived Experience across the country which upholds the safety and wellbeing of the individuals engaged.

Abstract Title: Lessons from real-world, at-scale implementation of a suicide prevention system centring people with lived experience of suicide

Dr Stephen Scott

Abstract:

Throughout 2018-2021, the Australian state of New South Wales embarked on an ambitious suicide prevention program called Towards Zero Suicides, guided by the most contemporary emerging evidence in the field and current innovations in public administration. Many elements of Towards Zero Suicides were ground-breaking and planned at unprecedented scale, including co-design methodology, non-clinical alternatives to emergency departments, novel peer-based

programs, and implementation of Zero Suicides Healthcare across the public mental health system, as well as aftercare services, community gatekeeper training, the state's first suicide register, and whole of government capacity building in responding with compassion to people in crisis.

This presentation provides recent history of what people with lived experience of suicide did to secure a central and meaningful role in design and implementation throughout the program. Although this struggle achieved important successes in some areas, there were others where particular features of government, the politics of the mental health system, various institutional interests, and other factors risked obstructing the expressed needs and aspirations of people with lived experience, and created shortcomings in some instances where improvements could have, and can still, be made.

The lessons from this system-wide experiment in producing authentic participation for people with lived experience of suicide, and therefore more effective suicide prevention services that in fact meet the needs of the people they intend to support, have relevance for most settings irrespective of jurisdictional scale or constraints on resources. Many of the challenges people with lived experience of suicide encountered in having their views heard and their needs taken seriously have been fundamentally attitudinal in nature, pointing to the necessity of a just and restorative culture underpinning suicide prevention activities and indeed any system, organisation and workplace seeking to contribute to community wellbeing and safety.

Most critically, effective suicide prevention requires people working within systems to reflect on their role in creating psychologically safe environments for all people with lived experience of suicide, whether they be staff, people who seek suicide prevention services, or the community more generally, and to be open to new evidence, to deep listening, and to sincerely addressing any of their attitudes and behaviours that compromise this outcome. A range of considerations for policy makers, funders, program managers, researchers, the lived experience movement, and leaders in suicide prevention organisations has emerged from this experience, providing a reference for other locations to adopt improved strategies in the future.

Keynote 3 Female suicide and self-harm

Abstract Title: Women and suicide: A paradigm shift

Professor Silvia Canetto

Abstract:

A dominant idea, in dominant Anglophone suicidology, is that women are protected from suicide. This idea is based on the lower suicide mortality of women, relative to men's, in countries like Australia and United States. Australia's and U.S. patterns, however, are not universal. In Asian countries, for example, female and male suicide rates are similar. To stimulate new thinking about women and suicide, I put theories and evidence from an Asian country, China, at the centre of my analysis, and the U.S. theories and evidence at the periphery, and then discuss the insights generated by this reversal. The insights include that the U.S.-centered suicide-canon is trapped in the mental-illness paradigm; and that it often generalizes to women assumptions and evidence that mainly apply to men. China's evidence on women and suicide challenge dominant U.S.

androcentric assumptions that marriage and domesticity offer women suicide protection. For many Chinese women, especially women living in rural areas, suicide is a desperate act of protest against suffocating marriages and communities. In China, women's suicide mortality has dropped since urbanization. China's evidence supports a paradigm-shift in women's suicide theory, research and prevention.

Abstract Title: Matriarchs and Warrior Women: Indigenous Women and the Healing Power of Culture

Ms Shelby Rowe

Abstract:

The difference between a tragic tale and an inspiring story is how it is told. In mental health and suicide prevention it is time to tell our stories differently. After over 500 years of attempted extermination and oppression of the Indigenous peoples, we have survived and are beginning to reclaim our narratives across the globe. A citizen of the Chickasaw Nation, our speaker will share stories of the strong resilient women in her tribe along with others in North American tribal communities and discuss cultural traditions that have the power to reduce suicide.

Abstract Title: Suicide in women in Low And Middle Income Countries

Dr Lakshmi Vijayakumar

Abstract:

Suicide is the leading cause of mortality for young women between 15 and 19 years of age. Seventy six (76%) percent of suicide occur in Low and Middle Income Countries (LAMICS) with majority occurring in Asian region with young woman forming a particularly vulnerable group.

The suicide rate among women from low- and middle- income countries is 8.7 as compared to 5.7 among women in high income countries. The male female ratio of suicide in LAMICS is 1.5 compared 3.5 in high income countries signifying that more woman commit suicide in these countries compared to woman in developed countries.

Suicides due to family problems, marital conflict, love failure, extra marital affairs, divorce and illegitimate pregnancy and other conflicts related to marriage are common in Asian women.

There are very few targeted suicide prevention strategies for women. The issue of women and suicide has been neglected by policymakers and health systems. Interventions must be multifaceted and designed that it is "nested" into existing platforms of social, educational, and health services, Reducing suicides in woman in LAMICS is an urgent global public health priority.

Keynote 4 Suicide prevention in the workplace

Abstract Title: New Horizons - Workplace Suicide Prevention & Postvention

Dr Sally Spencer-Thomas

Abstract

"The workplace is the last crucible of sustained human contact for many of the 30,000* people who kill themselves each year in the United States. A co-worker's suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school." Sue Shellenbarger (2001)

Impact of Colleague's Suicide Is Strongly Felt in Workplace, Wall Street Journal

*In 2019, 47,511 f people died by suicide

The workplace is arguably the most cross-cutting system we have for our suicide prevention and postvention efforts, and yet, the workplace remains largely an uncharted area of investigation and implementation.

From a prevention standpoint, the workplace can offer people a place of connection and purpose and often resources to educate, train and assist people in ways that prevent hardship and suicidal intensity. Workplaces can also strive to remove psychosocial hazards -- like bullying, harassment, prejudice, and discrimination – that drive isolation and despair.

When we consider suicide intervention, co-workers often have more facetime with each other than their own family members, and thus, are in a position to notice changes in behaviour, mood and life circumstances. Many workplaces and professional groups like labour unions can serve as a bridge to vetted resources such as Employee Assistance Programs or other community mental health services. Conversely, workplaces can interfere with early intervention when policies reinforce fear and bias or when protocols make help-seeking or reintegration post-crisis cumbersome.

To address suicide postvention needs, co-workers are often forgotten grievers and suicide bereaved family members are often not given realistic time to sort through their grief and trauma before returning to work. Many organizations are realizing they cannot turn away from the tragedy of a worker suicide as "postvention is prevention" for all of the co-workers left behind.

In this keynote, Dr. Sally Spencer-Thomas, Co-Chair of the Committee on Workplace Suicide Prevention and Postvention (American Association of Suicidology) and President of United Suicide Survivors International, shares several perspectives on lessons we have learned over the past decade:

- Her own lived experience surviving her brother's suicide.
- Research on workplace and suicide including case studies.
- International models of standards, guidelines and programs.

Participants will be able:

- List the ways the workplace is uniquely situated to contribute to the public health approach of suicide prevention.
- Identify the elements of a comprehensive and sustained strategy for workplace suicide prevention.

- Describe at least three action steps workplaces and professional associations can take to impact suicide prevention, intervention and/or crisis response.

Abstract Title: Health-care worker lived experience recovery and suicide prevention: COVID-19 pandemic and beyond

Associate Professor Dr. Lai Fong Chan

Abstract

The mental health sequalae of the COVID-19 pandemic has reverberated far and wide in the global community. As front-liners, health-care workers are an at-risk population in terms of psychological distress and suicidal behaviour. Health-care worker suicide risk may be exacerbated by pre-existing or emergent mental health conditions, occupational stressors, gaps in organizational systems, socio-economic & gender disparities, and moral injury. In addition to health-care worker well-being, suicide prevention investment in this population is an urgent priority for patient safety and the integrity of health-care systems. Mitigation strategies to combat stigma, reduce structural & systemic help-seeking barriers and improve access to collaborative care through the lens of the lived experience recovery journey will be reviewed. Innovative multimodal interventions at the individual, organizational and societal level and its implications beyond the COVID-19 pandemic will be discussed. Lessons learnt from post-traumatic growth and the potential in expanding global collaboration and collective altruism will be highlighted.

Abstract Title: Practice-informed evidence and evidence-informed practice: a researcher's perspective on MATES in Construction

Professor Anthony LaMontagne

LaMontagne AD, Cox L, King T, Gullestrup J, and Lockwood C

Abstract

Blue-collar male suicide rates are elevated relative to other working population males; MATES in Construction was founded in 2007 with a long-term aim of reducing suicide in this sector. MATES is a multimodal program based on four pillars of activity: 1) Raising Awareness amongst workers; 2) Building strength and resilience in the workplace; 3) Connecting workers to help and support; and 4) Conducting research to evaluate the program and inform industry about best practice in suicide prevention and mental health. The research pillar was designed to serve the on-going need for program refinements with evolving evidence as well as the need for MATES to influence research agendas and practices. From the outset, MATES incorporated researchers on its Board and developed research partnerships with academics from a range of disciplines (e.g., psychiatry, suicidology, occupational health & safety). In 2013, MATES established a national Research Reference Group that has grown to 10 members. In 2017, the MATES national office employed a Research Manager to further increase its research capacity and to help coordinate research activities nationally.

MATES has collaborated on and commissioned research from the start with approximately 12 peer-reviewed and 12 grey literature MATES program publications to date. Reports have been categorised as Foundational (e.g., documenting elevated suicide rates among blue-collar males),

Evaluative—the largest category (e.g., demonstrating program effectiveness), and Frontier—highlighting areas for program development (e.g., identifying high prevalence of bullying among apprentices and developing strategies to address the problem).

The Research Reference Group and MATES staff are currently developing a research strategy to encourage research in areas that have received less attention historically or might be emerging priorities for developing new program elements. Strategy development was guided in part by a consolidated program logic that was articulated in 2020. Overarching gaps include the need for experimental (RCT) studies to complement observational, and the need to increase attention to working conditions in part to follow the identification of this area as a priority in the *Australian Building and Construction Industry Blueprint for Better Mental Health and Suicide Prevention* (MATES-facilitated framework endorsed by all major construction unions and employer associations in Australia).

In summary, in this researcher's view, MATES and collaborating researchers have co-produced a dynamic and continuously evolving means for collaboration that serves both research and practice needs, thus optimising MATES' contribution towards reducing suicide among blue-collar males.

Keynote 5 Loneliness & Disconnectedness
Abstract Title: Loneliness and Suicide

Professor Diego De Leo

Abstract

In this presentation, social isolation and loneliness are considered as aspects of life kept distinct. The former is a visually appreciable phenomenon as it objectively lacks the proximity of others (and people may not feel alone). Loneliness, instead, is a subjective experience that concerns the quality of the relationships possessed, perceived as unsatisfactory by the person who feels alone. The unpleasant sensations given by loneliness are therefore subjective and do not concern the amount of time spent with other people or alone. Loneliness is more related to the quality of relationships rather than their quantity. The 'lonely' persons feel that they are not understood by others and think they do not have any significant relationship in place. Loneliness is a universal phenomenon of fundamental importance for the human being. Although it is an experience shared by all, loneliness is a subjective experience that can be very painful and severely distressing.
In addition to mental distress, it has recently been discovered that loneliness is a serious risk factor for many physical health problems. The lack of 'quality' social connections poses a risk of early death similar to that implied by well-known physical factors such as obesity and smoking. But many other phenomena have been associated with the consequences of loneliness, from fragmented sleep and decreased cardiac output to cognitive deficits and dementia. Loneliness can therefore represent a major risk factor for premature mortality but also for suicide, which is the focus of this presentation. Various studies have associated loneliness with an increase in suicide risk and, on the other hand, the interpersonal theory of suicide makes thwarted belongingness one of the main elements. Governments have also realized the gravity of the phenomenon of loneliness by

appointing a ministers: this is the case of the UK and more recently of Japan, in which the increase in suicide rates after eleven years of decline has led to the election of Tetsushi Sakamoto as the new minister of solitude.

Last October, in Japan there were more deaths from suicide than from Covid-19, with a number of deaths among women in excess of 70% compared to the same month last year. The problem of loneliness has international dimensions and is serious. There is no one solution that applies to everyone; the study of loneliness must consider many different aspects of the phenomenon, from the specific needs of individuals to the cultural and traditional characteristics of the groups to which they belong, and to the type and level of loneliness experienced.

Abstract Title: Loneliness, disconnect among medical students and their mental health

Professor Dinesh Bhugra

Abstract

The events of the last two years have highlighted the importance of healthcare systems and those who work in them to all of society. As SARS-COV2 or Covid-19 pandemic has swept around the world, touching every family in every country directly or indirectly and causing millions of deaths directly, scenes of exhausted health workers in overwhelmed hospitals have been seen in many countries. However well or poorly resourced a health care system it has been confirmed that the people who work in it who are the most precious resource and one that needs looking after. Surveys of doctors and medical students have shown that rates of burnout are very high and these are related to various factors. Reporting from a national survey with 4300 usable responses, we found that vast majority of doctors (80%) were at high/very high risk of burnout with junior doctors most at risk. 90% of respondents stated that their current working, training, or studying environment had contributed to their condition either to a significant or partial extent. While the majority of respondents said they did not use alcohol, drugs, self-medication or prescribing to cope with a mental health condition, one in three said they did. Among 3766 medical students from 12 countries rates of burnout varied between 60%-95%. Factors which can impact on doctors' mental health include problems with structures, systems and processes, the nature of the job, relationships with peers, practical issues linked to workplace environment and wider contextual factors outside of the profession. Loneliness and feeling unsupported are significant factors. In addition, understaffing & rota gaps, poor work-life balance – staying late, erosion of peer relations and support in the workplace and intergenerational differences play a role. Simulation learning has also contributed to a sense of disruption. The pandemic has heightened the role of medical students in current health care, with many drafted in to support front line services as well as vaccination hubs across countries, including the United Kingdom. It has also highlighted the need to support them to become doctors in a way that protects their welfare and psychological wellbeing and best equips them to be effective and compassionate doctors over long careers. This is important for the students themselves but also for generations of patients.

Associate Professor Maree Toombs

Abstract

While Australia has one of the highest life expectancies in the world, the 3.5% of the population that identify as Indigenous face a life expectancy that is not comparable to first world standards. Almost 95% of Indigenous Australians are affected by suicide with rates that are twice those of the broader community. Importantly, suicide is the leading cause of death among 5- 17-year-old Indigenous children. The high incidence of suicide stems from an ongoing intergenerational trauma, disconnection and poorer rates of mental health and wellbeing.

In the first study of its kind, using a face-to-face structured clinical diagnostic interview, our research identified that the current mood, anxiety, substance use and any mental disorder were 6.7-fold, 3.8-fold, 6.9- fold and 4.2-fold higher, respectively, than those of the Australian population. Comorbid mental disorder was three-fold to four-fold higher. 64.9% of participants reported lifetime trauma, with more than one trauma category in 62.3%. The prevalence of four common trauma categories were 1.7–3.0 times higher than in the general Australian population. Interestingly, in subgroups living on traditional lands in Indigenous reserves and in remote areas, the rate of common mental disorders were half that of those living in mainstream communities.

Our ongoing research highlights that Indigenous Australians are more likely to experience potentially harmful traumas and develop common mental disorders than other Australians. Furthermore, the lower rates among reserve and remote area residents point to the importance of Indigenous peoples' connection to their traditional lands and culture, and a potentially important protective factor. Thus, the possibility exists that facilitating the reconnection of Indigenous Australians to their lands may enhance their social and emotional well-being. Mental health programmes addressing indigenous mental health should incorporate the indigenous concept of social and emotional wellbeing, which recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual.

Keynote 6 COVID-19

Abstract Title: The impacts of previous infectious disease epidemics and the COVID-19 pandemic on suicide in Taiwan

Associate Professor Dr Shu-Sen Chang

Abstract

The COVID-19 pandemic and the outbreak control measures may cause adverse impacts on population mental health and suicide risk. It is crucial to learn from experiences of previous infectious disease epidemics, understand the impacts of the current COVID-19 pandemic and affected individuals' psychological responses, and investigate the actual effect of the current pandemic on population suicide rates. This talk will present recent research evidence about the impacts of the 1918-1920 Influenza Pandemic, 2003 Severe Acute Respiratory Syndrome (SARS)

epidemic, and 2020 COVID-19 outbreak on Taiwan's suicide rates. Findings will also be presented about the impact of COVID-19 outbreak on trends and characteristics of calls to Taiwan's national suicide prevention hotline, affected callers' psychological responses to the challenges experienced, and the hotline's responses to maintain its service. In 2020, Taiwan experienced a relatively smaller scale of the COVID-19 outbreak than most countries – the local transmission was mainly restricted to February-May and there was a total of only 799 cases and seven deaths by the end of the year. With this context, the implications of our findings for the surveillance and protection of population mental health and suicide prevention strategies will be discussed.

Abstract Title: Varied understanding of the impact of Covid-19 on deaths by suicide in India: evidence from surveys and media reports

Professor Rakhi Dandona

Abstract

The extreme mental health consequence of the COVID-19 pandemic is the possibility of increased suicide death rate. Media reported many suicide deaths in India during the first lockdown causing concern of increase in suicide deaths in India amidst the mass migration of labour workforce. We estimated the suicide death rates at the population-level in two most populous states of India, and compared these with the suicide death reports in the media. Nearly 300,000 population representative of the rural areas of the state of Bihar was enumerated, and 200,000 population representative of 5 districts of Uttar Pradesh state. Detailed interviews of all deaths between 2018 and 2020 were conducted including verbal autopsy to ascertain the cause of death. The estimated annualised all-cause death rate was 4.9 and 6.5 per 1,000 people in Bihar and Uttar Pradesh; suicide deaths accounted for 0.5% and 1% of all deaths in the two states, respectively. The estimated suicide death rates in Bihar (2.1 per 100,000 population) and Uttar Pradesh (6.3 per 100,000 population) were significantly lower than the rates reported from other assessments earlier but were significantly higher than those reported by the National Crimes Record Bureau. Comparing the number of suicide death cases in the year 2020 highlighted significantly higher numbers of cases reported in the media than in the household surveys, with biased reporting based on gender and significant extent of missing data on reasons for suicide in the former. The suicide death cases reported in the media in year 2020 did not necessarily suggest the anticipated increase in suicide deaths in these states, as was indicated in some previously published reports on suicide deaths by considering only the 3 months of lockdown. The challenges in understanding the distribution of cause of death in India given the poor death registration coverage, exploration of under- or over-reporting of suicide death rate in the surveys, and cautious interpretation of media reports taking into account the missing data are discussed to understand the inconclusive evidence of the COVID-19 pandemic on suicide death rate in these states.

Abstract Title: Suicide prevention during the COVID pandemic: knowns and known unknowns - research priorities for the next 12 months

Professor David Gunnell

Abstract

It's over 18 months since the onset of the COVID-19 pandemic. Over 4 million people have lost their lives and over 200 million people have been diagnosed with COVID. There have been recent peaks in incidence in a number of countries in Asia (e.g. India, Sri Lanka, Pakistan, Taiwan), South and Central America (e.g. Argentina, Colombia, Mexico), Africa (e.g. S Africa, Uganda and Kenya) and Europe (UK, Spain), reminding us that this is still a global public health crisis.

Although research findings on trends in suicide during the early phases of the pandemic have generally been reassuring, the substantial global disruption to populations, health systems and economies caused by the pandemic may lead to adverse effects on suicidal behaviour and suicide deaths in the medium to long term. The magnitude and duration of these effects is likely to differ in different countries and in different cohorts within countries depending on the severity of the pandemic, national and local responses, and underlying characteristics of the communities.

Drawing on the work of the International COVID19 Suicide Prevention and Research Collaboration (ICSPRC) – a collaboration with members from over 40 countries - this talk will highlight the most recent evidence about the effect of the pandemic on suicidal behaviour in several locations around the globe, assess the implications of these findings for suicide prevention and outline priorities for suicide research in coming months.

Keynote 7 Children & Adolescents

Abstract Title: Alienation from school increases mental illness among children and adolescents during COVID-19

Professor Margaret Nahkid Chatoor

Abstract

The physical toll of the Covid-19 global pandemic has resulted in the deaths of hundreds of thousands of persons in one of the two most vulnerable groups in society – the elderly. The other vulnerable population, children and youth, has been threatened by another contagious influence, mental illness. When schools closed without much warning due to the pandemic, the routines and structured learning for many children were completely disrupted and this alienation from school also had a major impact on their mental health. In looking at this issue, data were obtained from the Crisis Intervention Team (CIT), a hotline introduced in March 2020 in Trinidad and Tobago, in response to mental health issues as a result of covid-19. Results show that children were affected emotionally and psychologically by remote learning, expressing suicidal thoughts at very young ages. Children and adolescents with underlying depression and anxiety were at an increased risk of suicide, and there were significant increases in teen active suicide ideation. These findings support the growing evidence that youth mental health has worsened globally during the pandemic. There are many variables that may explain an increase in mental illness, as suicide has always been multifactorial, but the mandatory stipulations connected to the pandemic and the forced isolation of children from schools has added risk factors such as the loss of in-person school connections, social isolation and increased psychosocial stressors at home.

Abstract Title: Developmental Trauma and suicidality

Professor Helen Milroy

Abstract

This presentation will consider the current situation in regard to developmental trauma and risk for suicidality. The paper considers the impact of trauma on brain development and the subsequent development of vulnerability and risk across the lifespan. Unless we invest substantially and sustainably in childhood, we are missing an important opportunity to make significant gains in suicide prevention.

Abstract Title: Self-harm and suicide in young people: Associated risk factors and evidence-based interventions

Professor Ella Arensman

Abstract

In recent years, international research has shown an increase of self-harm and suicide in young people. In addition, many self-harm acts among children and adolescents remain 'hidden' from health services. In Ireland, self-harm rates among 10-24 year-olds increased by 22% in recent years accompanied by marked increases in methods of self-harm associated with high lethality. The patterns observed among young children in particular indicate that the age of onset of self-harm is decreasing. Increases in the female rate of hospital-treated self-harm in early teenage years are particularly striking, increasing threefold between the ages of 12 and 13 years. In addition, there are indications of long-term impacts of COVID-19 on increased rates of self-harm in a number of countries.

Self-harm in children and adolescents commonly involves self-cutting and intentional drug overdose, and associations have been found with depression, anxiety, eating disorders, substance abuse, physical and sexual abuse and bullying including cyberbullying.

Suicide clustering is four times more common among young people (15-24 years) than other age groups. There are indications of increasing clustering and contagion effects in suicidal behaviour among young people associated with the rise in social media. In addition, in small communities social learning processes also contribute to clustering of suicide and self-harm. Despite these concerns, research into treatment among children and adolescents is limited, especially following an acute presentation. Research has indicated that adolescents who engaged in self-harm were less likely to attend follow-up treatment sessions, which has shown to lead to poorer outcomes.

There is growing evidence for positive mental health promotion programmes in reducing risk factors for self-harm and strengthening protective factors. A number of specific interventions, including Cognitive Behaviour Therapy and Dialectical Behaviour Therapy have demonstrated positive effects in reducing risk of repeated self-harm among young people. However, the number of randomised controlled trials in this area is limited. In addition, there is a need to explore other modalities, in particular in the settings with limited access to specialist teams and treatment options for young people with less severe presentations.

Keynote 8 Community & Implementation

Abstract Title: Addressing policy changes for suicide prevention in Low-middle income countries – the experience from India

Dr Soumitra Pathare

Abstract:

While there are evidence based interventions for suicide prevention which have worked in high income countries and also in some low-middle income countries, the challenge is getting policy makers to adopt these interventions at scale. This presentation outlines these challenges in India, a low-middle income country which accounts for approximately one-third of the world's suicides and some potential interventions currently undertaken to address these challenges.

Abstract Title: Improving services for self-harm and suicide: getting research into practice

Professor Nav Kapur

Abstract:

Despite decades of suicidal behaviour research rates of suicide remain high in many settings, while rates of implementation of evidence-based intervention and prevention strategies remain low. Suicide prevention in England has become a policy priority in recent years and has been explicitly included as an area in the blueprint for NHS services over the next decade – the NHS long-term plan. For the first time dedicated funding for suicide prevention has been made available through national Quality Improvement programmes for suicide and self-harm. In this talk Nav will describe the programmes and the experience and outcomes to date.

Abstract Title: Suicide prevention activities in Ghana after a decade: the state of evidence and prevention activities

Dr Joseph Osafo

Abstract:

Globally we are expecting to reduce suicide rates by a third in 2030. However, higher rates of suicide and self-harm remain in LMICs alongside low investment into research, little research evidence, low government priorities, and lack of national strategies. In sub-Saharan Africa, these challenges loom large, making the development of evidence-based research and prevention programmes difficult and almost impossible.

Since relatively large corpus of research evidence for suicidal behaviours started in 2008 in Ghana, the commitment by local researchers to understand contextual factors and engaging in preventive programmes have remained unabated. Evidence-based research have continued to increase in guiding innovative prevention activities. In this presentation, I shall expound on the systematic evidence that are emerging in Ghana and show how they are guiding prevention programmes at various strata of at-risk groups. Challenges and lessons learned will be highlighted. The implications for the global discourse on expanding and investing in suicide research in LMICs as an important step in achieving the SDG goals 3 & 4 and reducing suicide by a third in 2030 will be addressed.

Special Guest, Panels and Workshops

Welcome presentation sponsored by Beyond Blue

Title: Seizing the moment in suicide prevention

Presenter: Hon. Julia Gillard AO

Abstract

Beyond Blue Chair, Julia Gillard AO, will reflect on the status of suicide prevention in Australia and what lies ahead. In the shadow of the pandemic, now is the time to seize the moment, think differently, invest differently and work differently

Sundowner Session sponsored by the National Mental Health Commission

Title: Sharing experience to shape reform

Presenters: Ms Christine Morgan & Mrs Gwen Cherne

Abstract

A 45-minute structured conversation between DVA's Veteran Family Advocate Ms Gwen Cherne and Commission CEO Ms Christine Morgan. The two speakers will discuss mental health and suicidal ideation, within the context of exploring how lived experience can inform systemic universal reform of the mental health system. The conversation will include discussion on the psychosocial determinants of mental ill health and suicidal ideation, through the lens of families, veterans and defence service, mental health conditions and other contributing factors.

Lived Experience Men's Panel Session sponsored by Movember

Title: Out of the ashes: Navigating male suicide with a lived experience panel
In conversation with Dr. Zac Seidler

Abstract

This panel discussion with Australian community leaders with diverse lived experience will involve a rich personal account of the lead up and aftermath to losing a loved one to suicide or grappling with your own suicidal thoughts. Our panel will share their lessons learned on the difficulties of knowing how and when to intervene and finding ways to make meaning of loss and the power of survivorship.

Julian Leeser MP - Julian was elected as the Member for Berowra to Australia's House of Representatives in 2016. Julian was just 20 years old when he lost his father to suicide, and he dedicated his maiden speech in Parliament to sharing his story. Julian continues to advocate for the improved awareness and funding around suicide prevention.

Anita & Chelsea Frawley – Since losing husband and father, Danny Spud Frawley, to suicide in late 2019, Anita and Chelsea have made it their mission to open up the conversation around suicide and the lasting impacts it can have on families and friends to reduce the stigma. Anita has been working closely with the St Kilda Football club to realise the Danny Frawley Centre for health and

wellbeing – a centre designed to foster a thriving community and Chelsea played a pivotal role in the development and creation of 'Spud's Game', a first for the AFL with a whole game focused on raising awareness and funds for men's mental health.

Dan Price – Dan is the ultimate Mo Bro, planning to run a 205km mountain trail ultra-marathon this November to raise money for Movember. Dan's driving passion for suicide prevention comes from surviving two suicide attempts in 2014 and he shares his story far and wide to make sure others don't suffer in silence.

ECR Keynote sponsored by Orygen

Title: The struggle is real: Navigating patient and public involvement in research as an early career researcher

Presenter 1: Laura Hemming

Abstract

Study objectives: Patient and public involvement (PPI) in research is becoming increasingly common and is an important way to improve the quality of research whilst ensuring that research remains relevant to its beneficiaries. Despite this, resources, time, and training for PPI for early career researchers is often scarce, particularly within doctoral research, which can make meaningful PPI challenging. This presentation will explore these issues and provide hints and tips to overcome them.

Methods and materials: Six individuals with lived experience of incarceration were recruited to contribute to a PhD exploring suicide in male prisoners. Contributors were involved at several stages of the research cycle, for instance study design, data analysis and dissemination. This also included pioneering innovative methods of involvement including co-analysis of qualitative data with an individual with lived experience of incarceration. This presentation will draw on both the experiences of the first author, as well as wider literature, to explore how to best meaningfully engage people with lived experience in early career research.

Results: Barriers to meaningful patient and public involvement included financial constrictions, time management and ethical considerations which posed restrictions to collaborative working. Benefits were identified such as co-production ensuring a triangulation of perspectives, epistemological advances and stronger study outcomes.

Conclusions: Although challenging, meaningful PPI is achievable in early career research, specifically in doctoral research. A number of recommendations will be made for early career researchers in the field of suicide wishing to involve individuals with lived experience in their research.

Title: The characterisation of social media activity in cluster and non-cluster suicides: a retrospective study on Facebook in Australia

Presenter 2: Phillip Law

Abstract

Study objectives: The mechanism through which contagion could be responsible for initiating suicide clusters is poorly understood. We aimed to explore the social media activity around suicide that occurred within a cluster.

Methods and materials: We identified spatial-temporal suicide clusters using Poisson discrete scan statistic, and matched 10 non-cluster suicides to each cluster suicide on sex and age-group.

Where possible, we then identified the Facebook accounts of cluster and non-cluster suicides, and retrieved from these accounts and their friends-list accounts the posts and replies that referred to the deceased within one month after their date of death. We analysed these posts and replies using concept mapping in Leximancer as well as word-emotion association and sentiment analysis in R. The ratio of "likes" to posts was also analysed to gauge the degree of social support and spread of posts.

Results: We identified two suicide clusters, with a total of 48 suicides. We compared 48 text segments from three Facebook accounts associated with cluster suicides with 606 text segments from 20 Facebook accounts associated with non-cluster suicides. Our findings show that the „family" and „son" concepts were significantly more represented in the cluster group than in the non-cluster group, The „xx" concept (an abbreviation for "hugs and kisses") was significantly more represented in the non-cluster group than in the cluster group, as were the „sorry" and „loss" concepts. We found no significant group difference in the proportion of words associated with each basic emotion (anger, fear, anticipation, trust, surprise, sadness, joy, and disgust) and sentiment (negative and positive). The mean likes-to-posts ratio was 8.50 in the cluster group and 31.86 in the non-cluster group.

Conclusions: Social media activity is more represented by close, personal, enduring relationships for cluster suicides and by expressions of condolence for non-cluster suicides. Further work is required to clarify whether particular types of messaging on social media after a suicide death may help minimise the risk of the suicide being in a cluster.

Title: Trajectories of Suicidal Thoughts and Behaviours in Canadian Patients with a First Episode of Psychosis
Presenter 3: Roxanne Sicotte
Abstract

Study objectives: People with psychotic disorders are at high risk of suicide, especially in the early stages of illness. The 10-year suicide rate of patients with first-episode psychosis is 2.6%, more than 18 times higher than that of the general population. A Danish study identified three trajectories of suicidal ideation in persons with first-episode schizophrenia-spectrum psychosis (low, decreasing; frequent, persistent and frequent, increasing), thus highlighting heterogeneity in the evolution of suicidal risk in persons with FEP. No study has identified the trajectories of suicide attempts in persons with first-episode psychosis (FEP).

Aims: To describe prevalence and trajectories of suicidal ideation and suicide attempts in a Canadian sample of patients with FEP and to identify factors associated therewith.

Methods and materials: A five-year prospective study of 567 people with FEP admitted between 2005 and 2013 to two early intervention for psychosis programs in Montreal (Quebec, Canada). At admission and annually, suicidal ideation and suicide attempts as well as potentially associated factors, such as sociodemographic characteristics, psychiatric diagnosis and symptomatology, alcohol and drug use, functioning and violent behaviours, were assessed through interviews, standardized questionnaires and chart audit. Latent Growth Mixture Modeling analysis was used to identify five-year trajectories of suicidal ideation and suicide attempts. Factors associated with membership of each of the trajectories were then identified.

Results: Prior to entering the early intervention for psychosis programs, 35% of persons with FEP previously had suicidal ideation and 8.3% had made a previous suicide attempt. At the time of admission, 14% reported having suicidal ideation and 1.5% had attempted suicide. More than 80% of patients with FEP experienced a decrease in suicidal ideation and suicide attempts over the five-year follow-up. A small minority of patients have persistent or increased suicidal ideation during follow-up. The factors associated with each trajectory will be presented.

Conclusions: Although the majority of patients experience a decrease in suicidal ideation and suicide attempts during follow-up, a small proportion of patients with FEP show persistent suicidal ideation and behaviours. As suicidal ideation and suicide attempts are the most important risk factors for suicide, it is of clinical importance to target and intervene early with these patients to prevent death by suicide. Further studies should assess intervention designed to target modifiable factors associated with the persistent and increasing trajectories.

COVID-19 Panel

Title: The impact of COVID-19 on suicide rates around the world: surveillance and prevention priorities in the coming months

Facilitator: David Gunnell

Abstract

In response to widespread concerns about the impact of the COVID-19 pandemic on suicide and suicidal behaviour a group of suicide prevention researchers from around 40 countries formed the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) https://www.iasp.info/research-collaboration-icsprc/. The group have been brilliantly supported by members of the IASP core team.

One the key tasks ICSPRC has been working on is sharing early intelligence about the impact of the pandemic on suicide and suicidal behaviour in different parts of the world, identifying high risk groups and sharing advice on prevention priorities.

This workshop will consist of a series of brief (8-minute) presentations from a range of research leaders from around the globe who have contributed to greater understanding of the impact of the pandemic followed by a panel discussion.

Panel members are

Prof David Gunnell (Chair); ICSPRC overview.

Prof Jane Pirkis (Australia) – International initiative to obtain pre/post pandemic suicide trend data from around the world via web-searches, literature review and personal contacts to investigate suicide trends in the early months of the COVID-19 using interrupted time-series analysis

Prof Ann John (UK) – Living Review of research evidence of the impact of the pandemic on suicide and suicidal behaviour: identification of high risk groups.

Prof Michiko Ueda (Japan) – Analysis of Japan's unique real-time suicide surveillance data (published within 2 weeks of the end of each month) to identify priority groups for prevention

Dr Dee Knipe (UK/Sri Lanka)– Literature review of impact of pandemic on suicide and suicidal behaviour in Low and Middle Income Countries

Each panel member will summarise the most up-to-date knowledge in their area, the strengths and limitations of their particular surveillance approach and how it has informed prevention policy and practice.

The subsequent panel discussion will give panel members the opportunity to discuss priorities for pandemic-related suicide prevention in the coming 12 months and give audience members the opportunity to share experiences from their countries as well as discuss future data sharing opportunities to facilitate surveillance and the challenges and opportunities of collecting real time

National Strategies Workshop

Title: Towards the development, implementation and evaluation of national suicide prevention strategies.

Facilitator: Professor Ella Arensman

Abstract

The aim of this workshop is to guide and support the development, implementation and evaluation of national suicide prevention strategies, especially in low- and middle-income countries (LMICs). In recent years, a growing number of countries have expressed a need to support the actual implementation and evaluation of a national suicide prevention strategies. Therefore, the primary objective of this workshop is on providing guidance to countries in developing implementation and evaluation plans aligned with national suicide prevention strategies. The outcomes feed into guidance for the implementation and evaluation of national suicide prevention strategies, which is currently being developed by WHO. The development, implementation and evaluation of national suicide prevention strategies during the COVID-19 pandemic will also be addressed.

In addition, the workshop will provide a platform for countries from different global regions to present on the progress of existing national suicide prevention strategies and activities and plans for national strategies that are currently under development, whereby countries can benefit from exchange of expertise within and across regions.

Target audience

Delegates from countries, especially low-and-middle income countries in different World Health Organization regions who are considering and/or engaging in the development, implementation or evaluation of coordinated national suicide prevention activities or programmes.

Programme

- Implementation and evaluation of national suicide prevention programmes – An update. Presenters: Dr Alexandra Fleischmann (WHO) and Prof Ella Arensman (15 mins.)
- Examples from 4 countries in LMICs where a national suicide prevention strategy is currently being developed or has recently been completed: Guyana, Pakistan, Namibia, Sri Lanka - (4 x 15 mins.) – Facilitation: Prof Steve Platt
- *New initiative:* Establishing regional networks globally to promote the development, implementation and evaluation of national suicide prevention strategies (5 mins.) – Prof Steve Platt and Prof Mohsen Rezaeian
- Q&A involving panel (10 mins.) – Facilitation: Prof Mohsen Rezaeian
Outcomes:

• Enhanced understanding of the challenges of developing, implementing and evaluating national suicide prevention strategies through exchange of expertise within and across regions, especially within LMICs.

• Strengthen international network of practitioners and researchers interested in developing, implementing and evaluating national suicide prevention strategies.

Chatsafe Panel

Title: Social media and suicide prevention: a panel discussion

Facilitors: Jo Robinson & Mark Sinyor

Panel: Louise LaSala[1], Antigone Davis, Anna Lavis[3], Michiko Ueda[4], Emily Unity[5]

[1]University of Melbourne; [2]Facebook; [3]University of Birmingham; [4]Waseda University; [5]Youth Advisor Orygen.

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. For this reason, we developed the #chatsafe program. #chatsafe comprises a set of evidence-informed guidelines designed to equip young people to communicate safely online about suicide; a social media campaign targeting young people; and a suite of resources for communities, parents and educators.

The program has been pilot-tested and shown to be safe and potentially effective among a general population sample of young people as well as among young people who have been bereaved by suicide. The guidelines and associated resources are easily accessible online including via the Facebook and Instagram Safety Centres.

Whilst highly innovative, the #chatsafe program really only represents a first step towards minimising the risks and harnessing the benefits that social media can offer when it comes to suicide prevention.

In this interactive panel discussion we will bring together researchers and industry experts to discuss what we know about the role of social media in suicide prevention to date, and to start to grapple with some of things we don't yet know in order to help pave a way forward for youth suicide prevention.

Methodologies

Title: **Common mistakes in suicide research and how to avoid them**

Panel: Associate Professor Kairi Kõlves; Q&A facilitated by Dr Victoria Ross and Jacinta Hawgood

Abstract

High quality research is the underlying feature of the public health model in suicide prevention. Research plays an essential role in improving our knowledge about suicidal behaviour, and also developing and evaluating suicide prevention interventions. To contribute to advancing the quality of suicide research and prevention the aim of the special session is to present and learn from common mistakes in the field.

Session is guided by the recent book Advances in suicide research (edited by Kõlves K, Sisask M, Värnik P, Värnik A & de Leo D). The book gives an overview of current best practice in the conduct of suicide research by world leading suicide researchers. Quantitative, qualitative and

mixed-methods approaches in a suicide prevention research from a public health perspective are presented using helpful examples. Additionally, other aspects considered crucial to suicide research such as definitional issues, historical backgrounds and ethical aspects, are examined.

Research Fund Workshop sponsored by Suicide Prevention Australia

Title: **Taking the lid off suicide prevention research and uncovering what it's really all about**

Facilitator: Nieves Murray, CEO Suicide Prevention Australia

Panel: Professor Myfanwy Maple, University of New England; Professor Nicholas Proctor, University of South Australia; Dr Jaelea Skehan OAM, Everymind; Ingrid Ozols AM, Lived Experience.

Abstract

An insightful session about the value of translational research in suicide prevention. A panel of experts will uncover their thoughts on how their research influences policy and practice; bolsters best practice suicide prevention research; and considerations for evaluating impact and effectiveness. The session may be of particular interest to early career researchers and is funded by the National Suicide Prevention Research Fund.

Lived Experience Panel

Title: Lived Experience informed systems change – co-creating the future of suicide prevention

Panel: Jo Riley (Chair), Adriel Burley (AUS), Corinda Taylor (NZ), Kristina Mossgraber (USA)

Abstract

The role of people with a Lived Experience of suicide in suicide prevention strategy and systems change is identified as key in the World Health Organisation's LIVE LIFE publication. It is fair to say that the sophistication of lived experience movements vary greatly between countries and there is much to learn from each other. Panellists will explore how the expertise of people with a lived experience of suicide is being integrated in Australia, New Zealand and the United States, and what is needed to move to genuine co-creation of a re-imagined approach to suicide prevention.

Pecha Kucha

Title: Young people's experiences seeking care for self-harm from emergency departments

Presenter 1: Sadhbh Bryne

Abstract

Study objectives: This study aimed to examine young consumers' views on their experiences of seeking care for self-harm from Emergency Departments (EDs). Many young people who engage in self-harm do not seek help from health services. For those that do, EDs are a key point of contact. Research on consumers' experiences of self-harm care in EDs suggests that treatment is often sub-optimal. However, this research has predominantly focused on adults, with substantial gaps in current knowledge of young consumers'

experiences and views. Given that empowerment and user involvement are important tenets of contemporary mental health care, and considered best practice in suicide prevention, this study centred young people's voices.

Methods and materials: Semi-structured qualitative interviews were conducted with thirteen young people (M age = 21.2 years), who had presented to an ED with self-harm, including self-harm with suicidal intent. Participants were asked to describe their experience in the ED and the care they received, and data were analysed thematically.

Results: Three interrelated themes were identified: 1) The ED was experienced through a lens of significant distress; 2) The ED environment and processes were counter-therapeutic; 3) Staff were perceived to be disinterested, dismissive, and lacking in knowledge.

Conclusions: Young people's accounts of their experiences at EDs for the treatment of self-harm, including suicidal behaviour, were overwhelmingly negative. The findings reflect a critical missed opportunity to provide care to vulnerable young people at a time of heightened risk. Recommendations for service and practice improvements will be highlighted, including the provision of staff training, increased aftercare services, and wider mental health service reform.

Title: Reaching those who don't reach out' in rural areas - defining and building community-based suicide prevention

Presenter 2: Laura Grattidge

Abstract

Study objectives: For people living in rural areas a number of factors impact suicide and its prevention. These factors include geographic location, how we measure rurality, access to services, socio-economic disadvantage, environmental adversity, and engagement in high-risk occupations and activities. These need to be considered when asking how we can define and build community-based suicide prevention. With existing mental health services potentially not reaching around 50% of those who have attempted or considered suicide, this suggests people aren't accessing support through other traditional methods. To reach those who don't reach out in rural areas we need to think more broadly and look to those already working at the community-level who can help identify and support people at-risk every day. The aim of this paper is to define, highlight, and build community-based suicide prevention and how it can be utilised in the future of suicide prevention.

Methods and materials: Data sources include interviews (n=36) with participants identifying as experts working in the field of community-based suicide prevention, either at a community, researcher, program or policy level across Australia; and a literature review exploring community-based suicide and what community-based strategies are effective for people living in rural areas. Relevant interview data were thematically analysed using NVivo.

Results: A definition of community-based suicide prevention will be provided, particularly relevant to rural areas. Findings will show how a definition of community-based suicide prevention needs to consider local environment, context, and community socio-cultural needs and strengths. Such a comprehensive community-led approach requires attention at all levels, from universal approaches targeting whole of population, selective approaches targeting those at higher risk, to indicative approaches specifically targeting those displaying suicidal behaviours. Findings will highlight effective community-level interventions that could be replicated in other rural

communities, co-created and delivered by local community members and organisations, and those working in rural areas with target groups. Findings will explore the strategies rural communities can undertake to reach target population groups, including utilising the natural gatekeeper roles within a community (i.e. peers, sports teams, industry, GPs, nurses, teachers) and using innovative methods to reach these people (i.e. BBQ out the back shed, community networks).

Conclusions: Findings will help highlight the role of community-based suicide prevention to reach those that don't reach out in rural areas, providing first-hand narrative from people working in the area and from the published research. This intends to inform future policy and planning of suicide prevention programs, to build on what already works within rural areas but requires further program evaluation or funding, relevant within Australia and across the world.

Title: Strong Teens and Resilient Minds: prevention of suicidal behaviour and depression using a multimodal stepped school-based prevention program

Presenter 3: Mandy Gijzen

Abstract

Study objectives: Since 2010, suicide has been the most important cause of mortality in youth aged 15 to 29 years in the Netherlands. Depression is an important risk factor for suicidal behaviours (i.e. suicide ideation, deliberate self-harm, planning, and suicide attempts) in adolescents. This developmental continuity is especially noticeable in adolescents compared to other age groups; therefore, it is necessary to develop preventive strategies for teens. A multimodal school-based approach to suicide and depression prevention was developed, which integrates universal and targeted approaches and includes various stakeholders (schools, adolescents, lived experience workers, municipalities and mental health professionals) simultaneously.

Methods and materials: A cluster RCT with an intervention and control condition to test the effectiveness of a school-based multimodal stepped-prevention program for depression and suicidal behaviours in adolescents was performed. Adolescents in their second year of secondary education participated in the study. The participants in the intervention condition received the entire multimodal stepped-preventive program comprising early screening and detection of suicidal behaviours and depressive symptoms, a safety net consisting of gatekeepers at school, followed by universal and indicated prevention. The universal part includes a serious game and session led by a lived experience worker. The indicated part is a CBT-based group skills training. The participants in the control condition received the screening and the safety net of gatekeepers at schools. Primary outcome is suicidal behaviours measured at 12-months follow-up.

Additionally, the universal prevention component specifically will be evaluated through a process evaluation as this intervention was newly developed to determine whether it is feasible for future scale-up.

Results: Results from the cluster RCT will be presented at the conference. Data collection is still in progress as this was delayed due to the government restrictions resulting from the COVID-19 pandemic. The process evaluations indicates that the universal component is acceptable for

adolescents, but recommendations include to improve support and guidance for lived experience workers.

Conclusions: If the school-based multimodal stepped-prevention program proves to be effective and feasible, it could be implemented in schools on a large scale.

Title: The #chatsafe project: Helping young people communicate safely online about suicide

Presenter 4: Louise La Sala

Abstract

Study objectives: Young people actively use social media to talk about suicide and suicide-related behaviour. As such, social media presents a unique opportunity to reach young people with effective and youth-friendly approaches to suicide prevention. However, little is known about the efficacy of population-wide suicide prevention campaigns, particularly among young people and in the context of social media.

Based on the #chatsafe guidelines, this study examined the acceptability, safety and feasibility of a co-designed social media campaign. The campaign was designed by young people, for young people, and was shared with young Australians via Instagram, Snapchat, Facebook, Twitter and Tumblr.

This study also examined the impact that the #chatsafe social media campaign had on young people's willingness to intervene against suicide and their perceived self-efficacy, confidence and safety when communicating online about suicide.

Methods and materials: A sample of 189 young people aged 16 – 25 years completed three questionnaires across a 20-week period (4 weeks pre-intervention, immediately post-intervention, and at 4-week follow up). The intervention took the form of a 12-week social media campaign delivered to participants via direct message. Participants were asked to evaluate the campaign content each week to measure acceptability and iatrogenic effects.

Results: Participants reported finding the intervention acceptable and they also reported improvements in their willingness to intervene against suicide, and their perceived self-efficacy, confidence and safety when communicating on social media about suicide.

Conclusions: Findings from this study present a promising picture for the acceptability and potential impact of a universal suicide prevention campaign delivered through social media, and suggest that it can be safe to utilize social media for the purpose of suicide prevention.

Title: Qualitative study of a moderated online social therapy intervention for young people with active suicidal ideation

Presenter 5: Eleanor Bailey

Abstract

Study objectives: Online interventions are a promising approach to support youth at risk of suicide, and those incorporating peer-to-peer social networking may have the added potential to target interpersonal states of perceived burdensomeness and thwarted belongingness. Owing to feasibility and safety concerns, including fear of contagion, this had not been tested until recently. In 2018, we conducted a pilot evaluation to test the feasibility, safety, and acceptability of a Moderated Online Social Therapy intervention, called Affinity, with a sample of young people with active suicidal ideation. This study aimed to report qualitative data collected from study participants regarding their experience of the web-based social network and the consequent safety features.

Methods and materials: Affinity is a closed website incorporating 3 key components: therapeutic content delivered via comics, peer-to-peer social networking, and moderation by peers and clinicians. Semi-

structured interviews were conducted with 15 young people who participated in the pilot study after 8 weeks of exposure to the intervention. The interviews were analysed using thematic analysis, with the frequency of responses characterized using the consensual qualitative research method. The results are reported in accordance with the Consolidated Criteria for Reporting Qualitative Research checklist.

Results: A total of 4 overarching themes were identified: a safe and supportive environment, the importance of mutual experiences, difficulty engaging and connecting, and the pros and cons of banning discussions about suicide. Some interesting tensions were noted: for example, although participants generally supported the banning of conversations about suicide, for some this was perceived to reinforce stigma or was associated with frustration and distress.

Conclusions: The results support the safety and potential therapeutic benefit of the social networking aspect of Affinity whilst simultaneously highlighting several implementation challenges. There is a need to carefully balance the need for stringent safety and design features while ensuring that the potential for therapeutic benefit is maximized.

Title: TNF- alpha polymorphism related inflammation leading to suicidal behaviour

Presenter 6: Ruchika Kaushik

Abstract

Study objectives: The role of cytokines has been extensively studied in depression and suicide. Only a few studies have considered the role of single nucleotide polymorphism of pro and anti-inflammatory cytokines in suicidal behaviour. This study aims to analyse the effect of two single nucleotide polymorphisms of TNF-α present in the promoter region among the suicidal deaths and non-suicidal deaths which are previously associated with an elevated risk of suicide in MDD patients.

Methods and materials: A total of 444 subjected were enrolled (218 suicidal deaths and 226 non-suicidal deaths) after taking informed consent from their next kin. The genotyping of the TNF-α -308 G/A (rs1800750) and TNF- α -850 C/T (rs1799724) was done using the PCR RFLP method. A Chi-square test was used for identifying the possible risk genotypes for suicide. A multivariate logistic regression analysis was also performed to examine/identify risks of TNF- α genotype of each SNP after adjusting for socio-demographic variables such as employment status, gender, and marital status.

Results: A total of 444 subjects were enrolled (suicidal cases- 218, non-suicidal cases- 226) in this study. The cases and controls were in the same age range i.e. 14-70 years and sex-matched. The means of suicide were dominated by hanging i.e. 94.49% followed by poisoning i.e. 5% and the least used was fall from height i.e. 0.009%.

TNF- α -308 G/G genotype and TNF- α -850 T/T genotypes was found to be significantly higher in suicidal group i.e. $p < 0.01$, OR= 2.28 and $p < 0.00001$, OR= 2.814 respectively at 95% CI. For both the SNPs regression coefficient for unemployment have positive association with suicidal group

Conclusions: The two genotypes GG of TNF-α -308 G/A and TT of TNF- α -850 C/T appear to be an independent risk factor for suicide. However, the role of these genotypes on the activity of the TNF- α is still unclear

In Conversation

Keith Hawton & Jane Pirkis

In this session, you will hear from one of the all-time greats in suicide prevention, Professor Keith Hawton. Keith generously sat down with Professor Jane Pirkis and answered her wide-ranging questions about how he wended his way into suicide prevention, who influenced him along the way, what his career highlights have been, and how he spends his time outside work. Keith is an inspiration to people who work in the suicide prevention field, and this session has something for everyone – from the newest of early career researchers to the most established academics.

TikTok Panel sponsored by TikTok

Title: The ethics of suicide intervention and resource provision on digital platforms

Facilitator: Aishwarya Kumar

Panellists: Daniel Reidenberg, Shelby Rowe, Ella Arensman, Nina Vasan

Abstract

Throughout the pandemic, social media and digital content platforms have played a unique role in our socially distanced lives. These platforms allow people to express their creativity, connect meaningfully with others and share deep emotions and slices of daily life. In some cases, that includes experiences with suicidal thoughts and behaviours. While technology platforms acknowledge the role social media could play in suicide prevention and intervention, they face challenges defining their role. There are issues around privacy, personal heath data and in some jurisdictions – laws criminalising suicide attempts. Our panel today aims to address this gap, with a focus on clearly defining social media's role. • What resources should they provide? • When should they intervene? • What are the ethical considerations and boundaries? • What works? • How can we do better?

Symposium

1. Title: Preventing suicide in boys and men – Building the evidence base
Submission #92142
Chair: Professor Jane Pirkis
Introduction

For men and boys, conformity to restrictive masculine norms has been linked to reduced help-seeking for mental health problems and higher suicide risk. This has led to a call for male-centred programs and services and as a result, there has been an increase in male-focussed interventions for boys and men in Australia in recent years including universal/selective and indicative interventions. Some of these interventions seek to encourage men and boys to seek help, others aim to improve health services to be more 'male friendly'. However, few of these interventions have been evaluated.

This symposium will present 4 interventions and their finding to date, seeking to address this gap. These interventions are part of a bigger project, The Buoy Project which in total involves 7 RCTs of universal/selective and indicated interventions.

1.1 Testing the impact of 'Breaking the Man Code' workshops on adolescent boys' help-seeking, masculinity and suicide risk factors: A cluster randomised controlled trial
Presenter: Dr Kylie King

Study Objectives: Tomorrow Man is a community-funded program that is seeking to address the problem of male suicide by challenging and transforming potentially harmful masculinities with young males. Their 'Breaking the Man Code' workshops facilitate honest and authentic conversations with male students in year 10, 11 and 12, in order to define a masculinity that 'generates purpose, pride, and health for the men of today and tomorrow'. Since 2017, Tomorrow Man has delivered over 800 'Breaking the Man Code' workshops around Australia and have reached over 19,000 males. This trial evaluates Tomorrow Man's 'Breaking the Man Code' workshops with the aim to determine the impact of the workshops on male students. Specifically, we seek to determine whether the workshops have positive impacts on participants intentions to seek help for personal and emotional problems, perceived social support, conformity to masculine norms, wellbeing, and depression risk. The trial is a partnership with Tomorrow Man and is funded by the MRFF and Australian Rotary Health.

Data will be collected via a cluster randomised controlled trial with 40 schools across Australia, including government and independent schools. Students will be assessed on a range of measures prior to the workshop and after the workshop, and whilst waiting to receive the workshop. An economic evaluation will also be undertaken to determine the economic benefits of the workshops. Findings from this trial will provide critically needed learnings about suicide prevention interventions aimed at young males.

Project Team

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1.2: The Mental Health First Aid 'Conversations about Suicide' trial
Presenter: Professor Nicola Reavley

The University of Melbourne, the Victorian Men's Shed Association (VMSA) and Mental Health First Aid (MHFA) Australia are working together to investigate the effectiveness of the Mental Health First Aid Conversations About Suicide (MHFA-CaS) course. MHFA Australia has developed public education courses that teach community members to recognise when someone is experiencing a mental health problem and provide them with appropriate support (known as mental health first aid). The MHFA-CaS course is a specialised four-hour course focused on recognising and supporting people with suicidal thoughts. It aims to improve participants' confidence and skills in supporting someone in their social network, such as a friend or family member, who is feeling suicidal. The course is based on suicide prevention best practice guidelines and is delivered by instructors who are trained and accredited by MHFA Australia.

The course will be implemented in Men's Sheds across Victoria with the aim of reaching older men, who have the highest suicide rate. Men's Sheds are community organisations that provide a communal space for men to meet, socialise, learn new skills and voluntarily take part in practical activities with other men. We will use a cluster RCT design with a 7-month follow-up to better understand the effect on helping intentions and behaviours towards people who are suicidal, suicide beliefs and stigmatising attitudes. Enhancing the knowledge, attitudes and supportive actions of social networks and peers of older men is a potential pathway for reducing mental illness and suicidal risk in males.

Project team

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1.3: A Randomised Controlled Trial of a media-based suicide prevention intervention for Australian men
Presenter: Dr Angela Nicholas

We will present early findings of a randomised controlled trial testing the effects of a video intervention on men's intentions to seek help for mental health difficulties. This research design will also assure that the video is safe for release in the broader community (if shown to have no negative outcomes).

Australian men are socialised in ways that reinforce norms of stoicism, independence, invulnerability and avoidance of negative emotions. A growing body of evidence demonstrates that conformity to these aspects of masculinity may in part explain men's poor mental health outcomes and reluctance to seek help. On the flipside, redefining what it means to be a man may open new ways for men to express themselves when experiencing problems. Gender norms being societal and systemic, interventions that target the whole of population seem appropriate when aiming to challenge these norms. In this context suicide prevention media campaigns are gaining in popularity; yet, little is still known about their effectiveness in increasing help seeking and

reducing suicide risk, and even fewer studies looked into the effect of gender transformative programs.

Following its public release, this video intervention could have broad impacts on individual and community attitudes towards masculinity and men's mental health, and ultimately enhance men's wellbeing. An evidence-based campaign could increase the likelihood that men contemplating suicide might seek help for their mental health difficulties and encouraging others to do so. Ultimately, these changes could have an impact on the male suicide rate.

This project is a partnership between the University of Melbourne (responsible for the evaluation), Heiress Films (who will create the intervention video), Gotcha4Life (a not-for-profit suicide prevention organisation for men: https://www.gotcha4life.org/) and EveryMind (a not-for-profit mental health and suicide prevention organisation delivering education programs nationally: https://everymind.org.au/).

Project team:

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2. Title: Workplace Suicide Prevention: Special Populations

Submission #92262

Chair: Sally Spencer Thomas

Introduction

As the efforts in workplace suicide prevention become more sophisticated, targeted approaches are refining our effort to reach at-risk populations.

2.1: Retirement and suicidal behaviours: A Review of the International Literature

Presenter: Dr Kylie Therese Crnek-Georgeson, The University of Sydney

Co-Author: Dr Leigh Ann Wilson, The University of Sydney

Objective: The aim of this scoping review was to map the published literature on retirement patterns, transitions to retirement, and the effect early redundancy/ forced retirement has on individuals close to retiring. This review provides recommendations for future research and changes to retirement policies, to decrease the prevalence of suicidal behaviours for older adults.

Methods

A literature search (Figure 1) (2014 - 2020) was conducted in Medline, PubMed, Cinahl and Scopus, using the terms retirement, transition, redundancy, and pathways.

Results: A rapid review of the global literature was undertaken, initially identifying 204 articles, 177 were removed, leaving a total of 27 papers chosen for full review. Key search terms included retirement, transition, redundancy and pathways to retirement. The researchers did not include the word suicide in order to encapsulate the broader context of retirement. Key themes arising from the data were the experience of retirement, planning, general and psychological health, and

levels of social participation. Research from America conducted over 12 years suggests that older adults may move in and out of retirement, suggesting a need for policy change and an understanding of external factors, including use of the term "Retirement pathways".

Conclusions: This review provides information to assist policy makes, health workers, employers and employees with transitioning out of paid work, emphasising the need to acquire and maintain competency in a complex set of skills, regardless of the phase of retirement, in order to improve health literacy and decrease psychological stress, leading to suicidal behaviour.

2.2: Suicide in the construction industry: methodological issues in defining the industry
Presenter: Gabrielle Jenkin,

Co-Authors: June Atkinson and Steven Davey

Affiliation: Suicide and Mental Health Research Group

MATES in Construction New Zealand is a charitable organisation with a remit that includes raising awareness of suicide in the construction industry. Within this scope, a fundamental issue to be addressed is the prevalence and rate of suicide in the industry. In New Zealand, the issue of counting cases was investigated recently and reported at around 300 since 2007. However, a recent request for data from the same coronial source found a higher number of suicides leading to confusion. This research was tasked with clarifying the numbers of suicides and exploring their key demographics. One key issue to be addressed at the outset of this project was how best to define the construction industry. Although we have standard classifications, the problem of defining the industry is complicated by a number of factors, for example, many people work for more than one industry. We examine these factors and how we moved forward to define the construction industry in New Zealand. This definition will then be used to find the correct number of suicides, calculate rates and in the future, monitor trends and assess the impact of workplace-based suicide prevention by MATES.

2.3: Construction Industry Suicide Mitigation Approaches: International Context and Considerations
Presenter: Sally Spencer-Thomas

Co-Author: Eduardo Vega,

Organization: United Suicide Survivors International | Humannovations International

Position: President/Founder; CEO/Principal

The international construction industry comprises one of the world's largest workforces including multiple trades and thousands of workers of various education and socio-economic levels. As a high-risk industry for several mental health and substance use impacts, it is among the workforces most impacted by suicidal intensity and deaths. Given the diversity of this workforce and the diversity of people employed within it, several unique variables affect the success of mental health programs that seek to mitigate distress and suicide.

Approach: The presenters discuss their work in the construction industry in multiple European, North and South American and Asian communities. They will share the lessons learned and the challenges of cultural adaptation and responsiveness. Finally, they present a unique approach to

engagement and program development in an industry that touches many of the world's highest risk subgroups.

2.4: Identifying Gap-Filling Training Needs in Firefighter Suicide Prevention: Results of a National Needs Assessment for the U.S. Fire Service
Presenter: Sally Spencer-Thomas, Psy.D. (USA), United Suicide Survivors International
Although complications with obtaining reliable data regarding firefighter suicide and suicidal behaviour exist, the best research we have today does indicate that firefighters may have an elevated rate of suicide and seem to be dying by suicide at numbers comparable to line-of-duty deaths. All would agree that even one firefighter suicide is too many. Thus, a well-developed and strategic suicide-specific prevention training program that addresses the unique challenges and opportunities of the fire service is justified.
Methods: In 2018, a national needs and strengths assessment was conducted with the primary objective of offering guidance to help the National Fallen Firefighters Foundation (NFFF) in their development of a gap-filling training program for suicide prevention in the fire service. The process of gathering information included a national survey (n=1,468), 12 in-depth-interviews, three focus groups, a literature review and a resource audit.
Results: The needs and strengths assessment revealed many common endorsements of things that are "working well" (or at least better) including perceived reduced stigma, new resources, and emerging evidence-based practices. That said, most agreed that much work remains. At the top of the list was leadership that could drive a cultural mindset of holding psychological safety at the same level as physical safety. Additional challenges include: unique aspects of the job and the type of people who work in fire service, resource confusion, lack of evaluation, and lack of a sustained and comprehensive approach.
Conclusions: Training suggestions are intended to help prioritize audience, content and approach. A pathway for training development is offered from how to training gain buy-in and "bake in" to health and safety culture through marketing, evaluation and distribution. The training concept is to build a step-wise progression of skill-complexity and re-dose firefighters with life-saving skills related to suicide prevention, intervention and postvention across the career.

3. Title: Suicide first aid intervention dissemination in traditionally male orientated-male workplace settings
Submission #92257
Chair: **Shayne Connell**, CEO *LivingWorks Australia*
Introduction
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.

Saving someone's life can begin with having a conversation. Approximately 40 per cent of people who die by suicide have not had contact with health services in the past 12 months. We can support people who are experiencing suicidal thoughts or distress by creating opportunities to have a conversation.

Suicide First Aid caregivers, also known as Gatekeepers, are people in our community who may come into contact with people who are experiencing suicidal thinking or behaviour. This could include people who work in our community as sports coaches, teachers, students, veterans, youth workers, clergy, pharmacists, aged care workers, people working in the construction industry, and many others. As part of Suicide First Aid training, people learn how to identify behavioural changes or elevated suicide risk, and skills to safely speak to and support individuals experiencing suicidal ideation or self-harm.

With more than three-quarters of intentional self-harm deaths occurring in males, providing Suicide First Training for male touchpoints in workplaces/forces/communities with at risk males, is a strategy is being undertaken at scale globally by LivingWorks with industry/government/community partners . This is a vision to create a network of safety to increase early intervention so those males at risk seek the help they need much earlier.

This Symposium will examine Suicide Fist Aid training dissemination within a number of male orientated workplaces/workforces. Industries that also have high exposure to vicarious trauma – military/veterans and First Responders – and those with high rates of suicide – Construction

3.1: Military/Veterans settings
Presenter: Open Arms

Abstract: 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.** Open Arms is focused on meeting client needs through a combination of proven clinical practices and new and emerging evidence-based approaches. Open Arms contributes to a wide range of research projects in Australia and around the world, as well as funding professional development for counsellors. A key Open Arms strategy is the "**Suicide intervention and mental health literacy workshops**", where Open Arm's 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. These workshops are delivered in RSLs and major Ex-Service Organisations around the country. Workshops include Mental Health First Aid and the LivingWorks network of safety suite of START, safeTalk, and ASIST. Open Arms will discuss the early dissemination and adaption of safeTalk tailored for veterans and their touch points, and the LivingWorks train the trainer model that has been adopted by Open Arms staff.

3.2: First Responder (B) – Fire and Rescue Service NSW
Presenter: Traci Carse Occupational Psychologist**.**

Abstract: The (Aus) NSW Government's Towards Zero Suicides strategy is an $87 million investment over three years in new suicide prevention initiatives that address priorities in the Strategic Framework for Suicide Prevention in NSW 2018-23 and contribute to the NSW Premier's Priority to reduce the suicide rate by 20 per cent by 2023. The Towards Zero Suicides initiatives seek to provide leading best practice crisis care and support, build on local community resilience and improve systems and practices. A key initiative of the strategy is community support through capacity building, which includes Community suicide First Aid training. Through the "*Community Gatekeeper Training initiative*", organisations across NSW have received funding to deliver specialty suicide awareness and prevention skills training courses to over 10,000 members of the community. A main provider the training is LivingWorks, which is includes working to support NSW Fire and Rescue Service. This presentation will explore the introduction of the Network of Safety model into the NSW Fire and Rescue Service. It will include the adoption of the train the trainer model among key staff and early evaluation of training among 300 firefighters at stations in Sydney and in regional NSW during a backdrop of COVID19 and post-bushfires.

3.3: Construction settings
Presenter: Mates in Construction (Mates)

Abstract: MATES is a charity to reduce the high level of suicide among Australian construction workers. MATES provides suicide prevention through community development programs on sites, and by supporting workers in need through case management and a 24/7 help line. Serving the construction industry in Queensland, New South Wales, South Australia and Western Australia, the Energy industry in Queensland and New South Wales, and nationally to the Mining industry. MATES was established in response to a major report on suicide (the 'AISRAP Report') within the Queensland Commercial Building and Construction Industry. This report found that suicide rates in the industry were higher than the Australian average for men, and that youth suicide within the industry could be as much as 2.38 times more common than among other young Australian men. The first layer of training is termed General Awareness Training, or GAT. GAT training is designed to introduce workers to the nature and scale of the problem and is intended to break down taboos about talking about suicide and provides preliminary guidance to workers on how to have conversations with each other about mental health and suicide. Following GAT, volunteers can choose to train as Connectors (LivingWorks' safeTALK), a person who is trained to keep someone safe in a crisis and help connect that individual to appropriate specialist care. Individuals can then choose to train to the next level and become LivingWorks' ASIST-trained workers, equipped with the skills and knowledge to talk with and assist a person at immediate risk of suicide. Surrounding these training levels is the MATES 24/7 support network via Field Officers and Case Manager site and phone support. The presentation will explore the introduction of suicide first aid training within an industry program, and outcomes so far in evaluation and research.

3.4: Suicide First Aid evaluation

Presenter: Dr Pete Gutierrez, Military Suicide Research Consortium Director and LivingWorks Education Vice President Innovation

Dr Peter Gutierrez joined LivingWorks in 2020 and overseas research, evaluation and innovation. Dr Gutierrez has an eminent background in the suicide prevention field with research interests including veterans, military, psychometrics, and treatment efficacy. Dr. Gutierrez's most recent work is with the Department of Veterans Affairs' Rocky Mountain Mental Illness Research Education and Clinical Center (MIRECC) in Denver, where he has been serving as a clinical/research psychologist. He co-directs the Military Suicide Research Consortium (MSRC), implementing a multidisciplinary research approach to suicide prevention for the U.S. Department of Defence, and will initially divide his time between LivingWorks and continuing involvement with the MSRC. Dr. Gutierrez's work with LivingWorks includes elevating the quality and efficacy of well-known programs including LivingWorks ASIST, LivingWorks safeTALK, and LivingWorks Start. He will also research and analyse the factors that have led to highly successful training implementations so that LivingWorks can readily replicate these best practices elsewhere. Drawing on his previous experience and more recent analysis of LivingWorks research, Dr Gutierrez will discuss how LivingWorks can accelerate its future work with at risk work place settings.

4. Title: Why we need to shine a light on LGBTQIA+ suicide prevention: Launch of the IASP LGBTQIA+ Suicide Prevention Special Interest Group

Submission #92248

Chair: Stephen Scott.

Founding SIG members are proud to announce the establishment of a new special interest group for LGBTQIA+ suicide prevention situated within the International Association for Suicide Prevention.

This symposium will provide an overview of the new SIG and its planned activities, encouraging discussion for the scope and direction of the SIG activities. The presentation will also provide a brief overview of the rationale for establishing such a group.

4.1: Introduction of the LGBTQIA+ Suicide Prevention SIG

Presenter: Ms Martina McGrath

Across the world, LGBTQIA+ people are at increased risk of suicide, self-harm and emotional pain relating to suicide. LGBTQIA+ people, like many other culturally diverse priority groups are over-represented in data relating to suicide deaths, attempts and self-harm. LGBTQIA+ people often experience life adversities emanating from public and private stigma, shame, discrimination, violence and, in many countries, laws and practices which seek to punish LGBTQIA+ people and deny fundamental human rights, equity and equality.

Despite these increased layers of social injustices and adversity, which often result in an increased risk of suicide, LGBTQIA+ people are resilient, adaptable and possess many untapped protective factors which help LGBTQIA+ people survive and learn to thrive, despite living in an often unjust and unsafe world. Like all other human being in all cultures and countries, LGBTQIA+ people deserve the same rights and freedoms. LGBTQIA+ people deserve to live lives lived well by their

standards, lives full of hope and promise, the right to self-determination and to pursue a life filled with good health, happiness and full participation in society.

There is a growing wealth of literature relating to LGBTQIA+ peoples and suicide. However, there is no formal international network or group for connecting researchers specialising on LGBTQIA+ suicide and suicide prevention. In forming this new innovative and highly collaborative SIG, we seek to learn more about LGBTQIA+ people and their risks and protective factors associated with suicide. By creating such a broadly scoped collaborative SIG, we can promote, seek out and develop existing and emerging best practice exemplars for addressing suicide prevention needs for LGBTQIA+ people. The SIG seeks to engage the membership in global advocacy to improve the rights of LGBTQIA+ people, and decrease suicidality experienced in this population.

4.2: An overview of research on suicide prevention for LGBTQA+ young people
Presenter: Dr Penelope Strauss

An overview of existing and ongoing research of suicide prevention in LGBTQA+ young people will be presented. LGBTQA+ young people experience elevated rates of poor mental health, self-harm and suicidality compared to their non-LGBTQA+ peers, with a suicide attempt rate six times higher than the general Australian adolescent population. Certain subgroups under the LGBTQA+ umbrella experience higher levels of mental health difficulties and suicidality. For example, bisexual young people are more likely to report symptoms of depression and suicidality compared to gay or lesbian young people. Despite knowledge of this increased risk, there has been little longitudinal research into risk and protective factors for suicidality. In addition, LGBTQA+ young people often face barriers to inclusive and affirming mental health supports.

Dr Strauss will provide an overview of the LGBTQA+ suicide prevention research she is currently conducting including the development of suicide prevention guidelines for LGBTQA+ young people. These guidelines are being created using the Delphi consensus method and will provide actionable steps for mental health workforce to improve inclusive practice with LGBTQA+ young people. This in turn will contribute to reducing currently reported high rates of suicidality. These guidelines are being developed by drawing on existing peer-reviewed and grey literature, clinical expertise and interviews with LGBTQA+ young people (N=27) with lived experience of suicidal thoughts and/or attempts, as well as interviews with parents of LGBTQA+ young people (N=11) with lived experience of suicidal thoughts and/or attempts. These interviews use a strengths-based approach to identify coping methods used to navigate times of crisis, and also explore how mental health support settings could be more inclusive and appealing to LGBTQA+ young people. The findings from the interviews are being used to inform the guidelines, and also the development of interventions to prevent suicide in LGBTQA+ young people. Findings from these studies will be presented and discussed. In addition, during this presentation, current research gaps and areas for intervention development will be highlighted.

4.3: The Intersection of LGBTQ Identity, COVID-19, and Negative Mental Health Outcomes
Presenter: Dr Tia Dole, Chief Clinical Operations Officer, The Trevor Project

As the world experienced a confluence of multiple crises – including a global pandemic, a massive shift in the economy, and the movement to end unjust violence against the Black community – many LGBTQ young people faced unique challenges that changed their lives, often negatively impacting their mental health.

The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ young people, has a number of direct services and key programs that continue to be on the front lines to support LGBTQ youth. Since the onset of COVID-19, the volume of youth reaching out to The Trevor Project's crisis services for support has increased significantly — at times double our pre-COVID volume.

This is troubling, but not surprising; even prior to the pandemic, LGBTQ youth have been found to be at significantly increased risk for depression, anxiety, and attempting suicide — largely due to increased experiences of victimization. Additionally, LGBTQ youth already faced disproportionate rates of unemployment and homelessness, which are among the most consistent risk factors for suicide. Widespread anxiety, physical distancing, and economic strain caused by COVID-19 have the potential to exacerbate existing mental health challenges and create new, unique problems for many LGBTQ young people.

In this presentation, clinical psychologist Tia Dole, Ph.D., the organization's Chief Clinical Operations Officer, will share: The Trevor Project's original research around LGBTQ youth mental health and suicide risk; the impact of COVID-19 and the social justice uprising on LGBTQ young people; the impact of the 2020 U.S. election and current political events; the minority stress model and intersectionality as it pertains to LGBTQ identity, bias, microaggressions, and more; trends from LGBTQ youth observed via our 24/7 phone lifeline, chat, and text crisis services; and coping strategies to support LGBTQ young people.

Conclusion

The symposium will end with a call to action to join the SIG and offer opportunities for questions and discussion from attendees. This discussion will help inform the development of SIG priorities and activities.

5. Title: Caring for Those Who Care: Meeting the Needs of Those Who Support Family and Friends Experiencing Suicidal Crisis

Submission #92244

Chair: Sally Fitzpatrick (Everymind, University of Newcastle)
Introduction
Family and friends play an important role in supporting someone who has attempted suicide. Their role can provide an important protective factor in reducing the risk of further suicide attempts and can help facilitate recovery. However, little is known about the impact of providing this support on the care-givers themselves, and how best to support them.

This symposium reviews the current state of knowledge about the experiences of family, friends and significant others who support someone who has attempted suicide. The symposium examines what we mean by the term "carer", explores the impact of the experience on the person providing care, and presents three unique Australian programs which directly support caregivers. The first paper explores carer giving in the context of suicide attempt and challenges stereotypical notions of focussing on actions undertaken by family and loved ones rather than a focus on how to support the person providing care. This is followed, in the second paper, by a review of existing literature on the experiences and needs of family and friends caring for a person who has attempted suicide, and how this led to the development of a new online program which is currently being evaluated. The third paper reports on the outcomes of a large consultation that explored the needs of families and friends supporting those who have attempted suicide, and the subsequent development of an evidence-based resource created in collaboration with caregivers. Finally, the fourth paper describes the co-design of a bespoke carer support program for families and loved ones of individuals experiencing suicidal crisis. This paper is co-presented by persons with lived experience of suicide and outlines best practice for the codesign of a resource specifically for family and friends.

The aim of this symposium is to challenge traditional notions of caring and highlight current initiatives that support caregivers of someone who has attempted suicide.

5.1: Moving beyond the title: Carers and role ambiguity in suicide prevention and postvention
Presenter: Dr Sarah Wayland (University of New England, Australia),
Andrew McMahon (University of Newcastle, Australia)
Professor Myfanwy Maple (University of New England, Australia)
Study objectives: To propose a new definition of the activities and complexity of the role of carer, through analysis of literature across care relationships (disability, traumatic injury, mental health, suicide prevention). The purpose of the definition will allow for accurate portrayal of the intersections within caring, and the impact of the previous relationship, prior to suicide attempting.
Methods & material: A qualitative analysis of caring roles in four domains – disability, traumatic injury, mental health and care for those who suicide attempt was conducted. Content analysis of available literature ensured a systematic approach to identify descriptions, nuance and relationships in how carers are described, assisting the formulation of a standardised definition of carer (suicide prevention).
Results: The experience of care, provided by those who care for a person who suicide attempts, is poorly understood by service delivery, and is not adequately described to account for the crisis, intermittent, situational, practical and emotional tasks required. This analysis includes historical reflections of a 'carer', through the lens of disability, traumatic injury, and mental health, that have shaped a stereotypical view of what a carer 'does' versus how this role requires the creation of safe spaces for people who suicide attempt.
Conclusion: A reflective description regarding the role and activities of care (suicide prevention) has capacity to reduce ambiguity from service providers, organisations and in the community, to

ensure better support of the person providing care given the link between exposure to suicide and suicide death.

5.2: Minds Together – An online program for family and friends caring for a person who has attempted suicide

Presenter: Andrew McMahon (University of Newcastle, Australia), **Dr Sally Fitzpatrick** (Everymind, / University of Newcastle, Australia)

Professor Myfanwy Maple (University of New England, Australia)

Dr Sarah Wayland (University of New England, Australia),

Professor Frances Kay-Lambkin (University of Newcastle, Australia)

Study objectives: Whilst there are a growing range of programs and resources for a person who has attempted suicide, the care for and support of a person who has attempted suicide, is largely being filled by family and friends (caregivers). The specific experiences and needs of these caregivers remain largely unknown. As a result, interventions, research and public policy initiatives may be missing the opportunity to incorporate valuable lived experience insights. This study seeks to understand the experiences and needs of family and friends caring for a person who has attempted suicide.

Methods and material: A scoping review was undertaken to provide a comprehensive overview of existing literature on the experiences and needs of caregivers of a person who has attempted suicide, including an assessment of the quality of the research and a summary of key policy and practice recommendations identified.

In addition, initial results from a new online intervention for carers will be presented. An online intervention was developed, with modules addressing psychoeducation about suicide; feelings of guilt, shame and stigma; strategies for supporting someone who has attempted suicide; communication techniques; and self-care. A two-arm randomised pilot study of 80 participants is currently testing the feasibility and acceptability of the new intervention.

Results: Results from the scoping review and pilot will be presented in the symposium.

Conclusion: By understanding the experiences and needs of family and friends caring for a person who has attempted suicide, more effective interventions and targeted research can be designed and implemented, enabling these caregivers to be more self-resilient as well as effective in their roles. This is important given the significant emotional, financial and social impact the caring role can have on family and friends.

5.3: You Are Not Alone: A resource for family and friends caring for a person who has suicidal thoughts or attempts suicide

Presenter: Sophie Potter (SANE Australia)

Study objectives: Support after a suicide attempt is typically provided by both health professionals and families, friends and significant others. However, little is known about the impact of providing this support on a non- professional care-giver. SANE Australia undertook a two phased project to explore the needs of families and friends supporting those who have attempted suicide. The project aimed to understand how to deliver quality, impactful support to someone after a suicide attempt, and the services or support that would make the role easier.

Methods and material: The first phase of the research involved a mixed-methods study which consisted of an online survey (N=750) and semi-structured interviews (N=32) with participants who had cared for someone after they had attempted suicide. The second phase involved the development and trial of resources to help support the families and friends of people who attempt suicide.

Results: The high number of respondents indicated that care-givers want to be heard, and that caring for someone after a suicide attempt has a profound emotional, financial, and social impact on themselves and their families. Further, many caregivers reported having experienced ongoing, crisis-driven responses, with multiple attempts at accessing professional help for the individual. User experience workshops with people with lived experience and suicide prevention professionals resulted in development of the *You Are Not Alone* digital resource for caregivers. The resource was disseminated in 3 phases: via 2 Public Health Networks (PHNs), via the mental health sector, via SANE communication channels. To date 7,940 unique Australians have accessed the resource.

Conclusion: Development of *You Are Not Alone* directly addresses the dearth of holistic, practical, and accessible resources available for caregivers at the time of (and after) a crisis. The project explored the impact of the experience on the person providing care, as well as their perception of the support they received, and the types of support they would have found helpful at the time. The voice of lived experience collaborators can be found throughout the resource, serving as a reminder that there is no one way to respond to or support someone after they've attempted suicide.

5.4: Co-design of a carer support program in Queensland, Australia

Presenters: **Bronwen Edwards** (Roses in the Ocean), **Nell Steel** (Roses in the Ocean lived experience representative)

Study objectives: Valuing the voice of family and friends of those who attempt suicide to provide critical input to program and resource design. Family and friends are our most frequent and often long serving first responders. Their experience of supporting loved ones to stay alive is critical to program and service design and implementation. Roses in the Ocean partnered with Wesley Mission Queensland and Beacon Strategies to develop an effective and meaningful carer support program for people caring for individuals experiencing suicidal crisis.

Methods and material: A bespoke co-design framework has been developed by Roses in the Ocean to specifically suit the suicide prevention context and capture the iterative nature of genuine co-design. This framework was implemented with carers during three workshops in early 2021to develop content for a new program for families and loved ones of individuals experiencing suicidal crisis.

Results: The personalised support service pilot stage is currently being reviewed for impact and scalability. Results from the pilot will be presented in the symposium.

Conclusion: Co-designing and co-producing programs, services and resources for carers of people experiencing suicidal crisis and/or attempt ensures programs, services and resources are relevant, practical, and innovative in order to meet a diversity of needs. Furthermore, their insights are powerful catalysts for change in attitudes, knowledge and skills.

6. Title: Enduring impact, coping and personal growth in people bereaved by suicide
Submission #92202

Chair: William Feigelman, PhD, Sociology Department, Nassau Community College, Garden City, NY, United States

Introduction

Experiencing the suicide of a close person often signifies a major disruption in the lives of those bereaved, exacerbating their risk of social, physical, and mental health problems. Compared to

other forms of bereavement, people bereaved by suicide may experience more shock or trauma related feelings and more feelings of abandonment, rejection, and shame. They may struggle more with meaning-making and 'why'-questions, and experience less social support. Compared with the general population, people bereaved by suicide have a higher risk of suicidal behaviour, and mental health problems such as depression and anxiety. Despite these challenges, people bereaved by suicide can also experience personal and posttraumatic growth. This symposium aims to broaden our understanding of grief after suicide, with regards to their coping and personal growth. Dr Hybolt will present findings from an interview study investigating everyday life experiences of older adults bereaved by suicide. Dr Feigelman and Dr Cerel will present their findings from a large survey regarding the association of blameworthiness with the grieving process in people bereaved by suicide. Based on case study material Dr Sands will discuss psychotherapeutic approaches to foster personal growth in individuals bereaved by suicide. Dr Berkowitz will present the findings from a mixed-methods study regarding the impact of early responder interactions on suicide loss survivors. Overall, the symposium will provide delegates with novel perspectives on suicide bereavement and food for thought regarding coping and facilitating growth after a loss by suicide.

6.1: Older adults' conduct of everyday life after bereavement by suicide – a qualitative study
Presenter: Lisbeth Hybholt

Hybholt, L., Berring, L.L., Erlangsen, A., Fleischer, E., Toftegaard, J., Kristensen, E., Toftegaard, V., Havn, J. & Buus, N.
Center for Relationships and De-escalation, Psychiatry Region Zealand, Slagelse, Denmark.

Study objectives: The loss of a loved one to suicide can be a devastating experience that can have negative long-term effects on the social life and physical and mental health of the bereaved person. As assumed in critical psychology, "the conduct of everyday life" reflects the social self-understanding by which people actively organize their lives based on their personal concerns, negotiation with co-participants in various action contexts, and their life interests. Bereaved people may change their social self-understanding as they adjust to their new roles and relationships in everyday life. The aim of this study was to investigate how older adults bereaved by suicide conducted their everyday life during the first 5 years after the loss of a loved one.

Methods and material: The study was a semi-structured qualitative interview study carried out by a research team consisting of co-researchers (older adults aged ≥60 years and bereaved by suicide), professionals, and researchers. The team conducted 15 semi-structured interviews with 20 older adults bereaved by suicide. The interviews were audio-recorded and verbatim transcribed. The participants' mean age was 67.6 (range 61–79) years at the time of the loss. Data were thematically analysed through a "conduct of everyday life" theoretical perspective.

Results: We constructed a central theme, "the broken notion of late-life living" in that late-life would no longer be as the participants had imagined. They struggled with their understanding of themselves and other people in social communities when they pursued their concerns adjusting to their broken notions of late-life living. We construed three primary concerns: 1; seeking meaning in the suicide, 2; keeping the memory of the deceased alive, and 3; regaining life despite the loss.

Conclusion: The participants' bereavement process was influenced by their stage in life. They perceived themselves as having reduced possibilities to restore their life project and limited time to re-orient their life. Age-related factors influenced their possibilities to pursue their concerns in order to adjust to their new life conditions.

6.2: Feelings of blameworthiness and their associations with the grieving process in suicide mourning

Presenter: Professor William Feigelman, PhD[1] Professor Julie Cerel, PhD[2]

[1]Sociology Department, Nassau Community College, Garden City, NY, United States; [2]College of Social Work, University of Kentucky, Lexington, KY, United States

Study objectives: This study focuses on identifying the correlates associated with the emergence of feelings of blameworthiness associated with a suicide or other traumatic death and its associations with grief complications.

Methods and material: Based on a mailed questionnaire survey of 575 mostly white and economically advantaged bereaved parents, 462 who lost a child to suicide, 48 to a drug overdose, 37 to ordinary accidents, and 24 to natural causes, we utilized chi-square tests, correlations and multiple regression analysis to compare and contrast patterns in the data.

Results: Findings showed feelings of blameworthiness associated with grief difficulties, complicated grief, PTSD, depression and other mental health difficulties among suicide bereaved parents. Results among suicide bereaved parents also showed that being stigmatized by socially significant others, having a mixed or negative relationship with the deceased child prior to the death and a less happy marriage, among those presently married couples, all contributed to higher feelings of blameworthiness among these bereaved.

Conclusion: Based on these findings, feelings of blameworthiness could serve as a good shorthand indicator of grief problems since it correlates so well with other grief difficulties and mental health problem measures. The importance of peer support is essential for avoiding the downward spiral associated with feelings of blameworthiness that can occur at any time during the grieving process.

6.3: Posttraumatic growth clinical intervention case study: Restoring the heartbeat of hope

Presenter: Diana C. Sands, PhD

Centre for Intense Grief, Sydney, Australia

Study objectives: A case study of a clinical intervention for suicide bereaved adults with the aim of facilitating, identifying and supporting post traumatic growth. Tragic loss creates a brutal disorientation and perturbation of people's assumptive worlds, high levels of distress and impaired meaning making. Research has found however that some of those bereaved by suicide experience posttraumatic growth characterized by positive changes related to benefit finding, a deeper sense of meaning, enriched appreciation of relationships, life possibilities, strengthened sense of self, and development of existential or spiritual growth and compassion. These research findings were considered in designing the restoring the heartbeat of hope intervention, with the metaphor of the phoenix emerging from ashes to shine light on a way forward to embrace the fullness of life.

Methods and material: Group case study method, suicide bereaved adults, permission to record verbal and expressive arts data, noted and transcribed. Interventions were developed and designed, centring on a heart mapping process, drawing on sociometry, storytelling, guided visualization, enactment, ritual and expressive arts practices. Participants supplied personal materials including small significant objects.

Results: Verbal and expressive art data offered qualitative support for benefits of the intervention in providing opportunities for participant recognition of subtle posttraumatic growth shifts. Data noted a positive interaction between posttraumatic growth and deepened participant appreciation of the complex interweaving of painful, distressing events with joyful, life affirming experiences over life span. Follow up noted sustained posttraumatic growth.

Conclusion: Findings suggested clinical interventions that create opportunities for reflection and recognition of posttraumatic growth processes through verbal expressions, enactment and expressive arts, can be significant in facilitating posttraumatic growth. Heart mapping interventions employed were also a resource in ongoing grief therapy and can be used for sudden, traumatic loss, and modified for a range of other grief and loss issues. Posttraumatic growth is a significant indicator of overall grief outcomes, and importantly research is needed to develop and implement clinical interventions that can facilitate posttraumatic growth processes following suicide loss.

6.4: Impact of early responder interactions on suicide loss survivors

Presenter: Larry Berkowitz, Ed.D., Brianna Duval, M.A., Patrick Guziewicz B.A.S, NRP, Jim McCauley, LICSW, and Emma Peterson, Ph.D.

Riverside Trauma Center, Needham, USA

Study objectives: Early responders who interact with loss survivors in the immediate aftermath of their loved one's death are in a unique position to shape the survivor's experience and potentially their trajectory for utilizing support services. Yet, few existing studies explore the nuances of early responders' interaction with loss survivors. The current study addresses this gap in the literature by exploring suicide loss survivor's experiences with early responders in the immediate aftermath of their loss.

Methods and material: The study consists of two phases of data collection. In the first phase, the researchers conducted a phenomenological study using focus groups to collect qualitative data on suicide loss survivors' experiences with early responders. The second phase of the study, currently in progress, utilizes a comprehensive survey, disseminated to a broad network of suicide loss survivors. Researchers used focus group data to inform the design and development of the survey.

Results: Initial findings from focus group data suggest that direct, personal, and compassionate communication appears to be most helpful to loss survivors. Yet, survivors noted early responders' varying levels of comfort in speaking directly about the suicide death. Moreover, participants reported insufficiency or complete absence of follow up efforts, resources, or referral information for support services. Preliminary trends emerging from the phase two survey will be included in the presentation.

Conclusion: Findings from focus groups suggest that the interactions between suicide loss survivors and early responders are positive overall yet would be improved by increasing the

quantity of referral and resource information shared. Further, data suggests that suicide loss survivors would benefit from follow-up efforts. Support for suicide loss survivors may be enhanced by an active postvention model in which mental health personnel provide on-scene and follow-up support services. Additional preliminary themes from survey data will also be presented and discussed.

7. Title: From research to real world: Interventions in men's mental health and suicide prevention.

Submission #92242

Chair: Brendan Maher, Global Director, Mental Health and Suicide Prevention

Introduction

It has been historically challenging to engage men in mental health and suicide prevention research. Given the high and rising male suicide rate in much of the Western world (75% of all suicides), understanding and better responding to men's needs is essential in improving these outcomes. The following three international projects outline how Movember has managed to incorporate boys and men in research for the build and testing of innovative and novel interventions, that have all been successfully adapted and implemented in the real world. These upstream, early intervention and prevention projects span grass roots sporting initiatives, a mass-media television campaign and a targeted fathering program, highlighting the multi-pronged approach needed to 'meet men where they're at'. This symposium aims to highlight key learnings from these male-sensitive interventions and clarify what is needed to ensure that we move beyond the stereotype that men will not engage in such initiatives, and rather find ways to develop strategies that leverage men's strengths to ensure research is effectively and widely implemented.

7.1: Ahead of the Game: Lessons learned along the journey of international translation and scale up of a research program.

Presenter: Dr Stewart Vella Senior Lecturer and Head of Students, School of Psychology

Study objectives: Ahead of the Game (AOTG) is a multi-component mental health literacy and resilience program aimed at adolescent males and delivered through community sports clubs. The program involves face-to-face mental health literacy workshops for adolescents, their parents, and their coaches. It also includes a face-to-face resilience workshops for adolescents that is supplemented with 6 online modules of 10-15 minutes in duration each.

The AOTG program has demonstrated effectiveness through a large controlled trial, which showed that the AOTG program leads to increased knowledge about depression and anxiety, greater intentions to seek help from formal sources such as psychologists, increased confidence to seek mental health information, and improved resilience.

On the back of these results, Movember and it's research partners engaged in international translation and scale up efforts over a three-year period. The objectives of this presentation are to discuss in depth the process of international translation and scale up – including a model derived from a series of interviews with program implementation stakeholders globally.

Methods: Semi-structured interviews with 13 key personnel involved in the adaptation and scale-up process were conducted (*M* duration = 91 minutes). Interviews covered the topics of content adaptation processes, working with partners, and program implementation.
Results: We will present a descriptive model of international translation and scaling that emphasises partnership, content adaptation, implementation, delivery, and staff training.
Conclusion: We aim to share these lessons in the hope that we can help others to take promising programs of research through a robust translation and scale up process to be of international impact.

7.2: From ParentWorks to Family Man: A fathering program's journey from a research environment to real-world application.
Presenter: Professor Mark Dadds, Co-Director, Child Behaviour Research Clinic, University of Sydney
Study objectives: Family Man is the scaled real-world application of the evidence-based research project ParentWorks which is an online, father-inclusive, universal parenting intervention aiming to decrease childhood behavioural problems and promote positive parenting in fathers (and other caregivers). We know that becoming a father is a central risk factor in men's poor mental health and Family Man aims to offer support to men going through this transition stage.

Fathers' participation rates in parenting programs are typically low with only 20% of those participating in parenting programs being dads. The online program is based on positive parenting principles and encompasses three core stage-gated modules (now called 'episodes' in Family Man), those being a) reinforcing positive behaviour at home; b) managing misbehaviour in the home, and c) managing misbehaviour outside of the home.

Methods: Here we present a narrative review of the aims, development and initial launch and roll-out of Family Man. Specifically, we will discuss the process of transforming an efficacious but cumbersome research prototype into a digital product with the potential to achieve significant engagement and reach in the real world. We will discuss lessons learned through the process including branding, content translation and learning design, product development and user acquisition.

Results: ParentWorks was rolled out nationally in Australia throughout 2017-2018. Results showed that fathers participated at double the rate previously reported in the history of parenting program research, and that the program produced positive benefits for child and parent mental health and overall family functioning. On the back of these results, Movember, with support from its research partners, has now engaged in international scale up efforts. This process has resulted in an engaging interactive online program 'built' with fathers in. Titled Family Man, the program is demonstrating excellent user engagement results with father participation at 50% and preliminary impact outcomes which will be finalised for this presentation.

Conclusions: It is possible to transform efficacious but cumbersome research prototypes into a digital product with the potential to achieve significant engagement and reach in the real world, in this case, to improve engagement of fathers with evidence-based parenting interventions, and thus, improve child mental health at a large scale.

7.3: Man Up/Man Enough Documentary: Scaling a successful mass media intervention

Presenter: Sarah Coghlan, Global Director, Men's Health Promotion

Study objectives: The *Man Enough* project involves replicating the successful Australian *Man Up* documentary series, developed by the University of Melbourne and funded by Movember in 2016, into a New Zealand context. The project aimed to improve the mental health and wellbeing of New Zealand men at a population level, by raising awareness of the problem's men face with mental health, shifting their attitudes regarding masculine norms and behavioural intent to seek help.

The *Man Up* Randomised Control Trial (RCT) found that, compared with a control group, those men who watched the program had an increased likelihood of seeking help if faced with mental health difficulties, increased likelihood they would encourage a friend to do the same, and reduced rigid conformity to masculine norms.

While Movember replicated the program format in New Zealand, we chose a unique study approach to not repeat the existent RCT. For this study, we chose to examine the impact of documentary audiences who watched the programme on TV and learn from its broadcast in the real world. As a result, we designed a new approach to examine the programme's reach and effectiveness on audiences in NZ but maintained the same research measures and outcomes from the *Man Up* evaluation.

The study was designed to examine the impact of the programme on the following three outcomes areas:

1. Audiences' knowledge of suicide and mental health problems among men
2. Audiences' attitudes towards opening up and having conversations
3. Audience's intention to seek help and help others in times of need or going through a rough time.

Methods and material: The evaluation consisted of two key components:
1. An **impact assessment** explored the feedback of audiences who had been exposed to both episodes of the documentary following its broadcast on TV. The evaluation was carried out using an online survey of 1,610 men (25-54 years old). Additionally, a series of **qualitative questions** that asked men about their attitudes towards masculine norms in New Zealand today.

2. A review of audience's **reach and online media behaviours** relating to the audience engagement with the documentary and the media campaigns associated with it. This included a review of secondary data sources through from the TVNZ website, the Movember website and a number of social media platforms.

Results: The evaluation showed that audiences who watched the series showed significantly more awareness of the mental health problems among men in New Zealand, and were more informed about the causes of suicide, when compared to those who did not. The evaluation also showed that exposed audiences were more likely to report they would seek help if they were in need of support, and were more likely to encourage a mate to do the same.

Conclusion: The decision was made to evaluate *Man Enough* in the real world, with natural exposure to the content as it led to a more realistic evaluation. In building upon the *Man Up* rigorous RCT, we have shown that this form of mass media programming can work as a health

promotion tool in the real world, albeit with some clear research challenges which will be further discussed in the presentation.

8. Title: Suicide prevention in school settings: Insights from Australia and Israel
Submission #92206

Chair: Associate Professor Jo Robinson, Head of Suicide Prevention at Orygen Centre for Youth Mental Health, University of Melbourne jo.robinson@orygen.org.au

Introduction

Suicide is a leading cause of death in young people worldwide, and schools may be an ideal setting for the delivery of youth suicide prevention interventions. Interventions delivered in school settings may include initiatives targeted at up-skilling teachers, training programs for the student body, or specific psychotherapeutic programs, such as internet-based programs, for those at highest risk. To date, limited research has specifically evaluated suicide prevention interventions delivered in school settings. Moreover, although programs combining universal, selective and indicated intervention approaches may be most effective at reducing suicide risk in school settings, few studies have attempted to evaluate combined approaches. This symposium will present research projects evaluating five different suicide prevention initiatives delivered in school settings (four in Australia and one in Israel). The projects are in various stages of completion. Some outcome measures are shared across the studies, which will ultimately enable comparison across the different programs. This symposium will provide an overview of current approaches to preventing suicide in school settings and promote discussion regarding which approaches appear most promising.

8.1: Multi-modal Approach to Preventing Suicide in Schools (the MAPSS project)
Presenter: Eleanor Bailey[1,2]

Co-Authors: Sadhbh Byrne[1,2], Michelle Lamblin[1,2], Jane Pirkis[3], Catherine Mihalopoulos[4], Matthew Spittal[3], Simon Rice[1,2], Sarah Hetrick[5], Matthew Hamilton[1,2], Hok Pan Yuen[1,2], Yong Yi Lee[4,6,7], India Bellairs-Walsh[1,2], Samuel McKay[1,2], Alexandra Boland[1,2], Jo Robinson[1,2]

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Study objectives: Evidence suggests that multi-modal approaches to suicide prevention (i.e., those containing universal, selective and indicated components) may be most effective in school settings. The aim of the Multi-modal Approach to Preventing Suicide in Schools (MAPSS) project is to evaluate a suicide prevention program integrating three components: 1) psychoeducation workshops delivered to all year 10 students, 2) screening to identify students at risk, and 3) delivery of online cognitive behavioural therapy (Reframe IT) to students experiencing suicidal thoughts.

Methods and material: The MAPSS project is being offered to all schools across the North-West region of metropolitan Melbourne. Year 10 students at each school are offered safeTALK training, which is evaluated using a pre-test post-test design. Students who are screened to be potentially at risk of suicide are referred to the wellbeing team, and offered to participate in a randomized controlled trial of Reframe IT. Additionally, suicide prevention training will be offered to nominated school staff and parents of students at participating schools. Outcomes include change in self-reported suicidal ideation and willingness to seek help. An economic evaluation will also be conducted.

Results: The project is currently underway, with data collection due to be completed in by 2024. This presentation will provide an overview of the study interventions and procedures, an update of recruitment to date, and characteristics of the current sample at baseline. Challenges faced and opportunities encountered will also be discussed.

Conclusion: This new study will advance knowledge by directly testing the impact of integrating multiple approaches to youth suicide prevention, thus addressing a key gap in the literature, and may provide support for new approaches to school–based suicide prevention.

8.2: Findings from the evaluation of Youth Aware of Mental Health in Australian secondary schools.

Presenter: Lauren McGillivray[1]

Co-Authors: Michelle Torok[1], Alison Calear[2]

[1]Black Dog Institute, University of New South Wales, Sydney, Australia [2]Centre for Mental Health Research, Australian National University, Canberra, Australia

Study objectives: Suicide is the leading cause of death for Australians aged 15-24 years, with rates increasing over the past decade. As young people can be particularly vulnerable to mental health problems and suicidal behaviour, they are an important and obvious target for suicide prevention efforts. This study aimed to investigate whether students report reductions in suicidal ideation and depression severity, and increases in help-seeking intentions, help-seeking behaviours and suicide literacy following YAM, compared to baseline.

Methods and material: Using a single-arm design, the YAM program was delivered to Year 9 students in mainstream government, Catholic, and Independent schools across four regions in New South Wales that form part of LifeSpan, a larger multilevel suicide prevention research trial. Consenting students (N = 556), from participating schools, completed a student questionnaire at 3 time-points: baseline, 3-months post-intervention, and at 6-month follow-up. Linear mixed-effects modelling was used to examine differences in the primary outcome - suicidal ideation scores - across time, while accounting for random effects of individual schools.

Results: Suicidal ideation reduced significantly from baseline to post, and from baseline to follow-up ($p < .001$). Depression severity declined ($p < .001$) and help-seeking intentions increased ($p < .001$) at post-intervention and 6- months following the intervention period.

Conclusion: The current findings provide preliminary evidence that the YAM program is a promising preventive intervention for Australian schools, particularly for reducing suicidal ideation, depression and increasing help-seeking intentions in young people. The implementation

of YAM in a large number of schools across NSW demonstrates the feasibility, and acceptability by schools, of implementing this program at scale.

8.3: School-based interventions to promote help-seeking for suicide in adolescents.
Presenter: Alison L. Calear[1]
Co-Authors: Sonia McCallum[1], Alyssa Morse[1], Aliza Werner-Seidler[2], Helen Christensen[2], Michelle Banfield[1] & Philip J. Batterham[1].
[1]Centre for Mental Health Research, The Australian National University, Canberra [2]Black Dog Institute, University of New South Wales, Sydney

Study objectives: It is increasingly recognized that in order to improve rates of help-seeking for suicide among young people, population health interventions must address the attitudes and norms specifically held by this population. The primary aim of this presentation is to present the outcomes of two universal suicide prevention programs that targeted social norms to increase help-seeking attitudes, intentions and/or behaviour in Australian secondary school students.

Methods and material: Two controlled trials were conducted. In the first trial ($N = 592$) the single session Silence is Deadly program was delivered to adolescent males aged 16-18 years and compared to a wait-list control condition. The second trial ($N = 1,428$) evaluated the Sources of Strength peer-leadership program against a wait-list control condition, with whole school messaging delivered over 3 months with adolescents aged 11-17 years. Both trials measured help-seeking intentions and/or behaviour at pre-intervention, post-intervention, and follow-up and were analysed using mixed-model repeated measure intention-to-treat approaches. Qualitative feedback on the impact of the intervention was also collected.

Results: Six to twelve weeks after attending the Silence is Deadly program, participants reported significantly higher intentions to seek help from a friend for emotional problems, compared to the control group. No significant differences were observed in help-seeking intentions or behaviours between the intervention and control conditions for the Sources of Strength program. Teachers and wellbeing staff reported observing changes in help-seeking attitudes, knowledge of help sources, and help-seeking behaviour after their school received the Silence is Deadly or Sources of Strength programs.

Conclusion: Suicide intervention programs tailored specifically to male help-seeking attitudes and norms have the potential to increase help-seeking intentions for male adolescents. Engaging schools in suicide prevention programs may be effective for upstream prevention.

8.4: Suicide prevention efforts among Israeli students during COVID-19.
Presenters: Ella Sarel-Mahlev[1] & Anat Brunstein Klomek[2]
[1]Israeli Ministry of Education; Levinsky College of Education [2]Baruch Ivcher School of Psychology, Interdisciplinary Center Herzliya

Study objectives: In December 2019, with the Coronavirus outbreak, people were asked to lock themselves in their homes, and the guidelines for maintaining public health focused on physical distance. On March 13, 2020, the education system in Israel and around the world moved to distance learning. Throughout the year, Israel's education system was opened intermittently, but seventh to tenth-grade students did not return to school for almost a year. This reality has led adolescents to feel that they have been 'forgotten at

home,' far from the eyes of decision-makers. Studies worldwide and in Israel have pointed to the psychological damage and an increase in risk factors for suicide among adolescents. All of the above has led us to accelerate the adaptation of the 'Choosing Life - Talking Directly with Adolescents' about suicide to an online prevention program.

Methods and material: We opened 22 online trainings for education counsellors and teachers, 308 educators in total. Data were collected from students from 180 classes in 3 different sectors: 83 Druze; 56 Jewish; 9 Bedouin. Data include measures of suicidal ideation, depression symptoms, well-being, and the ability to share with an adult when feeling distressed.

Results: Data collection for this project was recently completed. This presentation will include the main adjustments made to the online training and program and present data on students' outcomes. These outcomes will be compared to pre COVID-19 data so as to help us understand the impact of the crisis on middle school students.

Conclusion: this research will increase understanding of decision-makers' actions regarding this unique age group during COVID-19.

9. Title: Suicide and Internet search behaviour
Submission #92119
Chair: Dr Gregory Armstrong
Introduction: There has been growing interest in Internet search engines as both a source of data for suicide research and a tool to be harnessed for suicide prevention. This symposium presents the latest research in the use of Internet search engine data as a tool to examine suicide-related behaviour in the population and concludes with a critical review of methodological and ethical issues related to Internet-based suicide prevention initiatives.

9.1: Investigating validity and utility of Google Trends data for forecasting of national suicide rates

Presenter: **Dr Benedikt Till**, Medical University of Vienna, Austria

Study objectives: It has been estimated that approximately 148 million health-related search requests are made every day in Internet search engines, most of them via Google. Google Trends search data has been increasingly used for various health-related topics, including studies examining associations of suicide-related Google search terms with suicide rates in various countries. However, most studies selected search terms in an ad hoc fashion, did not follow an analysis plan, and failed to control for spurious associations. The present study explored the validity and utility of Google Trends search volume data for behavioural forecasting of suicide rates in four countries: the United States, Germany, Austria, and Switzerland.

Methods and material: Based on previous studies, suicide-related search terms were systematically collected and classified into "pro-suicide terms" (e.g., suicide) and "suicide prevention terms" (e.g., suicidal help). Afterwards, respective Google Trends search volumes were evaluated for availability. We also retrieved suicide statistics of the years 2004 to 2010 for the United States and Switzerland and of the years 2004 to 2012 for Austria and Germany. Temporal associations of search volumes (individual and averaged time series) and suicide rates were

investigated with time-series analyses that rigorously controlled for spurious associations (e.g., via prewhitening).

Results: Averaged time series were more reliable than individual time series, and number and reliability of search volume data increased with country size. However, associations of the search volumes with suicide rates were overall relatively small. Furthermore, the total number of significant associations matched the number of expected type I errors, and there were no systematic patterns among significant coefficients, both regarding their expected direction and between-country comparisons.

Conclusion: We conclude that the validity of Google Trends search volumes for forecasting of national suicide rates is low. The observed patterns of associations were inconsistent and often counterintuitive regarding the expected direction. While Google Trends data may be used as potential marker of suicidality among Internet users after specific events (e.g., the release of the Netflix series *13 Reasons Why*), they appear to lack reliability and stability over time and are likely too unspecific to be a useful tool for general forecasting of suicidal behaviour.

9.2: **Changes in Suicide and Resilience-Related Google Searches during the Early Stages of the COVID-19 Pandemic**

Presenter: **Dr Mark Sinyor**, University of Toronto, Canada

Study Objectives: The COVID-19 pandemic has had profound effects on global mental health-related outcomes and this may include suicide. Online search trends can, in some cases, be an early proxy indicator of those outcomes. This study thought to determine whether the initial weeks of the COVID-19 pandemic were associated with changes in suicide-related and resilience-related Google searches.

Methods and Material: This is an observational study of Google search trends, both worldwide and in the US, for 12 prespecified terms over 5 years. The exposure is the COVID-19 pandemic which began in late 2019, however the majority of cases worldwide and public efforts at preventing its spread began in March 2020. Therefore April 5, 2015-February 29, 2020 was defined *a priori* as the pre-exposure period and March 1, 2020-April 4, 2020 as the exposure period. Outcomes of interest were searches for the word "suicide" and related terms ("suicide methods", "how to commit suicide", "how to kill yourself"), mental health related terms ("sadness", "depression", "anxiety", "hopeless") and a list of terms related to hope, survival and resilience ("survival", "how to survive", "resilience", "hope").

Results: Searches for the word "suicide" decreased during the exposure period (worldwide :-12%; 95% CI, -22%--1%; US: -17%; 95% CI, -28%--4%) as did searches for "suicide methods" (worldwide: -39%; 95% CI, -59%--9%; US: -36%; 95% CI, -57%--6%). There were also fewer searches for "anxiety" (worldwide: -8%; 95% CI, -12%--3%; US: -6%; 95% CI, -11%--2%) and for "hopeless" worldwide (-13%; 95% CI, -22%--2%). Searches for sadness increased (worldwide: +22%; 95% CI, +13%-32%; US: +13%; 95% CI, +1%-27%). Searches for "survival", and "how to survive" also increased, with smaller but significant increases in "hope" both worldwide and in the US and "resilience" worldwide.

Conclusion: This study of Google trends in the early stages of the COVID-19 pandemic found a substantial decrease in searches related to suicide in the context of increased hope and survival

related searches. These findings comport with emerging evidence that, in many countries, suicide rates were stable or fell at the outset of the pandemic. They lend some support for the notion that, in the case of large events, online search trends may be a useful early proxy indicator of suicide outcomes.

9.3: Suicide-related Internet search queries in India and worldwide following the celebrity suicide of Sushant Singh Rajput in India: an interrupted time series analysis

Presenter: **Dr Gregory Armstrong**, University of Melbourne, Australia

Study objectives: On June 14, 2020, media reported that Sushant Singh Rajput, a 34-year-old male Bollywood star, had died by suicide. This generated widespread media coverage, including reports about hanging as the suicide method and the actor's struggle with depression. The event has sparked immediate concerns about possible imitation suicides. We sought to assess how the public responded in terms of online searching behaviours.

Methods: To investigate whether weekly search volumes had changed since the suicide of Sushant Singh Rajput, relative to the two preceding years, we conducted interrupted time series regression for a series of Google search terms. We obtained weekly data on relative search volumes for a series of search terms for the time period from June 13, 2018 to July 4, 2020 for India and worldwide. We included putatively harmful search terms ("suicide", "commit suicide", "how to suicide", "hanging", "how to hang") as well as protective terms that may reflect a stimulation of suicide/depression awareness ("suicide prevention", "depression", "suicide helpline", "depression doctor", "psychiatrist", "antidepressants"). We also collected data for a selection of Hindi search terms, including "aatmahatya" (suicide), "khudkushi" (suicide) and "avsaad" (depression).

Results: In the first week after the suicide, we observed large relative risk (RR) increases in the use of several putatively harmful suicide-related Google search terms in India; for example, "commit suicide" (RR=16.46, 95% CI: 14.20-19.07), "how to suicide" (RR=10.15, 95% CI: 7.38-13.97) and "how to hang" (RR=10.80, 95% CI: 6.33-18.44). We also observed large increases in the use of several putatively protective search terms; for example, "suicide prevention" (RR=12.64, 95% CI: 5.01-31.89), "suicide helpline" (RR=5.63, 95% CI: 4.57-6.94), "depression" (RR=6.40, 95% CI: 5.93-6.92) and "depression doctor" (RR=4.99, 95% CI: 3.10-8.03). Significant increases persisted, at a reduced size, at weeks 2 and 3 for several search terms. Changes in harmful and protective suicide-related search terms were also observed in worldwide data.

Conclusion: The suicide of Sushant Singh Rajput and the subsequent widespread media coverage appears to have activated large increases in both harmful and protective Google search queries, both in India and worldwide indicating the cross-border nature of the effect. We observed effect sizes that were many times higher than were reported in a similar study that had examined the impact of *13 Reasons Why* on Internet search queries. The monitoring of suicide-related Internet search queries after major events like celebrity suicides could be an invaluable source of information to inform population-level responses.

9.4: Suicide prevention is everyone's business: Challenges and opportunities for Google

Presenter: **Dr Olivia Kirtley**, KU Leuven, Belgium

Study objectives: Harnessing the internet as a powerful tool for suicide prevention is an increasing area of focus for major technology companies, including Google, which has developed the 'Suicide Prevention Result'; an algorithm designed to display relevant support information to those searching for suicide-related terms. Such initiatives could be unprecedented opportunities to scale-up public health suicide prevention efforts, however they also raise a number of critical methodological and ethical issues.

Methods and materials: In the current paper we draw upon existing research and theory to address methodological and ethical issues with Google's Suicide Prevention Result.

Results: We discuss several suggestions for potential methods of optimizing the Suicide Prevention Result, including incorporating search terms based on theoretical models of suicidal behaviour. We also recommend that further development of the Suicide Prevention Result build on existing research about media influences on suicidal behaviour, as well as ensuring that stakeholder needs are being met by integrating co-design into the development process. Additionally, we highlight two pressing ethical issues when considering large-scale, internet-based suicide prevention initiatives, namely the need for transparency and evaluation. The proprietary nature of the technologies underpinning such initiatives means they are rarely transparent and are unable to be subjected to public and scientific scrutiny. Whilst the Suicide Prevention Result is already operating in 14 countries, to our knowledge, there has been no evaluation of the initiative's efficacy, thus the extent to which the Suicide Prevention Result is positively or negatively influencing individuals' behaviour is unknown. Evaluating universal, public health initiatives is complex, however 'roll-out' or 'waitlist' designs may provide promising options.

Conclusions: In sum, ensuring that internet-based suicide prevention initiatives, such as Google's Suicide Prevention Result, are evidence-based, transparent, and subject to rigorous independent evaluation is essential.

10. Title: Attempted Suicide Short Intervention Program (ASSIP): Clinical experience of introducing ASSIP to real world clinical practice in different health care settings

Submission #92217

Chair: Anja C. Gysin-Maillart, Co-Chair: Kenneth R. Conner

Introduction

Attempted Suicide Short Intervention Program (ASSIP) has shown to reduce the risk of reattempts over 24 months by 80% and to be cost-effective. The brief therapy was developed for patients after a suicide attempt and has been implemented and researched in various countries and health care systems.

The ASSIP symposium will address important experiences incorporating the brief therapy in order to conduct multisite randomized clinical trials (RCT), include lessons learned from the first completed research trials, focus on new results mechanisms of action, and introduce future projects.

10.1: Pilot RCT of ASSIP delivered rapidly in hospital to adult suicide attempt patients with alcohol or drug use problems
Presenter: Kenneth R. Conner
Co-Author: Jaclyn C. Kearns
University of Rochester Medical Center

Study objectives: We modified ASSIP for rapid delivery during hospitalization to take advantage of a "teachable moment", and to address specific risks associated with substance use problems, culminating in a pilot RCT. **Methods and material:** In the RCT phase, adults hospitalized with substance use problem(s) who were hospitalized after a suicide attempt were randomized to modified ASSIP (n=16) or control (n=18), with all subjects receiving TAU plus enhanced safety procedures, with 6-month follow-up. Characteristics: 65% female, 59% white non-Hispanic, mean age = 40, median hospitalization = 13 days. **Results:** 81% of subjects assigned to modified ASSIP completed the therapy, therapist fidelity was high, and subjects reported high satisfaction with ASSIP and strong alliance with ASSIP therapists. The risk of suicide reattempt over 6 months was high and did not differ between ASSIP subjects and controls on Columbia Suicide Severity Rating Scale reassessments ($X^2(1) = 0.71$, $p = 0.40$). At 6-month follow-up, ASSIP subjects showed greater change in "current" Scale for Suicidal Ideation scores compared to controls (Coef. = -1.63, Robust St. Err. = 0.74, $p < 0.05$), but the groups did not differ on change in "worst point" suicidal ideation (Coef. = -0.54, Robust St. Err. = 0.44, $p = 0.22$). **Conclusion:** Results of this pilot RCT are preliminary. Additional support may be needed to lower suicide reattempt risk in this severe population that required lengthy hospitalization. Encouraging results on suicidal ideation require further study.

10. 2: A randomized clinical trial of the ASSIP vs. crisis counselling in preventing suicide attempt repetition

Presenter: Petri Arvilommi[1]
Co-Authors: Valkonen J[2], Ruishalme O[2], Kukkonen M[2], Sihvola H[2], Lindholm LH[3,4], Suominen K[5], Gaily-Luoma S[1], Isometsä E[1]*
[1]Psychiatry, University of Helsinki and Helsinki University Hospital, Finland [2]MIELI Mental Health Finland, Helsinki, Finland [3]South Ostrobothnia Hospital District, Seinäjoki, Finland [4]Tampere University, Finland
[5]Helsinki City Department of Social Services and Healthcare, Finland

Study objectives: ASSIP (Attempted Suicide Short Intervention Program) is a brief psychotherapeutic intervention found effective in reducing rate of suicide attempt repetition in the pivotal study. We compared effectiveness of the ASSIP to usual crisis counselling (CC) in a randomized trial (ISRCTN13464512). **Methods and material:** Adult patients receiving somatic treatment for a suicide attempt at the Helsinki City general hospital emergency rooms in 2016-2017 were requested to participate. Psychotic or likely nonadherent substance abusing or dependent patients were excluded. Consenting, eligible patients (N=239) were randomly allocated to two interventions: (a) The ASSIP comprised three visits, including a videotaped first visit, a case formulation, individualized safety plan, plus letters from their therapist every three months for one year and then every six months for the next year; (b) the CC involved on average four face-to-

face individual sessions. In addition, all participants received treatments as usual. At one and two years after the baseline, the participants' suicidal thoughts and attempts and psychiatric treatments received during the follow-up were investigated by telephone and from psychiatric records. **Results**: Of patients randomized, two thirds initiated either ASSIP (n=89) or CC (n=72), with 73 (82%) completing the ASSIP and 58 (81%) the CC. There was no significant difference between the ASSIP vs. CC patients in proportions of patients reattempting during the two-year follow-up (29.2% (26/89) vs. 35.2% (25/71); OR 0.76 [95% c.l. 0.38-1.50]). **Conclusion:** We found no evidence for a difference in effectiveness of the two active interventions in preventing repetition of suicide attempts.

10.3: A Randomized Clinical Study of ASSIP in Swedish Healthcare. Presentation of the study protocol.
Presenter: Åsa Westrin [1,2]
Co-Authors: Anna Ehnvall [3,4], Marie Dahlin [5,6], Sara Probert-Lindström [1,2], Margda Waern [3,7]
[1]Lund University [2]Region Skåne [3]University of Gothenburg [4]Region Halland [5]Karolinska Institutet [6]Northern Stockholm Psychiatry [7]Sahlgrenska University Hospital, Sweden.
Study objectives: 1) To examine the effectiveness of ASSIP in reducing new suicide attempts in the context of Swedish healthcare, 2) To identify factors associated with the potential effectiveness of ASSIP, 3) To examine health economic benefits of ASSIP. **Methods and material:** This is an evaluator-blinded, multicentre randomized controlled trial. 460 patients are planned to be recruited. After a first visit, they will be randomized to ASSIP plus treatment as usual (TAU) or TAU only. TAU may include multidisciplinary efforts such as psychotherapy, pharmacotherapy and/or other treatments, as well as referral to specialist psychiatry or primary care as required. Medical records will be screened for health care contacts and treatments to map the variation of TAU with site, gender, age, diagnoses and previous suicide attempts and to determine factors associated with positive outcome. **Results:** All patients will be examined with a structured interview and self-rating scales at the first visit, and structured telephone interviews, self-rating scales and medical record screening at 3 months, 12 months and 24 months follow up. Suicides will be detected through the Cause of Death Register and other data provided by national registers including the National Prescribed Drug Register (NPDR), the Longitudinal integrated database for health insurance and labour market studies (LISA) and the Swedish Social Insurance Agency. Major outcome measures: Suicide attempts, suicidal ideation, cost effectiveness

10.4: Australian and US perspectives on providing the Attempted Suicide Short Intervention Program (ASSIP): Unlearning what we know?
Presenters: A/Prof Anthony Pisani, Prof Chris Stapelberg, Dr Sarah Walker, Gold Coast Mental Health and Specialist Services (GCMHSS) and Bond University (BU) (Queensland, Australia)
Co-Authors: Mia Delos, Tamara Hagemann, Sarah McDowell, Prof Chris Stapelberg. University of Rochester (UR) Medical Center (Rochester, NY, USA): A/Prof Anthony Pisani, Prof Kenneth R. Conner, A/Prof Seetha Ramanathan, Jay Carruthers.
Objectives: Providing evidence-based treatment is critical to Zero Suicide strategies, but has clinical and administrative implementation challenges. GCMHSS and BU, and UR are conducting separate clinical trials that assess, in real world settings, the effectiveness of ASSIP, which has

strong efficacy data. The Australian and American trials involve clinicians who were the first to receive ASSIP training in their respective countries. The goal of this study is to report on supervision and pre-trial implementation lessons learned from introducing interventions in these contexts.

Methods: Following the EPIS model of implementation (Aarons et al 2011), we provide a synthesis of key elements addressing clinical supervision and administrative implementation of ASSIP. In Australia, a RCT is comparing treatment as usual (TAU) + ASSIP, TAU + brief Cognitive Behavioural Therapy (CBT) intervention, with TAU only, for people having attempted suicide. Six senior mental health-trained clinicians were recruited to provide ASSIP within one clinical site. In the US, ASSIP is delivered in three clinical sites in a study randomizing 400 suicide attempt survivors to Usual Care or Usual Care + ASSIP. Six clinicians received training to deliver ASSIP. Clinicians came from different professional lines and therapeutic paradigms and clinics vary in size, administrative structure, and funding source.

Conclusions: Introducing novel suicide-specific care entails unique challenges and solutions. We share lessons based on themes around training and clinical care in novel suicide-specific treatment: Individual factors (e.g. impact of therapist background/therapeutic origin); fidelity monitoring; novel structures for adding suicide-specific therapy within existing frameworks; bridging factors (e.g. context of telehealth).

10.5: The Attempted Suicide Short Intervention Program (ASSIP) in Switzerland: Latest findings on the Mechanism of Actions and New Projects

Presenter: Anja C. Gysin-Maillart [a]

Co-Authors: Stephan Saillant[b] Laurent Michaud[b]

[a] University of Bern, Switzerland [b] University of Lausanne, Switzerland [c] Department of General and Liaison Psychiatry, Switzerland.

Study objectives: The Attempted Suicide Short Intervention Program (ASSIP) is a brief therapy, which has proven efficacious in reducing the risk of repeated suicide attempts by approximately 80% over a period of 24 months (Wald χ^2_1 = 13.1, 95% CI 12.4–13.7, p < 0.001).

Methods and material: In this randomized controlled trial, 120 patients (55% female; mean age of 36) with a history of suicide attempts were randomly allocated to the ASSIP group or to a control group. Both received treatment as usual. A secondary analysis has been carried out on the 24-month follow-up. Preliminary data are presented on different mechanisms of action, such as alliance, coping, and treatment latency. Key elements concerning clinical and administrative implementation of ASSIP in the French-speaking part are addressed.

Results: In the ASSIP group, therapeutic alliance was inversely and significantly related to suicidal ideation at 12-month follow-up (t_{57} = −3.02, p = 0.004). At 24-month follow-up, the ASSIP group showed 11% less dysfunctional coping compared to the control group (W = 1316, p = 0.011, r = 0.21), and 6% more problem-focused coping (W = 2217, p = 0.029, r = 0.17). Treatment latency was not a significant predictor of suicide attempts at 24 months (HR = 1.06; 95% CI: 0.92 – 1.21, p = .44). Future projects based on these findings will be presented and include the implementation of ASSIP in French-speaking Switzerland

Conclusion: If we are to improve the treatment of patients with suicidal behaviour, it is important to establish how the underlying mechanism of actions work. Political and institutional support is key issue for the dissemination of the method ASSIP.

11.: Withdrawn.

12. Title: Strengthening the evidence-base for implementation and evaluation of national suicide prevention strategies and their components in low-, middle-, and high-income countries

Submission #92219

Chair: Jane Pirkis[1]

[1] The Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

12.1: Evaluating national suicide prevention strategies on the inclusion and effectiveness of priority components

Presenter: Karolina Krysinska[1]

Co-Authors: Marisa Schlichthors[1], Lennart Reifels[1], Kairi Kolves[2], Angela Clapperton[1], Katrina Scurrah[1], Matthew Spittal[1], & Jane Pirkis[1]

[1] The Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia [2] The Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, Australia

Study Objectives: Suicide is a significant public health issues worldwide requiring effective preventive interventions. Led by the efforts of the World Health Organisation (WHO), an increasing number of governments has recognised suicide as a national issue calling for a multisectoral prevention approach operating on societal, community, relationship and individual levels. Consequently, national suicide prevention strategies commonly include a number of strategic components, and a list of such components has been developed by the WHO in 2014, and has recently been updated by Platt and colleagues (2019). The evidence base for inclusion of these components is of varied quality and consistency. While some evidence for the effectiveness of strategies as a whole exists, it may not be the case for individual components. The aim of this study is to reach a better understanding of the inclusion of components in current national strategies and their effect on suicide statistics.

Methods and material: This study is based on twenty-eight national strategy documents from high- and middle-/low-income countries retrieved from the WHO MiNDbank. The content of the strategy documents was coded against a pre-determined list of effective suicide prevention components (Platt et al., 2019). Combined with suicide data from the Global Health Observatory data repository (age standardised suicide rates estimates for each country for the periods from 2000 to 2019), a descriptive before- and after- analysis of components of national strategies for 22 countries was conducted.

Results: For the majority of national suicide prevention strategies, a government department of health was responsible for the strategy and its implementation. Seventeen of the strategies were implemented for the first time; the remaining nine countries implemented a second or a later edition of the strategy. Strategies showed variability in regards to their components. The majority of strategies included the following components: oversight and coordination, surveillance/monitoring and evaluation, awareness raising, access to health care and social care services, training and education. The before- and after- analysis provides evidence in regard to the measurable impacts of components of national strategies on suicide.

Conclusion: This study gives an in-depth overview on the components of national suicide preventions strategies and adds to the knowledge on which components show promise in regards to reducing suicide. Improving knowledge on the effectiveness of national strategies is an ongoing challenge. More research is needed to overcome current limitations.

Reference: Platt, S., Arensman, E., & Rezaeian, M. (2019). National suicide prevention strategies – Progress and challenges. *Crisis, 40*(2), 75–82.

12.2: Challenges in evaluating the impact of national strategies on suicide rates: Joinpoint Analyses of changes in 15 Countries and the potential for using Implementation Research approaches

Presenter: Brian L. Mishara[1]

[1] Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE), Université du Québec à Montréal, Montreal, Quebec, Canada

Study objectives: The evaluation of national suicide prevention strategies is challenging because the prime outcome measure, suicide rates, can fluctuate due to its multidetermined nature and the myriad of uncontrollable factors affecting temporal rate changes.

Methods and material: We examined changes in overall national suicide rate trends, for men and for women, before and after the adoption of national suicide prevention strategies, using Joinpoint trend analyses in 15 countries and 2 territories, controlling for changes in GDP and unemployment.

Results: Results were often not optimistic. In 8 of the countries and territories, the strategy was adopted after the suicide rate had already begun to decline, and subsequent significant decreases were not observed. This suggest that we cannot assess the impact of a national strategy simply by observing suicide rate changes. An alternative is to use an Implementation Research (IR) approach. IR was developed to determine if interventions validated in controlled research contexts can produce similar outcomes in complex real-world contexts. IR seeks to understand how the program is implemented in relation to the context, identify causal pathways and factors influencing successful implementation and their impacts.

Conclusion: IR is illustrated by the evaluation of Roots of Hope (RoH), a multi-site, multi-faceted Canadian community-based suicide prevention initiative developed by the Mental Health Commission of Canada. It focuses on facilitators and constraints, why some actions work in some contexts, how they work, causal models and what external influences affect the implementation and their effects. This approach can determine how to facilitate effective implementation of national strategies in different contexts.

12.3: Scotland's Suicide Prevention Action Plan: Review of progress

Presenter: Stephen Platt[1]

[1]Emeritus Professor of Health Policy Research, University of Edinburgh, Edinburgh, UK

Study objectives: Scotland's Suicide Prevention Action Plan (SPAP) sets out the Scottish Government's cross-sectoral plan to reduce suicide between 2018 and 2021. The Plan, containing 10 'Actions', is led by the National Suicide Prevention Leadership Group (NSPLG). A rapid evaluation of progress ('Review'), covering the first two years of the SPAP, was commissioned by the NSPLG. The aims of the Review were twofold: to draw out the lessons from the implementation process to date, taking into account the ongoing implications of COVID-19; and to inform the development and implementation of any future suicide prevention strategy and action plan.

Methods and material: Data for the review were collected using brief schedules completed by Delivery Leads (responsible for each Action) and the co-ordinator of the Lived Experience Panel (LEP), which comprises 14 volunteers with diverse professional and social backgrounds, each with a different connection to suicide. The data were collected in late 2020 and analysed thematically.

Results: Clear progress toward implementation of the SPAP was evident. Actions were, however, at different stages of delivery, held back by long lead-in times and/or the impact of the COVID-19 pandemic and other external factors. Progress was sometimes hampered by the absence of high-quality evidence of effectiveness on which to base proposals for action. Across the different Actions, there was evidence of extensive engagement, collaboration and partnership working with local suicide prevention leads, statutory and third sector providers, the wider workforce beyond people working in mental health and the general public. The LEP contributed significantly to the planning and development of the Actions, providing training and bringing their own voices to the public awareness campaign.

Conclusion: The Review suggests that some of the barriers to progress relate to implementation processes. This underlines the need for operational, as well as strategic, leadership, with sufficient resources (time, personnel, funding) to support delivery. Attention is also drawn, however, to the extensive stakeholder engagement that has been undertaken, and the key role of those with lived experience in shaping delivery of the SPAP. There is limited available evidence concerning whether and how the different Actions may contribute to the ultimate goal of a reduction in suicide. The Review highlights the importance of ensuring that any subsequent suicide prevention strategy is evidence informed, outcome-focused, and builds in monitoring and evaluation from the start.

12.4: Design, implementation and evaluation of national suicide prevention strategies in low- and middle-income countries: What are the challenges?

Presenter: Mohsen Rezaeian[1]

[1]Epidemiology and Biostatistics Department, Rafsanjan University of Medical Sciences, Rafsanjan, Iran

Study objectives: Although more suicides occur in low- and middle-income countries (LMICs) than in high-income countries (HICs), the design, implementation and evaluation of national suicide prevention strategies have a considerably lower priority in LMICs. The main aims of this review are (a) to explain the reasons for this situation and (b) to suggest appropriate remedies.

Methods and material: This is a scoping review involving systematic searches of bibliographic databases to identify relevant literature published in peer-reviewed journals, together with publications of the World Health Organization (WHO) and grey literature, including governmental and non-governmental reports.

Results: LMICs are more affected than HICs by the impact of major threats to national wellbeing, including poverty, economic crisis, unemployment, war, armed conflict, social unrest, natural disaster and, more recently, the COVID-19 pandemic. This constellation of adversity is likely to increase the risk of mental ill-health and suicidal behaviour, while simultaneously necessitating the diversion of scarce resources to mitigate the negative impact of those adversities. Consequently, the development of a national response to reduce and prevent suicide is impeded, if not undermined completely.

Conclusion: Governments of LMICs should give higher priority to the prevention of suicide, collaborating closely with both national and international experts and international agencies, including the International Association for Suicide Prevention (IASP) and WHO, in the design, implementation and evaluation of national strategies. There will be many challenges to overcome, including tackling negative cultural attitudes towards suicide, providing adequate resources to build an effective programme, training the suicide prevention workforce, and establishing a national leadership body to direct and oversee the necessary multi-sectoral collaborations for suicide prevention. In order to avoid being overwhelmed by the scale of these challenges, LMICs might move through stages to develop a national programme, starting with a situational analysis, the identification of high-risk groups and the improvement of access to services and resources for those groups, as recommended by the WHO.

13. Title: MENTUPP: Mental Health Promotion and Suicide Prevention in Occupational Settings

Submission #92258

Chair: Professor Ella Arensman

Introduction

People working in construction, Information and Communications Technology (ICT) and health sectors are at an increased risk of mental health problems and suicidal behaviour. However, Small and Medium Enterprises (SME) have limited means to promote and support employees' mental health. MENTUPP is a multi-level intervention aimed at promoting mental wellbeing in the workplace, addressing clinical (depression and anxiety disorders) and non-clinical mental health issues (stress, burnout, depressive symptoms) and reducing associated stigma in SMEs. The primary aim of the MENTUPP programme is to improve workplace mental health and a secondary aim is to reduce depression and suicidal behaviour in employees and managers in SMEs.

The MENTUPP framework encompasses primary prevention for healthy workers, secondary prevention for symptomatic or at-risk workers and tertiary prevention for workers with mental illness. The intervention is targeted at the individual level (e.g., providing coping strategies, psychoeducation), group level (e.g., peer-support and anti-stigmatisation), the supervisor level (e.g., encouraging help-seeking) and the organisational level (e.g., promoting positive work environments). The development of the intervention has been informed by several systematic reviews designed to understand organisational mental health interventions and to identify the facilitators and barriers to the implementation of mental health promotion interventions delivered

in workplace settings and a consultation survey with key stakeholders in the three sectors and academia. The MENTUPP Hub is an online platform that presents psycho-educational materials, toolkits and links to additional resources. Content is specifically tailored for each sector and to employees or managers/leaders. The material includes online information packages, videos, pre-recorded role-plays, animated scenarios, and practical stress management exercises. Participating workplaces are encouraged to integrate these materials with their everyday working life.

The MENTUPP programme is being designed, implemented and evaluated by world leading experts in mental health in occupational settings in 14 countries. At present, the programme is to begin piloting in eight countries in Europe and Australia to test feasibility, acceptability and uptake. The programme will then proceed to the optimisation stage based on the mixed-methods evaluation of the pilot programme before commencing a cluster Randomised Controlled Trial.

13.1: An Overview of the MENTUPP Programme Design, Implementation and Evaluation

Presenter: Ella Arensman[1,2,3,4] and MENTUPP consortium

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Study Objectives: Depression and anxiety are the most prevalent mental health difficulties in the workplace in the EU, causing immense suffering and costing the global economy €1 trillion in lost productivity annually. Certain sectors, in particular construction, health and ICT, have an elevated risk of mental health difficulties, with those working in Small and Medium Enterprises (SMEs) being particularly vulnerable. The overall aim of the MENTUPP project is to design, develop, implement and evaluate a multi-level mental health intervention for the SMEs

Methods and material: The MENTUPP intervention has been developed by world leading experts in mental health in occupational settings. It has been informed by a survey with representatives from academia, SMEs, occupational health associations, labour and advocacy groups and by a series of systematic reviews. These reviews have been conducted to understand workplace mental health interventions in the construction, health and ICT sectors, mental health interventions in SMEs and on facilitators and barriers to successful implementation of such interventions. The MENTUPP intervention is delivered via an online platform, the MENTUPP Hub. It presents tailored materials for employees and managers on topics such as peer support, anti-stigma, non-clinical feelings of being down and clinical levels of depression. As well as being tailored to each sector, the materials also present general workplace problems that workers may encounter, such as implications of the COVID-19 pandemic. The intervention is currently being pilot tested. This will be followed by optimisation of the intervention before a cluster Randomised Controlled Trial (cRCT) in the three occupational sectors and in eight European countries and Australia using the RE-AIM framework.

Implications: Most SMEs have limited capacity to address mental health promotion and provide mental health interventions to staff. As SMEs comprise more than 90% of all EU businesses, there is a huge potential to influence population health.

13.2: Workplace Interventions to Reduce Depression and Anxiety in Small and Medium-Sized Enterprises: A Systematic Review

Presenter: Bridget Hogg[1,2,3]

Co-Authors: Joan Carles Medina[4,5], Itxaso Gardoki-Souto[1,2,3], Ilinca Serbanescu[6], Ana Moreno-Alcázar[1,2,7,8], Arlinda Cerga-Pashoja[9,10], Evelien Coppens[11], Mónika Ditta Tóth[12], Naim Fanaj[13], Birgit A. Greiner[14], Carolyn Holland [15], Kairi Kõlves[16], Margaret Maxwell[17], Gentiana Qirjako[18], Lars de Winter [19], Ulrich Hegerl[6,20,21], Victor Pérez-Sola[2,7,8,22], Ella Arensman*[14,15,16,23], and Benedikt L. Amann[1,2,7,8]

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[22] Institut de Neuropsiquiatria i Addiccions (INAD), Hospital del Mar, Barcelona, Spain; [23] International Association for Suicide Prevention (IASP), Washington DC, USA.

Study objectives: MENTUPP is a multi-level mental health programme for the workplace that aims to reduce depression and anxiety in small and medium-sized enterprises. To date no review has focused on small- to medium-size enterprises (SMEs), despite these employing over 50% or the global workforce. This paper is the first to systematically review psychosocial interventions for depression, anxiety, and suicidal ideation and behaviours in small-to medium-size enterprises (SMEs).

Methods and materials: We conducted a systematic search for psychosocial interventions targeting depression, anxiety, and suicidal ideation/behaviour in SMEs in the PubMed, PsycINFO, Scopus and two specific occupational health databases, as well as four databases for grey literature, from beginning of records until 2nd December 2019. PRISMA guidelines were followed, and the protocol was pre-registered in PROSPERO (CRD42020156275).

Results: In total, 1283 records were identified, 70 were retained for full-text screening, and 7 met the inclusion criteria: 3 randomised controlled trials (RCTs), 3 before and after designs and 1 non-randomised trial, comprising 5,111 participants. Study quality was low to moderate according to the Quality Assessment Tool for Quantitative Studies. 5 studies showed a reduction in depression and anxiety symptoms using techniques based on cognitive behavioural therapy (CBT), 2 reported no significant change. No study focused on suicidal ideation or behaviour. Limitations include the low number and high heterogeneity of interventions and outcomes, high attrition, and lack of rigorous RCTs.

Conclusions: Preliminary evidence indicates CBT-based interventions can be effective in targeting symptoms of depression and anxiety in SME employees, but further research is needed to design effective programmes to reach people suffering depression, anxiety, and suicidal thoughts. There may be unique challenges to implementing programmes in SMEs which must be taken into account. These findings will contribute to the development of the MENTUPP mental health intervention for workplaces.

13.3: Factors influencing Successful Implementation of a Workplace Mental Health Intervention: Interim Results

Presenter: Charlotte Paterson[1]

Co-Authors: Caleb Leduc[2,3], Margaret Maxwell[1] Birgit Aust[4], Benedikt L. Amann[5], Arlinda Cerga-Pashoja[6,7], Evelien Coppens[8], Chrisje Couwenbergh[9], Cliodhna O'Connor[3], Ella Arensman[2,3,10,11] and Birgit Greiner[2]

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Study objectives: To inform the implementation of the MENTUPP intervention, a systematic review was conducted to review the evidence on barriers and facilitators to successful implementation of workplace mental health promotion programmes, including stakeholder and expert consultation.

Methods and Materials: A systematic scoping review using the 6-stage scoping review framework and a step-wise approach, including feedback from topic experts and a consultation with 65 stakeholders in construction, health and ICT SMEs regarding their experience of barriers and facilitators to implementation.

Results: 6,123 records were identified, 4230 titles and abstracts were screened after removal of duplicates, 290 full texts were screened with 74 meeting our eligibility criteria. Data from reviews and sector specific studies (k=17) were synthesised for interim results. Key themes identified from

the literature were summarized in line with an adapted model by Fridrich, which considers context, process, and outcome of occupational health interventions across organizational levels and different temporal phases (preparation, action and appropriation). Two major themes, Stakeholder Participation and Sustainability, were identified as applying across all organizational levels and temporal phases. Barriers and facilitators relating to local contextual factors, SME sectors, and digital health interventions were also identified. Results of the stakeholder consultation supported findings from the literature. Stakeholders reported financial constraints, lack of mental health policies, stigma, time-management, and low commitment from managers/supervisors as barriers to implementation. Long-term planning, aligning stakeholder needs, managerial/supervisory commitment, positive awareness, and a safe company environment were identified as facilitators to implementation.

Conclusion: Findings were summarized into 4 key actions: participation; adaption; communication; and support. Facilitation of these actions can be achieved via ownership of planning by SMEs and the establishment of their own project planning group. This should include the necessary range of stakeholders who can ensure resources, support, 'buy-in' and commitment from all levels within the SME.

13.4: The prominence of mental health at the workplace during the Covid-19 pandemic: A global stakeholder survey

Presenter: Arlinda Cerga Pashoja[1,2]

Co-Authors: Evelien Coppens[3], Ulrich Hegerl[4], Birgit Aust[5], Johanna Cresswell Smith[6], Naim Fanaj[7,8], Birgit Greiner[4], Eve Griffin[9], Asmae Doukani[1], Bridget Hogg[10], Margaret Maxwell[11], Fotini Tsantila[12], Gentiana Qirjako[13,14], Monika Toth[15], Lars De Winter[16] and Ella Arensman[17,18,19]

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Study Objectives: Coronavirus disease (COVID-19) has tested global health systems to their limits and shaken economies worldwide with Small-to Medium-sized Enterprises (SMEs) being the most affected. Given that MENTUPP is tailored to specific work-related factors impacting on three occupational sectors (construction, health and ICT), the aim of the present study is to understand perspectives of key stakeholders on workplace mental health and potential impacts of COVID-19 on supporting employee mental health.

Methods and Materials: A stakeholder survey was carried out across nine countries in Europe and Australia between September and October 2020. Stakeholders (*N*=65) included representatives from academia, SMEs, occupational health associations, labour and advocacy groups. Individuals with more than five years of experience in their field of expertise were invited to anonymously complete an online semi-structured survey via email. Stakeholders from developed countries included: Australia, Finland, Germany, Ireland, Netherlands, Spain and countries in transition included: Albania, Kosovo, Hungary.

Results: Most stakeholders across different sectors (77.4%) and countries report that job stress and burnout have increased and 69.4% stating that levels of depression, anxiety, and/or suicidal behaviour have increased. Approximately half of respondents indicated that they felt there was a decrease in organisations' capacity to promote mental wellbeing (52%) and to support employees with mental health conditions (51%) and in managers' capacity to support their own mental health needs. Mental health stigma, on the other hand, has reportedly remained the same, although the pandemic may have increased mental health awareness.

Conclusion: To address the impact of COVID-19 on mental health and capacity to support workplace mental health suggested by key stakeholders in this survey, the MENTUPP project aims to reduce both clinical and non-clinical mental health problems by providing an accessible online platform with materials specific to each occupational sector and with reference to work-related problems that workers face.

14. Title: An Innovative community-based brief psychological model for men in suicidal crisis

Submission #92126

Chair: Dr Pooja Saini

Introduction: During this symposium we look forward to sharing new knowledge about the elements of coproduction needed when setting up and delivering a community-based suicide prevention intervention for men. We will share the key mechanisms and components of the intervention and how it has been adapted during the pandemic. You will learn about the effectiveness of the model for reducing distress in men over year one and we will discuss the help seeking behaviours and engagement of younger and older men using the service in the first two years since implementation.

14.1: The role of co-production in setting up a community-based suicide prevention intervention for men

Presenter: Claire Hanlon, Liverpool John Moores University

Co-Authors: Hanlon, C., Chopra, J., Boland, J., Saini, P.

Study objectives – Suicide remains a global public health concern. With many more men than women dying by suicide, there are calls for the design and implementation of suicide prevention programmes that specifically target men. One innovative approach that has garnered particular success is the James' Place Therapeutic model, which, in recognition of the fundamental value and equitable role experts by experience and service commissioners have in the creation, design and delivery of services, has successfully fostered and implemented the core values of co-production in setting up a community-based suicide prevention service for men. The aim of the study is to explore and understand the role of co-production in service design, set-up and delivery by using findings from a process evaluation of a brief psychological intervention delivered by trained therapists for men experiencing suicide crisis at a community-based, non-clinical suicide crisis centre in Liverpool, UK.

Methods and materials – Semi-structured qualitative interviews involved stakeholders (administrative and therapeutic staff, experts by experience in suicide, referrers to suicide prevention services) and focussed upon the facilitators and barriers involved in the design, set-up, referral into or delivery of the community-based suicide crisis centre.

Results – Qualitative interviews revealed five inter-related sub-themes that integrated core principles of co-production such as recognising people as assets and mutual working relationships; namely Building location/design, Service design/implementation, James; Place Therapists, James' Place administrative staff and Referrers into James' Place. These are captured under the over-arching theme of "collaborative working". This theme demonstrated how co-production and multiagency working has been evident throughout the process of locating the premises, setting up the therapeutic model, delivering service and the continuous engagement through research and public events.

Conclusion - The findings support the application of the core principles of co-production in the design, set-up and implementation of community-based suicide prevention services as demonstrable by the acceptability and successful implementation of the James' Place centre.

14.2: One Year Evaluation of a Community-Based Therapeutic Suicide Crisis Service for Men in North West England

Presenter: Dr Jen Chopra, Liverpool John Moores University

Co-Authors: Chopra, J., Hanlon, C., Boland, J., Timpson, H., Harrison, B., Saini, P.

Study objectives– The aim of this study was to conduct a 1-year evaluation of James' Place, a suicidal crisis centre delivering a clinical intervention in a community setting.

Methods and materials – *Design:* A cohort study, following men entering the service during the first year of operation. *Setting:* A community based suicidal crisis centre based in the North West of England. *Participants*: Men experiencing a suicidal crisis referred to the service between 01/08/2018-31/07/19. 265 were referred to the service with 176 going on to engage in therapy. *Intervention*: The James' Place Model is a therapeutic intervention offered to men who are in a suicidal crisis. Trained therapists provide a range of therapeutic approaches and interventions,

focusing on decreasing suicidal distress and supporting men to develop resilience and coping strategies, over the course of approximately ten sessions.

Main outcome measures: CORE-34 Clinical Outcome Measure (CORE-OM).

Results - For all subscales of the CORE 34 there was a significant reduction in mean scores between assessment and discharge (p<0.001), with all outcomes demonstrating a large effect size. All reductions illustrated a clinically significant change or a reliable change.

Conclusions - Our results support the use of the James' Place Model for men in suicidal distress to aid in potentially preventing suicides in this high risk group of the population. Future research needs to assess the long-term effects of the model in order to understand whether the effects of the therapy are sustainable over a period of time following discharge from the service.

14.3: Help-seeking and Engagement for Young Men aged 18 to 30 years in Suicidal Crisis: A prospective cohort study

Presenter: **Dr Pooja Saini,** Liverpool John Moores University

Co-Authors: Saini, P., Chopra, J., Hanlon, C., Boland, J.

Study objectives – The aim of this study was to explore help-seeking and engagement for young men aged 18 to 30 years in a suicidal crisis.

Methods and materials – *Design:* A prospective cohort study, following men who were referred into a community-based therapeutic service for men in a suicidal crisis. *Setting:* A community based suicidal crisis centre based in the North West of England. *Participants***:** Men experiencing a suicidal crisis referred to the service between 01/08/2018-31/07/20. 546 men were referred to the service with 337 going on to engage in therapy. *Intervention*: The James' Place Model is a therapeutic intervention offered to men who are in a suicidal crisis. Trained therapists provide a range of therapeutic approaches and interventions, focusing on decreasing suicidal distress and supporting men to develop resilience and coping strategies, over the course of approximately ten sessions. *Main outcome measures*: CORE-34 Clinical Outcome Measure (CORE-OM) and engagement with the service.

Results –One-hundred and sixty-one (48%) men were aged between 18 and 30 years (mean age 24 years, SD=3.4). Most were white British (73%; n=116), single (63%; n=101), living with family (20%; n=32) and employed (34%; n=54). One third (n=54; 34%) were seen within 48 hours of their referral. Comparisons were made between the young men and the men aged above 30 years. There were no group differences across the outcomes. For all subscales of the CORE 34 there was a significant reduction in mean scores between assessment and discharge (p<0.001), with all outcomes demonstrating a large effect size (.80). All reductions illustrated a clinically significant change or a reliable change.

Conclusions - Our results highlight that young men engaged with the service and showed significant improvement in their suicidal outcomes. Future research needs to assess the long-term effects of the model in order to understand whether the effects of the therapy are sustainable over a period of time following discharge from the service.

14.4: Adapting delivery of a suicide prevention intervention for men: from face-to-face to remote therapy

Presenter: **Jane Boland,** Liverpool John Moores University

Boland, J., Saini, P.

Study objectives–The current coronavirus pandemic has forced the James' Place centre providing suicide prevention interventions to men to close their doors and transition their practice to telephone or video consultations. All staff delivering the intervention were tasked with adapting the delivery from face-to-face in a centre to remote therapy within their home. The evidence base for delivering therapy remotely is sparse and there is little knowledge of whether these methods are effective. The aims of the study were to explore the outcomes for men using the service following the use of remote therapy and to gain the views and experiences of therapists delivering suicide prevention interventions remotely from their home.

Methods and materials – *Design:* Mixed methods design including prospective cohort data and semi-structured qualitative interviews. *Setting*: Community based suicidal crisis services based in North West England and North London. *Participants***:** Men experiencing a suicidal crisis referred to the service between 23/03/20-22/03/21. 344 men were referred to the service, of those 229 men had a welcome assessment and 88 engaged with four sessions or more. Six therapists delivering the intervention. *Intervention*: The James' Place Model is a therapeutic intervention offered to men who are in a suicidal crisis. Trained therapists provide a range of therapeutic approaches and interventions, focusing on decreasing suicidal distress and supporting men to develop resilience and coping strategies, over the course of approximately ten sessions. *Main outcome measures*: CORE-34 Clinical Outcome Measure (CORE-OM) and experience of therapists.

Results – 64 men received therapy face-to-face and then remotely, 59 men received therapy remotely only, 23 men received face-to-face only, 65 a hybrid model (according to need) and 18 men received therapy remotely and then face-to-face. For all subscales of the CORE 34 or CORE 10 there was a significant reduction in mean scores between assessment and discharge (p<0.001), with all outcomes demonstrating a large effect size (.80). All reductions illustrated a clinically significant change or a reliable change, however men who started therapy face-to-face had better outcomes than those who started therapy remotely. Three themes emerged from the interviews with therapists: adaptation and blended approach; increased burnout with remote working; reduced separation from emotional work at home.

Conclusion – Findings showed that men referred into the service and who engaged with the remote, face-to-face or blended therapy during one year of the pandemic, showed a significant clinical improvement in their health outcomes. Therapists found their experiences with remote therapy (i.e., web- or telephone-based) to be better than expected but found that this mode was more exhausting and not totally comparable to face-to-face therapy with personal contact and a private space to work from.

15. Title: Innovative Methods and Strategies to Advance Translation of Social Connectedness to Youth Suicide Prevention

Submission #92143

Chair: Dr. Alejandra Arango

Introduction

Connectedness refers to close interpersonal bonds involved with satisfying relational needs. Theories (e.g., Interpersonal Theory of Suicide, Motivation-Volitional Theory) emphasize connectedness as protective and absence of bonds as indicating risk. Within social-ecological models, connectedness can refer to the strength of ties that individuals and families have to community organizations or the strength of cooperation within and between systems. Forms and levels of connectedness have relevance to developing comprehensive approaches to suicide prevention. Notably, connectedness can be cultivated across settings (e.g., educational, healthcare, occupational, social media), providing avenues for the integration of interventions anchored in connectedness frameworks. The examination of prevention approaches in different settings is important as we attempt to increase access points to reach youth at elevated suicide risk. Additional work is needed to translate empirical evidence and theories into interventions with an impact across populations and settings. In this symposium we bring together three studies that address methodological and applied intervention challenges to building connectedness for youth suicide prevention. 1. Arango, King and colleagues present on the Youth-Nominated Support Team (YST), an adjunctive intervention designed to build youth's network of 'caring adults.' This presentation highlights results from a long-term follow-up of YST and a pilot adaption of YST for an emergency department setting. 2. Robinson and colleagues present findings from a suicide prevention social media campaign. The campaign included the distribution of information about safe language, help-seeking, how to support others, and self-care. Findings highlight social media as an avenue for suicide prevention education. 3. Wyman and colleagues report results from a project to develop and test a suicide prevention program for young Air Force personnel in technical training using a social connectedness framework.

15.1: Emergency Department Adaptation of the Youth-Nominated Support Team Intervention
Presenter: Dr. Alejandra Arango

Co-Author: Dr. Cheryl King

There has been a steady increase in youth emergency department (ED) visits due to mental health concerns. Notably, youth seeking medical attention after a self-inflicted or substance-related injury are at increased risk of suicide. As such, the ED may serve as a setting for suicide prevention interventions. The Youth-Nominated Support Team (YST) is an intervention designed to supplement usual care for youth experiencing suicidal thoughts and behaviours. Youth in YST nominate 'caring adults' in their lives who then receive tailored psychoeducation about youth suicide risk, communication strategies, and what to do if concerned about youth. 'Caring adults' are encouraged to engage in weekly supportive contact with youth while intervention specialists provide weekly support to 'caring adults' for 3 months. In the long-term follow up (11-14 years) of a randomized control trial, YST was associated with significantly fewer deaths, even when only considering suicides and drug overdoses. Given these promising findings, we adapted YST for use with adolescents who presented to the ED for suicide risk (YST-ED). The adaptation integrates the use of technology (e.g., video conferencing) to aid communication between 'caring adults' and intervention specialists. The objective of this presentation is to provide an overview of YST, results from the long-term follow-up examining mortality and YST-ED feasibility and acceptability findings.

For YST-ED, youth, ages 13 to 17, were recruited from one paediatric ED in the United States. Research staff reviewed ED visits during predefined screening windows and approached youth presenting due to a suicide-related concern.

We enrolled 11 adolescents presenting to the ED for a suicide related concern, out of 39 adolescents approached (28.2%). Adolescents identified as 72.7% female, 18.2% male, and 9.1% trans male. Youth nominated 31 support persons (80.6% female) and 29 support persons completed the psychoeducation session (93.5%). The average number of support persons nominated per adolescent was 2.8. The following is the distribution of the relationship between the nominated support persons and youth: Parent 25.8%; Other Adult Relative 35.5%, Adult Family Friend 12.9%, Teacher or Staff 12.9%, Youth Leader 6.5%, and Extracurricular Activity Leader 6.5%. Acceptability (e.g., satisfaction, feedback) information from youth, guardians, and support persons will be available and highlighted at the time of the presentation.

Pilot findings indicated that YST-ED was both feasible and acceptable. Notably, recruitment occurred during the COVID-19 pandemic, presenting both recruitment challenges and opportunities to deliver the program virtually. Lessons learned will be discussed. Findings have the potential to inform future efforts aimed at utilizing the ED setting as a venue for suicide prevention interventions.

15.2: Can a social media intervention improve online communication about suicide?
Presenter: A/Prof Jo Robinson
Co-Authors: Dr Louise La Sala, Ms Zoe The, Ms Michelle Lamblin, Ms Gowri Rajaram, Ms Nicole Hill, Ms Pinar Thorn, & Dr Karolina Krysinska,

Young people actively use social media to talk about suicide and suicide-related behaviour. As such, social media presents a unique opportunity to reach young people with effective and youth-friendly approaches to suicide prevention. However, little is known about the efficacy of population-wide suicide prevention campaigns, particularly among young people and in the context of social media.

In 2019, we launched a 12-week nation-wide suicide prevention social media campaign. Based on the #chatsafe guidelines, the world's first evidence-informed tools and tips designed to help young people communicate safely on social media about suicide, the social media campaign shared content that was co-designed by young people and included information about safe language, help-seeking, supporting a friend, and self-care. Over 500 young people were recruited into a study to evaluate the #chatsafe campaign content and explore whether engagement with the content resulted in safer communication online.

A final sample of 189 participants completed three questionnaires (before the campaign, immediately after the campaign, and 4-weeks post campaign) measuring patterns of social media usage, willingness and capacity to intervene against suicide online, and perceived self-efficacy, confidence and safety when communicating about suicide online. Each week during the campaign, participants were sent a piece of content to their nominated social media account and were asked to respond to three short questions measuring acceptability and iatrogenic effects.

This presentation will discuss the findings of this study which suggest that not only did young people find the campaign to be acceptable, but they also reported improvements in their willingness to intervene against suicide, and their perceived self-efficacy, confidence and safety when communicating on social media about suicide. These findings have important implications for universal suicide prevention campaigns shared through social media, particularly for young people.

15.3: Cluster RCT testing a universal suicide prevention program for Air Force Trainees: Wingman-Connect

Presenter: Dr. Peter A. Wyman

Co-Authors: Mr. Bryan Yates, Dr. Anthony Pisani, Dr. Karen Schmeelk-Cone, Dr. Ian Cero, Maj. Jordan Simonson (USAF), & Col. Alicia Matteson (USAF)

Suicide rates for the US military have exceeded comparable (age/gender) rates for non-military populations. Military service poses significant relationship challenges (e.g., separations) that impact health. Relationship disruptions are major precipitants for military suicides, consistent with leading theories. Universal prevention programs have not been identified that reduce suicidal thoughts and behaviours in military populations. Work is needed to develop and test suicide prevention strategies that proactively strengthen healthy social bonds.

Wingman-Connect was developed as a network health, universal prevention program for early career personnel, the career phase with highest rates of suicide in the USAF. Network health intervention target natural organizational groups to strengthen social bonds, cohesion, and norms. Wingman-Connect applies group skills building for classes of personnel in technical training to build group cohesion, belonging, shared purpose, and skills for managing career and personal stressors. We will report results from a randomized trial, in which 216 classes with 1485 participants at a large training base were randomly assigned to either Wingman-Connect (three 2-hr blocks) or a stress management training (2 hrs). Participants completed health measures (including suicide and depression scales using computerized adaptive tests) at baseline, 1-month and 6-month follow-up (84% retention). Multilevel models (individuals nested in classes) tested for intervention effects conditioned on baseline.

Results showed that Wingman-Connect reduced suicide severity scores and depression symptoms at 1-month follow-up, and reduced depression symptoms were maintained at 6-month follow-up. Wingman-Connect trained Airmen (term used for females and males) were half as likely to report occupational problems during their technical training. Wingman-Connect increased indicators of healthy, cohesive class units (cohesion, morale, healthy norms, supportive connections), which was identified as a mediator that accounted for reduced suicidal ideation and depression at 1-month. We will report additional results on maintenance of class social bonds over the 6-month study period.

Findings suggest that Wingman-Connect is a promising suicide prevention approach for early career military personnel. Dual benefits for occupational functioning and mental health underline a strength of upstream prevention implemented before the detection of serious suicidal behaviour: skills that strengthened trainees' capacity to meet job-related challenges also reduced depression and suicidal ideation. The findings validate the underlying network health model emphasizing healthy cohesive groups as protective. Training units as a group is congruent with military culture, consistent with risk models emphasizing thwarted belonging and social network influences. Training unit groups may be essential to transfer skills into unit culture.

16. Title: Understanding caller behaviour and outcomes from suicide prevention helplines

Submission #92280

Chair: Alena Goldstein

Introduction

Suicide prevention helplines offer valuable support to those who need it, whether in suicidal crisis or supporting those struggling to cope before reaching that point. Research from helplines from different countries provides us with valuable insights about those who use such services, the external events that affect helpline use, and the effectiveness of the support they receive. These insights allow helpline organisations to understand the needs and outcomes of their services to be able to adapt and develop support accordingly.

The presentations include an exploration of the outcomes callers experience when using Samaritans telephone helpline in the UK; the use of CBT techniques to understand caller needs from 113 helpline in the Netherlands; the relationship between external events and caller behaviour to Samaritans helpline in Ireland.

16.1: Caller outcomes study: measuring the impact of Samaritans suicide prevention telephone helpline
Presenter: Stephanie Aston

Co-Authors: Markham, T., Forshaw, A., Sutcliffe, R., Scowcroft, E.

Introduction: Samaritans offers a confidential and anonymous helpline, where trained volunteers provide emotional support to callers via 'active listening'. As there is limited evidence of the impact of active listening helplines on caller outcomes, Samaritans completed a large-scale study to measure the impact of support provided on the telephone helpline.

Study objectives: To gather quantitative data on suicidality and distress (primary outcomes) among callers on the call and 1-week later; to gather quantitative data on caller use of the helpline and the difference it makes (secondary outcomes) 1-week after the call; to gather in-depth qualitative data to explore caller experiences of the helpline.

Methods: Helpline volunteers were trained to recruit callers to the study during the call, where appropriate. Volunteers collected data assessing changes in distress and suicidality from the start to the end of the call. At 1-week follow-up, data was collected via an online survey to assess any changes in primary outcomes and to measure short-term outcomes, followed by in-depth interviews with a selection of callers. Trained volunteers completed an online survey to provide feedback on taking part in the study.

Results: For all callers, on average, there was a significant reduction in levels of distress from the start to end of a call, and from the start of a call to one week later. Most callers felt the call helped them to manage their own level of distress and suicidal thoughts or feelings. One-week later 7 out of 10 callers said they were feeling better, and that their call had contributed to this.

Conclusion: Samaritans gathered caller outcomes data for the telephone helpline for the first time. This evidences the impact of the telephone helpline on caller levels of distress and suicidality, and better understand why, when and how callers use the service.

16.2: Leveraging CBT in the chat service of the Dutch national suicide prevention helpline
Presenter: Marijn ten Thij

Co-Authors: Ten Thij, M.C., Mérelle S.Y.M., Gilissen R., Bollen J.

Study objectives: Cognitive-behavioural therapy (CBT), a gold-standard treatment of depression, addresses distorted modes of thinking (cognitive distortions) that negatively affect the emotions and motivation of individuals with depression. CBT can be useful in suicide prevention: depression and suicidal ideation are frequently comorbid and CBT has been shown to reduce suicidal ideation. However, little is known about the effectiveness of CBT in online environments. Here, we investigate an important facet of CBT by comparing the prevalence of cognitive distortions in the chat messages of help-seekers vs helpline employees at the Dutch national suicide prevention helpline.

Methods and material: We use the Dutch equivalent of an existing large lexicon of Cognitive Distortion Schemata (CDS) n-grams that were shown to be overrepresented in the language of Twitter users with depression. We compare the prevalence of these CDS n-grams in 56,687 online chat sessions between help-seekers vs. helpline employees.

Results: The language of help-seekers in the online chat service contains higher levels of distorted thinking than that of the helpline employees. Distortions of the category '*dichotomous reasoning*' are observed the most, appearing in roughly 13% of all messages.

Conclusion: This preliminary study identifies language patterns within helpline chat sessions that are indicative of depression-related distorted thinking. Future work will focus on opportunities to leverage the automated detection of patterns of distorted thinking to further improve the chat service in general, e.g., by examining the timing of the distorted thinking over the course of a chat session as a measure of quality assessment.

16.3: Relationship between events and caller behaviour to helplines: an intervention analysis
Presenter: Robin Turkington

Co-Authors**:** Raymond Bond, Maurice Mulvenna, Edel Ennis, Courtney Potts, Siobhan O'Neill

Study objectives: Highly publicized media reports of suicide can increase distress, suicidal ideation and 'copy-cat' suicides amongst the public which may lead to a rise in help-seeking behaviour. The main objective of this study is to determine whether there is a relationship between explicit media reports of suicides and crisis helpline call attempts or new callers seeking help. A secondary objective is to explore quantitative changes in caller behaviour following media reporting of a suicide.

Methods: Interrupted time series analysis was carried out using call data from a national crisis helpline, Samaritans Ireland, to determine if there were significant changes in number of call attempts (a sequence of calls made by a caller to "get through" to a volunteer) and number of new callers in the 3 weeks before and after the events. Comparative analysis of caller behaviour was conducted for two events: a highly publicized celebrity suicide and a local murder-suicide in Ireland. K-means clustering was used to determine which caller types were impacted by such events.

Results: The number of call attempts significantly increased in the days after both events, and the number of new callers also significantly rose in the days following both events. High profile suicides or local events where death by suicide occurred may encourage help-seeking behaviour, or increase distress resulting in different impact on the crisis helpline service. Messages within the media that encourage help-seeking and signposting to relevant services may be important in alleviating the levels of distress within the public after reporting of these events.

Conclusion: Our findings have implications on how stories of this nature are reported by the media and may be used to inform media guidelines. The results indicate media reporting of both types of events does have a significant impact on the number of call attempts made to the service and a significant impact on the number of new callers contacting the service, within the following days after a publicized suicide.

17. Title: Real-time surveillance of suicide mortality data: comparing systems from different countries

Submission #92278

Co-Chairs: Prof Ella Arensman and Ruth Benson

Introduction

The public health prevention model of suicide prevention begins with and relies heavily on surveillance data. Monitoring a public health phenomenon such as suicide requires continuous, systematic data collection, analysis, and interpretation, as well as efficient dissemination of outputs to those involved in prevention efforts. Globally, an increasing number of public health surveillance systems currently collect and store data on confirmed suicides. However, data recording for such systems is contingent on the prolonged coronial or medico-legal processes, subsequently impacting the efficiency of data collection and timeliness of reporting. Provisional suicide mortality data verified according to validated criteria, may facilitate timely prevention work, which can then be measured against official mortality statistics to determine accuracy, once released.

Having rapid access to real-time data is essential for many reasons, including the early identification of emerging suicide clusters, new methods amenable to means restriction measures, and locations of concern, as well as timely responses to individuals bereaved by suicide, evidence-based policy and service planning and targeted service provision.

The World Health Organization has endorsed the value of real-time surveillance frameworks for mental health issues, including suicide, and highlights the need for reliable data to inform decision-making, to determine matters requiring immediate action and to verify if and where progress has been made. The United Nations Sustainable Development Goals echo this concept through target 3.4, which aims to reduce premature mortality from non-communicable diseases by one third by 2030. This target identifies the suicide mortality rate per 100,000 people as an indicator of progress and relies on timely monitoring of suicide rates internationally to assess the successfulness of prevention strategies. While there have been calls for real-time suicide surveillance data in the past, the demand for such data has increased significantly recently. The COVID-19 pandemic has had major implications for the mental health of the population, however it remains a challenge to determine whether it has led to a rise in cases of suicide in real time. Therefore, this symposium compares the methodological aspects of real-time suicide surveillance systems in different countries.

17.1: The interim Queensland Suicide Register (iQSR) in the past, present and future: Real-time suicide mortality surveillance in Queensland, Australia.

Presenter: Stuart Leske

Co-Authors: Kairi Kolves, David Crompton, Diego de Leo

Study objectives: This study reviews the iQSR, focusing on the data source, the strengths and limitations of the register, its impact, and current usage.

Methods and material: We critically reviewed as a research team the iQSR against documentation for best-practice real-time public health surveillance (for suicide and other events) from the World Health Organization, Centers for Disease Prevention and Control, and other surveillance and register-based epidemiology guidance.

Results: The police report in Queensland appears comprehensive relative to other states and jurisdictions' police forms. It includes a 1-page suspected suicide form that AISRAP co-developed. Data captured about suspected suicides mainly consists of checkboxes and string variables subject to further coding upon receipt. The current data extraction from the police reports effectively and efficiently captures a large amount of data. However, there is vital physical and mental health information suitable for extraction once resources permit it. As the report is often revised, there is a need for a user-friendly process to adjust the extraction and coding of data, so it is partially or fully automated. There is a need to transition the iQSR from general-purpose statistical software to a web-based query system with a real-time early aberration reporting system for non-communicable diseases for more proactive rather than reactive reporting. In terms of impacts, the iQSR has contributed towards means restriction at a city bridge and indirectly to suicide prevention through informing the Queensland suicide prevention sector since 2011. iQSR analyses have informed state and federal governments, investigated clusters and the impact of major exposures, monitored geographical trends, and substantiated media reports of increased suspected suicides in geographical regions.

Conclusion: Although additional enhancements are possible, the iQSR has been an informative and timely source of information on suspected suicides as they occur.

17.2: The accuracy of real-time suicide surveillance data: insights from the Victorian Suicide Register

Presenter: Jeremy Dwyer

Co-Authors: Angela Clapperton, Runi Larasati, Stephanie La'Rive, Laura Baldwin, Jane Pirkis

Study objectives: Data derived from real-time suicide surveillance creates opportunities to identify and respond to emerging trends and issues in suicide. However, this data needs to be as accurate as possible to maximise its prevention utility. In this study we examined the accuracy of the surveillance data produced by the Victorian Suicide Register (VSR) team at the Coroners Court of Victoria, including factors that affect accuracy and measures to address inaccuracies.

Methods and material: We compared the deaths initially identified as probable suicides when reported to the Coroners Court of Victoria during the period 2012-2016, against the deaths ultimately confirmed as suicides in the VSR following coronial investigation. The main comparisons were with respect to initial and final classification of deceased intent and mechanism of death.

Results: Of 3191 deaths initially identified as suicides during real-time surveillance and added to the VSR, 225 (7.1%) were found not to be suicides through subsequent investigation. Additionally,

158 deaths not initially identified as suicides were subsequently confirmed to be suicides; these comprised 5.1% of the 3124 confirmed suicides in the VSR for the period. Overdose was the mechanism most frequently implicated in misclassification of deaths during surveillance. Deaths were most frequently reclassified on intent from suicide to undetermined intent (or vice versa).

Conclusion: Limitations in accuracy of real-time suicide data should be recognised and should inform data interpretation. Real-time suicide surveillance systems should include processes for reviewing deaths after initial inclusion and classification, as well as processes to identify and add deaths that were initially missed. Particular attention should be given to systems for monitoring overdose deaths in the context of suicide surveillance.

17.3: Real-time Surveillance of Suspected Suicides in England: The Thames Valley Police Real-Time Suicide Surveillance System.

Presenter: David Colchester

Co-Authors: Keith Hawton, Deborah Casey & Karen Lascelles

Study objective: Obtaining real-time data on suspected suicides has been an important development in relation to the National Suicide Prevention Strategy for England. This study reports the methods and results of real-time surveillance (RTS) of suspected suicides in a specific area of Southern England led by Thames Valley Police, working in collaboration with local coroners and other agencies.

Methods and material: We have been examining utility of the data collected by this real-time surveillance system, especially in terms of evaluating the impact of the COVID-19 pandemic during the first year from when lockdown was introduced in the UK and also with regard to consistency with official recording of suicides by coroners. We have also examined its use in enabling provision of early bereavement support and also identification of suicide clusters.

Results: The system is well established and is now closely linked to provision of bereavement care. Several suicide clusters have been identified which has permitted rapid local responses involving multiple agencies. The data from real-time surveillance has shown that the COVID-19 pandemic had no major impact on suicide numbers in the first year after lockdown. Results of the comparison with official suicide data will be included in the presentation.

Conclusion: The RTS system in the Thames Valley area of England has proved effective in supporting provision of bereavement support, providing data relevant to evaluating the impact of the COVID-19 pandemic, and in identification of suicide clusters.

17.4: The Coronial Suspected Suicide Data Sharing Service (CDS): Real time notifications of suspected suicide deaths in Aotearoa/New Zealand

Presenter: Dr Roger Shave

Co-Author: Dr Sarah Fortune

Study objectives: The New Zealand Ministry of Health, Coronial Services New Zealand and Clinical Advisory Services Aotearoa (CASA) established the national CDS in 2014 under the New Zealand Suicide Prevention Action Plan (2013-2016), to establish a function to analyse and share up-to-

date provisional coronial data on suicide deaths with agencies working in local areas to help prevent further suicides.

Methods and material: The aim of CDS is to analyse and share up-to-date data on suspected suicides with health agencies working in local areas to help support postvention responses and prevent further suicides.

The methods, legal, privacy and practical considerations of the CDS will be described.

Results and Conclusion: Real time notification of suspected suicide deaths are an important tool in deploying appropriate suicide postvention and prevention activities in Aotearoa/New Zealand. This system has been in operation since 2014 and has made a valuable contribution to prevention activities. The opportunities and limitations of this approach will be discussed. The importance of this system in understanding patterns of suicide in Aotearoa/New Zealand and allowing comparison with international trends during Covid-19 will be outlined.

18. Title: Towards a more transparent and reproducible science of suicide: Practical examples of successfully implementing open science practices in suicide research
Submission # 92254

Chair: Olivia J. Kirtley

Introduction

Psychological science is experiencing a renaissance, initiated by the replication crisis, which is leading researchers to become more mindful of the need for greater transparency, reproducibility, and replicability in their work. A suite of research practices and tools often referred to as "open science practices" have been developed as methods of addressing these issues. These include creating a locked, uneditable plan for studies prior to data collection (preregistration), submitting the plan for a study to a journal for results-free review and acceptance prior to data collection (Registered Reports), making data and code publicly available (open code and data), sharing study materials (open materials), and sharing pre-peer reviewed versions of manuscripts for feedback and transparency (preprints). Clinical psychology and psychiatry research have been slower to adopt open science practices, and a recent review highlighted that use of open science practices in suicide research is far from commonplace. Most open science practices and tools have been developed in the context of social and cognitive psychology, and suicide research comes with many unique challenges, meaning that such research may not always fit neatly into the framework of some open science practices. This represents a fundamental barrier to suicide researchers engaging with open science practices, and results in potential missed opportunities for increasing transparency, reproducibility, and replicability in suicide research.

To break down these barriers and move towards a more transparent and reproducible science of suicide, our symposium brings together four researchers who are already implementing open science practices in their own research on suicide. We provide practical guidance on using a wide variety of open science practices, using examples from our own work and consider the various challenges of implementing these practices in suicide research.

First Olivia Kirtley will discuss preregistration and open materials, using examples from her work using the experience sampling method. Second, Julie Janssens will present a case study of her

recent Registered Report on attachment and self-harm in adolescents. Third, Aleksandra Kaurin will discuss guiding principles of preprints, and sharing data and analysis code. Finally, Jane Pirkis will present a real-world example of how data sharing can be used to rapidly address crucial questions about suicide during COVID-19.

18.1: Advancing transparency and methods reproducibility in experience sampling method studies of suicide and self-harm by using open materials and preregistration
Presenter: Olivia J. Kirtley, KU Leuven
Study objectives:
The experience sampling method (ESM) is a rapidly accelerating technique within suicide and self-harm research. The myriad decisions made when conducting ESM studies are not always reported in the final publication. The final publication may also differ from the original planned study in important ways, but without a record of the original plan, this is challenging to determine, creating a potential threat to transparency and reproducibility. An additional challenge for transparency and reproducibility in ESM research on suicide is that constructs are often assessed using single items and there are no standardized ESM questionnaires. This makes it difficult for researchers to compare studies and to discover measures to use in future research.

Methods and materials: Preregistration is a method of preserving the original plan for a study by creating a locked, uneditable record of the research questions, hypotheses, and analysis plan prior to data collection or analysis. ESM items can be made open, i.e. publicly shared, to allow other researchers to use and evaluate them. Both preregistration and open materials are key open science practices, which can be used to increase transparency and reproducibility.

Results: Using various case studies from my own ESM research on suicide and self-injury, I demonstrate how preregistration and sharing of materials can be implemented into the research workflow. First, I will discuss how a specially designed pre-registration template for ESM studies can enhance transparency and accountability in suicide research and in clinical psychology and psychiatry studies more broadly. Next, I will discuss the Experience Sampling Item Repository, an open, online item bank for ESM research, which allows ESM study materials to be made open and freely accessible.

Conclusions: Both preregistration and open materials are key open science practices that can be used to improve transparency and reproducibility in ESM studies on suicide and self-harm.

18.2: Challenges and opportunities for Registered Reports in self-harm research – A case study
Presenter: Julie J. Janssens[1]
Co-authors: Inez Myin-Germeys[1], Ginette Lafit[1], Robin Achterhof[1], Noëmi Hagemann[1], Karlijn S. F. M. Hermans[1], Anu P. Hiekkaranta[1], Aleksandra Lecei[1], & Olivia J. Kirtley[1]
[1]KU Leuven
Study objectives: Registered Reports (RRs) are an article format where researchers submit the introduction and methods section of a manuscript for peer-review prior to data collection/analysis. Following acceptance of this Stage 1 submission, researchers collect/analyse data and, providing the study be conducted as per the accepted Stage 1 submission, the full manuscript is guaranteed

to be published irrespective of the results. RRs commit journals to publish papers based on design quality rather than the results, reducing publication bias. This format rewards best practices, creates incentives for direct replication and increases accuracy and credibility of published results.

Methods and material: We explain how this two-step publication process works and aim to highlight the possibilities, along with the challenges of RRs by using our recent RR on attachment and self-harm in adolescents as a case study. Data used for this case study were pre-existing and originate from a large-scale general population study of N=1913 Flemish adolescents, called "SIGMA".

Results: We discuss the requirements and review criteria for RRs, address possible concerns and highlight the main advantages that come with RRs in self-harm research. We cover concerns including the time commitment for RRs relative to "traditional" article formats and power analysis for statistically rare phenomena such as self-harm, and suggest possible solutions. Advantages of RRs are presented, including enhanced reproducibility and transparency in science, and reduced likelihood of publication bias, p-hacking and HARKing (i.e. hypothesizing after the results are known and presenting the hypothesis as a priori).

Conclusion: RRs offer opportunities for a higher degree of reproducibility and transparency in self-harm research.

18.3: Recommendations for Preprint Exchange, Data, Material and Code Sharing in Suicide Research
Presenter: Aleksandra Kaurin, Witten/Herdecke University

Study objectives: A recent meta-analysis (Franklin et al., 2017) reviewed over five decades of studies on predictors of suicidal ideation, attempts, and deaths. The findings suggest "moderate" to "high" degrees of publication bias toward omitting non-significant results. Publication biases are problematic, because they misrepresent the validity of evidence which, in turn, bears the risk of making the literature non-representative. Because the results presented in suicide research have fundamental clinical implications, it is important that our studies are cautiously assessed for reproducibility.

Methods and materials: One solution is for researchers to provide open access to their research, including peer-reviewed and non-peer reviewed journal articles, conference papers, theses or dissertations with the goal of being easily discovered and accessed.

Results: Based on examples from my own research, I will offer five simple rules for consideration when using preprints as a communication and science reform mechanism.

Conclusions: Based on those, I will discuss options and benefits for researchers to publicly post their manuscript before formal peer-review (i.e., pre-prints), along with tools for the archiving of respective datasets and analysis code or research protocols.

18.4: Sharing real-time data to inform questions about COVID-19 and suicide
Presenter: Jane Pirkis, University of Melbourne

Study objectives: In 2020, the International COVID-19 Suicide Prevention Research Collaboration (ICSPRC) set out to gather real-time suicide data from around the world in order to determine whether there any changes in suicide trends were occurring alongside the pandemic. This

represents an example of data sharing in a way that balanced data protection with the principles of open science.

Methods and materials: We identified countries and areas-within-countries where real-time suicide data existed, via a process of internet searches and recourse to our networks and the academic literature. We found some data that were publicly available, but the majority of data was held by data custodians. We approached these custodians – either directly or via members of the ICSPRC – to see whether they would share their data, and held all of the data we received in a safe, secure, password-protected database using Secure eResearch Platform technology. Only the core members of our study team had access to the data during the data collection and analysis period. Once the data were finalised and analysed and a journal article was written, we approached the data custodians once again to ask them whether they would be prepared for their raw data to be made publicly available.

Results: We identified data from 21 countries with real-time suicide data. For 10 of these we were able to access data for the whole country and for the remainder we accessed data for areas-within-the-country (35 locations in total). Most data custodians agreed to their raw data being made publicly available, so we were able to present the majority of the data in tabular form as electronic supplementary material to the article, suppressing cells with small numbers in order to protect the anonymity of those who had died by suicide.

Conclusions: We were successful in this major data sharing exercise because we worked closely with data custodians who all had a commitment to suicide prevention and believed that their data could inform questions about suicide trends in the context of the COVID-19 pandemic. We were able to develop relationships of trust with the data custodians in the early stages of the project, which meant that were all willing to share their data and that the majority were able to make their data publicly available.

19. Title: International perspectives on caller insights and supporting service-users through suicide prevention helplines & centres during COVID-19 (2)

Submission #92279

Chair: Liz Scowcroft

Introduction:

Suicide prevention helplines and crisis centres offer valuable support to those who need it, whether in suicidal crisis or supporting those struggling to cope before reaching that point. Over the last year these services around the world have been as busy as ever, and the value of human contact has never been more important.

Through data analysis and insights from staff and volunteers who provide support, we are able to understand how COVID-19 has impacted service-users and the services. These insights help services understand the needs of their services-users and also provide a valuable part of the picture for national and international covid recovery plans - by helping us understand the wider impact of the pandemic on vulnerable individuals and the wider population.

This is the second of 2 symposia looking at insights from helplines during the COVID-19 pandemic. Focusing on analysis of operational data routinely collected by helplines to understand the impact of covid-19 on call patterns and caller behaviour.

The presentations include an exploration of how COVID-19 has affected - calls to Samaritans telephone helpline in the UK and ROI; calls to a national suicide prevention hotline in Taiwan; calls to 113 helpline in the Netherlands; call rates to a mental health helpline in Sri Lanka.

19.1: The impact of COVID-19 pandemic on calls to Samaritans' telephone helpline in the UK and ROI

Presenter: Maurice Mulvenna

Authors: Robin Turkington, Maurice Mulvenna, Raymond Bond, Edel Ennis, Courtney Potts, Ciaran Moore, Louise Hamra, Jacqui Morrissey, Mette Isaksen, Elizabeth Scowcroft, Siobhan O'Neill

Study objectives: The COVID-19 pandemic led to greater reliance on and uptake of remote services, and this study aimed to ascertain whether the pandemic and restrictions had any impact on behaviour of callers to Samaritans, a national crisis helpline.

Methods: Duration of calls made to Samaritans over 4 four-week periods within 2020 were analysed; a 4 week period of calls before confirmation of the first known case of COVID-19 (Pre-COVID-19; 03-Feb-2020 - 01-Mar-2020), a 4-week period of calls following the initial nation-wide lockdown restrictions (Active COVID-19; 30-Mar-2020 - 26-Apr-2020), a 4-week period of calls collected 2 months after lockdown (01-Jun-2020 - 28-Jun-2020) and a 4-week period of calls collected 4 months after lockdown (3-Aug-2020 - 30-Aug-2020). K-means clustering was used to determine the types of callers within the data based on call behaviour; subsequent analysis looked at changes in the behaviour of these caller types caused by the pandemic/lockdown restrictions at each period.

Results: Fewer calls up to 5 minutes in duration (perceived as "checking-in" calls) were made from the Pre-COVID-19 period to the first Active COVID-19 period, likewise, more calls that are greater than 30 minutes (perceived as an "emotional support" session) were made to the service. Distribution of call duration over the latter two Active COVID-19 periods begins to revert back to a Pre-COVID-19 norm. Clustering revealed 5 distinct caller types within the data; 2 out of the 5 caller types ('high frequency' and 'typical') appear to be significantly impacted during the data collection period, in relation to their durations of calls (in general and over a 24-hour day).

Conclusion: Changes in caller behaviour point to the impact of removing existing face-to-face mental health supports during the pandemic and increasing distress amongst the most "at risk" callers to the service, but not across all caller archetypes. Telephony data can be used to measure the effect of an external event on society in real-time; in this case, the impact of COVID-19 on a national crisis helpline service.

19.2: The impact of the COVID-19 pandemic on calls to a national suicide prevention hotline in Taiwan

Presenter: Mr Guang-Yi Liu, MSc

Authors: Guang-Yi Liu, Yi-Han Chang, Fortune Fu-Tsung Shaw, Wen-Yau Hsu, David Gunnell, Shu-Sen Chang

Study objectives: The COVID-19 pandemic caused disruptions to the access to mental health services and face-to-face supports and potentially increased need for other supports such as hotlines. We investigated whether the COVID-19 pandemic had an impact on the volume and characteristics of calls made to a national suicide prevention hotline in Taiwan.

Methods: Data for calls (January 2018 to May 2020) to Taiwan's national suicide prevention hotline were extracted. We used negative binomial regression to investigate trends in the weekly number of calls before and after the COVID-19 outbreak, which started from 21st January 2020. The calls' characteristics were compared between COVID-19 related vs unrelated calls, and amongst COVID-19 related calls from individuals in different quarantine statuses (quarantined vs non-quarantined vs unknown status).

Results: The weekly number of calls started to increase from the 6th week and reached a relatively peak in the 14th week (a 38% increase; incidence rate ratio = 1.38, 95% confidence interval [CI] 1.26–1.51) into the pandemic. Compared to COVID-19 unrelated calls, calls in which COVID-19 was mentioned were more likely to be from male callers, occur between 6 am–5 pm, and last less than 5 minutes, and were less likely from callers who had previous suicide attempt or current suicidal ideation or suicidal plan / action. Quarantined callers' main presenting problems or inquiries were more likely to be physical symptoms (e.g., fever); access to medical services; or quarantine regulations, whilst non-quarantined callers were more likely to have problems with access to protective materials (e.g., facemasks); work, finance or care; mental symptoms (e.g., anxiety); or others.

Conclusion: Calls to Taiwan's national suicide prevention hotline service increased during the early stage of COVID-19 pandemic. Hotline services are crucial sources of support during the pandemic and should adapt to the increased demand and callers' specific concerns related to the outbreak.

19.3: Changes in the demand for and nature of help seeker conversations in the suicide prevention helpline in the Netherlands during the COVID-19 pandemic
Presenter: Renske Gilissen
Authors: Gilissen, R., Salmi, S., van der Burgt, M., Mérelle, S.

Although there is no increase in the number of suicides in the Netherlands in 2020, there are concerns about, and signals of, increased mental health problems during the COVID-19 pandemic. Three recent studies will be presented: 1) actual suicide rates in the Netherlands, within different subgroups; 2) changes in the demand for the suicide prevention helpline during times of lockdown; 3) changes in help seeker conversations and the nature of coronavirus-related problems mentioned by help seekers.

The weekly frequency of helpline (chat and phone call) requests for the timeframe 2017-2020 shows that the demand for the helpline did not increase during the first lockdown, but did increase after the start of the second partial lockdown, which lasted throughout the winter. Most help seekers struggled with interruption or change in regular care, feelings of loneliness and social isolation, and the loss of distraction or structure in daily life. A natural language-processing method that can discover topics in text (BERT) revealed that male help seekers showed an increase in mentions of contact with emergency care (+43%) and panic and anxiety (+24%) after the

introduction of government measures to contain COVID-19. Younger help seekers mentioned more negative emotions (+22%) and lack of self-confidence (+15%), while help seekers over 30 increased their mentions of substance abuse (+9%) and plans to die by suicide (+11%). Help seekers who live alone increased their mention of plans for suicide (+52%). Furthermore, the results show that help seeker expressions of gratefulness for the conversation and for being listened to increased (+15%), especially among males (+45%) and young help seekers (+32%). This means that the suicide prevention helpline seems to meet the need for contact in these groups.

20. Title: Workplace Suicide Prevention: Principles, Practices and National Guidelines
Submission #92233
Chair: Sally Spencer-Thomas
Introduction

As the movement of suicide prevention gets increasingly organized globally, new guidelines and standards help universal systems find a roadmap to building strategies and advocating for resources. For workplaces and professional associations, new guidelines and best practices are emerging that help employers and others know where to start and why as they choose their course of action in implementation of trainings, communication and policy development. This symposium looks at principles, practices and guidelines in the USA and the UK.

20.1: Exposure to Suicide and Readiness to Intervene in the Workplace: A Multi-Stakeholder Survey of People with Lived Experience and Human Resources Professionals
Presenter: **Anthony Fulginiti**, Ph.D
Co-Author: Sally Spencer-Thomas, Psy.D.
University of Denver | United Suicide Survivors International
Learning Objective: To understand the magnitude of suicide exposure and implications for suicide prevention in the workplace. The current study aimed to determine (1) the prevalence of suicide exposure in the workplace and (2) readiness of people with Lived Experience and Human Resources professionals to intervene with someone in crisis.
Methods: This study included a sample of 174 people with Lived Experience (i.e., personal experience with mental health or suicidal crises that adversely affected their work functioning) and 133 Human Resources professionals (total n= 307). The participants were in their early-to- mid forties, largely Non-Hispanic (90%) and White (80%). Less than 10% of participants were working in specialized groups (as defined above). Data collection was completed via an online survey administered through Qualtrics between June, 2019 and January, 2020. Prospective participants were recruited by circulating invitations through organizations or groups that serve the focal stakeholders in our study.
Results: Nearly half of people in both the Lived Experience group and the Human Resources group reported that their workplace had been impacted by a suicide. Just over half of people in the Lived Experience group and 86% of people in the Human Resources group indicated that the workplace responded in some way to the death. People in the Lived Experience reported significantly greater

preparedness to intervene (t= 2.77, p= .006) as well greater confidence in intervening (t= 2.19, p= .029)with someone in crisis than people in the Human Resources group.

Conclusions: That one of out of two people in each group reported exposure to a suicide related to their workplace is a stark reminder of the many social settings that can be affected by suicide. It also reinforces that workplaces are an integral space for suicide prevention and postvention programming. Unfortunately, the workplace has not traditionally been viewed as a critical place to develop and implement such programming. Although suicide prevention is everyone's business, leveraging peers (i.e., people with Lived Experience) for workplace endeavours appears to hold great promise. Yet, our results also point to the need to better support Human Resources professionals to increase their feelings of preparedness when intervening with someone in crisis. In recent years, there have been efforts to design workplace strategies to address these unmet needs, but a great deal of work remains necessary to effectively support people who are impacted by suicidal experiences.

20.2: Exploratory Analysis for the National Guidelines for Workplace Suicide Prevention
Presenter: **Sally Spencer-Thomas**, Psy.D.
United Suicide Survivors International
Learning Objectives: 1. To assemble a cross-section of workplace suicide prevention stakeholders, including many people with lived experience.
2. To prioritize guiding principles and values to help direct the National Guidelines for Workplace Suicide Prevention
3. To develop practices that employers and professional associations could implement that would help advance comprehensive and sustained suicide prevention strategies.
Methods: In the program development stage, the partners facilitated 13 focus groups whose participants spanned diverse roles, industries, experiences and geographies. Roles and expertise came from Employee Assistance Programs (EAP), human resource experts (HR), construction leaders, first responders, legal professionals, workplace violence experts, people with lived experience, peer supporters, safety professionals, and workplace wellness professionals. In addition, 15 in-depth interviews were conducted with industry leaders and influencers. All of the focus group and interview sessions were recorded and transcribed. Reviewers then extracted the most important themes, the most noteworthy quotes, and any unexpected findings. The extracted themes took into account the extensiveness, intensity and specificity of comments. Lastly, a 16-question national survey was created by members of the Workplace Committee with input from many people with lived experience with suicide and housed on Survey Monkey. This mixed method approach was strategically designed to generate new ideas formed within a social context while also probing for individual experiences, and encouraging self-reflection on issues that could be distorted if social pressure were placed on the individual.
Results: Themes from the qualitative data were organized around the questions asked. For instance, when asked, "How do we integrate suicide prevention into a workplace health and safety culture?" Participants had many motivations for their interest in workplace suicide prevention. Ranked priorities included:

#1: Increase employee health and well-being (86%) #2: Right thing to do (72%) #3: Prevent workplace homicide-suicide (56%) #4: Increase employee safety and productivity (55%) #5: Improve employee engagement and retention (43%) #6: Decrease presenteeism and absenteeism (30%)

Many challenges and barriers were identified. The biggest challenge identified was getting leaders to buy in (47%) followed by lack of funding (39%) and time (30%). Less frequently cited barriers included things like "we would rather focus just on mental wellness and resilience" (19%), "branding concerns" (18%), "I don't think my company has a problem with suicide" (12%).

Conclusion The National Guidelines for Workplace Suicide Prevention were developed base on 9 practices were designed bolster the following:

1. Upstream: Build Protective Factors: to prevent the problems from happening in the first place by promoting life skills, community, and mental health/suicide prevention literacy.

2. Midstream: Early and Effective intervention: to identify problems early in the course of their development, course correct environmental hazards and connect people who are suffering to qualified supports efficiently.

3. Downstream: Safe and Compassionate Responses to the Aftermath of Mental Health and Suicide Crises: to follow best practice guidelines to reduce the impact of suicide, suicide attempts and other mental health crises while promoting dignity and empowerment for all impacted.

20.3 An Initial Evaluation of the Workplace Suicide Prevention Guidelines
Presenter: Dr. Annette Shtivelband
Co-Author: Dr. Sally Spencer-Thomas
Learning Objectives:
· Understand early adoption of the Workplace Suicide Prevention Guidelines
· Consider implications of broader dissemination, adoption, and implementation of the Workplace Suicide Prevention Guidelines in the United States

Methods: The registration process of the National Guidelines for Workplace Suicide Prevention was developed in collaboration with the Workplace Suicide Prevention and Postvention Committee of the American Association of Suicidology. Employers and professional associations were encouraged to "take the pledge" to make suicide prevention a health and safety priority. Pledge partners were asked questions about industry, size of organization and location, the registration form asked questions about commitment to implementing suicide prevention programming, leadership support, perceived culture, and how to prioritize the nine practices of the National Guidelines for Workplace Suicide Prevention.

Results: To date, 620 employers, professional associations and individuals have taken the pledge to make suicide prevention a health and safety priority. In total, 229 participants (36.9%) have provided additional survey information through the registration process. This presentation would highlight descriptive statistics about those who completed the registration process for the guidelines. The following presents a subset of initial findings:
Experiences with Workplace Suicide

· 30 out of 79 participants (37.9%) reported that their workplace had experienced a suicide death in the last 12 months. Of these, 14 were family members of employees, 11 were workplace employees, and seven were workplace vendors or contractors.

· 48 out of 79 participants (60.8%) said that someone in their workplace had experienced a suicide death in the last 10 years. Of these, 30 were family members of employees, 23 were workplace employees, and nine were workplace vendors or contractors.

· 73 out of 79 participants (92.4%) of participants knew how to access the National Suicide Prevention Lifeline. 82.3% of participants (n = 65) knew how to access the Crisis Text Line.

· 70 out of 79 participants (88.6%) said they are actively promoting crisis resources.

Views of Prevention Strategies

· Between 76 and 78 participants (33.2% and 34.1%) rated the nine best practices on a scale from 1 (i.e., not a priority) to 5 (i.e., Essential):

o Bold leadership (4.22)

o Mental health resources (4.14) o Communication (4.06)

o Risk mitigation (4.02)

o Self-care (3.87)

o Employee trainings (3.86) o Crisis mitigation (3.85)

o Stress reduction (3.76)

o Peer support (3.72)

Conclusions

In sum, key descriptive statistics were collected from early adopters of the National Guidelines for Suicide Prevention. As the workplace become a critical partner in suicide prevention and promotion efforts, it will be important to understand the characteristics of early adopters as well as the opportunities and challenges of broader dissemination in the future. This evaluation provides initial findings to inform future strategy.

21. Title: Understanding and supporting people bereaved by suicide

Submission #92201

Chair: **Karl Andriessen**, PhD, Centre for Mental Health, The University of Melbourne, Australia

Introduction

People bereaved by suicide have increased risks of adverse outcomes regarding their grief, social functioning, mental health and suicidal behaviour. Hence, research is crucial to enhance our understanding of grief after suicide and how to best help those bereaved. This symposium of the IASP SIG on Suicide Bereavement and Postvention includes four presentations regarding the research and practice of helping people bereaved by suicide. While the need to support people bereaved by suicide is widely recognized, little is known regarding how to effectively provide support in the community. Ms McNally will present a cost-effective model of suicide bereavement support involving both volunteers and professionals. Dr Bhullar and Dr Maple will present the results of their study testing the 'continuum of survivorship' model using sophisticated statistical analyses. Next, Dr Van der Hallen will discuss the results of their study exploring the role of coping

strategies on the impact of client suicide, based on a structural equation modeling approach. Finally, Dr Andriessen will present the findings from a sizable qualitative study revealing the experienced impact of suicide and traumatic death in adolescents.

Overall, the symposium will present good practices and innovative research, which will inspire delegates and foster discussion on how research can improve the understanding and support for people bereaved by suicide.

21.1: Developing an effective In-person and virtual postvention program in your community: Using volunteers to make it happen

Presenter: Sandra T. McNally, MA, LISAC[1]

Co-Authors: Renee Ouellet, MSW[1] Stefanie Cary, BA[1] [1]EMPACT-Suicide Prevention Center, USA

Objectives: Every year, approximately one million people die by suicide worldwide; in the wake of those numbers are the loved ones left behind. While providing Survivors of Suicide Loss programs is crucial in supporting this population, for most communities there are limited financial resources and funding opportunities to adequately provide needed postvention services. During this presentation, participants will be educated on the steps needed to develop a beneficial, cost-effective postvention program within their community, using volunteers who have been bereaved by suicide as a primary resource.

Methods and materials: Peer support is recognized as an important prevention strategy and industry standard. This model is based on the concept that an individual who has been through similar issues and has been successful in overcoming them can provide effective support to others. According to Mead (2001), peer support involves "understanding another's situation empathically through the shared experience of emotional and psychological pain". Those who have lost a loved one to suicide have a unique opportunity to give back to their community by helping others who have had a similar loss. These volunteers can be instrumental in helping to create and sustain a community Survivors of Suicide Loss program.

Conclusion: Participants will learn the importance of recruiting, training, and sustaining volunteers through supervision and on-going training. Also, participants will increase their awareness of how to expand a program beyond support groups as a way of meeting the needs of the Survivor community. In particular, virtual program adaptations will be explained. The presenters will discuss a community approach necessary for volunteer longevity, a model that has been used for the past 33 years at EMPACT-Suicide Prevention Center.

21.2: Testing the 'continuum of survivorship' model

Presenters: Bhullar and Maple

Associate Professor Navjot Bhullar[1] Professor Myfanwy Maple[2] Dr Rebecca Sanford[3]

[1]School of Psychology, University of New England, Newcastle, Australia [2]School of Health, University of New England, Newcastle, Australia [3]School of Social Work and Human Service, Thompson Rivers University, Canada

Study objectives: The Continuum of Survivorship proposes a way in which individuals may experience the suicide death of someone known to them along a continuum. This model demonstrates that exposure to suicide occurs broadly across the community, with the greatest

number of people indicated as affected by suicide death, and then fewer bereaved by the suicide for a short time, with numerically fewest bereaved for long periods of time. The main objective of the present study was to (1) empirically test the Continuum of Survivorship model by identifying profiles using a sophisticated classification statistical technique, known as latent profile analysis (LPA), of suicide exposure risk factors, and (2) examine if profile membership was associated with psychological distress.

Methods and material: Data from an online survey of 2346 respondents (Mean age=44.58 years, SD = 11.98, 78.9% women) who reported exposure to suicide death were used. For the LPA, we utilised the following four measures: time since the person's death, frequency of pre-death contact, closeness to the person, and perceived impact of the person's death as suicide exposure risk factors that contribute to an individual being psychologically distressed by exposure to suicide. We also assessed psychological distress to examine how the profile membership was associated with it.

Results: LPA identified five qualitatively different survivorship profiles, with four ranging from suicide exposed to suicide bereaved long-term broadly aligning with the proposed model, with one further profile indicating a discordant profile of low closeness and high impact of suicide exposure. The profile membership was significantly associated with psychological distress.

Conclusion: The results contribute significantly to the ongoing theoretical evolution to assist in understanding why some people are more vulnerable to psychological distress following exposure to suicide regardless of the relationship to the deceased. Our findings contribute a novel approach to the suicidology literature, by moving the research beyond a variable-level approach to capture the multi-dimensionality of an individual's trait combinations and its impact on behaviour.

21.3: Exploring the role of coping strategies on the impact of client suicide: A structural equation modeling approach

Presenter: Ruth Van der Hallen[1]

Co-Author: Brian P. Godor[1]

[1]Clinical Psychology, Department of Psychology, Education & Child Studies, Erasmus University Rotterdam, Rotterdam, 3062 PA, Netherlands

Study objectives: Client suicide, used to refer to cases where a mental health practitioner (MHP) is exposed, affected, or bereaved by a client's suicide, is known to have a profound impact on MHPs. In the immediate aftermath of a client suicide, MHPs tend to report emotions of shock, disbelief and confusion, as well as feelings of distress, depression, anger, guilt, shame and failure. Long-term consequences of client suicide may include increased feelings of self-doubt, inadequacy and loneliness, increased sensitivity to signs of suicidal risk, and for one to adopt a more conservative approach when treating suicidal clients. The current study investigated the role of coping styles in predicting short- and long-term impact of client suicide.

Methods and material: An international sample of 213 mental health practitioners, aged between 18 and 75, who experienced a client suicide in the past, completed a survey on coping strategies (i.e., Brief-COPE) and the impact of client suicide (i.e., IES-R, LTEIS and PPIS).

Results: Using a structural equation modeling approach, results indicate coping strategies explain 51% of the short-term, 64% of the long-term emotional and 55% of the long-term professional differences in impact of client suicide. Moreover, while an "avoidant coping" style predicted more impact of client suicide, "positive coping" and "humour" predicted less impact of client suicide. "Social support" coping did not predict impact of client suicide.

Conclusion: These results suggest that (1) MHPs are significantly affected by client suicide and (2) coping styles, in particular avoidant coping, positive coping and humour, are important in understanding individual differences in the impact of client suicide. Implication for both research and clinical practice are discussed.

21.4: Bereavement by suicide and traumatic death in adolescents: Perceived impact on adolescents and their family

Presenter: Karl Andriessen, PhD[1]

Co-Authors: Karolina Krysinska, PhD[1] Professor Debra Rickwood, PhD[2] Professor Jane Pirkis, PhD[1]

[1]Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Australia [2]Faculty of Health, University of Canberra, Canberra, Australia

Study objectives: Having someone close die through suicide or another form of traumatic death is a distressing event in the lives of adolescents, putting them at risk of grief and mental health ramifications. As most research in this field has been focused on intrapersonal grief reactions, this study aimed to broaden the perspective by exploring the impact of the death through an interpersonal lens.

Methods and material: The study involved individual and group interviews with bereaved adolescents (n = 20) and parents of bereaved adolescents (n = 18), and thematic analysis of the data.

Results: The analysis yielded three themes: (i) the death is a life-changing experience, (ii) the death differentiates you from your peers, and (iii) the death impacts on the family system.

Conclusion: The study revealed the devastating impact of the deaths on adolescents, their relationships with peers and the family system. Adolescents' grief must be understood within the context of their agency and their immediate social environment. The findings clearly indicate that support for bereaved adolescents should incorporate the familial context.

22. Title: Media campaigns for suicide prevention: international research and practice update

Submission #92249

Chair: John Draper, PhD

Introduction

There is groundswell of support for media campaigns internationally to educate the public about suicide prevention, but international collaboration on messaging and evaluations have been scarce.

In this symposium, *Prof. Pirkis* will provide an overview of what is currently known and not known on suicide prevention campaigns. *Prof. Gould* will then present a comprehensive evaluation of the media campaign *Breaking the Silence* in Oregon, USA that aimed to engage media in preventive reporting. Different from previous evaluations, this evaluation includes the assessment of effects on media reporting, social media, help-seeking as well as suicides. *Dr. Reidenberg* will focus on an ongoing project to develop a universal / global suicide prevention message. This work is based on input from an international group of experts in suicide prevention and mental health, communications, lived experience, loss survivors, academics and researchers. Finally, *Dr. Niederkrotenthaler* will highlight lessons for suicide prevention campaigning based on experiences with famous US-rapper Logic's song 1-800-273-8255 in the U.S., which has yielded a previously unknown increase in public attention to the U.S. Suicide Prevention Lifeline number.

22.1: Suicide prevention media campaigns
Presenter: Jane Pirkis

Media campaigns are gaining popularity as a universal intervention in suicide prevention. Some target at-risk individuals themselves, and others target those who are concerned for the safety and wellbeing of others. Most media campaigns are centred around brief public service announcements that convey messages of hope and recovery and/or information about how to seek or offer help. They are often delivered via a range of traditional and newer media formats, in order to maximise their exposure.

This presentation will describe the kinds of suicide prevention media campaigns that have been created and delivered around the world, providing specific examples where target audiences have been involved in their design. It will review the evidence for their effectiveness, commenting on the methodological strength of the evaluations that have been conducted and on the range of outcomes they have considered. It will sum up where the current state of knowledge is with respect to suicide prevention media campaigns, and will conclude by suggesting some ways to strengthen the evidence base.

22.2: Universal Message Development Campaign
Presenter: Dr. Dan Reidenberg. SAVE.org - USA

Study objectives: There are a number of areas in which public messaging around suicide has risen in priority. From efforts to bring together the science and practice of safe messaging it is clear that messaging can negatively affect suicide rates and or prevent suicides. The field needs to identify and disseminate clear suicide prevention messages with empirical basis, and saturate the public with communications to influence behaviours towards significantly reducing suicide internationally.

This presentation will focus on the development of a universal message campaign and set of guidelines built around the concepts of 1) healing, hope, recovery and 2) everyone can do something to prevent suicide.

Methods and material: Based on input over two years from an international group of experts in suicide prevention, communications, lived experience, loss survivors and researchers, a Messaging

Map was developed with a Core Message and 5 Pillars that underscore the Core Message. A message map is a framework used to create compelling messages for various audience segments and functions as an organizational alignment tool to ensure message consistency and clarity. Message maps are commonly used in communications to help identify key audiences, determine goals for each audience, create core messages and content for the various audiences. The Map was distributed at the World Congress in September, 2019 and feedback from survey results have been incorporated into the next step of conducting Focus Group testing in 12 countries (2021) leading the finalization of campaign messages that can be used and customized around the world. Conclusion: The need for a universal set of messaging guidelines will help the field of suicide prevention and the public be able to better identify the topic of suicide and communicate safely about prevention.

22.3: Oregon Media Campaign: Evaluation of Proximal and Distal Outcomes
Presenter: Madelyn Gould, PhD, MPH;
Co-authors: Thomas Niederkrotenthaler, MD, PhD; Alison Lake, MA, LP; Hannah Metzler, PhD; Zrinka Laido; MD; Benedikt Till, DSc; Emily Halford, MPH; Saba Chowdhury, MPH
Introduction: Media content has been shown to both increase suicide rates (the "Werther effect") and decrease suicide rates (the "Papageno effect"). Recommendations have been developed for the coverage of suicide-related topics with the aim of maximizing the Papageno effect while minimizing the Werther effect, but there is minimal research evaluating the effectiveness of these recommendations. The aim of this study is to assess the impact of a suicide prevention media campaign which took place in Oregon between April 7 and April 14, 2019.
Methods: We analysed the impact of the media campaign on proximal and distal outcomes, including quantity and quality of media reports related to the campaign, social media impact on Twitter, help-seeking and suicide attempts and deaths. Data sources were all broadcast, print and online media items with a major focus on suicide in regional news outlets in Oregon; all Lifeline and campaign-related Tweets, Google Trends data representing both help-seeking and negative outcome queries, calls to the National Suicide Prevention Lifeline, web-visits to two National Suicide Prevention Lifeline websites, use of/demand for outpatient mental health services at Kaiser Permanente, electronic medical record data on ED visits for suicide ideation and attempts, and vital statistics data representing suicide deaths. Seattle was used as a comparison city where possible. Changes in the data sources as a function of the media campaign were analysed via time-series analyses using ARIMA and change point algorithms for the period April 1,2018 through December 31, 2020. **Results:** Media coverage on the campaign was mainly concentrated in the campaign week. The quality of campaign-related reports was more consistent with media recommendations as compared to (1) overall suicide reporting and (2) prevention-related media items not associated with the campaign. The campaign resulted in a small short-lived increase in campaign-specific Tweets. The time series analyses yielded only one significant finding; the campaign appears to have had a significant impact on web-visits to bethe1to.org, one of the two Lifeline websites. The number of unique web visitors was significantly elevated on April 19, 2019 and April 21, 2019, approximately a week after the conclusion of the media campaign. **Conclusion:** The current findings indicate that the Oregon media campaign resulted in good-quality reporting,

but its impact on social media was limited. The campaign did not have a significant impact on help-seeking behaviours, which was a central focus of the messaging. Future media campaigns will need to incorporate the same potent reporting factors that are evident after major media events, e.g. the suicide death of a celebrity or during National Suicide Prevention Week.

22.4: The future of suicide preventive media campaigning: What can we learn from large-scale media events?
Presenter: Thomas Niederkrotenthaler
Co-authors: Mark Sinyor, Ulrich Tran, Hannah Metzler, David Garcia, Benedikt Till
Introduction: As compared to prevention-related media events, harmful media contents attract more media attention with larger exposure of the population. This presentation will highlight this issue based on recent large-scale reporting on the suicides of Kate Spade and Anthony Bourdain, two major American icons, who died from suicide in June 2018. In order to harness protective media potentials, novel approaches to attract media attention to preventive causes are needed. US Rapper Logic's song 1-800-273-8255 from 2017 featured the Lifeline number and yielded a previously unknown amount of media attention to the Lifeline. Results on how the celebrity suicides and the song impacted social media, Lifeline calls, and suicides will be presented.
Methods: We collected data from Twitter to estimate societal attention to the suicides of Kate Spade and Anthony Bourdain and the Logic song, respectively. Lifeline call data were obtained from the US Lifeline, suicide data were obtained from the CDC. Time-series analysis was performed to assess the association of these media events with (1) calls to the Lifeline and (B) suicides.
Results: Tweets about the celebrity suicides were mainly concentrated in June 2018. The suicides were associated with a significant increase in calls to the Lifeline. Total suicides exceeded the 95% confidence interval for June and approximated the upper limit of the 95% confidence interval in July. Over this 2-month span, there were 418 (95% confidence interval = [184, 652]) more suicides than expected, including 275 (95% CI: [79, 471]) excess suicides in men and 182 (95% CI: [93, 271]) in women. These equate to 4.8%, 4.1% and 9.1% increases above expected counts. Regarding Logic's song, three media events were identified that captured considerable public attention: (a) The song release, (b) Logic's performance at the MTV Music Awards, and (c) a further performance at the Grammy's Awards 2018. Media events were associated with a strong increase in calls to the Lifeline, with the highest number of calls ever reached after Logic's performance at the MTV Music Awards. Associations with suicides are currently analysed and findings will be presented at the conference.
Conclusion: Media events such as the reporting on suicides by celebrities are highly newsworthy and frequently associated with both increases in Lifeline calls and suicides. This pattern likely reflects the distress in the community from these events. The experience with the Logic song reveals opportunities to reach large audiences and to increase call volume without any detrimental impact on the public. Future media campaigning for suicide prevention needs to build on the lessons learned from the Logic song. Creative collaborations that yield a more sustainable public exposure to prevention messaging are needed.

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

Submission #92225

Chair: Ian Hickie

23.1: Using dynamic systems modelling to inform the development and evaluation of a youth aftercare service

Presenters: A/Prof Jo-An Occhipinti and A/Prof Jo Robinson

Study Objectives: Even prior to the COVID-19 pandemic trends in suicidal behaviour among young people were deteriorating despite successive national commitments, action plans and investments to strengthen and improve the coordination of mental health care. The social and economic impacts of COVID-19 are likely to result in further deterioration in the mental health and suicide outcomes of young people. Drawing on the same analytic tools of complex systems science that informed proactive and effective state and national responses to the threat of COVID-19, this research:

- estimates the likely trajectory of mental health and suicide outcomes in young people over the next 5 years

- provides insights into the most effective strategies to mitigate the social and economic impacts of COVID-19 on suicidal behaviour in young people

- demonstrates the benefits of an advanced approach to suicide research that integrates clinical trials with systems modelling and simulation.

Methods and materials: A system dynamic model of the social and economic impacts of COVID-19 on youth mental health was developed, tested, and validated for the Victorian context. A range of social, economic and mental health sector responses were integrated into the model to allow simulation of the likely impact of different combinations of program, services and initiatives. In addition, the model also simulates a newly designed service to support young people who have presented to ED (called HOPE) that is informing its design and implementation as part of a clinical trial. The model is providing insights into which parameters are vital to the effectiveness of the program providing valuable opportunities for refinement of the HOPE program ahead of large-scale implementation. Conversely, data from the clinical trial is iteratively informing refinement of the systems model (decision support tool) to inform investments in youth mental health.

Results: A range of scenarios will be presented that showcase the value and insights unique to systems modelling that will help inform effective and coordinated responses to mitigate the impact of the pandemic on youth mental health. In addition, findings estimating the prospective impact of the HOPE program delivered at scale will be presented and the benefits of an integrated clinical trial / systems modelling approach will be discussed.

Conclusion: Systems science provides advanced analytic tools (systems modelling) capable of managing complexity and uncertainty and providing robust decision support capability to inform more effective investments to reduce suicidal behaviour in young people. Systems modelling also has the potential to fast-track scientific advancement through combining theory with empirical observations in a continuous knowledge feedback process facilitating continuous hypothesis

development, testing, and refinement in the service of the design and scale up of more effective interventions and programs.

23.2: The role of technology-enabled care coordination to improve pathways to care and response to suicidal behaviours in youth mental health services
Presenter: Frank Iorfino
Co-presenter: Samuel Hockey

Study Objectives: Youth mental health services face the challenge of responding to the complexity of needs young people typically present with (e.g. suicidal behaviours, poor functioning, risk of illness progression) in a timely and effective way. Thus, it is widely recognised that better care coordination is needed and that the integrated use of digital technologies offers significant potential as an enabler of effective coordination. This study aims to examine the effect of technology-enabled coordinated care on health service efficiencies and clinical outcomes for young people entering mental health care.

Methods and materials: We have developed a discrete-event simulation model of a local 'circle of care' between different youth mental health service providers (e.g. primary, secondary, hospital-based). The model includes three experimental scenarios (i.e. different degrees of HIT implementation across the 'circle of care'); (a) business as usual; (b) basic implementation; and (c) ideal implementation. We simulate health service efficiencies and clinical outcomes for a local population of young people between 12 – 25 years with emerging or established mental health problems and/or suicidal behaviours. The model has been codesigned by health professionals, as well as young people with lived experience and their families. Primary and secondary data sources have been used to parameterise and calibrate the model.

Results: The impact of technology-enabled coordinated care under each experimental scenario will be presented with a specific focus on disengagement from mental health care, response to suicidal behaviours, appropriateness of care and wait times for services.

Conclusion: Such transformations to existing health system infrastructures are disruptive and challenging, and so the implications of technology-enabled coordinated care for local services across all the levels of care (e.g. primary, specialised) will be discussed in the context of the real-world implementation work being carried out alongside this modelling work.

23.3: Understanding pathways to care after an ED presentation for self-harm
Presenter: Dr Katrina Witt

Study Objectives: To understand pathways to care following an emergency department presentation for self-harm (SH) using data from the newly developed state-wide system, the Self-Harm Monitoring System for Victoria, Australia.

Methods and materials: Agent-based modelling using data on emergency department presentations for self-harm (SH) using data from the newly developed state-wide system, the Self-Harm Monitoring System for Victoria, Australia will be undertaken. Latent based models will also be used to capture diversity in these treatment pathways.

Results: My previous work has demonstrated there may be two distinct latent groups, one characterised by the consistent use of low lethality SH methods, but higher rates of SH repetition, and the second characterised by a gradual reduction in the lethality of SH methods used with repetition. We anticipate there will also be significant differences in the treatment received by individuals assigned to each of these different groups, with a higher rate of unmet treatment needs in those following the first latent group.

Conclusion: Delineating the treatment received following an episode of SH, and how this may vary by latent group, is important for ensuring mental health services meet the treatment needs of all those who engage in SH by highlighting that a "one size fits all" approach is unlikely to successfully achieve stated commitments at both the federal and state government level to reduce self-harm repetition and suicide rates. Results from this type of work can also feed into dynamic systems models (DSM) to inform which services need greater investment to meet these challenges.

23.4: Developing a framework for involving young people with lived experience in suicide research
Presenter: Dr Marianne Webb

Study Objectives: Meaningful and safe youth participation in all stages of the research process ensures that research outcomes and interventions are relevant and responsive to young people's needs. However, there has been very little self-harm or suicide research to date that provides meaningful youth participation to young people with lived experience. The objective of this study is to develop and distribute a set of best practice guidelines for youth partnerships in suicide prevention research

Methods and materials: The study is employing the Delphi expert consensus method. This method is an established and widely used way of gathering expert opinion on what approaches are likely to be most helpful and effective, and is used when there is a lack of other evidence. Our study involves the following stages: 1. A systematic search of the peer and grey literature; 2. Interviews with experts (researchers, and young people with lived experience of suicide and/or self-harm) to identify possible guideline items; 3. Delphi consensus ratings of draft items by expert panel members. 4.Development and distribution of guidelines.

Results: We expect the guidelines will cover a range of issues. For researchers, potential topics may include practical strategies for establishing meaningful youth partnership, addressing young people's support needs, managing risk and safety, and working with and supporting diverse young people. For young people, potential topics may include what to expect when involved in a suicide research study, sharing of lived experience (what is safe for them and their audience), prioritising self-care, their rights in the research context, and how to advocate for meaningful involvement.

Conclusion: This project will result in world-first best-practice guidelines for involving young people with lived experience of suicide and/or self- harm in suicide research activities. The guidelines will be developed using international experts and therefore will have relevance both within and outside Australia. It is hoped the guidelines will lead to improved confidence and willingness of researchers to involve this population in research activities, as well as improved confidence and willingness of this population to participate in suicide research activities.

Ultimately it is hoped that these guidelines will facilitate the design of more effective, youth-friendly suicide prevention research and will subsequently achieve better outcomes for young people at risk of suicide.

24. Title: Creative Arts Creating Conversations – The Power of Lived Experience and Creative Arts in Community Postvention

Submission #92237

Chair: Jo Langford

Objective: Lived Experience of suicide postvention and bereavement is a powerful learning tool for prevention activities. By using experience informed, experiential performances to tell fictional stories, the goal is to captivate audiences with savvy narratives that help embed safe, foundational learning outcomes in a way that other, more formal styles of audience education fail to reach.

Barriers to traditional educational and awareness content engagement vary greatly; from age, gender or personal interest level, through to societal awareness, cultural taboo or fear of exposure to graphic detail, people may avoid more formal talks or discussions for a multitude of reasons. History has shown us that stage and screen portrayals continually capture the attention of audiences and stimulate conversation. Either fictional or factional storytelling, narrative based engagement has mass, universal appeal.

History has also demonstrated that when not developed with safety in mind, graphic or explicit depiction of suicide attempts of suicide deaths can be harmful to audiences – especially those with a lived experience of suicide or suicide bereavement.

The purpose of this symposium is to deliver to Congress audiences, both in the room and online, a fresh take on a fictional portrayal of suicide bereavement through utilising the many voices of Lived experience; from scriptwriters, actors and singer-songwriters. StandBy Support After Suicide aim to put the spotlight on ways to utilise the creative arts to develop Lived Experience informed narratives which demonstrate safe, evidence-based storytelling techniques and aid in suicide prevention activities through a powerful postvention lens.

Method/Materials

[Play "Impact"-synopsis:]

> A young man, Daniel, wakes to find he has lost followers on Instagram. Upset and clearly anxious, Daniel proceeds to head into work.
> On the way to work Daniel bumps into someone (Alex) and drops all his belongings, which upsets him even more. Alex helps Daniel collect his items and they start talking, soon realising that Alex is starting at the same office. Daniel offers to show Alex around and introduce him to the team.
> On walking to the office, Daniel explains work has been stressful, how if it weren't for his girlfriend and colleague (Kate) it would be unbearable, she is the only thing keeping him going.
> The pair enter the workplace and Kate walks past; Daniel tries to say hello. Ignoring Daniel, she pushes past them. Further upset by this interaction, Daniel then notices his name has been taken off a major project, he says he is going home. Worried, Alex offers to see him home.
> At home, Daniel asks Alex inside to meet his father, who he says will be great support for him. They enter and Daniels's father is clearly drunk and incoherent. In a sense of hopelessness, Daniel proclaims to Alex he doesn't know why he bothers living; Alex discloses, he isn't.

The audience and Daniel discover that Daniel has taken his own life. Alex (an angel) shows us the impact of his death. Collectively, we are taken on a bereavement journey to see how different coping tools, supports and resources shape the lives of Kate and Daniels father.

Background of *'Impact'* – by Jo Langford (StandBy National Lived Experience Coordinator)

Impact is a suicide postvention play written and directed by Jo Langford. It is a 40-minute play performed by professional actors who all have a Lived Experience of suicide bereavement. The play is written with careful consideration to Australian Mindframe Stage and Screen guidelines.

Jo Langford is a published playwright and uses her creative writing skills guided by her Lived Experience expertise to use storytelling to educate and inform audiences, to reduce stigma and raise awareness of suicide postvention.

Having had positive feedback for her performance of Slam Poem, A Letter To Suicide at conferences and events throughout Australia, it has been noted by many that this creative explanation of 'Lived Experience of suicide bereavement', impacted audience members more than any research or statistics had in the past. From this positive encouragement, Jo went on to write *'Impact'* a suicide postvention play, specifically to be performed for the first time at the 31st IASP World Congress, Hybrid Event.

In addition to the play, creative examples of Lived Experience Bereavement will be given by way of musical performance by Lived Experience Singer/songwriter Kristina Anderson, and the audience favourite Slam Poem*, A Letter to Suicide* by StandBy's very own Jo Langford.

Following the Creative Showcase (play, song and slam poetry) there will be a discussion panel made up of the playwright and the four actors, facilitated by StandBy General Manager, Karen Phillips.

Topics of conversation will be:
- Why a postvention Play?
- What evidence is there to support creative arts in suicide postvention?
- What safety measures are/need to be placed around productions such as this in the community?
- What was the process for the actors? Were their challenges? Was the process healing?
- What was the goal for each person in this project?
- Questions from the audience?

Mode of Audience Participation: Digital question submission to be vetted by a StandBy staff member to ensure audience and panel participant safety.

This facilitated panel discussion will provide a platform for the creators to touch on different methods to adapt creative projects to the individual needs of communities, discuss the creative process of showing the impact of suicide on other characters (such as family, friends, colleagues and the whole community loss) and in turn show the tragic waste of life. Additionally, conversation will aim to demonstrate how depictions that emphasise the consequences of suicide on others *and* provide examples of positive coping strategies and help seeking supports viewers will demonstrate protective prevention behaviours.

Overview

Slam Poetry – 5mins

Stage Performance – 40mins

Musical Performance – 5mins

Panel Discussion – 35mins

Outcome/results

StandBy want to create conversation, educate and leave a positive lasting impression on audiences; to prompt organisations to explore using both Creative Arts and Lived Experience to reach more communities and positively impact more audiences.

25. Title: Suicide Prevention in Health Services: Translating research and evaluation findings into excellence in suicide care in Queensland Health

Submission #92246

Chair: Janet Martin, Director, Clinical Governance

Introduction

Queensland suicide rates are consistently above the national average and have been increasing since 2011. For every suicide death, there are many more attempted suicides. A significant increase in the suicide rate in 2015 was a catalyst for a statewide health service-focused approach to suicide prevention.

Symposium presentations will highlight achievements of the Suicide Prevention in Health Services Initiative (the Initiative) and provide a deep dive into two examples of translating research and program evaluation findings into excellence in suicide care.

An overview of the Initiative will include findings of a recently completed independent review which explored shifts in leadership, evidence, workforce development and service provision over the period of the Initiative. How the evidence has informed and shaped service and system improvement priorities will also be discussed.

Findings and reform priorities identified by a Multi-incident analysis of suspected suicide deaths of individuals who had recent contact with a Queensland Health service will be detailed, as will the findings of an independent evaluation of Queensland Health's Zero Suicide in Healthcare Multisite Collaborative. The role of collaborative methodology in supporting the implementation of the Zero Suicide in Healthcare framework in a complex health system will be examined.

The translation of research and evaluation findings from a time-limited Initiative into sustainable cultural and practice change in the care of people who present with suicidality to Queensland public health services will be discussed.

25.1: Review of suicide prevention in health services initiative

Presenter: [3]**Nikki Bushell**, Manager, Suicide Prevention in Health Services

Background: In response to the growing prevalence of suicidality, Queensland Health allocated $9.6million over four years (2016-2020) to the **Suicide Prevention in Health Services Initiative**. The three main components of this Initiative were:

- A Suicide Prevention Health Taskforce
- A Multi-incident Analysis of suspected suicide deaths of individuals who had recent contact with a Queensland Health service
- Continued implementation of the Suicide Risk Assessment and Management in Emergency Department settings (SRAM-ED) training program.

The Initiative aimed to reform health service responses to individuals experiencing suicidality and receiving care through the public health system. This was achieved through testing proof of concepts, building the

evidence base and partnering with Hospital and Health Services, Primary Health Networks and people with a lived experience of suicide.

Study Objectives; An independent review of the Initiative focused on formative, implementation and process and outcomes questions:

- The need for cultural and practice change in the care of people who present with suicidality to Queensland's public health system
- The key achievements and barriers associated with the Initiative
- The extent to which implemented activities contributed to the outcomes of the Initiative.

Methods and materials: The review drew upon existing project level evaluations within the Initiative and synthesised insights from qualitative consultation with a cross section of Initiative stakeholders:

- Documentation review
- Stakeholder consultations and roundtables
- Project level evaluations

Results: Findings and lessons from the development, implementation, project level evaluations and overall review of the Initiative will be presented. The independent evaluation of the SRAM-ED training program found that the program is effective in changing participants' attitudes towards people presenting in suicidal crisis and assists staff to maintain empathy, compassion and a patient-centred approach. Additional short to medium term outcomes of the Initiative include:

- Improved knowledge, confidence, capability and leadership commitment to drive change in the health system
- Increased evidence about effective healthcare systems, pathways and practices to meet the needs of people experiencing suicidality
- Enhanced workforce knowledge, confidence and capability to effectively recognise and respond to people experiencing suicidality
- Enhanced healthcare systems, pathways and practices which are coordinated, comprehensive and evidence based.

Conclusion: The independent review found that the Initiative fostered leadership, facilitated partnerships, developed the workforce and contributed to the evidence base regarding suicide prevention in a health service context. Lessons from Initiative actions have informed ongoing service improvement priorities and led to a growth in Queensland Health investment in suicide prevention.

25.2: Multi-incident analysis of suspected suicides (MIA)

Presenter: [1]**Linda Leatherbarrow**, Associate Researcher, MIA

Background: The MIA aimed to identify where the most potential exists to prevent deaths by suicide of people receiving healthcare. Commencing in April 2017, the MIA consisted of an aggregate quantitative analysis of Queensland Health service contact prior to death by suspected suicide and a thematic qualitative analysis of documented care of Aboriginal and Torres Strait Islander people; children and young people; older people; and people receiving acute mental health care.

Study Objectives:

- Describe the proportion of people who died by suspected suicide in Queensland in 2015 and 2016 and had contact with an Emergency Department, Inpatient unit, Mental Health Service and/or Alcohol and Other Drug Service (MHAODS) within 30 days of death.
- Describe demographic and diagnostic characteristics of persons in contact with specified health service types.
- Identify health system factors associated with care provided to individuals who had contact with a MHAODS within 30 days prior to death.

Methods and material: Study data was retrospectively obtained from record linkage between the interim Queensland Suicide Register and six Queensland Heath data collections. A master linkage file was generated combining suicide data for all persons with unit record data for persons with health service contact.

The thematic analysis was conducted by four expert panels comprising people with a lived experience of suicide, consumer and carer workforce, clinicians and cohort specialists, who applied a clinical incident analysis methodology.

Results: The study found that one in four people had contact with any of the specified Queensland Health service types within one month prior to death and one in five had contact with MHAODS. Most persons in contact with a mental health service were receiving ongoing care for a mental illness and three in four of those had a co-occurring substance use disorder. Half the persons who were admitted patients prior to death were admitted to medical wards. Expert panels identified ten key priorities for reform, underpinned by specific areas for healthcare improvement including cohort-specific considerations.

Conclusion: The MIA has contributed to the knowledge base about service improvement priorities with the most potential to prevent deaths by suicide of people receiving healthcare. The Queensland Health response to the MIA research findings is continuing to promote clinical excellence in suicide care.

25.3: Evaluating the ZERO suicide in healthcare multi-site collaborative
Presenter: [4] **Russell Evans**, Principal Project Officer, Suicide Prevention in Health Services
Background: The Zero Suicide in Healthcare framework has been increasingly adopted by health systems internationally to guide improvements in the healthcare of individuals at risk of suicide. In 2017, Queensland Health established the Zero Suicide in Healthcare Multisite Collaborative to support adoption of the framework in 11 of Queensland's 16 Hospital and Health Services.
Local action plans informed by regular organisational self-assessments, workforce surveys, data analysis and stakeholder consultations have guided implementation. Participating services have been supported by collaborative methodology underpinned by:
- Investment in dedicated local and central project leads
- Plan-Do-Study-Act quality improvement cycles
- Learning forums and communities of practice
- Centralised support for training and education.

Study Objectives: In 2020, an independent evaluation of the Zero Suicide in Healthcare Multisite Collaborative was undertaken to identify whether the collaborative's desired system level changes were being achieved, the factors that influenced progress and outcomes and lessons for the future.

Methods and material: The evaluation was informed by baseline and follow-up workforce surveys and organisational self-studies, analysis of available training and medical record data, and interviews with key informants including service leaders and people with lived experience of suicidality.

Results: The evaluation has found evidence that organisational and staff commitment to suicide prevention has increased, as well as awareness and use of organisational protocols and standardised tools. Staff confidence has increased in some but not all aspects of screening, assessment and care. Suicide prevention-focused clinical practices such as safety planning have improved over time.

Conclusion: Commitment and engagement by both formal and informal service leaders has been critical to success. Collaborative methodology, leadership from services, and investment in dedicated project leads have all played an essential role. Challenges remain, including fidelity to the framework and ensuring systems support best practice and continuous improvement.

25.4: Future directions in suicide prevention in health services

Presenter: [2]**Janet Martin**, Director, Clinical Governance

For changes in health service delivery to be effective and sustained, best-practice solutions must be underpinned by research, ongoing monitoring, evaluation, the use of collective expertise and genuine engagement with lived experience.

The research, evidence, expertise, leadership and meaningful partnerships developed during the Initiative enabled a clear vision for excellence in suicide prevention and care in Queensland Health services.

To sustain and build on service improvements, Suicide Prevention in Health Services has transitioned to an ongoing quality improvement program. The renewed program will continue to align with the reform of existing statewide and national services, internal and external to the health sector, such as enhancing the mental health crisis support system; emerging evidence from the Queensland Mental Health Commission and National Suicide Prevention Advisor supported collaborations and the ever changing investment landscape.

Ongoing cultural and practice change in the care of people who present with suicidality to Queensland public health services will be driven by renewed system priorities which expand on Initiative actions and evolve over time in response to emerging evidence:

- Leadership and capability
- Treatment, care models and pathways
- Training and skills development
- System performance and evaluation
- Supporting whole of government approach.

Challenges and lessons in translating research and evaluation into a unified vision for change aimed at reducing suicide amongst individuals receiving healthcare will be discussed.

26. Title: Suicide prevention in the Australian construction industry: Translational research and initiatives for change

Submission #92243

Chair: Laura Cox

Introduction

In this symposium, we detail four recent projects that have been pursued by leading researchers, in partnership with MATES in Construction. The suicide rate in the Australian construction industry remains higher than the rate observed for non-construction workers. These four projects hold translational possibilities to inform positive change across the industry, improve workplace cultural dynamics and working conditions, and ameliorate high rates of psychological distress observed for construction workers.

The first of the four presentations detailed below offers a broad overview of the existing evidence base regarding rates of suicidal ideation, and precipitating factors for suicidal ideation, among Australian construction workers. This macro-level analysis provides essential context for grounding the ensuing three presentations. The second of the four presentations offers insight into the ramifications of bullying, which is recognised as a persistent workplace hazard for construction workers, and one that causes and/or exacerbates psychological distress. This presentation also addresses the empirical evidence base for varied bullying interventions, and as such offers essential information for the development of new interventions for encouraging change in workplace dynamics. In a similar vein, our third presentation addresses the findings of a comprehensive mixed methods investigation into the experiences of construction industry apprentices, with a particular focus on bullying. The findings of this research hold important implications for the development of targeted policies and interventions to support and retain apprentices. Finally, our fourth presentation addresses the results of a randomised controlled trial, where the research team evaluated whether a mobile phone app could enhance the effectiveness of suicide prevention training, particularly with regard to help-seeking behaviours and suicide prevention literacy levels.

This presentations in this symposium examine the issue of suicide prevention in the construction industry from various vantage points, yet they have been curated to complement one another. Together, they offer practical insight into initiatives for change that could improve the working lives of Australian construction industry workers, and in so doing, alleviate psychological distress.

26.1: Systematic review and meta-analysis of suicide in the construction industry: Current understandings and future prevention directions

Presenter: Simon Tyler[1],

Co-Authors: Kate Gunn[2], Hugh Hunkin[3], Kelly Pusey[1], Bob Clifford[4], and Nicholas Procter[1]

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[2]Department of Rural Health, University of South Australia, Adelaide, SA, Australia

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[4]MATES in Construction South Australia, 58A Greenhill Road, Wavell, SA, Australia

The objectives of this systematic review are to provide an updated and targeted global understanding of suicide outcomes for those employed in the construction industry, and to synthesise current knowledge of rates, theorised drivers, and potential risk factors. To this end, a range of databases (Medline, PsycINFO, Web of Science, Embase, Emcare and Scopus) were searched from inception to 15/2/2021 for eligible articles. Findings were collated by way of narrative synthesis of potential drivers and risk factors, and meta-analysis of rates. To better understand suicidal ideation rates in the Australian construction industry, analysis of the nationally representative Australian Longitudinal Study on Male Health (Ten to Men) database was conducted, comparing rates of suicidal ideation across industry and the general population. Our search strategy identified 778 relevant articles, reduced to 114 following duplicate deletion and title and abstract screening. The remaining 114 articles were full text screened for narrative synthesis and meta-analysis inclusion. Narrative synthesis indicated a range of theoretical workplace and non-workplace drivers and risk factors of suicide for this population. Preliminary results from the analysis of the Australian Longitudinal Study on Male Health database indicates a high level of suicidal ideation for those employed in the Australian construction industry, relative to the general population.

The systematic review indicates not only a potentially higher rate for those employed in this industry, but also some key suggestions for workplace and non-workplace drivers/risk factors. Efforts towards early intervention in suicide suggest understanding of suicidal ideation prevalence may assist in suicide prevention efforts. Future research can be oriented towards an investigation of suicide-related drivers, to devise targeted prevention strategies for this population.

26.2: A review of the evidence related to the impacts of, and interventions for, workplace bullying in the construction industry

Presenter: Chris Doran, Central Queensland University, 160 Ann Street, Brisbane QLD Australia

In the course of a few decades, workplace bullying has moved from a being a taboo subject in organisational life and a non-existent topic in the scientific literature, to becoming a well-established and highly recognised social stressor in both research and in legislation. As a result, the evidence regarding workplace bullying is improving. The aim of this research was twofold: first, to examine the evidence related to the impacts of workplace bullying; and, second, to examine what works in addressing workplace bullying. Each aim was addressed using a systematic literature review of relevant search engines. The first search was performed in March and April 2020 using the search terms: workplace bully* AND (impact OR outcome) and associated mesh terms. The second search was performed in April 2020 using the search terms: workplace bully* AND (intervention OR trial OR program) and associated mesh terms. No publication date restrictions were set for the searches. The evidence from the literature suggests that workplace bullying has a significant impact on employees and employers and may lead to physical and mental health concerns, lower productivity, costly workers' compensation claims or legal action, and damage to the reputation of the business. As a workplace hazard, addressing bullying requires organisational and community leadership. Strategies for the prevention and management of workplace bullying are typically categorised as primary, secondary, or tertiary. Primary interventions aim to prevent

it, secondary interventions aim to reduce the impact of bullying when it has already occurred, and tertiary interventions aim to reduce the impact of the lasting effects of bullying. The most effective strategies tend to be complementary rather than exclusive.

26.3: Workplace bullying, mental health and suicidality in construction industry apprentices: A mixed methods study

Presenter: Victoria Ross[1]
Co-Authors: Sharna Mathieu[1], Rachmania Wardhani[1], Jorgen Gullestrup[2], Kairi Kõlves[1]
[1]Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Mount Gravatt, QLD, Australia
[2]MATES in Construction, Lvl 1/35 Astor Terrace, Spring Hill, QLD, Australia

Young Australian males working in the construction industry are twice as likely to die by suicide than other young Australian males, and are at high risk for poor mental health and alcohol and other drug-related harm. Previous research has indicated a bullying culture within the industry, particularly towards apprentices and those new to the industry. This Australian study applied an exploratory sequential mixed methods design to explore issues faced by apprentices, estimate the prevalence of bullying and identify factors associated with bullying and mental health in apprentices. Focus groups revealed that bullying, poor supervision quality, and difficulties managing stress and family relationships are important issues faced by construction apprentices. The results of quantitative analyses revealed that a significant proportion of apprentices experience workplace bullying, are exposed to suicidal behaviours, and personally experience suicidal ideation. Multivariate analyses showed that bullying in apprentices was significantly associated with greater psychological distress, being a third year apprentice or not currently in an active apprenticeship. Results also indicated that bullying may be associated with substance use, lower levels of well-being, working nights away from home, the plumbing trades, and working for larger organisations. Higher psychological distress, substance use, and poorer well-being were uniquely associated with suicidal ideation. Consistent with previous research, apprentices have relatively low suicide literacy but positive attitudes towards improving mental health and preventing suicide in the workplace. The outcomes from this study have important implications for the construction industry and will be vital for informing policies and evidence-based interventions to address bullying and mental health in this sector.

26.4: The MATESMobile randomised controlled trial: A smartphone intervention for suicide prevention in the construction industry

Presenters: Tania King[1] and Tony LaMontagne[2]
[1]School of Population and Global Health, University of Melbourne, Melbourne, VIC, Australia
[2]School of Health and Social Development, Deakin University, Melbourne, VIC, Australia

Construction workers are at higher risk of suicide compared to other occupational groups. The objective of this study was to evaluate whether the use of a mobile phone application enhanced effectiveness over and above standard face-to-face suicide prevention training. This randomised controlled trial, conducted from November 2019-July 2020, involved 343 construction workers

aged 17-65 years who attended a MATES in Construction suicide prevention training, known as general awareness training (GAT). In the control condition, 192 respondents received GAT (GAT condition), while 151 participants received a mobile phone application in addition to GAT (GAT-plus condition). Primary outcome measures were help-seeking behaviours, assessed using the General Help Seeking Questionnaire, and suicide prevention literacy. Using linear regression, we estimated mean differences in changes in outcome scores, from baseline to six month follow-up, between the intervention and control groups. Analysis was by intention-to-treat, and implementation evaluation was carried out. Preliminary evidence indicates that the GAT-plus intervention was successful in shifting some primary outcomes. Evaluation of implementation indicated that the trial was substantially affected by the COVID-19 pandemic. While there was some evidence of a treatment effect of the GAT-plus intervention, indicating improved help-seeking intentions among participants, the intervention had little effect on most primary and secondary outcomes. It is likely that the intervention, coinciding with the most disruptive part of the COVID-19 pandemic in Australia, was significantly impacted by this unforeseen event.

27. Title: Testing Narrative Crisis Model of suicide in cross-cultural settings – a new and effective method to assess suicide risk
Submission #92214
Chair: Igor Galynker
Introduction
This symposium is dedicated to the Narrative Crisis Model of suicide, which includes Suicidal Narrative as a sub-acute component and Suicidal Crisis Syndrome as an acute component of the suicidal state. The studies from Russia, India and Israel will be presented, which cover both adult and adolescent populations and explore both components of the Model. The author of the Model will discuss the findings as a chairperson.

27.1: Adaptation of the Suicidal Narrative Inventory in a Russian internet sample
Presenter: Ksenia Chistopolskaya
Co-Authors: Megan L. Rogers, Erjia Cao, Igor Galynker, Jenelle Richards
The Suicidal Narrative is a dead-end life narrative derived from the construct of narrative identity that may give rise to the acute pre-suicidal mental state, the Suicide Crisis Syndrome. Study objective was to adapt on a Russian adult sample the Suicidal Narrative Inventory, which consisted of the subscales Thwarted Belongingness, Perceived Burdensomeness, Defeat, Entrapment, Fear of Humiliation, Perfectionism, Goal Disengagement and Goal Reengagement.
The internet survey was conducted, and 537 responses from June, 16, 2020 to November, 22, 2020 were used. The age of the respondents ranged 18-74 (M=26.96, SD=12.86), 128 respondents were male (24%), 393 – female (73%), 16 has chosen some other gender identity (3%). Suicidal Narrative Inventory, Self-Compassion Scale, and Suicidality Scale were used as self-report tools.
Confirmatory factor analysis showed good model fit (χ2[637] = 2017.93, p < 0.001, CFI = .99, TLI = .99, RMSEA = .06, SRMR = .06), but construct validity indicated that further research is needed for the subscales of Perfectionism and Goal Disengagement.

Subscales of Thwarted Belongingness, Perceived Burdensomeness, Defeat, Entrapment, and Fear of Humiliation from the Suicidal Narrative Inventory can be used for suicidal narrative studies, while perfectionism as personal style of a suicidal person and goal adjustment strategies as the elements of suicidal narrative need further research, possibly, with the use of more elaborate questionnaires.

27.2: Factor structure of the Suicide Crisis Inventory among Indian adults
Presenter: Vikas Menon

Co-Authors: Anokhi Rajiv Bafna, Megan L. Rogers, Jenelle Richards, Igor Galynker

The Suicide Crisis Inventory (SCI)-2 aims to assess the Suicide Crisis Syndrome, an acute mental state postulated to precede a suicide attempt. Prior examination of its internal structure has been carried out in the West but there is a dearth of cross-cultural data on its factor structure and validity. Our objective was to examine the factor structure of the SCI-2 among the Indian adult population.

Using an online survey method, between August 20, 2020 and January 31, 2021, a questionnaire containing general sociodemographic information and the SCI-2 was circulated over email and social media. Confirmatory factor analyses (CFA) were conducted to test the proposed one-factor and five-factor structures of the SCI-2 and to examine whether it was consistent with the original English version of the SCI-2. Comparison of the one-factor and five-factor models was computed using the robust chi-square difference test. All analyses were conducted in R using the *lavaan* and *semTools* packages.

A total of 302 usable responses were obtained. The mean age of the respondents was 43.5 years (SD = 17.9, range 18 to 82 years). Majority of the sample were female (n = 162, 53.6%), married (n = 190, 62.9%), and had completed a Bachelor's degree or higher education (n = 252, 83.4%). Results of the one-factor CFA of the Indian version of the SCI-2 resulted in good model fit ($\chi^2[1769]$ = 5368.75, p < .001, CFI = .99, TLI = .99, RMSEA = .08, SRMR = .07). Similarly, results of the five-factor CFA also exhibited strong model fit ($\chi^2[1759]$ = 4215.54, p < .001, CFI = 1.00, TLI = 1.00, RMSEA = .07, SRMR = .06). Comparison of the one-factor and five-factor models indicated that the five-factor model demonstrated superior model fit to the one-factor model ($\Delta\chi^2[10]$ = 278.88, p < .001). Majority of items significantly loaded onto their respective factors. However, items assessing cognitive rigidity and acute anhedonia were not significant indicators on their respective factors in either model. All latent factors in the five-factor model were significantly related to each other (ps < .001).

The factor structure of the SCI-2 among Indian population shows a similar solution to that in the West, with the proposed 5-factor solution providing the best fit. These findings provide support for the factor structure of the SCI-2 and suicide crisis syndrome in the Indian setting and can be potentially useful in planning suicide prevention strategies.

27.3: Suicide Crisis Syndrome Assessment for Suicidal Youth
Presenter: Shira Barzilay

There is an alarming increase in youth visits to the emergency department who are presenting with suicidal ideation and behaviours. This underscore the urgent need for innovative short-term suicide risk assessment to direct appropriate treatment following emergency department visit. To address this problem, we pilot tested a suicide risk assessment battery, composed of multidimensional, multi-informant (i.e., clinician, patient and parent) measures, which do not rely on self-report of suicidal ideation. The talk will describe the need for imminent measures of risk for suicidal behaviour among adolescents, and the concept of suicidal crisis state among youth. We will present the methodology and preliminary results of the pilot study validating the suicide risk assessment instrument among youth.

Sample included adolescents presenting with suicide-related complains to emergency department of a large general children medical centre in Israel. Suicide-risk assessment instruments predictive of post-discharge suicidal outcomes in adult populations were adapted and tested: a) Suicide Crisis Syndrome Inventory (SCI), as part of the Youth Modular Assessment of Risk for Imminent Suicide (Y-MARIS). b) Suicide Crisis Syndrome -Clinician Inventory (SCI-C). Suicidal outcomes were assessed at one-month follow-ups.

Preliminary results among 75 adolescents aged 11-18 years demonstrated that self-report and clinician SCI scores prospectively predicted suicidal thoughts and behaviours within one month (SCI-child, B = .132 [CI .063, .20], beta = .555, t = 3.99, p = .001; SCI-clinician, B = .216 [CI .016, 4.16], beta = .304, t = 2.25, p = .036; R^2 = .65), controlling for baseline SI and measures of psychopathology.

Further research validating the proposed comprehensive risk assessment battery in a large sample of adolescents may have the potential of demonstrating clinical utility in identifying youth at high risk for suicidal behaviours post discharge and targeting appropriate interventions.

27.4: Suicidal narrative and suicidal crisis in adolescents: symptoms associated with high suicide risk in a Russian sample
Presenter: Igor Galynker
Co-Authors: Gennady Bannikov, Olesya Vikhristyuk, Jenelle Richards

The World Health Organization considers the development, implementation, and evaluation of innovative strategies for suicide prevention to be utterly essential. Also, highly needed are the tools to assess acute, short-term, rather than chronic suicide risks. The objective of this study was to determine the symptoms associated with the severity/intensity of suicidal intentions in the structure of the crisis states.

We examined 200 teens, who scored high on the following questionnaires (used during general screening): Beck Hopelessness Scale, Loneliness (UCLA), Buss-Perry Aggression Questionnaire, Well-Being Index. In the individual examination, we used the Hamilton Rating Scale for Depression (HDRS-21), the Russian-language version of the Suicidal Crisis Syndrome Scale (SCS-C; Yaseen Z.S. et al, 2018), the Russian-language version of the semi-structured interview Suicidal Narrative Inventory (SNI, Cohen et al, 2018), and the Suicide Risk Assessment Scale (SRAS) developed on the basis of the Russian author's research institute.

On the basis of the Columbia Suicide Severity Rating Scale (C-SSRS) criteria, two groups of examinees were distinguished: Group 1 with moderate suicide risk (n=155, 77.5%), and Group 2

with high suicide risk (n=45, 22.5%). Kolmogorov-Smirnov criteria and step-by-step (with data exclusion) discriminant analysis were used to determine the differences.

In the group with high suicide risk, entrapment, social withdrawal, intense anxiety turning into objectless fear, painful bodily sensations, senestopathy, getting stuck in negative experiences dominated the clinical picture. When working with adolescents at risk of suicide, attention must be paid to stories of personal humiliation or social defeat and thwarted belongingness.

28. Title: Self-harm Repetition and Mortality Risk Following Non-Fatal Self-harm
Submission #92129
Chair: Ping Qin, National Centre for Suicide Research and Prevention, University of Oslo, Norway
Deliberate self-harm is a frequent cause of presentation to emergency clinics and denotes a strong predictor for self-harm repetition, suicide and premature mortality. Knowledge from large-scale population studies is essential for evidence to inform follow-up healthcare of the patients. In this symposium we will present 4 population studies on self-harm repetition and cause-specific mortalities in patients with deliberate self-harm, emerging the evidence from California state, Hong Kong, the UK and Norway.

28.1: Suicide following presentation to hospital for non-fatal self-harm in the Multicentre Study of Self-harm in England
Presenter: Galit Geulayov
Co-Authors**:** Deborah Casey, Liz Bale, Fiona Brand, Caroline Clements, Bushra Farooq, Nav Kapur, Jennifer Ness, Keith Waters, Apostolos Tsiachristas, Keith Hawton. Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK
Background: Self-harm is the strongest risk factor for subsequent suicide but risk may vary. We compared the risk of suicide following hospital presentation for self-harm according to patient characteristics, method of self-harm and variations in area-level socioeconomic deprivation, and estimated the incidence of suicide by time after hospital attendance.
Method: All self-harm presentations (N=90,614, involving 49,783 individuals) to hospitals in the Multicentre Study of Self-harm in England (2000-2013) were included, with mortality follow-up from to 2015. Information on method of self-harm was obtained through systematic monitoring in hospitals. Level of socioeconomic deprivation was based on the Index of Multiple Deprivation (IMD) characterising the area where patients lived, grouping them according to IMD quintiles. We calculated incidence rates of suicide since first hospital presentation by follow-up period and estimated the association between individual factors (method of self-harm, IMD) and suicide using mixed effect models.
Findings: By the end of follow-up 703 patients had died by suicide. The highest incidence of suicide was in the first year after hospital discharge, particularly in the first month. Risk was three times greater in males than females [odds ratio (OR) 3·36, 95% CI 2·77-4·08, p<0·0001] and increased with age at hospital presentation (OR 1·03, 95% CI 1·03-1·04, p<0·0001). Relative to hospital

presentations after self-poisoning alone, presentations involving both self-injury and self-poisoning were associated with higher suicide risk [adjusted odds ratio (aOR) 2·06, 95% CI 1·42-2·99, p<0·0001], as were presentations after self-injury alone (aOR 1·36, 95% CI 1·09-1·70, p=0·007). Similarly, attempted hanging or asphyxiation (aOR 2·70, 95% CI 1·53-4·76, p=0·001) and transport-related injuries (aOR 2·99, 95% CI 1·17-7·65, p=0·02) were associated with heightened suicide risk. Self-cutting combined with self-poisoning was also associated with increased risk (aOR 1·36, 95% CI 1·08-1·71, p=0·01). Patients from the least and 2nd least deprived IMD quintiles were more likely to die by suicide than patients in the most deprived IMD quintile (aOR 1·76, 95% CI 1·32-2·34, p<0·0001; aOR 1·64, 95% CI 1·20-2·25, p=0·002, respectively).

Interpretation: Patients attending hospital for self-harm are at high risk of suicide, especially immediately after hospital attendance. Certain patient characteristics and methods of self-harm, together with living in areas of low socioeconomic deprivation, may increase patients' subsequent suicide risk. However, while specific risk factors can be usefully integrated into the assessment process, since individual factors have poor utility in predicting suicide the needs and risks of all patients should be assessed to develop appropriate aftercare plan, including early follow-up.

28.2: Prevalence and risk factors for repetition of non-fatal self-harm: a Hong Kong population-based cohort study

Presenter: Paul Yip. Centre for Suicide Research and Prevention & Department of Social Work and Social Administration, The University of Hong Kong, China

Background: A history of self-harm is strongly associated with future self-harm attempts. Large-scale Asian cohort studies examining risk factors for repeated self-harm are lacking . This paper reports on annual prevalence, cumulative risk, annual risk of non-fatal self-harm repetition, and risk factors among Hong Kong residents with a history of self-harm.

Methods: The Hong Kong Clinical Data Analysis and Reporting System (CDARS) provided all hospital self-harm records between Jan 1, 2002 and Dec 31, 2016. Demographic and clinical characteristics were extracted. Over-time cumulative and annual risks of non-fatal self-harm were estimated, and importance of risk factors was estimated using Wei-Lin-Weissfeld (WLW) generalizations of the Cox model for recurrent event analysis.

Findings: There were 127,801 self-harm episodes by 99,116 individuals. Risk of self-harm repetition within 12 months of the index event was 14.25% (95% CI, 14.04%-14.46%). People with four or more previous self-harm episodes carried the highest risk of self-harm repetition (adjusted HR, 4.81 [4.46-5.18]). Significant risk factors for non-fatal self-harm repetition included male gender (1.08 [1.05-1.11]), older age (65+ years) (1.07 [1.01-1.13]), welfare payment recipient (1.30 [1.27-1.34]), psychiatric admissions (1.60 [1.50-1.72]), physical self-harm only (1.19 [1.15-1.25]), physical self-harm combined with poisoning (1.38 [1.24-1.53]), depression and bipolar disorders (1.09 [1.04-1.14]), personality disorders (1.18 [1.06-1.32]), substance misuse (1.31 [1.27-1.36]), and asthma (1.18 [1.02-1.36]).

Interpretation: Hong Kong residents with non-fatal self-harm events should be supported by effective, timely and ongoing aftercare plans based on their risk profiles, to reduce risk of self-harm reoccurrence.

28.3: Healthcare utilization and mortality after emergency department presentation for nonfatal self-harm

Presenter: Sidra Goldman-Mellor. Department of Public Health, University of California, Merced, USA

Background: Suicide is the 10th leading cause of death in the U.S. Emergency department (ED) patients seen for deliberate self-harm face particularly elevated risk of suicide and all-cause mortality in the year after an index ED presentation. Identifying other specific causes of mortality among this patient population, and examining whether healthcare utilization patterns subsequent to that index event may serve as "red flags" for increased suicide risk, would be valuable for intervention and secondary prevention efforts.

Methods: We used California statewide, individually-linked patient record and mortality data on n=84,403 deliberate self-harm ED patients who presented with an index nonfatal self-harm event in 2009-2011. We first calculated 12-month cause-specific mortality rates among this patient cohort, using standard ICD-10 categories of death. We then tested whether patients' subsequent ED utilization (0, 1-3, or 4+ visits) for psychiatric disorders, alcohol and drug use disorders, and physical health problems were associated with their 12-month mortality risks.

Results: Self-harm patients' 12-month all-cause mortality rate was 2,472 per 100,000. Cause-specific mortality rates ranged from a high of 733.8 per 100,000 (suicide death) to a low of 1.2 per 100,000 (perinatal death). The top 5 leading causes of death were suicide (29.7% of deaths), unintentional injuries and poisonings (19.5%), circulatory system disease (16.2%), cancer (9.1%), and respiratory system disease (5.6%). Nearly 20% of patients made ≥1 psychiatric ED visit in the year after their index presentation (3% made ≥4 visits); 8% made ≥1 alcohol/drug-related ED visit (1% made ≥4 visits), and 50% made ≥1 physical health ED visit (14% made ≥4 visits). Controlling for patient demographic characteristics (age, gender, race/ethnicity, and insurance status), greater ED utilization for psychiatric disorders after the index self-harm event was associated with reduced risk for 12-month all-cause mortality (HR_{adj}=0.57 for 4+ visits vs. 0 visits, p=0.001) but not associated with risk for suicide (HR_{adj}=0.70; p>0.10). Greater ED utilization for alcohol/drug disorder visits was associated with significantly increased risk for all-cause mortality (HR_{adj}=1.50, p=0.012), but decreased risk of suicide (HR_{adj}=0.49, p<0.001). Greater ED utilization for physical health problems was not associated with all-cause mortality, but was associated with significantly decreased risk of suicide (HR_{adj}=0.28; p<0.001).

Discussion: In this population-based study of self-harm patients, suicide was the leading cause of death, but unintentional injuries, circulatory disease, and cancer were also major mortality contributors. Substantial proportions of patients made ED visits for psychiatric, alcohol/drug, or physical health problems in the year after their index self-harm event, but such ED utilization was inconsistently associated with risk for mortality. Next steps are to better account for right-hand censoring and competing risks when investigating whether ED utilization can serve as a "red flag" for suicide and all-cause mortality risk, and thus potentially as an opportunity for ED-based intervention.

28.4: Cause-specific mortality following hospital presentation for non-fatal deliberate self-harm: a national cohort study

Presenter: Ping Qin, National Centre for Suicide Research and Prevention, University of Oslo, Norway

Background: Deliberate self-harm (DSH) is a strong indicator of psychological distress and constitutes a significant risk factor for subsequent mortalities. In this study we want to gain insights into cause-specific mortalities in self-harming patients and to disentangle important factors differentiating the risks so that to inform follow-up care and mortality prevention.

Method: Retrospective data from nationwide registries were interlinked to follow all patients (n=43153) presenting to specialist healthcare with non-fatal DSH from January 2008 through December 2018. Data on cause of death, personal socioeconomic status, clinical features of DSH and other medical covariates were retrieved. The Fine and Gray competing risks model was used to identify significant factors impacting subsequent mortality risk by specific causes of death in the cohort.

Results: The cohort of 43153 DSH patients comprised 24286 females and 18867 males, with 45.3% being 10-34 years old, 38.1% being 35-64 years old and 16.6% above 65 years old at index DSH episode. Of these patients, 7041 died during the follow-up period, including 2290 within the first 1-year, corresponding to a mortality rate of 31.9 per 1000 person-years in the follow-up period and 54.9 per 1000 person-years in the first year. Common causes of death included suicide (n=911), other external causes (n=1020), cancer (n=896), cardiovascular diseases (n=1523), respiratory disease (n=787) and mental and substance misuse disorders (n=463), but the causes of death varied greatly by age groups and other factors. The risk of dying by suicide was highly associated with middle-age (HR=1.5, CI 1.3-1.9), male gender, tertiary education (HR=1.9, CI 1.5-2.3), psychiatric history, and DSH by injury, clear intent of self-harm, an auxiliary diagnosis of affective disorder or personality disorder (HR=2.1, CI 1.5-2.8), referral to psychiatric treatment at the DSH discharge, and DSH repetition during the period of follow-up. Significant risk factors for death by other external causes included male gender, old or middle age, single marital status, lowest quartile income, history of psychiatric treatment, and the DSH by injury and with auxiliary diagnosis of substance misuse. For death by natural causes, the relative risk was highest among the elderly (HR=86.0, CI 70.3-105.2) and the middle-aged (HR=13.1, CI 10.7-16.0), with other significant risk factors including male gender, single marital status, low education, lowest quartile income, DSH by injury and an auxiliary diagnosis of substance misuse. Attendance in psychiatric treatment after DSH appeared to be beneficial reducing the risk for mortality by suicide, other external causes and natural causes as well.

Conclusion: Patients with DSH represent a high-risk group for suicide, other external and natural cause mortalities. Mental healthcare is essential in follow-up care and personalized care should take into account patients´ socio-demographic background and clinical features of self-harm.

29. Title: Integrated interventions in the fields of suicide & self-destructive behaviours

Submission #92251

Chair: Kyriakos Katsadoros, Psychiatrist, Scientific Director of the Suicide Prevention Center and of the 24/7 National Suicide Prevention Helpline 1018, Director of Telepsychiatry (Hellenic Telepsychiatry Association).

Introduction

The Greek Suicide Prevention Center and the Day Center "Iolaos" for refugees & asylum seekers diagnosed with mental disorders offer mental health services through the NGO KLIMAKA under the supervision of the Ministry of Health. They consist of specialized mental health professionals with the goal of providing services to people with self-destructive behaviour and to refugees who are diagnosed with mental disorders and serious psychosocial issues. The services provided by the Suicide Prevention Center include the 24-hour Suicide Prevention Helpline - 1018. In the current symposium there will be a presentation concerning the epidemiological and demographic data on suicide in Greece as well as comprehensive interventions on suicide prevention with emphasis on the period of COVID-19 pandemic.

29.1: Enhancing the psychological resilience, as a crisis intervention strategy by the Greek Suicide Prevention Center

Presenter: Marie Vagia, Psychiatrist (Suicide Prevention Center and 24/7 National Suicide Prevention Helpline 1018)

Study objectives: According to World Health Organization, 264 million people suffer from Depression while one person every 40 seconds is dying by committing suicide. The year 2020-2021 are characterized by an unprecedented health crisis after the global spread of the virus Covid-19 which was declared as a pandemic by WHO. Till now, there are numerous consequences in every aspect of our life. As research reveals, depression alongside with anxiety disorders, are on the rise. The predominant feelings among people are, isolation, uncertainty and financial insecurity which are characterized as risk factors for the development of destructive behaviours. Psychological resilience is considered a multifactorial dynamic process that concerns the adaptation of the individual to traumatic and stressful life events.

Therefore, it is essential to develop therapeutic interventions which will strengthen the individuals' psychological resilience, both for the highly vulnerable population groups, such as the mentally ill as well as the physically ill.

Methods and material: In the current presentation, there is an extensive reference to the therapeutic interventions and manipulations which are carried out by the Suicide Prevention Center. These interventions aim at the enhancement of the psychological resilience of the individuals and their environment.

Results: In order to effectively deal with suicidal crises and negative effects of the pandemic on mental health, there is great necessity of setting regular psychiatric appointments as well as of updating frequently the patients' support system (family, friends etc.). The main goal of this strategy is to strengthen all the protective factors of individuals' mental health.

Conclusion: Nowadays, we have to face an unprecedented health crisis. The construction of individual treatment plans and the interventions which focus on the strengthening of individuals'

psychological resilience, are considered necessary, not only for the prevention and treatment of suicidal behaviour, but also for the effective management of this worldwide health crisis.

29.2: Suicide Trends in Greece: Data from the Suicide Observatory & psychological autopsies of suicide survivors

Presenter: Dimitra Zafeiropoulou, Psychologist (Suicide Prevention Center and 24/7 National Suicide Prevention Helpline 1018)

Study objectives: The present study depicts the trends of suicide rates in Greece during the most recent years. Emphasis is given to data concerning the field of suicide and self-destructive behaviours during the pandemic and the implementation of restrictive measures to protect public health in our country (March 2020 - March 2021). In addition, data from the Suicide Prevention Helpline 1018, for the same period, are presented as well as an analysis of psychological autopsies of suicide survivors for the last three years.

Methods and material: The data were collected by the official data of the Hellenic Statistical Authority, the Suicide Observatory (research data were taken by real time suicide rates) by employees of the Suicide Prevention Center, by recorded calls to the 24-hour Suicide Prevention Helpline, 1018 as well as by testimonies of suicide survivors.

Results: In 2018, the highest number of suicides in Greece was recorded, while it is observed an increasing trend of deaths by suicide in recent years. The characteristics of individuals who commit suicide are, men over the age of 85 years old, married and out of the economically inactive population group. Data from psychological autopsies of survivors suggest that some of these suicides could have been prevented if there had been a clear and specific plan for a national suicide prevention strategy. Concerning the period of COVID-19 pandemic, there is a significant increase in suicidal ideation and a gradual deterioration of psychiatric issues in vulnerable populations.

Conclusion: Given the short-term and long-term effects of the pandemic on mental health, there is a great need to expand and implement efficient practices not only to prevent suicides in Greece but also to promote mental health by using appropriate training programs for mental health professionals.

29.3: The Suicide Prevention Center's suggestion concerning the development and the implementation of a National Strategy for Suicide Prevention

Presenter: Olga Theodorikakou– Coordinator (Suicide Prevention Center and 24/7 National Suicide Prevention Helpline 1018)

Study objectives: Suicide is a serious issue that concerns the public health and as a result we should address it in the context of public policies. Apart from the socio-economic consequences of suicide for the general population, the cost of suicidal behaviours in the already pressured public health system, is extremely high. KLIMAKA has been suggesting for years the finalization of a comprehensive suicide prevention national strategy, which will include specific plans and measures.

Methods and material: According to WHO, the absence of a comprehensive national strategy for suicide prevention should not be an obstacle, on the contrary, it should motivate the activation of National Action Plans for Suicide Prevention with specific goals including two pillars. These two

pillars consist of: a) the identification and the promotion of vulnerable individuals at high risk of suicide / self-destructive behaviour and, b) the improvement of access to mental health services, via the strengthening of the protective factors and psychological resilience.

Results: Effective suicide prevention strategies for designing and implementing a suicide prevention model, must combine both the individualized health care approach as well as the public health care services. Having that in mind, although suicide is considered to be one of the most complex issues in the field, international practices as well as the relevant research results show that a preventive approach can be achieved with efficient results, through holistic, interdisciplinary interventions with low cost measures, in health and education (improvement of data collection and research programs, training programs of health professionals and gatekeepers, raising awareness of the general population, etc.).

Conclusion: Taking such an important initiative will not only promote the alignment of the country's public health strategies with those of European countries (77% of European countries consider, already from 1990, suicide as a major public health issue, according to WHO guidelines), but will also aim to the needed upgrade of mental health services.

29.4: Suicide in refugees: Data collected from "Iolaos" Day Center for refugees and asylum seekers diagnosed with mental health disorders

Presenter: Vasiliki Stamou– Scientific Director of Day Center "Iolaos" for refugees and asylum seekers who suffer from mental health disorders.

Study objectives : According to UNHCR data, in 2018, the forcibly displaced individuals exceeded 70 million, with 25.9 million being refugees and about 3 million were asylum seekers. The persecuted population arriving in various host countries, such as Greece, is mentally vulnerable and has to deal with both the traumatic effects of violence in their country and the continuously changing conditions due to their constant movement. The feelings that are predominant are uncertainty, until asylum, and social exclusion which reduce access to their chance of working and to health services. Despite all the above, there is little research focusing on the suicidal ideation and behaviour of refugees, as a group of high vulnerable individuals. In the current study, there will be a presentation of collected data which refer to people who are receiving services at IOLAOS Day Center specialized in refugees and asylum seekers diagnosed with mental disorders under the supervision of KLIMAKA.

Methods and material: The sample consisted of 743 refugees and asylum seekers who are suffering from mental disorders (IOLAOS Day Center) for the year of 2020. The suicide data were collected by the online medical file which is updated after each visit, by the mental health specialists and they will be presented in terms of descriptive statistics.

Results: Out of the total number of refugees and asylum seekers that received services on 2020, 38% had a history of suicide and the 18% of the total number arriving at the IOLAOS Day Center had an active suicidal ideation. 21% of young people with suicide ideation were referred for treatment after the first evaluation by a psychiatrist of the Center.

Conclusion: Further research and data collection about suicide in refugees is needed in order, firstly, to explore the issue of suicide both globally and in Greece, and secondly, to construct specific strategies and plans to alleviate the issue.

30. Title: Contextual Approaches to Understanding and Preventing Suicide
Submission #92247
Co-Chairs: Olivia J. Kirtley & Aleksandra Kaurin
Introduction

Suicide prevention research is dominated by a strong focus on generalization at the population level, prioritizing nomothetic frameworks which emphasize common psychological dimensions of "the suicidal person". Yet, suicidal ideation emerges *in context*, which differs both between and within individuals. An individual's context encompasses many different elements, including social interactions, cognitive-affective processes, but also the broader socio-political environment. Capturing the contexts in which suicidal ideation and behaviours arise requires a range of methods and statistical approaches able to illuminate the micro and macro levels of context.

In this symposium, we present recent advances and novel insights from research investigating context at both the micro and macro levels. We describe research using ambulatory assessment (e.g. experience sampling/ecological momentary assessment) to advance our understanding of suicidal ideation and behaviours at the micro contextual level. We also present research using a systematic review approach to shed light on the macro socio-political context in which suicide and self-injury have been studied.

First, Olivia Kirtley will present findings based on an experience sampling study that investigated how recent suicidal ideation may be linked to reduced positive thinking in the daily lives of youth. Second, Daniel Coppersmith will present results on the protective role of social support for suicidal thinking conceptualized as a dynamic process based on a real-time monitoring protocol. Third, Aleksandra Kaurin will provide an empirical demonstration of how personalized models of proximal risk factors closest to a climaxing suicide risk may be quantitatively articulated and potentially also clinically implemented in a successful way. Finally, Eleonora Guzmán will discuss the extent to which diversity is accounted for in the evaluation of treatments for suicide and self-injury based on a systematic review of the past 50 years of relevant randomized control trials (RCTs).

30.1: The relationship between daily positive future thinking and past-week suicidal ideation in youth: An experience sampling study
Presenter: **Olivia J. Kirtley**[1]

Co-Authors: Ginette Lafit[1], Thomas Vaessen[1], Jeroen Decoster[2], Catherine Derom[1,3], Sinan I. Gülöksüz[4], Marc de Hert[2,1], Nele Jacobs[4,5], Claudia Menne-Lothmann[4], Bart P. F. Rutten[4], Evert Thiery[3], Jim van Os[4,6,7,], Ruud van Winkel[2,1], Marieke Wichers[8], Inez Myin-Germeys[1]

[1]KU Leuven [2]Sint-Kamillus, University Psychiatric Center [3]Ghent University Hospital [4]Maastricht University [5]Open University of the Netherlands [6]University Medical Centre Utrecht [7]King's College London [8]University Medical Center Groningen

Study Objectives: Suicide is a leading cause of death among youth. Research with adults has associated reduced positive future thinking with suicidal ideation and behaviour. However, the question of whether future thinking relates to suicidal ideation in youth has been largely overlooked. Previous studies of future thinking with adults have primarily focused on longer-term future thinking, e.g. over weeks, months and years, but the extent to which short-term future thinking is associated with suicidal ideation in youth is unknown. Further, whether individuals experience reduced positive future thinking outside of the laboratory environment has not been ascertained.

Methods and Material: A community sample of *N*= 727 adolescent twins and their young adult non-twin siblings completed experience sampling as part of the TwinssCan study (n= 54 with, and n= 652 without, past-week suicidal ideation). Participants completed a battery of self-report questionnaires, including on past-week suicidal ideation as part of the SCL-90. Following completion of self-report questionnaires, daily future thinking was assessed each morning for six days with experience sampling. Average positive and negative affect from the previous day were included as covariates.

Results: Participants reporting higher past-week suicidal ideation at baseline reported significantly less daily positive future thinking during the experience sampling period. Higher average positive and lower average negative affect from the previous day were significantly associated with higher positive future thinking.

Conclusion: These findings indicate that short-term future thinking, measured in daily life, relates to even low levels of suicidal ideation among a non-clinical sample of adolescents. Future research should investigate the directionality and temporal course of the future thinking – suicidal ideation relationship, in order to investigate whether impaired future thinking may be an early warning signal for escalating suicidal ideation in youth.

30.2: Social Support as a Dynamic Protective Factor for Suicidal Thinking: A Replication

Presenter: Daniel D.L. Coppersmith[1]

Co-Authors: Evan M. Kleiman,[2] Rebecca G. Fortgang,[1] Alexander J. Millner,[1,3] & Matthew K. Nock [1,3,4]

[1]Harvard University, Department of Psychology [2]Rutgers University, Department of Psychology [3]Franciscan Children's Hospital [4]Massachusetts General Hospital, Department of Psychiatry

Study Objectives: Social support has been theorized as a protective factor for suicidal thoughts and behaviours for decades. There has been a gap, however, been the nature of the phenomena and the research methods used to study the phenomena. Social relationships and suicidal thinking are dynamic phenomena, but measurements have historically been static. **Methods and Material:** Real-time monitoring, where participants report on their suicidal thoughts and behaviours via smartphone questionnaires multiple times a day, provides data with high temporal resolution and ecological validity. Recent real-time monitoring research found that social support was protective for the severity of suicidal thinking on both the same day and next day (Coppersmith et al., 2019). The current study attempted to replicate these findings. Participants were 96 adults with past week active suicidal thinking. The real-time monitoring period was 42 days. Each day participants completed a daily survey which measured the severity of their suicidal thinking and their perceived social support from friends and family (total number of observations = 1,895). We used linear mixed-effects models where all predictors were within-person centred.

Results: We found that social support was protective for suicidal thinking on the same day (b= -0.35, *95% CI* = -0.41 – -0.29, $p < .001$) and the next day (b= -0.20, *95% CI* = -0.27 – -0.13, $p < .001$). Similar to prior research we also found that social support was no longer a significant predictor of next day suicidal thinking once prior day suicidal thinking was accounted for (b= -0.05, *95% CI* = -0.12 – 0.02, p =.163). Thus, social support did not predict daily changes in suicidal thinking.

Conclusion: These findings provide further evidence for conceptualizing of social support as a dynamic protective factor for suicidal thinking. Furthermore, these results highlight the importance of replicating findings in real-time monitoring research on suicidal thoughts and behaviours.

30.3: Integrating a Functional View on Suicide Risk into Idiographic Statistical Models
Presenter: Aleksandra Kaurin[a]
Co-Authors: Alexandre Y. Dombrovski[b], Michael N. Hallquist[c] & Aidan G.C. Wright[a]
[a] Department of Psychology, University of Pittsburgh [b] Department of Psychiatry, University of Pittsburgh School of Medicine [c] Department of Psychology and Neuroscience, University of North Carolina, Chapel Hill

Study Objectives: Acute risk of death by suicide is in part driven by sudden, short-lived increases in suicidal ideation. It is best understood as a contextualized dynamic process that results from complex interactions among contextual and person-specific variables. These mutually reinforcing relationships represent the heart-pieces of clinical safety planning and our therapeutic tools accommodate a reasonable degree of idiosyncrasy when choosing adequate interventions. Unravelling these multifaceted semantic and temporal characteristics on a quantitative level, however, requires estimation frameworks that match theoretical and practical considerations relevant to psychotherapy.

Methods and Material: We developed idiographic models of interacting risk factors closest to the time of an emerging suicidal crisis via *Group Iterative Multiple Model Estimation* (GIMME) in a sample of people diagnosed with Borderline Personality Disorder stratified for a history of high lethality suicide attempts.

Results: Data derived from a 21-day ambulatory assessment protocol, revealed high levels of heterogeneity in state-like risk factors as evidenced by the absence of shared group- or subgroup level paths related to suicidal ideation.

Conclusion: We discuss relevant milestones toward successful clinical implementation of personalized models to potentially improve safety planning by capturing changes in proximal risk factors closest to a climaxing suicide risk.

31. Title: ICSPRC Symposium on self-harm trends during COVID-19

Submission #92256
Chair: Professor Ella Arensman, School of Public Health, University College Cork and National Suicide Foundation Ireland
Introduction

In response to widespread concerns about the impact of the COVID-19 pandemic on suicide and suicidal behaviour a group of suicide prevention researchers from around 40 countries have formed the International COVID-19 suicide prevention research collaboration (ICSPRC).

Whilst there is limited evidence from previous pandemics in relation to the impacts on self-harm, there are indications of increasing trends of self-harm in the longer term of epidemics and pandemics.

One of the key objectives of the ICSPRC is to share knowledge about the impact of the pandemic on self-harm in different parts of the world and identifying high risk groups. Major concerns relate to i) the lack of high-quality surveillance data from low and middle income countries and ii) the longer term impact of the pandemic on economies, the well-recognised adverse impact of periods of recession on self-harm rates, and iii) the extent to which self-harm trends reflect trends of suicide during the pandemic.

This symposium will bring together a series of talks with the most up to date information on trends in self-harm during COVID-19 in different countries and it will address methodological aspects relating to self-harm surveillance.

The collaboration currently includes members from Australia; Austria; Belgium; Brazil; Canada; China; Czech Republic; Denmark; Ecuador; England; France; Ghana; Germany; Hong Kong; India; Iran; Ireland; Israel; Japan; Kenya; Malaysia; Mexico; Netherlands; Nigeria; Northern Ireland; Norway; Pakistan; Peru; Russia; Scotland; Slovenia; South Africa; Spain; Sri Lanka; Sweden; Taiwan; Wales; Uganda; and the USA. New members are welcome, particularly from countries not currently represented in the group.

31.1: Self-harm during the COVID-19 Pandemic in England: Comparative Trend Analysis of Hospital Presentations

Presenter: Keith Hawton[1]

Co-Authors: Deborah Case[1]y, Elizabeth Bale[1], Fiona Brand[1], Galit Geulayov[1], Jennifer Ness[2], Keith Waters[2], Samantha Kelly[2]

Affiliations: 1. Centre for Suicide Research, University of Oxford, UK; 2. Centre for Self-harm and Suicide Prevention Research, Derbyshire Healthcare NHS, Foundation Trust, Derby, UK

Study objectives The COVID-19 pandemic and public health measures necessary to address it may have major effects on suicidal behaviour. We have used well-established monitoring systems in two hospitals in England to investigate trends in self-harm presentations.

Methods and materials Data collected on patients aged 18 years and over who received a psychosocial assessment after presenting to hospital emergency departments following self-harm were used to compare numbers during 2020 following lockdown in the UK (23rd March 2020) with the period preceding lockdown and the equivalent period in 2019

Results During the 12 weeks following the introduction of lockdown restrictions a large reduction occurred in the weekly number of self-harm presentations to hospitals by individuals aged 18 years and over compared to the pre-lockdown weeks in 2020 (mean weekly reduction of 13.5 (95% CI 5.6 - 21.4) and to the equivalent period in 2019 (mean weekly reduction of 18.0 (95% CI 13.9 - 22.1). The reduction was more marked in females than males and for self-poisoning than self-injury. A variable pattern occurred during the remainder of 2020, but overall, the number of presentations was lower than expected.

Conclusion A substantial decline in hospital presentations for self-harm occurred immediately following the introduction of lockdown restrictions in the UK, with a less marked reduction during

the remainder of 2020. Possible explanations include a reduction in the occurrence of self-harm at the population level, perhaps due to protective effects of lockdown, and reluctance of those who had self-harmed to attend hospital.

31.2: Self-Harm in Karachi, Pakistan during COVID-19
Presenter: Murad Moosa Khan[1]
Co-Author: Javed Dars[2]
Affiliations: [1]Aga Khan University, Karachi; [2]Jinnah Post-Graduate Medical Centre, Karachi
Study objectives Suicide and self-harm are criminalized acts, religiously and social condemned in Pakistan. The objective was to study the pattern of self-harm during COVID-19 in Karachi, the country's largest city (pop. approx. 22 million) and any changes compared to pre-COVID period.
Methods and material A retrospective review of all self-harm cases was carried out in two of the largest health facilities of the city, both university hospitals: a private, fees-for-service health facility that has a well-established surveillance system for self-harm for many years and a public sector teaching hospital, which is a medico-legal centre, for the period January to December 2020. Data were extracted from the surveillance system of the former and the medico-legal and emergency room registers of the latter.
Results Preliminary results show that in the first six months of the pandemic (that also coincided with the lockdown), there was a decrease in the number of self-harm cases presenting to both facilities. However, in the latter part of the year, there was an increase in the self-harm cases but remained low compared to previous years. There was no difference in gender, age or methods used.
Conclusion Early results of the effect of COIVD-19 on rates of self-harm in Karachi, Pakistan does not show any significant increase. This may be the result of social cohesiveness and greater family support available during the lockdown. However, it may be too early for the economic effects of the lockdown to be observed in self-harm rates. The study underscores the need for good surveillance systems so that any changes in the pattern of self-harm can be observed in a timely manner and information used for prevention strategies.

31.3: COVID-19 and suicidal behaviour: trends from police reports in Malaysia
Presenter: Nurashikin Ibrahim[1]
Co-Authors: Noor Raihan Khamal[1] & Lai Fong Chan[2]
Affiliations: 1. Ministry of Health, Malaysia (MOH); 2. National University of Malaysia (UKM)
Study objectives We aim to present the trends in fatal (2019-2020) and non-fatal (2015-2020) suicide attempts from police reports in Malaysia prior to and during the COVID-19 pandemic.
Methods and material Malaysian national data on rates and methods of fatal and non-fatal suicide attempts for the period of 2015-2020 and 2019-2020 respectively were retrospectively collected and analysed. The source of data was based on the Royal Malaysian Police Data- Sudden Death Reporting System.
Results For non-fatal suicide attempts, the absolute number of annually reported cases showed an increasing trend from 2015 to 2018 (182, 193, 256, 261). From 2019 to 2020, there was a decreasing trend of 241 to 105 cases. The suicide rate showed a slight increase from 1.87 per 100,000 population pre-pandemic in 2019 to 1.93 per 100,000 population during the COVID-19 pandemic. The leading methods of suicide were hanging, followed by jumping from heights and ingestion of poisons.

Conclusion Preliminary findings on trends in fatal and non-fatal suicide attempts in Malaysia appear to follow a different trajectory pre and post COVID-19 pandemic. Interpretation of such trends in terms of the impact of COVID-19 on actual rates of suicidal behaviour needs be contextualised with regards to the level of rigor of police reports and that suicide attempt is still being criminalised in Malaysia. Further study is required to elucidate the underlying mechanisms of the impact of COVID-19 on suicidal behaviour.

31.4: Self-Harm during COVID-19: report from a Multi-Centre Self-Harm Surveillance System in the Russian Federation

Presenter: Oleg Boev[1]

Co-Authors: Oleg Serdyuk[2], Olga Stupina[3], Melita Vujnovic[4], Dan Chisholm[5], Olga Manukhina[4], Elena Shevkun[5], Irina Moroz[6], Boris Polojii[6], Isabela Troya[7], Ella Arensman[7-8]

Affiliations: 1. Stavropol Clinical Psychiatric Hospital; 2. Sverdlovsk Regional Clinical Psychiatric Hospital; 3. Kandinsky Zabaykalsky Krai Clinical Psychiatric Hospital, 4. WHO Country Office for the Russian Federation; 5. WHO Regional Office for Europe; 6. Serbsky Center, National Medical Research Center for Psychiatry and Narcology, Moscow, Russia, 7. School of Public Health and National Suicide Research Foundation, University College Cork, Ireland; 8. Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Brisbane, Queensland, Australia

Study Objectives Improving data quality of self-harm and suicide mortality data of Member States is one of the key priorities highlighted by the World Health Organisation for suicide prevention. Establishment of self-harm and suicide surveillance systems allow systematic data collection and improved data quality across countries which can subsequently inform suicide prevention strategies. The aim of this study is to describe the methodological components, key considerations, and standardisation for establishing a Multi-Centre Self-Harm Surveillance System in the Russian Federation. We also report on initial self-harm trends across the three regions during 2019-2020.

Methods and material 3 sociodemographic diverse regions in Russia were selected in order to establish a Multi-Centre Self-Harm Surveillance System. Relevant information on each of the 3 regions was collected, including geographic catchment region demographics, data collection procedures for healthcare facilities involved, training requirements, and ethical considerations.

Results Stavropol Krai Region, Sverdlovsk Oblast Region, **and** the Zabaykalsky Krai Region were the included regions in the Multi-Centre Self-Harm Surveillance System in Russia. Key stakeholders involved in initiating and maintaining the establishment of the surveillance system included local hospital staff members for each of the 3 regions, and World Health Organisation members. Data from all general hospitals across the 3 regions provide hospital-presenting self-harm information.

Conclusion The surveillance system will allow for timely and accurate information on hospital-presenting self-harm presentations across three diverse regions in Russia which will support the country's suicide prevention strategy. Preliminary data will report on hospital self-harm trends during the COVID-19 pandemic. Through standardisation across the three regions, data quality will be ensured in order to have a fully operable self-harm surveillance system which can be adopted across other regions in Russia.

32. Title: International perspectives on caller insights and supporting service-users through suicide prevention helplines & crisis centres during COVID-19 (1)

Submission #99901

Chair: Gillian Murphy

Introduction

Suicide prevention helplines and crisis centres offer valuable support to those who need it, whether in suicidal crisis or supporting those struggling to cope before reaching that point. Over the last year these services around the world have been as busy as ever, and the value of human contact has never been more important.

Through data analysis and insights from staff and volunteers who provide support through such services, we are able to understand how COVID-19 has impacted service-users and the services themselves. These insights help organisations and services to understand the needs of their services-users and they also provide a valuable part of the picture when thinking about national and international covid recovery plans - by helping us understand the wider impact of the pandemic on vulnerable individuals and the wider population.

This is the first of 2 symposia looking at caller insights from helplines and crisis centres, and how they have been able to support service-users during the COVID-19 pandemic. This symposium focuses on a combination of analysis of operational data routinely collected by helplines, and primary research to understand the impact of covid-19 on both the services and service-users.

The presentations include an exploration of how COVID-19 has impacted crisis centres and their service users internationally in the early stage of the pandemic; the changing nature of the concerns of callers to Samaritans helpline in the UK and ROI during the pandemic; how the content of calls to a national suicide helpline can help us understand factors that may contribute to suicide risk during COVID-19 in Taiwan; and insights from calls to the National Suicide Prevention Lifeline (Lifeline) and Disaster Distress Helpline (DDH) in the United States during the pandemic.

32.1: Crisis Centres: in the frontline of the pandemic Covid -19

Presenter: Vikas Arya

Co-Author: Vanda Scott

Study objectives: COVID-19 compelled many governments around the globe to adopt mass-scale measures including social distancing, quarantine, restriction on travel, and restriction(s) on social interaction and gatherings. While most of these measures were essential to stop the spread of the coronavirus, some had a negative impact on mental health. Crisis centres play a vital interventional role in de-escalating acute crisis episodes and raising mental health awareness. We designed a 'global crisis centre survey' to assess the impact of COVID-19 on crisis centres and their service users, during the initial phase of the pandemic (May 2020).

Methods: A cross-sectional survey was sent to various crisis centres around the world via email, especially focusing on increase in demand and availability of resources among crisis centres and types of mental health crisis experienced by service users.

Results: During the initial phase of the pandemic, crisis centres generally operated remotely with reduced opening hours, staff availability while experiencing an increase in demand for services. Furthermore, compared to previous years, crisis centres generally reported an increase in anxiety and stress related calls, concerning family conflicts, anger and rage, fear and uncertainty regarding the pandemic, cyber-harassment, and financial issues. Also, none of the crisis centres had a protocol in place to deal with an emergency such as the COVID-19. Finally, crisis centres highlighted an urgent need to increase volunteers, online service capacity and training courses in order to cope with the increased demand in the coming months.

Conclusion: COVID-19 has resulted in increased demand for crisis centre services around the world however, many crisis centres are unable to sufficiently address this surge. It is imperative for the government and private sector leaders to help crisis centres (e.g., through increased advocacy, funding and access), as they become an important source of mental health support, not only for those facing acute mental health crisis, but also for general populations.

32.2: Understanding the impact of Covid-19 on callers to Samaritans helpline
Presenter: Mette Isaksen
Authors: Mette Isaksen, Ellie Ball, Luke Shaw, Stephanie Aston, Michelle Jones, Jennifer Holly, Liz Scowcroft, Jacqui Morrissey, Anna Saunders, Simon Stewart, Tyler McGee

Study objectives: Samaritans in the UK and ROI operates 24 hours a day and 365 days a year, with over 20,000 volunteers who support people who are struggling over the phone, email, and in person. During the Covid-19 pandemic, in person contacts did not take place but volunteers continued to provide support over phone and email. This study explored how the concerns of callers to a Samaritans changed during the pandemic.

Methods: Data analysis of over 4 million contacts to Samaritans (telephone and emails), comparing the year prior to Covid-19 restrictions starting in the UK (23rd March 2020) with the year that followed. Descriptive analysis of Samaritans contacts at 3-monthly intervals tracked changes in the contact methods, caller concerns, rate of suicidal discussion, and gender of callers. This was supplemented by 7 qualitative surveys of Samaritans helpline volunteers, gathering over 10,000 responses in total, which were thematically analysed, with key findings informing future surveys.

Results: While many key concerns remained stable before and during Covid-19 restrictions, the study finds evidence of the ways callers' lives changed. This can be seen as a result of both the direct effects of Covid-19 (such as increased discussion of isolation and loneliness) and the in-direct effects (such as increased contacts from people in prison, who were affected by the changes to routine, loss of visits and increased cell time). The study also highlights findings of healthcare workers' concerns throughout the pandemic, from the trauma of deaths on shifts to exhaustion and burnout. The results map these changes over time, in particular the impact of relationship strain, financial insecurity and reduced access to coping mechanisms or social support. The study also highlights how these concerns differed between groups and explored whose wellbeing was particularly affected by the pandemic - including people with pre-existing mental health conditions, young people and healthcare workers. These findings offer a unique insight into the link between Covid-19, lockdown restrictions and knock-on effects of the pandemic on different

aspects of people's wellbeing. The pandemic has had a huge impact on everyone's lives, but these findings demonstrate the unequal impact of the pandemic, which has exacerbated existing economic and social inequalities, and impacted on some groups' wellbeing far more than others.

32.3: Factors contributing to suicide risk during the COVID-19 pandemic: A qualitative study of calls to a national suicide prevention hotline in Taiwan.

Presenter: Dr I-Ting Hwang, PhD

Co-Authors: Fortune Fu-Tsung Shaw, Wen-Yau Hsu, Guang-Yi Liu, Yi-Han Chang, David Gunnell, Shu-Sen Chang

Study objectives: The outbreak of the COVID-19 pandemic and government-imposed control measures may lead to psychological distress and increased suicide risk in population. We explored factors that may contribute to suicide risk during the COVID-19 pandemic by analysing recorded calls to a national suicide prevention hotline in Taiwan.

Methods: Among 39,434 recorded calls between 23rd January and 31st May 2020, 43 calls with current suicidal ideation or behaviour that were related to the COVID-19 pandemic were identified and included in the analysis. The transcripts of these calls were coded line-by-line and then analysed using a thematic analysis approach.

Results: Three themes emerged from the data analysis. First, the COVID-19 pandemic led to three categories of interrelated effects, i.e., disruptions caused by outbreak control measures, threat of contagion, and economic impact. Second, the callers experienced increased challenges (financial and employment stress, interpersonal conflict, stress due to feelings of uncertainty, and education or career interruption) and reduced supports (reduced access to health services and perceived social support) as a result of the pandemic effects. Some increased challenges or reduced supports were especially critical in high-risk groups, such as people with pre-existing mental health problems or previous suicide attempt or those in precarious working conditions. Third, callers' psychological responses to the pandemic impacts included hopelessness, entrapment, anxiety, low mood, sleep disturbance, and loneliness, which could contribute to increased suicidal risk in callers.

Conclusions: The COVID-19 outbreak and subsequent control measures and economic impact contributed to increased challenges and reduced supports, which in turn led to psychological distress that could result in increased suicide risk in vulnerable individuals.

32.4: Insights from the National Suicide Prevention Lifeline and Disaster Distress Helpline of the United States During the COVID-19 Pandemic

Presenter: Alena Goldstein

Co-Authors: Gillian Murphy

Study objectives: The National Suicide Prevention Lifeline (Lifeline) and Disaster Distress Helpline (DDH) are the United States' largest national networks dedicated to providing free and confidential emotional support to people in suicidal crisis and people impacted by natural or human-caused disasters, respectively. Throughout the COVID-19 pandemic, Lifeline and DDH crisis centres have had to adapt to the changing needs of individuals seeking support regarding the public health emergency and provide new training and resources accordingly. In addition, many crisis centres

have had to navigate remote work and its associated challenges. The Lifeline is a traditionally high call volume hotline and although call volume remained within typical ranges from March 2020-February 2021, the DDH has seen a significant increase in call volume as more individuals have become aware of its specialized disaster services. In this presentation, we provide an overview of insights from a data collection of individuals seeking support from these services since the onset of COVID-19.

Methods: As part of a larger Lifeline evaluation, callers to the Lifeline were interviewed and asked to what extent, and in what ways, COVID-19 had been a source of stress or suicidal thoughts. Simultaneously, DDH crisis counsellors recorded whether COVID-19 was mentioned during calls or texts. In both evaluations, information was gathered regarding infection/health-related stresses; mental health-related stresses; financial/work-related stresses; social distancing/isolation-related stresses, and which groups were most impacted (e.g., first responders, essential workers, and more).

Results: Data collection for both programs is currently underway. Initial findings from DDH will be shared while Lifeline findings and overall analyses are forthcoming.

Conclusion: These findings will offer valuable insight into how COVID-19 continues to affect individuals utilizing crisis services in the long-term, and how crisis helplines might need to shift attention in focus as individuals reintegrate into society and deal with the aftermath of the pandemic.

33. Title: Workplace Suicide Prevention Implementation and Response to COVID-19
Submission #92236
Chair: Sally Spencer-Thomas
Introduction

The increasing awareness of the need for workplace suicide prevention, intervention and postvention tactics has led to a swell of innovative practices. This trend has been accelerated by the impact of the COVID-19 pandemic. This symposium addresses some new directions in workplace suicide prevention.

33.1: Implementation of a Railway Critical Incident Management and Support Protocol to Help Train Drivers Cope with Accidents and Suicides
Presenters : Cécile Bardon, Brian Mishara
Objective: Railway accidents and suicides can have severe psychological consequences for train drivers. This study evaluates the implementation of railway critical incident management and support protocols (CIMSP) by employers. It also identifies environmental factors, characteristics of critical incidents and types of work relations affecting implementation.
Methods: A longitudinal study was conducted with 74 train drivers. Participants were interviewed one week, one, three and six months after a critical incident. Correlational analyses were performed to identify factors associated with implementation and satisfaction.

Results: CIMSP are generally partially applied by employers when a railway incident occurs. Workers' satisfaction toward implementation of the protocol is moderate. Obstacles to implementation are: geographic isolation, severity of the incident and poor quality of work relations.

Conclusions: These obstacles should be addressed in CIMSP design and implementation strategies.

33.2: The role of the workplace in preventing suicide in the context of COVID-19 in Canada

Presenter: Karla Thorpe, Director, Prevention and Promotion Initiatives, Mental Health Commission of Canada

Background: COVID-19 has changed the world around us. With increasing economic hardships, and trauma related to the loss of loved ones, mental health and substance use patterns among Canadians are expected to continue to worsen over the course of the pandemic. Increased stress, anxiety and depression are all side-effects of the COVID-19 pandemic. For some people, this translates to feelings of hopelessness, despair, and suicidal thoughts.

Aim: The objectives of this study are to track the ongoing impact of COVID-19 on mental health and substance use among the general population and priority populations including the extent to which individuals have seriously contemplated suicide since the COVID-19 pandemic began. Strategies that can be employed in the workplace context will be explored to provide guidance for employers, managers, workers, and co-workers.

Methods: On behalf of the Canadian Centre on Substance Use and Addiction and the Mental Health Commission of Canada, Leger conducted a baseline survey of 2,502 Canadians between October 13 and November 2, 2020, and a second survey of 1,507 people between November 19 and December 2, 2020.

Results: The COVID-19 pandemic has increased stress across the population on many fronts, primarily due to finances, isolation and health. Canadians' coping skills and strategies have been mixed to date. The resulting mental health impacts are increasingly clear, including symptoms of anxiety, depression and suicidal ideation. Alcohol and cannabis use have also increased since March 2020. The mental health and substance use impacts of the pandemic have been greater for people living with, or at risk of, mental health and substance use disorders. And throughout the country, access to 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 (15%) or a past mental health diagnosis (13%).

Workplaces represent an important setting in which to have meaningful conversations about suicide, to provide support and resources, and to bring hope to those who may be struggling with thoughts of suicide. Effective strategies exist for senior leaders, managers, employees, co-workers as well as those who are interacting with the public.

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 through these challenging times. By targeting information and resources through workplaces, we can increase our reach to the many Canadians who are struggling with mental health problems, including thoughts of suicide.

33.3 Withdrawn

33.4: Workplace Suicide Postvention

Presenter: Sally Spencer-Thomas, Psy.D.

The workplace is arguably the most cross—cutting system we have for suicide bereavement support, and yet most workplaces are overwhelmingly under-prepared to deal with this crisis. Many work- places, if they provide grief support at all, have practices built on antiquated models of bereavement needs and do not usually take into account the complexities or duration often needed to cope in the aftermath of suicide. In 2013 a partnership forged by the American Association of Suicidology and other partners published "A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing With the Aftermath of Suicide" and this effort was subsequently evaluated. In addition to providing a summary of the recommendations from this report, this presentation will share findings from 13 qualitative interviews from people who had lost loved ones through suicide, who talked about positive and negative responses they received from their employers.

Study objectives: #1: To evaluate the impact of "A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing With the Aftermath of Suicide." #2: To understand workers' experiences in getting workplace suicide bereavement support.

Methods: Objective #1: A brief (11 question) evaluation survey was sent to various stakeholders (HR, EAP, Business Leaders, Wellness).

Objective #2: Suicide loss survivors were interviewed by telephone about the quality of postvention support they received at work after a loved one died by suicide.

Results: Survey Findings of "A Manager's Guide" Impact (n=36):

96% said they would recommend this resource to others

67% said the guidebook changed their knowledge (e.g. how best to balance grief support and contagion) about how best to support workplaces in the aftermath of suicide.

- Most were appreciative of having all the identified steps in one place – added to foundational knowledge
- "First publication I have read on this. All else I studied was suicide prevention and acute mental health treatment."

42% said the guidebook changed their behaviour/policies about how best to support workplaces in the aftermath of suicide.

Summary of Findings from Qualitative Interviews (n=13)

The grief experiences of many of the workers we interviewed discovered that most were expected to return to work quickly and efficiently, instead of being met with compassion and accommodation. Many experienced the double silencing of workplaces ill-equipped to cope with grieving employees and stigma related to the type of loss.

Conclusion: In conclusion a large gap exists between what workers need for suicide bereavement support and what is currently being offered; however, the "Manager's Guide" is a useful tool to begin to fill that gap.

The goals of suicide postvention in the workplace are really not that different from those of other crisis responses – that is, to support people through the trauma and help restore functioning to a disrupted system. The process is about managing the inherent balance of needs and safety components that can sometimes be at odds with one another

Expanded practices and policies are needed to give employers a better plan so the survivors of loss can better manage the oscillating grief and restoration processes that are frequently disruptive to work performance demands and overall health.

34. Title: Symposium Proposal: Understanding suicide among young people in The Netherlands. Novel insights using a psychological autopsy study approach.

Submission #92255

Chair: Ella Arensman, PhD

Introduction

In many countries (e.g. the UK, the USA, Japan, South Korea, urban China, and to some extent, The Netherlands), there is an upward trend in suicide among children and adolescents, in particular over the past decade. These increasing rates of suicide in the young give cause for concern, and underpin the urgency to understand what is happening to youth at present. Some researchers have suggested that social media has introduced specific risks for suicidal behaviour among young people, through contagion effects or through (cyber) bullying effects. Other explanations for the rise of youth suicides include identity struggles resulting from the individualization process, or trends regarding sexual identity disclosure among teenagers.

One of the promising methods to further understand suicide among young people, is the use of the psychological autopsy study, a study design which uses a retrospective and extensive construction of an individual's life and life course, in order to obtain unique insights about why suicide happened to an adolescent at this particular time. These insights can provide policymakers, health care professionals and scientists with innovative ideas for suicide prevention among young people.

In The Netherlands, the psychological autopsy approach was recently applied to a national study of the suicides among young people (age 14-19) who died in 2017. We combined a questionnaire with in–depth qualitative interviews with several informants with a significant relationship to the decedent, and thus obtained an holistic view of multiple aspects that are known to influence suicide.

The aim of this symposium is twofold:

1) highlighting contemporary issues in young people's suicide;
2) discuss methodological lessons learnt from psychological autopsy studies

The proposed symposium will include four presentations and closing remarks by the chair, highlighting contemporary themes in adolescent suicide and elaborating methodological aspects of the psychological autopsy approach.

34.1: Exploring the role of social media use in youth suicides: a psychological autopsy study

Presenter: Saskia Mérelle[1],

Co-Authors: Diana van Bergen[1,2], Elias Balt[1], Milou Looijmans[1], Arne Popma[3]

[1]13 Suicide Prevention, Amsterdam The Netherlands; [2] University of Groningen, Groningen The Netherlands; [3]Child- and adolescent psychiatry Amsterdam UMC, location VUmc, Amsterdam

Study objectives: While there are many benefits for adolescents to use social media, cyberbullying, online challenges and imitation effects may induce suicidal behaviour. Research addressing the influence of social media use on suicidal behaviour is still in its infancy. This presentation focuses on patterns in social media use that were examined retrospectively in adolescent suicide cases.

Methods: A psychological autopsy study was held among parents, peers, teachers and health care professionals of 35 adolescents, 18 girls, 17 boys, on average 17 years old, who died by suicide in 2017. Semi-structured interviews were held and qualitative data-analyses were conducted.

Results: Social media played an important role in the daily lives of 20 of the 35 cases. Parents generally had few insights in children's online contacts. Five girls were reported to have exchanged suicidal communications through hidden Instagram accounts. In 10 cases, respondents thought that adolescents benefitted from social media use during their clinical admission as they received peer support and shared recovery stories. However, exchanging self-harm pictures and taking care of fellow patients were considered as harmful effects. Continuous exposure to depressive online content created a 'suicidal identity' according to one peer. Furthermore, cyberbullying was reported in 7 cases, where sexual harassment and multiple experiences with bullying had negative influences on adolescents' wellbeing. Two adolescents were thought to participate in online challenges that stimulated suicidal behaviour. Lastly, some adolescents deleted their social media accounts prior to their death, whereas others tagged loved ones with friendly messages.

Conclusion: This is one of the first studies exploring the role of social media use in adolescents who died by suicide. More research is needed to examine the role of social networks and the effectiveness of using positive role models in social media.

34.2: Additional Value of Peer Informants in Psychological Autopsy Studies of Youth Suicides
Presenter: Milou Looijmans[1,3],

Co-Authors: Diana van Bergen[1,2], Renske Gilissen[1], Arne Popma3, Elias Balt[1], Daan Creemers[4,5], Lieke van Domburgh[6,3], Wico Mulder[7], Sanne Rasing[4,5], Saskia Mérelle[1]

DAISY - Dutch Alliance Investigating Suicide Among Youth

Objectives: This study aimed to examine the feasibility and added value of including peer informants in the use of youth psychological autopsy.

Method*:* Peer interview data from 16 cases from our psychological autopsy study were analysed qualitatively and compared with parent data.

Results*:* Peers added information to parents' narratives in general and particularly on social relationships, bullying, school experiences, social media, contagion effects, and family relations. Peers provided additional information on the presence of certain issues (such as social media contagion), as well as on the emotional impact from certain adverse events that seemed to have functioned as precipitating factors.

Conclusions*:* This study showed that including peers in psychological autopsy studies is feasible and of added value, but that more research is desirable, and the results initially can be used in the design of psychological autopsies so that the maximum amount of information about each suicide will be learned.

34.3: Gender differences in suicide-related communication of young suicide victims

Presenter: Elias Balt [1*]

Co-Authors; Saskia Mérelle[1], Diana van Bergen[1,2], Renske Gilissen[1], Pommeline van der Post[1], Milou Looijmans[1], Daan Creemers[3], Sanne Rasing[3,4], Wico Mulder[5], Lieke van Domburgh[6,7], Arne Popma.[7]

Objectives: There is limited insight into gender differences in suicide-related communication (SRC) in youths. SRC is defined as "the act of conveying one's own suicide ideation, intent or behaviours to another person". Increasing our understanding of SRC in youths will enable us to recognize and specify needs of female versus male youths. The current study explores SRC in a sample of Dutch suicide victims aged under 20 and examines gender differences.

Methods: Interview data from a psychological autopsy study of 35 youths who died by suicide in the Netherlands in 2017 were analysed. Qualitative analyses were performed to examine explicit SRC throughout the youths' lives and implicit SRC during the last months prior to suicide. We employed the Constant Comparative Method to explore patterns in the debut, form, frequency, medium, content, type of recipient, and SRC in the last months prior to suicide death.

Results: We identified commonalities in the SRC of youths, including the content of suicide notes and an emphasis on suicide method and preparation in the last months. Girls, however, had an earlier debut of SRC, a higher frequency of explicit SRC, and more often directed SRC towards varied types of recipients compared to boys. Moreover, SRC of girls seemed focused on coping and achieving support from others more than SRC of boys. The SRC of boys in comparison to girls was often ambiguous or diluted by "humorous" connotations.

Conclusion: Unique patterns in SRC of boys and girls posed corresponding challenges for next of kin to interpret communications and respond adequately to SRC. The early debut of girls' SRC highlights the importance of early screening and prevention efforts in girls, while the late debut and ambiguity in boys' SRC implores professionals and next of kin to encourage young males to be unequivocal about suicide ideation or intent

34.4: Understanding suicide deaths of Lesbian, Gay, Bisexual or Questioning Girls in the Netherlands through a psychological autopsy

Presenter: Diana van Bergen,

Co-Authors: Saskia Merelle, Renske Gilissen, Arne Popma, Elias Balt, Daan Creemers, Lieke van Domburgh, Wico Mulder, Sanne Rasing, Onno Sijperda and Renske Gilissen

DAISY - Dutch Alliance Investigating Suicide Among Youth

Objectives: Girls who are Lesbian, Gay, Bisexual or who are questioning their sexual identity (LGBQ), are at higher risk for suicidal behaviour than heterosexual girls. In order to better understand, and ultimately to prevent suicide among LGBQ groups, we need to learn which pathways and antecedents impacted their suicides, and whether they are similar to heterosexual girls.

Methods: A psychological autopsy study was conducted in the Netherlands and included 35 cases of adolescents who died by suicide in 2017, 18 girls and 17 boys. Post hoc examination showed that 8 girls were LGBQ. Semi-structured interviews in a narrative tradition were conducted with parents, peers and teachers. We systematically compared a series of predefined antecedents, as

well as examined inductively emerging relevant themes across the LGBQ (n=8) versus non-LGBQ identified girls (n=10).

Results: Minority stress (bias based stigma), and 'feeling different' had negatively impacted the wellbeing of LGBQ girls in the study, sometimes during the period immediately preceding the suicide. Among the questioning girls, many parents had explicitly doubted if the disclosure of their child had been authentic. General stressors that were common in both LGBQ and heterosexual girls, included poor family relations, sexual trauma, and challenges around autonomy/ relatedness development in adolescence.

Conclusion: Minority stressors and doubtful responses to their sexual identity development were present in the lives LGBQ girls who died by suicide and will need to be addressed in school, online and family based suicide prevention strategies.

35. Title: Suicide Prevention in Primary Care
Submission #92130
Chair: Maria Michail
Introduction

Primary care has a vital role to play in a system wide approach to suicide prevention. General practice and community pharmacy are key settings for identifying, communicating with and supporting people who self-harm and might be at-risk of suicide. Enhanced and integrated primary and community mental health services provide the platform for coordinated, inclusive and personalised care for those at-risk of suicide. During this symposium the following presentations will showcase research being conducted to enhance suicide prevention in primary care, with a focus from the United Kingdom.

35.1: The experiences and needs of parents, families, and carers of young people who self-harm: a systematic review
Presenter: Faraz Mughal[1]
Co-Authors: M Isabela Troya[2], Lisa Dikomitis[1], Stephanie Tierney[3], Nadia Corp[1], Ellen Townsend[4], Carolyn Chew-Graham[1]
[1]Keele University; [2]National Suicide Research Foundation, University College Cork; [3]University of Oxford; [4]University of Nottingham
Conflicts of interest: FM is a National Institute for Health and Care Excellence self-harm clinical guideline committee member
Study objective: Self-harm in young people is a global public health concern and parents, families, and carers of young people who self-harm can be significantly affected. Parents and families can facilitate young people seeking help from primary care services, but responses of parents and families to young people who have harmed themselves can impact young people's future help-seeking. There has been some prior literature exploring the experiences of parents of young people who self-harm, however, there has been no robust synthesis on the experiences, perspectives, and needs of parents, families, and carers of young people who self-harm. A

systematic synthesis will provide the foundation for further supporting parents and carers of young people who self-harm.

Methods and materials: A systematic review of qualitative studies on the experiences and needs of parents and carers of young people (aged 12-25) who self-harm is being conducted adhering to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance. The protocol is registered on PROSPERO (CRD42020168527). Seven electronic databases were searched on 6 May 2020. Screening and selection were undertaken by two independent reviewers using pre-defined eligibility criteria, and both will extract data and appraise included studies. Thematic synthesis will generate new analytical themes.

Results: Searches resulted in 4,819 unique citations after deduplication. 46 full-text articles were assessed for eligibility and 21 full-text studies were included in the synthesis. The final synthesis will be presented for the first time.

Conclusion: This systematic review, the first of its kind, will provide novel insights into the needs of parents and carers of young people who self-harm. Findings will have important implications for clinical practice and policy especially at the primary and secondary care interface, and inform the development of evidence-based interventions for parents, families, and carers of young people who self-harm.

35.2: Help-seeking in primary care: Exploring the experiences of young people at-risk of suicide. Presenter: Maria Michail[1]

Co-Authors: Jack Farr[2,3], Andrew Surtees[2,4], Hollie Richardson[2,4;] [1]Institute for Mental Health, School of Psychology, University of Birmingham, Birmingham B15 2TT, UK; [2]Centre of Applied Psychology, University of Birmingham, Birmingham B15 2TT, UK; [3]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham B1 3RB, UK; [4]Birmingham Women's and Children's NHS Foundation Trust, Birmingham B4 6NH, UK

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, little is known about the processes involved in how, when and why a young person decides to seek help from their GP when feeling suicidal. The aim of this study was to understand and conceptualise the processes underlying young people's help-seeking prior, during and following a GP consultation.

Methods and materials: A qualitative study using semi-structured interviews with 8 young people (2 males; 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.

Results: Three main themes were identified: (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 many different and complex factors.

Conclusion: The findings, grounded in young people's perspectives and experiences, offer an original contribution to our understanding of help-seeking in primary care with significant implications for research and practice. The study highlights that help-seeking is a complex process

for young people, which does not appear to follow the discrete and sequential stages proposed in existing theoretical models. We make recommendations for the provision of specialist training on youth suicide prevention in primary care including: enhancing clinical skills in eliciting and responding to suicidal ideation; asking sensitive questions; and, communicating with young people around distressing topics. Compassion and validation of young people's concerns are important aspects of building a trusting therapeutic relationship which in turn could facilitate future help-seeking.

35.3: Unleashing the potential of community pharmacy teams as an untapped resource in suicide prevention

Hayley C Gorton, School of Applied Sciences, University of Huddersfield

Disclosure of Conflict of interest: HG received funding from The Winston Churchill Memorial Trust (WCMT) to support the international travel Fellowship

Study objectives: Until recently, the potential of community pharmacy teams to contribute to suicide prevention has seldom been explored. This will be discussed from an international perspective; then focussed on England, where 1.6million people attend a pharmacy every day, and there has been a proactive commitment to suicide prevention training for pharmacy staff.

Methods and materials: Three studies (2018-2021) will be synthesised to provide a broad overview of the role of pharmacy teams in suicide prevention. They include: 1) Discussions and observations from a WCMT travel Fellowship to New York, Washington and Nova Scotia; 2) Semi-structured qualitative interview study including twenty-five community pharmacy staff in England and; 3) A survey pharmacy staff in England, to establish attitudes and experiences relating to suicide in pharmacy practice.

Results: Internationally, there are pockets of practice aimed to enhance the role of pharmacists in suicide prevention. This includes exploration of community pharmacy teams' role in Canada, USA, Australia and the UK; and the introduction of mandatory training on suicide prevention for pharmacists in Washington, USA. In England, we have considered the perspectives of the wider pharmacy team, in addition to pharmacists. Participants described times where they had helped people in relation to suicide but had no training in doing so thus welcomed this concept. In England, community pharmacies were funded to complete Zero Suicide Alliance training by March 2021

Conclusion: There is an overall recognition from pharmacy staff, researchers and charity groups that community pharmacy could be a setting for suicide prevention activities. Patient and public involvement work and informal activities suggest that this view is shared by patients and the public, but this needs further exploration through formal research. It is imperative that we learn from the successes and challenges of implementing training for community pharmacy teams in England to understand how this might translate worldwide.

35.4: Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): A feasibility trial

Presenter: Pooja Saini[1] (Reader in Suicide and Self-Harm Prevention)

Co-Authors: Anna Hunt[1], Peter Taylor[2], Catherine Mills[3], Caroline Clements[4], Helen Mulholland[5], Cecil Kullu[3], Mark Hann[4], Rui Duarte[5], Felicity Mattocks[6], Else Guthrie[7], Mark Gabbay[5]

[1] Liverpool John Moores University; [2] The University of Manchester; [3] Mersey Care NHS Foundation Trust; [4] The University of Manchester; [5] The University of Liverpool; [6] Penny Lane Surgery; [7] The University of Leeds

Study objectives: People who self-harm are at high risk for future suicide and often suffer considerable emotional distress. Depression is common among people who self-harm and may be an underlying driver of self-harm behaviour. Self-harm is often repeated, and risk of repetition is highest immediately after an act of self-harm. Readily accessible brief talking therapies show promise in helping people who self-harm, but further evaluation of these approaches is needed. A brief talking therapy intervention for depression and self-harm, has been designed for use in a community setting. This mixed methods feasibility study with repeated measures will examine the feasibility and acceptability of the Community Outpatient Psychological Engagement Service for Self-Harm (COPESS) for people with self-harm and depression in the community compared to routine care.

Methods and materials: We will recruit 60 participants with a history of self-harm within the last six months, who are also currently depressed, to take part in a feasibility single blind randomised controlled trial (RCT). We will randomise participants 1:1 to receive COPESS plus treatment as usual (TAU) or TAU alone. Recruitment will take place via GP practices and self-referral. Assessment of feasibility and acceptability will be assessed via quantitative and qualitative methods including measures of recruitment and retention to the trial, participants' experience of therapy, completion / completeness of outcome measures at relevant time-points and completion of a service use questionnaire.

Results: Preliminary findings indicate good uptake of the trial that is exceeding the predicted recruitment rates and an improvement in the participants who have taken part in the trial intervention (n=7) compared to the control treatment-as-usual-arm (n=7). Qualitative interviews indicate acceptability of the intervention by therapists delivering the intervention and participants receiving the intervention. All study findings will be shared at the conference by which the trial data collection should be complete.

Conclusion: The results will indicate whether it is feasible to conduct a definitive trial to determine whether COPESS is a clinically, cost-effective intervention for those who self-harm in the community. The qualitative and quantitative data will help identify the potential strengths or challenges of brief community-based interventions for self-harm.

36. Title: What's really going on? Exploring self-harm and suicide experiences within LGBTQ+ people
Submission # 92103
Chair: A. Jess Williams
Introduction

LGBTQ+ populations are known to be incredibly vulnerable to poor mental health, extending to self-harm and suicidal thoughts or behaviours, due to multiple biopsychosocial factors. This symposium will present various research portfolios considering the experiences of LGBTQ+ individuals and their experiences of self-harm and suicide.

Within the symposium, there will be a variety of populations considered as part of the LGBTQ+ umbrella, a particularly relevant discussion among LGBTQ+ research at the moment. Data from LGBTQ+ young people as a broad group will be presented, as well as projects which consider particular identities within LGBTQ+; transgender, non-binary and bisexuality. By clustering these presentations within this symposium, it will highlight where influential experiences which lead to self-harm and/or suicide overlap among LGBTQ+ folks and where there are distinctive differences. The projects represent a range of innovative methodologies and discuss the impacts of minority stressors, microaggressions and mental health to self-harm and suicidal thoughts and behaviours. This will allow discussion of how to best target self-harm and suicide reduction and prevention across and among the LGBTQ+ umbrella.

All speakers are early career researchers presenting unique research, from an overview of their PhD outline to specific ongoing studies. Preliminary or final results will be presented for the majority of studies.

36.1: Feasibility and Acceptability of Experience Sampling Methods among LGBTQ+ Young People with Experiences of Self-Harm and Suicide

Presenter: A. Jess Williams[1,2]
Co-Authors: Jon Arcelus[3], Ellen Townsend[2], & Maria Michail[1]
[1]Institute for Mental Health, School of Psychology, University of Birmingham, UK; [2]Self-Harm Research Group, School of Psychology, University of Nottingham, UK; [3]Institue of Mental Health, Division of Psychiatry and Applied Psychology, University of Nottingham, UK

Study objectives: Young people who identify as LGBTQ+ have markedly higher rates of self-harm and suicide compared to cisgender, heterosexual peers. Experience sampling methods (ESM) have the potential to provide a unique, prospective view of how self-harm and suicide might vary within daily life and what environment, socio-cultural and mental health factors may influence these. This type of method has not previously been used LGBTQ+ young people with self-harm and suicide experiences. The aim of this study is to assess the feasibility and acceptability of using experience sampling through the mEMA app within LGBTQ+ young people with experiences of self-harm and suicide.

Methods & materials: This mixed-method study is built of 3 stages; 1) pre-ESM baseline assessment; 2) 7-day ESM period; and 3) qualitative feedback interview. ESM variables are based on previous findings, which indicated minority stressors, social experiences and mental health are influential to engaging with self-harm and suicide. Across the 7-day period, participants will receive 6 random prompts a day. The final prompt of the day will consider their experiences of self-harm and suicide for the last 24 hours. Participants who are 16-25 years old, who have experiences of self-harm and suicide, and who identify as part of the LGBTQ+ umbrella will be recruited.

Results: Descriptive statistics will be presented regarding recruitment and attrition rates. The experiences of taking part in the ESM study, including barriers and facilitators will be discussed.

Conclusion: The findings from this study will inform how well ESM may be used with LGBTQ+ young people, and provide information for future studies. Future research should continue to employ experience sampling methods within LGBTQ+ young people, such that experiences of self-harm and suicide may be temporally pinpointed with influential factors highlighted.

36.2: Trans and non-binary suicide: social determinants, risk, and novel methods to establish causality

Presenter: Talen Wright[1]

Co-Authors: Alexandra Pitman[1] & Gemma Lewis[1]

[1]Division of Psychiatry, University College London, UK

Study objectives: Prevalence and determinants of mental distress have been extensively researched in Lesbian, Gay, and Bisexual (LGB) people, however, this is not the case for transgender and gender diverse people (TGD). LGB research has often included transgender people, however TGD people face a different brand of oppression and stigma that arises from cisnormativity, which is the assumption that people are cisgender (i.e. not transgender), and subsequently builds on the implicit exclusion of TGD people from many sectors in life. Many TGD people report suicidality, with lifetime prevalence of suicidal ideation at 84%, and attempt at 48% in the UK. The current evidence strongly indicates that the experiences of discrimination and stigma play a large role in the suicide disparity, however little is known about how stigma and discrimination affect daily fluctuations in mood of TGD people. Microaggressions defined as "brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, negative slights and insults towards marginalised people" stems from the racialized interactions experienced by black and minority ethnic (BAME) people. Since the inception of microaggression theory it has been extended to other groups of individuals who are politically, culturally, and socially marginalised through structural oppression. Microaggressions can have a cumulative effect on a person's mental health, for example LGBT people, reflected through the use of cissexist and heteronormative language, i.e., that discriminates or stigmatises TGD identities.

There is a paucity of research investigating causal associations between social determinants of poor mental health amongst TGD people and suicidality, this talk intends on highlighting this paucity whilst also introducing novel methodologies that are being employed in the pursuit of establishing causal associations between trans suicidality, microaggressions, and gender minority stress.

Methods & materials: The methods that I am employing in my PhD work, namely Ecological Momentary Assessment, offers real-time assessment of the impacts of microaggressions on suicidal ideation, attempts, and non-suicidal self-injury, and provides robust data for causal inference. I will highlight these methods, their applicability to marginalised communities, and ensuring ethical practice.

36.3: Understanding self-harm amongst non-binary young adults: A grounded theory study

Presenter: Hannah Gosling[1]

Co-Authors: James Lea[1] & Daniel Pratt[1]

[1]Divisions of Psychology and Mental Health, University of Manchester, Manchester, UK

Study objectives: Research conducted in recent years has highlighted significantly higher rates of self-harm amongst transgender and non-binary individuals compared with their cisgendered peers. However, few studies have focused on the experiences of non-binary individuals as separate from binary transgender individuals. Findings from the few studies that have, suggest that non-binary individuals experience higher rates of self-harm and different forms of minority stress compared with binary transgender individuals. Due to the paucity of research in this area, further exploration of self-harm amongst non-binary people is required. The current study aims explore and understand self-harm behaviour and urges to self-harm amongst young non-binary adults. Furthermore the study seeks to gain understanding of what has helped participants to manage self-harming urges and behaviours, as well as the impact of the COVID-19 pandemic.

Methods & materials: Eleven young adults (18-30) residing in the UK were interviewed via video call. Data was analysed in line with a social constructivist grounded theory methodology.

Results: Data analysis is currently ongoing and results will be available for presentation from September 2021.

Conclusion: Grounded theory analysis will allow for the development of a theory that helps aid understanding of the social and internal processes that lead to self-harm amongst young non-binary adults. These results may offer information that can help to inform intervention for non-binary people who self-harm.

36.4: The Self-Injury in Young Bisexual People: A Longitudinal Investigation (SIBL)

Presenter: Brendan. J Dunlop[1]

Co-Authors: Sophie E Coleman[1], Samantha Hartley[1,2], Peter J Taylor[1]

[1]Divisions of Psychology and Mental Health, University of Manchester, Manchester, UK; [2]Pennine Care NHS Foundation Trust, Ashton-Under-Lyne, UK

Study objectives: Bisexual people have been found to have elevated odds for engaging in Non-Suicidal Self-Injury. Research frequently analyses bisexual people as part of a larger sexual minority or LGB (Lesbian, Gay, Bisexual) group, so investigations into the psychological processes behind the elevated risk for this specific group remains unknown. Whilst Minority Stress Theory offers a framework to understand this risk, research is needed to examine specific psychological processes for bisexual people. The Self-Injury in Young Bisexual People: A Longitudinal Investigation (SIBL) study aims to investigate the associations between urges to self-injure and the psychological processes of self-esteem, thwarted belongingness, biphobia and rumination. Such associations will be examined at the same time point, and lagged by one week, to examine whether such processes can predict urges future NSSI urges.

Methods & materials: The design of the study was a six week micro-longitudinal online survey study. The final sample was N=204, aged between 16-25, from 25 countries worldwide.

Results: Statistical analysis using multi-level regressions is currently underway and results will be available for presentation shortly.

Conclusions: If associations exist between self-esteem, thwarted belongingness, biphobia or rumination and self-injury urges, this offers an opportunity for targeted intervention for a bisexual population. Future research should continue to examine bisexual people independently from a wider 'sexual minority' group, given that there are likely to be specific nuanced psychological processes involved in NSSI.

37. Title: Developing emergency department surveillance systems for self-harm: Examples from around the world.

Submission #92120

Chair: Jo Robinson, Orygen & The University of Melbourne.

Introduction: Given the strong association between self-harm (SH) and suicide, robust systems for monitoring SH presentations should be a core element of suicide prevention. However, 15 years after the publication of the World Health Organization's *Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm* the establishment of such systems worldwide remains rare.

In this symposium, we will present learnings from both newly established (e.g., the SH Monitoring System for Victoria and the SH Monitoring System for New Zealand) and older systems (the Hunter Area Toxicology Service and the National Self-Harm Registry Ireland) to provide insight into the challenges in establishing these systems, barriers and facilitators to their ongoing operation, and how findings from these systems have informed SH and suicide prevention clinical practices, policies and initiatives. Insights from this symposium will help others to design and develop similar systems in their respective region.

37.1: The Development of a Self-Harm Monitoring System for Victoria

Presenter: Dr Katrina Witt

Co-authors: Ms Michelle Lamblin, Dr Vlada Rozova, Prof Karin Verspoor, A/Prof Jo Robinson

Study Objectives: Self-harm (SH) prevention is a key policy priority. However, systems for the automated surveillance of SH are rare. We describe a newly developed state-wide system, the Self-Harm Monitoring System for Victoria, Australia.

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 these data.

Results: Using natural language processing (NLP) with machine learning, we have developed a classifier that can be applied to routinely collected ED data to identify SH cases. In order to build this classifier, we firstly manually coded all presentations from the Royal Melbourne Hospital (N episodes = 497,480) over a five-year period (2012–2017) for SH. Experimentation with a number of machine learning algorithms and NLP strategies resulted in a model with 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. Given the relatively rare incidence of SH (<2% of all ED presentations), this approach is promising to enable automation of SH surveillance.

Conclusion: 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 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.

37.2: Development of the National Self-Harm Registry Ireland
Presenter: Paul Corcoran
Co-Authors: Mary Joyce, Caroline Daly, Niall McTernan
Study Objectives: To describe the development of the National Self-Harm Registry Ireland (NSHRI).
Methods and materials In the 1990s, a regional system for monitoring hospital-treated self-harm (SH) was established in Ireland. Development of a national system began in 2000. Since 2006 the Registry has reported on self-harm presentations to all hospital emergency departments (EDs) and selected hospitals with minor injury units.
Results: Around 12,000 self-harm presentations are made to Irish EDs by approximately 9,500 persons annually. There is widespread variation between hospitals in the management of patients who present following self-harm. Trained data registration officers identify and record data for the Registry on cases of hospital-presenting self-harm. Registry staff have had to change procedures so they are localised for specific hospital settings while at the same time aiming to achieve standardised case ascertainment and data collection across hospitals. The NSHRI has had to adapt to health system and hospital reconfiguration multiple times over time. Registry findings supported the rationale for Ireland's National Clinical Programme for Self-Harm, which in turn raised the question of whether the Registry needed to be maintained if more extensive data were collected by the National Clinical Programme. Prompted by the European Union directive on data protection, Ireland belatedly began to address data governance at national and local level and this led to uncertainty about the viability of the Registry. Most recently, the COVID-19 pandemic both restricted the operation of the Registry and increased demand for real-time data from the system.
Conclusion: The NSHRI highlights that there is unlikely to be a one-size-fits-all template for emergency department surveillance systems for self-harm but local variants can achieve our common goals.

37.3: The advantages and disadvantages of four different data collection strategies: lessons from Aotearoa/New Zealand
Presenter: Sarah Fortune
Co-Authors: Sarah Hetrick, Vartika Sharma, Alina Pavolva, Linda Bowden, Luke Barker, Linda Hobbs.
Study Objectives: Despite high public interest, relatively little progress has been made in reducing suicide in Aotearoa/NZ, partly due to lack of good quality data to inform interventions. Hospital presentation for SH is one of strongest predictors of death by suicide, so a comprehensive understanding of this high risk population is essential for suicide prevention. Current data reporting practices in NZ are thought to undercount SH presentations by 50 – 60%.
Methods and materials: We describe the establishment of a SH surveillance system in 3 hospitals across NZ using the WHO best practice approach. We describe our collaboration with the NZ Paediatric Surveillance Unit, a system of national surveillance where self-harm in children younger than 15 years of age has been included.
Results: The advantages and disadvantages of different data collection strategies will be outlined supported by preliminary findings from this system.
Conclusion: Different approaches to surveillance yield different perspectives and benefits. Active relationships with stakeholders are key to success. The opportunity to combine surveillance and enhanced clinical practice in Emergency Department settings is also exciting.

37.4: Using a sentinel unit and case register for hospital-treated deliberate self-poisoning patients in Australia for research opportunities
Presenter: Prof. Greg Carter and Dr. Katie McGill

Study Objectives: We will use the oldest continually operating register for hospital-treated self-poisoning patients in Australia, the Hunter Area Toxicology Service (HATS) in Newcastle, to illustrate how findings from this system have informed SH and suicide prevention clinical practices, policies and initiatives.

Methods and materials: We present findings to demonstrate: the clinical model of in-hospital care, clinical and service cost outcomes, patterns of after-care, identification of highly toxic ingestions, comparison of rates at different centres, changes in rates over time, evaluations of specific clinicians e.g. the Accredited Persons program, evaluations of particular populations e.g. young, old and Indigenous, and the site for intervention trials aimed at reducing repetition of deliberate self-poisoning.

Results: The HATS model of care ensures that almost all (93-97%) presentations receive a mental health assessment, with a shorter length of stay saving more than 1400 bed days per year and a low in-hospital mortality rate (0.2%). After-care referral to the psychiatric hospital is high (28-30%) and was determined by a number of demographic, clinical and clinician experience factors. The Accredited Person (a nurse appointed under the Mental Health Act NSW) preformed comparably to medical officers in discharge decision making. Brief contact interventions (Postcards from the EDge) have been developed and are effective in reducing repetition in a RCT. However, the Way Back Support Service has been ineffective in reducing repetition in a phase 2 historical controlled trial.

Conclusion: Accurate and timely data on deliberate self-poisoning have informed clinical service provision and policy development. Many of the findings have been incorporated into the RANZCP Clinical Practice Guidelines for Deliberate Self-Harm and other international practice guidelines. Evaluation of service developments are also feasible using data from these systems.

38. Title: Peer Support Roles in Workplace Suicide Prevention

Submission #92263

Chair: Sally Spencer Thomas

Introduction

Too often workplaces enrol in an Employee Assistance Program (EAP) and assume they have established a safety net for workplace suicide prevention. Often this benefit is under-utilized and subpar. Peer Support, by contrast, can be integrated into nearly any industry or organization and can lead to better workplace performance, employee retention and satisfaction. Peer support programs have made a positive impact for workforces in fields as diverse as accounting, medicine, transportation and law enforcement. Unlike external professional counselling, peer support can readily happen adjacent to or within the workplace environment, if trained peers are available at the site. An added benefit to peer support also occurs through the 'helper's effect'—those that provide   support   to   others   feel   empowered   and   valued in this role, bolstering a sense of leadership and enabling a renewed and positive relationship to 'work life' as well.

38.1: Delivering and evaluating the 'Bluehats' Suicide Prevention Program in the Digital Climate
Presenter: Mr Brendan O'Dowd[1]

Co-Authors: Dr Kylie King[2], Sharnarra Crawley[1]
Affiliation: 1. Incolink Wellbeing and Support Service; 2. Turner Institute for Brain and Mental Health, Monash University

Study Objectives: Incolink has operated in Australia since 1988 as a manager of redundancy entitlements for workers in the commercial building and construction industry. Incolink strives to provide other services for members including confidential counselling support. Since the late 1990s, research has demonstrated that the suicide risk for construction workers is 53% higher than that of other male workers in Australia. Incolink has been well-positioned to directly address this issue. Their Bluehats program aims to raise awareness of suicide and teach workers to recognise signs of poor mental health in themselves and others, to assist those with suicidal ideation, and to link to appropriate support. During the COVID19 pandemic, Incolink rebuilt the Bluehats from a face-to-face program to a digital, online program. In 2021, Incolink partnered with Monash University to evaluate the program. The evaluation's objective is to understand the implementation and effectiveness of Bluehats in order to optimise the program.

Methods and materials: The mixed-method evaluation draws on: surveys of Bluehat volunteers before and after training and six months later; surveys of workers; and interviews with Incolink staff and Bluehats volunteers.

Results: Preliminary results from surveys of Bluehat volunteers are presented, including: characteristics of volunteers, attitudes towards suicide, confidence and intentions to offer help, mental health, help-seeking intentions, and conformity to masculine norms.

Conclusion: The presentation highlights Incolink's process of adaptivity in developing a suicide awareness and prevention initiative in a changing social climate. Our experience highlights the possibilities for suicide prevention alternatives in an uncertain and changing world.

38.2: Peer Support and the Crisis Response Workforce
Presenter: Sarah Gaer, MA, MassSupport Network

Abstract: The Peer Support Program within MassSupport Network is a FEMA funded Crisis Counseling Program (CCP) managed by Riverside Trauma Center of Needham, MA in partnership with the Massachusetts Department of Mental Health.

Learning Objectives: The goals of the program were to strengthen the sense of community, create positive opportunities to speak openly about mental health and vicarious trauma, prevent burnout among counsellors and clinicians and act as an upstream suicide prevention program.

Conclusion: The presentation will explore the process of designing and implementing the program within MassSupport Network along with results of the program evaluation which examined route of access, helpfulness, assistance provided and impact.

38.3: Peer Support in Construction: Developing a Playbook for Program Development
Presenter: Eduardo Vega, Humannovations
Co-Author: Sally Spencer-Thomas, United Suicide Survivors International

Abstract: Around the globe, public health leaders have identified construction as a leading industry for high suicide rates and substance use issues, and yet, workers in construction are often the least likely to seek mental health services.

As momentum for building a strategy for better psychological safety grew, many realized a concerning gap existed: construction-friendly mental health resources were lacking. Many contractors did not know where to turn when a worker needed help for depression, anxiety, addiction, grief or trauma – let alone suicidal thoughts. Some also realized that those behavioural health services and supports they did have access to were under-used, inaccessible, or subpar. The presenters designed a playbook to help is construction companies, professional associations and trade   partners   through a series of planning and action steps to build out new mental health supports as well as evaluate and enhance those already in place. The goal was to provide practical guidance for industry leaders and their larger workforce communities to ensure that this important work can be easily conducted without disruption to daily business.

Study Objectives: Determine the ideal design and implementation strategy for mental health and suicide peer support programs in the broader construction industry including cultural adaptation in multi-national projects.

Methods: The authors present several methods for workforce analysis, risk and distress evaluation, impact evaluation, and iterative program development engaged with workforce leadership and key stakeholders to develop a transnational approach to construction industry peer support programs.

Results: Peer support playbooks were designed for seven diverse countries and were reviewed by construction workers and leaders for engagement and cultural relevance. Data will be anonymized due to Non-disclosure Agreements.

Conclusions: One size does not fit all when it comes to implementing peer support strategies in large construction companies. Engaged co-development and research into local resources for mental health, baseline knowledge and technical considerations is crucial to foster adoption. Cultural considerations language and socio-economic variables must be pro-actively evaluated in the course of local adaptation for success.

38.4: Construction Working Minds: A Global Resource and Gatekeeper Suicide Prevention Training

Presenter: Sally Spencer-Thomas, Psy.D., United Suicide Survivors International

Overview: Suicide prevention is a personal issue and a family concern, but it is also a public health issue which impacts workplaces. By improving a workplace's commitment to mental health promotion, they can be a key partner in the effort to prevent suicides. Just as workplaces have realized they can make an impact on reducing heart disease by encouraging exercise, they can also make an impact on reducing suicide by promoting mental health by encouraging early identification and intervention. The Working Minds program helps workplaces appreciate the critical need for suicide prevention while creating a forum for dialogue and critical thinking about workplace mental health challenges, and by promoting help-seeking and help-giving.

Working together to achieve zero-suicide construction industry. Lendlease Foundation in partnership with United Suicide Survivors International (USSI) and the Colorado Depression Center developed a 60min suicide prevention training curriculum targeted for construction industry that can be delivered through a network of Mental Health Ambassadors within the trades.

Construction Working Minds was founded in 2016 and is a partnership program of Sally Spencer-Thomas LLC and United Suicide Survivors International. Before the CDC released the seminal report revealing the construction industry's high rates of suicide, the founders had already been working for three years to support early adopting contractors and union leaders to be more proactive in preventing suicide. One of the first groups to make a commitment to suicide prevention was the SMART (Sheet Metal Air Rail Transportation) Union.

The Construction Working Minds website offers the construction industry tools and resources for "upstream, midstream and downstream" suicide prevention. In 2020 it was translated and transculturated into eight languages for nine countries. It is the only international suicide prevention resource to have this global footprint.

Objectives of Construction Working Minds

- To educate and create awareness of suicide prevention in the construction industry
- To create a forum for dialogue and critical thinking about construction mental health challenges
- To promote help-seeking and help-giving behaviours within the construction industry

Methods and Results: The website analytics and preliminary program process and outcome results (pre- and post-test of five cohorts of train-the-trainer certification graduates) will be shares.

39. Title: Crisis support in the COVID-19 context: International perspectives

Submission #92253

Chair: Thilini Perera (CEO – LifeLine International)

Introduction

"Maintaining and enhancing mental well-being of the public over the period of epidemic is as important as curbing the spread of the epidemic" (Cheung, Chau and Yip, 2008, p. 1231)

Across the globe, citizens have been and are experiencing significant disruption to their daily lives as part of the response to the COVID-19 pandemic.

Anxiety about the virus itself, coupled with public health policies, such as physical distancing, that are designed to halt its spread, continue to impose a profound real-time and ongoing effect on those citizens.

As such, measures designed to safeguard mental health and prevent suicide form a vital and ongoing part of the international response to the virus.

Here, from the perspective of four (4) international crisis support/helpline service providers, we will present on the challenges and opportunities in the COVID19 context.

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.

39.1: Taiwan Lifeline Actions To Safeguard Mental Health Under COVID-19

Presenters: Julian Lee & Howard Chen-Yu Ho (Taiwan Lifeline)

Since the start of COVID-19 outbreak, the world has seen unprecedented impact, including in Taiwan. As of March 2021, under the full effort of national public health and medical systems, the total number of COVID-19 cases in Taiwan were 1,030, with 10 deaths. However, between May and July 2021, the new virus variants caused an outbreak in Taiwan that saw total cases rose to 16,000, with over 800 deaths. The 2-month lockdown impacted every facets of life, including Taiwan Lifeline operations and services.

All meetings were cancelled, notably among them Taiwan Lifeline Annual meeting, and 6 of 24 centres experienced temporary closure at various times during the lockout. However, the other 18 centres remained operational throughout and actively helped ease the stress caused by the lockdown.

Throughout all these, Taiwan Lifeline still strives to provide more and better services to cope with increased service demand due COVID-19, and identifies three key actions that we have found helpful in dealing with the pandemic:

1. Advocate for primary prevention and self-protection;
2. Improve system functionality to ensure ongoing service delivery;
3. Change meeting protocols to reduce the infection risks;

Looking forward, Taiwan Lifeline is working towards several critical tasks to address the ongoing impacts of the pandemic:

(1) enable volunteers to take crisis support calls from home;
(2) further propagate the use of online tools;
(3) strengthen the ability of working with children and adolescents whose stress is often overlooked; and
(4) undertake all these initiatives whilst maintaining the quality and integrity of the current hotline service.

During the pandemic, we discovered that some underlying factors will first have to be considered: the vulnerability and yet irreplaceability of an online network, and the ongoing need for urgent instant support from the live call service. These factors will formulate our next strategic steps to address the four critical tasks.

39.2: Initiatives During COVID-19 That Will Also Continue Going Forward

Presenters: Jetha Devapura & Ranil Thilakaratne (CCCline 1333 - Lifeline Sri Lanka)

Through adversity has come greater diversity for CCCline1333 (Lifeline Sri Lanka) as we focus to best serve the community during the COVID-19 pandemic.

CCCline1333 is a single centre Lifeline service in Colombo, Sri Lanka. During the curfews that followed during the height of the pandemic, we were not geared to answer calls from anywhere other than from our centre. Within days we implemented a makeshift system that allowed our centre Manager to transfer calls to the homes of our Crisis Supporters (CS). We were able to keep our 24-7 operation running with reduced Crisis Supporters until restrictions were eased.

This has given CCCline1333 (Lifeline Sri Lanka) the confidence to implement a cloud-based system that will allow our Crisis Supporters to answer calls from home. Previously this was only an idea, which had many questions regarding the security of the caller and the Crisis Supporter. This system will allow greater diversity of Crisis Supporters from across the Island to deliver a better overall caller centred service. This would also assist CCCline1333 (Lifeline Sri Lanka) with a request from a corporate organisation for an EAP program, which we hope to trial this year.

"1333Bikeathon Out of the Shadows", our major annual awareness and fundraising event continued despite no international riders being able to participate. This 13-day 1333km cycle ride around the Island concluded on World Suicide Prevention Day 2020 with a first time "Let'sTALK & Walk". Let'sTALK is a program and movement to encourage people to talk about their concerns before they escalate to bigger issues including mental illness and even suicide.

We also saw an increase in domestic violence and other issues exacerbated by the lockdown. This prompted CCCline1333 (Lifeline Sri Lanka) to deliver "Let'sTALK with 1333", a series of online forums conducted in 3 languages. These forums have continued after the lockdown with topics relevant to post lockdown.

39.3: Funding and challenges for a historical community-based organisation like Lifeline PNG; how impacCOVID-19 has impacted people.
Presenters: Mary Njeri & Paula Baker (Lifeline in Papua New Guinea)

Papua New Guinea: The population is approximately eight million people speaking more than 800 languages. PNG is arguably the most culturally diverse nation on earth. Papua New Guinea is among the most rural and geographically isolated countries in the world and gained formal Independence from Colonial rule in 1975.

There is little information about counselling practices in Papua New Guinea that provide insight into the emotional and social issues that have confronted people. The major churches in PNG supported the opening of Lifeline in the early seventies, at a time when problems were surfacing or were evident in the lives of people brought about by urbanisation and the introduction of modern living. As an independent service, Lifeline is Papua New Guinea's oldest counselling service and is unique in providing services to Papua New Guineans from all over the country.

PNG communities currently face significant challenges and there is widespread concern about how people have coped during the pandemic and how they understand the goal of living with COVID-19. Lifeline can make a significant contribution to relieving these concerns and supporting PNG communities to confront these challenges. COVID-19 has created vulnerability and therefore more demand. That demand for services is difficult to respond to because of the lack of funding and increase of fear and trepidation in the community. The focus of this presentation is the increasing need to support the help-seeking practices of people who live with uncertainties about COVID-19 during lock-down periods, and the risks this poses for women in particular. An increase in operational support and resourcing is needed to develop a standard of practice knowledge in health communication to support people seeking help and crisis support. This presentation contributes to raising awareness of the historical role Lifeline has played as a long-standing counselling service in the PNG community.

39.4: Lifeline's Journey Through The Pandemic In Safe-Guarding The Mental Health Of Australians And Managing Our Crisis Support Services
Presenter: John Brogden (Lifeline Australia)

Operating for over 57 years, Lifeline is Australia's largest suicide prevention service provider, with a vision of an Australia free of suicide. Lifeline Australia has 23-member organisations. Together, these organisations form a network of 41 Lifeline Centres operating in all Australian states and territories.

Our network delivers digital services to Australian people in crisis wherever they might be, whenever they are needed and on the platform in which they are most comfortable accessing our support. Examples include Lifeline's 13 11 14 crisis line; an online Crisis Support Chat service; a suicide Hot Spot Service targeting known suicide locations; and a range of online self-help and referral resources. Lifeline Centres also deliver accredited education and training programs focusing on suicide awareness and prevention and community-based suicide prevention initiatives, including support services for those impacted by suicide (for example, counselling and bereavement groups).

Off the back of consecutive disasters in Australia including drought, bushfire and particularly COVID-19, demand for Lifeline's phone, chat and text services has never been higher: Lifeline currently supports over 97 000 Australians each month via our digital services, representing a 20% increase to pre-pandemic contact volumes. With an uncertain, but protracted, timeline to national recovery from the pandemic such record levels of demand are projected to continue.

Meeting that demand during the COVID-19 pandemic posed a variety of challenges including significant losses in revenue, and increased complexity as regards service delivery including migrating community programs online. Lifeline also pivoted to online recruitment, training and retention of our mainly volunteer digital service workforce.

Moving forward, Lifeline envisages an Australia in which capabilities for flexible service delivery - accelerated by the pandemic - are embedded into business as usual. For the same reasons that demand for Lifeline's services has never been greater, progress towards delivering a wholistic, digitally-integrated service system should be a national priority. Lifeline services will be embedded across that network, with live service performance and workforce capacity driving referral to Lifeline services across social platforms, websites, apps and low-intensity mental health service providers.

Lifeline stands ready to play its part in that national system, supporting people to connect, and moving towards an Australia free of suicide.

40. Title: Research update on the Papageno effect
Submission #92250
Chairs: Thomas Niederkrotenthaler, MD, PhD and Mark Sinyor MD
Introduction

After more than 5 decades of media research which have focused nearly exclusively on harmful media effects (the Werther effect), there has been a belated, substantial focus over the past decade on characterizing and potentially harnessing media focused on mastery of suicidal crises in an effort to reduce suicides (the Papageno effect).

In this symposium, we will provide a research update on the evidence of possible Papageno effects. *Dr. Sinyor* will present on a set of ecological population-based studies on traditional and social media in Canada. *Prof. Stack* will present new evidence about decreases in suicides after the release of fictional movies featuring individuals who go on to master their challenging circumstances after a suicide attempt. Furthermore, *Dr. Kirchner* will provide results from a randomized controlled trial to assess effects of the *It Gets Better Project*, which targets LGBTIQ+ adolescents with narratives of hope delivered by other LGBTIQ+ persons who mastered their own difficult life situations during the coming-out process. Given the increasing complexity of suicide research assessing different types of narratives when studying the impact suicide-related stories, *Dr. Metzler* will round up the symposium, presenting on a machine learning approach to differentiate Papageno narratives from other suicide—related narratives on Twitter.

40.1: Overarching Media Narratives and Subsequent Suicides: Evidence for the Papageno Effect in Canada
Presenter: Mark Sinyor

There is a substantial research literature characterizing the impact of media reporting on suicide, mainly focused on harms following particular story types (e.g. a celebrity suicide) or details included (e.g. a suicide method). These findings are reflected in responsible reporting recommendations which generally highlight specific putatively harmful details to avoid as well as details to include that may make media items safer (e.g. links to crisis resources). In recent years, however, there has been an increasing focus on narratives of mastery of suicidal crises that may result in lower subsequent suicide rates (the Papageno effect). This presentation will synthesize results from a series of studies of associations between traditional and social media exposures and suicides in Ontario Canada. It will discuss the potential impact of these types of exposures both in general and specifically related to large media events such as a celebrity suicide and a national mental health awareness day. It will present results that are highly consistent with the theory of social learning and the notion that identification is an important mediator of imitative acts. Specifically, the findings support the conclusion that Papageno narratives, those with the overarching themes of survival and mastery, are likely to reduce suicide rates while narratives emphasizing hopelessness and death likely increase them.

40.2: Papageno Stories Predict Lower Suicide Rates, An analysis of 64 cases in American Feature Films, 1950-2002.
Presenter: Steven Stack
Co-author: Barbara Bowman

Objectives. There have been more than 150 studies assessing the effects of publicized suicide stories on suicide rates. Widely publicized stories (especially ones about celebrities) provide

negative role modelling contributing to suicide. In contrast, research on the impact of positive role modelling where a suicidal person masters their demons or challenges (Papageno effect), on suicide rates has remained understudied. The present study contributes to the latter literature. METHODS. Suicide deaths refer to the annual number of suicides per 100,000 for the years 1950-2002. Data are from the U.S. Public Health Service. Films containing "Papageno suicide attempts" (attempts followed by mastery) were obtained through a search of seven online film bibliographies. The sample is restricted to films with box office sales in the top 50 (Variety and Mo-JO Box office). A total of 125 suicide attempts were located, and the films were watched (94%). 64 suicide portrayals met inclusion criteria: a suicidal person who attempts suicide, but ultimately masters their challenging circumstances. Some examples include Bad Seed (1956) and Scent of a Woman (1992). The presence of Papageno portrayals is measured as the number of Papageno suicide attempt cases per year (mean=1.15, range 0-6). Adjustments for possible covariates of media impacts are incorporated: the unemployment rate, divorce rate, and rate of church attendance. RESULTS: The results of a multivariate analysis, controlling for the other predictors, showed each additional exposure to a Papageno story decreased the suicide rate by .111 units (b= -.111, t=-2.98, p=.004). Both divorce and unemployment rates were associated with increases in suicide while church attendance with lower rates. The model explained 83.9% of the variance. CONCLUSION. This is the first, large study confirming a Papageno effect for feature films. Future research is needed using monthly suicide rates to capture shorter term effects.

40.3: Effects of 'It Gets Better Austria' suicide prevention videos on LGBTQ youth: randomised controlled trial

Presenter: Stefanie Kirchner

Co-authors: Till, B., Plöderl, M., & Niederkrotenthaler, T.

Study objectives. To test the effects of Austrian 'It Gets Better' suicide prevention videos (IGBP) on LGBTQ adolescents and to assess differences in effects with gender, presence of depressive symptoms, and sexual orientation.

Methods and material. We conducted a double-blind randomised controlled trial between January 2020 and November 2020. LGBTQ youth aged between 14 and 22 years (n=483) were randomized to watch either a selected IGBP video featuring a personal narrative of empowerment and coping (n=242) or an unrelated video about healthy lifestyle (n=241). Data on suicidality (primary outcome; RFL-A), depressive symptoms (PHQ-9), help-seeking behaviour (GHSQ), hopelessness (Beck Hopelessness Scale), mood (Affective State Scale), and sexual identity (LGBIS) was collected before (T1), immediately after exposure to the video (T2), and after a follow-up of 4 weeks (T3). Identification with the featured protagonists was assessed with the Cohen's Identification Scale. Linear mixed models were used to analyse the data. A mediation analysis was used to explore effects of identification on suicidality.

Results. There was no overall effect of the videos on suicidality. Regarding secondary outcomes, help-seeking attitudes improved (T2: mean change within group MC=0.25 (95% CI 0.15 to 0.35); Bonferroni-corrected P<0.001, mean difference compared with control group MD=0.28 (95% CI 0.01 to 0.54); Bonferroni-corrected P<0.05; d=0.09). For nonbinary/transgender individuals, a small-sized improvement in suicidality was observed (T2: MC=-0.20 (95% CI -0.39 to -0.02);

Bonferroni-corrected P=0.01, MD=-0.54 (95% CI -1.01 to -0.08); Bonferroni-corrected P=0.02; d=-0.10). The effect was most pronounced among nonbinary/transgender individuals with severe symptoms of depression (T2: MC=-0.62 (95% CI -0.95 to -0.29); Bonferroni-corrected P<0.001, MD=-0.63 (95% CI -1.47 to 0.22); Bonferroni-corrected P=0.15; d=-0.07). In regard to sexual orientation, hopelessness decreased in participants identifying other than homosexual or bisexual at T2 (MC=-0.13 (95% CI -0.25 to -0.01); Bonferroni-corrected P=0.03, MD=-0.12 (95% CI -0.42 to 0.19); Bonferroni-corrected P=0.46; d=-0.03) and T3 (MC=-0.24 (95% CI -0.40 to -0.07) Bonferroni-corrected P=0.002; MD=-0.18 (95% CI -0.48 to 0.12); Bonferroni-corrected P=0.23; d=-0.05). The effect on suicidality was particularly mediated through identification with the featured protagonist.

Conclusion. Narratives of personal coping increase help-seeking intentions in LGBTQ youth. Nonbinary/transgender individuals including those with symptoms of depression appear to benefit most from the materials. Video messages such as those provided in the IGBP are a major source of strength for LGBT youth.

This project is funded by the FWF (Austrian Science Fund, project number: P30918-B27)

40.4: A Machine Learning approach to media effects research on suicide: Detecting potentially harmful and protective content in social media postings
Presenter: Hannah Metzler
Co-authors: Hubert Baginsky, Thomas Niederkrotenthaler, David Garcia

Research has repeatedly shown that exposure to suicide-related news media content is associated with suicide rates, with some content characteristics likely having harmful and others potentially protective effects. Although good evidence exists for a few selected characteristics, like reporting on celebrity deaths by suicide, systematic and large-scale investigations of many other characteristics are missing. Moreover, the growing importance of social media, particularly among young adults, calls for studies on the effects of content posted on these platforms. This study used natural language processing and machine learning methods to automatically label large quantities of social media data according to characteristics considered important for media effects research on suicide.

We manually labelled 3200 English tweets using a novel annotation scheme, which differentiates postings based on their type of topic, underlying problem- vs. solution-focused narrative, and serious vs. nonserious/metaphorical use of suicide-related terms. After splitting this dataset into a training and test set, we trained different machine learning models, including a more traditional (TF-IDF) as well as two state-of-the-art deep learning models (BERT, XLNET), on several classification tasks. Most importantly, we classified postings into six content categories that might differentially affect suicidal behaviour: personal stories of either suicidality or coping (i.e., Papageno-related tweets), general messages intending to spread either awareness or prevention-related information, reporting of suicide cases (i.e., Werther-related tweets), and other suicide-related or off-topic tweets. In a further task, we separated postings that refer to actual suicide from those that use suicide-related terms in a metaphoric, sarcastic or other irrelevant way.

In both tasks, the performance of the deep learning models was similar, and much better than the traditional approach. When classifying the six content types, the BERT model correctly classified 74% of tweets in the test set, and F1-scores lay between 55% to 85% for the different categories of interest (above 70% for all but the suicidality category). Furthermore, BERT correctly labelled 88.5% of tweets about vs. not about suicide in the test set, achieving F1-scores of 92% and 73% for the two categories. These classification performances are comparable to the state-of-the-art on similar tasks, and demonstrate the potential of machine learning for media effects research. By making data labelling more efficient, this work will enable future large-scale investigations on harmful and protective effects on suicide rates and help seeking behaviour for different characteristics of suicide-related content.

Workshops

1. Title: Core components and requirements for the detection and prevention of suicide and self-harm clusters and suicide contagion.
Facilitators: Ella Arensman, Ruth Benson, Nicole Hill, Jo Robinson

Abstract:

Public health interventions for suicide prevention
The surveillance of suicide and self-harm is essential to public health approaches to suicide prevention and can facilitate the timely detection and prevention of suicide clusters and suicide contagion.
This workshop covers the latest evidence regarding the surveillance, detection, and prevention of suicide clusters in the community. The workshop will present evidence regarding the establishment and evaluation of suicide and self-harm surveillance systems as well as best practice strategies for the prevention and mitigation of suicide and self-harm clusters, including recent evidence from a nationwide trial of the #chatsafe intervention for preventing suicide contagion.
The four presentations in the workshop include: 1) Ongoing monitoring, evaluation and replication of suicide surveillance systems drawing on a case example from the National Self-Harm Registry Ireland; 2) An overview of methods for detecting suicide clusters including statistical methods associated with suicide and self-harm cluster surveillance; 3) The core components of effective suicide cluster response frameworks and barriers to implementation; 4) Lessons learned from the #chatsafe social media campaign to facilitate discussion about how social media can be used to mitigate the risk of suicide clusters.
Participants will be asked to engage in a series of group discussions that explore the core components of effective cluster detection and prevention strategies and will have the opportunity to discuss ways in which these strategies can be adapted to better address the needs of their local community.
At the conclusion of the workshop, participants will be able to:

1) Identify key issues relating to the surveillance of suicide and self-harm and the detection of suicide clusters.
2) Analyse the core components required for a multidisciplinary response to suicide clusters
3) Identify key stakeholders and their roles for responding to a suicide cluster.
4) Assess the readiness of their community for responding to a potential suicide cluster.
5) Identify the key components of cluster response strategies which require adaptation to meet the individual and cultural needs of the community at risk.
6) Identify new and innovative approaches that are being conducted by communities affected by suicide clusters.

2. Title: **SAFE: 1-2-7 Safety Conversation**
Facilitator**:** Assoc Prof Manaan Kar Ray

Abstract

Safety plans are central to suicide risk management. The process of safety planning intentionally identifies risk that has not been addressed and thus informs risk assessments and guides clinical decisions to provide safe and effective person-centred care. The evidence based, Safety Planning Intervention Plus (SPI +), has been shown to almost halve the odds of suicidal behaviour over six months. However, time constraints, resources, staff training and attitudes hinder large scale roll out. As a result, many patients navigate the high risk first week with no safety plan in place. A time and resource efficient practical alternative, with similar efficacy to SPI+ is urgently needed.

1-2-7 provides a realistic, time limited alternative to SPI+ and focusses on fostering empathic conversation through 10 safety enhancing questions. It engages the person and when appropriate their family in problem solving and thinking around scenarios which may occur within the first week after a mental health crisis or discharge from inpatient stay. It is a semi-structured conversation guide. The prompts are framed around daily events that matter to people. 1-2-7 begins with a focus on the first hour post discharge and the pragmatics of what may happen when a person gets to where they stay. It then establishes how the person will occupy themselves over the following two days and whether they have the necessary supports. The conversation then turns to how the risk may fluctuate adversely over the coming week and how some of these risks can be mitigated. The goal is to identify triggers, early warning signs, internal coping and socialisation strategies, reducing access to means and using family / professionals to navigate crisis.

In the workshop each of the 10 questions will be discussed as to what they may reveal. This knowledge will then be linked up using the four links in the chain of safety planning:

- **Presence:** 1-2-7 is a way of showing genuine curiosity about a person's wellbeing and creating relational safety in the moment – understanding shown by a fellow human being is far more protective than any form that a practitioner can fill up. The workshop will discuss practical techniques that will help to stay in the moment, share the person's darkness and avoid the temptation of jumping to the safety plan.
- **Process:** 1-2-7 is a way of helping the person connect the dots and engaging them in guided discovery to create ownership of the plan. The journey is as important as the destination. The

workshop will discuss the pragmatics of guided discovery so that the person in distress can see that the answers lie within them and that suicidal urges can be mastered.

- **Practice:** 1-2-7 is geared towards connecting the person to their strengths and assets. The practice is solution focused and the conversation is meant to equip the person with practical steps that they can take. The workshop will introduce the SOLVE technique to co-produce solutions with the person.
- **Plan:** The final link in the chain is the plan itself. The 1-2-7 conversation is distilled into actionable steps that the person can take to maintain their safety and navigate crisis.

The safety plan is made meaningful and worth the effort through the presence, process and practice of 1-2-7. Participants would be reminded of how to use empathy and hope to create safety all through the conversation.

The second half of the workshop will build on the preliminary 1-2-7 safety conversation into a more detailed safety plan using the SAFE framework from PROTECT. SAFE uses the risk response balance sheet approach in which risks are broken down into smaller chunks and each aspect is responded to in a nuanced fashion. The goal is to give everyone (person, family and friends and professionals involved) the confidence that suicidal urges can be mastered and navigated, all the while capturing hope for the journey ahead. It has four key components which has been constructed into the easy to remember acronym SAFE.

- **Scenario Planning:** How will you respond to risky scenarios?
- **Access:** How will you limit access to means, alcohol and other drugs?
- **Family/Friends/Follow up:** Who are the people in your support network?
- **Emergency:** What will you do in an emergency?

Using case based discussions, the workshop will bring to life each of these important aspect of safety planning. The goal will be to equip practitioners with skills that they can immediately use when assessing or supporting a person in suicidal distress.

3. Title: LivingWorks SafeTALK workshop: An introduction to Suicide First Aid skills training
Facilitators: Jorgen Gullestrup, Renee Tsatsis, Belinda Connell, Lorna Hirsch, Robyn Lawrence, Glenn Holmes

Abstract

Introduction:
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.
Livingworks workshop will introduce a group of up to 30 attendees to attend an evidenced-based safeTalk workshop, where they will develop Suicide First Aid skills and be able to consider who the intervention training may fit into their organisational program/s and/or staff/individual professional development.
Overview.
The safeTALK is alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper.

Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognise these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST (a two-day intervention training)

Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK-trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

Workshop features:

- Presentations and guidance from a LivingWorks registered trainer (in this case three in attendance)
- Powerful audiovisual learning aids
- The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe
- Hands-on skills practice and development

safeTALK helps expand the reach of suicide intervention skills in communities around the world.

Who should attend?

safeTALK offers valuable skills to everyone 15 and older and 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.

For the IASP conference in particular, as many of the delegates (researchers and practitioners) now incorporate lived experience into their co-design of programs and research investigations, the Suicide First Aid skills may provide an added layer of duty of care when undertaking their work: with that in mind we hope to evaluated the attendees and share with IASP as a learning outcome for these professions post the conference.

safeTALK workshops are provided by registered LivingWorks trainers. In order to facilitate the workshop, trainers must attend a safeTALK Training for Trainers (T4T) and extensively study the program. They must also participate in a rigorous quality control process and maintain their skills by presenting safeTALK workshops on a regular basis.

In addition to the trainer, each safeTALK workshop includes a community resource person. The community resource person is on hand to recommend suicide prevention connections that can assist someone at risk. Referring someone to these connections is an important part of the safeTALK model. In addition, the community resource person can provide assistance and support if any participants are struggling with the subject of suicide in the workshop.

Expectations?

safeTALK is a powerful experience. You can expect to feel challenged, empowered, and hopeful. The safeTALK trainer will demonstrate the importance of suicide alertness and help you identify

ways people invite help when they're at risk. safeTALK's steps provide a simple yet effective method to engage with people at risk and connect them with resources that can carry out a full-scale intervention. At the end of the workshop, delegates have a chance to practice these skills firsthand. All in all, you can expect to leave safeTALK with practical knowledge of how to identify someone at risk and link them to life-saving resources.

Continuing Professional Development (CPD) points

Many organisations and licensure boards will provide CPD credits for attending safeTALK. CPD is now an established requirement for people in the helping professions. It is designed to improve competency and promote high standards of care. Meeting CPD requirements is part of maintaining practitioner registration in Australia.

While each of the professions has its own requirements, many will accept a range of learning activities, provided that these are relevant to the practitioner's role and can be shown to contribute to goals associated with their professional development and learning plans. In some cases, providing as well as attending workshops may contribute to meeting these requirements. The content of the program, as well the credentials of the training team or presenter, are among the important things to consider in deciding whether a particular program meets the CPD requirements of a particular practitioner.

LivingWorks programs are provided by registered LivingWorks trainers who have received formal preparation for their roles and work with standardised LivingWorks manuals and materials.

Detailed information and templates available on the LivingWorks North America website may also assist in deciding whether a particular LivingWorks program meets the professional development learning goals of a particular practitioner. These templates could also be submitted as documentation in support of recognition of a particular LivingWorks program for CPD credits.

safeTalk link with ASIST.

Although safeTALK and ASIST are separate programs, they are designed to complement each other. The two-day ASIST workshop provides skills to intervene with someone at risk, working with them to help them feel less overwhelmed and suicidal. Perhaps most importantly, the ASIST model also involves creating a safety plan to avoid the danger of suicide in the future.

It would not be possible to learn and practice all of the ASIST skills in safeTALK's half-day timeframe, although many who attend safeTALK later decide to take ASIST. What safeTALK does do is help participants identify people who are at risk, confidently ask them about the topic of suicide, and connect them with resources that can help them stay safe. This might be a professional caregiver or someone trained in ASIST—often, they're one and the same! By providing a connection to intervention resources, safeTALK offers an important avenue to assistance when people need it most.

Many communities and organisations use both safeTALK and ASIST. By working in concert, people with safeTALK and ASIST training create a larger, more effective network of suicide intervention resources. The result is that those at risk of suicide are more likely to have their invitations for help recognised—and more likely to get the help they need in staying safe.

Additional outcomes:

Attendees will walk away with certificate of attendance on completing the workshop, and have ongoing access to LivingWorks staff throughout and after the conference.

4. Title: The Laughter Clinic
Facilitators: Marc McConville

Abstract

Introduction

As the saying goes, laughter is the best medicine, so join professional comedian and suicidologist Mark McConville as he presents "The Laughter Clinic Workshop". For individuals suffering from psychological distress and for those health professionals who work with them and in the suicide prevention sector in particular, the benefits associated with humour and laughter are worthy of consideration. Research studies have yielded promising results regarding the ability of humour and laughter to help increase resilience and improve levels of self-efficacy and optimism. Humour use has also been associated with improved coping strategies and higher levels of global and social self-esteem. Additionally, previous research has found that increasing some individuals use and enjoyment of humour can result in decreased levels of perceived stress, anxiety, and depression. While the ability to maintain a good sense of humour is commonly regarded as being psychologically beneficial, there is however evidence to suggest that the style of humour employed by an individual may either serve as a protective factor or indeed a risk factor for depression and in turn suicidal ideation. In previous research aimed at investigating the relationship between humour and psychological well-being, four styles of humour have been identified. The two humour styles of (Affiliative, Self-Enhancing) have been shown to be adaptive or beneficial to psychological and psychosocial well-being while the two humour styles of (Aggressive, Self-Defeating) have been identified as being maladaptive, or detrimental to psychological and psychosocial well-being. In 2017, Mark McConville (the presenter) conducted a pilot study of his Humour and Laughter Education (H.A.L.E) program which in turn formed the basis of his thesis for a Masters Degree in Suicidology at Griffith University. The aim of the study was to determine whether an individually delivered educational program which combined the theories and principles of humour therapy, laughter therapy and Cognitive Behavioural Therapy CBT could reduce baseline levels of depression, anxiety and stress as measured by the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) (DASS). ABOUT THE PRESENTER The Humour and Laughter Education (HALE) program was developed and facilitated by Mark McConville (the presenter). Mark is an accomplished Stand-Up Comedian, MC and Keynote Speaker and has been working in the Australian entertainment industry since 1998. In 2018 Mark graduated from Griffith University with a Masters Degree in Suicidology, he subsequently was appointed as Adjunct Lecturer at The Australian Institute for Suicide Research and Prevention AISRAP, based at Griffith University. There are 3 aspects of Mark's life that he carefully combined to formulate the Humour and Laughter Education Program. Firstly, his 21 years of experience as full-time professional comedian, secondly, Mark has over 15 years of lived experience battling and overcoming depression and thirdly, his formal qualification of a Masters Degree in Suicidology. The result is a psychological well-being program developed from the unique perspective of someone who on countless

occasions has received positive feedback from audience members of how the laughter they experienced during a comedy show had helped improve their mood, or how it had acted as a pleasurable distraction from personal psychological distress. The results of the 2017 pilot study indicated positive outcomes for all participants. Constructs of depression, anxiety and stress all exhibited a decrease over the five sessions as measured by the DASS, while the biggest decline was observed for depression which saw an approximate 10-point decline from weeks 1 to 5. DASS scores for anxiety and stress symptoms displayed drops in scores of approximately 3.5 and 7 respectively. Constructs of the four humour styles showed an increase in the use of both styles of adaptive humour, affiliative and self-enhancing. While the data collected from this research demonstrated various positive outcomes for participants, as is the case with many new fields of study, there were limitations. The limitations of this pilot study included small number of participants (7), resulting in an inability to detect true power and undertake more appropriate statistical analysis in the obtained differences on measures post HALE. Another limitation of this study lies with the exclusive use of self-report questionnaires for the assessment of psychological well-being. Further to this, at the time of the study, all participants were under the clinical care of a psychologist, therefore, it is wise to acknowledge the limitations associated with drawing conclusions as to the effectiveness of the program to improve psychological well-being. Despite these limitations, the strength of this study is that it has investigated previously untested methodologies relating to the individual delivery and tailoring of humour and laughter therapy, and its findings display a level of consistency associated with previous research. The results have also contributed to new knowledge around what is helpful for increasing individuals' use of self-enhancing humour to reduce psychological distress.
THE LAUGHTER CLINIC WORKSHOP
In this 1-hour Laughter Clinic Workshop Mark will provide participants with an overview of the 5 sessions that make up his unique 'Humour and Laughter 'Education (HALE) Program. Workshop participants will gain an understanding of how this innate, uplifting aspect of human emotion can become a key component in helping to reduce the rate of suicide and attempted suicide. In this interactive workshop Mark also highlights the importance of using humour and laughter to support ourselves and others who work in the challenging field of suicide prevention. The workshop also includes such interactions as the 'future thinking task' and the 'what makes me happy exercise'. Also included are practical tools and strategies designed to help participants increase their daily exposure to humour and laughter, the formula of which is aimed at increasing connectedness while also reducing feelings of hopelessness and isolation. Participants will also learn about the 4 hour styles and how they relate to psychological well-being, while also being encouraged to increase their use of Affiliative and Self-Enhancing styles of humour. The workshop combines methodologies from humour therapy, laughter therapy and cognitive behavioural therapy into the one educational model. The uniqueness of the program is that it is focused on the individual and their personal style or sense of humour.

Sense of humour is something that is unique to everyone. What makes a police officer laugh may indeed offend a primary school teacher, but does that make it wrong? Many emergency services personnel and defence force personnel use humour as a way of coping with high levels of exposure

to traumatic events, it is widely regarded as a mature coping mechanism. We now live in an age of ever-increasing political correctness, where sometimes we can forget to 'Respect the individual's right' to find something funny, regardless of whether it is in line with our own personal sense of humour or not. The use of humour is an age-old way of forming and strengthening 'Relationships', whether it be in our personal lives to increase our feelings of connectedness to others, or in our professional lives as a way of enhancing the therapeutic alliance between the clinician and the patient.

A personal note.

For the past 3 years I have been involved with the Triumph Over Trauma program which is run by the not for profit foundation '4 Aussie Heroes'. The program is an 11 day live-in, rehabilitation type Program, delivered in a rural environment, made up of evidence-based and evidence-informed sessions and activities, specifically for military and first responder personnel, past and present, who are suffering and struggling with PTSD and related mental health issues. My involvement has been as a session facilitator delivering my Laughter Clinic presentation.

Personally, I have derived great satisfaction in being able to assist in the rehabilitation process for military and first responder personnel who are suffering from PTSD and other mental health issues, as a result of their service to our Nation and our Communities. Below are just some examples of feedback that has been provided by course participants in relation to my sessions.

"Massively helpful, more need to hear him"

"Swapped my dark thoughts with humour, laughter and logic that I can relate to"

"A brilliantly devised way of using the lighter side of life to help us poor buggers"

"What a presentation - I certainly won't forget it, and there is no doubt his message is helping with my recovery" With these final words from Gerry Garard, the Executive Chairman of the 4 Aussie Heroes Foundation. "There is absolutely no doubt in my mind that the more vulnerable individuals who can experience your personally developed and presented "Laughter Clinic", the greater benefit to our Community"

5: Withdrawn

6. Title: Novel Approaches to Suicide Risk Assessment: PROTECT – PROactive detection
Facilitator: Manaan Kar Ray, Marianne Wyder, Ella Arensman

Abstract

Learning Objectives:
- At the conclusion of the workshop the participant will understand the factors that influence clinical decision making in the context of suicidal distress.
- At the conclusion of the workshop the participant will be able to use a simple and effective post-assessment crosscheck tool to counter undue influences on decision making.
- At the conclusion of the workshop the participant will be able to document a meaningful risk formulation which can enhance safety and guide future treatment.

Abstract:

One of the most difficult challenges for a Psychiatrist is supporting the recovery of a person in suicidal distress. The overwhelming psychological pain makes suicide the salient solution to the entrapment of life. Walking in the shoes of that person is immensely difficult. The goal is to help them see that suicide is a permanent solution to temporary problems. Conventional assessment and management involves taking over control in order to maintain safety. Is there another way? Can safety be enhanced by empowering the person and their natural circle of support as equal partners on the road to recovery? There is a dissonance between the reality of those experiencing a crisis, for whom suicide is the perceived solution and those that are caring, who view suicide as the problem. Reconciling these positions is difficult as professionals have to understand the person's pain before they can form a collaborative partnership to enhance safety. To achieve this Psychiatrists have to act as hope vendors. This is a challenging enterprise that needs training and development.

Why attend this workshop?

Without risk there is no recovery but there is a fine line to strike. Through a range of case studies and experiential training, workshop attendees will explore many innovative concepts. The scientific literature has been combined with contemporary practice from two successful initiatives from Cambridgeshire, UK; 333 – a recovery oriented model of inpatient/community crisis care and PROMISE – a programme to reduce coercion in care by enhancing patient experience. The resulting PROTECT (PROactive deTECTion) frameworks operationalise ongoing practice of relational safety in these initiatives. These include empathy in action, rational vs rationalising, despair map, risk response balance sheet, "1-2-7" and "creep – crash – crawl" to name a few. The knowledge and competencies needed are captured in three modules (CORE, ASSESS and ASPIRE) that make up PROTECT. This workshop will cover the three most import chapters from the ASSESS module.

- AWARE (Self-awareness framework): How to balance facts and feelings and make clinical decisions mindful? Mental shortcuts and attitudes that we hold towards suicide considerably influence our clinical decisions. This session will explore factors in the AWARE framework and help participants reflect on their decision making. Key concepts covered in this session will include rational vs rationalizing and the creep crash crawl phenomenon.
- DESPAIR (Formulation framework): How to ground risk thresholds using the DESPAIR map? The use of comprehensive risk tools in time pressured environments is difficult. The DESPAIR session will provide participants an easy to use post assessment crosscheck that will meaningfully increase rigor and involve the person in distress and their families in shared decision making.
- NOTES (Documentation framework): How to capture meaningful narratives that enhance safety both for the person and the professional? Risk formulations need to be comprehensive yet precise. Participants will learn how to capture the assessment, decisions they make and their management plan into coherent plan of action that guides future care.

The workshop will end with the key messages that attendees have been exposed to and provide an opportunity for attendees to reflect on how the learning from the workshop will progress their practice.

PROTECT provides a structured approach to mindfully manage ones thinking, feelings and responses that are needed to steer a person amidst intense suicidal distress towards safety. The workshop will translate the latest research into practice and is applicable across all age groups and diagnostic categories. The

training seeks to bring about a mindset shift in risk assessment and management, moving from "what is the matter with you" to "what matters to you".

7. Withdrawn

8. Title: Development and implementation of telephone-based psychosocial interventions in individuals with recent suicide attempt-A perspective from India
Facilitators: Dr Priya Sreedaran, Dr Ram Pratap Beniwal, Dr Uttara Chari, Dr Triptish Bhatia

Abstract

Development and implementation of telephone-based psychosocial interventions in individuals with recent suicide attempt-A perspective from India

Introduction

Suicide is a major cause of mortality in India. The National Mental Health Survey (NMHS) conducted across India in 2015-2016 showed that 5.1% of the surveyed population had some level of suicidality while 0.3% had at least one suicide attempt in the month prior to survey. According to NMHS, for every death that occurred due to suicide in India, there were around 200 people with suicidality and at least 15 with suicide attempts. In the NMHS, treatment gaps for psychiatric disorders associated with elevated suicidality like depression and substance use, were 85.2% and 91% respectively. While the National Mental Health Program (NMHP) and District Mental Health Programs (DMHP) have played a significant role in alleviating these treatment gaps, these programs have experienced financial and staff shortages that have adversely impacted the programs' objectives.

Individuals with history of suicide attempt constitute a vulnerable population with an elevated risk of death due to suicide. A significant proportion of this vulnerable population does not access formal mental health care systems in India due to several reasons. A large percentage of individuals who attempt suicide in India -irrespective of whether they meet criteria for a psychiatric diagnosis or not- have associated psychosocial stressors. This leads to the inference that there is a role for psychosocial interventions in such individuals along with standard psychiatric treatments.

It is thus important to evaluate the role of additional and alternate strategies in delivery of treatments in individuals with suicide attempt. In low middle-income countries like India with substantial telecommunication services and infrastructure, telephones could serve as a potential mode of primary or adjunctive treatment delivery. Use of telephone-based psychosocial interventions could improve access to healthcare in vulnerable populations as well as address treatment gaps. Telephone and other internet-based applications have already served as vital channels of treatment for a wide range of medical disorders during the current COVID-19 pandemic. In addition, it is essential to evaluate if non-specialist mental health care workers could be trained in delivery of such interventions. These systematic evaluations could contribute to task sharing and help in capacity building to address resource constraints in mental health care systems in India.

In this scenario, we propose a workshop that will outline our experiences in developing and implementing telephone-based psychosocial interventions in individual with suicide attempt in

India. We will discuss our perspective with respect to development of a manualized telephone based psychosocial intervention, assessment of its feasibility, training of non-specialist mental health workers with respect to fidelity of intervention and challenges in implementation of such interventions.

This workshop is based on our experience as principal and co-investigators of a multicentre study titled 'Telephone Outreach in Persons with Suicide attempts-TOPS' initiated in October 2018. This study is funded by Indian Council of Medical Research (ICMR) under the 'ICMR-RMLH-Pittsburgh university Capacity Building Workshop on Implementation Research under NMHP'.

Format of Workshop

Overview: The study is an ongoing randomized controlled trial that compares the efficacy of manualized Telephone Based Psychosocial Intervention (TBPI) to routine Telephone contacts (TC) in individuals with recent suicide attempt. The outcome measures are efficacy of TBPI and TC on suicidal ideation and suicide attempts at 6 months. The study settings are general hospitals in Bengaluru and New Delhi.

Aim: We aim to inform and discuss our experiences in developing and implementing telephone-based psychosocial interventions in individuals with recent suicide attempt.

Points for discussion

- Need for developing and implementing such interventions in India and its relevance to other low-middle income settings across the world.
- Development of manualized telephone based psychosocial intervention and its comparator
- Training of non-specialist mental health workers for delivery of TBPI and TC
- Assessment of feasibility of delivery of TBPI and TC
- Assessment of fidelity of delivery of TBPI and TC
- Implementation of delivery of TBPI and TC and associated challenges
- Impact of COVID-19 on the study

Outcomes expected from workshop

We hope that attending delegates will get a sense of

- Relevance of developing telephone based psychosocial interventions for suicide prevention in high-risk populations in low middle-income settings
- Process of development of manualized telephone based psychosocial interventions
- Process of training of non-specialist mental health workers in delivery of such interventions
- Process of assessment of fidelity of such interventions
- Challenges in implementation of such interventions
- Pandemic related difficulties and strategies to address the same

Oral Presentations

Oral Papers 1 Community/Self-harm

1.1 Title: Management of self-harm: Updated guidance from three Cochrane systematic reviews and meta-analyses

Presenter: **Dr Katrina Witt.**
Co-Authors: Prof. Keith Hawton, A/Prof Sarah Hetrick, Ms Gowri Rajaram, Prof. Phil Hazell, Dr Tatiana Taylor Salisbury, Prof Ellen Townsend
Submission #92409

Abstract

Introduction: Self-harm (SH), which includes all non-fatal intentional acts of self-poisoning (such as intentional drug overdoses) or self-injury (such as self-cutting), regardless of degree of suicidal intent or other types of motivation is a growing problem in most countries. SH is a major social and healthcare problem. It represents significant morbidity, is often repeated, and is linked with suicide. In 2021, the guidance contained in the 2011 NICE guidelines for the longer-term management of SH will be due for updating. Therefore, we have updated our Cochrane systematic reviews, previously published in 2015-16, to provide contemporary evidence to guide clinical policy and practice.

Methods: We considered all randomised controlled trials (RCTs) of specific psychosocial and pharmacological interventions versus treatment as usual, routine psychiatric care, enhanced usual care, active comparator, or a combination of these, in the treatment of adults (over 18 years) and also children and adolescents (up to 18 years of age) with a recent (within six months of trial entry) presentation for self-harm (SH). All RCTs (including cluster-RCTs [cRCTs] and cross-over trials) were eligible for inclusion regardless of publication type or language. An information specialist searched six discipline appropriate databases (to 4 July 2020), using relevant subject headings (controlled vocabularies) and search syntax as appropriate for each.

Results:The present update located 28 new trials of psychosocial interventions for SH in adults (76 independent trials in total with 21,414 participants), 9 new trials of psychosocial interventions for children and adolescents (17 independent trials in total with 2,280 participants), but no new trials of pharmacological interventions for SH in adults (7 independent trials in total with 574 participants). Across these reviews, participants were predominately female, reflecting the typical pattern for hospital-presenting SH.

Conclusions: Overall, there were significant methodological limitations across the trials included in these three reviews, therefore, here the moderate or very low quality of the available evidence. For adults, psychosocial therapy based on CBT approaches (21 trials) is associated with fewer individuals repeating SH at longer follow-up time points (although no such effect was found at the post-intervention assessment based on data from just 4 of these trials). From findings in single trials, or trials by the same author group, both MBT and group-based emotion regulation therapy should be further developed and evaluated in adults. DBT is associated with a reduction in frequency of SH. For children and adolescents, available evidence suggests that further evaluation of DBT for adolescents (DBT-A) is warranted. There is no evidence to support the use of pharmacological interventions for the sole indication of SH in either adults or children and adolescents.

1.2 Title: Reducing suicide through a network of community networks: Evidence from Australia and the Wesley LifeForce Networks program

Presenter: **Amy Morgan**
Co-Authors: Lennart Reifels, Rebecca Roberts, and Andrew Mackinnon
Submission #92353

Abstract

Study objectives: The Wesley LifeForce Program is unique in Australia and worldwide, as a non-government national program supporting suicide prevention networks at a grassroots level. The program works with Australian communities to support the development of local suicide prevention networks. These Wesley LifeForce Networks conduct community-focused activities tailored to local contexts, focusing on interagency co-operation and raising community awareness. Over 100 Networks exist across Australia, particularly in communities at higher risk of suicide. Although community-based approaches to suicide prevention are often recommended, research exploring effects on suicides is rare. This study aimed to examine the effect of the establishment of Wesley LifeForce Networks across Australia on the suicide rate in network catchment areas.

Methods and material: Suicide data from Australia's National Coronial Information System, Department of Justice and Community Safety, were obtained between 2001 and 2017 and mapped to the geographic catchment areas of LifeForce Networks. Control areas without established LifeForce Networks but with similar characteristics were also identified and matched to LifeForce Networks. The effect of network introduction on suicide rates was evaluated with longitudinal models containing fixed effects for site type (LifeForce Network or control), time, and intervention (network establishment), with site included as a random effect to account for the variation in suicide rates between sites.

Results: There were 60 LifeForce Networks included, servicing areas with a population of 3.5 million. Networks varied in when they were established, ranging from 2007 to 2016, with half established in 2014 or later. Across the time-period, suicide rates per 100,000 people per quarter averaged 3.73 (SD=5.35). Longitudinal models showed a significant reduction in the suicide rate of 7.0% after the establishment of Wesley LifeForce Networks (IRR=0.93, 95% CI 0.87 to 0.99, p=.025).

Conclusion: This study found evidence of an average reduction in suicide rates following the establishment of Wesley LifeForce Networks in Australian communities. These findings support the effectiveness of community-led suicide prevention networks.

1.3 Title: Community-based approach to suicide prevention in men through resilience, mentoring and mateship

Presenter: **Glen Wallwork (MA Suicidology)**[1]
Co-Author: Peter Braithwaite[2]
[1]Wesley Mission Queensland, Gold Coast, Australia, [2]University of Sunshine Coast
Submission #92434

Abstract

In Australia and most of the developed world, up to three quarters of suicides are by men, yet current suicide prevention approaches do not engage men in a way that caters for their specific needs. Marcus Mission is a peer led suicide prevention initiative for men that uses a community development framework. The Program was established by Wesley Mission Queensland after being approached by the family of a young man lost to suicide.

This presentation will share:

- process learnings of a community development suicide prevention approach specifically designed to reach men, as well as
- findings of an external evaluation of the impact of the resilience building workshops by the University of the Sunshine Coast.

Commencing in November 2018, Marcus Mission has delivered over 150 Resilience Building Workshops to more than 400 men from eight areas consisting of metropolitan, regional and remote parts of Queensland. These 3-hour workshops are typically held in sports clubs, parks or community centres, which along with other strategies overcome barriers to help-seeking often seen in men. Workshops are also offered online. The workshops aim to empower men with the skills and confidence to build personal resilience as well as equipping them to reach out and support other men. In it, the participants build skills to buffer against prevalent life events linked to suicide in men, such as relationship breakdowns, interpersonal conflict, and financial challenges. After attending 3 core workshops, men have the option to complete final stages of a mentor pathway, including suicide prevention training to reach into their own communities to support other men experiencing challenging life events in their community; so far, over 80 of the 400 men have completed the mentor training. In the external evaluation, participants were 70 men aged 18 years or older that attended a minimum of two of the three core resilience building workshops offered in 2020. Pre and post testing included the Connor-Davidson Resilience Scale and nine open ended questions relating to help seeking and help giving. Qualitative responses were coded for emerging themes, using a thematic analysis procedure. Results did not show a statistically significant increase in total resilience scores between pre- and post-workshop, though some individual items did indicate significant changes (e.g., "I can deal with whatever comes my way", and "I think of myself as a strong person when dealing with life's challenges and difficulties"). Five themes were identified from the open-ended questions: 1) men identified that they could better help themselves and others, 2) men were more aware of suicide and its prevention; 3) men felt that they were more resilient; 4) had a stronger sense of belonging; and 5) greater confidence in themselves. The evaluation adds to the growing recognition that men specific initiatives built around the concepts of community, networks, peers, help-giving combined with help-getting, fellowship and mateship may be particularly effective in decreasing suicide risk.

1.4 Title: Improving suicide and self-harm monitoring in Australia
Presenter: Chris Killick-Moran and James Burchmore
Submission #92507

Abstract

Collection of quality data on suicide and self-harm is an essential component of suicide prevention. Monitoring of suicide and intentional self-harm—how many people harm themselves, when, where and how—can provide a better understanding of the nature of suicide and self-harm in Australia and help determine who may be at increased risk. Reporting of this data can raise community awareness of suicide and self-harm, further research, improve responses and support services for those that need them, and inform the design and targeting of suicide prevention activities. In recognition of the crucial role of data in providing the evidence-base for effective suicide and self-harm policy and service delivery, the National Suicide and Self-harm Monitoring System was announced as a component of the "Prioritising Mental Health Package" in the 2019–20 Commonwealth Budget. The aims of the monitoring system are to improve the quality, accessibility and timeliness of data on deaths by suicide and on self-harming and suicidal behaviours in Australia. The Australian Institute of Health and Welfare (AIHW) has been funded by the Department of Health to deliver the System in collaboration with the Department of Health and the National Mental Health Commission. The project has been developed in consultation with an expert advisory group and user experience working group with active participation from members with lived experience of suicide. The National Suicide and Self-harm Monitoring System is the most comprehensive collation of data to date for deaths by suicide and self-harming and suicidal behaviours. The suicide & self-harm monitoring site (on the AIHW website) brings together—for the first time—existing and new data on suicide, intentional self-harm and suicidal behaviours from national mortality, morbidity (hospitalisation) and ambulance attendance data sources, as well as national survey data. It contains interactive data visualisations and geospatial mapping to illustrate and explore the statistics along with information to assist with interpretation of the data. The AIHW continues to undertake data development activities to address identified data gaps and to enhance the comprehensiveness of available data. The National Suicide and Self-harm Monitoring System aims to make greater use of existing data sources to identify populations at risk and to allow more timely localised responses. A key goal of the National Suicide and Self-Harm Monitoring System is to establish suicide registers in all jurisdictions of Australia. An analytics environment for the development of policy, service planning and evaluation is being developed in collaboration with all jurisdictions and in consultation with an expert advisory group including representatives with lived experience.

1.5 Title: Empowering Faith Leaders to Save Lives
Presenter: **Chaplain Glen Bloomstrom and Tegan Jones – LivingWorks**
Submission #92572

Abstract

Sooner or later, suicide is something every ministry leader will encounter. Whether it's someone experiencing suicide thoughts or a community that needs comfort after a loss, what's important is to be ready. This presentation will provide early evaluation and impact data on the release of a new program specifically designed to educate Faith Leaders on suicide prevention for their congregations. LivingWorks Faith is a ground-breaking skills training program that provides readiness and confidence, blending scriptural wisdom and proven best practices. LivingWorks Faith is designed for all Christian ministry leaders who want to learn to effectively prevent,

intervene, and minister around the issue of suicide in their congregations. It fulfils a significant gap in suicide prevention, by providing tailored and customised learning in suicide prevention, intervention and postvention bereavement support for Faith leaders across the world. LivingWorks Faith begins with an exploration of what Scripture tells us about suicide and how we can prevent it. With skills and story-based curriculum, it provides ways to support faith communities by building hope and promoting life. Faith leaders learn to lead by example in creating an environment where people feel comfortable both seeking and offering help. Learners receive evidence-based skills through the completion of LivingWorks Start online training, featuring simulations and practice. Detailed information and stories help situate these skills in a faith community context. Following extensive consultation and engagement with Christian Faith Leaders, the LivingWorks Faith program has been designed and embedded with the lived experience of leaders who have navigated suicide in their work without the necessary skills or training to guide their practice. Early evaluation data will be presented, including dissemination principles learned, areas for improvement and future needs and roles of religion and the faith community in creating suicide-safer communities. An overview of the tools and guidelines will be provided, so that Faith leaders interested in suicide prevention can apply the program to their cultural context.

1.6 Title: Community-Based Approaches to Male Suicide Prevention
Presenter: **Ed Mantler**
Submission #92406

Abstract

Study objectives: Roots of Hope is a community-based suicide prevention model that supports populations across Canada to reduce the impact of suicide in their local contexts. The model builds upon community expertise to implement suicide prevention and life promotion interventions. Community-based approaches to suicide prevention have been previously used to address depression and may be a useful approach in efforts to reduce the disproportionately high number of male deaths by suicide due to men's preferences for group-based supports and informal settings (Seidler et al., 2016). The purpose of this presentation is to present an overview of community-based suicide prevention strategies, discuss the research that supports this approach for men, and to introduce related projects from Roots of Hope communities as case studies in this approach.

Methods and materials: For this project, we will conduct a non-exhaustive scan of peer reviewed and grey literature to understand the scope of work that has been undertaken in community-based approaches to suicide prevention, and to learn about approaches that have been created for men specifically. We will use case studies from Roots of Hope communities as examples of community-based suicide prevention projects and activities that have been created and undertaken with men in mind. Case studies are documents that highlight the success stories of the Roots of Hope program implementation and include the historical and local context of the community, the identified issue, proposed community solutions and action plans, and key take-aways. They may highlight approaches in one of the five pillars of the Roots of Hope project, which include means safety, awareness, research, specialized supports, and training. Case studies are developed by

Roots of Hope communities in partnership with program coordinators from the Mental Health Commission of Canada. Thus far, 10 case studies have been created in partnership with eight communities.

Results: Roots of Hope communities have developed some projects, activities, and resources for men. These have included awareness training for family physicians and nurse practitioners in suicide prevention among adult men, a mindfulness program for adult men, and awareness campaigns. Other activities, while not designed specifically for men, may be shown to be effective for men after the Research Demonstration Project for Roots of Hope is completed in 2022.

Conclusion: Community-based approaches to suicide prevention may be helpful for reducing the number of men who die by suicide. We will summarize the available research on such approaches and will use case studies from the Roots of Hope project as examples of activities that communities might undertake in their efforts to prevent death by suicide in men.

Oral Papers 2 Indigenous/First Nation

2.1 Title: Preventing Aboriginal and Torres Strait Islander men's suicide in the Kimberley: Development, implementation, and acceptability of holistic prevention framework and intervention

Presenter: **Jack Bulman**

Co-Authors: Lisa Bulman, Megan Williams, Mark Wenitong, and Mandy Gibson

Submission #92584

Abstract

Objectives: The study objectives were to develop and implement a suicide prevention intervention for Aboriginal and Torres Strait Islander men, and examine the intervention acceptability within remote Kimberley communities. First Nations men in the Kimberley (WA, Australia) currently die by suicide at the ASR of 117 per 100,000 persons, over 6 times the rate of their non-Indigenous peers. In response to these disparities, Mibbinbah (a Gold Coast-based Indigenous health promotion charity delivering community healing and violence prevention program for 15+ years) partnered with Men's Outreach service (MOS) to deliver a culturally-grounded prevention intervention. A community-based participatory research (CBPR) approach was utilised with a Steering committee including Elders, community leaders, and men's health researchers established to iteratively review findings, contribute to interpretation, and direct project activities. Focus groups and yarning circles with Aboriginal and Torres Strait Islander men and men's health providers were conducted to identify contributors and components for culturally-effective interventions. This stage revealed the following key findings:

- Capacity-building and empowering approaches were wanted;
- Broad range of contributors were identified, including alcohol, anger, financial and relationship difficulties as well as racism, trans-generational trauma, loss of culture and land;
- Suicide was conceptualised as one of a number of harmful outcomes which result from the identified contributors or risk factors, including violence and over-incarceration.

The 'Be the best you Can Be' initiative was co-designed from these findings including the following content sessions: emotional recognition (identifying triggers and experiences of anger), trans-

generational trauma (racism, lateral violence) identity (loss of culture), responsibility and relationships.

Methods and materials: The program was delivered over 3 full days with ongoing connection and follow-up with facilitators and local service providers key to the intervention model. Post-intervention interviewers were conducted with program participants to explore perceived effectiveness at symptom reduction and acceptability of the intervention in this context, and critical program factors. Interviews were recorded and thematically analysed.

Results: The program was delivered 8 times in the Kimberley since 2019. In total 194 men have attended to date. A total of 98 interviews were conducted. While interviewees consistently reported that they benefitted from the program, thematic analysis of interviews revealed the primary benefits men identified were:

- Having a safe place to for Aboriginal men to be together;
- Acquiring emotional skills to manage triggers to avoid suicidal behaviour and other harmful actions;
- Understanding healing and transgenerational trauma.

Conclusion: This intervention - co-designed from First Nations men's identified concerns - was perceived as acceptable and effective in this remote Kimberley study. This session will outline the culturally-grounded processes employed to develop and deliver a Aboriginal and Torres Strait Islander men's suicide prevention program.

2.2 Title: Discrimination, Indigenous language use and community health services: community-level relationships with Aboriginal and Torres Strait Islander suicide mortality
Presenter: **Mandy Gibson**
Submission #92611

Abstract

Study objectives: Higher suicide rates experience by Aboriginal and Torres Strait Islander young people and young adults has been well-documented, with young men dying at over twice the rate, and young women at almost 4 times the rate of their non-Indigenous counterparts. While the impacts of colonisation, such as community and cultural dislocation, are widely acknowledged as implicit in current Indigenous suicide rates, there has been no examination of the effects of the social and environmental legacies of colonisation (such as racism and exclusion) or the potential protective effects of community empowerment and cultural connectedness to reduce suicide mortality rates. This session will present findings from a Queensland Suicide Registry (QSR) study examining the associations between Aboriginal and Torres Strait Islander suicide rates and community-level experiences of discrimination, Indigenous language use and access to Indigenous-specific health services.

Methods and materials: Age-specific rates (ASRs) were calculated using First Nations suicide fatalities (aged 15-34) 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. Spatial variation analyses of the percentage of the First Nations population of SA2s within one hours' drive from an Indigenous-specific primary healthcare service were used to classify levels of healthcare access. 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 young people and young adults died by suicide at a higher rate in communities where more people reported recent discrimination (RR=1.49, 95%CI=1.12-2.01, p=.005). Communities with greater Indigenous language use had lower suicide rates (RR=1.66, 95%CI=1.11-2.53, p=.011. Rates were lower in communities with greater access to Indigenous-specific and Aboriginal community-controlled health services although not significantly (RR=1.15, 95%CI=0.8-1.61, p=.420.

Conclusion: These findings highlight the need for suicide prevention frameworks which incorporate the unique risk and protective factors of First Nations young people, and provides evidence for novel approaches to suicide prevention, such as trialing strategies to facilitate cultural practices and engagement. This presentation will also explore potential buffering effects of community-level protective factors (Indigenous language use and access to Indigenous-specific healthcare) within regions with more identified risk factors (higher discrimination, remoteness, and lower socioeconomic resources).

2.3 Title: Suicide Related Calls to Emergency Services Involving Aboriginal and Torres Strait Islander People: Enhancing Evidence And Outcomes Using Linked Data

Presenter: **E Heffernan[1]**
Co-Authors: C Meurk[1], ML Steele[1] L Wittenhagen[1] , E Waterson[1], and P Dale[1]
[1]Queensland Centre for Mental Health Research, Brisbane, Australia
Submission #92568

Abstract

Study Objectives: There is a lot to be learnt from understanding the health pathways before, during and after a suicide related triple 0 crisis calls to emergency services involving Aboriginal and Torres Strait Islander people. Examining this data could support the priority intent of reducing deaths by suicide and suicidal behaviour among Indigenous Australians: an issue of major concern for communities and a public health priority. Age-standardised suicide rates among Aboriginal and Torres Strait Islander people are substantially higher than those for non-Indigenous Australians, yet little is known about this critical first contact, including: why the crisis occurred, the type of response received, the mental health correlates and the health pathways and outcomes. The objective of this presentation is to describe the demographic, health and mental health correlates, health services utilisation and care pathways of Indigenous Australians who were the subject of a suicide related triple 0 call to emergency services in Queensland, Australia between 2014-2017.

Methods: Data were linked to a range of state-wide health datasets for a five-year period during 2013-2018, ensuring that data for at least 12 months before and after the first call to Queensland Police Service or Queensland Ambulance Service was available for all individuals.

Results: In our cohort of approximately 70,000 individuals, the subject of 220,000 calls, linked to over 7 million health records, approximately 8,600 individuals who identified as Indigenous. Preliminary analysis indicated that relative to non-Indigenous people, Indigenous Australians were disproportionately represented, on average younger, had higher rates of death due to intentional self-harm, and varied in terms of the dispatch codes and type of first response, use of involuntary assessment, and differed in potentially important ways in the subsequent health assessment.

Conclusions: The findings are unique and critical to the understanding of suicide crisis and responses for Indigenous Australians. These data shed light on a poorly understand, yet frequent and critical occurrence. This information offers an opportunity to better inform service responses, to consider the specific needs of Indigenous people and potentially identify ways to improve outcomes.

2.4 Title: Adapting the Connecting with People Programme within the Aboriginal Community in South Australia
Presenter: **Ian James**
Submission #92546

Abstract

Key issues in suicide and self-harm in Aboriginal and Torres Strait Islander Peoples involve the impact of intergenerational trauma, disconnection from culture, family and lands resulting in loss of identity. Additional factors include experiences of pathologising normal experiences, racism, high incarceration rates, high unemployment rates and substances misuse. Therefore, potential solutions must have Aboriginal cultural safety as key. This is especially relevant with regard to mental health and suicide prevention.

Connecting with People training has been delivered widely across South Australia and has adapted it within the Aboriginal community. It is compassion and values-based and uses story telling whist not being diagnosis driven. Cultural safety sits on a continuum of care starting with cultural awareness as the first step (which involves understanding difference).

With ongoing collaboration with Aboriginal and Torres Strait Islander people, the next step in the learning journey (where self-exploration occurs), is our aim for cultural experiences, competence, wisdom and capability to lead to our training reaching a position of cultural safety where a truly person and culture centred approach is the norm rather than the exception.

We will explore how Connecting with People promotes cultural safety by its content and delivery style: shared respect, shared meaning and shared knowledge. Whilst delivering on country we participated in daily yarning-circles to learn together with dignity and whilst truly listening. The language has also been adapted to respect Aboriginal cultural communication preferences. We will explore the need for strategic and institutional reform to remove barriers to the optimal health, wellbeing and safety of Aboriginal people. Also, we must ensure that individuals, organisations and systems ensure that their cultural values do not

negatively impact on Aboriginal peoples, including addressing the potential for imposing Anglo-centric cultural norms, and impacts of unconscious bias, racism and discrimination.

Individuals, organisations and systems need to ensure self-determination for Aboriginal people and understand the rich cultural and spiritual lives of Aboriginal people. Services must understand the role of cultural cutting and that hearing voices may be normal experience and not necessarily a sign of psychosis. The Connecting with People ethos of harnessing and promoting the strong cultural and spiritual connections of Aboriginal people and adapting language can contribute towards building social and emotion al wellbeing, resilience, and the healing process.

Learning objectives:
- Understand the importance of culture and compassion in suicide mitigation
- Explore the continuum of cultural safety within the Connecting with People Programme
- Explore adaption of language to respect cultural preferences
- Explore how culturally safe, culture-promoting, Safety Plans harness person-centred factors to share hope and build culturally authentic coping strategies

2.5 Title: Risk factors for suicide following hospitalised suicidal ideation and self-harm by Aboriginal and non-Aboriginal people in the Northern Territory of Australia
Presenter: **Bernard Leckning**
Submission #92532

Abstract

Background: The Northern Territory (NT) has the highest rate of suicide of any jurisdiction in Australia, with especially elevated rates amongst Aboriginal residents. Given previous suicidal behaviour is one of the strongest predictors of suicide, it is important to understand how hospitalisations involving suicidal ideation and self-harm may represent an opportunity for prevention.

Study objective: Identify socio-demographic and clinical characteristics of Aboriginal and non-Aboriginal people with a hospital admission involving suicidal ideation and/or self-harm that are associated with a higher risk of suicide.

Methods: A retrospective cohort study was established using linked administrative data to identify all NT residents with a hospital admission involving suicidal ideation and/or self-harm between 2001 and 2013. Individuals were followed up in linked mortality records to identify suicide and other causes of death up to 2015. Model-based cumulative incidence of death by suicide and other causes were calculated to account for competing risks. Multivariable Cox proportional hazard models were used to estimate the relative risk of suicide according to socio-demographic characteristics, type of suicidal behaviour, and psychiatric conditions assessed at the time of index admission and in the year prior. All analyses were stratified by Indigenous status.

Results: After 15 years, 3.7% of the Aboriginal and 2.7% of the non-Aboriginal cohort had died by suicide. For both Aboriginal and non-Aboriginal cohorts, a higher risk of suicide was found amongst males and for each subsequent hospital admission involving self-harm. Importantly, the risk of suicide did not differ by type of suicide-related behaviour at index admission. Additionally, for the Aboriginal cohort, a higher risk of suicide was also associated with diagnoses of severe mental

health conditions at index admission. Estimates of relative risk from the modelling will be finalised prior to the conference.

Conclusion: This study identifies important risk factors associated with suicide amongst a high-risk group that can be targeted through public health approaches suited to the NT context. Further work on the appropriate assessment and management of males and Aboriginal people in the hospital setting is needed to ensure clinical decision-making and aftercare best supports recovery in the community. Reducing the risk of self-harm and its repetition should also help reduce the risk of suicide in the NT. Furthermore, interventions designed for Aboriginal people are most likely to be effective only if they are situated within place-based initiatives that empower communities to address broader social and historical influences.

2.6 Title: Inspiring Hope Though Sources of Strength Among a Pacific Islander Community
Presenter: **Deborah Goebert**
Submission #92177

Abstract

Study objectives: Suicide death rates for indigenous Hawaiians and other Pacific Islanders are amongst the highest in the world for youth, taking a tremendous toll on local communities. Comprehension of community perspectives of suicide and well-being can enhance suicide prevention interventions. The objectives of the study were to culturally-adapt the components of an evidence-based youth suicide prevention intervention, and refine the intervention methodology to align with these adaptations.

Methods and materials: Formative qualitative work was conducted with community members to obtain information on community strengths and program fit. Narrative analyses were emergent and emphasized components for suicide prevention, incorporating cultural auditing to ensure only information about which there was consensus were included in the data set.

Results: Participants highlighted cultural aspects pertaining to the program philosophy, the importance of cultural protocol, local innovation in suicide prevention, and culturally-grounded advancements that give back to their community. This insight was applied to two adjacent but distinct communities to integrate suicide prevention in a sustainable way by culturally adapting the program.

Discussion/Implications: Effective suicide prevention for rural and indigenous youth requires a broad-based community commitment and connection.

Oral Papers 3 COVID-19

3.1 Title: The effects of the COVID-19 pandemic on suicidal ideation: nationally-representative longitudinal study
Presenter: **Phil Batterham**
Submission #92152

Abstract

Study objectives: Very few representative, longitudinal studies have assessed the indirect impacts of the COVID-19 pandemic on suicidal thinking. While clinical data have suggested that treatment for suicide attempt did not appreciably increase during the pandemic, there is little information available on changes in suicidal thinking. There is potential for the economic and social impacts of public health restrictions to influence the mental health of the population, including increased risk of suicidal thinking. This longitudinal cohort study examined changes the prevalence of suicidal thoughts over the first 12 weeks of the COVID-19 crisis in Australia, with long-term follow-up after 11 months.

Method: A representative longitudinal sample of 1296 Australian adults was recruited at the beginning of COVID-19 restrictions in late-March 2020, and followed up every 2 weeks over seven waves, followed by a long-term assessment in March 2021. Suicidal ideation was assessed at all waves based on the final item of the PHQ-9 scale. Key predictors included COVID-19 exposures (direct, financial, employment, social) and other potential predictors of mental health (e.g., existing diagnosis, adversity, demographics).

Results: Suicidal thinking in the past two weeks was reported by 17% of the sample at baseline, with no significant increase or decrease across the 12-week follow-up period or at long-term follow-up. Cox proportional hazards regression indicated that factors associated with suicidal thinking included work/social impairment due to COVID-19, loneliness, financial distress due to COVID-19, history of mental illness, recent adversity and younger age.

Conclusion: These longitudinal data are some of the first to identify the impacts of the COVID-19 pandemic on suicidal thinking. While there was no significant change in suicidal ideation over time, social and financial challenges related to COVID early in the pandemic had a significant relationship with suicidal ideation. The lack of change in ideation prevalence appears to mirror stability in the rate of suicide deaths. A key priority for suicide prevention in a pandemic should be to ensure that vulnerable populations are both clinically and socially supported.

3.2 Title: Victoria COVID19 lock down response - Skills Saves Lives Campaign
Presenter: **Susan Cadman**
Co-Authors: Rach Earle, Marc Bryant, Renee Stasis, and Danielle Cuthbert
Submission #92591

Abstract

In 2019, COVID19 was seriously impacting the mental health of Australians, with a 9% increase in self harm presentations to Emergency Departments in Victoria, along up to March 2019, and with Victoria facing new stage 4 restrictions and uncertainty in other states and with services in high demand and wait times are long, LivingWorks Australia wanted to provide a positive response to support and empower the community. Working with two Government Melbourne Primary Health Networks (PHN), there was an opportunity to create something that empowered suicide first aid trained people to apply their exiting skills to support the local community during lockdown via a new online support platform, Crisis Heroes, as well expand the

number of trained people in LivingWorks online START training which was being offered for free by the PHNs.

A pilot online social media campaign, "Skills Saves Lives", with supporting resources and a dedicated landing page, was developed utilising. Objectives:

- <u>Activate</u>: LWA trained people by making their training virtually visible and enabling them to apply their learned skills
- <u>Recruit</u>: everyday Australians to sign up to LivingWorks Start to support their neighbours and community and expand the network of safety
- <u>Support:</u> Victorian citizens in crisis, to help keep them safe and connect them to care
- <u>Evaluate:</u> the effectiveness of the campaign in activating, recruiting and applying learned suicide first aid skills to support people

The oral presentation will look at the evidence based for how communities can be trained touchpoints for suicide interventions, the process of co-design for the campaign messaging and safe user journey (with community, lived experience, partners and clinical), the early findings from the evaluation and ongoing strategy with using Facebook and expanding to a third Victorian PHN in early 2021. The campaign was developed in a Pandemic crisis environment with many Federal and state Government messaging on wellbeing and accessing mental health and service support. Other messaging was coming from the mental health and suicide prevention sectors. The Skills Saves Lives campaign was a point of difference, whereby it was providing skills for touchpoints in the community to be ready and willing to support someone using those skills, which is important as we know more than 40 per cent of people who die by suicide do not seek clinical help.

3.3 Title: Precipitants and management of acute mental health-related emergency department presentations in Australian children and adolescents during the first ten months of the COVID-19 pandemic

Presenter: **Jackson Newberry-Dupe**

Submission #92502

Abstract

Study objectives: Hospitals across Australia have seen a rise in emergency department (ED) presentations for self-harm and eating disorders in children and adolescents since the beginning of the COVID-19 pandemic. However, the factors precipitating mental health-related ED presentations during the pandemic remain unknown. The aims of this study are to: (1) generate and compare the risk profiles of children and adolescents presenting to EDs with mental health complaints between 1 March 2020 and 31 December 2020 (i.e. the first 10 months of the pandemic) with the same period in 2019, prior to the onset of the pandemic; (2) compare patterns in frequency of specific mental health diagnoses; and (3) compare presentation characteristics in terms of arrival mode, triage category, security response, use of restraints, and length of stay.

Methods and material: We will conduct a retrospective audit of child and adolescent mental health presentations at up to 16 hospitals in Australia between 1 March and 31 December 2019 (pre-COVID group) and between 1 March and 31 December 2020 (COVID group). At each hospital,

the records of 200 patients will be included: 100 for each group (meaning a potential total sample size of 3200 across all hospitals). Records will be randomly selected where >100 patients attended in the specified timeframe. Hospitals will be recruited through EDs affiliated with the Paediatric Research in Emergency Departments International Collaborative (PREDICT) network. Data will be extracted from patient records by trained personnel, using a protocol to capture a range of categorical and continuous variables. Presentations will be identified as mental health-related on the basis of ICD codes. Data to be extracted will include mode of arrival to hospital (e.g. police, ambulance), triage category, use of physical or chemical restraints, security response, demographics, precipitants, preliminary and final diagnosis, length of stay and final disposition at discharge.

Results and conclusion: This is an ongoing study that is expected to conclude in 2022. The protocol received ethics approval in April 2021 and data collection commenced shortly thereafter. We will discuss the background, methodology, emergent patient demographic and risk profiles, and any emerging or expected differences between presentations before the onset of the COVID-19 pandemic and presentations in the following year. With reference to the extant literature, we will comment on the emerging risk factors associated with global pandemics and the role they play in mental health presentations in children and young people.

3.4 Title: Reduced suicidal presentations to emergency departments during the COVID-19 outbreak in Queensland, Australia

Presenter: **Dr Jerneja Sveticic**[1]
Co-Authors: Kathryn Turner[1], Nicolas JC Stapelberg[2]
[1]Gold Coast Health, [2]Gold Coast Health & Bond University
Submission #92594

Abstract

Study objective: The global pandemic of COVID-19 has raised concerns of subsequent increases in death by suicides, as well as non-fatal suicidal behaviours, yet to date, limited empirical data have supported this link. This study examines trends of suicide-related visits to Emergency Departments (EDs) in Queensland, Australia between January 2020 and August 2020. It also seeks to understand whether any observed changes in the volume of suicidal presentations equally affected all population groups.

Methods and material: Data were sourced from administrative datasets of two EDs of the Gold Coast Hospital and Health Services. Suicidal presentations (including cases of suicidal ideation and self-harm) were identified using a combination of filters pertaining to diagnoses, presenting problems and keywords, followed by a manual investigation of triage narratives. Numbers of suicide-related visits to ED between January and August 2020 were compared to the expected numbers during the same period in 2019. Socio-demographic and clinical information relating to these presentations were compared for the period before (March – August 2019; N=3,299) and since the COVID-19 outbreak (March – August 2020; N=3,190).

Results*: From March 2020 onwards, a marked divergence between observed and projected numbers was noted, corresponding to the oscillations in the numbers of diagnosed COVID-19 cases in Queensland. At the peak of the pandemic in March and April 2020, the reductions in suicidal presentations reached 30%. Since the pandemic, significantly more suicidal presentations were by persons younger than 18 years (16.8% vs 15.1%, p=.041), and fewer were by persons of Indigenous background (5.2% vs 6.4%, p=.035). More presentations received a triage score indicating greater clinical acuity (19.5% vs 17.9%, p=.043) and more consumers presented involuntarily (22.2% vs 13.3%, p<.001). At the same time, more consumers were discharged following suicidal and self-harm presentations (78.9% vs 74.4%, p < .001), while fewer were admitted to inpatient care (17.9% vs 19.9%, p =.038) or left ED before being seen (5.4% vs 3.2%, p<.001).

Conclusions*: Observed reductions in suicidal presentations to Gold Coast EDs likely reflect changes in help-seeking behaviour at the peak of the pandemic, with fewer people willing to seek help for suicidality through in-hospital consultations due to fears of contracting COVID-19. Identification of subgroups of consumers with significant changes in suicidal presentations highlights the need for innovative and community-based models of care that are adaptable to the fast-changing circumstances of the pandemic and tailored to the needs of vulnerable groups.

3.5 Title: A national suicide prevention hotline's responses to the COVID-19 pandemic: a qualitative study
Presenter: **I-Ting Hwang**
Submission #92337

Abstract

Study objectives: The COVID-19 pandemic is having profound influences on population mental health and this raises concerns about increased suicide risk. Suicide prevention hotlines could become more important than ever when in-person services are interrupted due to the public health emergency. However, the hotlines themselves may also be impacted by the pandemic. We explored how Taiwan's national suicide prevention hotline responded to the pandemic to maintain its service and meet the callers' needs.

Methods and material: A total of 10 semi-structured interviews were conducted with 4 administrative staff members and 10 helpers of the hotline from August 2020 to January 2021. We invited participants to share their experiences with the pandemic's impact on the hotline and the hotline's responses. The transcripts were coded line-by-line and then analysed using a thematic analysis approach.

Results: To ensure the hotline could maintain its service without interruption during the pandemic, the administrative staff formulated a 3-stage response plan - Stage 1: to implement infection control measures in the hotline office, including measuring the body temperature of people who entered the office, encouraging regular hand washing and sanitizing, and requiring the staff and helpers to wear face masks; Stage 2: to split the administrative staff into 2 groups with non-overlapping working days to ensure having at least 1 group to maintain the service if the other

group has to be quarantined; Stage 3: to move the service to an alternative office if the original office has to be closed due to an outbreak among the staff or helpers. The hotline implemented the Stage 1 plan in February and the Stage 2 plan in March-May 2020, while the Stage 3 plan was never implemented as of the time of the interviews. Participants shared that the callers' concerns related to COVID-19 included the impacts of outbreak control measures, and anxiety related to the fear of contagion and economic stress. In response, the helpers highlighted the importance of active listening and having solution-focused discussions with callers. The administrative staff focused on compiling and passing on updated information about the pandemic and government control policies to all helpers in time. The participants highlighted the importance of trust between the staff and helpers, the information sharing bulletin board, and the online training session which provided knowledge about how the pandemic may influence mental health, which all increased their confidence and skills to respond to callers' concerns.

Conclusion: Findings informed strategies for the helplines to sustain effective services at time of public health emergencies.

3.6 Title: The Influence of Research Follow-up during COVID-19 Pandemic on Mental Distress and Resilience among Patients with Treatment-Resistant Depression: A Multi-Center Cohort Study

Presenter: **Dr Chia-Yi Wu[1]**
Co-Authors: Ming-Been Lee[2], Pham Thi Thu Huong[3]
[1]National Taiwan University College of Medicine, [2]Taiwan Suicide Prevention Center, [3]National Taiwan University
Submission #92289

Abstract

Study objectives: During COVID-19 outbreak, patients with mental disorders can be susceptible to negative psychological consequences. For people with treatment-resistant depression (TRD), governmental policy and research follow-ups were hypothesized to be protective to maintain better mental health in Taiwan. The study examined if regular research engagement for patients with TRD would enhance psychological resilience and decrease mental distress under COVID-19 outbreak in 2020.

Methods and material: The study was nested within a three-year prospective cohort study. TRD was defined as a minimum of two prior treatment failures of adequate dose and duration of antidepressants. A two-group comparison was performed to examine the effect of research follow-up. The follow-up group received regular research interviews, and the control group underwent one assessment-only interview across the study period. A semi-structured questionnaire was used to collect the socio-demographics, psychological distress and suicidality related information (i.e., the Brief Symptom Rating Scale the 9-item Concise Mental Health Checklist), and resilience (The Brief Resilient Coping Scale).

Result: A total of 114 patients participated in the present study, with 46 in the follow-up group and 68 in the control group. The mean age of the participants was 56.9±14.4. Lifetime suicide ideation and suicide attempts were prevalent (95% and 57.9%, respectively). However, during COVID-19 outbreak, the follow-up group experienced a higher level of resilience (37% vs 25%) and

a lower level of mental distress (47.8% vs 64.7%) than the control group. The two groups were not significantly different in all demographic variables or suicide risks at baseline.

Conclusion: The study found that under government strategies against COVID-19, patients with TRD who received regular research follow-ups performed better resilience and less mental distress than those without regular professional support. The need to establish long-term support by mental health professionals for patients with TRD might be crucial particularly under the COVID-19 pandemic.

Oral Papers 4 Strategic approaches

4.1 Title: Snapshot of the National Communications Charter: Reach, awareness and implementation
Presenter: **Amanda McAtamney**
Submission #92610

Abstract

The National Communications Charter (The Charter) provides a unifying document to guide the way we talk about mental health, social and emotional wellbeing, mental ill-health and suicide prevention. The Charter serves as a formal commitment to communicating in ways that are safe, as well as actively working towards increasing help-seeking behaviour, reducing stigma and encouraging collaboration. Since launch in 2018, over 800 individuals and organisations have signed The Charter, with 168 signatories being organisations. These are drawn from stakeholders in the mental health and suicide prevention sector, state and territory governments, and organisations operating in industry, business and media. This presentation will provide an overview of the reach, awareness and implementation of The Charter to provide insight and understanding in how The Charter is supporting organisations and communities. Data and analytics will be presented from organisational signatories and analytics from *Life in Mind* (the national online portal which hosts The Charter). In-depth case studies will also be presented that look at The Charter being implemented, and the benefits and outcomes achieved. This will include South Australia – where The Charter has been signed across multiple levels of government, members of Parliament and at the community level amongst Suicide Prevention Networks. In order to understand the reach, awareness and implementation of The Charter, *Life in Mind* recently undertook an analysis of these organisations, their location, work and type of services they provide. Key findings which will be highlighted in this presentation include:

- The Charter has national reach with organisational signatories located across all states and territories.
- The Charter has good penetration both within and outside of major cities. Importantly, unlike the allocation of funds and mental health services, which disproportionately favour capital cities, the proportion of organisations that were located outside of capital cities (34%) is similar to the proportion of the population living in these areas (~30%).
- Organisational signatories come from a diverse range of industries, with most identifying as not-for-profit (56%), community (35%) and government (31%).

- The Charter has the potential to influence services provided to a large and diverse range of target groups, with Charter signatories providing services to varied groups including the community (73%), those impacted by suicide (73%), adults (70%), those with lived experience (70%).
- Finally, of all organisational signatories 48% indicated that they were involved in, or commissioned research and 40% provided policy.

These results highlight that The Charter is guiding safe and responsible communication around mental health and suicide prevention to a large and diverse number of organisations throughout Australia.

4.2 Title: *Life in Mind* – the national online portal enhancing collaboration and connection across the Australian suicide prevention sector.
Presenter: **Amanda McAtamney**
Submission #92620

Abstract

Life in Mind is a national gateway connecting the Australian suicide prevention sector to each other and the community. Life in Mind aims to support national leadership and a coordinated approach to suicide prevention. Through its collaboration efforts, Life in Mind enables access to current, evidence-based information about suicide data, organisations, programs, services, training, research and policy supports knowledge sharing, collaboration and reduces duplication between organisations and communities working in suicide prevention across Australia.

Since Life in Mind was launched in 2017, it has united government, non-government and community-based suicide prevention organisations, services and activities in a manner that provides the user with tailored information for a particular topic or area of prevention. For users, navigation of suicide prevention information from one centralised portal can improve the user journey to access support services and information to meet their needs.

This presentation will highlight the ways that *Life in Mind* has supported the improved collaboration and connection between Australian suicide prevention sector, researchers and community. Through the use of evaluation data and case studies this presentation will outline how *Life in Mind* is achieving its aims of a more cohesive and connected sector with greater awareness and access to a wide range of resources and research, and supporting the knowledge translation of suicide prevention activity for both the community and sector.

Case studies explored in this presentation will include major collaboration activities including hosting a landing page for the National Suicide Prevention Adviser and Taskforce, the response to the 2019-20 Australian bushfire disaster in collaboration with the National Mental Health Commission and sector to provide a central platform with resources for communities experiencing trauma; development of a Zero Suicide Healthcare framework training directory with ZSIA to provide a simple access point for health workers to identify appropriate suicide prevention training; and hosting the Australian COVID-19 suicide research landing page and other national research projects in collaboration with the University of Melbourne to facilitate knowledge sharing for researchers.

The use of Life in Mind as an online platform and knowledge sharing strategy to support collaboration and communication in suicide prevention is a wide-reaching prevention strategy that allows for continued development of content to respond in an agile way to the suicide prevention needs in Australia. The blueprint for the development of Life in Mind has the potential to be applied to Australia's mental health sector or to an international context to support comprehensive approaches to prevention.

4.3 Title: : Implementing a Systems-Based Approach to Suicide Prevention at a Rural, Community-Based Level: Findings from the Local Evaluation of the National Suicide Prevention Trial in Tasmania
Presenter: **Laura Grattidge**
Submission #92585

Abstract

Objectives: The National Suicide Prevention Trial (NSPT) was implemented across Australia by Primary Health Networks (PHNs) to examine the effectiveness of suicide prevention strategies at a local level, including for defined at-risk population groups. Three regions in Tasmanian comprised one of the 12 chosen sites. The Tasmanian trial site adopted the Black Dog Institute's LifeSpan systems-based framework, and the selected target groups were men aged 40-64 and people 65 years and over. A local evaluation was undertaken by researchers at the Centre for Rural Health, University of Tasmania. This study reports on findings from the local evaluation, relating to the processes found to impact LifeSpan framework implementation at the community level, with a focus on the development and delivery of activities to the selected target demographic groups.

Methods: Data were collected between 2018 to mid-2020. The local evaluation employed a Participatory Action Research approach to engage with local Working Groups and support a process of reflection and action based on emerging findings. A mixed-methods design was used, with quantitative data consisting of a comprehensive local activity dataset (activities *n*=316), qualitative data generated via focus groups and interviews with Working Group members and other key stakeholders (*n*=47), and local Working Group member surveys (*n*=22).

Results: Findings showed preference for delivering activities towards all community members rather than target groups, with local, cultural, and contextual factors informing this preference. There were also difficulties aligning some activities requiring a gender or age-group focus to LifeSpan strategies. Qualitative data showed that several other opportunities and challenges surfaced from implementing a systems-based model within the local Tasmanian community-level. The model provided guidance for initial activity planning, and highlighted strategies that could provide the opportunity to build the capacity of local communities. Challenges centred around the Working Groups' inability to undertake all the strategies at this community-level, with reasons including lack of influence and connections with key industries and peak bodies. Particularly with workplace-focused strategies, to reach the target demographic groups there was a need for engaging senior management of male-dominated industries and residential aged care facilities. The potential trade-off between model fidelity and tailoring to community nuance and need, when taking a grassroots approach to LifeSpan implementation, is also explored.

Conclusion: Evaluation findings highlight a unique regional and rural perspective from this evaluation, relating to both target demographic engagement and the feasibility of community-led implementation of the LifeSpan framework more broadly. It is hoped the findings will inform the planning and implementation of future suicide prevention initiatives employing systems-based frameworks in other regional and rural throughout the world.

4.4 Title: "25% by 2025": Story of the Design, Implementation, and Evaluation of Hawaii's Suicide Prevention Strategic Plan

Presenter: **Dr Jeanelle Sugimoto-Matsuda**
Co-Author: Deborah Goebert
University of Hawai'I at Mānoa
Submission #92509

Abstract

Introduction and Aims: Suicide is a serious yet preventable public health problem that can have lasting harmful effects on individuals, families, and communities. In Hawaiʻi, one person dies by suicide every two days. There has also been an increasing trend in the number of people treated in Hawaiʻi hospitals and emergency departments for non-fatal suicide attempts. Response to such a complex issue requires a strategic and comprehensive approach, as well as sustained partnerships and resources. Strategic planning has been deemed an important building block for effective suicide prevention. The aim of this presentation is to describe the creation, implementation, and evaluation process of the Hawaiʻi Suicide Prevention Strategic Plan.

Methods: The Prevent Suicide Hawaiʻi Taskforce is the state's major community-driven suicide prevention collaborative. Initially formed in 2001, the Taskforce today is a network of over 100 different public and private organizations.

The Taskforce organized a legislative briefing in 2015. As a result, a House Concurrent Resolution (HCR 66) was passed during the 2016 Legislative Session, requesting the Taskforce recommend a strategic plan to reduce suicide in Hawaiʻi by at least 25% by the year 2025 (adapted from the national movement of "20% by 2025"). The Taskforce formed a temporary sub-committee which took on the responsibility of compiling the plan and associated recommendations. Training and technical assistance was also requested and provided by Dr. Jerry Reed, co-convener of the National Strategy on Suicide Prevention.

Results: The resulting Hawaiʻi Suicide Prevention Strategic Plan is now the State's systematic way of responding to suicide. Four core values guide us — Aloha (compassion, unconditional love), Ola (life, hope), Connectivity, and Culture. Objectives fall within five directions:1) Hope: Increase awareness around suicide prevention, with focus on cultural humility in diverse populations; 2) Help: Promote suicide prevention as a core component of our system of care; 3) Heal: Increase hope, help, healing, and wellbeing among those personally touched by suicide; 4) Research: Conduct and support high-quality research and evaluation; and 5) Policy and Advocacy: Ensure policies set the proper foundation for prevention initiatives. The Taskforce is partnering with public

and private agencies to implement resulting activities, and also to continue monitoring implementation of the Strategic Plan.

Conclusion: Often times strategic plans, especially those that are to drive statewide action, are completed "behind closed doors" within a government agency. Therefore, the Taskforce was honoured to provide community voice for the Hawaiʻi Strategic Plan for Suicide Prevention. The goals of the Plan work in concert with the Taskforce's network to inspire hope, promote wellness, increase protection, reduce risk, ensure effective treatment, and support healing.

4.5 Title: Collaborative Suicide Prevention

Presenter: **Dr M.May Seitanidi[1],**

Co-Authors: **Krystin Zigan[2], and Maya Vachkova[3]**

[1]Kent Business School, [2]University of Kent, [3]Leeds Trinity University

Abstract

The impact of suicide is devastating for individuals, their families, organisations and society with almost 1 million suicides globally per year. Some industries are at higher risk than others due to multiple factors. For example, the construction industry in the UK, a male-dominated profession, has elevated suicide rates compared with other occupational groups with 2 people taking their lives every day in the UK. A total of 13,232 suicides by working people were recorded for the period 2011-2015, *10.6% (1,400 people) in construction*. Low skilled workers had the highest risk, *3.7 times above the national average* and within the Construction and Trades industry workers had 1.6 times higher risk of suicide than the national average in men. The UK Government introduced in 2012 a national all-age multi-agency suicide prevention strategy for England calling for local suicide prevention plans. The strategy was updated in 2017 to better target high risk groups and called for broad commitment across government, voluntary organisations, the industry and academia to work together to address and provide improved implementation measures for occupation-based prevention. More recently, this call for multi-sectoral action was repeated in a Deloitte report putting forward the *renewed business case for prevention* by employers in the UK estimating the total cost for poor mental health in the UK to be £45 billion. Despite the government's call for multi-agency suicide prevention strategy and the call of the private sector for employer action, expert discussions indicated that there seems to be limited guidance available on how the collaborative suicide prevention should be implemented. To address this gap in our study we analysed over 50 reports from British public, non-profit and private sectors on a/ the articulation of collaborative suicide prevention and b/ the available guidance on the implementation of suicide prevention. The analysis suggests that despite the progressive articulation for collaborative action, limited guidance is available on the alignment of efforts across socio-economic sectors in general and for specific occupational groups. The analysis calls for improvement of suicide prevention implementation to avoid fragmentation of efforts by focusing on specific occupational groups to provide focused guidance. The development of sector-specific and occupational group relevant implementation guidance for suicide prevention for business,

non-profit organisations and public bodies in sensitive industries, such as construction and trades, is likely to improve the understanding of the roles of actors and set clear expectations regarding an effective multi-agency collaboration.

Oral Papers 5 Crisis interventions

5.1   Title: Peer intervention following suicide-related emergency department presentations: Evaluation of the PAUSE pilot program
Presenter: **Mandy Gibson**
Submission #92552

Abstract

Title: Peer intervention following suicide-related emergency department presentations: Evaluation of the

Study Objectives: The study aimed to examine the effectiveness and acceptability of a peer worker intervention to support people following suicide-related emergency department presentations. Peer workers have been included in mental health settings internationally for decades with peer-support an increasingly utilised model for post-crisis service delivery. However, research on the impact of peer-support on consumers' suicidality remains limited. In the weeks following suicide attempts, the risk for future suicidal behaviours is markedly elevated, particularly for those with complex needs or who are disconnected to healthcare or social support systems. Brook RED, a lived experience community organisation, sought to address this post-presentation period by using the lived experience of peer-workers to provide responsive, holistic, and personally-tailored non-clinical support. The PAUSE (Peer Acceptance, Understanding, Support and Empathy) pilot used peer-workers to provide continuity and coordination of care to support people who had presented to an metropolitan emergency department with suicidal ideation, a suicide attempt, or an episode of self-harm.

Methods: A mixed methods design was employed to examine the pilot program's impact on suicidality and explore program acceptability. A pre- and post- intervention evaluation questionnaire was co-designed with peer workers and included the General Health Questionnaire 28 - Suicide Scale (GHQ-28 SS) and the Adult Hope Scale (AHS). Semi-structured interviews were used to explore program impacts, experiences and identify critical components of the pilot initiative.

Results: In total, 142 people engaged with the PAUSE pilot between 24th August 2017 and 11th January 2020. As 42.5% of men referred and 47.3% of women referred engaged with PAUSE there was no significant gender difference in likelihood of engaging with a peer worker. After working with a peer worker, participants experienced lower suicidal ideation scores which was significant in a Wilcoxon Signed Rank Test (Z=4.842, p<.000). Hope scores also significantly increased (Z=2.789, p=.005). Ten participants were interviewed (6 male and 4 female). All interview participants reported that they believed that the peer support model had helped reducing their

suicide risk. Thematic analysis of interviews revelated that the key reasons identified as to the effectiveness of peer support in suicide prevention were (1) Holistic and responsive support; (2) Ongoing social connectedness; (3) Having peer workers who understood their experiences; and (4) Peer workers treating them like people rather than clients.

Conclusion: Despite the small sample size for this pilot, the findings suggest that peer-support was a suitable model for supporting people during the critical periods following suicide-related emergency presentations. Challenges, lessons learnt from this pilot, future research directions for peer-support within suicide prevention services will also be discussed.

5.2 Title: The LifeSpan RESTORE ED cohort study: What influences willingness for future treatment engagement amongst people presenting for suicidal distress?
Presenter: **Dr Fiona Shand**

Co-Authors: Hannah Rosebrock, Demee Rheinberger, Lisa Sharwood
Black Dog Institute
Submission #92430

Abstract

This paper describes findings from the RESTORE study, a longitudinal cohort study examining the experiences of people who have presented to the emergency department (ED) during a suicidal crisis (suicidal ideation, behaviour, or attempt). Although alternatives to the ED for people in crisis are emerging, the ED remains an important option for some people who experience a suicidal crisis. We examined the predictors of people's willingness to return to the emergency department for a future suicidal crisis and their attendance at follow-up appointments, using data from the baseline online survey conducted across three New South Wales LifeSpan suicide prevention sites and three control sites (N=911). With almost half of people saying that they would not be willing to return to the ED, it is important to understand where EDs can focus their attention to improve the experience of care. We examined predictors of willingness to return using a logistic regression model. Variables entered into the model were experience of service, wait times to triage and treatment, whether a follow-up appointment was arranged within two days of discharge, and the extent to which a comprehensive psychosocial assessment was conducted. Patients who reported a more negative ED experience (measured using a modified 'Your Experience of Service' survey) and longer triage wait times were less willing to return. Those who were less willing to return were also less likely to attend their follow-up appointment. Findings from this study will be important to the reform agenda for health services involved in supporting people who are in crisis. These results will be enriched by the qualitative component of the RESTORE study, to be published this year. Improving the experience of people in crisis at the first point of contact is critical for ongoing engagement and care.

5.3 Title: Evaluating signage as a suicide prevention intervention at hotspot locations

Presenter: Dr Angela Clapperton, University of Melbourne
Co-Authors: Ms Clare Jones, Lifeline Australia; Georgia Dempster, University of Melbourne; Ms Katherine Morgan, Lifeline Australia; Gabrielle Sivertsen, Lifeline Australia
Submission #92539

Abstract

Background: Lifeline Australia (LLA) has been supporting communities for over 10 years to reduce suicides at, what are currently known as 'Suicide 'Hotspots' (specific, accessible, and usually public locations in which suicides are frequent). LLA was funded by the Department of Health (Commonwealth) to improve suicide prevention (SP) and intervention at Suicide Hotspots in Australia. Encouraging help-seeking through help-seeking signages is one of the main methods for SP at these sites. Research has shown that messaging on signage at Hotspots needs to accessible to a person in crisis, meaning that information needs to be succinct and clearly direct a person to seek help. However, what messages are most effective is yet to be determined.

Study objectives: LLA commissioned the University of Melbourne (UoM) to determine whether hotspot signs are associated with greater or lesser effectiveness in decreasing the number of suicides at hotspot locations and to seek the opinions of people with a lived experience of suicide about signage used at hotspot locations.

Methods and material: LLA provided information to UoM about the locations and installation dates of LLA signs at hotspot locations. Signs were classified by their various features, including the nature of the messaging on them and whether they were at a site where a crisis telephone booth was also present. Suicide data for the sites with signage, was extracted from the National Coroners Information System (NCIS) in order to conduct before-and-after analyses to determine whether particular features of signs are associated with reductions in suicides. Semi-structured interviews will be conducted with participants who have lived experience of suicide to seek their views on the signage that is used at hotspot locations. Participants (n=16) have been recruited through the lived experience network of Roses in the Ocean. Interviews will be conducted via Zoom, the first component of the interview will seek to understand participant's views on signage generally and the second part of the interview will seek to understand participant's views on specific signs that are currently used at hotspot locations. The interviews will be audio recorded, transcribed verbatim and analysed thematically.

Results: The two phases of the study are currently being completed so results are pending. It is expected that the results will provide guidance to future implementation of help-seeking signage to assist in its safety, relevance and impact.

Conclusion: This presentation will present the findings from the research as well as the implications for suicide prevention activities.

5.4 Title: Social Workers' Competency in Suicide Prevention
Presenter: **D. Prince Annadurai**[1]
Co-Authors: Beulah Praisy V[2], and Bharath Rathinam[3]

[1] Associate Professor, Department of Social Work, Madras Christian College; [2] MSW student, Department of Social Work, Madras Christian College; [3]Department of Psychiatric Social Work, NIMHANS

Abstract

Objectives of the study: The objectives of the study were to explore the competency of social workers in terms of their knowledge, attitude and ability towards suicide prevention and to understand the relevance of social work practice and education to suicide prevention in an Indian context.

Methodology: The researcher used descriptive design and adopted a mixed research methodology to triangulate the data. Purposive sampling technique was used. The quantitative study was done using a semi-structured questionnaire (self-reported) which was a combination of 3 scales (Literacy of Suicide Scale, Stigma of Suicide Scale and Gatekeeper Behaviour Scale). The questionnaire was circulated online through google forms and 200 respondents were part of the quantitative study. For the qualitative study, an interview guide was used and 10 participated through in-depth interviews which was conducted through online video conference (ZOOM platform).

Results: More than two-third of the respondents were in the age group 20-30 years. Men were 58% and women respondents were 41%. Respondents mean years of experience was 6 years and they represented 13 fields of social work, which included practitioners, researchers and educators. A vast majority (78%) of the social workers did not have a training a suicide prevention. The findings of this study showed that more than two third of the social workers encountered suicidal clients. Social Workers in all fields of social work had come in contact with suicidal clients. There was a significant negative correlation between literacy of suicide and stigma of suicide among the social workers (p=-.184**). The literacy of suicide and the ability of social workers to intervene was positively correlated (p=0.294**). The participants of the qualitative study reported that social workers could play a part in suicide prevention through identification and referral or prevention related activities in whichever setting they employed. They also reported a lacuna in social work education in equipping social workers' ability to handle suicidal clients, however a few participants reported that general social work competencies would help social workers to prevent suicide.

Conclusion: Nevertheless, Social workers encounter suicidal clients irrespective of their specialisation and field of work. Ensuring their training in suicide prevention would help social workers to identify and assess suicidality among the services users who come to their workplace with wide range of psychosocial vulnerability.

Key words: Suicide, Social Work Practice, Social Work Education, Suicide Literacy, Suicide Stigma, Gatekeeper Behaviour

5.5 Title: Systemic Suicide Prevention

Presenter**: Dr M. May Seitanidi[1],**

Co-Authors: Maya Vachkova[2], Gerald Midgley[2]

[1]Kent Business School, [2] Leeds Trinity University

Abstract

Suicide is a global issue that annually claims more lives than homicide, war, breast cancer or malaria. Suicide affects some industries and professions more than others. For example, *male* workers in the British construction industry have a suicide rate 1.6 times higher than the national average. Numerous suicide prevention (SP) initiatives exist in the UK, but the Government is calling for an improvement in collaborative action to implement them. The success of SP hinges on concerted efforts to design, implement and monitor initiatives. There is a need for a deeper understanding of the particular aspects of the British construction industry that impact on suicide and its prevention, including individual organisational structures and processes, as well as the ways in which organisational networks interact. Complex social problems like suicide are characterised by interlinked issues that cut across silos; multiple stakeholder perspectives; different agencies acting at different scales; power relations and conflict; as well as uncertainty about the possible effects of change. It is in addressing complex problems that systems thinking comes into its own, so a systems approach to SP needs to be designed and trialled. There are a number of considerations that make systems thinking potentially useful in this context. First, it can help in facilitating dialogue between multiple stakeholders to develop better mutual understanding, a collective appreciation of the complexity, and co-ordinated plans to be implemented. Second, it brings attention to boundaries and the values that inform them, so initiatives take account of the 'bigger picture' and thereby minimise unintended side-effects. Third, it looks at how the parts of organisational systems cohere to generate effective action, and it builds people's understanding of connectedness and feedback. Risks to SP initiatives include breakdowns in collaboration between networks of practitioners who can each only see a fragment of the bigger picture, giving rise to delays and a lack of clarity on how to act. One such systemic approach, the viable system model (VSM), could be particularly useful in addressing these risks because it helps with organisational design and facilitates clear and responsive interactions between stakeholders. It is inspired by the principle of autonomy (empowering people to make appropriate local decisions to meet the overall purpose of the initiative) and it emphasises the need for efficient interactions between key actors in a system. This project will undertake research with the objective of designing a VSM intervention for coordinated SP within the construction industry. A multi-agency meta-organisation will be designed, together with a digital platform to facilitate a coordinated response to SP.

5.6 Title: A unique collaboration in suicide prevention: The impact of the SUicide PRevention Action NETwork (SUPRANET) in 13 specialist mental health care institutions across The Netherlands
Presenter**: K. Setkowski,**
Co-Authors: A.J.L.M. van Balkom, A.W. Hoogendoorn, G. Franx, M. Verbeek, R. de Winter, and R. Gilissen
Submission #92484

Abstract

Study objectives: For clinicians working in clinical practice, death of a patient by suicide is considered to be the worst possible outcome. Effectively preventing suicides- and suicide attempts is therefore essential. In order to do so, 13 large Dutch mental health institutions (MHIs) within the Netherlands decided to join forces within a SUicide PRevention Action NETwork (SUPRANET). To investigate the impact of SUPRANET, we examined whether this initiative would result in: a) reduced suicide rates, b) increased registration of suicide attempts and c) improved professionals' knowledge and adherence towards the guideline over time. It was expected that MHIs wherein the SUPRANET intervention was arrived as intended, with higher levels of compliance to the SUPRANET quality indicators (safety plan, involvement of families and care takers, waiting list duration), showed better results compared to MHIs doing less.

Methods and material: This implementation study was conducted from January 2016 to June 2020, using an uncontrolled longitudinal prospective design. Data was collected biannually on an aggregated level. We performed a single interrupted time-series analysis (ITSA) to investigate the effects of the SUPRANET activities on reduced suicide rates- and increased registration of suicide attempts over time. A longitudinal multilevel regression analysis was performed to investigate professionals' knowledge and adherence towards the guideline over time. We also looked for possible interaction effects by adjusting for the intended arrival of the SUPRANET intervention as well as for level of compliance for all SUPRANET quality indicators.

Results: A positive, significant effect in registered suicide attempts was found over time for MHIs whereby the SUPRANET intervention arrived as intended and who complied to all SUPRANET quality indicators (p=0.009,95%CI=0.000048,0.00020), compared to MHIs who did not (p=0.287,95%CI= -0.000085,0.00023). No effects on reduced suicide rates were found over time (p=0.910, 95%CI= -0.000140, 01000153). Results remained non-significant after adjusting for interaction effects. Finally, we also found a significant increase in improved professionals' knowledge (p=0.001,95%CI=0.23,0.85) and adherence towards the guideline within the SUPRANET MHIs over time (p=0.00,95%CI=1.40,3.15).

Conclusion: We may conclude that the impact of SUPRANET was visible for several study outcomes, such better registration of suicide attempts over time, and improved adherence towards the guideline among health care professionals. We advise future studies to use a multi-strategy approach, implementing multiple suicide prevention strategies simultaneously, tailored to specific teams, patient groups and organisational factors within each MHI. It is expected that such strategies are essential to achieve the biggest drop in suicide(attempt) rates. Be that as it may, SUPRANET is a unique collaboration, from which its results are of high relevance for mental health services in other countries.

Oral Papers 6 Postvention

6.1 Title: Enhancing our capacity for healing, learning and improvement in the aftermath of a suicide loss in a health care service.

Presenter: **Dr Kathryn Turner,**
Co-Authors: Jerneja Sveticic, Catherine King, Jennifer Panther, Chris Stapelberg
Gold Coast Health
Submission 92531

Abstract

Study objective: Cultural issues, including cultures of blame, can be barriers to learning and the ability to improve following critical incidents. For clinicians working in mental health, involvement in a critical incident such as the loss of a patient to suicide often results in a range of adverse outcomes. In this talk, we outline the concerted efforts the Gold Coast Mental Health and Specialist Services (GCMHSS) has invested over the last 5 years towards achieving a large-scale cultural change aimed at improving processes surrounding critical incidents and better supporting consumers, families and carers and our staff. This work was undertaken as part of the larger implementation of the Zero Suicide Framework and is underpinned by the principles of Restorative Just Culture and Safety II.

Methods and material: In 2018, GCMHSS implemented a Clinical Incident Response Framework (GC-CIRF) through two significant programs of work: 1) the 'Always There' staff peer support program, and 2) a systematic approach to the review of clinical incidents which focuses on acknowledging the complexity of the systems, and embedding a forward looking accountability that supports healing, learning and improvement for all. GC-CIRF was evaluated through periodic staff surveys measuring perceptions of just culture and second victim experience, and by performing an audit of the incident process and comparing the quality and strength of the recommendations resulting from post-incident reviews before and after GC-CIRF.

Results: Staff surveys have revealed significant improvement in staff perceptions of just culture (e.g. in 2019, 60% agreed that the organisation understands that staff may need help in processing and resolving potential effects of their involvement in incidents and offers a variety of resources in overcoming these) and second victim experiences (75% stated that involvement in an incident did not damage the trust and relationship within their team, while only 26% reported that involvement in a critical incident caused feelings of professional inadequacy). Audit of recommendations showed that all indicators of the quality of recommendations have improved since the implementation of GC-CIRF (more specific, measurable, had a single point of accountability, they were realistic, timely, and focused on effectiveness/evaluation). The implementation of GC-CIRF has also had a significant impact on improving the strength of recommendations.

Conclusions: These results demonstrate advances in the support provided for staff following the loss of consumers to suicide, as well as improvements in the quality and outcomes of the reviews conducted in the aftermath of a critical incidents. Combined, these represent a cornerstone of Resilient Health Care, contribute to better patient safety, and support a healing process for all involved.

6.2 Title: Spirituality and religiosity during suicide bereavement: A thematic synthesis of qualitative studies

Presenter: **Austėja Agnietė Čepulienė**

Submission #92338

Abstract

Study objectives: Every year 8000000 people worldwide lose a loved one due to suicide which can trigger a difficult grief process, identity changes, loss of sense of meaning, psychological crisis. Spirituality (defined as a need to search for the domain of Sacred) and religiosity (defined as an organized way to search for the Sacred) (S/R) can be a potential resource during suicide bereavement. However, S/R can also be a source of stigmatization in suicide bereavement process. The aim of this study was to disclose this problematic and under researched topic by synthesizing published qualitative studies focused on S/R experiences during suicide bereavement.

Methods and material: We made an exhaustive article selection from 3 scientific databases (MEDLINE; Web of Science; PsycINFO). We used thematic synthesis (developed by Thomas and Harden) to analyse the data of all qualitative studies on S/R experiences during suicide bereavement.

Results: 7 studies involving 1387 participants and 35 memorials were selected. We identified 5 major themes: the S/R related experience of the deceased as an outer and further existing figure (experiences and beliefs about deceased's existence in afterlife, spiritual connection between the deceased and the bereaved); the need to be helped by the religious community without getting judged (organized religion's members can be helpful for the bereaved in spiritual, emotional and practical ways, organized religion and its members can be experienced as holding on stigmatizing attitudes towards suicide); S/R is experienced without a conscious choice and perceived as external (S/R experiences are perceived as not controllable/external/coming from higher power; S/R is experienced through relationships with other people); consciously reaching towards, leaning on or solving problems about S/R (experiencing S/R related struggles and conflicts about personal beliefs and religious doctrine, leaning consciously on S/R during bereavement); not experiencing or connecting with S/R themes during suicide bereavement (suicide bereavement and S/R are not experienced as related).

Conclusion: S/R can play an important role during suicide bereavement independently of previous religious background. Therefore, professionals who work with people bereaved by suicide, should take into account the need to form continuing bond with the deceased as an outer figure. Spiritual experiences can be felt not necessarily by religious people, therefore, they should be normalised, talked about more openly in secular communities. Religious community can support the bereaved, but stigmatizing behaviour must be confronted by working with worshipers' attitudes towards suicide. Further studies are needed to reach better understanding of S/R experiences and needs during suicide bereavement.

6.3 Title: A study of the wellbeing and experiences of individuals attending a suicide bereavement peer support group

Presenter: **Eve Griffin**[1,2]

Co-Authors: Eimear Ruane-McAteer[1,2], Paul Corcoran[1,2], and Ella Arensman[1,2]

[1]School of Public Health, University College Cork, Ireland; [2]National Suicide Research Foundation, Cork, Ireland

Submission #92579

Abstract

Study objectives: This study examined the physical and mental health wellbeing of individuals bereaved by suicide and their experiences of participating in a suicide bereavement peer support group.

Methods and material: All members of the Healing Untold Grief Groups (HUGG) in Ireland between August 2020 and March 2021 were invited to complete an online survey. The survey captured information on demographic details and experiences of group participation. The following measures of mental and physical health were also included in the survey: wellbeing (WHO-5); depressive symptoms and suicidality (PHQ-9); social adjustment (WSAS); traumatic grief (TGI-SR); somatic symptoms and perceived stigma (subscales of the GEQ). A series of open-ended questions also asked members about their experience of the support groups, particularly their views on participating in the groups remotely due to the Covid-19 pandemic. Results were analysed using descriptive statistics and linear regression models. Open-ended questions were analysed using content analysis.

Results: In total, 73 participants completed the survey. Most were female (84.9%) and the mean age was 44 years (SD: 11.3). The average time since bereavement was five years (SD: 8.9), with one-third of participants bereaved in the past two years. For most, the deceased was an immediate family member or partner/spouse (84%). Participants reported lower levels of overall wellbeing along with a higher prevalence of depressive symptoms and suicidal ideation than the general population. Participants also reported high levels of social adjustment difficulties, perceived stigma, traumatic grief and somatic symptoms. Those bereaved within the previous three years had significantly lower levels of wellbeing (mean diff:-12.1%; 95% CI: -22.0 to -2.1), higher indications of depressive symptoms (+3.4; 0.0 to 6.8), difficulties with social adjustment (+5.3, 0.5 to 10.2) and traumatic grief (9.4, 1.2 to 17.7), than those bereaved for more than three years. There was no difference between the two groups in terms of perceived stigma or somatic symptoms. Experiences of group participation were broadly positive, with participants highlighting the comfort and understanding found in the shared experience of suicide bereavement. There was broad consensus that meeting remotely was not ideal, but better than not meeting at all. Newer members were more positive about online meetings, while those who had experience of meetings prior to the pandemic felt that the virtual environment could not match the experience of in-person support.

Conclusion: These findings will provide a better understanding of the psychosocial and mental health impacts of suicide bereavement and will further inform the development of high-quality

and tailored supports. This study is ongoing and will include follow-ups with new members after 3 and 6 months.

6.4 Title: The ethical complexities of conducting qualitative suicide bereavement research
Presenter: **Kelly Stewart, University of Edinburgh**
Submission #92468

Abstract

Study objectives: This qualitative study explores the complex and multi-layered stories we tell ourselves and others about our experiences of intergenerational suicide. Of the suicide bereavement research that exists, just 24% is qualitative, which suggests a need for research that adds richness, depth and colour – the textures and complexities of intergenerational suicide. The aim of my research is not to seek out the deep underlying causes of *why* suicide runs in families. Instead, it seeks to notice, well, what happens when it does? In this paper, I present the ethical complexities of designing (and getting ethical approval for) a qualitative PhD study such as this. A study involving participants considered 'vulnerable', a researcher considered 'vulnerable' (living with my own experience of intergenerational suicide), in this turbulent time of Covid-19.

Methods and material: This PhD-in-process weaves together narrative inquiry and writing-as-a-method-of-inquiry, informed by intergenerational trauma theory and poststructuralism. This deep exploration invites four participants to engage four times – writing, interview, writing, interview. Throughout the project, I have been writing-as-a-method-of-inquiry into my own story and the way participants' stories land with me. Suicide bereavement, a complex and multi-layered experience, can often be reduced within families to a single 'truth', a public agreed story. This multiple engagement approach seeks to challenge our habitual narratives around suicide. The beginnings of a rich tapestry is emerging.

Results: The salient ethical issues arising for participants and the researcher, both in the ethical approval process and the data collection months leading up to this conference, will be shared.

Conclusion: The ethical complexities of this 'risky' project have been further heightened by Covid-19. An ethical approval process that has been coloured and interrupted. In this paper I present the beginnings of a tapestry of threads and fragments that speak to the experience of intergenerational suicide in families. Adding richness, depth and colour to our knowledge of suicide bereavement.

6.5 Title: Attitudes Toward Suicide Predict Impact of Client Suicide: A Structural Equation Modeling Approach
Presenter: **Ruth Van der Hallen**[1]
[1]Clinical Psychology, Department of Psychology, Education & Child Studies, Erasmus University Rotterdam, Rotterdam, 3062 PA, Netherlands
Submission #92316

Abstract

Study objectives: Suicide, defined as an intentional, self-destructive, self-inflicted act that causes death, is considered a challenging public health dilemma and highly stigmatized phenomenon. Attitudes towards suicide, defined as multidimensional valuations of suicidal behaviour as manifested in emotional, instrumental, and cognitive components, can vary widely between individuals. Attitudes toward suicide in mental health practitioners (MHPs), like psychologists, psychotherapists, psychiatrists, or social workers, and its impact on client suicide, have not been researched extensively.

Method and material: The current study investigated to what extent MHP's attitude toward (client) suicide predicts the short- and long-term impact of a client suicide. An international sample of 213 mental health practitioners, aged between 18 and 75, who experienced a client suicide in the past, completed a survey detailing their general attitude toward suicide (i.e., ATTS-18), attitude toward client suicide and the short- and long-term impact of client suicide (i.e., IES-R-22, LTEIS and PPIS).

Results: Using a structural equation modeling approach, results indicate MHPs general attitude toward suicide explained 14% of short-term, 7% of long-term emotional and 12% the long-term professional impact, whereas MHPs attitude toward client suicide explained 44% of short-term, 65% of long-term emotional and 64% of long-term professional impact. Moreover, MHPs that considered suicide to be a "Rightful Choice" reported less impact of client suicide, while MHPs who considered (client) suicide to be "Preventable" or "Predictable" reported more impact of client suicide.

Conclusion: Taken together, these results suggest that (1) MHPs are significantly affected by client suicide and (2) attitudes toward suicide, in particular attitudes toward client suicide, are important in understanding individual differences in the impact of client suicide. Implication for both research and clinical practice are discussed.

6.6 Title: Using Rule-based system analysis to investigate social support and help-seeking among Italian suicide bereaved
Presenter: **Lorenza Entilli**
Submission #92474

Abstract

Background: Suicide survivors are a fragile population that would need tailored and timely support; however, there is limited research over survivors who have not approached or were not able to access services.

Aims: This cross-sectional study explores the psychological state and perceived social support of Italian survivors, including those who have not sought for help, and investigates differences for gender or kinship with the departed.

Methods: Rule-based system (RBS) analyses identified relationships between social support and reported formal and informal help-seeking behaviour. One-hundred thirty-two (103 females and 27 males) suicide survivors (53 having never sought for support) answered an anonymous online survey. Measures of life satisfaction, wellbeing, perceived social support and suicidal ideation were collected, as well as ad-hoc questions on the informal and formal help-seeking styles.

Results: On average, respondents appeared in rather poor psychological conditions. General obstacles to reaching for support were the fear of being not understood, costs of services, and the lack of specific training of professionals. RBS analysis identified different help-seeking behaviours: survivors experiencing low level of social support may avoid going to a psychologist and resolve to GPs, look for advice in online forums and rely on people out of their narrower informal network such as coworkers. Overall, perceived social support, life satisfaction and wellbeing appeared to be related in this sample of suicide bereaved individuals.

Conclusion: These unique study's results offer insight in identifying which specific areas would be fruitful to investigate while assessing social support in bereaved individuals.

Keywords: suicide survivors, traumatic bereavement, rule-based system analysis, help-seeking behaviour, social support

Oral Papers 7 Community

7.1 Title: Suicide-related Twitter Content in Response to a National Mental Health Awareness Campaign and the Association between the Campaign and Suicide Rates in Ontario
Presenter: **Mark Sinyor, MSc, MD,**
Co-Authors: David Coté, BSc(Hons), Marissa Williams, MSc, Rabia Zaheer, HBSc, Thomas Niederkrotenthaler, MD, PhD, Ayal Schaffer, MD, FRCPC
Submission #92495

Abstract

Objective: Mental health awareness (MHA) campaigns have been shown to be successful in improving mental health literacy, decreasing stigma, and generating public discussion. However, there is a dearth of evidence regarding the effects of these campaigns on behavioural outcomes such as suicides. Therefore, the objective of this article is to characterize the association between the event and suicide in Canada's most populous province and the content of suicide-related tweets referencing a Canadian MHA campaign (Bell Let's Talk Day [BLTD]).

Methods: Suicide counts during the week of BTLD were compared to a control window (2011 to 2016) to test for associations between the BLTD event and suicide. Suicide tweets geolocated to Ontario, posted in 2016 with the BLTD hashtag were coded for specific putatively harmful and protective content.

Results: There was no associated change in suicide counts. Tweets (n = 3,763) mainly included content related to general comments about suicide death (68%) and suicide being a problem

(42.8%) with little putatively helpful content such as stories of resilience (0.6%) and messages of hope (2.2%).

Conclusions: In Ontario, this national mental health media campaign was associated with a high volume of suicide-related tweets but not necessarily including content expected to diminish suicide rates. Campaigns like BLTD should strongly consider greater attention to suicide-related messaging that promotes help-seeking and resilience. This may help to further decrease stigmatization, and potentially, reduce suicide rates.

7.2 Title: Learning from the development of a model of support for the loved ones of a person experiencing a suicidal crisis in Gold Coast, Australia
Presenter**: Shele Liddle,** Wesley Mission Queensland, Brisbane, Australia
Co-Presenter: Elliot Parkinson, Beacon Strategies, Brisbane, Australia
Submission #92267

Abstract

Families, friends and partners who are directly involved in the suicidal crisis of a loved one often have limited access to resources and support options specific to their needs. Queensland Health recognised this and engaged Wesley Mission Queensland to design, test and evaluate a pilot program based on the Gold Coast offering information, education and support to carers of a loved one experiencing suicidality. The program is part of the broader Suicide Prevention in Health Services Initiative led by Queensland Health, which aims to identify and translate the evidence base for suicide prevention in the health service delivery context. Support for carers of people experiencing a suicidal crisis was identified as a priority investment within the Initiative's Action Plan. Wesley Mission Queensland (WMQ), in partnership with Beacon Strategies (evaluation lead) and Roses in the Ocean (co-design lead) and supported by Gold Coast Health and Gold Coast Primary Health Network, delivered the project over the period from January 2020 to mid-2021.

Reflecting the place-based intent of the project, the project partners undertook a structured service design process in early 2020 consisting of:

- establishing a collaborative project steering group to guide, oversee and sustain the delivery of the project
- identifying and analysing current and/or previous models of support for carers relating to suicide prevention or mental health nationally
- undertaking a review of the evidence base relating to models of carer support
- leading direct and meaningful engagement with people with a lived experience of suicide and other key stakeholders to co-design a locally relevant service model

The findings from the design phase of the project informed an evidence-based service model, which was established and piloted over approximately 12 months by WMQ as the 'Crossing Paths' program. Crossing Paths aimed to:

- increase care-inclusive practice
- improve peer support and belonging
- sustain capability and capacity of carers

- strengthen carer wellbeing
- contribute to the evidence base around carer-focused models of support

This presentation will share the outcomes and process learnings of the 18-month carer support pilot captured through a comprehensive evaluation to be finalised by September 2021. The findings and insights generated through the pilot program will be presented in the context of informing and replicating carer-focused models of support specific to suicide prevention into other communities in the future, with a particular focus on areas such as connection pathways, peer workforce development, co-design, service integration and joint governance.

7.3 Title: Community participation in Australia's National Suicide Prevention Trial

Presenter: **Oostermeijer, S**[1]

Co-Authors: King, K[2]., Hall, T[1]., and Currier, D[1].

[1]Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne; [2]Turner Institute for Brain and Mental Health, Monash University
Submission #92305

Abstract

National systems-based suicide prevention approaches are increasingly being implemented, based on the theory that implementing a suite of interventions aimed at different elements of the system will produce a greater reduction in suicide and non-fatal suicidal behaviour than a scattering of stand-alone interventions. The largest Australian systems-based suicide prevention trial, the Australian Government's National Suicide Prevention Trial (the Trial), is being delivered through 11 Primary Health Networks (PHNs) between 2017 and 2021. Each PHN chose a systems-based approach to suicide prevention to implement the Trial in response to community need. Community participation in Trial planning and implementation processes is encouraged. Community participation is likely a fundamental factor in the success of multi-level suicide prevention interventions but can be challenging to undertake. Our study aimed to explore the process of community participation in the early stages of planning and implementation of the Trial. Data was collected as part of the larger Trial evaluation focused on the process of planning and implementation, and on outcomes and effectiveness of the Trial. We completed consultations with 127 community members and 46 Primary Health Network (PHN) staff that were involved in a total of 10 Trial sites. Consultations took place within the first 12 to 18 months of the Trial (between May and December 2018). Thematic analysis was undertaken using a five-step framework analysis of the interviews in NVivo 12. Three main themes were identified: a collaborative PHN, working to establish good relationships with community and focussing on development of community capacity; an engaged and passionate community, while getting the right people involved and stakeholders to collaborate; and a negotiated approach between PHN and community. Community participation was mostly consultative in nature, and generally relied heavily on skilled PHN staff and a co-operative community. Future system-based approaches could benefit from the use of frameworks to guide the community participation process and local plans for community participation using established frameworks and tools. Capacity building in community participation for lead organisations should be an essential part of primary health suicide prevention interventions moving forward.

7.4 Title: 'Valuing lived experience' and 'genuine collaboration' underpin successful implementation of regional suicide prevention interventions: Learnings from the Illawarra Shoalhaven Suicide Prevention Collaborative

Presenter: **Jo Riley**
Co-Authors: Carrie Lumby, Mrie-Claude Lallier-Beaudoin, and Alex Hains
Illawarra Shoalhaven Suicide Prevention Collaborative
Submission #92609

Abstract

The Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) was formed in 2015 when local individuals and organisations recognised that finding solutions to the 'wicked problem' of suicide would require a new way of working together: Working collaboratively and taking a whole-of-community, evidence-based, place-based, "collective impact" approach. The Collaborative now brings together over 40 public and private organisations from community, education, employment, health, Aboriginal organisations, justice, local government, media, research, and transport sectors. Critical to the Collaborative are the 20+ members with lived experience of suicide. Members of the Collaborative work together in equal partnership to co-design, develop, implement and evaluate suicide prevention and postvention strategies, sharing information, resources and power to further the shared mission of reducing suicide deaths and attempts regionally. Since its establishment, the Collaborative has delivered one of the most comprehensive regional suicide prevention efforts ever undertaken in Australia. Achievements to date have included delivering gatekeeper training to over 15,000 community members; delivering school-based mental health awareness programs to 12,000+ students in 30+ schools; distributing 50,000+ 'Where to go for support' cards; running comprehensive media campaigns to reduce stigma; upskilling 335+ health/allied health professionals via suicide intervention skills training; developing an evidence-based aftercare program including a combination of clinical and peer-based support; initiating means restriction measures at a local high-risk site; and co-designing a peer-based safe haven for people experiencing suicidal distress. The Collaborative was a site implementation partner in the Black Dog Institute-led LifeSpan research trial and has contributed at various levels to multiple research studies. In this presentation we will focus on 2 core principles of the Collaborative, highlighting the challenges, success factors, and lessons learned. In discussing the first principle, *'the value of lived experience'*, we will address the long-term, systematic approach taken to build sustainable capacity and capability of both people with lived experience and professionals, and the criticality of governance structures and policies. In discussing the second principle, *'genuine collaboration'*, we will address how we have built shared values and ownership and maintained cohesion and urgency through tough times. In addressing the 2 principles, we will render visible the typically hidden but essential work undertaken by the backbone/support staff team. The presentation will include multiple evaluations and data sources addressing the Collaboratives' work including evidence-based diagnostic tools to assess the 'health' of collaborative relationships, video testimonials, case studies, feedback loops, and survey data. The overall aim of the presentation is to provide the audience with information about how

to increase the likelihood of successful implementation of complex, multistakeholder suicide prevention interventions in their own regions.

7.5 Title: The implementation of the LifeSpan suicide prevention model in New South Wales, Australia: An overview and lessons for the future

Presenter: **Dr Fiona Shand**
Co-Authors: Michelle Torok, Helen Christensen
Black Dog Institute
Submission #92429

Abstract

LifeSpan is a multi-strategy place-based model of suicide prevention that has been trialled in four regions of New South Wales, Australia. The LifeSpan model contains nine evidence-based strategies across health, community, public safety and education, designed to have synergistic effects across each region. The framework is supported by a data driven approach, lived experience involvement, and regional leadership. Work began on the trial in 2016 when implementation research in suicide prevention was in its infancy. With few studies describing the process of implementing multilevel suicide prevention models, this paper aims to provide an overview of implementation and the lessons learned from undertaking a large-scale implementation-effectiveness trial.

Methods: Each LifeSpan site had or established a regional alliance of cross-sectoral organisations and individuals and had a six-month planning period followed by a two-year implementation period. We aimed to have started the delivery of each strategy within the first 12 months of the active implementation phase. The Consolidated Framework for Implementation Research was used to guide implementation. We collected data on fidelity and scale for strategies where it was feasible to do so, as well as qualitative data from key stakeholders about the implementation, and survey data to measure connections across the region.

Results: Strategies most successfully implemented were our education and community strategies, which included a school-based prevention program, gatekeeper training, using data for means restriction, aftercare services, health professional training, and media reporting. Strategies that were more difficult to implement were those that required engagement from GPs, other health services, and frontline agencies. While there was some variation across sites, this finding was relatively consistent across sites. The site coordinators were viewed as critical to the success of implementation, as was an effective regional alliance with strong community and lived experience engagement. Those strategies where we were able to obtain the support of the relevant government department or national policy and funding were most successfully implemented. LifeSpan increased connectivity between key agencies in the regions.

Conclusion: There is no doubt that place-based multilevel models are difficult to implement. Our exploration of implementation factors across strategy-specific, coordination, and governance

levels revealed some key areas for best practice in implementation: the importance of highly motivated site coordinators with access to key stakeholders in their region; the composition and commitment of regional leadership to support site coordinators; the importance of regional alliances with common goals to facilitating network development & action; and the importance of acknowledging, and leveraging, existing experience.

7.6 Title: The Prevent Suicide Hawaiʻi Taskforce: A model of cross-disciplinary and community-driven collaboration to support suicide prevention
Presenter**: Dr Jeanelle Sugimoto-Matsuda**[1]
Co-Authors: Deborah Goebert[1], Brent Oto[2], and Pua Kaninau-Santos[3]
[1]University of Hawaiʻi at Mānoa, [2]US Army Reserves, [3]Prevent Suicide HawaiʻI Taskforce
Submission #92508

Abstract

Objectives: Suicide is a serious yet preventable public health problem that can have lasting harmful effects on individuals, families, and communities. In Hawaiʻi, one person dies by suicide every two days. There has also been an increasing trend in the number of people treated in Hawaiʻi hospitals and emergency departments for non-fatal suicide attempts. Due to the complex nature of mental and behavioural health, coalition-building among multi-disciplinary partners is an essential factor for success of any program or intervention. This panel presentation will discuss the Prevent Suicide Hawaiʻi Taskforce, Hawaii's major statewide suicide prevention network. The Taskforce is a cross-disciplinary statewide model of collaboration, and it may serve as a model for other communities.

Methods: There is research to suggest that grassroots-driven coalitions are most effective in achieving macro-level change such as new policies and laws. Formalized coordination is especially critical for issues such as suicide prevention, as this issue suffers from the "many homes" and "no home" syndromes (i.e., responsibility to address the issue is typically fragmented across agencies or falls through the cracks between them). The Prevent Suicide Hawaiʻi Taskforce is the major statewide, community-driven suicide prevention collaborative in Hawaiʻi. Initially formed in 2001, the Taskforce is now a network of over 100 public and private organizations. Taskforce members collaborate to develop strategies, implement awareness and training events, outreach to individuals and communities affected by suicide/mental health challenges, and monitor suicide prevention efforts in Hawaiʻi.

Results The Taskforce has brought together the major agencies in the State of Hawaiʻi, including health, human services, education, policy, law enforcement/criminal justice, and corrections. Active organizations run the gambit including both public and private, Native Hawaiian, community-based, non-profit, and faith-based. Through collaborative planning and resource-sharing, there are many outcomes to demonstrate the Taskforce's statewide impact. Panellists representing four major sectors will discuss strategies of their respective organizations, as well as initiatives taken on collaboratively. First, a member of the Taskforce's Steering Committee will discuss the statewide strategy. Second, the Chair of Hawaii's cross-service military collaborative

will discuss how he brings together all military branches and the Veterans Administration. Third, a member of the loss survivor community will speak to the Taskforce's activities to engage impacted individuals and families. Finally, an adult coordinator with the Youth Leadership Council for Suicide Prevention will speak to local efforts to train young people in suicide prevention and advocacy.

Conclusion The Taskforce is an effective model for statewide coalition-building around suicide prevention. This presentation will highlight cross-cutting best practices for building and maintaining multi-disciplinary groups.

Oral Papers 8 Indigenous/First Nation

8.1 Title: Aboriginal and/or Torres Strait Islander deaths by suicide in Australia: analysis of data from the National Coronial Information System.

Presenter**: Tessa Cutler**

Submission #92503

Abstract

Background: The fifth leading cause of death for Aboriginal and/or Torres Strait Islander people in Australia is suicide. These deaths are preventable, and the impact of these deaths is significant for family, friends, and the wider community. Improving our understanding of sub-groups of the Aboriginal population and areas of Australia with lower and higher risks of suicide is critical to inform and improve the targeting of services and interventions.

Objectives: This work aims to increase understanding of deaths by suicide among Aboriginal people in Australia by 1) describing Aboriginal deaths by suicide by a range of factors including geographical area, age, sex, and suicide method; and 2) identifying similarities and differences of socio-demographic factors and trends between Aboriginal and non-Aboriginal deaths by suicide.

Methods: This work is ongoing with analysis to be completed as follows. Suicide deaths in Australia from 2001 to 2019 will be identified from coronial data from the National Coronial Information System database. Demographic factors, details of the deaths and geographic factors will be described, and comparisons will be made between Aboriginal and non-Aboriginal deaths by suicide. Overall suicide rates by Indigenous status and age- and sex-standardised rates per 100,000 person-years will be calculated using mid-year estimated resident population and death counts stratified by year, age, sex, and Aboriginal status from the Australian Bureau of Statistics. Sensitivity analyses will be conducted using different ways of categorising Aboriginal status using the available variables.

Results: The analysis for this work is currently underway and will be finalised prior to the conference.

Conclusions: The results of this research will provide information about sub-groups of the Aboriginal population who are at heightened risk of suicide, as well as those with reduced risk and resilience to suicide. It will also detail areas of Australia with higher rates of suicide, and areas that have lower rates. The findings will be interpreted with guidance from the Aboriginal Advisory

Committee involved in this work and the findings will be shared with service providers, policymakers, communities, and researchers to enable improved targeting of interventions.

8.2 Title: Project Yarn Circle: Description and pilot evaluation of a cultural education suicide prevention program for Aboriginal and Torres Strait Islander young people
Presenter: **Mandy Gibson,** Australian Institute for Suicide Research and Prevention, Griffith University
Co-Authors: Charles Roll, Youth 2 Knowledge mental health charity, Pty Ltd (*Project Yarn Circle); and* (Uncle) Mark Robson, Youth 2 Knowledge mental health charity Pty Ltd (*Project Yarn Circle)*
Submission #92489

Abstract

Study objectives: *Project Yarn Circle* was developed and piloted by *Youth2Knowledge (*an Indigenous-owned and managed youth mental health organisation) to build young peoples' resilience to suicide through increasing connections between Indigenous students, reconnecting students to cultural knowledge and practices (stories, painting, dance, languages) through artists and Elders, and reducing stigma through building relationships with targeted services. This study aimed to evaluate the impact of this pilot to improve Aboriginal and Torres Strait Islander young peoples' self-esteem, hope for the future, perceived connection to culture and community, and reduce suicidal ideation.

Methods and materials: A pre- and post-intervention evaluation questionnaire was co-designed with program facilitators, Elders, and community members involved with young people in the local community. The 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 community partners identified that examining thoughts about wanting to die (suicidal ideation) without examining thought of wanting to live (reasons for living) was inconsistent with Indigenous conceptualisations of health. As there were no cultural connectedness measures developed for Aboriginal and Torres Strait Islander youth, 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. The questionnaire also included the Rosenberg Self Esteem Scale (RSES) and help-seeking items.

Results: Project Yarn Circle was piloted at 9 schools in northern Brisbane between March 2019 and November 2020. In total 145 surveys were collected from students with 84 matched pairs. Scores for both Self-esteem and Positive Ideation/Reasons for Living increased significantly after participation (t(62)=1.1, p=.28, d=.137; t(62)=2.12, p=.038, d=.268). However, there was little decrease in suicidal ideation scores (t(62)=1.1, p=.28, d=.137), potentially reflecting the low baseline scores. Total cultural connectedness increased significantly (t(81)=4.68, p< .001, d=.506), with peer cultural competence and cultural identity clarity scores also individually increasing. Young people were also significantly more confident in their ability to get help from services if they experienced suicide-related thoughts (t(57)=2.15, p=.038, d=.21). Confidence to access services is

an important action towards reducing suicide disparities as First Nations young people who die by suicide are less likely to have previously accessed health services.

Conclusion: The results suggest that the program was effective at promoting help-seeking, cultural connection, self-esteem and positive ideation, and suggests cultural connectedness to be valuable in supporting young peoples' positive reasons for living and connection to their futures. Future programmatic and research directions will also be presented.

8.3 Title: ALIVE & Kicking Goals! Youth Suicide Prevention Program
Presenter: **Kevin Mckenzie**
Submission #92451

Abstract

ALIVE & Kicking Goals! Youth Suicide Prevention Program (AKG) is a unique program in Broome, Western Australia entirely staffed and led by 8 young Aboriginal people (5 aged between 19-28) who hold lived experience involving suicide. Initiated by the Broome Saints Football Club in 2008, determined to address the rising number of self-harm and suicide incidents amongst their teammates, family, and community. Indigenous youth throughout the Kimberley experience vast Social and Emotional Wellbeing (SEWB) issues, which is alarming given these traumas occur while experiencing puberty and trying to find their place in the community/wider world. It can be a formidable time with little or no support. Additionally, as Aboriginal people, we face the devastating statistics around mental health, incarceration, self-harm, and suicide. Indigenous suicide in the Kimberley is 7 times the national average. Aboriginal persons are 2 times more likely to complete suicide than other Australians, and Aboriginal persons under 14 years are 9 times more likely to complete suicide than a non-Aboriginal person. Struggles with shame and help-seeking are ongoing barriers that surround mental health/SEWB. AKG have developed a range of culturally appropriate, innovative activities and workshops providing education and awareness in most town/community schools in the West Kimberley using the peer education model. Where resourcing allows, AKG venture across the Kimberley traveling 1200kms on occasion to deliver services. AKG also provide one-on-one case management and advocacy for young people, working closely with youth organisations and Police. We take an early intervention/holistic approach breaking down the stigma overshadowing issues, including suicide, alcohol and other drugs and family domestic violence. We conduct pre- and post-surveys with every participant (approx. 1,000 young people annually) to measure our KPI outcomes. AKG/Mens Outreach Service Aboriginal Corporation have been in partnership with the Black Dog Institute since 2012, developing a SEWB self-help app for young Aboriginal & Torres Strait Islander Australians aged 15 years and over. With AKG driving the iBobbly app trials throughout the Kimberley, users reported significantly lower levels of depression and psychological distress. Empowered Young Leaders project driven by AKG, is an initiative under the Kimberley Suicide Prevention Trial site. The project intends to build, upskill, empower young Aboriginal leaders across the Kimberley Region reconnecting with Elders and culture, provide leadership, suicide prevention and mental health training, also ongoing

support amplifying their voice to drive change for their peers and their communities. We would like to present our program model and data in addition to a significant external evaluation with key recommendations and findings, strongly featuring the voice of clients, community, and our service partners.

8.4 Title: Scoping the capability and confidence of mental health clinicians supporting Aboriginal and Torres Strait Islander young people experiencing suicidality: development of a Cultural Relational framework

Presenter: **Kerry Russell**[2]

Co-Authors:,Mandy Giblson[1] and Tim Spaull[3]

[1]Australian Institute for Suicide Research And Prevention (aisrap), [2]Jacaranda Place Adolescent Extended Treatment Centre, Children's Health QLD, [3]Inala Child and Youth Mental Health Service, Children's Health Queensland
Submission #92577

Abstract

Study objectives: Although one in four young people who die by suicide in Queensland are First Nations, young people report frequent experiences of culturally-unsafe or ineffective care at mental health and suicide prevention services. This study aimed to explore the knowledge, skills and confidence of front-line mental health clinicians working with Aboriginal and Torres Strait Islander young people, in order to develop a responsive framework for clinical practice.

Methods and materials: A survey was designed to examine clinician's competence and confidence in key skills and activities related to supporting First Nations young people experiencing suicidality, and explore barriers, challenges and potential solutions. Surveys were distributed to child and youth mental health clinicians within public health services. The survey findings were used to develop a framework to support and guide clinicians working with First Nations young people experiencing suicidality, which was compiled by a team of experienced Aboriginal and Torres Strait Islander youth mental health workers.

Results: A total of 89 surveys were received from mental health clinicians (82% female), with 69.9% reporting their current role requires identifying and supporting young First Peoples at risk of suicide. Of those, over half (51.7%) felt they were provided with adequate resources for understanding First Nations cultures and almost all (91%) believed that Aboriginal and Torres Strait Islander clients require different approaches than may be successful with other communities. Only 19.1% felt they had received appropriate training in Indigenous suicide prevention. While 57.3% were confident in their abilities to engage with First Peoples generally, only 25% were confident to develop culturally appropriate safety plans and 30.7% in their ability to screen and assess suicidality with First Nations youth. The main solutions proposed by clinicians to help them better support First Nations youth were 1) Increasing the presence and access of First People Health Workers within mental health services; 2) Permission to trial new flexible client treatment approaches; and 3) building a positive presence and trusting relationships throughout community.

From this, a *Cultural Relational Framework* was developed to guide mental health clinicians in critically reflecting on their foundational clinical knowledge and practices, personal world views and their ability to listen and understand the relationship between culture, connection and communication for Aboriginal and Torres Strait Islander children, youth and families.

Conclusion: There are critical gaps in the knowledge, confidence, and systems for clinicians who work with Aboriginal and Torres Strait Islander young people experiencing suicidality. Brief case study examples of the developed *Cultural Relational Framework* applied in practice to the care of First Nations youth experiencing suicidality will also be presented.

8.5 Title: Trajectories of Aboriginal and Torres Strait Islander young people experiencing suicidality: Case studies identifying risk and protective factors, and potential intervention points through community outreach

Presenter: **Tim Spall**[1]

Co-Authors: Kerry Russell[2], and Mandy Gibson[3]

[1]Inala Child and Youth Mental Health Service, Children's Health Queensland, [2]Jacaranda Place, Adolescent Extended Treatment Centre, Children's Health QLD, [3]Australian Institute For Suicide Research And Prevention (AISRAP) Griffith

Submission #92617

Abstract

Study objectives: Aboriginal and Torres Strait Islander young people in Queensland die by suicide at a rate 7.8 times higher than non-Indigenous young people in the state, are almost half of Queensland's young (under 15yrs) suicides are First Nations young people. This study aimed to map the interactions with mental health and community services for Aboriginal and Torres Strait Islander young people with repeated suicidal behaviours in order to identify contributors suicide risk, protective mechanism and potential points and strategies to intervene within an assertive community outreach framework.

Methods and materials: Case studies of Aboriginal and Torres Strait Islander young people who were referred to an urban child and youth mental health service with a history of repeated suicidal behaviours were identified for inclusion into the analysis. Childhood and adolescent life events including cultural and psychosocial experiences were coded and charted alongside suicide attempts, emergency department presentations, mental health service referrals and periods of treatment. Referral pathways into the mental health were used to identify referral sources, (e.g., self, community members, ambulance, teachers etc.). Data-matching through referrals to other key child and youth services (such child protective, youth justice, health, education services, housing) were also sources to identify additional development supports and services which could have provided support during periods between suicidal behaviours were also identified.

Results: A male (aged 15 at referral), a female (aged 13 at referral), and a male (aged 8 at referral) were selected as case studies for inclusion. Two (one male and female) were referred to the service

from Emergency Departments following suicide attempts and one (aged 8) after reporting suicidal ideation to parents. The three young people had periods in which their cases were closed and reopened after the initial engagement. All experienced subsequent suicidal behaviours including attempts and emergency presentations. Two had reported interactions with child protection services prior to their referral to mental health services. All three had experienced attention from police or corrective services after their initial referral for suicidality; For two these experiences were proceeded by subsequent suicide attempts. For two of the young people, the frequency and severity of suicidal behaviours increased when they were transitioned out of support services, such finishing sport or school sessions or 'aging out' of child/youth specific services.

For all three the longest periods between suicidal behaviours corresponded to times with multiple community and government support services involved, however the specific combination of services in addition to mental health support differed.

Conclusion: The case studies reflect the complex trajectories for Aboriginal and Torres Strait Islander young people accessing treatment and support for suicidal behaviours, and highlights the need for assertive outreach and coordination within services to provide connection and support, particularly during periods of transition. Models applied to provide holistic support to First Nations young people referred to this service for suicidal behaviours will also be presented.

Oral Papers 9 Crisis interventions

9.1 Title: Call volume of a national suicide hotline in Denmark
Presenter**: Annette Erlangsen**

Co-Authors: Nikolaj Kjær Høier, Agnieszka Storgaard Nielsen, Nicolai Køster, Matthew Spittal, Brian Mishara, and Merete Nordentoft
Submission #92155

Abstract

Study objective: The aim of this study was to examine the call volume to a national suicide hotline as well as determining the proportion of answered calls. Secondly, it was examined whether frequent callers were more likely to call at off-peak hours and to identify times where callers at risk of suicide were particularly prevalent. Lastly, we calculated national call rates.

Methods and material: Data on all calls directed to the Danish Lifeline during 2020 were obtained from a private telephone operator. Information on content of calls and suicide risk of callers was obtained from the database of the Lifeline. A measure of unique daily calls was developed to account for repeat calls from repeat calls by the same caller. Descriptive analyses and logistic regressions were conducted.

Results: A total of 165,732 calls by 10,707 individuals were directed to the Danish Lifeline during 2020. When accounting for repeat calls from the same phone number, a total of 43,818 yearly unique calls were identified, of which 46.4% were answered. General callers (96.5%) accounted for 20% of all calls, while frequent callers (3.7%) were responsible for 79.5% of all calls. A subgroup of frequent callers, super callers (0.2%), accounted for 51.6% of all calls. The national call rate to

the suicide hotlines was 898.2 (CI 95%: 889.8 - 906.6) calls per 100,000 inhabitants per year. During one year, 219 persons (CI 95%: 215.3 - 223.6) per 100,000 inhabitants called the Lifeline, which was equal to 1 out of 455 persons aged 15+ years in Denmark.

Conclusion: A measure of unique daily calls, which accounted for repeated calls from the same user, allowed us to determine the response rate of the Danish Lifeline. Given the substantial consumption of resources by super callers, the ethical aspects and the service provision should be reconsidered. Furthermore, the national call rate allows for direct comparisons to other countries.

9.2 Title: Why Do People Call Lifeline? What are Callers Looking For?
Presenter: **Woodward, A.**
Co-Authors: Pirkis, J., Keogh, L., and Gunn, J.
Submission #92186

Abstract

Study objectives: 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. It examined how well the reasons callers have for contacting a national telephone helpline – Lifeline 13 11 14 in Australia - align with the intended purpose of a crisis support service. Wider considerations surrounding the contribution helplines make to mental health and suicide prevention are also addressed in the study.

Methods and material: Research studies have concentrated on the profiles of those who call helplines and the outcomes that they generate – often using data collected by third parties or through observation. This study used data obtained directly from callers. It explored the needs that a selection of callers expressed and the extent to which the service related to those needs. In-depth semi-structured telephone interviews were conducted with 58 callers to Lifeline during which they were asked about their reasons for calling Lifeline, their experience of the most recent call made and the extent to which it met their needs. Most participants were interviewed several times over a 12-month period so changes in their lives could be explored, alongside longer-term reflections on their use of Lifeline. Qualitative analysis of interview transcripts was undertaken on a thematic basis, using NVivo 12.

Results: Study participants generally called Lifeline when they 'needed to talk to someone'. Various triggers and events prompt a call. Immediate needs were often complicated by underlying emotional, social, circumstantial, or mental health conditions in a person's life. Some participants stated suicidality as a reason for calling Lifeline and used the service to interrupt or de-escalate intense suicidal feelings. Many revealed their loneliness and isolation from others. Most used the Lifeline service more than once, showing the service was relevant to their needs over time.

Conclusion: The experiences of participants in this study align to conceptualisations of Lifeline as providing responses to people 'in crisis'. They demonstrate the relevance of Lifeline to suicide prevention, although in nuanced ways. Lifeline acts as a supplementary service in the mental

health system, enabling symptom relief for people living with mental illness. There appears to be value in the service being a 'sounding board' for problem-solving, especially on personal relationship difficulties. The 'befriending' characteristics were highly valued – suggesting these are essential service features.

9.3 Title: Lifeline Australia – lessons on suicide prevention at public sites where suicide is frequent
Presenter: **Clare Jones**
Submission #92536

Abstract

Background: Lifeline Australia (LLA) has been supporting communities for over 10 years to reduce suicides at, what are currently known as 'Suicide 'Hotspots' (specific, accessible, and usually public locations in which suicides are frequent). This included the implementation of signs and fixed phones offering priority support to people at 'sites' across Australia. In 2018, Lifeline Australia received funding from the Department of Health (Commonwealth) to increase the capacity and reach of this service. This included the identification of 'sites' in Australia, scoping of appropriate initiatives and the implementation of recommended initiatives at the identified locations.

There are currently broadly three types of evidence-based preventative initiatives recommended for suicide hotspots:

- Reducing access to means of suicide such as e.g. barriers, fences, railings, encouraging help-seeking e.g. presence of fixed crisis support service phones, crisis support service signage.
- Increasing the possibility of third-party interventions e.g. CCTV cameras, gatekeeper training, lighting at sites.
- Safe media communications

The site intervention project considered each of these evidence-based options when engaging with communities to support the implementation of relevant interventions for their site.

Study objectives: A key aim of this project has been to generate materials and knowledge to support and inform the prevention of suicides at suicide hotspots. As part of this, Lifeline Australia commissioned an evaluator to assess the effectiveness of aspects of the project to inform future projects.

Methods and Material: Lifeline Australia has documented knowledge and adapted project activities throughout the project period. There has been ongoing engagement, feedback and reflection with a range of local stakeholders at the hotspot sites such as emergency services and local government. The Site Intervention National Advisory Group has informed the project and provided ongoing insight into the needs and intervention options for suicide hotspots. Lifeline have collated much of these shared findings from engagement with these and many other stakeholders. The evaluation research has involved the creation of an online survey to be sent to stakeholders involved in the project followed by a range of group discussions and one-on-one interviews with a range of stakeholders to inform a final report to influence future design and delivery of this work.

Results: Key lessons from this work relate to data, roles and responsibilities in suicide prevention at hotspots, tailoring interventions and the need for documented policies and guides. It is expected

that the results combined with the findings gathered by Lifeline Australia will inform future work in preventing suicides at hotspots.

Conclusion: This presentation will discuss key findings from Lifeline Australia incorporating findings from the evaluation of aspects of Lifeline Australia's work at hotspots.

9.4 Title: Taking crisis support to social media: turning points in creating a proactive online suicide intervention

Presenter**: Andrew Sutherland**

Co-Authors: Elliot Taylor, Live For Tomorrow

Submission #92514

Abstract

Everyday, young people post about mental health crises on social media. Many are unlikely to access traditional telehealth or in-person supports. Without intervention, some have been reported as completing suicide. Researchers have discussed possibilities for social media crisis response, but little has been trialled. We hypothesised that a person experiencing distress or crisis could be meaningfully supported online if they were approached in an authentic, context dependent and timely way by a trained human. Through our service, Live For Tomorrow Chat, we aimed to provide a proactive and effective 'reach-out' intervention, responding to crisis posts on social media. We believed that with a structured brief intervention counselling approach, supportive conversations could be held, levels of distress reduced, and connections made to further support services. Our aim was to prove that proactive social media outreach was possible, safe, and acceptable to people experiencing distress. We reviewed relevant literature to establish the scope and mode of intervention. The results of our 2016 online survey of young people (n=1,027) helped us to identify Instagram as the most used platform to express crisis online. We built a bespoke social listening platform, searching publicly available hashtags related to crisis on Instagram (i.e. #suicidal, #worthless). A scoring model helped the platform identify posts indicating the highest levels of distress. Once a post was identified by the platform, a human assessed the images/videos, language accompanying the post, and relevancy of previous posts for the level of user distress. This process improved the platform's accuracy of post identification. If a user was deemed as in crisis, a live crisis counsellor sent a direct message in-app to the user, offering support. After establishing consent, we offered a brief-intervention counselling conversation, working to increase the person's ability to cope, find hope, and access other supports. We tracked impact through data analytics, structured post-intervention feedback from users, and independent efficacy and safety reviews by an external clinical agency. This service ran for 3 years with an iterative approach, representing conversations with almost 3,000 mostly young people. In the 12-month period ending 30 April 2020, 49% of users responded to an initial contact and 24% opted into a conversation. User feedback and independent reviews established that our outreach met a strong need, had high levels of acceptance and engagement by users, was safe and efficacious.

Though many positive outcomes were identified, questions remain of how to most effectively scale such a service, maintaining a human approach alongside corporate interests of social media companies. These insights are the focus of current investigation.

9.5 Title: Evaluation of an adaptive e-learning tool: Training crisis supporters about suicidal thoughts and behaviours in older adults
Presenter**: Anne PF Wand[1]**
Co-Authors: Tiffany Jessop[2], and Carmelle Peisah[3]
[1]University of Sydney, [2]Dementia Collaborative Research Centre, University of NSW, [3]Capacity Australia, University of NSW
Submission #92166

Abstract

Study objectives: The role of telephone/internet-based crisis support services in suicide prevention is well recognised. However, there has been insufficient education for crisis supporters targeting the needs of older adults with suicidal thoughts and behaviours; the age group with the highest rates of suicide, particularly older men. An existing face-to-face educational intervention for multidisciplinary clinicians on late life self-harm and suicide was adapted to an e-learning tool for crisis supporters using co-design principles with crisis supporters. The resulting online adaptive learning tool was designed to empower crisis supporters by improving their knowledge and highlighting their strengths and expertise, as well as dispelling myths about ageing. The aims of this study were to describe the existing knowledge of crisis supporters regarding self-harm and suicide in older adults, and to investigate knowledge translation through use of a novel bespoke online adaptive learning tool.

Methods and material: The educational tool comprised a pre-test (11 questions), middle learning module (individualised for the participant's incorrect pre-test responses) and post-test (11 questions) on suicidal behaviours in older adults. The online educational tool was tested in a sample of crisis supporters over a one-month period late 2020. Change in knowledge was measured before and after completion of the e-learning tool. Associations between performance on the tool and characteristics of crisis supporters were examined.

Results: 104 crisis supporters completed the entire e-learning tool (pre-test, middle lesson and post-test). There was significant improvement in the knowledge of crisis supporters after the intervention (pre-test scores Mean (M) = 4.56, SD = 1.62 and post-test scores M = 7.61, SD = 1.60; $t(103)$ = 17.242, $p < 0.001$.). Factors associated with statistically significant improvement in performance post-test included younger age of crisis supporters (age 18-24) compared to older (55-64); being female; having no previous training in suicidal behaviours in older adults; having worked as a crisis supporter for <2 years compared with ≥5 years; and no work history as a mental health professional.

Conclusion: The online educational tool demonstrated knowledge translation about suicidal behaviours in older adults, including dispelling myths about ageing, which may hinder effective responses to suicidal crises. The adaptive learning technology enabled the lesson to be individualised to the crisis supporter's knowledge gaps, maximising efficiency in learning, while

reinforcing baseline knowledge. Dedicated effective training about suicidal behaviours in older adults is needed given their high rates of suicide, and the specific risk factors and needs of older adults.

9.6 Title: Detecting changes in help seeker conversations on a suicide prevention helpline during the COVID-19 pandemic: In-depth analysis using encoder representations from transformers

Presenter: **Salim Salmi**[1]

Co-Authors: Saskia Mérelle[2], Renske Gilissen[2], Rob van der Mei[1], and Sandjai Bhulai[3]

Centrum Wiskunde & Informatica[1], 113 Suicide Prevention[2], Vrije Universiteit Amsterdam[3]

Submission #92319

Abstract

Background: COVID-19 and measures to stop its spread have increased social isolation, societal fear and (financial) uncertainty and caused changes in public well-being. The impact of these containment measures on people with suicidal ideation is unknown.

Methods: We used clustering of BERT embeddings to gain insight into suicide prevention helpline chat data (N=8,589) in the Netherlands between December 1, 2019 and June 1, 2020. BERT is a natural language-processing model that can be leveraged to discover topics in text. This results in a method well suited for conversations. We compared relative topic occurrence in chat conversations with help seekers before and after the introduction of government measures to contain COVID-19, which took place on March 23, 2020. This same comparison was made between the following demographics: males, females, help seekers under 30 years old, help seekers over 30 years old, and help seekers who live alone.

Results: Problems explicitly related to COVID-19 took a foothold as a topic in the helpline, mentioned 808% more after the introduction of preventative measures. Furthermore, the results show that help seeker expressions of gratefulness increased (+15%), especially among male (+45%) and young help seekers (+32%). Mentions of distraction by watching TV (-21%) and listening to music (-15%) decreased. Mentions of concrete plans for suicide (-9%) and plans for suicide at a specific location (-15%) also decreased. In contrast to the overall population of help seekers, the smaller demographics of helper seekers over 30 or who live alone show an increased mention of plans to die by suicide (+11% and +52% respectively). Male help seekers showed an increase in mentions of contact with emergency care (+43%) and panic and anxiety (+24%). Help seekers under 30 mentioned more negative emotions (+22%) and lack of self-confidence (+15%), while help seekers over 30 increased their mentions of substance abuse (+9%).

Conclusion: While mentions of social interaction decreased, expressions of gratefulness for the conversation and for being listened to increased, signifying the importance of contact to help seekers. For young help seekers, male help seekers and help seekers who live alone, there are some worrying findings that should be monitored closely.

Oral Papers 10 Data and measurement

10.1 Title: Understanding the context of suicides by older men: an exploration of coronial data in Victoria, Australia

Presenter: **Kylie King**

Submission #91968

Abstract

Study objectives: The rate of suicide among men aged 85 years or more is the highest of any age or gender group in many countries, but little is known about their pathways to suicide or about how to undertake effective suicide prevention interventions for them. The objective of this study was to explore Australian coronial data to determine the context of suicide by men aged 85 years or more in order to inform suicide prevention efforts.

Methods and materials: Data were extracted from the Victorian Suicide Register regarding suicide deaths between 2009 and 2015. Chi Squared test, or Fisher's exact test, compared old males (65-84 years old) and older males (85 years or more), and old females and old males (both 65 years or more).

Results: The context of suicide by older men differed significantly from that of old men, as did that of old men compared to old women, on variables related to suicidal behaviour and intention, mental illness, mental health treatment, and life stressors. There were no differences in physical illness between the groups. However, the study is limited by the small numbers of deaths by suicide in this age group in Victoria.

Conclusions: The context of suicide by older and old men is different from that of old males and old females respectively. Older men with organic mental illness diagnoses and those whose partners have died are potentially vulnerable groups. More research is needed to understand the pathways to suicide by older men.

10.2 Titles Real-time suicide mortality in Queensland, Australia: A study of counts, rates, subgroups and risk factors.

Presenter: **Stuart Leske**

Co-Authors: Ina Schrader, Ghazala Adam, Kairi Kolves, Ella Arensman, and Diego de Leo.

Submission #92595

Abstract

Study objectives: The primary objective of this study is to examine the timing and magnitude of any changes in suspected suicide counts and rates in Queensland Australia, from January 2015 to the end of August 2021. A secondary objective is to understand if any changes are related to changes in motives/triggers for suspected suicides.

Methods and material: We sourced data from the interim Queensland Suicide Register, a real-time public health surveillance system of suicide mortality. The primary data source for this analysis was the Form 1 police report of a death to a coroner, which Queensland Police Service

staff complete and email through to AISRAP as they are sent to the Coroners Court of Queensland. Some missing data in the iQSR is also populated by checking if those suspected suicides are closed in the National Coronial Information System to identify key demographic variables such as the age or sex of the deceased. We analysed changes in trends using frequentist joinpoint, Poisson and negative binomial regression, and Bayesian structural time series models. Where possible, we stratify analyses by key demographic characteristics, such as age groups and sex.

Results: As the study period has not ended yet, we present hypotheses, rather than results. We hypothesise that there will be no large increase in suicide counts or rates since Queensland detected its first case of COVID-19 on January 29, 2020. However, we do hypothesise a lagged association, such that we may observe some increase if hypothesising a lagged impact of COVID-19 on suicide counts and rates. We do hypothesise that the pattern of risk factors has changed, with increases observed in motives/triggers not targeted (e.g., relationship breakdown) by federal government interventions (i.e., recent unemployment, financial problems). Consistent with findings from the Severe Acute Respiratory Syndrome Outbreak, we hypothesise increased suicide counts in older adults. We hypothesise no large increases in suicide counts in youth. We do not hypothesise an increase in suicide counts among Aboriginal and Torres Strait Islander Australians in Queensland.

Conclusion: These findings will have implications for targeting suicide prevention interventions to specific subsets of the Queensland population during the COVID-19 pandemic.

10.3 Title: Using the Human Factors Analysis and Classification System (HFACS) to understand preventable suicides in hospitals
Presenter**: Penelope Sweeting**
Co-Authors: Mary Finlayson, Maree Duddle, Donna Hartz, Charles Darwin University [Cdu]
Submission #92515

Abstract

Study objectives: This study aimed to understand the individual and system failures that have contributed to preventable suicides in Australian hospitals. The second objective was to determine if HFACS-Healthcare (HFACS) would provide an effective methodology to understand the individual and system failures that result in preventable suicides. This study was the first to use HFACS to analyse suicides in hospitals and the first to access data from coronial reports. Inpatient suicide is a leading hospital sentinel event that contributes significantly to increased hospital mortality. Understanding the individual and system failures that contribute to inpatient suicide will provide an evidence base to develop effective prevention strategies to reduce the number of suicides.

Methods: This study used a retrospective observational design using the HFACS methodology. Framework analysis was employed using HFACS as the *a priori* framework to analyse coronial reports of inpatient suicide from the National Coronial Information System (NCIS). HFACS framework consists of four levels of failure that guide the investigation of an adverse event: Unsafe acts, Preconditions for unsafe acts, Supervisory factors, and Organisational influences. These four levels are further divided into categories used to classify causal factors. The data were entered into an SPSS database explicitly created for the study

and were analysed using descriptive statistics. The second level of analysis involved the creation of trajectories of error.

Results: From 2009 to 2018, there were 367 cases of inpatient suicide on the NCIS database that met the study inclusion criteria. Early results indicate that HFACS is a valuable tool for elucidating causal factors for inpatient suicide. Both Individual and system failures were identified as contributing to the suicides in hospitals. The framework allowed investigators to identify recurring failures and map common trajectories of error.

Conclusion: HFACS was used successfully to understand both individual and system causal factors that contributed to preventable hospital suicides and the common trajectories of error. Only a small number of coroners reports lacked sufficient detail to understand the contributing system failures. The results from this study provide an evidence base for developing effective strategies for reducing preventable suicides in both mental health units and in hospitals more generally.

10.4 Title: Systematic Tailored Assessment for Responding to Suicidality (STARS): Protocol design and training delivery for competency in administration.

Presenter: **Jacinta Hawgood,** MClinPsy, MAPS (Griffith University, Australia)
Co-Authors: Carmen Betteridge, Diego De Leo, PhD;
Acknowledgements: Prof Tamara Ownsworth, Prof Ella Arensman, Emeritus Prof Sue Spence

Submission #92124

Abstract

Objective: An alternative approach to traditional risk assessment methods is a move away from 'prediction' towards a *psycho-social needs-based understanding of suicidality* (Carter et al, 2016). This approach focuses on understanding the individual within their ecological context or social environment (Cramer & Kapusta, 2018); the client is seen as an expert on their unique experience of suicidality (Hawgood & De Leo, 2016). Structured professional judgement (SPJ) frameworks offer the opportunity to explore multiple factors guided by empirical data, which informs decisions around targeted needs (Monahan & Skeem, 2016; Timmins et al, 2018). Systematic Tailored Assessment for Responding to Suicidality (STARS) protocol (Hawgood & De Leo, 2015; 2018) is one such approach; and an alternative to actuarial risk tools.

STARS protocol and training: STARS includes empirically informed questions regarding indicators of suicidality (Part A), risk factors (Part B) and protective factors (Part C), to facilitate exploration of clients' experience of suicidality and psycho-social factors. Instead of stratified risk level outcomes STARS includes client-rated 'levels of concern' associated with elements of the suicidal enquiry, risk factors and protective factors. The client's narrative and therapist judgement are integrated to determine priority foci for determining foreseeability, safety planning and immediate management responses. Clinical notes section is for documentation and the commensurate actions undertaken by the clinician for demonstration of minimum standard of care. The protocol is supported by STARS training which is aligned with the 10 competencies of Cramer et al (2013) and tailored to the administration (content and process) capabilities required for STARS SPJ. STARS

protocol was updated in 2018 following research targeted at its users which indicated a need for more sensitive, culturally-appropriate item construction applicable for LGBTIQ+ as well as young people (amongst other modifications for ease and effectiveness of administration) (Hawgood, et al., 2021). Preliminary data from STARS training evaluation outcomes have indicated significant improvements in participant attitudes, reluctance to intervene, perceived and declarative knowledge (Hawgood et al., 2018; Hawgood et al., 2020). Longer term perceptions of feasibility, administration and client centredness of STARS protocol (2018 Edition), as well as the perceptions of lived experience concerning item construction of the protocol are currently under investigation.

10.5 Title: Risk and protective factors for suicide using Machine Learning techniques
Presenter: **Guus Berkelmans**
Co-Authors: Sandjai Bhulai, Rob van der Mei, and Renske Gilissen
Submission #92482

Abstract

Many studies have been done into risk factors and protective factors. However not many studies have been done that take interactions of risk factors and protective factors into account. This is partially due to a lack of a large and unbiased dataset to be able to do the analysis required. This study used data of Statistics Netherlands (CBS) which has high quality data on every inhabitant of the Netherlands across multiple years. We have devised a novel machine learning heuristic that decides, based on the data, which interactions are interesting to include. Due to the free nature of our method we are not limited to interactions of two risk factors, but interactions of an arbitrary amount of risk factors are possible. We have looked at suicide across a period of four years and included the following factors: age, sex, immigration background, place in household, personal income, household income, household wealth, social benefits, health care costs, level of education, size and urbanity of municipality, province, whether they were the main earner of the household, whether they were in a debt relief program, and whether they were self-employed. Results show many interactions of note, both expected ones and unexpected ones. The model outperforms regular logistic regression quite significantly. Since at this stage some additional analyses are still running they cannot yet be listed here. Both the analysis technique as well as the results of significant interactions will be presented.

Oral Papers 11 COVID-19

11.1 Title: Impact of COVID-19 stressors on suicidality and mental distress in Taiwan: a nationwide population-based survey
Presenter: **Pham Thi Thu Huong**
Submission #92314

Abstract

Study objectives: Impacts of COVID-19 on mental health has become a world-wide issue. Suicide and associated psychopathology particularly attracted the health professional's attention. The present study aimed to investigate the association between suicidality, mental distress and the presence of COVID-19 stressors in the general population.

Methods and material: A nationwide population-based survey was conducted in July 2020 using the computer-aided telephone interview system with residents aged ≥ 15 years in Taiwan. The sample were selected by the stratified, proportional randomization method. The questionnaire assessed age group, gender, occupation, marriage, suicidality (including suicide ideation/attempt in the life-time, one-year, one-month period, and future intent to suicide), psychopathology (i.e., mental distress assessed by the five-item Brief Symptom Rating Scale, BSRS-5), and six COVID-19 stressors (including daily life, work/economy, psychological health, physical health, family/interpersonal relations, and schooling). The stressors were categorized into presence or absence in the data analysis.

Results: In total, 2094 respondents completed the survey (female 51.0%). The prevalence of suicide ideation in the life-time, one-year and one-month was 12.1% (n = 253), 2.2% (n = 45), and 0.9% (n = 18); suicide attempts in the life-time, one-year and one-month was 1.9% (n = 40), 0.1% (n = 3), and 0.0% (n=1) respectively. About one percent (n = 29) respondents revealed their intention to suicide in the future. The weighted prevalence of psychological distress was 5.9% in the past week. Nearly half (45.4%) of the participants experienced any one of the six COVID-19 stressors in recent month. While the presence of any stressors was 2-8 times higher risk of recent or lifetime suicide ideation, suicide attempt was not significantly correlated with the stress experiences. Those who reported any COVID-19 stressors were two time higher of future suicide intention than their counterparts. Mental distress was significantly associated with the presence of the stressors (p<0.001).

Conclusions: Although the presence of COVID-19 stressors significantly impact on suicide ideation and mental distress, suicide attempt may not be affected by any stress experience. The study was limited in small number of respondents with suicide attempt. Further investigation will be needed on the association between suicidal behaviour and the stress reactions while increasing numbers of observations. The findings from this study will help the stakeholders in designing and implementing multisectoral approaches to provide adequate interventions for individuals at risk of suicide under the COVID-19 outbreak, with particular focus on the impact of the stress experience.

11.2 Title: Covid-19 and the Tragedy of Italian Nursing Homes
Presenter**: Diego De Leo**
Submission #92494

Abstract

Nursing homes, neglected for too long by government administrations, have paid a very high tribute to the lack of protective measures and social distancing that COVID-19 has imposed. To date, it has been calculated that almost a fifth of all residents in nursing home in northern Italy

have died due to COVID-19, with a mortality of Lombardy nursing homes varying between 10 and 50% of all residents. In some cases, 3–4 guests of a single home died in a single day. During the first phases of the pandemic, nursing homes become like castles under siege, where guests could no longer leave and new guests could no longer enter, given the spread of the infection within these institutions. Residents were aware from the very beginning of the pandemic that most deaths were concentrated among older people, especially those suffering from chronic conditions. If affected, they did not want to be intubated and, overall, to have the possibility to stay in touch with loved ones. They often refused the tablet offered for video communications. People crying constantly were often seen: they lost the people they befriended. A rosary to pray was a frequent request. Many residents dictated their last will. Another concern was the fear of being buried in mass graves. They hoped to be cremated and their ashes placed in an identifiable cinerary urn. Residents did not believe that effective treatments were really available, and did not want to be transferred to hospital: there would be only pain in complete isolation from the surrounding world. Several narratives of 'silent suicides' (deliberate dehydration, stop eating, refusing medication) were reported by nursing homes' personnel. Even a case of deliberate self-suffocation by ingesting a large chunk of meat during lunch was observed. During the second wave - December 2020 - the situation changed completely. If during the first wave nursing homes were like isolated citadels, with very little contact with the external environment, nursing homes seemed then as abandoned castles, where the virus entered and settled, causing serious damages. They were abandoned by the government, which repeatedly declared that nursing homes do not belong to the public service network. They were abandoned by staff, because many of them moved to public hospitals, where the salary is higher. The remaining staff felt abandoned and betrayed, and forced to cover extra hours and extra roles. So many deaths in nursing homes made survivors angry and revengeful towards governments, and nourished feelings of hostility towards nursing homes: people accused them of poor management, insufficient defensive measures, and inadequate treatment of residents.

11.3 Title: The impact of COVID-19 on suicidality: a Mixed-Method study from the Dutch Suicide Prevention Helpline

Presenter: **Margot C.A. van der Burgt**[1,2]
Co-Authors: Saskia Mérelle[1], Aartjan T.F. Beekman[2,3,] Renske Gilissen[1]
[1]Department of Research, 113 Suicide Prevention, The Netherlands, [2]Department of Psychiatry, Amsterdam Public Health Research Institute, Amsterdam University Medical Centers/VUmc, Amsterdam, The Netherlands, [3]GGZ inGeest Specialized Mental Health Care, Amsterdam, The Netherlands
Submission #92460

Abstract

Study objectives: Mental health experts have expressed the fear that the number of suicides would rise as a result of the pandemic, as known risk factors for suicides, such as social isolation,

loneliness, financial stress, domestic violence and alcohol consumption, increase during a lockdown. Although recent studies have shown that the number of suicides did not increase in 2020, there are concerns about the mental health consequences of the COVID-19 pandemic. The objectives of our study are threefold; to report on the demand for the Dutch suicide prevention helpline during times of lockdown, to identify the nature of coronavirus-related problems in help seekers with suicidal ideation, and to compare the prevalence of these identified problems with the general public.

Methods and material: (1) We analysed the weekly frequency of helpline chat/phone call requests for the timeframe 2017-2020. (2) We used helpline registration data (n= 893 conversations) and qualitative analyses to identify the nature of coronavirus-related problems during the first lockdown. (3) An online survey, descriptive and multiple logistic regression analyses were used to assess the prevalence of corona-virus related problems in the general public (n=1035) and group differences (age, educational level, living alone).

Results: Preliminary results show an increase in demand for the helpline in 2020, but with no indication of a direct link to the lockdown measures. Between March 19th and June 1st 2020, approximately a quarter of the chat and phone call conversations were registered as coronavirus-related by the counsellors. Most of the corona-related calls (60%) concerned the topic of the interruption or changes in professional help, social isolation (40%) and the loss of structure and ways to find distraction from suicidal thoughts and rumination (30%). These factors made callers vulnerable for (a relapse into) suicidal thoughts and a reduced desire to live. Risk factors such as substances abuse and financial problems seemed to be less prevalent during the first lockdown. In January 2021, 73% of the respondents from the general public survey reported one or more coronavirus-related problems. Almost a third of the respondents (32%) state that they have fewer distractions than before the coronavirus measures, 26% experiences feelings of entrapment and 23% of the respondents experienced loneliness, physical separation from loved ones or worries about someone else. With significantly poorer scores among the younger respondents.

Conclusion: The distress among callers due to the sudden loss of (mental) health care shows the importance of maintaining contact with those in care and lowering the threshold for help, especially for the younger generation.

Keywords: COVID-19, Mental health, Suicide prevention helpline, Conversation topics, Lockdown

11.4 Title: The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behaviour, and Suicidal Thoughts
Presenter**: Tiago Zortea**
Co-Authors: Connor T. A. Brenna, Mary Joyce, Heather McClelland, Marisa Tippett, Maxwell M. Tran, Ella Arensman, Paul Corcoran, Simon Hatcher, Marnin J. Heisel, Paul Links, Rory C. O'Connor, Nicole E. Edgar, Yevin Cha, Giuseppe Guaiana, Eileen Williamson, Mark Sinyor, and Stephen Platt
Submission #92226

Abstract

Background: Infectious disease-related public health emergencies (epidemics) such as the COVID-19 pandemic may increase suicide risk, and high-quality evidence is needed to guide an international response.

Study Objectives: We investigated the potential impacts of epidemics on suicide-related outcomes by aggregating existing evidence of the historical effects of infectious disease-related public health emergencies on suicide and suicide-related outcomes.

Method: Six reviewers independently screened publications identified through searches of MEDLINE, EMBASE, PsycInfo, CINAHL, Scopus, Web of Science, PsyArXiv, medRxiv, and bioRxiv, from inception to May 13–16, 2020. Eligibility was determined with the following inclusion criteria (3): peer-reviewed primary studies, reviews, and meta-analyses, of any design or type; reporting the impact of any infectious disease-related public health emergency; with a primary outcome of suicide, suicidal behaviour, suicidal ideation, and/or self-harm. Exclusion criteria were (2): primary concern with broader mental health conditions and not suicide; and not reporting empirical findings suitable for data extraction. A targeted grey literature search included any type of report from non-standard sources (e.g., preprints), focused on suicide-related outcomes in relation to the COVID-19 pandemic. This study was registered on PROSPERO: #CRD42020187013.

Results: Eight primary papers were included, published between 1992-2017 and examining the effects of five epidemics which occurred between 1889-2016 (including the Great Influenza Epidemic, Russian influenza, Severe Acute Respiratory Syndrome, and Ebola Virus Disease) on suicide-related outcomes. Five studies focused on suicide deaths, two on attempted suicide, and one on both suicidal thoughts and attempts. These studies were conducted in Hong Kong, Taiwan, Guinea, USA, and UK populations. There was evidence of increased suicide rates among older adults during SARS and in the year following the epidemic (possibly resulting from social disconnectedness, fears of virus infection, and concern about burdening others) and associations between SARS/Ebola exposure and increased suicide attempts. An additional preprint study reported associations between COVID-19 distress and past-month suicidal ideation.

Conclusion: Few studies have investigated the association between previous epidemics and suicide-related outcomes, and these are of relatively low methodological quality. However, a synthesis of their outcomes does suggest a positive relationship between previous infectious disease-related public health emergencies and increased risk of suicidal thoughts, behaviour, and deaths. Potential pathways from public health emergencies to suicide-related outcomes are outlined, and critical gaps in the literature which can guide future research during the COVID-19 pandemic are identified.

11.6 Title: Thematic Analysis of Concerns, Perceived Changes, and Suggestions for Psychological Support and Suicide Prevention during COVID-19
Presenter: **Meta Lavrič**
Submission #92447

Abstract

Study objective: The aim of this study was to investigate concerns, the perceived positive changes and wishes for psychological support during the epidemic of COVID-19 to better design and implement suicide prevention interventions during and after the epidemic.

Methods and Material: We conducted a general adult population survey between 26 March and 7 April 2020 by an online questionnaire. Participants were 207 adult people, aged between 19 to 75 years old (M = 32.96, SD = 11.38); of those, 84.5% were women. The questionnaire included items about demographic variables and three open-ended questions: 1) *What concerns you most*

about the epidemic?*; 2) *Did you notice any positive changes in yourself, your loved ones or in the surroundings during the epidemic? If so, what changes?*; and, 3) *What do you miss or want most from the psychology profession in connection with mental health care during the epidemic?* Thematic analysis was applied for each question separately, using the six-phase framework to identify key patterns in the data.

Results: The first topic (*concerns about the epidemic*) resulted in four core themes: concerns about the disease, concerns about the future, concerns about measures, and concerns about well-being and daily life. The second topic (*positive changes during the epidemic*) resulted in three core themes: changes in oneself, changes in close relationships, and changes in the environment and society. Lastly, the third topic (*requests for psychological support during the epidemic*) resulted in three core themes: direct help and support, information and awareness raising, and media activity.

Conclusion: Overall, the resulting themes provide us with a comprehensive theoretical framework for understanding the challenges, emotional responses, coping strategies and resources that influence participants' adaptation to the epidemic of COVID-19. This information can help us understand how people perceive the negative and positive effects of the COVID-19 epidemic on their mental health and well-being, which may be helpful in planning suicide prevention interventions during times of the epidemic. In addition, the findings provide us with suggestions for psychological support that can be used to design and implement suicide prevention interventions to ensure people's well-being during and after the epidemic.

Oral Papers 12 Systematic reviews

12.1 Title: Exploring evaluation frameworks of multilevel suicide prevention trials: A systematic review of process evaluations

Presenter: **Sadhvi Krishnamoorthy**

Co-Authors: Victoria Ross, Greg Armstrong, and Kairi Kolves
Submission #92347

Abstract

Objective: Little is known about the nature of evaluation frameworks employed by multilevel suicide prevention trials. This information is essential to understand how best practice models and guidelines are implemented in real life settings and their mechanisms of impact. This study explores systematically the nature of evaluation frameworks employed, reported, and published as part of multilevel suicide prevention trials.

Method: PubMed, CINAHL, PsycINFO, ProQuest, SCOPUS and CENTRAL (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 more information regarding existing grey literature such as unpublished records/reports, in case of inconclusive details regarding evaluation frameworks. The Cochrane Risk of Bias Tool 2 (for randomised studies) the Risk of Bias Assessment (for Non-randomised

Studies) and ROB-ME tool (for missing evidence) were used. To improve transparency, the protocol was submitted to PROSPERO (the International Prospective Register of Systematic Reviews). A narrative synthesis was adopted to analyse data from different study designs. The study was reported following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) statement.

Results: Multilevel suicide prevention interventions are rare because they are labour, time, and resource intensive. Peer reviewed literature on these trials was found to be scarce. Details related to the evaluation frameworks were absent in most studies. In a few studies, sparse and inconsistent information related to the evaluation of effectiveness or impact related outcomes was prioritised as opposed to processes involved in achieving those outcomes.

Conclusion: The study highlights the important need to develop high quality evaluation frameworks, including process evaluations. The translation of theory into practice is complex. Hence, it is necessary to consolidate learnings and experiences involved in translation of research into practice. This knowledge can inform program planning and active-quality implementation of processes, thereby impacting outcomes. Inconsistent and inadequate reporting and documentation of processes can lead to loss of critical, experiential knowledge related to *what works* in suicide prevention. Limitations of this review were inclusion of peer reviewed literature in English language and absence of grey literature search due to feasibility.

12.2 Title: Retirement pathways, mental wellbeing and suicidal behaviours in older rural Australians: A qualitative study.
Presenter: **Kylie Crnek-Georgeson**
Submission #91977

Abstract

Study objectives: The main objectives of this study, how retirement can affect older rural Australians, psychosocial wellbeing is an important consideration for quality of life, given the rapid changes and adjustments needed as deterioration in physical capacity, including mobility, vision and hearing declines. Such deterioration can influence quality of life, and for some to consider whether life is worth living, while others are resilient to these changes with heterogeneity across the community. How and for whom vulnerability to suicide occurs is an important initial step in accurately targeting suicide prevention activities for this older group.

Methods and material: Using a phenomenological approach, the researcher investigated the lived experiences of retirement transition and its impact on health, wellbeing and suicidal ideation from two perspectives- rural residents and rural stakeholders working with people with a lived experience of suicidal behaviours. Participants were recruited using flyers, advertisements, radio interviews, stakeholder networks in rural communities, and suicide prevention and support services.

Results: Findings suggest that the transition from paid work into retirement leads to expectations and feelings that are difficult to predict or comprehend. Rural residents (n=18) experienced social

isolation, a marked decrease in physical and psychological health, loss of identity, loss of 'place' in society and feelings of disconnectedness- none of which were expected prior to retirement. Participants commented on their level of resilience against the adversities of living in rural Australia and how this had helped them with adjusting to retirement. Conversely, rural stakeholders (n=7) commented on observing a notable deterioration of resilience in rural residents (particularly because of ongoing drought) contributing to increased psychological distress (deterioration of mental health, increased anxiety and suicidal behaviours). Results highlight a disconnection between the perception of resilience in rural residents and stakeholder observations of these residents. This is particularly relevant in rural areas that are experiencing long term drought and environmental factors that are causing marked psychological and physical deterioration on the health status of older rural residents, effecting their ability to plan for retirement and experience.

Conclusions: With the traits of loneliness, burdensomeness and isolation commonly linked to suicidal behaviour, it is important to highlight the impact that retirement has on individuals. This research suggests a need to; increase the profile and provision of health promotion programs, educate health professionals on issues facing older rural Australians, monitor levels of resilience in relation to physical and psychological deterioration (pre-and post-retirement) and continue health promotion programs that increase awareness of the effects of living in long term drought conditions and improve the level of health literacy in rural residents.

12.3 Title: Effectiveness of psychosocial interventions for family members and other informal support persons of individuals who have made a suicide attempt: A systematic review
Presenter**: Karolina Krysinska**
Submission #92272

Abstract

Study objectives: There is a growing recognition of the role of family members and other informal support persons ("informal carers") in supporting a person who has made a suicide attempt. These informal carers provide both emotional support and practical help, and report similar needs for psychoeducation, respite, and emotional and practical support as other populations of informal carers in the field of mental health. No systematic review to-date has assessed evidence regarding effectiveness of psychosocial interventions specifically for family members and other informal support persons of people who have made a suicide attempt. This systematic review aims to address this gap, and identify and synthesise studies on the effectiveness of psychosocial interventions for this carer population.

Methods and material: Using five databases (Medline, Embase, Emcare, PsycINFO, and EBM Reviews), we conducted a search of peer-reviewed literature for studies using any research design and synthesised the results using a narrative review. Eight articles reporting on seven quantitative studies, published between 1996 and 2018, met the eligibility criteria. This included three studies on interventions designed specifically for informal carers and four studies on interventions for persons who have made a suicide attempt, which involved informal carers. The search did not

identify any qualitative studies. We also conducted quality assessment of studies meeting the review eligibility criteria.

Results: The three studies on interventions developed specifically for informal carers (mostly nuclear family members) reported mixed results in terms of carer's burden and distress and family functioning. Only one of these studies measured outcomes related to carers' mental health, quality of life, and engagement in the intervention, and this study has shown promising results. Four interventions, which focused on people who have attempted suicide and involved their informal carers (mostly nuclear family members), reported mixed results in terms of carers' mental health and family functioning. Nonetheless, carers were involved and satisfied with these interventions. None of these four studies measured carers' burden or distress or their quality of life. Regarding study quality, six studies received a total score of 'weak' and one study was rated as 'moderate'. Only three studies used a randomised controlled trial design.

Conclusion: Psychosocial interventions designed specifically for informal carers seem to lower their burden of care and improve the ability and willingness to care for a suicidal family member. However, given the low number of studies and their overall weak quality, it is premature to formulate evidence-based recommendations for clinical practice. Further development and robust evaluation of psychosocial interventions and other resources for this group are much needed to address this gap.

12.4 Title: An integrative systematic review of online resources and interventions for people bereaved by suicide
Presenter: **Laurène Lestienne**
Submission #92215

Abstract

Background: Suicide bereavement is frequent in the general population and has deleterious consequences on the mental health and social functioning of the bereaved individuals. It has been established that people bereaved by suicide are less likely to receive informal support and more likely to experience delays in accessing any type of help than people bereaved by other causes. Online resources may help to overcome obstacles to receiving support, for example, via their geographic independence, offering support around the clock and easier access than off-line resources. Nevertheless, despite the availability of online resources for people bereaved by suicide, little is known about their use, nor about their potential effects.

Study objectives: This systematic review aimed at examining the use and benefits of online resources dedicated to people bereaved by suicide. Our goal was to study their outcomes in terms of grief, mental health, suicidal behaviour, social functioning, needs for help and help-seeking in people bereaved by suicide. Additional aims were to identify potentially working ingredients of online resources and intervention for this population, and to appraise the quality of the research in this field.

Method: Systematic review according to Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statement, involving searches in Pubmed, Scopus and Web of Science, conducted in August 2020. The integrative systematic review involved extracting and merging

qualitative and quantitative data. Quality assessment was conducted with the Mixed Methods Appraisal Tool (MMAT).

Results: The review included 12 studies, mostly of moderate quality. Online resources are predominantly used by middle-aged women, parents who lost their child by suicide, and recently bereaved individuals. Online resources offer a way for help-seeking around the clock, for less educated, more disadvantaged and isolated people. People bereaved by suicide use online resources to seek and share support, share and find information, memorialize their loved one and for meaning-making. These resources are an addition, rather than a substitute for other sources of support. Concerning mental health, both perceived benefits and evaluated increases in well-being and decreases in depressive symptoms indicate positive effects associated with the use of online resources. Data regarding grief was scarce and no significant effect on grief symptoms was reported. Some potentially negative aspects of web-based resources were reported as concerns rather than actual experiences.

Conclusion: The evidence on the use and benefits of online resources for people bereaved by suicide remains scarce but show encouraging results regarding their positive impact on the mental and psychosocial health of the users.

12.5 Title: The harmful impact of suicide and self-harm content online: A review of the literature

Presenter: **McTernan N**[1]
Co-Author: Ryan F[1]
[1]National Suicide Research Foundation, University College Cork, Ireland.
Submission #92582

Abstract

Study objectives: Research indicates that the internet and social media are double edged swords which can provide both benefits and challenges to suicide prevention. While the benefits of internet use are plentiful, harms exist in the forms of reinforcement, stigmatization, normalisation, triggering and contagion, in addition to hindering professional help seeking and the depiction of methods of suicidal behaviour. For this review, the authors focused on harmful aspects of online activity in relation to suicidal behaviour and self-harm and sought to establish categories of harmful online material.

Methods and material: An extensive review of the academic literature was conducted using MEDLINE, PsycINFO, CINAHL and EBSCO databases. On May 25th, 2020 articles were identified through the database searches and screened. Journal articles (including original research, review articles, short reports and letters) were included, in addition to published reports and policy documents. A list of key search terms (n=67) and inclusion/exclusion criteria was agreed by the authors. In total 110 articles were included.

Results: Selected studies were categorised into the following types of harmful online content: (1) Online information sources, (2) Search engines, (3) Social networks, (4) Online imagery and videos, (5) Online forums/message boards, (6) Pro-suicide and self-harm sites, (7) Online suicide 'games', (8) The 'Darknet', (9) Livestream suicide/cybersuicide, (10) Online suicide 'pacts'. Specifically, this research found that social media may facilitate contagion and clusters; suicide deaths of

prominent celebrities can lead to significant national increases in internet searches for suicide-related terms; and novel online risks to mental health, such as pro-suicide games can circulate quickly and globally via these forums. Furthermore, individuals may be more exposed to harmful suicide and self-harm content when using the 'darknet'. Despite the harms associated with online content, social media platforms and online message boards also present opportunities for social support and positive mental health promotion.

Conclusions: This research area is rapidly evolving with a significant increase in the number of publications in recent years. It is clear, that as the 'internet-native' generation matures, suicide and self-harm related internet use is likely to become increasingly relevant and may be a proxy indicator for intent. Social media and the internet can contribute to contagion and normalising self-harm which may prolong and exacerbate associated behaviours and delay help seeking. However, suicide-related internet use is multifaceted, and offers crucial opportunities for support and mental health promotion. There is a need for long-term preventive action in relation to dissemination of suicide methods, images related to self-harm and harmful information on the internet.

12.6 Title: A systematic review of suicidal behaviour in men: A narrative synthesis of risk factors
Presenter**: Cara Richardson**
Co-Authors: Katie Robb, Rory O'Connor
Submission #92136

Abstract

Rationale: Suicides by men outnumber those by women in every country of the world. To date, there has not been a comprehensive systematic review of risk factors for suicidal behaviour in men to better understand the excess deaths by suicide in men.

Objective: The present systematic review seeks to determine the nature and extent of the risk factors to predict suicidal behaviour in men over time. Methods: A range of databases (CINAHL, PsycINFO, Web of Science Core Collection, Pubmed, Embase, and Psychology and Behavioural Sciences Collection) were searched from inception to January 2020 for eligible articles. The findings were collated through a narrative synthesis of the evidence.

Results: An initial 601 studies were identified. Following the inclusion and exclusion criteria, there were 105 eligible studies (62 prospective and 43 retrospective) identified. Overall, the risk factors with the strongest evidence predicting suicidal behaviour in men were alcohol and/or drug use/dependence; being unmarried, single, divorced, or widowed; and having a diagnosis of depression. In the prospective studies, the most consistent evidence was for sociodemographic factors (19 risk factors), mental health/psychiatric illness (16 risk factors), physical health/illness (13 risk factors), and negative life events/trauma (11 risk factors). There were a small number of psychological factors (6 factors) and characteristics of suicidal behaviour (3 factors) identified. The findings from the retrospective studies provided further evidence for the risk factors identified in the prospective studies.

Conclusions: This systematic review has highlighted the wide range of risk factors for suicidal behaviour in men, in this review alone 68 different risk factors were identified. Many factors can interact and change in relevance throughout an individual's life. This review has identified extensive gaps in our knowledge as well as suggestions for future research.

Oral Papers 13 Media & the internet

13.1 Title: How and why do young people use social media to communicate about self-harm? A qualitative online interview study
Presenter**: Louise La Sala**
Co-Authors: Pinar Thorn, Sarah Hetrick, Simon Rice, Michelle Lamblin, and Jo Robinson
Orygen and the University of Melbourne
Submission #92205

Abstract

Study objectives: Young people communicate about self-harm online to exchange information and support. Historically, this complex phenomenon was deemed unsafe and discouraged by experts, which is reflected in guidelines on self-harm communication as well as social media strategies and policies to mitigate risk. Recently, research has begun to indicate exposure to, and expression of, self-harm online may be associated with potential benefits as well as potential harms. Although research on the positive effects of self-harm online communication is emerging, there remains a lack of knowledge about the reasons why young people initiate and engage in these communications, the contexts in which these behaviours occur, and the factors that influence safety and quality of experience. Our study aims to address some of these gaps and expand our understanding of the motivations and mechanisms involved in youth online communication about self-harm, how harms could be reduced, and how safety and benefits can be maximised online.

Methods and materials: This study used a qualitative design employing semi-structured online interviews to explore research questions. The study design was developed in consultation with young people. Participants were recruited from Instagram and the #chatsafe Youth Advisory Network. Inclusion criteria were 1) aged between 18 and 25 years inclusive; 2) lived experience of any method of self-harm (current or history); 3) actively communicated (any medium) about self-harm online (any platform) as an original poster and/or responder in the past six months; and 4) currently resided in Australia. In total, we conducted 20 interviews (M age of participants = 20.55 years, SD = 2.01 years; 55.0% of participants were female; M interview duration = 64.4 minutes, range = 30-90 minutes). Interviews were audio recorded and transcribed verbatim. Transcripts were returned to 6 participants who opted-in, but no edits were requested. Inductive thematic analysis has recently commenced and will include member checking.

Results: Findings on young people's motivations to communicate about self-harm online, 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 and recommendations based on young people's needs and a harm minimisation rather than prohibitionist approach will also be considered and presented. These action items will be included in a multi-panel Delphi study, which will be conducted to develop the 2nd edition of the #chatsafe guidelines on how young people can safely proactively and reactively communicate online about self-harm with and without suicidal intent.

13.2 Title: Content creation or connection? New media and lived experience of suicide

Presenter**: Dr Sarah Wayland**[1]
Co-Authors: Jackson Newbury-Dupe[2], Fincina Hopgood[1], Myfanwy Maple[1]
[1]University of New England, [2]University of Melbourne
Submission #92537

Abstract

Study objectives: Lived experience of suicide is commonly shared across media platforms and inclusion is viewed as suicide prevention activities. However, the evidence based regarding how we prioritise all voices of those exposed to suicide in new media is scant.

Methods and material: This study sought to compare the inclusion of lived experience of suicide within two new media platforms – Facebook and podcast. Analysis of 12 Australian mental health organisations' public Facebook pages where 188 posts were identified as including suicide, in addition to analysis of 575 podcast episodes, published between September 2019 and June 2020 were collected. Data that included content relating to suicide was iteratively coded to descriptively analyse how lived experience of suicide was authentically included

Results: Use of Facebook, by Australian mental health organisations, prioritised organisational voice when discussing or suicide, or those bereaved by suicide, as a way to bolster or personalise suicide prevention initiatives or events. Lived experience of suicide attempt voice was not a standalone inclusion in Facebook data. By comparison podcast offered a digital storytelling approach, prioritising self-published content that prioritised the lived experience voice centring on suicide attempt.

Conclusion: Recommendations for enhanced awareness regarding broader inclusion of lived experience voice, that includes those bereaved by suicide as well as those living with suicidality, as a strategy to enhance awareness of suicide prevention strategies, should be prioritised in addition to current media guidelines, such as Mindframe, that identify simply what can and cannot be shared when discussing suicide.

13.3 Title: Finding consensus on best practice public communication around lived experience of suicide: A Delphi study

Presenter**: Elizabeth Paton**
Co-Authors: Hannah Brown, Zoe Triandafilidis, and Emma Quilty
Everymind, School of Medicine and Public Health, College of Health, Medicine and Wellbeing, University of Newcastle
Submission #92381

Abstract

Study Objectives: Irresponsible reporting of suicide can lead to imitative acts and increased suicide rates. To mitigate this risk, the *Mindframe* guidelines for media professionals were developed to support safer and more sensitive media reporting, portrayal and communication about mental ill health and suicide. However, people with lived experience of suicide (including bereavement) have reported both negative and positive experiences of the media, and there are some tensions between what media guidelines recommend and what those with lived experience believe is important. The purpose of the Lived Experience (LEX) Project is to develop evidence-informed guidelines for safe public communication around lived experience of suicide. Two sets of guidelines will be created: one for people with lived experience of suicide to help in telling their stories publically, and one for media professionals who report them.

Methods and materials: The LEX project comprises five stages: lived experience consultation, Delphi study, guideline co-design, media consultation, and evaluation. In this presentation we will discuss the Delphi study, the objective of which is to establish consensus among people with lived experience of suicide about best practice on the reporting of lived experience of suicide in the media. The Delphi technique is a method used to collect expert-based judgements and identify consensus in areas where available knowledge is incomplete or subject to uncertainty. The Delphi study for this project involves two online surveys. For the purpose of this study, people with lived experience of suicide include people with an experience of suicidal ideation or behaviours, who have cared for a person experiencing suicidal ideation or behaviours, or who have been bereaved by suicide. The contents of these surveys is based on the lived experience consultation stage, and asks participants to rate items according to their perceived importance for inclusion in the guidelines.

Results: Themes identified from the lived experience consultation that will be discussed in the Delphi include: sharing one's story, interaction with the media, and media reporting of personal stories of suicide. These themes have also raised emerging questions discussed in the Delphi, including how sustainable suicide prevention co-design can be achieved and how we can safeguard people sharing their lived experience to prevent burn out.

Conclusion: The development of these guidelines will enable people with lived experience of suicide and media professionals to safely share stories in the media and will contribute to the reduction of stigma and harm relating to suicide media reporting.

13.4 Title: Media Representation On Transgender Suicide In India
Presenter**: Bharath Rathinam[1]**
Co-Authors: Lekshmi Vimala[2] and Anish V. Cherian[3]
[1&2] PhD Scholar, Department of Psychiatric Social Work, NIMHANS, Bangalore, India; [3] Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore, India
Submission #92448

Abstract

Suicide is an important cause of death world-wide. As per National Crime Records Bureau (NCRB) the rate of suicide is increasing every year. The suicidal behaviour and suicide attempt rate are reported to be high among transgender persons compared to general population across the countries. Suicide attempt rate among the trans population across the countries was 32% to 50% and 40-50% prevalence of depression and high incidence of suicide attempts in Bengaluru. The causes for suicide among transgender were mental illness, family problems, illness, substance abuse, fall in social reputation, physical abuse. 11 transgender individuals (3 from Karnataka) have completed suicide and belonged to age range between 18-45 as reported by NCRB in 2018. Lifetime prevalence of attempt suicide was 32% among them. Internalized transphobia and higher level of structural stigma increase the risk of suicide attempt. Globally, results show a prevalence of suicide attempts and ideation significantly higher than the heterosexual population.

Objectives: Suicidality among the trans population is high compared to general population. The aim of the study was to systematically understand suicidality among trans population in India.

Methods and materials: We undertook a content analysis of newspaper articles reporting suicide in 19 most highly read vernacular and English language daily newspapers in Bengaluru, Karnataka over the 3 months period between 1st October to 31st December 2019. The nineteen newspapers were reviewed by the social worker trained in mental health.

Results: In our study we found a total of 1198 articles on suicide among which 59.5% were males and 27.5% were female and 8.5% were male and female died by suicide together (suicide pact). However, we have not identified any suicide report on transgender individuals in the reviewed daily newspapers. This can be explained as secondary to social discrimination, marginalization and stigma acting as barriers to accessing the welfare services which could lead to unobserved suicidality among the trans population.

Conclusion: The findings from our study helps to identify the research gap and structural gap on the prevalence and causes of suicide among transgender population. The study can help in the development of preventive programmes and easy accessibility to mental health care services for this population.

13.5 Title: Where's the harm? Understanding the evidence on self-harm and suicidal content found online
Presenter**: Cathy Brennan**
Co-Authors: Sonia Saraiva, Natalie King, Richard Melia, Lydia Campbell, Elizabeth Mitchell, and Allan House
Submission #92581

Abstract

Study objectives: There are increasing calls for the regulation of online content related to self-harm and suicide, particularly that which is user generated. However, the online space is a key source of support and advice, with sharing of experiences an important aspect of this. This study sought to explore what it is about online content, and how people interact with it, that may confer harm or offer benefit. We sought to understand how self-harm and suicide content found online may contribute to mental health outcomes.

Methods and materials: We undertook a systematic review of the latest published evidence and a theoretically driven narrative synthesis. The aim was to develop a framework that captured the complexity of the problem. We ran customised searches up to March 2021 in 6 databases. We included all empirical research on internet/online use and self-harm or suicide content that had been indexed since 2015.

Results: We found 4,614 unique records; over 100 met our inclusion criteria and were included in the review. The evidence base is rapidly expanding with a doubling of published papers every two years. Not all the evidence is of high quality. There are very few longitudinal or intervention studies so little evidence to understand possible causal links. The issue is complex; very little of the content online can be classified as explicitly harmful or definitively helpful. The same content can be seen as positive for some whilst harmful to others. We present a framework that seeks to represent the interplay between the person, the medium, the content and the outcome.

Conclusion: Important conversations happen online so there needs to be spaces where people can share experiences. Content is not separate to person so online safety means thinking about all users. Blanket removal or unthinking regulation of content may be more harmful than helpful. A focus on safe browsing is important and tools that limit time and diversify content may be helpful to support this.

13.6 Title: The RSR Model & the Suicide Reporting Toolkit: Putting media reporting guidelines into practice
Presenter**: Ann Luce**
Submission #92207

Abstract

Numerous guidelines on responsible reporting of suicide have been available to journalists globally for more than 20 years, offering advice on best practice regarding approaches and suitability of content. Whilst their advice is compelling and legitimate, their use is uneven at best. With a suicide death every 40 seconds worldwide, it is imperative journalists understand and recognise the best ethical practices in order to report suicide responsibly. To address these shortcomings, the authors present a model for responsible suicide reporting (RSR) that is grounded in news-work and embeds media reporting guidelines within journalistic storytelling practices. The accompanying Suicide Reporting Toolkit for journalists and journalism educators helps journalists understand **how** to implement global guidelines. The toolkit is underpinned by 15 years of research into suicide in the media, including the new Responsible Suicide Reporting model (Duncan & Luce, 2020). The suicide reporting toolkit embeds five sets of global guidelines on the reporting of suicide from the World Health Organisation (global), Society for Professional Journalists (USA), Samaritans (UK & Ireland), National Union of Journalists (UK) and the Independent Press Standards Organisation's Editors Code of Practice (UK). Since its launch in August 2020, there have been more than 20,000 unique visitors to the site. We posit through the process of producing stories using the RSR model and the use of the Suicide Reporting Toolkit, journalists should interact more effectively with critical risk

factors such as stigmatisation, copycat effects and harmful speculation highlighted as concerns by media reporting guidelines.

Oral Papers 14 Youth programs

14.1 Title: Skill-based development for school communities in suicide prevention through early intervention and safe and effective communication training
Presenter: **Lindy McGregor**
Co-Authors: Shayne Connell and Marc Bryant
LivingWorks Australia
Submission #92604

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 trainers has continued to ensure a strong nationwide presence for LivingWorks programs. This presentation will discuss 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. LivingWorks has recently developed the Network of Safety model, where various levels of skills development are implemented into community settings, from workplaces, sports clubs, clinical and schools/tertiary education. 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 pepe and their touchpoints.

14.2 Title: The Impact of a Harry Potter-Based Cognitive-Behavioural Therapy Skills Curriculum on Suicidality and Wellbeing in Middle Schoolers: A Randomized Controlled Trial

Presenter**:** **Paula Conforti,**

Co-Authors: Rabia Zaheer, Anthony J. Levitt, Amy H. Cheung, Russell Schachar, Ayal Schaffer, Benjamin I. Goldstein, Mark Fefergrad, Thomas Niederkrotenthaler and Mark Sinyor.
Submission #92158

Abstract

Objective: To evaluate the impact of a Harry Potter-based mental health literacy curriculum, imparting cognitive behavioural therapy (CBT) skills, on suicidality and well-being in middle-schoolers.

Methods: Students (aged 11-14; grades 7-8) who received a 3-month teacher-delivered intervention embedded in the language arts curriculum (N=200) were compared to a wait-list control group (N=230) in the largest urban school board in Canada. Suicidality defined as a composite measure of self-reported suicidal ideation and attempts [primary outcome], self-reported emotion dysregulation, interpersonal chaos, confusion about self, and impulsivity [Life Problems Inventory (LPI)] and self-reported depression and anxiety symptoms [Revised Child Anxiety and Depression Scale (RCADS)] were the outcomes of interest. Measurements occurred prior to and after curriculum delivery with independent t-tests used to compare mean change scores between groups clustered by class.

Results: Thirty-seven English teachers in 46 classes across 15 schools comprised the planned study cohort. Composite suicidality scores were significantly worse in the control than intervention group 0.05±0.54 vs. 0.17±0.47, t= -2.60, df=428, p=0.01). There were also significant improvements in LPI and RCADS scores (LPI:-3.74±7.98 vs. 1.16±10.77 t=5.28, df=428, p<.001; RCADS: (-3.08±5.49 vs. -1.51±6.53 t=2.96, df=429, p=0.01) in the intervention group compared to controls. Sub-analyses revealed that these improvements were largely driven by a significant difference in scores in girls.

Limitations: Sample size constraints as study terminated prematurely during COVID pandemic.

Conclusions: This study demonstrates significant improvement in suicidality, emotional regulation, self-concept, interpersonal difficulties, depression and anxiety in youth, particularly girls. Replication studies in larger samples are needed to confirm these results.

14.3 Withdrawn

14.4 Withdrawn

14.5 Title: Results of the TEENS Feasibility Trial
Presenter**:** **Britt Morthorst**
Submission #92471

Abstract

Background: Non-suicidal self-injury (NSSI) prevalence and incidence are difficult to estimate due to highly heterogeneous studies, populations and assessment tools. However, the phenomena

have gained increased research attention since this behaviour has disseminated dramatically especially in young persons. The definition of non-suicidal self-injury excludes self-injury with suicidal intent, but though there is a difference in ethology, non-suicidal self-injury is among the most important predictors for later suicidal behaviour. There is evidence of dialectical behavioural therapy (DBT) to NSSI engaging patients; however, this a resource demanding treatment often provided selected groups of self-harming adolescents. Specific treatment for non-suicidal self-injury is needed and short-term programs online for adolescents have been suggested. Patients with stigmatizing illness such as non-suicidal self-injury may find internet-based interventions more acceptable.

Aim: To assess the feasibility of methods, procedures, and safety of internet-based Emotion Regulation Individual Therapy for Adolescents (ERITA) added to treatment as usual (TAU) compared to TAU alone in 13-17-year-old patients with non-suicidal self-injury referred to psychiatric services.

Method and materials: A feasibility trial including a randomization procedure in a parallel group design. During May to October 2020, patients were recruited from Child- and Adolescent Mental Health Outpatient Services (age 13 to 17 years) and assessed eligible if they had had > 5 episodes of non-suicidal self-injury the past year and one episode the past month. The experimental intervention was internet-based, and therapist guided; ERITA consists of online ERITA as an 11-week program as add-on to treatment as usual. The program consists of manualized online therapy based on the methods of acceptance and behavioural therapy with elements from cognitive behavioural therapy (CBT) and DBT. Modules are ranging in content from psychoeducation, through awareness training, control and regulation of impulses and emotions by acceptance and validation. The intervention also provides six modules for the parents' involvement focusing on information about non-suicidal self-injury and other risk-taking behaviours, emotional awareness, effective communication skills (e.g. validation). Treatment as usual was provided by multidisciplinary teams in nine outpatient clinics within Child and Adolescent Mental Health Services in the Capital Region of Denmark.

Results: The trial was assessed feasible with 53% of the referred patients proceeding to randomization. The trial obtained a follow-up rate of 90% at end of intervention (12 weeks) and 87% of the participants completed more than six of eleven ERITA modules; results of the explorative clinical outcomes will be available to present by September 2021, at the conference. A Qualitative TEENS study exploring the participants experiences with online therapy is conducted during spring 2021; for which results will also be available by September 2021.

14.6 Title: Breaking bad news in the school environment - a postvention skills training course
Presenter: Vita Postuvan
Submission #92633

Abstract

Breaking bad news, such as a death by suicide, requires an effective and empathetic messenger. The school environment is one of the systems that deliver such news. It may be the death of a

classmate, teacher, or other caregiver. Since suicide is one of the most common causes of death among young people, messages about suicide are more common. At the same time, school personnel often lack the skills necessary to implement such task. The goal of this project was to develop a short skills training for school personnel to deliver bad news to pupils. We developed a short two-hour training for school staff on breaking bad news in the school environment. This was delivered in April 2021 by two trained psychologists in an online format. A small group was formed to create a space for communication with the audience. Public invitation was sent to all primary schools in Slovenia and participation was on a first come, first served basis. We conducted a small-scale RCT to evaluate the competence changes in the participants. Twenty-six participants took part in the training and comparison with the control group showed significant improvement in skills and self-assessed feelings of competence after the training. This pilot intervention appears to address postvention skills, specifically breaking bad news about suicidal behaviour.

Oral Papers 15 Lived Experience

15.1 Title: Changing the Narrative in Suicide Prevention
Presenter: **Joe Calleja**
Submission #92173

Abstract

Study objectives:

1. Participants will develop an understanding of why the non-clinical Alternatives to Suicide peer support approach works.

2. Participants will develop an understanding of how the ConnectGroups pilot program in Western Australia is helping to change the narrative of suicide intervention in Australia.

The presentation will:

- Outline the origins of the U.S. initiated Alternatives to Suicide peer support response to suicide, which uses the framework of the Hearing Voices peer support approach to psychosis.
- Provide the results of a small ethics approved study of a group run in Western Australia.
- Include content from internationally recognised lived experience experts.
- Describe how the ConnectGroups pilot program Western Australia will help change the narrative on suicide prevention.

Community concern about the rising levels of suicide in Australia has reached the point where the Prime Minister has appointed a Special Advisor and several states have appointed offices which focus on suicide prevention. The rates continue to rise despite hundreds of millions of dollars in additional funding being allocated. The current narrative around suicide is based on a treatment response: professional intervention in which the individual is seen as having the problem which needs to be fixed. This is slowly changing to include responses which are non-clinical. However, it is still a very risk averse system. Nonclinical interventions still have professionals in the background.

This presentation argues there is room in the continuum of responses to suicide intervention which allows the voices of individuals to he heard without any form of clinical presence. This has been proven to work with the Alternatives to Suicide peer support approach where people with a lived experience meet in a group facilitated by two trained facilitators, who also have a lived experience of suicidal distress including having made attempts.

The Alternatives to Suicide peer support approach has been running in Massachusetts in the US since 2008, with funding from their mental health commission and philanthropic support. It has its origins in the Hearing Voices peer support approach to psychosis which is now widely accepted in many countries.

A group has been running in Western Australia for over three years and another in Sydney NSW. ConnectGroups, the peak body for self-help groups in WA, has been funded for an eighteen-month project by Lotterywest to introduce this approach more fully in Western Australia. It leads the Alternatives to Suicide WA Alliance, which was formed to introduce a strong peer support approach to suicide intervention. This paper will outline how the Alternatives to Suicide peer support approach is changing the narrative in suicide prevention.

15.2 Title: Looking at the Stars: A honest discussion of the good and bad bits when sharing a lived experience of suicide
Presenter: **Peta Dampney**
Submission #92516

Abstract

This oral presentation will outline the experience starting from the decision to share a lived experience of suicide publicly through to the current day more than 5 years later still working in the suicide prevention and mental health space at a national level here in Australia.

Topics to be discussed in this presentation will include:

- Why me and why now?
  The process of deciding why my experiences were relevant and important to share with others as well as how I decided that I was mentally ready to share my lived experience of suicide publicly at a national level.
- Is this what it is all about then?
  The initial disappointment when things didn't go to plan, frustrations with journalists and content producers and the battle between ego and getting the story out there to be seen.
- That's not me sorry.
  Learning to say no when things didn't feel right, identifying my values and key messages, working out who my people are.
- Where to now?
  What gets me inspired? What makes me hopeful? Where will I go in my work from here onwards? What has my journey taught me and how can I use it to help others?

It will be revealed that the positives do outweigh the negatives and that initial desire to promote that life is worth living as well to celebrate the joys has remained throughout. What has become

of outmost importance is the power of language, our duty of care to others and what was most shocking was that sometimes the imagery and campaigns do not always correlate with reality. Sometimes standing on a bridge of your own making halfway between the worlds of lived experience and the clinician world can make for a lonely and isolating experience. Selling tickets based on appropriate codes of conduct and meaningful honest communication and connection can be difficult amidst the clouds of politics, ladder climbing, ego and cliché.

So, in this discussion I invite you to join me on my bridge of understanding and experience that I have built. It is steady and safe. It is built on bricks made of humour, truth and celebration. I hope that by seeing how I have built my bridge that together we can create even more stronger connections between all our different worlds of experience.

15.3 Title: Suicide and Spirituality - a lived experience of finding meaning and a life purpose without religion
Presenter: **Peta Dampney**
Submission #92534

Abstract

What happens when you survive a suicide attempt, and you realise that is you deciding to survive it without any intervention from any God or any faith? The process of surviving, choosing to live and in those stages of grief afterwards trying to recover and make sense of living? Trying to recreate a motivation to live whilst feeling ashamed and guilty of the mortal sin that you are reminded that you nearly undertook. Having survived an attempt 16 years ago, I was surprised how much my mind turned to religion following my attempt in a desperate attempt to make sense of the mass psychological pain and trauma that I had just experienced. I felt betrayed by a God that I had not really worshipped religiously for allowing a person to endure such pain. Surely, I thought if a God or the like did exist in all those times that I cried out to anything or anyone to help me to stop the pain that something. The whole experience made me turn away from Christianity and look elsewhere and ultimately within for guidance. My hope is that a frank discussion and reflection about my experience will provide insights to those working with those that are suicidal the role that religion has on suicidal individuals, even those that are not religious. Many of our suicide prevention and mental health services are closely linked and at times funded by religious institutions so this also poses questions about the impact of these relationships could have when providing support, services and resources. This presentation will also reflect on the concept of post traumatic growth following a lived experience of suicide, particularly regarding the re-building of a sense of identity and purpose for those who have survived a suicide attempt. On the flipside, many suicide attempt survivors will become even more religious or even in fact religious for the first time. Clearly, discussions such as these are important to identify that the period before and after an attempt are a time of philosophical and perhaps even spiritual crisis for individuals. It is hoped that this discussion will provide strategies working with those who are suicidal or have recently survived an attempt to better understand some of the complex thought processes that they might be experiencing and what may provide additional comfort and support at this time.

15.4 Title: Involving an individual with lived-experience of custodial suicide in a co-analysis of qualitative data: hints, tips and guidance.

Presenter: **Laura Hemming**

Submission #92341

Abstract

Study objectives: Patient and public involvement (PPI) in research is becoming increasingly common and is an important way to improve the quality of research and ensure that research remains relevant to its beneficiaries. Despite this, there are few examples in the literature of individuals with lived experience being involved in qualitative analysis, nor is there any guidance on best practice for this. This presentation will draw on the researchers experience of involving an individual with lived experience in a co-analysis of qualitative data and share learning about how best to approach this.

Methods and material: An individual with lived experience of custodial suicide contributed to a co-analysis of qualitative data exploring suicide and violence in male prisoners. The analysis conducted was thematic analysis, and this presentation will therefore outline how an individual with lived experience was involved during each stage of a thematic analysis.

Results: Challenges were identified such as financial constrictions, time management and ethical considerations which posed restrictions to collaborative working and concerns around maintaining a rigorous approach to qualitative analysis. Benefits were identified such as co-production ensuring a triangulation of perspectives, epistemological advantages and the adherence to a constant comparison process.

Conclusion: A number of recommendations are made for those wishing to involve individuals with lived experience in co-analysis of qualitative data. Specific advice around the stages of a thematic analysis, as well as broader advice pertaining to best practice when co-producing work will be discussed.

15.5 Title: Designing an alternative to the ED for people experiencing suicidal distress: Lessons in co-design

Presenter: **Dr Fiona Shand**

Co-Authors: Susanne Armstrong, Cassandra Heffernan, Ryan Waite, and George Laggis

Black Dog Institute

Submission #92553

Abstract

This project aimed to establish and maintain an authentic co-design process to design, pilot and evaluate an alternative to the emergency department for people experiencing suicidal distress and presenting to a large Sydney hospital. We strived to elevate the lived experience voice from the beginning by involving and empowering the lived experience advisors in their roles as investigators

from the establishment phase of the project. Our aims in this paper are to discuss the why and the how of co-design in the context of this project, and to explore ways of overcoming barriers to genuine co-design.

Our approach was to have lived experience advisors, health professionals, and academics taking equal roles as investigators on the project, in addition to co-designing the service model. Through this approach, LE investigators were involved in determining what questions we wanted to ask of the data, establishing the framework for interviews and focus groups, interpretation of the data, and service design. The lived experience advisors were also involved as interviewers and co-facilitators of the workshops. Data sources included emergency department data, interviews and workshops with help-seekers, and two combined help-seeker and health professional workshops. A model of co-design was established collaboratively as well as core principles for working together, including empowerment, equality, trust and openness. Project team members were accountable to these principles in how the team worked together and how project activities were conducted. This groundwork allowed for key considerations for co-design to be maintained over the course of the project including shared decision making, choice for team members level of involvement including lived experience led project activities. This is congruent with literature which states that authentic co-design requires consumers to be partners from the outset, the acknowledgement, exploration, and action to manage power differentials and that consumer leadership and capacity is developed. (Roper, Grey & Cadogan, 2018). The approach to co-design shifted over the course of the project, with the integration of the design-thinking model with a social justice approach.

The approach taken to this work has facilitated the development of relationships and trust, diminished the 'otherness', thereby enriching the content and the experience of the project, and enabling us to move forward together toward the common goal. It harnesses the full range of skills and experiences that each of us brings to suicide prevention, which is key to addressing complex problems within complex systems.

15.6 Title: The Voice of people with Lived Experience of suicide (VocLE) Study: Learning from lived experience in suicide research in Australia
Presenter: **Karolina Krysinska & Ingrid Ozols**
Submission #92333

Abstract

Study objectives: The importance and value of involvement of people with lived experience of suicide has been recognised in suicide research and prevention. Although there are generic models/frameworks of "consumer involvement" in mental health, it is not clear whether they can effectively guide involvement of people with lived experience in suicide research. The VocLE study addresses this gap by developing guidelines on how to include people with lived experience of suicide in studies. Specifically, the objectives of the VocLE Study are: (a) to identify needs and expectations of people with lived experience and researchers regarding research collaboration/co-

production, (b) to ascertain benefits, disadvantages, barriers and facilitators in this process, and (c) to explore education/training needs in this area.

Methods and material: The VocLE Study is a 2-year mixed-methods project. In this presentation we report on Phase 1, i.e., qualitative interviews with people with lived experience of suicide and suicide researchers in Australia. Data collection run between October and December 2020, and we have recruited 36 study participants: 19 people with lived experience of suicide (i.e., an experience of suicidal thoughts, a suicide attempt/self-harm, caring for someone in a suicidal crisis or being bereaved by suicide) and 17 suicide researchers. These qualitative data were analysed using Thematic Analysis.

Results: Thematic analysis of interviews with people with lived experience of suicide yielded six themes: (a) the diversity of lived experience, (b) the value of lived experience, (c) the safety and resilience of people with lived experience of suicide, (d) respect and dialogue between people with lived experience and researchers, (e) the "why" of co-production/co-design in suicide research, and (f) the "how" of co-production/co-design in suicide research. Participants with lived experience observed that there has been increasing interest in lived experience in suicide prevention and research; however, the diversity of "lived experience" is often overlooked. Researchers and other mental health professionals need to recognise and acknowledge the value of lived experience. Participants with lived experience pointed out the risk of triggering while talking about suicide and indicated that researchers need to ensure their safety. Further, dialogue is a pre-requisite for collaboration between people with lived experience and researchers. Many study participants had rich experience of co-production and advocated for this approach. The analysis of interviews with suicide researchers is ongoing.

Conclusion: According to participants with lived experience "working together [with researchers] just makes for stronger scientific method". The next step (Phase 2) of the VocLE Study is an online Delphi survey, based on the interview data and review of the literature, to develop a final set of guidelines.

Oral Papers 16 Technology

16.1 Title: Calm conversations can save Lives - How Motivational Interviewing, Apps and technology, and focussing on communication skills improves knowledge and skill retention in suicide prevention training

Presenter: **Melanie Schroder**

Submission #91989

Abstract

CALM (Connect-Ask-Listen-Monitor) is a one-day suicide intervention / prevention training program developed in Queensland, Australia. It is evidence and lived experience informed.

CALM's vision being 'Every person, in every community can recognise and support those at risk of suicide'. CALM activates the participants' awareness for those who may be at risk and provides

them with a powerful tool in the form of a mobile phone app to assist others. The training is adaptable to meet the needs of different communities and cohorts. It is delivered in one day so it is accessible to busy people and organisations. The training follows adult learning principle and focusses on both knowledge about suicide prevention and communication skills needed to remain calm and have an intentional conversation. Over 2500 participants have completed the training and 38 people are currently accredited as trainers.

Our presentation discusses the outcomes of the research and evaluation that have investigated the efficacy of the program: The research methodology measured short- and medium-term outcomes, including whether the training impacted on following levels of knowledge and skill:

- knowledge and understanding of suicide and suicide prevention/intervention;
- confidence in identifying and interacting with someone thinking about suicide; and
- understanding appropriate referral options and how to develop a safety plan.

One internal and two external evaluations were conducted which included 3 survey instruments to capture the information required: a pre and a post training survey and a 3-6 month follow up survey.

Analysis of pre and post surveys showed a highly statistically significant increase in participants' perceived levels of knowledge and skills after the training (p,0.005). All survey questions showed statistical improvements with the largest improvements relating to feeling capable of undertaking a suicide intervention and a general understanding of suicide. 3-6 month follow up surveys scores were statistically significantly higher than pre training, suggesting improvements in knowledge and skills were retained for some time after the training. Using factor analysis, group satisfaction questions were grouped into themes: learning needs met; real-world practicality; professional training; stigma reduction with overall satisfaction across all themes scoring an average of at least 4.5 out of 5.

Based on this research we argue that CALM training is meeting the learning needs of participants and significantly improves knowledge and skills related to suicide prevention / intervention. Unique aspects of the training (CALM model, Be Safe App, and inclusion of motivational interviewing) suggests that this model may be providing a valuable addition to the suicide prevention / intervention landscape.

16.2 Title: Smartphone suicide prevention safety planning: acceptability and usefulness of the Beyond Now app for Aboriginal & Torres Strait Islander and LGBTI populations

Presenter: **Samantha Wild[4]**

Co-Authors: Glenn Melvin[1] Ruth Tatnell[1], Penelope Hasking[2], Chris Pepping[3], Samantha Wild[4], Rachel Bush[1], and Christopher Rainbow[5]

[1]School of Psychology, Deakin University, [2]School of Psychology, Curtin University, [3]Department of Psychology and Counselling, School of Psychology and Public Health, La Trobe University, [4]Awakening Cultural Ways; School of Psychology, Deakin University, [5]Beyond Blue; School of Psychology, Deakin University

Submission #92522

Abstract

Study objectives: Suicide safety planning is an established best practice intervention in emergency departments and aftercare services for those who have recently attempted suicide. Safety plans provide a structured and personalised resource for those at risk to help avert a future suicidal crisis through identifying warning signs of an impending crisis, coping strategies, and emergency contacts. In 2015, Beyond Blue, an Australian mental health awareness not-for-profit organisation launched the smartphone app Beyond Now, which allows users to create a safety plan on their phone. A 2017 evaluation found strong endorsement among a broad population of users for the app's usefulness, with many choosing to access their plan when distressed, for reassurance, or when they noticed warning signs. However, the evaluation also found a need to upgrade the app to make it more accessible, culturally appropriate, and inclusive for Aboriginal and Torres Strait Islander, and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse (LGBTIQ+) people, high risk groups for suicide. Following further community and clinical consultations, these upgrades were made during 2019. The objective of this study is to evaluate the accessibility and cultural appropriateness this new version of the Beyond Now app with Aboriginal and Torres Strait Islander and LGBTIQ+ people.

Methods and material: The study used a mixed method design. Participants were recruited in two ways. A link inviting app users to complete a quantitative survey was inserted into the Beyond Now app. App users who completed the survey and identified as being LGBTIQ+ and/or Aboriginal and/or Torres Strait Islanders were invited to participate in an interview about their use of the app. Non-app users who identified as being LGBTIQ+ and/or Aboriginal and/or Torres Strait Islanders were recruited via social media to participate in focus groups about the app. The quantitative survey was designed for the study to assess user attitudes toward Beyond Now's cultural appropriateness, acceptability and barriers and enablers to use.

Results: Findings will be presented on Beyond Now usage and participation, cultural appropriateness, acceptability and relevance of the app for Aboriginal & Torres Strait Islander and LGBTIQ users, cultural barriers or enablers influencing app use, and unintended positive or negative outcomes from app usage.

Conclusions: Culturally sensitive digital resources for suicide prevention are required to engage vulnerable minority populations who experience elevated suicide risk. Implications and lessons learned for cultural and inclusive adaptations of smartphone suicide prevention interventions will be discussed.

16.3 Title: Reliable online helpline referrals: Early indications from a global helpline marketplace
Presenter: Elliot Taylor
Co-Authors: Lauren Purse, Live For Tomorrow
Submission #92513

Abstract

Helpline signposting plays a vital role in suicide prevention online. Major social networks (i.e. Facebook, TikTok), search engines (i.e. Google, Bing) and news media (i.e. CNN, BBC) all refer people to helplines for crisis support. A sample of six lists of mental health and crisis helplines are linked to by 1.5M pages online. However, these resources typically suffer data reliability and user experience problems. Common issues include broken links, low international coverage, and a lack of best-practice user experience design. We asked: how might we more reliably and measurably connect people in crisis online to human help? Would such a service be utilised by users in crisis and internet companies? Through human-centred design thinking, we developed a progressive web app and embeddable widget, Find A Helpline, with the aim of connecting people experiencing distress and those in crisis to free mental health helplines. We developed a helpline taxonomy to classify services, and used crowdsourcing and paid contractors to search for and record global helpline data, later verified by the helplines themselves. We launched the product in New Zealand in September 2021 and attracted users through news stories, search, social media influencer partnerships and widget placements on partner websites. In April 2021, we collaborated with the International Association of Suicide Prevention (IASP) to redirect their crisis support page to findahelpline.com. 22,000 web pages link to the IASP's crisis centre's page. In anticipation of the redirection, we expanded our coverage to over 1,600 services in 63 countries. In the 7-month period ending 30 April 2021, over 8,500 unique users accessed our service from 147 countries (not including some that did not consent to analytics). Almost half (47%) of users were during the 3 week period (8% of the total period) following the IASP URL redirection, with 9% of sessions resulting in direct action to contact a helpline via phone, text or webchat, or call emergency services. When compared to standard conversion rates across industries, this is 2-4 times higher. While further expansion is planned, at current usage we predict that Find A Helpline will connect over 6,000 people to helplines globally by the end of 2021. Further up-to-date usage and insights will be provided by the time of the conference presentation. Results indicate that online users who experience suicidal thoughts and other crises seek out and access helpline services, and that the promotion of sites with reliable data and intuitive web design experiences are vital to ensuring they can easily receive support.

16.4 Title: Befrienders Worldwide Help App for immediate suicide prevention help in 11 languages
Presenter**: Brian L. Mishara**
Co-Author : Martin Taylor
Submission #92630

Abstract

Research has found that people in crisis want clear and simple signposting to immediate support. People who are in a crisis state report that they find navigating multiple options and sorting through information extremely difficult. In order to provide immediate, easily accessible, help anywhere in the world to people in a suicidal crisis, Befrienders Worldwide, an international NGO

network of suicide prevention helplines, launched the BW Help App in June, 2020. This web-based computer and smartphone app was developed to offer a more simple and direct access to help than the main Befrienders Worldwide English language website. The BW Help App is available in 11 languages, with more languages to be added. It provides immediate access to help in each language, provided by BW affiliated centres around the world. A study of the initial 30,000 visitors who engaged with the BW Help App indicated that 35% connected via the app to a member centre's help services by telephone, Skype, email, or went to the centre's website where they have another opportunity to access a centre's services. We do not know how many people accessed help services in this way. Visitors to the app since launch have come from almost all countries in the world using a variety of source links, bardom including the Befrienders Worldwide website which itself received 1,737,820 visits between July 2019 and July 2020 (more than double the previous year). Two-thirds of app visitors are under age 35, and there are 1.5 females for each male. In the first quarter of 2021 the number of visitors increased by 57.8% over the previous quarter and the number of sessions increased by 71.0%. The top 10 centres that users engaged with through the app are in: Lebanon, Cyprus, the Philippines, New York USA, Morocco, Italy, Argentina, Cape Cod USA, Brazil and India. We have recently received a grant from The Seafarers' Charity to apply the BW HelpApp to provide access to emotional support for seafarers, who travel the world on commercial vessels, are from a variety of cultures and speak many different languages. Currently, online searches result in people being confronted with an often-confusing multitude of options, some providing effective help, others linking to helplines inexperienced in helping suicidal people, and some linking to forums and organizations that incite people to suicide. Providing this free app linking people to immediate help worldwide meets an important need expressed by suicidal individuals. It has the potential to help reduce the incidence of suicidal behaviours worldwide.

16.5 Title: SafePlan: A Pilot Randomised Controlled Trial of a Smartphone-based Safety Planning Intervention as an Adjunct to Therapy in Irish Mental Health Services.
Presenter: **Ruth Melia**
Submission #92413

Abstract
Background: SafePlan is a safety planning mobile app developed with young people, mental health professionals and researchers to reduce suicidal ideation and behaviour.
Study objectives: The primary objective of the current study is to assess the feasibility and acceptability of SafePlan as an adjunct-to-therapy for individuals at-risk of suicide accessing Irish mental health services. A secondary aim is to assess the acceptability of SafePlan data collection methods, for both clinicians and individuals accessing services, including the collection of Ecological Momentary Assessment data via the app.
Methods and materials: The trial is designed as a two-arm repeated measures trial. Participants aged 17 to 35 years who are accessing Irish mental health services and present with suicidal

ideation, non-suicidal self-injurious behaviour or suicidal behaviour will be eligible for inclusion. Participants will be randomized to either (1) the experimental condition: SafePlan plus Treatment As Usual, or (2) Treatment As Usual supplemented with a paper-based safety plan. Data will be collected for both groups at baseline, after 8 weeks of app use, and at 6 month follow-up. Measures include the Columbia Suicide Severity Rating Scale, the Beck Scale for Suicide Ideation (proposed primary outcome measure), Coping Self-Efficacy Scale, Interpersonal Needs Questionnaire, and the Client Service Receipt Inventory. Semi-structured interviews with individual's using the app as part of their treatment and the clinicians supporting them, will be used to further assess the feasibility of the intervention and the data collection procedures used.

Results: Data will be organised into a 14-point framework of methodological issues to be examined in pilot and feasibility studies. Potential solutions to issues will be generated using the ADePT process for decision making post feasibility trials.

Conclusions: Findings will be used to inform progression to a full RCT to test the efficacy of the SafePlan mobile app when compared to a paper-based safety plan. Safety Planning is recommended practise when individuals present to health services at-risk of suicide. Further research is needed to examine the feasibility and effectiveness of SafePlan when compared with traditional paper-based planning.

Oral Papers 17 Workplace

17.1 Title: Understanding and exploring the experiences of firefighters exposed to suicide – A narrative approach
Presenter**: Tara Lal**
Submission #92335

Abstract

Study objectives: To understand and explore the experiences of firefighters exposed to suicide in their personal and professional lives.

Methods and material: This is a qualitative study which uses narrative inquiry methodology to hear and understand firefighters' stories. Fire and Rescue New South Wales professional firefighters form the sample population, with data collected through 20 in depth interviews. Firefighters' stories have been analysed using Braun & Clarke's (2019) Reflexive Thematic Analysis to drill deep into participants stories whilst also respecting the ways in which the researchers' own experiences, being a firefighter with lived experience of suicide, influence the stories that are told and how they are interpreted.

Results: This presentation will discuss the generation of concepts related to the ways in which firefighter culture and ways of thinking and working influences how they live with and through the experience of exposure to suicide. Highlighting the relationship firefighters have with such concepts as control, questioning and fear, with the 'why' question and the 'unknown', placing them in a liminal space. Firefighters experience diverse challenges in the wake of suicide. Their primary function is to save life and their entire career is founded on a paramilitary command and

control structure. When confronted with suicide, firefighters invariably have no control, occupationally or emotionally, over the outcome. Paradoxical experiences within each story of, 'sameness' and 'differentness' help us to understand the complex ways in which firefighters live with and through suicide exposure.

Conclusion: Deeper understanding of how firefighters experience exposure to suicide in their personal and professional lives, through hearing their stories, enables new, previously unexplored concepts to be unearthed. The experience of exploring this from an insider perspective is discussed, as the researcher forms part of her study population being both a firefighter and a person with lived experience of suicide exposure in her personal and professional life. Further research is needed in this very poorly understood area to better understand the nuances of emergency service workers experiences of suicide exposure so that culturally specific evidence based suicide preparedness, prevention and postvention resources and programs can be developed for firefighters and other emergency services.

17.2 Towards Zero Suicide – NSW Government gatekeeper training
Presenters**: Marc Bryant**
Submission #92566

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. Saving someone's life can begin with having a conversation. Approximately 40 per cent of people who die by suicide have not had contact with health services in the past 12 months. We can support people who are experiencing suicidal thoughts or distress by creating opportunities to have a conversation. Suicide First Aid caregivers, also known as Gatekeepers, are people in our community who may come into contact with people who are experiencing suicidal thinking or behaviour. This could include people who work in our community as sports coaches, teachers, students, veterans, youth workers, clergy, pharmacists, aged care workers, people working in the construction industry, and many others. As part of Suicide First Aid training, people learn how to identify behavioural changes or elevated suicide risk, and skills to safely speak to and support individuals experiencing suicidal ideation or self-harm. The (Aus) NSW Government's Towards Zero Suicides strategy is an $87 million investment over three years in new suicide prevention initiatives that address priorities in the Strategic Framework for Suicide Prevention in NSW 2018-23 and contribute to the NSW Premier's Priority to reduce the suicide rate by 20 per cent by 2023. The Towards Zero Suicides initiatives seek to provide leading best practice crisis care and support, build on local community resilience and improve systems and practices. A key initiative of the strategy is community support through

capacity building, which includes Community suicide First Aid training. Through the "Community Gatekeeper Training initiative", organisations across NSW have received funding to deliver specialty suicide awareness and prevention skills training courses to over 10,000 members of the community. A main provider of the training is LivingWorks, which is includes working to support NSW Fire and Rescue Service. This presentation will explore the introduction of the Network of Safety model into the NSW Fire and Rescue Service. It will include the adoption of the train the trainer model among key staff and early evaluation of training among 300 firefighters at stations in Sydney and in regional NSW during a backdrop of COVID19 and post-bushfires.

17.3 Title: Emergency Department staff's experience of providing care in the Emergency Department to individuals presenting with suicidal thoughts or behaviour – qualitative exploration.

Presenter: **Demee Rheinberger**
Co-Authors: Diane Macdonald, Hannah Rosebrock, Fiona Shand
Black Dog Institute, Australia
Submission #92414

Abstract

The authors present preliminary qualitative findings from the LifeSpan RESTORE study, a longitudinal cohort study examining the experiences of providing at, and receiving care from, the emergency department (ED) during a suicidal crisis (suicidal ideation, behaviour, or attempt). The RESTORE study was conducted as part of the LifeSpan multi-level suicide prevention trial.

Evidence is developing around the experience of the ED from the point of view of the help seeker during a suicidal crisis, however, there has been little research to date exploring the experiences of providing care in the ED to these individuals. This component of the RESTORE study aims to explore ED staffs' experiences of providing care to individuals presenting to the ED with a suicidal crisis. We conducted 6 interviews and 6 focus groups with ED staff from a variety of roles within two hospital EDs in the Australian Capital Territory (ACT). We interviewed at least one individual from each health professional group who help-seekers typically engage with. A thematic analysis is currently underway exploring their experiences.

Our preliminary analysis has indicated that staff who were less specialised, tended to feel less confident engaging with individuals experiencing suicidal distress, and reported more desire for training around suicide and mental health. Additionally, the ED's focus on assessing the risk rather than providing psychological intervention were seen by staff as a reason for individuals with multiple presentations. This 'revolving door' scenario brought about by a focus on risk rather than treatment creates a risk of burnout expressed by most participants.

The ED staff recognised that the ED was not the best place for individuals experiencing suicidal distress, however reported that increased suicide training for ED staff at all levels, greater access to mental health staff, and shorter waiting times would likely improve the ED experience for individuals experiencing suicidal distress. Many of the health professionals believed that for those presenting with suicidal ideation, but not physical or medical conditions, an alternative ED configuration would provide the best outcome for patients.

If improvements are to be made to the experience of using the ED during a suicidal crisis, it is important that we also explore the experience of those providing the care. It was evident from our study that inadequate support is provided to the staff in EDs, which may have flow-on effects to the patients. Understanding the parameters that guide and constrain the ED staff's experience will help ensure that future ED reform, or development of alternatives to the ED, provide best possible outcomes for suicidal individuals.

17.4 Title: A Whole of organisation approach to supporting psychiatry trainees in the event of a patient suicide.
Presenter**: Dr Kathryn Turner**
Submission #92544

Abstract

Objectives: The death of a person by suicide profoundly impacts on their family, friends and community. It may also have a considerable emotional and professional effect on those who have been involved in a professional care capacity, including psychiatry trainees. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) established an Advisory Group, including people with a lived experience, trainees and psychiatrists. The Advisory Group reviewed training, education and support resources for psychiatrists and trainees. It was agreed that support for trainees could be strengthened by including advice for the trainees, their supervisor/s, as well as the health organisation (e.g. hospital).

Methods and material: The RANZCP Advisory Group formed a sub-group of trainees and psychiatrists to review currently available resources to support trainees in coping with the suicide of a patient. The subgroup also reviewed the evidence regarding different solutions and strategies for health services. Resources were adapted/drafted, and these were reviewed by the wider Advisory Group and other Committees involved in trainee education, training and wellbeing.

Results: The review found that support provided to trainees who experience the suicide death of a patient could be improved. It was also identified that there should be more recognition of the impact that the experience has on a trainee, their supervisor and the wider clinical team, such as a sense of failure and blame. Supporting staff following suicides can also have positive impacts on developing a safety culture.

In order to strengthen wrap-around support, three distinct resources were developed:

1. Coping with a patient suicide as a psychiatry trainee

2. Supporting trainees after the suicide of a patient for psychiatry supervisors

3. Supporting team members after the suicide of a patient for health services

The resources provide clear, practical information that might be of assistance in dealing with this rare, but always troubling event. Information includes steps following a patient suicide, considerations of medical and practical matters, alongside emotional and wellbeing support mechanisms. As part of the project, a podcast was also produced, calling for a whole-of-system approach when addressing the impact of a patient suicide. The final resources will be developed

into infographic formats. The use of the infographic format enables the resource to be more user-friendly and is easier for people to remember as a useful reference of support.

Conclusions: This project highlights the support required for trainees, supervisors and health services when coping with the suicide of a patient. The resources emphasise the importance of maintaining and ensuring mental health practitioners wellbeing.

17.5 Title: Suicide among military, emergency and protective service workers in Australia between 2001 and 2017.

Presenter**: Katherine Petrie**

Co-Authors: Mark Deady, Matthew Spittal, Matthew Philips, Stephanie Zeritis, Fiona Shand, and Samuel B Harvey

Submission #91976

Abstract

Study objectives: Elevated rates of suicide have been identified among certain workforces, including the military and police. However, sample composition, country of origin and time period examined varies, resulting in a wide variation in suicide rates reported for these professions. Additionally, suicide rates among related smaller professions, such as protective service workers and fire-fighters have received less attention in the literature, with few studies reporting longitudinal national-level mortality data for these groups. To address these issues, this study examines suicide rates in Australia between 2001 and 2017 among a range of frontline service personnel, including military, emergency and protective services.

Method: National level mortality data on cases of intentional self-harm between 2001 and 2017 in Australia will be extracted from the National Coronial Information System and will include the following occupations: military personnel, emergency service workers (police, ambulance, fire-fighters) and protective service and security workers. Data will be analysed with regression and modelling using cubic splines or joinpoint analysis, and differences in suicide rates by gender, age, method of suicide, access to means, and occupational group will be explored, as well as trends over time in suicide rates.

Results: Suicide rates in these professions across a 16-year period in Australia will be presented, and results will examine whether suicide rates are changing over time relative to each other, and to the population employed in other occupations. Differences by variables of interest will be explored, and Australia results will be compared to international data in these groups.

Conclusion: This presentation features novel national-level analysis of suicide rates in Australia among at-risk workforces, including first responders and the military. The findings will advance current understanding around suicide risk in the workplace and can inform the design and tailoring of suicide prevention strategies relevant for these frontline service personnel.

17.6 Title: Suicide among healthcare professionals in Australia – visualizing mortality data over 16 years

Presenter**: Katherine Petrie**

Co-Authors: Matthew Spittal, Matthew Philips, Stephanie Zeritis, Fiona Shand, and Samuel B Harvey

Abstract

Study objectives: Particular groups of health professionals feature some of the highest rates of death by suicide compared to other occupations. Existing research focuses largely on physicians, with limited research assessing the burden of suicide among other healthcare professionals and a lack of Australian studies in this area. This presentation will showcase suicide mortality data from Australia to compare suicide rates among a number of healthcare professions across 16 years.

Method: This study will use the latest national-level data on intentional self-harm deaths between 2001 and 2017 collected by the National Coronial Information System (NCIS) in Australia. Regression analyses and modelling using cubic splines or joinpoint analysis will be conducted to examine how rates are changing over time.

Results: Suicide rates by gender, age, method and occupational group will be presented to highlight potential differences in these variables among healthcare professions. Results will examine whether suicide rates are changing over time among healthcare professionals, both relative to each other and to the population employed in other occupations. Australian results will be compared to international data.

Conclusion: This presentation will feature novel research that utilizes the latest national-level data to visualize suicide mortality in these at-risk healthcare occupations. A better understanding of suicide rates across the full range of healthcare professions and how these may be changing over time will ensure that workplace suicide prevention initiatives can be designed and directed to those workforces most at-risk.

Oral Papers 18 Training

18.1 Title: Suicide first aid intervention – co-developed interventions training and dissemination for Australian veterans

Presenter**: Shayne Connell,** CEO LivingWorks Australia (Australia)
Co-Authors: Dr Pete Gutierrez, Military Suicide Research Consortium Director and LivingWorks Education Vice President Innovation (USA); Rick Trimp, President LivingWorks Education and former Military clinician (USA)

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. Open Arms is focused on meeting client needs through a combination of proven clinical

practices and new and emerging evidence-based approaches. Open Arms contributes to a wide range of research projects in Australia and around the world, as well as funding professional development for counsellors. A key Open Arms strategy is the "Suicide intervention and mental health literacy workshops", where Open Arm's 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. These workshops are delivered in RSLs and major Ex-Service Organisations around the country. Workshops include the LivingWorks network of safety suite of START, safeTalk, and ASIST, and LivingWorks was recently commission in Australia to co-develop with Open Arms an adaptation of safeTalk suicide first aid training for 7,000 veterans. The presentation will cover the 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. The presentation will also discuss the limitations on community engagement and preparations for a dissemination campaign to e co-deigned with veterans and their families. Presenters will also showcase early pre-and post-training evaluations in the state-wide trial of the new material in Queensland among 300 veterans.

18.2 Title: Psychological Distress and Suicidal Ideation in Australian Online Help-Seekers: The Mediating Role of Perceived Burdensomeness

Presenter: **Christopher Rainbow**

Co-Authors: Dr Peter Baldwin, Dr Warwick Hosking, Dr Peter Gill, Dr Grant Blashki, and Dr Fiona Shand

Submission #92366

Abstract

Objective: Psychological distress is closely linked to suicidal ideation, but the mechanism of this relationship is unclear, dampening the utility of distress screening in suicide prevention. This study aimed to identify potential mediators of this relationship, and whether effects are sex-specific.

Method: A sample of online help-seekers who had just completed the K10 psychological distress checklist on the Beyond Blue website [N = 1,528; 1,186 women] consented to complete measures of help-seeking intentions, financial wellbeing, alcohol use, belongingness, burdensomeness (risk factors); and suicidal ideation. Moderated mediation analysis examined the indirect effects of psychological distress on suicidal ideation through the risk factors, and whether effects were moderated by sex.

Results: The model accounted for 44% of the variance in suicidal ideation. The majority of participants had experienced very high psychological distress (77.3%) and at least some suicidal ideation (74.7%) in the past four weeks. A significant indirect effect of burdensomeness was found for both men and women. No other risk factors produced significant indirect effects.

Conclusions: Perceived burdensomeness appears to be central in determining how psychological distress might progress to suicidal thinking. The experience of distress may lead a person to believe that loved ones would be better off without them, prompting suicidal thinking.

- Routine screening for psychological distress during primary care or via online tools is a potential early intervention opportunity for suicide.
- Intervention plans for men and women experiencing high levels of psychological distress could be improved by incorporating an investigation of perceived burdensome feelings.
- Online screening for psychological distress is a potential bridge to offline-help seeking, and should provide tailored information for help-seekers that addresses perceived burdensomeness.

18.3 Title: How Correctional Officers Experience Prisoners Suicidal Behaviour? – Qualitative Research and Development of The Model of a House
Presenter: **Meta Lavrič**
Submission #92443

Abstract

Study objective: Prisoners are in great risk of suicide: suicide rates in prisons are higher than in the general population and suicide is recognised as the leading cause of death in prisons. Consequently, correctional officers are more exposed to suicides than the general population, especially correctional officers who work in 12-hour shifts because they are in prisons at times when suicidal behaviour is most common. The aim of the study was to explore how correctional officers experience prisoners' suicidal behaviour and how they cope with potential psychological consequences of these experiences.

Methods and Material: We conducted in-depth interviews with 11 male correctional officers working in 12-hour shifts and analysed the data using the grounded theory approach.

Results: After initial coding of all interviews we obtained 1281 citations and 56 codes. From the first 56 codes we formed 14 concepts, which were conceptualised in *The Model of a House*. The model consists of *5 parts of the house* representing 5 different aspects of the experience. Those aspects are (a) *the foundation of the house* that includes concepts: the beliefs of correctional officers about the prisoners' suicidal behaviour, preparedness of correctional officers to deal with prisoners' suicidal behaviour, and understanding of their role in interventions to prevent the prisoners' suicidal behaviour, (b) *the walls of the house* that include concepts: relationships between correctional officers, work-overload of correctional officers, recognized lack of management support after a suicidal event, and experiencing shift work, (c) *the rooms in the house* that include concepts: relationship of correctional officers with prisoners, experiencing prisoner's suicide, experiencing events after prisoner's suicide, and well-being of correctional officers after prisoner's suicide, (d) *the roof of the house* that includes concepts: developing of coping mechanism, and "thick skin" of correctional officers, and (e) *the chimney of the house* that includes concept opinion on the psychological support received after prisoner's suicide.

Conclusion: The model provides an overall understanding of how correctional officers experience prisoner suicidal behaviour. It symbolizes how the suicidal event is confined in the general functioning of correctional officers within the actual and psychological walls of prisons. It also

explains the potential role of psychologists in providing support to correctional officers in coping with suicidal events.

18.4 Title: Boys don't cry (to their GP) A within-individual analysis of parental suicide and adolescents' primary health care use in Norway
Presenter: **Dr Anne Reneflot**
Co-Authors: Ranveig Kaldager Hart, Solveig Glestad Christiansen, Lars Johan Hauge
Submission #92385

Abstract

Background: Losing a parent is associated with symptoms of distress and poorer long-term outcomes among adolescents. Adolescents who lose a parent to suicide are worse off than their peers even before the event occurs, due to a more stressful home environment and/or genetic predispositions. Based on the current literature, we cannot distinguish such baseline differences from the medium and long-term effect of parental suicide.

Research question and method: We study the effect of parental suicide on adolescent's General Practitioner visits for mental health or psychosocial reasons. Within-individual (fixed effects) models net out observed and unobserved baseline differences. We investigate if effects vary with the sex of the adolescent and deceased parent, as well as parental education, and compare results to the effect of parental death from other causes.

Data: Data on use of health services, parental mortality and sociodemographic characteristics for parent and child are drawn from Norwegian administrative registers. Our study sample is Norwegians aged 13-19 in the period 2006-2015 who lost a parent within this time period (N= 930 827 adolescents, with 1016 parental suicides and 9 704 parental deaths from other causes in the observation period).

Results and conclusion: Fixed effects regressions show that GP visits for psychosocial reasons increase gradually in the quarters leading up to parental suicide, and remains high thereafter. A total effect of 6 percentage points is substantial compared to a baseline of 3% visiting the GP for such reasons. The effect is driven by females. Males whose parent have lower education, or who lost their father, are least likely to consult their GP.

Oral Papers 19 Attitudes & Stigma

19.1 Title: How does gender, culture and population subgroups influence the stigma of suicide in Australia? Cross-sectional survey from the LifeSpan Suicide prevention trial studies
Presenter: **Sharwood LN,**
Co-Authors: Torok M, McGillivray L, Rassumussen V, Rheinberger D, Zeritis S, Shand F.
Submission #92614

Abstract

Study objectives: To investigate the influence of gender on the stigma of suicide, and whether this varied by community subgroups, sociocultural variables or lived experience.

Methods and material: LifeSpan intervention is an integrated suicide prevention framework consisting of nine evidence-based strategies, comprising universal, selective, and indicated interventions and has been implemented as a research trial across four distinct geographic regions in New South Wales, Australia. Four cross-sectional surveys were conducted within selected groups of trial region populations and in various settings. Survey participants represented members of the general community, individuals who had attended Emergency Departments for suicidal crisis, secondary school students prior to enrolment in a suicide prevention program and gatekeepers prior to undertaking suicide prevention training. Key data collected across all surveys form the basis for this study, and includes sociodemographic measures such as age, gender, sexual orientation, Indigenous status, level of education, self-reported mental illness diagnosis, recent help-seeking for suicidality in prior 3 to 12 months or prior suicide attempt. An ordinary least-squares regression model was fitted using the mean of the stigma subscale of the Stigma of Suicide Scale as the dependent variable, coefficients were exponentiated. The most parsimonious model was selected using the lowest Bayesian information criterion.

Results: Participants (n=16,912) were mostly female (70%); the remaining third were male (28.6%) and other/not recorded (1.4%). Almost 5% respondents (4.7%) were of Indigenous status and most of the study population lived in major cities (58.4%); 30% lived in inner regional areas and 11% in outer regional areas. Almost half of all respondents reported attainment of an undergraduate degree as their highest level of education. Regression modelling showed higher stigma among males than females (exp(Coef.) 1.76 vs 1.39, p<0.001), Indigenous individuals (exp(Coef.) 1.13, p<0.001), those who glorified suicide ((exp(Coef.) 1.06, p<0.001) and trade/apprentice level educated people (exp(Coef.) 1.06, p=.012). Including survey group indicator in the model showed secondary school students to have substantially higher stigma (exp(Coef.) 5.54, p<0.01) than all other survey respondents. Participants reporting lower suicide stigma had mental illness diagnoses (exp(Coef.) 0.90, p<0.01), prior suicide attempts (exp(Coef.) 0.92, p<0.001) and had sought help for suicidality in recent months (exp(Coef.) 0.90, p<0.01).

Conclusion: Suicide stigma varied significantly by gender, education, Indigenous status (higher among Indigenous males), lived experience and importantly by the population groups surveyed, identifying secondary school students with very high suicide stigma, adjusted for relevant covariates. Findings provide recommendations for tailoring of prevention efforts in different settings, such as supporting consistent suicide prevention training among young people, and addressing cultural influences on suicide stigma in Indigenous populations.

19.2 Title: Addressing Attitudes Towards Seeking Psychological Help in Suicide Prevention: Why is it Important and Who to Target?
Presenter**: Nina Krohne**
Submission #92440

Abstract

Background: With 800.000 people globally taking their lives each year, suicide is a major public health problem. Slovenia, where the suicide rate is almost doubled of the global average, ranks as one of the countries at risk. Thus, targeted interventions adequately addressing this issue are of great necessity. Changing attitudes towards seeking psychological help might be one form of intervention in preventing suicide.

Objectives: In this study we aimed to explore the relationship between suicidal ideation and attitudes towards seeking psychological help, as well as to identify the potential target groups benefiting from interventions aiming at changing these attitudes.

Methods: A representative sample of 1189 Slovene adults, including 598 women, aged from 18 to 95 (M_{age}=46.74, SD_{age}=16.18) participated in an online questionnaire, applied through a panel dissemination method in February 2019. The four-item Paykel Suicide Scale (PSS, Paykel et al., 1974) and Attitudes Toward Seeking Psychological Professional Scale (ATSPPH, Fischer in Farina, 1995) were used. Logistic regression was used to determine the role of attitudes towards seeking psychological help and a combination of a t-test and ANOVAs with post hoc tests were used to identify the target groups.

Results: Less accepting attitudes toward seeking psychological help predicted stronger suicidal ideation (OR = .97; p = .02), which was more expressed in younger people (OR = .99; p = .02). Less accepting attitudes toward seeking psychological help are present in men (t = -4,75; p < .001), in the age category from 18 – 29 years old (F(3, 536) = 9,27; p < .001), and in those with high school education level (F(3, 176) = 3,14; p = .027).

Conclusions: In Slovenia, suicidal ideation is more expressed in young people. Addressing attitudes towards seeking psychological help proves to be a valuable intervention in preventing suicidal behaviour. Particularly young men with a high school education level were recognized as a group most in need of these interventions.

19.3 Title: One cannot commit a crime against himself": the views of parliamentarians on the call to decriminalise attempted suicide in Ghana

Presenter: **Emmanuel Nii-Boye Quarshie (PhD)**[1]
Co-Author: Kwaku Oppong Asante (PhD)[2]
[1]Department of Psychology, University of Ghana, Accra, Ghana, School of Psychology, University of Leeds, Leeds, UK; [2]Department of Psychology, University of Ghana, Accra, Ghana
Submission #92472

Abstract

Study objectives: A growing body of evidence suggests that laws that penalise suicide are strongly associated with increased national suicide rates. Therefore, the World Health Organisation (WHO) and the International Association for Suicide Prevention (IASP) have recommended decriminalisation as a critical step in the formulation of national strategies for suicide prevention, particularly, in countries where anti-suicide laws exist. Whereas many countries have decriminalised attempted suicide, thereby eliminating the fear of legal recriminations and making it easier for persons experiencing suicidal crises to seek help, Ghana's anti-suicide law has been in force since 1960. In keeping with the recommendation by WHO and IASP, various stakeholders, including local suicidologists have called on the Parliament of Ghana to repeal the country's anti-suicide law. This study explores the views of members of parliament (MPs) in Ghana on

the call to decriminalise attempted suicide, to gauge MPs' attitudes and readiness to support repealing the country's anti-suicide law.

Methods and material: We accessed the Hansards of the 4th Republican 7th Parliament of Ghana (2017–2020) from the official website of Ghana's Parliament House. Across the period, two Statements on decriminalisation of attempted suicide in Ghana were presented, one each in 2017 and 2019, and 11 MPs shared their clear stance on supporting or opposing the call to decriminalise attempted suicide in Ghana. We applied reflexive thematic analysis to the Hansards of the two Statement Sessions during which MPs commented on (de)criminalisation of attempted suicide in Ghana.

Results: Our analysis distinguished three major co-occurring themes that entailed different, often opposing views on the call to decriminalise attempted suicide in Ghana. The themes were: (1) deterrent effect of the law (against: *the law punishes and deters to protect life*; for: *the law is insensitive and has ironic effects*); (2) enforcement of the law (against: *leave things as they are, the law is not enforced, anyway*; for: *crime is not self-inflicted*); and (3) prioritisation of suicide prevention (against: *focus on more pressing issues, but resource support systems*; for: *the law and legitimate support systems cannot co-exist*).

Conclusion: The views of the MPs who supported criminalisation of attempted suicide indicate that there is a need to extend research-informed suicide prevention literacy to MPs in Ghana. Considering that most of the MPs providing comments on the call to decriminalise attempted suicide in Ghana (n = 9) have a supportive stance, perhaps there is now a need for a Private Member's Bill or a Public Bill to provoke parliamentary plenary debate towards a revocation of the anti-suicide law in Ghana.

19.4 Title: The effect of local Suicide Prevention Action Networks (SUPRANET) on stigma, taboo and attitudes towards professional help-seeking: an exposure-response analysis

Presenter: **Margot C.A. van der Burgt[1,2]**
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Submission #92401

Abstract

Study objectives: In 2017, the European Alliance against Depression (EAAD) programme was introduced in the Netherlands through the creation of six local Suicide Prevention Action Networks (SUPRANET Community). This programme consists of interventions on four levels: 1) a public awareness campaign, 2) training local gatekeepers, 3) targeting high-risk persons in the community and 4) training of primary care professionals. This study aims to gain insight into the effectiveness of the SUPRANET programme on attitudinal changes in the general public by studying the exposure-response relationship.

Methods and material: A repeated cross-sectional design, using general population surveys to measure key variables over time. The surveys were conducted in the six intervention regions (*N* = 2,586) and in the Netherlands as a whole as a control region (*N* = 4,187) and include questions on socio-demographic variables, brand awareness of the Dutch helpline, perceived taboo on suicide,

attitudes towards depression and help-seeking. To examine the exposure-response relationship, regions were differentiated into 3 groups: low, medium and high exposure of the SUPRANET programme.

Results: The results revealed that respondents in the intervention regions considered professional help to be more valuable and were more likely to be familiar with the Dutch helpline than respondents in the control region. In the exposure-response analyses, the grading of effects was too small to reach statistical significance.

Conclusion: Our study provides the first evidence for the effectiveness of the SUPRANET Community programme on creating attitudinal change in the general public.

Keywords: Suicide prevention; SUPRANET; Multilevel intervention; Attitudinal change; Help-seeking behaviour

Oral Papers 20 LMIC Vulnerable Groups

20.1 Title: Domestic violence and self-poisoning in Sri Lanka: a case-control study
Presenter**: Piumee Bandara**
Co-Authors: Andrew Page, Lalith Senarathna, Judi Kidger, Gene Feder, David Gunnell, Thilini Rajapakse, and Duleeka Knipe
Submisison #92543

Abstract

Background and objectives: There is increasing evidence that domestic violence (DV) is an important risk factor for suicidal behaviour. The level of risk of DV and its contribution to the overall burden of suicidal behaviour has not been quantified in South Asia, where 37% of the world's suicides occur. We carried out a large case-control study to examine the association between DV and self-poisoning in Sri Lanka.

Methods: Cases (n=293) were self-poisoning patients aged 18 years and over, admitted to a large tertiary hospital in Kandy, Sri Lanka. Controls (n=500) were hospital visitors or outpatients presenting to the general outpatient ward, frequency matched by sex and age to cases. Multivariable logistic regression techniques were used to estimate the association between domestic violence and self-poisoning, adjusting for key confounders and stratified by sex. Population attributable fractions (PAF) were also calculated to estimate the level of self-poisoning risk attributable to DV for men and women.

Results: Overall, 50% of women and 36% of men presenting for self-poisoning had experienced some form of domestic violence within the past year. Women exposed to DV in the past year were four times more likely to self-poison (OR 4·08, 95%CI 1·60-4·78) than women with no past-year history of abuse. For men, self-poisoning risk increased by 2.5 times with exposure to DV (OR 2·52, 95%CI 1·51-4·21). Physical violence (AOR 14·07, 95%CI 5·87-33·72) and emotional abuse (AOR 2·75, 95%CI 1·57-4·82) showed the highest risk for women and men respectively. We estimated

self-poisoning could be reduced by 38% (95%CI 32-43) among women and 22% (95 CI 14-29) among men if DV is prevented in Sri Lanka.

Conclusion: The strength of the associations and considerable contribution of DV to the overall burden of self-poisoning suggests preventative and support interventions to address DV may yield significant gains in reducing suicidal behaviour in Sri Lanka, and other similar settings.

20.2 Title: Silent crisis: Community insights on suicide among displaced Rohingya in Bangladesh

Presenter: **Ariel Zarate**
Co-Authors: Tahmina Parvin, Farhana Mahbub, Lauren Fischer
Submission #92399

Abstract

Objectives*:* Suicide is a significant global health priority but remains relatively unexamined in humanitarian emergencies. As there are currently 79.5 million people forcibly displaced globally, there is a well-justified imperative to understand suicidal risk among refugees and crisis-affected populations. The Suicide Prevention Sub-Group in Cox's Bazar explored dynamics of suicidal behaviours among Rohingya refugees, aiming to inform appropriate population-level strategies for suicide prevention in this complex protracted crisis.

Methods/material: We employed a qualitative approach, facilitating a series of discussions with the displaced Rohingya community in Bangladesh from October-November 2020. In 13 camps, 26 semi-structured discussion groups were held with 181 participants. We asked about cultural and linguistic features of the issue of suicide in the Rohingya community, including community perceptions and experiences prior to their displacement from Myanmar and in the refugee camp context in Bangladesh.

Results*:* Suicidal behaviours, particularly ideation, are reportedly widespread and nearly ubiquitous in the community, in spite of religious and cultural injunctions against suicide. Most groups indicated hearing about suicidal behaviour far more frequently since their arrival to the camps in Bangladesh. Participants cited daily stressors such as securing basic needs for themselves and their families, restricted opportunities, and limited realization of basic rights as key reasons for pervasive suicidal ideation. In particular, "money crises" or economic pressures, mental health issues such as depression or stress, family or marital conflict (especially domestic violence), and social stress related to securing dowry were frequently identified as relevant risk factors. Community care networks including friends, family, and neighbours were preferred sources of support for those seeking help, with few participants expressing willingness to engage with humanitarian health services.

Conclusion*:* Suicide seems to be a serious, prevalent issue among the Rohingya refugee community in Cox's Bazar. Many attributed triggers of suicidal ideation have to do with living conditions in the camp context, as well as mental health concerns known to be exacerbated by the same. Addressing the issue of suicidality in the Rohingya community cannot neglect these factors and becomes increasingly urgent as refugees face additional relocations and further restrictions

on movement and sanctioned activities. Humanitarian suicide prevention and mental health service strategies should take into account refugees' expressed preference for family- and community-level supports in moments of personal crisis. Acceptability of any implemented suicide prevention strategies will depend heavily on these community care structures. Humanitarian support should redefine its role by taking greater direction from affected communities as knowledge holders and creators, both in suicide prevention and other areas of concern.

20.3 Title: Lived Experiences of Suicide Attempt Survivors

Presenter: **Arya Thirumeni**[1]

Co-Authors: Dr. R. Dhanasekara Pandian[2], Dr. L. Ponnuchamy[3], Dr. Anish V Cherian[4], Dr. Santosh Loganathan[5], Dr. Priya Sreedaran[6]

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Submission #92570

Abstract

Aim and Background: Suicide has risen as a public health concern across the globe. The number of suicides in India is growing at an alarming rate and youth suicides accounts to a huge part of it. Suicide, as complex as the phenomena is, must be studied through various approaches. There is a global consensus on literature that a history of suicide attempt is one of the major risk factors for a completed suicide. However, there is a scarcity of studies on suicide attempt survivors and their experiences. Suicide attempt survivors are often unheard. Also, in Indian scenario the number of attempted suicides that are reported are negligible when compared to the actual number. Various factors, including the law that consider attempted suicide as a crime until recently, is responsible for this. The current study aimed at exploring the lived experiences of suicide attempt survivors to gain insight into the suicidal mind.

Methodology: The current study employed qualitative research methodology. Respondents who had attempted suicide 6 months to 1 year prior to the study were identified from the clinical database of a tertiary care setting using purposive sampling method. 27 respondents (ages 18-40) were contacted and out of which 7 consented for the study. Semi- structured, in-depth interviews were conducted with the respondents. The interviews were then analysed using phenomenological approach.

Results: The study focused on three major areas of the life of a suicide attempt survivor: the changes post the attempt, their coping strategies, and their general concerns. The themes of mental pain, shame, guilt, the need to be heard, stigma, negative and positive changes in attitude of family were identified. Coping strategies used by the respondents included yoga and religious practices. The result also brought out the need for postvention programme for suicide attempt survivors.

Conclusion: Stigma and shame were two themes that reflected along the interviews multiple times. It can affect the help seeking behaviour of the individual, which poses a great risk of a repeated attempt. More studies must emerge in this direction to understand the experiences of the suicide attempt survivors as they can provide information to develop prevention strategies to reduce repeated attempts. This study

implicated the need for postvention for suicide attempt survivors, which must be started along with their hospital admission, which is currently not an active practice in India.

Keywords: Suicide attempt survivor, stigma, postvention.

Oral Papers 21 Risk factors

21.1 Title: The association between childhood sexual abuse, self-harm repetition, and suicidal intent: a mixed-methods study

Presenter: M. Isabela Troya[1,2]

Co-Authors: Grace Cully[1,2], Dorothy Leahy[1,2], Eugene Cassidy[3], Anvar Sadath[1,2], Sarah Nicholson[1,2], Ana Paula Ramos Costa[1,2], Íñigo Alberdi-Páramo[4], Anne Jeffers[5], Frances Shiely[1], Ella Arensman[1,2,6]

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Submission #92394

Abstract

Study objectives: Research into the association between child sexual abuse (CSA) and self-harm repetition is limited. We examined the association between self-harm repetition, mental health conditions, suicidal intent, and CSA experiences amongst major self-harm repeaters (MSHRs).

Methods and material: A mixed-methods study was conducted including consecutive patients aged 18 or older with 5 or more self-harm presentations in three Irish hospitals. Information was extracted from psychiatric records and patients were invited to participate in a semi-structured interview. Data was collected and analysed using a mixed-methods convergent parallel design. In tandem, the association between CSA and self-harm repetition, suicidal intent and mental health conditions was examined using logistic regression models and independent sample t-test with psychiatric records data. Thematic analysis was conducted with interview data to explore CSA experiences and self-harm repetition.

Results: Between March 2016 and July 2019, information was obtained on 188 consecutive MSHRs, with 36 participants completing an interview. CSA was recorded in 42.0% of the overall sample of 188 participants and reported amongst 72.2% of participants interviewed. CSA was positively associated with self-harm repetition (OR=6.26; 95% CI 3.94-9.94; P=0.00). Three themes

emerged when exploring participants' CSA experiences: (1) CSA as a precipitating factor for self-harm, (2) Secrecy of CSA accentuating shame; (3) Loss experiences linked to CSA and self-harm.

Conclusion: CSA was frequently reported among MSHRs and associated with self-harm repetition. Identification of patients at risk of repetition is key for suicide prevention. MSHRs are an at-risk group with particular characteristics that must be considered; comprehensive patient histories can help inform and tailor treatment pathways.

21.2 Title: Association of hospital-diagnosed sleep disorders with suicide: A nationwide cohort study

Presenter**: Nikolaj Kjær Høier, Bsc. Med.;**[1,2]

Co-Authors: Trine Madsen PhD;[1,2] Adam P. Spira PhD;[3,4,5] Keith Hawton DSc, FMedSci;[6,7] Michael Eriksen Benros PhD;[2,8] Merete Nordentoft DMSc;[1,2,9] and, Annette Erlangsen, PhD[1,2,3,10]

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Submission #92099

Abstract

Introduction: Sleep disorders and psychiatric disease are closely related, and psychiatric diseases are associated with elevated suicide risks. Yet, their association with suicide remains to be assessed using a consistent measure of sleep disorders, such as physician diagnoses. The aim of this study was to examine whether people with a hospital-diagnosis of sleep disorders had higher suicide rates than people with no diagnosis.

Methods: Using a retrospective cohort design, national data on all persons aged 15 years and over who lived in Denmark during 1980-2016 (males: 3,674,563, females: 3,688,164) were obtained. People with sleep disorders were identified in somatic hospital registers. The main outcome was death by suicide as recorded in the Danish Cause of Death register. Incidence Rate Ratios were obtained using Poisson regressions while adjusting for relevant covariates.

Results: Out of 23,927 male and 11,556 female suicide deaths, 299 and 117 had been diagnosed with a sleep disorder, respectively. Males with sleep disorders had a suicide rate of 47.4 (95% CI, 42.0-52.7) per 100,000 person-years compared to 29.9 (95% CI, 29.5-30.3) among those with no sleep disorders. For females the respective rates were 42.3 (95% CI, 34.7-50.0) versus 13.9 (95% CI, 13.6-14.1). An adjusted IRR of 1.6 (95% CI, 1.4-1.7) and 2.2 (95% CI, 1.8-2.6) was noted among

males and females with sleep disorders, respectively, when compared to those with no disorders. Excess rates were noted with respect to insomnia, narcolepsy and, in males, sleep apnea. A difference with respect to age and sex was observed ($p<0.001$). Furthermore, IRRs of 4.1(95% CI, 3.1-5.5) and 7.0 (95% CI, 4.8-10.1) were noted for males and females, respectively, during the first 6 months of diagnosis when compared to those not diagnosed. The association between sleep disorders and suicide remained significant when adjusting for psychiatric disorders, although those with psychiatric disorders also had elevated rates, particularly amongst females.

Conclusion: In this study, individuals with sleep disorders had an increased suicide rate when compared to those with no sleep disorders. Higher suicide rates were found for individuals suffering from narcolepsy, insomnia, and sleep apnea. More attention towards risks of suicide among people with sleep disorders might be needed and early detection and treatment of sleep disorders may facilitate suicide prevention in this population.

21.3 Title: Non-employment and suicide risk: a register-based Norwegian population study
Presenter: **Carine Øien-Ødegaard**
Submission #92358

Abstract

Study objectives: There is a well-known link between non-employment and increased suicide risk. However, less is known about length of, and reason for, non-employment. Both are likely to influence the suicide risk. We aim to investigate two types of non-employment: unemployment and health-related work force absence, the length of these and their relation to suicide risk. In order to facilitate targeted suicide prevention measures, variations in suicide risk among the non-employed is important information. The study set in Norway, where there is a strong welfare state with various welfare benefits aimed at lessening the economic strain from non-employment. Norwegians receiving welfare instead of payment constitute about 20% of the working age population. Thus, suicide risk related to non-employment is a large public health issue.

Methods and material: Our dataset includes Norwegian residents in the ages 21-64, born between 1949 and 1983. The observation period is 2004-2014. By means of unique personal identification numbers we have linked data from Cause of Death Registry, Norwegian Population Register, Statistics Norway's Educational Registration System, FD-trygd, and Norwegian Labour and Welfare Administration, and constructed individual record linkages. We used event history analysis, and the analyses are separated by gender.

Results: Preliminary results indicate a considerable increase in suicide risk among the non-employed, compared to the population in general, for both genders. The highest increase in suicide risk among men is within the first year, although it is significantly higher than the population in general up to six years of consecutive non-employment. For women, the immediate peak in suicide risk lasts the first three years of non-employment. The suicide risk is highest among unemployed men the first year, when controlling for health-related non-employment, and decreases with time. The same pattern applies to women, but the estimates over time are not significantly different from each other. However, the men and women who receive unemployment benefits have lower

suicide risk than the rest of the unemployed. Both men and women with health-related non-employment have over four times as high suicide risk as the general population, when controlling for unemployment. There is no indication of a decrease with time in this group.

Conclusion: Non-employment is associated with increased suicide risk among both men and women, but there are differences according to reason for non-employment. Whereas unemployment seemingly inflates the suicide risk immediately, and then decreases with time, is health-related non-employment correlated with considerable higher suicide risk regardless of timespan. This holds for both genders. In the current situation with increasing non-employment these results point to a great need for immediate suicide prevention measures.

Oral Papers 22 Self-harm & ideation

22.1 Title: Shedding light on service use and costs in adolescents with pain and suicidality

Presenter**: Verena Hinze**[1]

Co-Authors: Tamsin Ford[2], Poushali Ganguli[3], Sarah Byford[3], The MYRIAD Team[1] & Bergljot Gjelsvik[1,4]

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Submission #92480

Abstract

Study Objectives. Physical pain and suicidality (i.e., thoughts about suicide and self-harm, and self-harm behaviours) are common and co-occurring health problems in adolescence, with a significant impact on individuals and societies at large. However, little is known about the use of health and social services and associated economic costs in adolescents with pain-suicidality comorbidity, compared to those with either problem alone. Pain and suicidal thoughts independently increase risk of future self-harm, and it is recommended to screen for suicidality in adolescents with persistent or recurrent pain. Therefore, it is crucial to learn about actual services use and associated economic costs. In this study, we described prevalence rates of pain, suicidality and pain-suicidality comorbidity in a representative sample of UK adolescents. Furthermore, we compared service use and costs in adolescents with a) pain, b) suicidality, c) pain-suicidality comorbidity and d) neither pain nor suicidality to reveal the incremental costs of pain and suicidality in a representative sample of UK adolescents. Finally, we explored associations between individual characteristics and total service costs for these four groups.

Methods. We performed secondary data analyses, using cross-sectional, preintervention data from the My Resilience in Adolescence trial, collected via self-report between 2017 and 2019 across 84 schools in the UK (N=8072, aged 11-15 years). Suicidality was assessed with three items on suicidal ideation and self-harm. A combined pain measure was created as a proxy for persistent and recurrent pain over the past six months, consisting of the pain items on the Strengths and Difficulties Questionnaire [SDQ] and the Child Health Utility 9D. Service use and costs were measured with the Child and Adolescent Service Use Schedule. Individual characteristics included

age, gender, ethnicity (all single items), as well as school-area deprivation (Index of Multiple Deprivation), depression (Center for Epidemiologic Studies Depression Scale), anxiety (Revised Children's Anxiety and Depression Scale), and peer problems (SDQ).

Results. Descriptive statistics were used to describe service use and participant characteristics. Average service costs were compared between groups, using parametric t-tests and bias-corrected non-parametric bootstrapping. Multilevel analyses were used to explore associations between the four groups and total service costs, after accounting for clustering within schools. In additional multivariate analyses we tested for the influence of individual characteristics on this association.

Conclusions. Findings will enhance our understanding of the extent to which those vulnerable youth are known to care providers. Furthermore, an enhanced understanding of service costs and associated individual characteristics will lead to a better understanding of the current societal impact of paediatric pain, suicidality and pain-suicidality comorbidity.

22.2 Title: Incidence of self-harm and suicidal ideation among the Irish Traveller indigenous group: evidence from a national emergency department database
Presenter**: Katerina Kavalidou**
Submission #92573

Abstract

Study objective: Irish Travellers are an ethnic minority group, numbering approximately 40,000 individuals in Ireland, with smaller populations elsewhere, mainly in the United Kingdom. There are multiple health disparities between the Irish Traveller and the non-Traveller population, most notably that Travellers people have a significantly lower life expectancy and a disproportionate prevalence of anxiety and depression, than the general population. There is, however, limited research examining the characteristics of Traveller people following hospital-presenting self-harm and suicidal ideation. The aims of the current study were to compare the incidence of hospital-presenting self-harm and suicidal ideation by Travellers and non-Travellers people.

Methods and material: This is a population-based, prospective cohort study including nationally representative data on self-harm and suicidal ideation presentations to emergency departments in the Republic of Ireland recorded by the National Clinical Programme for Self-Harm and Suicide-related ideation (NCPSH). Based on the presentations made to 24 NCPSH participating hospitals, for the years 2018-2019, incidence rate ratios for the comparison of Travellers people with White Irish patient groups on self-harm and suicidal ideation presentations were calculated.

Results: Between 2018-2019, 756 Traveller and 23754 non-Traveller patients presented to the NCPSH participating hospitals. Traveller people who presented to emergency departments in Ireland with self-harm or suicidal ideation, had 4 times higher rates compared to White Irish patients. Specifically rates for Traveller people were 4 times higher for suicidal ideation and 5 times higher for self-harm (ref group: White Irish patients). The rate ratio for both suicidal ideation and self-harm increased with age. Among 10-19 year olds, Traveller people had twice the rate of White Irish people whereas among persons over 50 years of age, their rate was seven times higher.

22.3 Title: Characteristics and profile of prisoners who engage in self-harm: Findings from the Self-Harm Assessment and Data Analysis Project 2017-2019

Presenter: **McTernan N[1]**

Co-Authors: Griffin E[1,2], Cully G[1,2], Kelly E[3], Hume S[3], Corcoran P[1,2]

[1]National Suicide Research Foundation, University College Cork, Ireland; [2]School of Public Health, University College Cork, Ireland; [3]Irish Prison Service, Longford, Ireland

Submission #92574

Abstract

Study objectives: Internationally, rates of suicide and lifetime self-harm are higher in prisoners compared to the general population. To our knowledge, no study has systematically analysed self-harm trends among prisoners in Ireland.

Methods and material: The Self-Harm Assessment and Data Analysis (SADA) project is a national surveillance system which has monitored self-harm in prisons in the Republic of Ireland since 2016. There are twelve institutions in the Irish Prison Service consisting of ten traditional "closed" institutions and two open centres, which operate with minimal security. For this study, data from the Self-Harm Assessment and Data Analysis Project on self-harm episodes during 2017-2019 were examined. Annual rates per 1,000 were calculated by age and gender. The three-year rate of self-harm was based on the sum of the number of persons who presented in each year and the sum of the annual population, obtained from the Irish Prison Service. The average number of persons in custody between 2017 and 2019 was 11,519. Some of the analyses were confined to the prisoners who were sentenced (40.2%).

Results: The person-based rate of self-harm between 2017 and 2019 was 37 per 1,000 prisoners and was higher among females compared to males (184 and 31 per 1,000 respectively). Between 2017 and 2019 the rate of self-harm decreased by 27% (from 40.3 per 1,000 to 29.4 per 1,000). The rate of self-harm was twice as high among prisoners on remand than those sentenced (60.5 versus 31.3 per 1,000). The highest rates of self-harm among sentenced prisoners were observed among 18-24-year-olds (54 per 1,000 for males and 237 per 1,000 for females). The most frequently used method of self-harm for sentenced prisoners was self-cutting, which was most common for young people aged 18-24 years old (51 per 1,000 for males and 222 per 1,000 for females). The rate of repetition was highest among sentenced prisoners aged 18-24 years (54 per 1,000 for males and 158 per 1,000 for females). The primary contributory factors associated with self-harm among prisoners related to mental health, environmental and relational issues, mentioned in 53%, 24% and 24% of self-harm episodes.

Conclusions: Rates of self-harm are highest among female prisoners, those aged 18-24 years and prisoners on remand. The wide range of contributory factors highlight the need for an all-inclusive, prison-wide approach towards preventing self-harm. This should include both population and specific priority group strategies. Specifically, the prevalence of mental health as a contributory factor suggests that there is a need to ensure timely access to appropriate mental health services, both in terms of appropriate referral and provision of evidence-based mental health interventions.

22.4 Title: Comorbid Physical and Mental Disorders among Self-harm Major Repeaters: A Mixed-Method Sequential Study

Presenter: **Anvar Sadath** [1,2]

Co-Authors: Isabela Troya [1,2], Sarah Nicholson [1,2], Grace Cully [1,2], Dorothy Leahy [1,2], Ana Paula Ramos Costa [1,2], Ruth Benson [1,2], Paul Corcoran [1,2] Eunice Philip [1,2]Ella Arensman *et al*[1,2,3]

[1]School of Public Health, College of Medicine and Health, University College Cork, Cork, Ireland; [2]National Suicide Research Foundation, University College Cork, Cork, Ireland; [3]Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University, Brisbane, Queensland, Australia
Submission #92613

Abstract

Background and objectives: Research has indicated an increased risk of self-harm repetition and suicide among patients with five or more previous self-harm episodes. Physical and mental health comorbidities further increase the risk of self-harm and suicide. However, the association between comorbidity and major self-harm repetition is not well understood. The aim of the present study was to examine the sociodemographic, and comorbidity profile of the MRs and the association between physical and mental health comorbidity and self-harm episodes, violent or potentially violent self-harm methods (VPVSM) and suicide intent.

Methods and material: Using a mixed method sequential design, the study included consecutive cases of MRs presenting to Emergency Departments across three general hospitals in the Republic of Ireland. The study included a file review and semi-structured interviews. A specifically designed data extraction form was used to systematically collect the relevant information from the casefiles. Multivariate logistic regression models and independent samples t-tests were used to test the association between sociodemographic and comorbidity variables and VPVSM and suicidal intent respectively. Thematic analysis was applied to identify themes related to physical and mental health comorbidities and self-harm episodes.

Results: The file review included MRs (n=183) and a subgroup participated in the interview study (n=36). The majority of MRs were female (59.6%), single (56.1%) and unemployed (57.4%). The predominant current self-harm method was intentional drug overdose (60%). Almost 90% of the MRs had a history of a mental disorder, and 56.8% had physical illness. Of the MRs with physical illness, almost all (96.7%) had a diagnosis of mental disorder. The most common psychiatric diagnosis was borderline personality disorder (44%), (51.1%), and major depressive disorder (37.8%). Male gender (OR=2.89; CI=1.41-5.91; P=.004) and alcohol abuse (OR=2.64; CI=1.30-5.34; p= .007) predicted the risk of VPVSM. Suicide intent was significantly higher among those with a diagnosis of major depressive disorder [t=2.43; p=.020]. Qualitative results indicated that many MRs experienced an uncontrollable self-harm urge, and had a profile of multimorbidity, familial predisposition and frequent contacts with mental health services.

Conclusion: Physical and mental disorders were high among MRs. Male gender and alcohol abuse were associated with VPVSM. The findings underline the importance to consider MRs as a self-harm subgroup with a unique clinical and comorbidity profile. The mental and physical health comorbidities associated with MRs require a biopsychosocial assessment and subsequent indicated treatment interventions.

Keywords: Major self-harm repeaters; comorbidity; mental disorders; physical illness; violent self-harm

Oral Papers 23 Suicide Attempt

23.1 Title: Eclipse: Findings from an evaluation of a support group for those who have attempted suicide

Presenter**: Tara Hunt**[2]

Co-Authors: Myfanwy Maple[1], Sarah Wayland[1], Alayna Carrandi [1], Kelly Saidey[2], Anna Brooks[2], and

[1]The University of New England; [2]Lifeline Mid Coast

Submission #92354

Abstract

Study objectives: Support groups have been used in the community to respond to various health needs however evaluations of groups that address the needs of people who have a history of suicide attempt/s are scant. Eclipse is an Australian adaption of the Survivors of Suicide Attempters (SOSA) program designed by Didi Hirsh Mental Health Services Los Angeles, California. Designed as an 8-week closed psychoeducational group with both a mental health and peer facilitator, Eclipse aims to reduce suicidality while increasing resilience and behaviours that can assist in people identifying and seeking help when they need it. Following a co-designed pilot of Eclipse in 2017, Lifeline Australia has expanded service delivery in three metropolitan and regional locations. The objective of the current study was to evaluate the extent to which participation in Eclipse decreased suicidality and increased resilience and help-seeking among people who have previously attempted suicide.

Methods and material: Using an embedded mixed-method design, outcomes for participants were measured using the Suicidal Ideation Attributions Scale (SIDAS), Resilience Appraisal Scale (RAS), the Interpersonal Needs Questionnaire (INQ-15), and the Patient Health Questionnaire (PHQ-9 across four time-points (pre-group, post-group (week 8), and one- and six-month follow up). Qualitative focus groups were also held one month after the completion of the final session, in addition to in-depth interviews at six-months post completion, to capture participants' experience of the group, incidence of suicidal ideation, engagement with support services and tools and skills gained through participation in the group.

Results: Findings suggest that participants' mean scores on thwarted belongingness and perceived burdensomeness, severity of depression, and suicide ideation decreased from pre-test to post-test. In addition, the mean scores on resilience and ability to cope with emotions, solve problems, and seek social support improved from pre-test to post-test. Despite a small sample size (n = 43),

and awareness that significance testing is not yet possible, results are promising and show the positive effect of the program.

Conclusion: The development of psychoeducational groups for persons who have attempted suicide may provide an opportunity to seek social connection, through shared experiences, as well as educational strategies that allow for responsivity to suicidal behaviours. The results of this study demonstrate that engagement with non-clinical groups can increase social connectedness and reduction of shame and stigma associated with suicidal behaviours, and qualitatively provide opportunities to share, for some for the first time in a long history of at-risk behaviours, their experiences of suicide attempting in an open and safe environment.

23.2 Title: A cohort profile of children and adolescents under the age of 18 who had a suicide related contact with police or paramedics

Presenter: **Lisa Wittenhagen[1]**

Co-Authors: Emily Hielscher[2], Carla S Meurk[3], James G Scott[2], Megan L Steele[3], and Ed Heffernan[3]
[1]The University of Queensland, [2]QIMR Berghofer Medical Research Institute, [3]Queensland Centre for Mental Health Research
Submission #92549

Abstract

Suicide among children and adolescents is a major public health concern, and one of the leading causes of death in teenagers worldwide. While police and paramedics are frequently the first to respond to suicidal crises, and emergency departments are a key point of contact for individuals who experience suicidal distress, data relating to suicide-related calls to police and paramedics are an underutilised resource. These data, however, can provide a comprehensive picture of cohort characteristics and pathways to and from a suicidal crisis. Specifically, the methodology of data linkage (which involves creating databases that hold records typically not concurrently provided) poses a unique possibility to establish cohort profiles of individuals who died by suicide and those at risk. Here I present a cohort profile of children and adolescents who had a suicide-related record with police or paramedics. Analysis was based on the Partner in Prevention (PiP) linked dataset which is a globally unique resource that holds records for about 70,000 individuals, who were the subject of a suicide-related call to the Queensland Ambulance Service or the Queensland Police Service between 2014 and 2017. Data were analysed descriptively (n and %), over the entire study period or in temporal relation to the first recorded contact (index event) with police or paramedics. A total of 8,005 individuals (12% of the PiP cohort), linked to 16,392 suicide-related calls, were under the age of 18 at the time of their index. The median age of the cohort was 15 years, and most individuals within the cohort were female. The number of suicide-related calls to police or paramedics, as well as the number of individuals who were the subject of a call increased steeply between 2014 and 2017. Almost all children and adolescents had a recorded emergency department visit (~98%), about 75% had a recorded hospital admission, and ~89% had a public mental health service contact (and about one third of these individuals had a diagnosed mental

and behavioural disorder). While the overall mortality was low (0.80%), most children and adolescents who died, died by suicide (about 77%). Findings not only provide opportunities to inform improvements to the Australian health services landscape, but are also globally relevant, providing a comprehensive and unique cohort profile of individuals under the age of 18 who experience a suicidal crisis, and provide clear directions for future research.

23.3 Title: Intentional drug overdose with paracetamol by young people: a national registry study of characteristics, incidence and trends, 2007-2018.

Presenter: **Caroline Daly**[1]

Co-Authors: Eve Griffin[1,2], Elaine McMahon[1,2], Paul Corcoran[1,2], Roger T Webb[3,4], Darren M Ashcroft[3,5], Ella Arensman[1,2,6]

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Submission # 92086

Abstract

Study objectives: Incidence rates of hospital-presenting self-harm are highest in people under 25 years and are reportedly increasing in some countries. Intentional drug overdose (IDO) is the most common self-harm method among young people, with paracetamol the drug most frequently used. This study aimed to describe the characteristics, incidence, and temporal trends in IDOs with paracetamol among young people.

Methods and material: Data from the National Self-Harm Registry Ireland on hospital-presenting self-harm by individuals aged 10-24 years during 2007-2018 were examined. Annual IDO rates per 100,000 were calculated by age and gender. Joinpoint regression analyses and incidence rate ratios were used to examine trends in the incidence of IDOs with paracetamol.

Results: During the study, 10,985 IDOs with paracetamol were recorded. The incidence of IDOs with paracetamol among young people increased by 9% between 2007 and 2018 (IRR 1.09 95% CI=1.00-1.19), with the highest annual percentage change (APC) in females aged 18-24 years (APC 1.2%). Conversely, rates of IDO with paracetamol among males aged 18-24 years decreased significantly (APC -1.6%). Between 2013 and 2018 excesses of 386 and 151 IDOs with paracetamol were observed in females aged 10-17 and 18-24 years, respectively, and 42 excess presentations

were observed for males aged 10-17 years. There were 107 fewer presentations than expected for males aged 18-24 years.

Conclusion: The increase in IDOs with paracetamol among specific groups of young people, particularly young females is an issue of growing concern. Interventions targeting IDO among young people are needed, incorporating measures to address the availability of paracetamol and aftercare following IDO.

Oral Papers 24 Vulnerable Groups

24.1 Title: Supporting suicide prevention in refugees and asylum seekers

Presenter: **Jessica Ingram**
Co-Author: Amanda McAtamney
Submission #92268

Abstract

Study objectives: Refugees and asylum seekers are exposed to a unique set of experiences including but not limited to war, political corruption, persecution and violation of human rights, physical and sexual violence, and loss of family and culture. People seeking refugee status or asylum are at a greater risk of developing mental illness and suicidality compared to the general Australian population. The standardised suicide rate for male asylum seekers for the period of 2016 to 2019 was almost double that of non-asylum seeker males (N. Procter, 2019; ABS, 2019).

Methods and material: To support refugee and asylum seeker suicide prevention in Australia, Everymind and the NSW Ministry of Health, Mental Health Branch have developed a new evidence-based training program to support suicide prevention in refugees. The training program aimed to improve the knowledge, skills and confidence of community-based service providers delivering the Mental Health Community Living Supports for Refugees (MH-CLSR) program; as well as Local Health District (LHD) mental health staff to identify and address suicide risk in their clients.

The training has been delivered in seven LHD regions.

Training content has been developed based on:

- Existing evidence including a rapid literature review
- Consultation with community-based Mental Health Community Living Supports for Refugees (MH-CLSR) program staff, and Local Health District (LHD) mental health staff
- Formation of an Expert Advisory Group

Results: Preliminary evaluation of the training has shown perceived participant knowledge increased by 37%, perceived participant skills increased by 42%, and perceived participant confidence increased by 40% between pre and post training attendance.

Conclusion: This presentation shares results from the final evaluation of the project highlighting change in knowledge, confidence and skills of participants, and participant's application of skills in practice over a three-month period following the training. It highlights key learnings and the potential to apply learnings to future training development to support refugee and asylum seeker suicide prevention in Australia and internationally.

24.2 Title: Suicidality among women in the first 1000 days of motherhood: prevalence and nature of contact with first responders

Presenter: **Carla S Meurk**

Submission #92550

Abstract

Background: Suicidality among women in the first 1000 days of motherhood is a neglected area of research with far reaching impacts on families and communities. Suicide in peripartum is a leading cause of maternal mortality, and suicidal behaviours among mothers can have detrimental impacts on a child's development and outcomes. A recent study from the United States of America (USA), suggests that the prevalence of suicidality among childbearing women may be much higher than previously thought, with an estimated prevalence of suicidality 12 months before and after birth of 0.6%.

Aims: We will deliver findings on the prevalence, demographic characteristics, and nature of contact with first responders and health services for women in the first 1000 days of motherhood who experience suicidality.

Methods: The study sample is drawn from the Partners in Prevention study cohort (*PiP* cohort), a globally unique population-wide study undertaken in Queensland, Australia, of approximately 70,000 individuals who were the subject of a suicide related call to police or ambulance between 2014 and 2017. Women in the first 1000 days of motherhood were identified based on the date of hospital admission linked to delivery. Data are presented overall, and with respect to three phases: pregnancy; 0-12 months postpartum; and 12-24 months postpartum.

Findings: 2,456 women in the *PiP* cohort were in the first 1000 days of motherhood at the time of an index suicide-related police or paramedic contact. This is 3.5% of the *PiP* cohort, 1.32% of registered births in Queensland, and corresponds to 2.24 women per day. Of these, 70.4% of women were peripartum at the time of police or paramedic contact. Across the three phases of pregnancy and postpartum, women had a median age of 26-27 years and 23%-28% of women were

of Aboriginal and/or Torres Strait Islander descent. Between 46% and 58% of suicide-related calls were identified by a dispatch code that was explicitly suicide related. Of the remainder, the most common dispatch codes were domestic violence or disturbances/disputes (16%-28% of calls to police) or overdose/poisoning (12%-20% of calls to ambulance). A substantial proportion of suicide-related contacts with police or ambulance services (70%-79%) occurred outside of working hours, and approximately two-thirds resulted in a presentation to an emergency department.

Conclusions: Suicidality among these mothers is interwoven with vulnerabilities including being younger, engaging in substance use, and being the victim of intimate partner violence. An analysis of the prevalence estimated in this study, in relation to recently published data from the USA, will be presented, and clinical and service implications will be discussed.

24.3 Title: "We hold the kaupapa": exploring community-led rainbow suicide prevention in Aotearoa New Zealand
Presenter: **Moira Clunie**
Submission #92587

Abstract

Despite research showing that rainbow (LGBTI+) populations are at much higher risk of suicide than other demographic groups, rainbow populations are not prioritised in New Zealand's suicide prevention strategies, and decision makers lack working relationships with rainbow organisations and community leaders. This presentation shares the findings from a Masters research project that explored the nature of community-led rainbow suicide prevention in Aotearoa, from the insider perspective of a researcher who works in this field. The research aimed to bridge understanding between government decision makers who develop strategies and invest into suicide prevention, and community leaders who engage in suicide prevention work that is often not formally recognised. The exploratory qualitative study interviewed seven key informants who had led rainbow suicide prevention initiatives in New Zealand. They shared insight into the nature of rainbow suicide prevention, motivations for engaging in this work, barriers and enablers to effective practice, and experiences of collaborative, shared leadership. Participants described rainbow suicide prevention as a complex range of work, closely linked with wider rainbow justice and wellbeing issues, aimed at reducing distress and discrimination and making rainbow lives easier to live. Most suicide prevention work is driven or led by community priorities, in the context of inadequate recognition from public health decision makers. Participants were often personally motivated by lived experiences of supporting themselves, their communities and their loved ones. Barriers to the work include limited funding and capacity, hostility and judgement related both to rainbow identities and suicide, and competency gaps in the wider suicide prevention and mental health sectors. Mitigating some of these challenges, leaders are often able to access peer support from others working in this area. Participants described long-term working relationships with each other, and a shared, collaborative leadership approach which created an environment of mutual support. The study made recommendations including development of a national rainbow suicide

prevention strategy, enhancing professional peer support structures, and further research into rainbow suicide prevention.

24.4 Title: Lived Experience of Caregivers of Suicide Attempt Survivors

Presenter: **Shankavi Vivekanandhan**[1]

Co-Authors: R. Dhanasekarapandian[2], Anish V Cherian[3]

[1]MPhil Scholar, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences, Bengaluru, [2]Professor, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences, Bengaluru, [3]Associate Professor, Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences, Bengaluru

Submisison #92564

Abstract

Suicide is a global public health issue that occurs as a result of fractures with oneself, others and with the environment. One Suicide is preceded by at least twenty other non-fatal attempts in a recurring when suicide is considered as an only solution. Suicide attempt might be a solitary act, but the family members are always left behind to grieve about the act. It might hold a specific meaning for the individual and the family members. The suicidal act almost takes place in the context of the family and they are vulnerable to suicidal ideation and other adverse circumstances. Attempted suicide is an equivalent problem to be considered as an index suicide attempt would lead to another attempt or a completed suicide which poses burden on the family members, therefore is essential to understand the experiences of family

Objectives: To understand the life experiences and the meaning attached to the experiences of caregivers of suicide attempt.

Methodology: This study adopts a qualitative research methodology and a cross sectional design. Six participants, who are the primary caregivers of persons who attempted suicide before three months to one year period of time were identified from the tertiary care setting using purposive sampling method. The in-depth interviews were done using the semi-structured interview schedule. The data gathered was analysed manually and generated the themes according to phenomenological approach.

Results: The study focused on the areas of changes in life of caregivers post the suicide attempt of their relative, reactions to the suicide attempt, and how they coped with the suicide attempt. Six major domains emerged: reactive affect, mental pain, physical manifestations, social aspects, changes towards the suicide attempt survivor and coping the suicide. The result also showed the need for early identification and postvention program.

Conclusion: The outcomes of the study clearly poses the after effects of suicide attempt on the immediate family members. Being the primary caregivers, they undergo physical, psychological and social turmoil. The other significant points to be noted from the findings are the neglect of warning signs of the suicidal act and being ignorant about the preparatory acts. Emphasis should be given for more research in suicide prevention and developing postvention programs.

Keywords: Suicide attempt survivor, Lived Experience, Caregivers

Oral Papers 25 Youth

25.1 Title: Tackling Youth Suicide from the Ground Up: Co-designing towards a Generation Free from Youth Suicide in Queensland Public Mental Healthcare.
Presenter**: Rachael McIntosh**
Submission #92411

Abstract

As a recognized leader in Paediatric healthcare, education and research, Children's Health Queensland Hospital and Health Service (CHQ HHS) plays a vital role in leading Queensland in suicide prevention initiatives targeting children and young people. CHQ HHS commenced the Generation Zero Suicide (GenZs) Initiative in 2018. The Initiative is founded in the Zero Suicide in Health Care Approach and from the onset utilised lived experience leadership and co-design to listen to and learn from the voice of people affected by suicide including young people, their families and front-line health staff. This presentation will provide the audience with an overview of the GenZs Initiative Framework which is guiding suicide prevention activities within a variety of public Child and Youth Mental Health Services within Queensland. Delegates will gain an understanding of how co-design can be used to enhance comprehensive evidence based programs such as the 'Zero Suicide in Healthcare' to be fit for purpose for children, young people, their families and the staff that support them. Delegates will be provided with a brief overview of how to directly engage and empower parents and carers as the "front line of defence" against suicide; an example of safety plans and booklets specifically designed for young people; and how to use a clinical pathway to promote consistent and comprehensive safer suicide care for young people accessing child and youth mental health services.

25.2 Title: Suicide Prevention Policies in Schools – Saving Young LGBTQ Lives Through Policy and Preparation
Presenter**: Sam Brinton**
Co-Author: Keygan Miller
Submission #92487

Abstract

The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ youth, has initiated a campaign to identify, collect, and analyse school district policies across the United States addressing suicide prevention, intervention, and postvention, with a particular focus on how such policies centre the needs of LGBTQ youth.
Despite suicide being the second leading cause of death among young people in the United States, fewer than half of school districts analysed were found to have any type of required

teacher training or student education regarding suicide. Further, more than one-third of school districts did not have a policy at all, when they were not mandated by law. LGBTQ youth in the U.S. are more than four times more likely to attempt suicide than their peers, which makes the absence of suicide prevention policies which address this community a barrier to addressing this crisis. The Trevor Project seeks to encourage the adoption of consistent policy and legal solutions to protect this vulnerable population, recognizing that the adoption of suicide prevention policies that address the needs of populations identified as being at higher risk will benefit not just LGBTQ youth, but other particularly vulnerable groups that receive similar attention and students in general.

After collecting data from more than 4,000 school districts and performing in-depth analysis of more than 1,500 policies, The Trevor Project has identified trends in how the presence and content of a legal mandate affects suicide prevention training, student education, and crisis response planning in individual school districts. Specifically, a comparative analysis of two large states, one with a legislative mandate and one without, demonstrates statistically significant differences in the number of policies adopted by schools and the likelihood of those policies addressing the needs of youth placed at higher risk, including LGBTQ youth.

The Trevor Project hopes to use this research to encourage more legislative bodies to adopt legislation requiring comprehensive and inclusive suicide prevention policies, to hold school districts accountable to fulfil their obligations under such laws, and ultimately, to equip school districts and educators to save the lives of the LGBTQ students they serve.

25.3 Title: The Impact of the Japanese Government Covid-19 Policy on the Psychological State of Youth in Japan
Presenter: **Karin Moriyama**
Co-Authors: Tai Tsujimoto, Winibaldus Stefanus Mere, and Taro Okuda
Submission #92571

Abstract

Objectives: To examine how the policies on Covid-19 implemented by Japanese government have impacts on the psychological state of youth in Japan from 2020 to 2021, and to make some suggestions for a promising direction of suicide prevention policy in Japan from a multidisciplinary perspective.

Methods: 1) A quantitative analysis of questionnaire survey of 248 university students in September 2020 and of 557 university students in April 2021, focusing on question items about (a) anxiety toward infection, (b) anxiety toward human relations associated with infection, (c) code of conduct awareness related to Covid-19 (by using original scales in the cases of (a)-(c)), and (d) loneliness (by using the UCLA loneliness scale). 2) A comparative analysis of this finding in the context of the Japanese government policies on Covid-19 from 2020 to 2021. 3) A heuristic elucidation of the above analytical findings from the perspectives of policy studies in relation to philosophical underpinnings of good governance in dealing with mental health issues during an unprecedented pandemic.

Results: 1) Comparing with the degree of anxiety and code of conduct awareness between September 2020 and April 2021, the degree of anxiety (both toward infection and human relations) decreased, while the degree of code of conduct awareness increased. 2) There is no correlation between loneliness and anxiety toward infection and human relations. 3) Increase in the degree of code of conduct awareness in part results from the Japanese government policies. Chronologically, it was found that the government ended the state of emergency and introduced an incentive "Go-To campaign and Go-To-Eat campaign" during summer 2020, and declared another state of emergency during winter and spring 2021.

Conclusion: 1) The Japanese government policies have worked well to raise code of conduct awareness among young people during the spread of Covid-19 infections. On the other hand, several long-term state of emergency measures made young people accustomed to it and less anxious about the physical and social risks of infections. 2) Considering no correlation between loneliness and anxiety due to pandemic with an increase in the rate of suicide in Japan, it suggests that pandemic anxiety might just indirectly influence mental health of youth: it has likely deteriorated some situations which have usually been related to mental health. Therefore, it is advisable to strengthen the existing mental health and suicide prevention measures that has been implemented during ordinary time, instead of proposing a separate one specific for Covid-19.

25.4 Title: Suicide Prevention: University Students' Narratives on their Reasons for Living and Dying
Presenter**: Silvia Piol**
Submission #92260

Abstract

Study objectives: This study was carried out within the context of a Death Education course for college students attending a Social Work BA degree course and which was meant as a form of education on suicide prevention among adolescents and young adults. This study was aimed at exploring the narratives of future Social Workers concerning the reasons for dying and for living of their peers, both as young adults and as Social Work students.

Methods and material: 62 Social Work BA students aged 20-26 took part in the present study. Participants were recruited in a curricular course organized in the form of a Death Education intervention and focused on suicide prevention for adolescents and young adults. Participants were invited to design suicide prevention interventions targeting either the general population or vulnerable groups of young people within their communities. Data collection was carried out in the form of two written interviews exploring participants' views concerning their peers' reasons for living and for dying. Data collection and analysis falls within the Grounded Theory perspective.

Results: As regards reasons for dying, participants' narratives point to the importance of social media as possibly driving young people to suicidal thoughts and behaviours. In participants' narratives, the use of social media was tightly connected with cyberbullying, a very sensitive issue for participants in that it hinders acceptance by peers, which is considered one of the major reasons for living of adolescents and young adults. Thwarted belongingness, social isolation and

loneliness are also very sensitive issues for participants and are considered as major reasons for dying. Conversely, the most proximal relationships play a major role in one's choice to live, as they are able to provide love and support and to fulfil humans' natural need and desire for belonging and affiliation. Finally, participants state the importance of networking between the most proximal relationships, such as family and friends, with schools and universities and with health services.

Conclusions: Social Work students' narratives on the reasons for living and dying of people their age point to the importance to act on both the use of social media and possible collateral effects such as cyberbullying and on loneliness and social isolation. They therefore recognize the importance of relationships in determining adolescents and young adults' choice to live and they stressed the importance to create opportunities of cooperation and networking between families, schools and health services to support young people and prevent suicide.

Oral Papers 26 Media & the internet

26.1 Title: Harnessing Social Media to Promote Mental Health Awareness and Well-Being during the Covid-19 Pandemic
Presenter**: Dana Alonzo**
Co-Author: Marciana Popescu
Submission #92090

Abstract

Study objectives: The COVID-19 virus has resulted in significant psychological distress for many individuals, particularly those in underserved communities. Social media has the potential to be one of the most effective tools for mental health campaigns, reaching wide audiences in the shortest amount of time. In this study, we examine the potential of social media platforms to address mental health needs of underserved populations during the pandemic through the use of a social media mental health campaign, the 5x5 campaign.

Methods and material: Utilizing a participatory approach, the 5x5 campaign targeted individuals experiencing psychological distress related to the COVID-19 pandemic in low-income, high-risk communities. The 5x5 campaign incorporates key strategies of Cognitive Behaviour Therapy and principles of mindfulness and emotion regulation. The 5x5 program aims to: 1) increase awareness and understanding of mental health symptoms; 2) provide evidence-informed activities to support self-care through 5 simple activities of 5 steps each; 3) encourage help-seeking; 4) provide concrete information where help can be sought in the community (i.e., phone numbers, websites, etc.); and, 5) normalizing and validating the experience of psychological distress (i.e., anxiety, stress, depression, burnout) during shelter-in-place and lockdown restrictions.

Results: In order to provide preliminary proof of concept for the campaign, we tracked audience-reach and engagement in the first period of the campaign launch (April to June) specifically, number of people reached and number of shares. These indicators were collected with the metrics released from the social media platforms utilized for the campaign. The 5x5 campaign material was initially shared with the WhatsApp groups of the three target community organizations

consisting of 5145 members. Additionally, the material was shared with the WhatsApp groups of the community collaborators consisting of an additional 3246 members across the organizations. The campaign material was also posted to the Facebook and Instagram pages of the three target community organizations. Analytics from Facebook and Instagram show 646 unique visits to the 5x5 campaign material pages. Analytics ascertained from the WhatsApp indicated that 1 out of every 5 users shared the 5x5 campaign material and for every person sharing, an estimated of 50 additional users viewed the material for a total number of 83,900 individual. We estimate a total reach of 84,546 individuals reached by the 5x5 campaign.

Conclusion: The 5x5 demonstrates feasibility and highlights key factors that should be incorporated in the planning of social media mental health campaigns aimed at promoting awareness, engaging underserved communities, and encouraging help-seeking.

26.2 Title: "I just want to tell you how I overcame my suicidal crisis". Testimonials of suicidality in YouTube clips. A systematic mixed method study.
Presenter: **Ms Hannah Mueller-Pein**
Submission #92407

Abstract

Background: YouTube as one of the most popular and frequently used social media channels serves also as a platform to publicly share personal stories connected to suicidality. Young people, a risk group for suicidal behaviour and the one of the main target group of YouTube thus can watch but also respond by clicking "like" or "dislike" and by commenting on such videos. This form of interaction is easy to deal with, which contributes to the attraction of the platform for youths.

Study objectives: Whereas the Werther- and the Papageno-effect are well explored for print media, a lack of research on how shared information on suicidality on social media affects the audience can be noted. This presentation reports on preliminary findings of a mixed method research project that aims at examining the effect of YouTube Videos with personal testimonials about suicidality on YouTube-users in Germany.

Methods and material: (1) After a systematic search for clips dealing with suicidality on YouTube, (2) 8 videos were selected based on specified inclusion criteria (e.g., non-professional filmmakers, public availability and report on very personal suicidal experiences). It is assumed that these personal stories are more likely to lead to viewers' identification with the YouTuber. On average, the 8 videos were commented 1.274 times with a range of 9 to 2.638 comments. (3) After the selection, a systematic qualitative content analysis (Mayring) of the comments, reflecting the personal reaction of the viewer on the video was carried out. (4) Based on these observations, a system of categories was created for the different forms of impact. (5) 200 comments per video were analysed and assigned to the category system.

Results and conclusion: Preliminary findings give some evidence that the Werther- and the Papageno-effect also apply to the medium of YouTube. In addition, other impacts and phenomena on the audience are reported: for example watching these videos lead users to sharing own

experiences with suicidality, asking for help as well as offering support within the YouTube community. Further empirical research is planned to explore the effects of YouTube clips dealing with suicidality in YouTube-users in more detail. Potential options for suicide prevention are discussed.

26.3 Title: Using Artificial Intelligence to Improve Media Reporting on Suicide
Presenter: **Dr. Dan Reidenberg**
Submission #92114

Abstract

Study objectives: Driving adoption of the guidelines is a good fit for explainable artificial intelligence, specifically Natural Language Processing. Similarly to checking grammar, applying AI to the Reporting on Suicide Guidelines can educate the user while improving the quality of their final output and improve reporting.

Methods and material: Based on training on safe reporting of suicide, Cisco volunteers manually labelled phrases within articles on suicide as helpful vs. harmful. After labelling ~1,700 articles, we trained a machine learning model. Using this ML model, we discovered that only 3% of published articles posted online (in English) adhere to all of the Reporting on Suicide Guidelines. In the News App for Suicide Reporting, we use dictionary-based approach on the guidelines which are simple enough to do so, for example "commit[ed] suicide." However, for guideline violations that are more difficult to spot, we use transfer learning from the large language model, BERT, to enable contextual understanding.

Results: The app's accuracy level is over 99%, however currently adoption is very low. We expect this to increase as more journalists use the app.

Conclusion: Our goal is to get the AI's functionality within the workflows on news/entertainment media professionals as well as to help change the way we all talk about suicide.

26.4 Title: Suicide clusters among top 10 high-risk occupations: a study from 2001 to 2016 in Australia
Presenter: **Lay San Too**
Co-Authors: Matthew Spittal, The University of Melbourne
Submission #91974

Abstract

Study objectives: We seek to understand a possible new risk factor (suicide contagion) for suicide among top 10 high-risk occupations. To do this, we identify suicide clusters occurring closer in time and/or space among these groups.

Methods and material: National level coronial data and census population data were used for this study. We calculated suicide rates to identify high-risk occupations. We selected the top 10 high-risk occupations and performed Poisson discrete scan statistic using SaTScan v9.4.1 to identify suicide clusters of these groups occurring closer in time and/or space.

Results: Suicides by arts and media professionals, construction, manufacturing, skilled animal and horticultural workers appeared to cluster in time and/or space. Those working in construction settings were at risk of being in both time and space clusters.

Conclusion: This study highlights the possibility that some at-risk occupational groups may be vulnerable to suicide contagion. This suggests that interventions following a suicide ("postvention") to reduce the risk of suicide in these vulnerable groups are needed.

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Poster Directory

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1: Title: Suicide Rates In Ceara State, Brazil, From 2010 To 2020

Authors: Jose Edir Paixao de Sousa, Alan Lúcio Alencar de Andrade, Marcos Aurelio Silva Lima, Roberto Hugo Martins, Luis Eduardo Soares de Holanda, Cylviane Maria Cavalcante de Brito Pinheiro Freire, and Evna America de Aquino Leitão Paixão

Submission #92069

Abstract

Study objectives: This research aimed at presenting the suicide rates in Ceara State, Brazil, from 2010 to 2020. Ceará State is located in the Northeast coast area in Brazil and represents one of the strongest economies among the states in this Brazilian region. This state shows a strong touristic power hosting thousands of people from different nationalities annually.

Methods and material: the way of investigation was based on public data from the official website of the Health Secretary of the government where the suicide rates are already calculated and shown publicly.

Results: the results for the suicide rates were 6.02/100.000 in 2010, 6.76/100.000 in 2011, 5.85/100.000 in 2012, 6.75/100.000 in 2013, 6.4/100.000 in 2014, 6.31/100.000 in 2015, 6.57/100.000 in 2016, 7.14/100.000 in 2017, 7.16/100.000 in 2018, 6.72/100.000 in 2019 and 5.07/100.000 in 2020. Discussing the results it can be seen that the lowest suicide rate in the period occurred in 2020. The hypothesis of this study was that in 2020 we would have an increasing on the suicide burden because of covid-19 pandemic period but the rates shown contradict what was expected.

Conclusion: it is believed that further researches should be carried out to analyse the protective factors against suicide during this pandemic period.

2. Title: The role of psychopathy and emotional dysregulation in forensic mental health service users' dual-harm

Author: Matina Shafti

Submission #92100

Abstract

Study objectives: Dual-harm is the co-occurrence of self-harm and aggression during the course of an individual's lifetime. This behaviour is especially present amongst forensic mental health service users. There is growing evidence that compared to those who engage in self-harm alone or aggression alone, individuals who engage in dual-harm may represent a unique high-risk group with distinct characteristics. Despite this, we have limited understanding of dual-harm and no clinical guidelines for this behaviour. This work aims to address gaps in literature by investigating

the role of psychological factors in dual-harm thoughts and behaviours amongst forensic mental health service users. Our research will specifically focus on the role of secondary psychopathy and emotional dysregulation.

Methods and material: This research is a work in progress. We will adopt a multi-method design by conducting both a longitudinal and qualitative study. This will allow us to examine the understudied phenomenon of dual-harm in depth by approaching it from different perspectives. 100 forensic mental health service users will be recruited for the longitudinal study. Participants will respond to questionnaires and an interview assessing their personality, emotional dysregulation and dual-harm thoughts/behaviours. The measures include the Self-Injurious Thoughts and Behaviours Interview, Life History of Aggression, Violence Ideations Scale, Levenson Self-Report Psychopathy Scale, and Difficulties in Emotional Regulation Scale. 15 participants from the longitudinal research will be recruited for the qualitative study. These individuals will participate in one-to-one semi-structured interviews exploring how they perceive their personality and emotional functioning to contribute to their dual-harm.

Results: Multiple linear regression will be conducted. We expect that secondary psychopathy and emotional dysregulation will predict dual-harm thoughts and behaviours. For the qualitative study, we will use thematic analysis to analyse transcripts.

Conclusion: This study will advance our theoretical knowledge of dual-harm and encourage policy, practice and research to shift from exclusively separating between self-harm and aggression to considering these behaviours together in the context of dual-harm. Findings may inform future research by highlighting psychological factors that should be further studied in the literature. Furthermore, by identifying evidence-based psychological factors that underlie dual-harm, this work may help with the development of tailored interventions aiming to target dual-harm within forensic, clinical and social settings.

3. Title: Suicide After Feminicide by Public Safety Professionals in Brazil

Author: José Edir Paixão de Sousa, Carla Barbosa Brandão, José Jackson Coelho, Cidianna Emanuelly Melo do Nascimento, Cylviane Maria Cavalcante de Brito Pinheiro Freire, Bruna Gadelha Gomes, Alan Lúcio Alencar de Andrade, Roberto Hugo Martins, Marco Aurélio da Silva Lima, and Évna América de Aquino Leitão Paixão

Abstract

Objective: presenting the numbers of feminicide followed by suicide of Brazilian public safety professionals.

Methods and material: free and open data were researched in Brazilian websites looking up feminicide cases from January 2019 to March 15, 2021. The websites reports and pieces of news were analysed and only feminicides followed by suicides in which the offenders were public safety professionals were included as outcomes. Other kinds of feminicides were excluded from the research. After the investigation, the percentage of suicides was calculated after the feminicides compared to feminicides where there were none followed by suicides.

Results: there were 30 feminicides by public safety professionals in which 28 (93,3%) were feminicides followed by suicide. Brazilian states that presented feminicides were São Paulo 06 (20%), Paraná 04 (13.4%), Minas Gerais 04 (13.4%), Rio Grande do Sul 04 (13.4%), Bahia 03 (10%), Pernambuco 02 (6.7%), Santa Catarina 01 (3.3%), Ceará 01 (3.3%), Pará 01 (3.3%), Tocantis 01 (3.3%), Mato Grosso do Sul 01 (3.3%), Rio de Janeiro 01 (3.3%) and Maranhão 01 (3.3%).

Conclusion: the results pointed out that there is a high percentage of suicide after a public safety professional commits a feminicide. It is believed that this research is limited and under-reported. Therefore, further studies are recommended with official data that could be carried out to find other feminicides followed by suicides. It is believed that training and programs to reduce domestic violence could reduce cases of feminicides.

Keywords: feminicide; suicide

4. Title: Suicide Among Elderly in a City of the North-eastern Region of Brazil

Authors: José Edir Paixão de Sousa, Carla Barbosa Brandão, Cidianna Emanuelly Melo do Nascimento, José Jackson Coelho, and Bruna Gadelha Gomes

Submission #92133

Abstract

Objective: resenting suicide cases in a city from the North-eastern region in Brazil.

Methods and material: the investigation was carried out in 2011 with documental research on forensic reports. From the epidemiological point of view, the research consists of all of the suicide cases in the elderly registered from 2004 to 2009 in the city studied. A psychosocial autopsy and field diary was carried out for each case.

Results: the sociodemographic profile of the cases presented 37 suicides in which 28 (75.6%) were men and 09 (24.4%) were women. 21 (56.7%) were married, 09 (24.4 %) widowers, 03 (8.1%) divorced, 03 (8.1%) singles and 01 (2.7%) without information about the marital status. The suicide frequency distribution per year were 05, 05, 07, 05, 07 and 08 cases from 2004 to 2009 respectively. The methods used to complete suicide: 26 by hanging (70.3%), 05 by firearms (13.5%), 02 by burning (5.4%), 01 (2.7%) by falling from height, 01 (2.7%) by poisoning, 01 (2.7%) by drowning and 01 (2.7%) without method information. During the field research, relatives talked about the main circumstances that involved the suicide of elderly associated to life conditions and risk factors. The risk factors were "lack of life meaning", depression, mental illness, weakened affective relationships, previous suicide ideation and attempts, impulsiveness, abusive use of alcohol and devaluation feelings. Most of the elderly died in their houses.

Conclusion: the research helped to identify elderly in vulnerable situation, showing the circumstances that influence the suicidal behaviour and showing risk factors that are very important to know in a country that presents growth in its suicide rates.

Keywords: elderly; risk factors; suicide.

5. Title: Suicidal behaviours in pregnant women with bipolar disorder: a systematic review

Author: Naohiro Yonemoto[1][2], Yoshitaka Kawashima[3], Sawako Sakakibara[4]

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School of Medicine, Tokyo, Japan; [3]Clinical Psychology Course, Department of Psycho-Social Studies, School of Arts and Letters, Meiji University, Tokyo, Japan; [4]Hokkaido University, Sapporo, Japan

Submission #92146

Abstract

Study objectives: Bipolar disorder is a serious psychiatric disorder correlated with a high risk of suicidal behaviours. We investigated epidemiology and associated factors for suicidal behaviours in pregnant women with bipolar disorder.

Methods and material: We performed a systematic review. The literature search was conducted using MEDLINE, EMBASE, CINAHL, PsyINFO, and reference lists from previous related reviews and articles. We selected studies included pregnant women in bipolar disorder with suicidal outcome, but excluded qualitative study, case reports and review articles. We summarized characteristics of these eligible studies.

Results: The search terms identified 461 articles in these databases. We identified three eligible observational studies, as retrospective and prospective studies. A historical cohort study was reported 24.5 % of suicidal ideation and 7.9% of self-harm during pregnancy. A retrospective study was reported 3.71% of suicide attempt during pregnancy and 7.97% in the postpartum period. A prospective study was reported 6.16 % of suicidal ideation during first year postpartum period. The self-harm was associated with younger age, pre-existence of self-harm and smoking from a study. The suicide attempt during pregnancy and postpartum period has different risk factors from a study.

Conclusion: Epidemiology and risk factors of suicidal behaviours on pregnant women with bipolar disorder was almost clear, but limited findings from still few studies. We should aware the risk and support issues for suicidal behaviours of pregnant women with bipolar disorder.

6. Title: It's what and how you say it: safe language use in suicide prevention
Author: Hayley Purdon, Chair, Roses in the Ocean Lived Experience Advisory Group
Submission #92149

Abstract

Guidelines exist for publicly speaking about suicide in a safe manner. Research demonstrates that describing method has adverse effects on population level suicide and self-harm rates. But does this translate into other suicide prevention contexts? People with a lived experience use accounts of their experiences throughout suicide prevention. Further, researchers, policy makers, prevention organisations and the media describe suicide stories, statistics and other information related to suicide. Guidelines such as the Australian Mindframe media guidelines provide a useful basis in considering how much detail to go into when telling your story or communicating about suicide. On the other hand, overly censoring language used to describe suicide has negative impacts. People who experience suicide often have difficulty finding the words to express their experiences. By imposing strict rules, we run the risk of taking away that voice and making it too hard for people to tell their stories. We also run the risk of sanitising the true experience of suicide and washing away the harsh reality of the experience. Further, we risk promoting some

experiences over others, losing the diversity of voice that suicide prevention needs. In solving this complex issue, the Roses in the Ocean Lived Experience Advisory Group have a solution. Through speaking with and learning from those with a lived experience, there are some key considerations when deciding how to talk about suicide prevention. Firstly, context matters. What should be said on a public stage is very different to what should be said in small groups or in a 1:1 environment. Secondly, we must consider both parties in any dialogue. The speaker and the listener have different needs in communication around suicide and the perception of the message is key. Finally, by deepening our understanding of how the words we choose to describe suicide impact others, we strengthen our approach as a sector and move to a place of empathy and understanding. How we deliver our suicide prevention messages really matter. This presentation, by Roses in the Ocean's Lived Experience Advisory Group Chair, Hayley Purdon is aimed at all those who speak about suicide including researchers, policy makers, program designers and organisations and those with a lived experience. We all have a place in ensuring that the suicide prevention sector is safe and positive space to work within.

17. Title: Students' Opinions on Interventions for Self-Harm, Including a Smartphone app (BlueIce)
Author: Bethany Cliffe
Submission #92150
Abstract

Background: University students are twice as likely to engage in self-harm than age-matched non-students, with prevalence rates estimated at around 20%. Despite this, only around 19% seek support for self-harm. Self-harm is often a private act associated with shame and stigma so traditional talking therapies can be unappealing. University mental health services in the UK are also over-stretched, with 1 in 4 students using them or waiting to use them. A smartphone app for self-harm, such as BlueIce, could be a viable option given that 99% of university students own a smartphone. BlueIce is an evidence-based app that has been found to be effective in improving self-harm, anxiety and depression in adolescents, however, it is currently unclear if BlueIce could also be an acceptable option for university students.

Objective: This study aimed to explore what students think about different interventions for self-harm, including 'BlueIce', and to understand how students determine if support for self-harm is effective.

Methods: Semi-structured audio interviews were conducted with 25 students from the University of Bath who had experience of self-harm thoughts and/or behaviours.

Results: The interviews were thematically analysed and five key themes were identified: 'understanding self-harm', 'barriers to seeking support', 'preferences in support', 'appraisal of BlueIce' and 'context of university during COVID-19'. Students typically understood self-harm as private, secretive and stigmatised. Barriers to seeking support therefore related to difficulties around disclosing self-harm, however, issues of access such as long waiting lists were also discussed. Preferences for support were varied with some wanting the personal connection available through professional support, and others preferring the anonymity and convenience of digital interventions. Participants mostly wanted support to develop alternative coping mechanisms and to address the other emotional or mental health issues underlying self-harm.

Following this, BlueIce was perceived positively, with students expressing that it would help them to achieve these aims. Students also suggested that coping ability and wider mental wellbeing are important factors in evaluating outcomes from support and interventions, and that relying on instances or frequency of self-harm may not accurately indicate recovery. Finally, participants discussed how university can be a challenge for mental health, particularly during the pandemic.

Conclusion: Participants mostly wanted support for self-harm to focus on developing coping skills and addressing issues that underly the self-harm, and they therefore believed that recovery from self-harm should take these into account. Participants believed that BlueIce could be a positive resource for the university, and therefore a subsequent randomised controlled trial of BlueIce with students at the University of Bath is currently ongoing.

8. Title: A time to connect in Regional QLD
Author: Camelia Perkins
Submission #92167
Abstract

The higher than national average rates of suicide in Regional Queensland has resulted in opportunities to support members of the community at a grassroots level. It is evident, like many parts of regional Australia there are greater complexities and unique needs that need to be addressed when looking at supporting those with Lived Experience. Many resources have been created at a National and Federal level to show the opportunities of best in practice models. Often resources can be stretched to put these principles into action and tangible deliverables in smaller settings. The Regional Council of Rockhampton with collaboration with the CQ Community Suicide Prevention Network were able to create a Reflection Space for those who are bereaved by suicide. This reflection space is located on Darumbal Traditional Land and many key stakeholders in the community are aware of this space for collective and individual reflection. Over the five years, regular collective gatherings have taken place to support those who have been bereaved by suicide. Fledgling efforts combined with research are coupled together to create a space of hope, resiliency and life.

9. Title: Development and implementation of an online resource for people bereaved by suicide: a mixed-method user-centered study protocol
Author: Edouard Leaune
Submission #92198
Abstract

Context: Suicide bereavement is known to be highly distressing and is frequently associated with mental health problems, including suicidal ideation and behaviours, complicated grief, acute and post-traumatic stress disorders, mood and anxiety disorders and substance use. Despite high-level of need regarding mental and physical health, people bereaved by suicide display low level of help-seeking and perceived support in the aftermath of the loss. While the lack of accessibility and reliability of face-to-face counselling resources is reported, online resources can enhance early access to help and support.

Study objectives**:** The primary objective of the study is to design and implement an innovative and adaptive online resource for people bereaved by suicide according to their needs and expectation regarding online solutions dedicated to suicide bereavement. The secondary objectives are to exhaustively collect the needs and expectations of people bereaved by suicide regarding online resources dedicated to suicide bereavement and to evaluate the acceptability and the perceived benefits and/or adverse effects of the designed solution.

Method**:** The ESPOIR$_2$S study is a mixed-method collaborative and participatory user-centered implementation study. ESPOIR$_2$S seeks to build the resource from the perspectives and needs of both people bereaved by suicide and professionals or volunteers working in the field of postvention. The Information System Research (ISR) Framework is used to guide the design of the study through a 3-step research cycle: 1) the *Relevance Cycle*; 2) the *Design Cycle*; and the 3) *Rigor Cycle*. The structure of the ESPOIR$_2$S study relies on a simultaneous collection of qualitative and quantitative data which will be collected and analysed during a) the *Relevance cycle* through an online questionnaire and focus-groups; b) the *Design cycle* through focus-groups; and c) and the *Rigor cycle* through an online questionnaire and semi-directed interviews. The participation of users in the three cycles of the study will ensure the user-centeredness of both the resource development and implementation and the research process.

Expected results: ESPOIR$_2$S is the first study aiming at developing and implementing an innovative and adaptive online resource for people bereaved by suicide. Online resources offer unique opportunity to enhance the access to information and support and prevent negative health outcomes in people bereaved by suicide. The development of an online resource through an user-centered design will ensure the adequation of the solution with the needs and expectation of both people bereaved by suicide and stakeholders.

10. Title: Relative effectiveness of treatment with mood stabilisers for people with bipolar disorders on suicidal behaviour and psychiatric rehospitalisation: A within-individual study on Danish register data
Authors: Cecilie Fitzgerald
Submission #92212
Abstract
Study objectives: Different drugs are used for mood stabilisation of bipolar disorders. It is important to determine which are the most effective in preventing suicidal behaviour and psychiatric rehospitalization. The aim of this study was to investigate whether rates of suicide, self-harm, and psychiatric rehospitalisation among individuals with bipolar disorders differed with respect to prescribed mood stabiliser.

Methods and material: A cohort design was applied to registers on all people aged 15 year and older who were living in Denmark between Jan 1st, 1995 until Dec 31st, 2016. On and off periods of treatment with lithium, valproate, other mood stabilizers (including carbamazepine and lamotrigine) and antipsychotics (including olanzapine, quetiapine, and aripiprazole) were compared using a within-individual method along with a standard between-individual analysis. Hazard ratios (HRs) were estimated using stratified Cox regression, adjusting for socio-demographics and previous self-harm.

Results: In all, 33,337 individuals above age 15 and diagnosed with bipolar disorder were identified (266,900 person-years). A lower rate of suicide was found among lithium users (HR: 0·59; 95% CI: 0·45-0·77) when compared to those not in treatment with any drug, whereas users of valproate were comparable to non-users (p value: 0·348), and other mood stabilisers and antipsychotics were found to have higher rates (HR: 1·71; 95% CI: 1·30-2·24 and HR: 2·06; 95% CI: 1·64-2·60, respectively). Using the within-individual comparison, use of lithium was associated with a lower rate of self-harm (HR: 0·59; 95% CI: 0·47-0·74). Also, lower rates of psychiatric rehospitalization were noted when using lithium (HR: 0· 51; 95 % CI: 0·49-0·52); valproate (HR: 0·58; 95% CI: 0·55-0·60); other mood stabilisers (HR: 0·61; 95% CI: 0·59-0·63); and antipsychotics (HR: 0·68; 95% CI: 0·66-0·70) in the within-individual analyses.

Conclusion: The use of lithium was associated with lower rates of suicide, self-harm and psychiatric rehospitalization in between- and within-individual analyses. Lithium therefore appears to be superior with respect to key outcomes in people with bipolar disorder when compared to other commonly used drugs.

11. Title: Prosecuted for Attempting Suicide: Review of Twenty-Two Cases over a Decade in Malaysia

Authors: Ravivarma Rao Panirselvam[a,d], Johari Khamis[b], Norhameza Ahmad Badruddin[a], and Lai Fong Chan[c,d]

[a]Hospital Miri; [b]Hospital Permai Johor Bahru; [c]Pusat Perubatan Universiti Kebangsaan Malaysia; [d]Suicide Prevention Research Malaysia (SUPREMA)

Submission #92269

Abstract

Malaysia remains one of the countries in the world where suicide attempts are a punishable offence under Section 309 of the Penal Code. The criminal justice pathway under the Criminal Procedure Code necessitates individuals suspected of having a mental illness to be assessed for criminal responsibility and fitness to plead under Section 342 of the act. The assessment is carried out in a forensic psychiatry unit at an approved psychiatric hospital. This retrospective review of medical records aims to identify individuals who were ordered by the court for such assessment from the period of January 1, 2008, to December 31, 2019, in a forensic psychiatry unit in Johor Bahru, Malaysia. We have identified a total of 22 cases who were mostly adult males (90.9%) with a mean age of 37.5 years old. One third (27.3%) were Non-Malaysian. They received less than nine years of education and were employed. The majority did not have an additional charge(s) and in two-third of the cases, this was their first encounter with Criminal Justice System. All individuals assessed were able to plead. More than 70% have a mental illness. Mood disorders were more prevalent, followed by psychotic disorders and substance use disorder. This was the first contact for slightly over 50% of the individuals and over 40% defaulted their treatment before arrest. Most attempts used lethal method, done in private places and had clear intent. Three attempts were in prisons. This sample illustrates a vulnerable group who has been disengaged with mental healthcare and diverted into the criminal justice pathway system. The prosecution of suicidal attempts in this populations raises concern about limited suicide risk management and crisis care. Along with the lack of evidence for deterrence of future suicidal attempts, this pathway is much longer and more costly as opposed to mental healthcare alone for such individuals. The authors also discuss the bearings of the findings to mental healthcare, suicide prevention initiatives and efforts in the decriminalisation of suicide attempts in Malaysia.

12. Title: Development of a standardized suicide prevention gatekeeper training program and evaluation of its feasibility

Authors: Manami Kodaka, Michiko Takai, Hisateru Tachimori, Hirokazu Tachikawa, Naoko Masaki, Asumi Takahashi, and Tadashi Takeshima

Submission #92274

Abstract

Background: The importance of gatekeeper training has been emphasized in the General Principles of Suicide Prevention Policy in Japan since 2007. More than half of local governments provided gatekeeper training in their communities at least once in FY2016. While gatekeeper training has been positioned as an important suicide prevention activity, programs with different contents and methods have been implemented, as no standardized program is available in Japan. This study aimed to identify the minimum knowledge and skills required for gatekeepers, develop a standardized gatekeeper training program, and evaluate its feasibility.

Methods: To develop a gatekeeper training program, we extracted minimum required knowledge and skills to be acquired by gatekeepers from the "Gatekeeper Training Textbook" published by the Cabinet Office using the Delphi method. Participants of the newly developed training program were asked to complete a self-administered questionnaire before and after training. The questionnaire comprised the Japanese Version of the Literacy of Suicide Scale (LOSS-J) and the Gatekeeper Self-Efficacy Scale (GKSES), as well as the Suicide Prevention Gatekeeper Knowledge and Skills Assessment Scale (GKS), which was prepared specifically to assess the feasibility of the developed training program. The Sophia University Ethical Committee approved the study protocol.

Results: A total of 232 gatekeeper knowledge and skill items were identified, of which 28 were chosen as minimum required by more than 90% of suicide prevention experts (n=20). The gatekeeper training program developed on the basis of these items consisted of a 60-minute lecture session and 30-minute role-playing exercise. Among the 109 program participants who responded to the questionnaire, mean LOSS-J, GKSES, and GKS scores were significantly higher after training than before, and roughly 80% indicated overall satisfaction with the program.

Conclusion: Our gatekeeper training program, which aims to help gatekeeps acquire the minimum required knowledge and skills, should be disseminated as a standard program across Japan. A future study will explore gatekeeper knowledge and skills to be incorporated into the program according to trainees' occupation or roles.

13. Title: Suicide prevention professionals' personal experience with mental illness, suicide behaviour and help-seeking self-stigma

Author: Saška Roškar, Domen Kralj, Karl Andriessen, Karolina Krysinska, Matej Vinko, and Anja Podlesek

Submission #92288

Abstract

Background and study objectives: Both public and self-stigma of mental illness hinder help seeking and can have a detrimental effect on mental health. Studies mostly focus on different aspects of

stigma in the general population, while studies, which focus on (self) stigma in individuals working in the field of mental health, and specifically in the field of suicide prevention, are sparse. Therefore, the objective of our study was to investigate the presence of mental illness and help seeking self-stigma as well as self-stigma of suicide behaviour in members of the International Association for Suicide Prevention (IASP).

Method and material: Invitation to participate in the study was sent to 518 e-mail addresses in the IASP database. The survey was active between February and May 2020 and was completed by 89 participants (55 female, 34 male), which yielded a 17% response rate. We gathered sociodemographic data, data on personal history of mental illness, and data on mental illness and help seeking self-stigma as well as self-stigma of suicide behaviour. Using path analysis, we tested a model predicting mental illness and suicide self-stigma based on sociodemographic attributes and personal history of mental illness, and help-seeking self-stigma based on mental-illness and suicide self-stigma.

Results: Mental illness self-stigma was significantly predicted by past personal experience with mental illness (b = 0.26). The predictive value of other variables (age, gender, years active in the field of suicidology) for mental illness self-stigma and self-stigma of suicide behaviour did not reach statistical significance. Both types of self-stigma (mental illness and suicide behaviour) were correlated (r = 0.45). Mental-illness self-stigma was shown to be a stronger predictor of help seeking self-stigma (b = 0.38) than self-stigma of suicide behaviour, though the effect did not reach statistical significance. Self-stigma of suicide behaviour showed no independent contribution to help seeking self-stigma (b = 0.02).

Conclusion: Individuals working in the field of mental health are not immune neither to mental illness nor to (self) stigma. They represent a particularly vulnerable group. Therefore, further research is warranted to better understand self-stigma in mental health professionals. In forthcoming studies, it would be important to include a control sample of non-professionals in order to better understand whether the relationships found are unique to members of IASP.

14. Title: A Qualitative Analysis of How Learning from Serious Adverse Incident Reviews Contributes to Reducing Suicide Deaths of People in the Care of Mental Health Services
Authors: Colette Ramsey, Karen Galway, and Gavin Davidson
Submission 92321
Abstract

Study Objectives: Suicides by mental health patients accounted for 28% of all suicides in the UK from 2006-2016. A review or Serious Adverse Incident report (SAI) is completed for every patient death, to identify learning which may assist in reducing future patient suicides. This study will explore the process of implementing learning from these reviews, to improve mental health services, following patient suicides in Northern Ireland (NI) over the period 2015-2016. It will review how recommendations from SAIs are translated into practice. In an international landscape of change in mental health service provision, this work addresses a gap in our understanding of how to successfully turn the learning from reviews into positive action for change.

Methods and Materials: A systematic review will examine international literature on the process of learning and implementing change based on serious adverse incidents. All recommendations

and learning outcomes from SAI reports will be extracted from anonymised SAI reports for the period 2015-2016. An interpretive thematic approach will be employed, to provide an in-depth understanding of the data. Primary data will then be collected from mental health professionals in 5 focus groups across each Health and Social Care Trust (HSCT) in Northern Ireland. Examples of recommendations will be used as part of the discussion in the semi-structured focus groups, to explore how these have been implemented in practice. This qualitative data will be analysed using Framework analysis.

Results and Conclusion: Findings will be reported and related to international studies of similar learning implementation processes. The research will provide in-depth qualitative insights on the implementation of recommendations following review of patient deaths and the effectiveness of this implementation to enhance suicide prevention within mental health services. These findings will thereby enrich the evidence base for multidisciplinary professionals working with this vulnerable group.

15. Title: 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

Author: Emily Hielscher[1,2], Ivan Chang[1], Karen Hay[1], Julie Blake[1], Martina McGrath[3], Kathy Poulton[3], Philip Batterham[4], David Lawrence[5], and James Scott[1, 6]

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Submission #92323

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 to investigate regional variability of self-injurious and suicidal behaviours, and their related risk and protective factors, in Australian adolescents.

Methods: This will be achieved by (1) analysing and mapping local-level prevalence estimates of non-suicidal and suicidal self-harm using Young Minds Matter (YMM), a nationally representative survey of Australian adolescents (12-17 years), and (2) conducting focus groups with young people (<21 years) with lived experience and other key stakeholders in several geographically distinct regions across Australia. The latter will provide rich, in-depth information about what stakeholders perceive to be the most relevant risk and protective factors for self-harm and suicide prevention in their local communities.

Results: The research project is currently underway. Half of the focus group data collection is expected to be completed by September 2021. Preliminary results will be available at the time of the conference.

Conclusions and implications: Taken together, the project findings are expected to have strong translational value as they will identify priority youth self-harm and suicide prevention targets in distinct geographic regions, and provide evidence to inform targeted, local prevention and intervention efforts across Australia.

16. Title: Acts of Media Regulation as a Part of National Child Suicide Postvention System
Authors: Lyubov Naydonova, Mykhaylo Naydonov, Nataliia Zaritska, Svetlana Chunikhina, Nataliia Umerenkova, and Kseniia Hutnyk
Submission #92331
Abstract

Objectives: Many authors suggest that media have a greater impact on such type of child's self-aggressive behaviour as suicide. Regarding current events this topic is raised and discussed. The modern social networks are filled with different quests, games and applications that may provoke children and teenagers to risky behaviour («Blue whale», Vkontakte, 2017; «Momo», WhatsApp, 2018; «Pills challenge», TikTok, 2021). The real concern about direct connection between child social media practices and risky behaviour appeared after the mainstream media had disseminated the amount of misinformation. Due to such uninformed outcomes, we faced with growing interest in social media suicidal content among children and teenagers. Thousands of new followers appeared for several days which means that this topic had drawn public attention. In this case the main objective is to find the way to minimize the effect of unsafe media content dissemination by the efficient mechanism of media content regulation.

Method and materials: Ukrainian media psychologists from National Academy of Educational Sciences of Ukraine in cooperation with National Council on Television and Radio Broadcasting of Ukraine provided series of reflexive workshops with top managers of the biggest media companies during year. This work proceeded during the year with the help of the biggest media holdings` executives. The first version of the text based on the review of the literature on the Werther effect (copycat suicide) was developed and proposed by the work group of psychologists. They held 4 different discussions involving representatives of media industry.

Results: Thus Media-Regulation Act#2 «About the dissemination of suicide topic in media» was developed. This work was made by the group of experts in order to secure children and teenagers in today's media landscape. The Act#2 was signed by the representatives of the biggest national media companies in December 2017. Media regulation process based on Act#2 revealed efficiency in relation to new social media tendency. The Acts#2 consists accurate mechanisms how media content should be disseminated. The guideline was developed in order to help parents, educators with coping reactions, but also to secure children and teenagers in the media landscape. This work is a part of postvention framework in schools.

Conclusion: Psychological support and counselling are essential part in media industry development. In order to protect children and teenagers as media content consumers is crucial to

develop and implement basic media regulation materials with collaboration in multidisciplinary framework. Media Regulation Act could be used as guideline of suicide postvention, which should be coordinated on the national level. The debates over the problem of social media regulation still continues.

17. Title: Ethical issues to consider in designing suicide prevention studies: An expert consensus study

Author: Georgia Dempster, Ingrid Ozols AM, Karolina Krysinska, Lennart Reifels, Marissa Schlichthorst, Jane Pirkis, Karl Andriessen

Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Australia

Submission 92332

Abstract

Study objectives: Research is imperative to advance our understanding of suicide and suicidal behaviour and to implement evidence-based suicide prevention interventions. However, suicide prevention research involves various ethical issues, many of which are not straightforward to address. Therefore, expert consensus recommendations could assist suicide prevention researchers applying for ethics approval. This expert consensus study aimed to identify issues that people with lived experience of suicide and suicide prevention researchers believed were most important to consider in the development of suicide prevention research ethics applications.

Methods and material: The study involved two groups of participants: people with lived experience of suicide (N=32) and suicide researchers (N=34). Using an online survey, participants rated 80 statements, using a 5-point Likert scale from 'essential' to 'should not be included', for consideration when developing suicide prevention related ethics applications.

Results: There was significant agreement between and within the two groups of participants with regard to the most highly rated statements that should be considered. The mostly highly rated statements for both groups included: the importance of the ethical principle of integrity, that researchers should provide the ethics committee with an accurate overview of the research study and that suicide researchers should be provided with and have access to appropriate supervision.

Conclusion: There was a strong agreement between people with lived experience of suicide and suicide prevention researchers regarding the statements to consider when developing ethics applications for suicide prevention research. The most highly rated statements could be translated into guidelines to assist suicide prevention researchers in the development of their ethics applications.

18. Title: Understanding and communicating emotions – how does this relate to suicide and violence in male prisoners?

Author: Laura Hemming

Submission #92342

Abstract

Study objectives: Suicide and violence are more common in male prisoners than in the general population. One factor which is linked to both suicide and violence is alexithymia – a difficulty with

identifying and describing feelings. Rates of alexithymia have been found to be more prevalent within male prisoners. This programme of research aimed to explore the relationship between alexithymia, suicide and violence in male prisoners using a mixed methods paradigm.

Methods and material: Four inter-related studies were conducted. The first was a systematic review and meta-analysis exploring the association between alexithymia, suicide ideation and suicide behaviour. The second was a qualitative interview study with 20 prison staff. The third was a qualitative interview study with 15 male prisoners. Data from both qualitative studies were analysed thematically, with an additional polytextual thematic analysis conducted on drawings provided during interviews by male prisoner participants. Finally, a cross-sectional questionnaire-based study was conducted with 80 male prisoners. Participants completed measures of alexithymia, suicide ideation and behaviour, violence ideation and behaviour, depression, hopelessness, anger and impulsivity.

Results: The meta-analysis found a medium relationship between alexithymia and suicide ideation and a small relationship between alexithymia and suicide behaviours. Qualitative interviews with prison staff and male prisoners showed that there were a number of factors that impacted the relationship between alexithymia, suicide and violence, including pressures from the prison environment and childhood experiences. Both studies highlighted the oppressive nature of the prison environment which stifled discussion of emotions and ultimately resulted in greater instances of self-harm, property destruction, suicide and violence. Finally, the cross-sectional study found alexithymia was associated with suicide, but not violence or dual harm. The relationship between alexithymia and suicide ideation was no longer significant when accounting for depression, though the relationship between alexithymia and suicide behaviour remained when accounting for impulsivity.

Conclusion: This extensive programme of research has highlighted the nuances and complexities in the relationship between alexithymia, suicide and violence in male prisoners. Clinical implications from this research suggest the need to screen those at risk of suicide in prison for alexithymia. Such screening may also lead to better outcomes in psychosocial therapies offered to prisoners experiencing suicidality. Future research should be conducted to disentangle the factors impacting on the relationship between alexithymia, suicide and violence in male prisoners.

19. Title: Factors associated with the recent rise in youth suicide in Taiwan: a time trends analysis

Author: Yi-Han Chang

Submission #92351

Abstract

Study objectives: Youth suicide rates are rising in a number of high-income countries including Taiwan; however, empirical evidence of possible explanations for such increases is limited. We investigated recent trends in youth suicide rates and their associations with potential risk factors in Taiwan.

Methods: Suicide data (1971-2019) for 10-24 year olds were extracted from Taiwan's national cause-of-death data files. We investigated changes in trends in youth suicide rates and potential influencing factors (GDP per capita, GINI index, overall and youth unemployment rates, divorce

rates in the age groups of youth's parents, internet use rates, and the prevalence of youth's positive attitude toward suicide, psychological symptoms, and suicide ideation) using joinpoint regression. The associations between trends in youth suicide rates and potential influencing factors were examined using Prais-Winsten regression.

Results: Suicide rates of Taiwan's 10-24-year-olds changed from a downward trend (2005-2014) to an upward trend in 2014 and increased 11.5% (95% confidence interval [CI] 5.2%-18.1%) annually in 2014-2019. There was also an upward change in the slope of trends in 2014 for the divorce rates of males and females aged 50-54 years and in 2015 for psychological symptoms amongst youth aged 15-24 years. Internet use and the prevalence of youth's positive attitude toward suicide, psychological symptoms, and suicide ideation were positively associated with youth suicide rates in regression modelling analyses.

Conclusions: Suicide rates in Taiwanese youth started to increase from the mid-2010s. The rises in parental divorce rates, internet use, and youth's positive attitude toward suicide, psychological symptoms, and youth suicide ideation may be contributing factors to the increase in youth suicide. Potential youth suicide prevention strategies may include providing supports to minimize the negative impact of parental divorce, regulating potentially harmful content on the internet, child and parental education about safe internet / social media use, addressing factors associated with positive attitude toward suicide in young people such as irresponsible media reporting or drama representations, and the early detection and management of youth's psychological symptoms and suicide ideation.

20. Title: Prescription drug overdose patterns in individuals who attempt suicide-findings from a consultation liaison psychiatry service in a general hospital.

Author: Priya Sreedaran

Submission #92359

Abstract

Background: Prescription drug overdose is a common means of suicide attempt in the Indian subcontinent. Published research implicates benzodiazepines, anti-depressants and analgesics including paracetamol as those that are frequently used for attempting suicide.

Study objectives: We describe the patterns of prescription drugs' overdose and their significant associations in individuals who attempted suicide from a real-world consultation liaison psychiatry service from Bengaluru, India.

Methods and material: Study sites: The study setting was the Assertive Management of Attempted Suicide (AMAS) service located at St John's medical college hospital, Bengaluru. The AMAS is a consultation liaison psychiatry service established in January 2016 and is co-ordinated by a nurse service manager (SM). AMAS tries to ensure that all individuals presenting with suicide attempt to the hospital, receive multi-disciplinary mental health care and medical treatment along with specific feedback for follow-up with mental health services. Study tools: We obtained data from retrospective review of 326 records of patients with prescription drug overdose from January 2016 to September 2019. Records contained socio-demographic details like age, sex, marital status, education and occupation levels and prescription drug overdose obtained from patient and caregivers. SM assessed lethality of the attempt using the Scale for Assessment of Lethality of

Suicide attempt (SALSA), a tool validated for use in Indian settings. Psychiatric diagnoses were recorded using MINI 5.0.(Lecrubier et al.,1998) as well as ICD-10 diagnostic guidelines. The medical complications were obtained from the medical records.

Results: Mean age of the study population was 30.48 years, (range=16-72, standard deviation (SD)=11.17). Majority were women (n=244, 74.5%). Except for those above 60 years, combination of multiple drugs was the most common pattern of drug overdose. In those above 60 years, sedative-hypnotics were the most common type of single drug overdose followed by drugs for diabetics and antipsychotics. Anti-inflammatory drugs were the most common type of single drug overdose in those below 30 years. 16.25% of study population overdosed on drugs like anti-hypertensives, drugs for diabetes, thyroid replacement and nutritional supplements like iron and calcium. Analysis of lethality scores showed that drugs for diabetes and antipsychotics were the most lethal.

Conclusions**:** In addition to psychiatric drugs, drugs for chronic medical disorders are also at risk of being used for overdose. Strategies need to be devised to screen and identify individuals with access to such drugs for suicide risk.

21. Title: Can a self-guided smartphone app help young people manage suicidal thoughts? Results from the 'LifeBuoy' randomised controlled trial.
Authors: Michelle Tye, Lauren McGillivray, and Jin Han
Submission #92370
Study objectives: Many young people (50% – 70%) who experience suicidal ideation do not access face-to- face mental health services, for reasons including stigma, cost, and accessibility. Digital interventions which offer anonymous, low-cost, and unfettered access to therapeutic strategies may be important for young people – however, there are currently very few standalone, evidence-based apps available that enable young people to self-manage suicidal ideation. This study sought to address the gap by developing and evaluating a self- guided app-based intervention ('LifeBuoy') for reducing suicidal ideation severity among young people. We also examined whether it reduced depression, anxiety, and distress symptoms (secondary outcomes) and was acceptable to young people.

Methods and material: We recruited a community-based sample of young adults aged 18 – 24 years with current suicidal ideation into a two-arm parallel group randomised controlled trial via targeted Facebook advertisements. Eligible individuals received either the LifeBuoy app (intervention) or a sham app (control) – with access enabled for 6 weeks. LifeBuoy is based on dialectical behaviour therapy, and the development process included perspectives of end users via focus groups and surveys with young people with a lived experience of suicide. Mixed models repeated measures analyses were used to assess change over time in the primary (suicidal ideation) and secondary (depression/anxiety/distress) outcomes at post-intervention and then 3-months follow up. Questions about app acceptability were asked at post-intervention in the intervention condition only.

Results**:** In total, 455 participants were recruited into the trial. For suicidal thoughts, there was a small between-group effect at post-intervention (d=-0.15) with the severity of suicidal ideation in

the intervention group improving significantly at post-intervention (p=0.013) relative to the control group. Both groups reported reduced ideation severity at 3-month follow up (time: p<0.001), however, no significant differences were noted between conditions. All other secondary outcomes showed small, significant effects over time, but not by condition. 155 of 228 intervention participants answered questions related to app acceptability, and of these, 90.3% said they enjoyed using it, 98.7% found it easy to use and understand, and 63% agreed LifeBuoy was what they needed to help with their suicidal thoughts.

Conclusion: The LifeBuoy app appears to be an acceptable intervention for young people with suicidal ideation. Though the effect size for LifeBuoy was small, if made widely available and delivered at scale it may help to reduce suicide risk in many individuals, and in doing so, address a major gap in treatment provision to at risk Australian young adults.

22. Title: How to support school students who self-harm: lessons learned from a Delphi study
Author: Inge Meinhardt
Submission #92387
Abstract

Study Objectives: Self-harm is an important public health issue with significant consequences for individuals affected, their families, and communities. Early prevention and intervention are vital in reducing the impact of self-harm, and it is a vital aspect of suicide prevention. Our study aimed to develop evidence-based, culturally safe and practical guidelines to assist New Zealand school staff to effectively support students who self-harm. We also aimed to explore the barriers and facilitators to engaging in best-practice actions by understanding the experiences of young people and service providers.

Methods: Using the Delphi methodology, we recruited participants into two panels: a youth panel (between 16 and 25 years) and a service providers' panel (school staff, suicide prevention and mental health professionals, and education policy and decision-makers). They each completed two rounds of questionnaires. We used literature searches and transcripts of interviews with pastoral care staff to develop the first 308-item questionnaire, which included guiding statements on actions school staff can take to support students who self-harm. The second questionnaire consisted of statements that did not reach consensus in the first round and suggestions for new statements made by panel members in round one. Statements rated as important or essential by 80 percent or more of both panels were included in the final guidelines. Any remaining statements were further reviewed during a meeting with a Māori governance group to determine whether the statements would be included. Discrepancies between rangatahi and service provider endorsement were also explored.

Results: The quantitative data were analysed using standard quantitative methods to determine the percentage of panel members who endorsed each statement. The analysis revealed that 256 statements reached the consensus criterion for inclusion. A further 52 statements that did not reach consensus were reviewed by the Māori governance group, resulting in 305 statements included in the guidelines. These statements provided recommendations that endorsed good communication, collaboration, collective responsibility, and wellbeing-centred and student-centred approaches. We also undertook thematic analysis of the qualitative data collected within

the Delphi questionnaire that provided context and further insights into how students who self-harm should be supported.

Conclusion: The Delphi methodology allowed us to develop evidence-based and practical guidelines that aim to promote cultural safety and wellbeing within schools. It also provided insight into the issues that may impede and support the implementation of the guidelines.

23. Title: Purposes of Online Expression and Suicidality among Hong Kong Youths aged 15-19: A Qualitative Analysis

Authors: Sikky Shiqi Chen and Tai Pong Lam
Department of Family Medicine and Primary Care, The University of Hong Kong
Submission #92388

Abstract

Study objectives: Youth suicide is a global public health concern, including in Hong Kong. Different purposes of online expression were found to be associated with different levels of suicide risks among youths, yet little attention has been paid to online expression in Hong Kong adolescents. The current study aimed to investigate the purposes of online expression and suicidality among Hong Kong youths.

Methods and material: The overall study adopted a mixed-methods approach, and this presentation will focus on Phase One of qualitative findings. Suitable youths aged 15-19 were invited to focus group and individual interviews. Participants were purposively sampled to ensure the diversity of their social/clinical backgrounds. The point of saturation marked the completion of data collection. All the interviews were audio-recorded, and verbatim transcriptions were entered into NVivo for content analysis to identify main themes for survey design in Phase Two quantitative study.

Results: In total, 6 focus groups and 12 individual interviews were conducted with 43 participants, including 16 males and 27 females. We recruited both suicide attempters and non-attempters. Three main themes were identified:

1) Purposes of online expression, comprising: a) "sharing life stories": most participants were interested in "recording and sharing daily lives" on social media and some would also "publish artistic works"; b) "self-expression": including "expressing attitudes" and "mourning" for those who died by suicide; c) "attention-seeking": some participants utilized negative posts to "draw attention and get comfort" while others preferred to post positive contents to "build public images"; d) "social interaction": online communication enabled participants to not only "maintain social network" but also "establish new relationships"; e) "emotional expression": some participants used to "pour out and ventilate" on online platforms, and f) "help-seeking behaviours": some expressed online to seek "care and support" while others were looking for "justice and protection";

2) Online expression and help-seeking willingness in suicidal participants: most participants with previous suicide experiences were "willing to express online", however, they also reported "reluctance to interact with others", especially with "professionals on online platforms";

3) Concern of privacy issues: most participants were concerned about the privacy issues during online expression. Some reported they used new features of online platforms when posting sensitive subjects, for instance, "keeping both public and private accounts", "posting time-limited stories", and "using close friends list".

Conclusion: Purposes of online expression vary, especially in at-risk adolescents, and youths' online expression behaviours are influenced by the development of social media. Phase Two study would apply these findings to develop the questionnaire and further investigate the association between purposes of online expression and suicidality among youths.

24. Title: Motivational Beliefs of Self-Destructive Behaviour in Patients with Schizophrenia Spectrum Disorders

Authors: Bashinskiy O., Pyliagina G

Submission #92393

Abstract

Research objective: to study the features of psychological mechanisms of self-destructive behaviour (SDB) pathogenesis in patients with schizophrenia spectrum disorders (SSD).

Materials and methods: Ninety-five patients with SSD who underwent inpatient treatment at Clinical Hospital "Psychiatry" in Kyiv were under our observation. Of the total number of patients, 38 were women and 57 were men. The mean age of patients was 34.9 ± 8 years. All the patients underwent a semi-structured clinicodiagnostic interview as a clinical psychopathological method of research. According to the research objective, all the patients were divided into two groups. The first group (Gr1) included 40 patients (42%) with SSD, who reported constant evidence of SDB throughout the disease period. The second group (Gr2) involved 55 patients (58%), who had manifestations of SDB only in acute psychopathological symptoms.

Results:

Table 1. Patients group distribution according to motivational beliefs which lead to self-injurious actions

Motivational beliefs of patients	Gr1, abs. (%)	Gr2, abs. (%)
Attempts to reduce the high level of subjunctive anxiety ("… I wanted to reduce anxiety … tension..")	21(52%)**	
Attempts and a way to attract attention ("… she did not notice me, only then she understood…")	9(22%)**	
Failure to accept the presence of a mental illness or psychiatric diagnosis ("… I don't want to live like this …", "… no one would want someone like me …")	2(5.0%)**	
Attempts to overcome emotional stress as a result of the family conflict ("… I'm fed up with conflicts …")	3(7.5%)**	
Influence of command pseudohallucinations ("… I was told by the voices …")		41(74%)**
Influence of hallucinatory symptoms and delusional ideas (mainly persecutory delusions and delusions of affection) ("… I was being watched … I didn't want to be caught …")		8(15%)
Delusional ideas of self-reproach ("… I don't want to live after what I've done …" and "… we have a lot of suicides in our family, it's my fault …")	5(12.5%)	6(10.9%)

The patients of Gr2 took impulsive self-injurious actions under the influence of command pseudohallucinations, while in Gr1 these actions took place mainly due to personal experiences associated with psychological problems, and not only against the background of acute psychotic symptoms. At the same time, a cohort of patients that was common to both groups was found.

These are patients who had delusional ideas of self-reproach leading psychopathological symptoms.

Conclusion: Motivational beliefs which lead to self-injurious actions are different in different groups of patients and this should be taken into account then selecting treatment.

25. Title: Assessing barriers, attitudes, confidence, and knowledge of humanitarian staff responding to suicide risk among Rohingya refugees in Cox's Bazar, Bangladesh
Authors: Lauren Fischer, Ariel Zarate, Kamruzzaman Mozumder, Mohamed Elshazly, and Simon **Rosenbaum**
Submission #92397
Abstract

Objectives: Suicide is a significant global health priority which remains underexamined in humanitarian crises. Among the 850,000 Rohingya refugees residing in camps in Cox's Bazar, Bangladesh, suicide risk appears to be elevated, although only limited formal assessments of this issue have been completed to date. Even less is known about humanitarian staff workers' capacity to respond to suicide risk in affected communities generally, including those working with Rohingya refugees in Cox's Bazar. We developed an assessment tool, H-BACK-Suicide, to assess barriers, attitudes, competence and knowledge of multisectoral humanitarian staff when responding to suicide risk in the Cox's Bazar refugee response context.

Methods: Tool items were derived and modified from an existing assessment tool for mental health staff competency, then were reviewed extensively by Cox's Bazar-based Suicide Prevention Subgroup members (representing local, national, and international non-profits and United Nations agencies actively working on the Rohingya refugee response). The tool was reviewed by an expert from Dhaka University prior to piloting and was programmed into a Qualtrics survey which was then disseminated electronically in Bangla and English languages. The survey was disseminated over three weeks in June 2020, engaging 181 respondents from multiple sectors of the coordinated response efforts, all of whom had regular face-to-face contact with the refugee community.

Results: Respondents who had prior training in suicide risk response scored higher on the overall scale compared to those without (p=<0.001), and there was a significant impact of prior training on attitudes (p=0.005), confidence (p=0.002) and knowledge (p=<0.001) constructs as measured by the H-BACK scale. Most respondents (n=115, 64%) had 2 years' experience or more working in humanitarian response, and a majority (n=103, 58%) reported having no formal training in responding to suicide risk. However, 29% of respondents reported having experience of working with someone at risk of suicide, with a further 18% unsure if they had done so, although 44% reported taking no action to address the suicidal behaviour directly.

Conclusion: Frontline humanitarian staff participating in this study reported low confidence or readiness to respond to suicide risk in the field. While respondents generally agreed that suicide was a problem in the communities where they worked, many did not address it when encountered, and the majority had no training in suicide prevention. Comprehensive training on suicide risk and intervention for frontline staff and gatekeepers is an urgent first step toward addressing this issue in the Rohingya response. Monitoring and consistent evaluation of suicide training and

intervention initiatives is recommended to scale effective approaches and inform prevention strategies in humanitarian contexts.

26. Title: Suicide Prevention Subgroup of Cox's Bazar: A coordinated response approach to community-centered suicide prevention in humanitarian crises

Authors: Lauren Fischer, and Ariel Zarate

Abstract

Objectives: More than 2 years after the mass displacement of over 700,000 Rohingya people from Myanmar into Cox's Bazar, Bangladesh, the first formalized efforts on suicide prevention were initiated in partnership with the Mental Health and Psychosocial Support (MHPSS) Working Group of the coordinated response. Although precise data about suicide among the displaced Rohingya is extremely limited, community feedback and some studies suggest the issue is prevalent and serious in Cox's Bazar. The Suicide Prevention Subgroup was formed to define and implement a comprehensive strategy for suicide prevention among multi-sectoral humanitarian actors who work directly with the Rohingya community.

Methods: In January-February 2020, we reviewed the results of a previous suicide prevention workshop to determine initial focus areas for the Subgroup's efforts. Subgroup members were invited to participate through in-person presentations at sector and working group meetings targeting various technical areas of the humanitarian response. Meetings were held biweekly, primarily via Zoom calls due to COVID-19 lockdowns. Over 50 members representing more than 20 national and international NGOs and UN agencies participated through meeting attendance and communication by email or phone to provide feedback, refine Subgroup tools and materials, and coordinate projects related to community-centered suicide prevention strategies. Meetings facilitated a space to share policy, practice and context updates and collaboratively address community-identified prevention needs.

Results: The following key focus areas emerged as the Subgroup's first-year priority projects: 1) defining the scope of the issue, through Rohingya community consultation and review of existing research and program data, 2) developing a modality for a shared risk screening database, 3) promoting sector-specific engagement of humanitarian staff in various roles, highlighting everyone's part in suicide prevention, 4) developing a functional referral network across camp systems, 5) specialized capacity building through humanitarian staff training in specific topics, approaches, and priorities identified by the Rohingya community, and 6) ongoing documentation and monitoring of the Subgroup's meta-process. To date the Subgroup has: collected input from 152 Rohingya community members about suicide; adapted, contextualized, and translated a guide on telehealth response to suicide risk; created and facilitated a training on suicide reporting and prevention for media professionals during COVID-19; created a frontline provider survey (H-BACK-Suicide) to assess staff competence; and drafted the first comprehensive suicide surveillance system for humanitarian crises.

Conclusion: The Suicide Prevention Subgroup's multi-sectoral collaboration and focus on sustainable, community-driven interventions may serve as an adaptable model for other global

humanitarian response contexts wishing to systematically address the issue of suicide in partnership with affected communities.

27. Title: A meta-ethnography of help-seeking in South Asian women with experiences of self-harm and suicidality
Author: Margaret Hardiman, Anna Lavis, Nicole Stoney, Rachel Upthegrove, and Maria Michail
Submission #92405

Abstract
Background: Most people who die by suicide are from low-and middle-income countries; additionally, diaspora populations in high-income-countries are particularly vulnerable to self-harm and suicidality yet are provided with inadequate support through mental health services and are less likely to access them. Current understandings of help-seeking for self-harm and suicidality, their underlying complexities, and meanings of these experiences among South Asian women, remain disjointed despite increasing efforts in global suicide prevention.
Aim: The aim of this meta-ethnography was to synthesize findings from multiple qualitative studies to gain a deeper understanding of help-seeking behaviour in South Asian women with experiences of self-harm and suicidality.
Methods: Searches for peer-reviewed publications were run on 25 March 2020 through MEDLINE, EMBASE, PubMed, PsycINFO, Social Policy and Practice, and Web of Science. Two reviewers independently screened and extracted data using Rayyan. Quality appraisals were carried out using the Critical Appraisal Skills Programme (2018) and JBI QARI Critical Appraisal Checklist (2017). Through a thematic analysis first and second order data were analysed and reinterpreted to identify themes.
Results: The meta-ethnography included a total of 16 studies. The themes encompassed: i) manifestations of self-harm and suicidality; ii) the absence of help-seeking; iii) forms of help-seeking; iv) barriers and facilitators to help-seeking. Translations revealed reciprocal discussions on the reasons for self-harm and suicidality. Definitions and conceptualisations of self-harm and suicidality were refutational. Help-seeking was felt not to be an option for South Asian women due to a lack of available and accessible services. There was a fear of experiencing consequences due to help-seeking, and thus silence emerged as an important factor. However, unlike previous discussions of silence, our findings demonstrate that silence does not necessarily equate to oppression or lack of agency.
Conclusion: This is the first study to offer unique insights into the processes underlying help-seeking for suicide and self-harm among South Asian women. The findings highlight the need for increasing access to support (including the decriminalisation of suicide) and raising awareness of suicide and self-harm at community-level. Formal service providers need to be trained on how to give support, ensure confidentiality, be sensitive, and listen to women themselves. Ultimately, help seeking for South Asian women with experiences of self-harm and suicidality may still not be a safe option.
Keywords: meta-ethnography, help-seeking, self-harm, suicide, South Asia, gender

Authors: Luke Bayliss, Carol du Plessis, Andrea Lamont-Mills, and Angelo De Gioannis

Submission #92415

Abstract

Suicide capacity is a multifactor concept that is suggested to understand the movement from suicidal ideation to suicide attempt. Currently, these factors are dispositional contributors that are genetically driven, the factor of acquired capability that increases fearlessness of death resultant from habituation to painful and provocative events, and practical elements such as knowledge of and access to lethal means. However, much of previous research has focused on single factors of suicide capacity with few studies comprising a multifactor approach. This continual focus on one factor at a time is limiting theoretical progress by restricting understanding of the complex movement from ideation-to-action. In addition, most of this limited research has been quantitative, which is further restricting progress. Qualitative research that produces rich descriptive insights about potentially unidentified factors, and clarification of factors that facilitate suicide attempts, is therefore required for theoretical advancement. The objective of this study is too greater understand suicide capacity through an inductive exploration of suicide attempter's stories. We will use an open-ended interview guide that includes one question about participants' suicidal crisis and another that invites them to tell their story. This inductive guide provides participants with the opportunity to convey their story uninterrupted without censorship. The sample will comprise community members with varying lengths of time since their most recent suicide attempt. Stories will be transcribed and imported to NVivo for analysis. The analytic method will be an integrated narrative inquiry approach. Preliminary findings indicate that suicide capacity comprises multiple factors with varying degrees of each factor. Early results suggest that for individuals who have habituated to painful and provocative events but are still fearful of the pain of a suicide attempt appear to circumnavigate the pain by using methods expected to be painless. This indicates that suicide capacity can develop with a lower level of acquired capability as other factors play an increasing role. Further, initial results suggest that a decreasing lack of self-worth, a core belief that one is worthless, inversely increases the belief that an individual can go overcome their survival instinct and attempt suicide. Having the resolve to attempt suicide is necessary for a suicide attempt, and this resolve appears to partially develop because of worthlessness. Early findings show that suicide capacity as a multifactor concept provides understanding towards the movement from ideation-to-action. Inductive qualitative research is useful for theoretical development and understanding about suicide because of the removal of structural direction of the story telling process. This allows insights to be revealed that may not be found through structured interviews.

29. Title: Preliminary findings from a Coordinated Response to Incidents of Suicide Pilot (CRISP)

Author: Lesley McKarney

Submission #92416

Abstract

Deaths by suicide have devastating and immeasurable impact and leave families, friends, classmates, co-workers, responders, clinicians, and communities struggling with grief and

searching for solutions. People impacted by suicide may be at greater risk of adverse outcomes; exposure to suicide can be associated with greater odds of suicide and suicide attempt, in addition to poorer health outcomes. Postvention involves interventions that aim to destigmatise the tragedy of suicide, promote survivor recovery, and strengthen suicide prevention efforts by providing multiple resources to the survivors (e.g. social, psychosocial, spiritual, and public health services.) Historically, postvention response has been fragmented and has focussed primarily on the next of kin. Evidence suggests, however, that the need for postvention support likely spreads well beyond immediate family and those closest to the person who has died. This research project is, piloting a place-based, coordinated postvention response to incidents of suicide in Ballarat, Victoria where suicide rates remain stubbornly higher than both the Victorian and national rates, at 14.1 per 100,000 for the period 2014-2018. CRISP aims to broaden our postvention efforts to consider the needs of those who are exposed to suicide who have not traditionally been included in postvention support strategies, and to devise ways of providing access to adequate formal and informal care with available resources. Development commenced in October 2020. The project is a collaboration of survivors of suicide loss, health and community services, first responders, local government and other community supports in Ballarat, and is auspiced by the Western Victoria Primary Health Network. The primary objective of CRISP is to use a collective approach to design and pilot a coordinated postvention response protocol that extends postvention efforts beyond close contacts of the deceased, and reaches workplaces, faith groups, sports clubs, schools, and other community networks connected to the deceased. An action research approach is being used to test and refine the Postvention Response Protocol in 3-month cycles, ensuring responsiveness to changes in the needs and situation of the target population through a cycling process of implementation, evaluation, data sharing, and adjustment. Drawing on the experience of other protocols in regional and metropolitan areas, the expected outcomes of CRISP are delivery of a coordinated postvention response protocol across organisations, services and systems where none currently exists; and the development of a robust professional network and referral pathway that is sustainable with existing resources. This presentation will describe the process of protocol development and report on preliminary results from the first 3-month cycle of the trial.

30. Title: Informing and Sustaining Participants with Lived Experience in the Suicide Prevention Workforce
Authors: Jacinta Hawgood and Bronwen Edwards
Submission #92418
Abstract

Study objectives: There are no guidelines for organizations wanting to engage those with a Lived Experience (LE) of suicide as active members of the suicide prevention workforce while there is a clear need for guidance from the voice of those with lived experience on this issue. Prior study on reasons for living (RFL) of those with a lived experience entering the suicide prevention workforce has identified that almost half of them (44%) identify service to others, including their participation within the LE workforce, as one of their reasons for living. Therefore, RFL seems to be an important component of the sustainability of the LE workforce and requires further exploration. The overall

study aim was to explore what facilitates/impedes continued participation in the suicide prevention workforce among those with lived experience and the potential role of RFL in sustaining this workforce.

Methods: This qualitative study included a purposive sample of 12 individuals (8 females, 4 males) with LE of suicide who had engaged in the LE workforce for at least 12 months. Participants ages ranged from 26 to 78 years. Involvement in the LE workforce included advocacy, governance and advisory work, co-design of services or research activities, peer-work, delivering training and public speaking. Majority (58%) had been in the LE sector for less than 5 years. Two-part semi-structured interviews were used to collect data. First, the questions focused on participants' experiences within the workforce and perceptions of factors that influence its sustainability. Second, participants were presented with the RFL identified in an earlier study and asked if and how these RFL could be incorporated into sustaining the LE workforce. Thematic analysis method was used for data analysis.

Results: Five main themes were identified within the data: support, training, passion, personal impact of LE work and work diversity within the LE workforce. Each theme offers perspectives about the challenges participants face within the LE workforce and ways they feel supported or could be supported further. The majority of RFL were linked with these five main themes and expanded upon them, with some RFL, such as spirituality, deemed as more personal and less associated with the sustainability of the LE workforce.

Conclusions: Those participating within the LE workforce face challenges similar to those within the overall MH sector, and unique to LE workforce specifically. RFL were useful in understanding ways those within the LE workforce can be further supported. These findings can inform creation of community and organisational guidelines that could ensure supportive and sustainable involvement of LE members in the suicide prevention workforce.

31. Title: Do you understand (yourself)?!? study on the mental health and suicidal behaviour of adolescents in Slovenia – Preliminary results
Authors: Monika Brdnik, Nuša Zadravec Šedivy, Tina Podlogar, Vanja Gomboc, Meta Lavrič, Nina Krohne, Vita Poštuvan
Submission #92439
Abstract
Study objectives: The objective of Do you understand (yourself)?!? project is to assess the state of mental health in adolescents in Slovenia, to prevent suicidal behaviour and to improve their knowledge and mental health through interactive and specially designed awareness and skill-training workshops. We aim to compare the project's collected data from 2017 to 2021 to determine, whether the COVID-19 epidemic had a significant impact on the mental health of adolescents. We are particularly interested in this aspect, as Slovenia had an over 4-month long lockdown of schools during this period.

Method and materials: Data was collected with a battery of questionnaires before (baseline) and after (follow-up) the implementation of workshops. Most data was collected in person, with the exception of a part of the 2020/21 cohort that solved the questionnaire online and participated in online workshops. Our sample consisted of 1178 adolescents, aged between 12 and 18 years. For

this preliminary study, we compared the baseline values of Depression questionnaire CES-D, Patient health questionnaire PHQ-9, Paykel scale of suicidal ideation PSSI, Well-being questionnaire WHO-5 and Optimism questionnaire LOT-R questionnaires throughout 3 years.

Results: We compared results by school year groups (2017/2018, 2018/2019, 2020/21). Results were mixed, as in 2020/21 we noted a significant increase in CES-D measure of depression, and yet a significant decrease in suicidal ideation, PHQ-9 measure of depression and an increase in LOT-R optimism. Overall, the year 2018/2019 showed the worst picture of mental health, as it had the highest rates of suicidal ideation, lowest scores of optimism and some of the highest scores of depression (except on CES-D).

Conclusion: Mental health of Slovenia's adolescents is varying throughout the years and the topic needs to be addressed as we find the current state of adolescents' mental health quite alarming. There are differences between years, but this year's epidemic does not show a big difference as one could have expected or hear from popular lay media. Further research in needed to determine whether the epidemic and lockdown had a significant long-term impact on adolescents' mental health.

32. Title: Suicide in Women: Understanding the Role of Intimate-Partner Violence
Author: Nina Krohne
Submission #92441
Abstract

Background: Intimate-partner violence (IPV) is a widespread global problem, with almost every third women worldwide reporting having an experience of physical and/or sexual violence caused by their partner. The implications of intimate-partner violence on women's health are becoming more and more known, including its role in women's suicidal behaviour.

Objective: The objective of the study was to examine the importance of the experience of intimate-partner violence in suicidal behaviour (SB) of women and understand the how this experience can lead to suicidal behaviour.

Method: To meet the objectives, a narrative literature review was performed. We reviewed 35 articles explaining the association between IPV and SB and 22 articles covering related topics, including IPV, SB and mental health.

Discussion: All the studies examining the association between the experience of IPV and SB have confirmed this association. Some studies examined the influence of victims' gender, race, type and temporal proximity of violence, rural/urban environment, physical and mental health, cognitive and emotional capacities and the role of social network. The experience of IPV affects women's' mental health more severely than men's with physical and sexual abuse having the biggest impact. Mental health issues, including depression, psychological distress and posttraumatic stress disorder were recognized as mediators between IPV and SB. Women who experience hopelessness, alcohol abuse, are younger or less educated are at more risk. Moreover, women living with abusive partners are often economically and socially restrained by their partners, putting them in additional risk. In some cases, women can see suicide as an escape from their situation. Through the experience of violence, women can acquire a capability for suicide, resulting

in disturbed self-preservation drive and enabling them to overcome the struggles of engaging in the act of suicide. Authors point out the importance of acceptance and support from the social network and its' function in preventing mental health issues and suicidal behaviour.

Conclusion: The connection between intimate-partner violence and suicidal behaviour of women is well established; however, the mechanisms explaining this connection are complex and only partially understood. Very little is known about the protective factors and factors promoting resilience to suicide. Nevertheless, the results point out that intimate partner violence is a public health problem, thus its' resolution is not only a domain of social work but of sociologists and mental health professionals as well.

33. Title: Association between Suicidality, Emotional and Social Loneliness in Four Adult Age Groups

Author: Vanja Gomboc

Submission #92444

Abstract

Study objectives: Suicidality and loneliness are relevant issues. However, data on the prevalence of death- and suicidal ideation in Slovenia are still lacking. Also, little is known about the relationship between loneliness and suicidality across different age groups, especially considering loneliness as a multidimensional concept. Therefore, this study aimed to examine the prevalence of death- and suicidal ideation in the general population and across four age groups (18 to 29 years, 30 to 44 years, 45 to 64 years, and over 65 years) and to determine the extent to which emotional and social loneliness are associated with suicidal ideation.

Methods and material: Data collection was done via an online panel in Slovenia in February 2019. Results are based on a representative sample of 991 participants (50.5% men) aged 18 years and older (M = 47.06; SD = 16.21). Participants completed a series of questionnaires on loneliness, suicidality, past stressful life events, and well-being. For their participation, participants received participation points that could be exchanged for monetary awards of small value.

Results: The results suggest that the prevalences of death ideation (40.1%), suicidal ideation (22.0%), and previous suicide attempts (12.4%) were highest among younger participants, although they were also common in other age groups (death ideation = 26.2%; suicidal ideation = 11.8%; previous suicide attempts = 5.7%). Based on logistic regression, participants at the highest risk for suicidal ideation were emotionally and socially lonely, had higher income, a previous suicide attempt, low well-being, were unemployed, and had more stressful events in the past year. However, the relevance of these predictors varied across adult age groups, thus different factors emerged as significant predictors of suicidal ideation in each age group. Among younger individuals, emotional loneliness was the only significant predictor of suicidal ideation, whereas, among 30 to 44, emotional and social loneliness were statistically significant predictors of suicidal ideation. Among those aged 45 to 64, emotional loneliness and a previous suicide attempt were associated with suicidal ideation, while among the oldest participants, stress, emotional loneliness, and social loneliness were significant predictors of suicidal ideation.

Conclusion: Further studies should examine why emotional loneliness is a significant predictor across all adult age groups, whereas social loneliness is not. Effective identification of individuals

contemplating suicide is an important aspect of suicide prevention. Understanding the contributing factors, particularly the causes and mechanisms of emotional and social loneliness at different stages of life, could help in this regard while also providing the basis for tailoring suicide prevention programs to specific groups.

34. Title: Readers' Comments under Online Media Articles on Suicide
Author: Vanja Gomboc
Submission #92446

Abstract
Study objectives: Media reporting on suicide can be both a risk and protective factor, as (ir)responsible reporting on suicide can have different effects on vulnerable individuals. This is particularly important at a time when new media (e.g., online media websites) offer user involvement in articles about suicide. The study had two objectives: i) to examine the content of comments posted under online media articles on suicide, and ii) to determine the extent to which the characteristics of the article can predict the types of comments.

Methods and material: The study included 114 online media articles on suicide published by three major Slovenian online media from 1 January 2017 to 31 December 2017. In addition, 2,544 reader comments were included in the study. The online media articles about suicide were analysed thematically and quantitatively according to the Slovenian national guidelines for responsible media coverage of suicide and how much preventive and provocative information they provided. Readers' comments were evaluated by content analysis, which was used to analyse the manifest content, emotional tonality, expressed attitude towards the topic and attitude towards other commentators.

Results: The most frequently identified code in the comments was *irrelevant content* (56.5%), indicating that most commenters referred to aspects unrelated to the article's topic. Other commonly identified codes that appeared in the comments were *attitudes toward suicide* (19.1%), *important information about suicide* (14.1%), and *secondary information about suicide* (13.3%). Multinomial logistic regression was used to compare *provocative* and *meaningless user comments* with *preventive comments* (about suicide). The model explained 16.9% of the variance. Significant predictors in the multinomial logistic model comparing *meaningless* and *preventive comments* were adherence to the guidelines for responsible reporting on suicide, number of harmful features and number of preventive features in the article, number of words in the article, and type of article. Significant predictors in the model comparing *provocative* and *preventive comments* were adherence to guidelines for responsible reporting, number of harmful features, number of preventive features, and the online media that published the article.

Conclusion: To our knowledge, this is one of the few studies that has examined comments under media articles about suicide. In addition to new knowledge regarding readers' comments, the study provided an updated approach to examining and analysing media articles reporting on suicide and readers' comments, thus providing a basis and guidelines for future studies.

35. Title: Reducing loneliness as a suicide prevention strategy for older adults

Author: Nuša Zadravec Šedivy

Submission #92455

Abstract

Study objectives: The older adults represent a population at increased risk for suicide. Social isolation and loneliness are among the most important psychological risk factors for suicide in the older adults. Loneliness is a major public health problem as it predicts poor quality of life in the older adults population, and it is also recognized as a predictor of mortality in the older adults. It is therefore a complex phenomenon that highlights the need to develop effective approaches and interventions to reduce loneliness in older people. We would like to present a research project in which we examine different approaches to reduce social isolation and loneliness and identify the most effective ways in which preventive measures could be taken to reduce suicidal behaviour by reducing loneliness.

Methods and material: The study includes older adults over 65 years of age, who can be divided into several subgroups according to age and living arrangements. The older adults participate in two parts of the study. The qualitative part includes more then 200 older adults and qualitative part includes additional 25 older adults. The quantitative part includes a questionnaire covering questions about participants' demographic data; scales measuring participants' mental health, assessing suicide risk and loneliness among the older adults; and questions about participants' involvement in various activities and their assessment of the effectiveness of such activities in reducing loneliness and improving mental health. The qualitative part of the research includes focus groups on approaches to reducing loneliness, and the needs and ideas for improving the effectiveness of such approaches.

Results: We present a procedure of conducting a research on approaches to reduce loneliness in light of suicide prevention, as well as the preliminary results of the qualitative and quantitative studies. Based on the data collected in our research, in the next phase we will design interventions to reduce feelings of loneliness in older adults at high risk of suicide, conduct the pilot implementation and evaluate the impact of the intervention.

Conclusions: The proposed research focuses on an extremely vulnerable group in which suicide rates are consistently higher than in other age groups. In light of the aging population, these issues become very relevant. However, preventive strategies specifically aimed at suicide prevention, strengthening mental health and reducing loneliness in older adults are poorly researched, particularly in relation to cultural context, which can be crucial in designing effective preventive interventions. Our research will add to existing knowledge about suicide prevention in the vulnerable group of older adults, which we will translate directly into practice by implementing interventions for them.

36. Title: Slovenian prisoners exposed to suicidal behaviour: mental health, quality of life and social connectedness

Author: Nuša Zadravec Šedivy

Submission #92456

Abstract

Study objectives: Slovenian prisoners are an extremely vulnerable group, as suicide is the most common cause of death in this population. The suicide rate is twelve times higher than that of the rest of the Slovenian population, however, the characteristics of suicidal behaviour among prisoners in Slovenia are still understudied. The aim of our study was therefore to investigate the characteristics of suicidal behaviour in prisoners and to gain better insight into suicide-related factors, such as mental health, quality of life and the nature and quantity of interpersonal relationships in a prison environment.

Methods and material: The sample included 419 prisoners from all six Slovenian prisons, representing 30.4% of all prisoners in Slovenia serving sentences at the time of the study. We collected data on demographic characteristics, medical history, and psychosocial characteristics of the participants and administered the following instruments: WHOQOL-BREF, Five Well-Being Index, Paykel's questions on suicidal behaviour, Depression, Anxiety and Stress Scale, and the Interpersonal Needs Questionnaire.

Results: The results of the study showed that 19.8% of prisoners reported having already attempted suicide and 10.3% of participants reported being at current risk for suicide. These prisoners reported more severe mental health problems, such as feelings of depression, anxiety and stress, lower quality of life and lower well-being. The prison environment also proved challenging in terms of social interactions, with 48.9% of participants reporting less social contact with family and friends. These participants showed significantly higher scores in terms of their wish to be dead compared to others. However, lack of social contact did not affect mental health as much as quality of social support, with perceived belongingness and acceptance by others being a protective factor for suicidal behaviour.

Conclusion: Our study, which included more than one third of all prisoners in Slovenia, allowed us to describe in more detail the characteristics of suicidal behaviour for this particular risk group. This gives us useful information about aspects of the prison environment that may influence suicidal behaviour, as information obtained in studies from other countries may not be relevant to the Slovenian population of prisoners due to differences in prison systems. This research therefore represents an important step towards a better understanding of suicidal behaviour in Slovenian prisons. Furthermore, the information obtained can help us to improve preventive strategies and interventions in the prison system, and the new knowledge can also be used in the development of future guidelines for preventive activities for prisoners.

37. Title: Characteristics, dynamic aspects and time perspective as a part of Dynamic model of suicidal behaviour in men

Author: Nuša Zadravec Šedivy

Submission #92457

Abstract

Study objectives: Despite an encouraging trend, the suicide rate in Slovenia is still very high, and suicide prevalence among men remains consistently higher than among women. While some research links men's high suicide rates to heightened biological sensitivity, others focus on suicidality in relation to the role of masculinity. However, there is little research examining men's experiences of mental health problems and suicidal behaviour or providing us with insights into how masculine roles, identities, and relationships mediate suicidal ideation. Our main aim was therefore to explore in more detail the experiences of male suicide attempters and the ways in which they express and cope with distress and mental health problems, as well as specific behaviours and manifestations of suicidality in the context of suicidal processes.

Methods and material: We conducted a qualitative study of male suicide attempters using 1-hour interviews with 20 male participants. We used grounded theory principles to analyse the data, linking 284 codes with 1471 quotations into 10 theoretical concepts and 1 sub concept, which we further related and combined to create a Dynamic model of suicidal behaviour in men.

Results: Dynamic model of suicidal behaviour in men includes various factors that influence suicidal behaviour in men, dynamic aspects of the process as well as time perspective of suicidal behaviour. We identified factors that may influence, trigger, or facilitate suicidal behaviour in men

and divided them into 6 substantive categories. These factors influence each other and are therefore constantly changing and modifying suicidal behaviour. Consistent with this, our model also attempts to illustrate the dynamic aspects of suicidal behaviour using a negative feedback loop that represents a continuous cycle of factors that influence suicidal behaviour. We added a time perspective to the model, representing changes in the characteristics of the various factors over time.

Conclusion: We created a model that is multidimensional and encompasses many different aspects of suicidal behaviour in men. In our model, we considered the influence of different factors on each other and tried to emphasise the dynamics of different factors that are constantly changing and also influence the dynamics of the suicidal process itself. We also considered different time periods, including life after a suicide attempt. In addition to negative outcomes, we also considered positive outcomes, representing a concept of growth after a suicide attempt. Due to the qualitative research method, our conclusions cannot be generalised, but they may still contribute to better identification of men at risk for suicide and more effective prevention strategies in the future.

38. Title: Types of adolescent social media user and prospective associations with self-harm: A latent class analysis
Author: Lizzy Winstone
Submission #92458
Abstract

Objectives: To identify different types of adolescent social media user, based on their pattern of social media activities, and investigate associations between user type and future self-harm. Previous research has suggested that using social media to actively connect with others may promote well-being, but no inductive, data-driven research has examined the relationship between types of social media use and adolescent self-harm.

Methods: Students from 19 schools (N=1,250) in South West England (UK) completed an online survey measuring 13 social media activities and past year self-harm at age 13-14 years. The survey was repeated a year later (aged 14-15 years). Latent class analysis using Mplus version 8.4 identified distinct classes of social media use. A bias-adjusted three-step model was used to test associations between class membership at baseline and self-harm in the previous 12 months at follow-up. Analyses were adjusted for gender, ethnicity, sexual orientation, socio-economic status, disability, social media screen-time and depressive symptoms at baseline.

Results: A four-class model of social media use at baseline was selected based on fit statistics and interpretability. User groups were labelled High Communicators (48%: frequent communication and socialising with more moderate content sharing and browsing); Moderate Communicators (33%: moderate communication and browsing but minimal content sharing); Broadcasters (13%: frequent posting of selfies, opinions and other content in addition to communication and browsing); and Minimal (7%: non-users or infrequent communication and browsing). Odds of self-harm at follow-up were lower for Moderate Communicators compared to all other groups (Moderate Communicators vs Minimal Adjusted Odds Ratio (AOR)=0.32, 95%CI:0.16-0.67; Moderate Communicators vs Broadcasters AOR=0.55, 95%CI:0.33-0.94; Moderate Communicators vs High Communicators AOR=0.43, 95%CI:0.27-0.70).

Conclusions: Findings suggest that adolescents who are moderate but social users of social media –those who engage in moderate but not excessive levels of online socialising and minimal sharing of self-focused content – are least likely to be engaging in self-harm a year later. Recommendations regarding social media use should move beyond screen-time to consider different user groups, their characteristics and their mental health.

39. Title: Conceptualization of the difficulties faced by emergency paramedics in the care of suicide attempters: A consensual qualitative study

Authors: Yoshitaka Kawashima[1),2)], Sawako Sakakibara[3)], Madoka Ueno[4)], Hanae Sone[5)], Wataru Ishida[6)], Naohiro Yonemoto[2),7)], Yoshinobu Kanazawa[4)], and Mitsuhiko Yamada[2)]

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Submission #92464

Abstract

Background: A history of suicide attempt is the strong risk factor for death by suicide and repeated suicide. Suicide attempters admitted to the emergency department would be at high risk for re-attempted suicide. Emergency paramedics are one of the health professionals who care for the patients immediately after their suicide attempts. However, few studies have explored the conflicts and difficulties faced by emergency paramedics. In this study, we identified and conceptualized difficulties faced by emergency paramedics in the care of suicide attempters. Methods: Participants in this study were 18 emergency paramedics who have experiences to care for the patients immediately after their suicide attempts. The recruitment was conducted with the snowball sampling method. We conducted 60-90 minute semi-structured interviews with them to collect information related to the conflicts and difficulties in the care of suicide attempters. Data were analysed using consensual qualitative research (CQR) methodology by five researchers who specialized in clinical psychology or psychiatry. We then calculated the frequency of all categories and sub-categories identified by CQR. "General" label indicates that the category is represented by 17-18 cases, "Typical" indicates that the category is represented by 10-16 cases (more than half of the participants up to the cutoff for general), "Variant" indicates that the category is represented by 4-9 cases (from at least 4 participants up to half of the participants), and "Rare" indicates that the category is represented by 2-3 cases. Results: We identified four distinct domains including *Skills*, *Difficulties*, *Expectations*, and *Education*. In this presentation, we will focus on *Difficulties* domain. This domain consists of five categories, including "*Category I: Anxiety, feelings of insufficiency, and traumatic experiences of paramedics* (General)", "*Category II: Patients and families who make transportation and care*

difficult (General)", "*Category III: Matters of paramedics that interferes with their activities* (General)", "*Category IV: Hospitals that refuse to patient transportations* (Typical)", "*Category V: Community system issues related to emergency medical care* (Typical)". Additionally, all categories consisted of several sub-categories.

Conclusion: In this study, we developed categories of difficulties faced by emergency paramedics when they respond to the patients immediately after their suicide attempts. Our findings will aid to develop educational programs for emergency paramedics.

40. Title: Assessment and aftercare following high-risk self-harm presentations to the emergency department: a mixed methods study

Authors: Grace Cully[1,2], Paul Corcoran[1,2], Dorothy Leahy[1,2], Eugene Cassidy[3,4], Frances Shiely[1,5], Eve Griffin[1,2], Ella Arensman[1,2].

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Submission #92466

Abstract

Study objectives: Individuals presenting to hospital with self-harm of high lethality or high suicidal intent are at high risk of subsequent suicide. The aim of this research was to describe the profile of these high-risk self-harm (HRSH) cases and to investigate their assessment and aftercare.

Methods and materials: A mixed-methods study of 345 consecutive HRSH patients was conducted across 3 hospitals from December 2014 to February 2018. The study involved quantitative data collected from hospital records and data linkage with the National Self-Harm Registry Ireland, and qualitative and quantitative data collected via semi-structured interviews (baseline and 6-9 follow-up) with a subgroup of the sample (n=35).

Results: HRSH cases represented 1 in 9 (11.3%, n=345) of the 3,051 self-harm patients presenting to the emergency department during the study period. Factors associated with HRSH were age (45-64 years), a history of recent self-harm presentations and alcohol involvement in the self-harm act. Four out of five HRSH patients had a history of mental health treatment and a high rate of psychotropic drug prescribing was observed (57%). Risk of not receiving a biopsychosocial assessment was low following HRSH (8%). Non-assessment was significantly higher among HRSH patients with multiple previous self-harm presentations, compared those with none/one previous presentation (23% vs 6%). Qualitative findings indicated considerable variation in satisfaction with aftercare following HRSH. Positive experiences of care included *'supportive and compassionate relationships'* and *'timely and comprehensive follow-up care'.* The establishment of trust in the services encouraged help-seeking and psychotropic treatment adherence. Conversely, *'superficial and unsupportive relationships'* and *'care lacking continuity and comprehensiveness'* left some participants feeling isolated, contributing to inhibited help-seeking and resistance to psychotropic treatment. Participants with a history of self-harm and mental health service engagement were more likely to report dissatisfaction with care provided. Those who described unsupportive

relationships more frequently reported repeated self-harm, alcohol misuse and hopelessness at follow-up. Those with a history of self-harm and mental health treatment were more likely to report unsatisfactory aftercare. Individuals reporting unsupportive relationships with healthcare professionals were more likely to have repeated self-harm at follow-up.

Conclusions: HRSH patients are a vulnerable group with enduring mental health issues, many of whom feel unsupported in the healthcare system. Conducting a biopsychosocial assessment needs to be prioritised among individuals with a history of self-harm and/or mental health treatment. The findings highlight the importance of providing assertive follow-up to HRSH patients to bridge the gap to aftercare services. Ongoing training with clinicians may be beneficial to improve HCP-patient relationships and improve the quality of patient care.

41. Title: Factors associated with resilience in individuals who attempt suicide.

Author: Priya Sreedaran

Submission #92469

Abstract

Background: Resilience is the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal physical and psychological functioning. Improving resilience is a potential strategy to address suicide risk in vulnerable populations. Persons with suicide attempt are at risk of repeat attempts and death due to suicide. Identification of factors associated with resilience in such persons, could contribute to development of psychosocial interventions that reduce future suicide risk.

Objectives: To study factors associated with resilience in individuals with suicide attempt

Materials and methods: Study site: We conducted this study in a general hospital in Bengaluru, India from March 2019 to January 2021. Study participants: Persons with recent suicide attempt between 18 to 50 years. We excluded those with current diagnosis of substance dependence and psychosis. Study tools: We used Connor Davidson Resilience scale to assess resilience. We used Beck's Suicidal ideation Scale, Beck's Depression Inventory and Beck's Hopelessness scale for suicidal ideation, depression and hopelessness respectively. We used MINI 7.0 to determine presence of psychiatric diagnosis and Presumptive Stressful Life Events Scale (PSLES) for number of stressful life events over the past one year. Statistical analysis: We used SPSS version 27.0. As data did not show normal distribution, we used Mann Whitney's test for comparisons and Spearman's test for correlation for continuous variables. As data met necessary assumptions, we used multiple regression to determine predictors of resilience.

Study funding: This study is funded by Indian Council of Medical Research (ICMR) under the 'ICMR-RMLH-Pittsburgh university Capacity Building Workshop on Implementation Research under NMHP' and is part of the ongoing 'Telephone Outreach in Persons with Suicide attempts (TOPS)' project to evaluate the efficacy of telephone based psychosocial interventions in suicide prevention.

Results: The number of participants in the study were 205. There were significant differences between women (N=130, median: 49, SD: 17.11) and men (N=75, median: 53, SD: 18.9, Mann Whitney U=4016.5, p<0.036) and those with (N=79, median:46, SD: 14.19) and without psychiatric

diagnoses (N=126, median:53.5, SD: 18.23, Mann Whitney U=2784.5, p<0.000). There were significant correlations for resilience with number of life time events (Correlation coefficient: -0.519, p<0.000), hopelessness (Correlation coefficient: -0.489, p<0.000), depression (Correlation coefficient: -0.418, p<0.000) and suicidal ideation (Correlation coefficient: -0.213, p<0.002). Regression analysis showed that number of stressful life events, hopelessness and gender were significant predictors of resilience, F (3,201) = 42.48, p<0.05.

Conclusions: This study shows that stressful life events, gender and hopelessness predict resilience in individuals with suicide attempts. There is a potential role for gender specific psychosocial interventions that focus on coping and hopelessness in such populations.

42. Title: What parents/carers of young people who self-harm want from web-based support
Author: Faith Martin
Submission #92476
Abstract

Objective: Parents/carers of young people who self-harm are known to need information and some support for their own emotions, however there is lack of web-based support for parent/carers. This paper describes the first steps in the development of an intervention to support parents/carers. The objective of this study was to identify needs and potential intervention components for a web-based intervention in England.

Methods: Interviews were conducted with two health professionals, two young people and three parents/carers, alongside two focus groups with five further parents/carers. Then two workshops were held with 11 parents/carers and including one young person and two healthcare professionals. All participants had direct experience or were young people who self-harmed. All data were analysed together. Here, data were subjected to Rapid Analysis.

Results: Participants identified a range of pathways that led to them wanting help. First aid was needed early on. Trying to understand why the young person was self-harming also occurred early on, with internet searches for information. Actions to keep the young person safe were frequently taken. Advice from professionals to not remove all means of self-harm came later, which was often hard for participants to engage with. Participants described guilt, helplessness and isolation that typically began once they became aware of the self-harm and continued throughout. Typically, there was a growing sense of desperation if self-harm continued and a sense that they were fighting to help their child. Participants described needing tools to help their young people feel listened to and validated. For their own needs, participants reflected they first had to feel empowered to look after their own wellbeing. Participants were fearful of seeking support owing to concerns about being judged, meaning web-based that could be anonymous was indicated. Self-care in moments of crisis was seen as important but hard to achieve. Participants imagined a toolbox of strategies, including basic time management tools, brief emotion management techniques for themselves in crisis situations and then more detailed support around managing self-blame, guilt and stress in the longer term. Highly pragmatic activities were seen as important and a way to engage parents/carers in developing more self-care.

Conclusion: Five domains of support are indicated for the web-based resource. 1) Information about the reasons for self-harm, 2) Techniques supporting managing in the moment for the parent

themselves, as well as to support the young person, 3) Self-management tips that reflect the multiple demands on time for parents/carers, 4) Content to address self-blame and 5) Social support. The next step is to develop empirically grounded content and conduct user testing.

43. Title: Review of School-Based Suicide Prevention Interventions for Adolescents in Canada

Authors: Myra Massey, Khadija Bint Misbah, Jenna Barnhardt, Megis Oskalns, and Yvonne Bohr
Department of Psychology, York University

Abstract

A significant number of adolescents across the globe choose to take their own life each year. Adolescents engaging in suicidal ideations and attempts are considered vulnerable and atypical in all circumstances and by all cultures as behaviours associated with suicidality severely deviate from the norm, are destructive to the fabric of a society, and disrupt generational continuity. In Canada, suicide is the third leading cause of death in children aged 10-14, and the second leading cause of death among youth aged 15-24. In 2019 for example, 31 children aged 10-14 and 506 youth aged 15-24 lost their lives to suicide (Statistics Canada, 2020). Globally, suicide is the third leading cause of death for adolescents (World Health Organization, 2020). Relevant risk factors include depression, bullying, exposure to substances, mood disorders, aggression, impulsivity, previous suicide attempts, and deficits in problem-solving, interpersonal and social skills that trigger the development of suicidal ideations, attempts and eventually completed suicide (Bridge et al., 2006; King & Merchant, 2008; Reed et al., 2015). Over the last decade, increasing global attention has been directed to suicide prevention, with a specific focus on adolescents. This review aims to systematically examine programs that address suicidality and its risk factors among adolescents in Canadian high schools. A literature review was conducted using PsycINFO, Scholars Portal, and Google Scholar. Ten evidence-informed school-based, staff and paraprofessional-led suicide prevention programs were identified and contrasted: "Gatekeeper Training, Signs of Suicide (SOS), Question, Persuade and, Refer (QPR), The Adolescent Suicide Awareness Program (ASAP), safeTALK, Applied Suicide Intervention Skills Training (ASIST), Sources of Strength (SOS), Care, Assess, Respond, Empower (CARE), Coping and Support Training (CAST), and Reconnecting Youth (RY)." Results indicate varying levels of effectiveness. Reviewed studies inferred that all programs enhanced suicide knowledge, awareness, protective factors, intervention skills and adaptive coping strategies, encouraged help-seeking behaviours, increased professional referrals and identification of warning signs and risk factors, and mitigated suicide-related behaviours. Future studies should delve into the issues of contagion and iatrogenic effects as neither are currently systematically addressed in the available programs, and careful evaluation of the risks of these effects should be required. It is recommended that suicide prevention programs should only be made available once there is clear evidence of effectiveness and sustained intervention effects. Attention should be paid to the replicability of programs and their evaluation to ensure harm reduction.

Keywords: suicide, adolescents, school-based, suicide prevention

44. Title: Student mental health during the COVID-19 pandemic

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1 Department of Clinical Psychology, Institute of Psychology, Leiden University, The Netherlands;
2 Department of Psychiatry, Leiden University Medical Center, The Netherlands

Submission #92490

Abstract

Background: The COVID-19 pandemic does not only impact the physical health of those directly afflicted, but also has far-reaching effects on the psychological well-being of wider society. Students may be especially affected by this situation, as this population is already disproportionately affected by mental health issues (such as depression and suicidal ideation) under normal circumstances. Further, international students may lack local support systems and be more isolated by pandemic restrictions, and hence represent a higher risk subgroup.

Objectives: To examine student mental health during the COVID-19 pandemic, and differential outcomes between domestic and international students.

Methods: We examined differences in depressive symptoms, suicidal ideation, anxiety, posttraumatic stress disorder (PTSD), insomnia, alcohol use, academic stress, and loneliness in two consecutive cohorts of university students (data collected in March 2020 n = 207 & March 2021 n = 142). We investigated differences i) between the 2020 and 2021 cohorts, ii) between domestic and international students in the 2020 and 2021 cohorts, and ii) whether differences between the two cohorts were moderated by student status (domestic vs. international).

Results: More depressive symptoms, academic stress and loneliness were reported in the 2021 cohort in comparison to the previous year. Further, international students exhibited a pattern of heightened psychological complaints (anxiety, PTSD, academic stress and loneliness) across the cohorts. More specifically, in the 2020 cohort, compared to domestic students, international students reported more depressive symptoms, suicidal ideation, anxiety, PTSD, academic stress and loneliness; in the 2021 cohort, international students reported more loneliness. However, the main effect of cohort was not moderated by student status, indicating worse mental health outcomes for both domestic and international students in the 2021 cohort.

Conclusions: Our findings indicate worsened mental health outcomes for both domestic and international students with the prolongation of the pandemic, with international students showing particular vulnerability in terms of loneliness. The mental health of international students may warrant more attention – both during the pandemic and beyond.

45. Title: Don't Miss the Moment: Ecological Momentary Assessment (EMA) in Suicide Research – A Systematic Review

Authors: Kivelä, L.[1], Van der Does, A.J.W. [1,2], Riese, H. [3], Antypa, N[1].
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Submission #92491

Abstract

Background: Suicide and suicide-related behaviours are prevalent yet notoriously difficult to predict. Specifically, short-term predictors and correlates of suicide risk remain largely unknown. Ecological momentary assessment (EMA) is a method for assessing how suicidal thoughts and behaviours (STBs) unfold in real-world contexts.

Objectives: The aim of this review was to assess (1) how EMA has been utilized in the study of STBs (i.e., methodology, findings), and (2) the feasibility, validity and safety of EMA in the study of STBs.

Methods: A systematic literature review.

Results: We identified thirty-four articles, detailing twenty studies. Findings indicate suicidal ideation to fluctuate substantially over time (hours, days); those with higher mean ideation have more fluctuations. Many known risk factors (physical inactivity, social isolation, interpersonal conflict) were found to associate with concurrent suicidal ideation. However, fewer studies succeeded in establishing prospective predictors of STBs; limited evidence supports negative affect, hopelessness and burdensomeness to predict increased ideation within-day, while poor sleep quality and short sleep duration predict increased next-day ideation. Agreement to participate in EMA studies was high, and compliance (i.e., response) rates were acceptable and comparable to those in other clinical samples. There was no evidence of systematic negative reactivity in mood or suicidal ideation to repeated assessments of STBs.

Conclusions: Few studies so far have identified candidate predictors of momentary suicidal ideation (such as hopelessness, burdensomeness); these findings warrant further replication. Suicidal ideation can be present only momentarily or fluctuate substantially over short periods of time (hours, days), which makes EMA a particularly suitable method for capturing these thoughts. Our review supports the acceptability and feasibility of using EMA in suicide research. While repeated EMA assessments do not appear to result in systematic reactivity in STBs, participant burden and safety remains a consideration when studying high-risk populations. Recommendations and best principles for designing EMA studies in suicide research are discussed.

46. Title: Using machine learning to data mine hospital suicidal and self-harm presentation records: Analysis of 32,094 suicidal presentations over 10 years

Author: Nicolas JC Stapelberg
Submission #92517

Abstract

Study objective: The outcome evaluation of the Suicide Prevention Strategy at the Gold Coast Mental Health and Specialist Services in Queensland, Australia, required data on suicidal and self-harm presentations to the two hospitals in the catchment area to be captured from the Emergency Department Information System (EDIS) database. However, suicidal and self-harm presentations are not uniformly coded in the EDIS and require human assessment to differentiate these presentations from other cases (e.g., accidental injuries).

Methods and material: The 'Searching EDIS for Records of Suicidal Presentations' (SERoSP) program, a novel evolutionary algorithm developed and programmed by the first author, was used to learn weighting variables from a psychiatrist-rated training dataset and generate an appropriate cut-off score for identifying suicidal and self-harm presentations from EDIS. SERoSP is able to detect suicidal and self-harm presentations with a high degree of accuracy (a sensitivity of 0.95 and a specificity of 0.92). Using SERoSP, characteristics for 32,094 suicidal and self-harm

presentations to two Emergency Departments (EDs) in a large health service in Australia across a 10-year period (2009– 2018) were determined.

Results: A linear increase in the number of suicidal presentations over 10 years was observed, which was 2.8-times higher than the increase noted in all ED presentations and 6.1-times higher than the increase in the population size. The highest rates of presentations were by persons aged 15–24. Females had higher presentation rates than males, particularly among younger age groups. Overseas-born persons had around half the rates of suicidal presentations than Australian-born persons, and Indigenous persons had 2.9-times higher rates than non-Indigenous persons. Of all presenters, 70.6% presented once, but 5.7% had five or more presentations. Seasonal distribution of presentations was evident and showed a peak at the end of spring and a decline in winter months.

Conclusions: The SERoSP program is a reliable and cost-effective tool for the identification of suicidal and self-harm presentations from EDIS data. The data mining and analytic capability developed is already informing evaluation of the Zero Suicide Framework implementation at the Gold Coast Mental Health and Specialist Services. This capability is both scalable and generalizable to other health services, and it can also inform the allocation of health resources and guide the policy development of future suicide prevention strategies for people presenting to hospitals in suicidal crisis.

47. Title: Guidelines for the integration of digital interventions into clinical care: A Delphi Study

Authors: Eleanor Bailey[1,2], India Bellairs-Walsh[1,2], Nicola Reavley[3], Sarah Hetrick[4], Piers Gooding[5], Simon Rice[1,2], Mario Alvarez-Jimenez[1,2], and Jo Robinson[1,2]

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Submission #92518

Abstract

Study objectives: Suicide-related behaviour is common among young Australians, many of whom require clinical care. Digital interventions may be useful tools for service providers in their work with at-risk young people. However, whilst many promising digital interventions exist, their rate of integration into clinical services is low. The reasons for this are poorly understood, but the absence of best practice guidelines is likely to be part of the problem.

Methods and material: This project uses the Delphi methodology to develop a set of evidence-informed guidelines to help services integrate digital interventions into standard care for young people at risk of suicide and/or self-harm. First, grey and peer-reviewed literature were searched and interviews with young people, clinicians and researchers were conducted; action items were then extracted. Next, two panels of experts (young people with lived experience and professionals) will rate the items until consensus is reached. The endorsed items will then be collated into a set of best-practice guidelines for clinicians and services.

Results: This project is currently underway. A detailed methodology will be presented along with an update of progress to date.

Conclusion**:** The production and evaluation of these guidelines may lead to increased capacity of clinicians to use digital interventions effectively with this population; better integration of digital interventions into services; and ultimately to improved treatment outcomes for young people at risk of suicide.

48. Title: Emergency Department Visits for Self-Harm in Youth in Ontario Following the Release of '13 Reasons Why'

Authors: Mark Sinyor, Emilie Mallia, Claire de Oliveira, Ayal Schaffer, Thomas Niederkrotenthaler, Juveria Zaheer, Rachel Mitchell, David Rudoler, and Paul Kurdyak

Abstract

Objective: To determine whether the release of the first season of the Netflix series '13 Reasons Why' (13RW) was associated with changes in emergency department (ED) presentations for self-harm.

Method: Healthcare utilization databases were used to identify ED and outpatient presentations according to age and sex for residents of Ontario, Canada. Data from 2007-2018 were used in autoregressive integrated moving average (ARIMA) models for time series forecasting with a pre-specified hypothesis that rates of ED presentations for self-harm would increase in the 3-month period following the release of 13RW (April 1, 2017-June 30, 2017). Chi-squared and t-tests were used to identify demographic and health service use differences between those presenting to ED with self-harm during this epoch compared to a control period (April 1, 2016-June 30, 2016).

Results: There was a significant estimated excess of 75 self-harm-related ED visits (+6.4%) in the 3 months after 13RW above what was predicted by the ARIMA model (SE – 32.4; P=0.02; SE – 213; P=0.02). Sex stratified analyses demonstrated that these findings were largely driven by significant increases in females. The largest numerical and proportionate increases were observed in the 10-19 year group. There were no differences in demographic or health service use characteristics between those who presented to ED with self-harm in April-June 2017 vs. April-June 2016.

Conclusion: This study demonstrated a significant increase in self-harm ED visits associated with the release of 13RW. It adds to previously published mortality, survey and helpline data collectively demonstrating negative mental health outcomes associated with 13RW.

49. Title: Identification of suicidal presentations to Emergency Departments: comparison of ICD-10 and SNOMED-CT classifications systems

Author: Jerneja   Sveticic

Abstract

Study objective: In recent years, many health services in Australia and internationally have adopted the use of Systematised Nomenclature of Medicine-Clinical Terms (SNOMED-CT) in their clinical documentation and reporting systems. While the use of SNOMED-CT codes has been suggested to improve the quality of information about reasons for ED visits when compared to

codes following the International Statistical Classification of Diseases and Health Related Problems, 10th revision (ICD-10), their utility and accuracy in relations to suicidal presentations has not yet been explored. This is an important investigation, as administrative health data using ICD-10 codes have been shown to underestimate the volume of suicidal presentations by around 60%.

Methods and material: Gold Coast Hospital and Health Service in Queensland, Australia, transitioned from the use of ICD-10 codes to SNOMED-CT codes in their ED administrative systems in 2019. This study compares the accuracy with which the presentations due to suicidal ideation or self-harm were detected using ICD-10 codes in the period January 2018 - June 2018 (N=3,034), to that achieved using SNOMED-CT codes in January 2020 – June 2020 (N=3,310). A manual investigation of ED dataset based on primary and secondary diagnoses, presenting problems and keyword searches of triage notes was utilised as the 'gold standard'.

Results: In 2018, there were two ICD-10 codes available in ED coding systems (R45.81 'Suicidal ideation' and X84.0 'Intentional self-harm', while in 2020, 72 different SNOMED-CT codes pertaining to suicidality were utilised by ED staff. The overall accuracy with which suicidal presentations were identified in the two years did not change significantly (42.8% using ICD-10 and 43.5% using SNOMED-CT). When separated into types of suicidal presentations, results showed that the use of SNOMED-CT codes improved the detection of self-harm cases (47.2%, compared to 36.3% when using ICD-10 codes; $p<.001$), but reduced the accuracy in detecting presentations following suicidal ideation (41.7%, compared to 46.4% when using ICD-10 codes; $p<.05$).

Conclusions: Findings of this study suggest that the availability of a much larger span of codes pertaining to suicidality does not necessarily improve the ability of administrative health systems to capture the true volume of suicidal presentations, particularly when these presentations relate to suicidal thoughts rather than behaviours. Further research is required to better understand the functionality of various classification systems for the coding of suicidal presentations. The accuracy of data on suicide-related presentations to Emergency Departments (EDs) has significant implications for the provision of care and policy development.

50. Title: The association of Gender and Impulsivity in Suicide attempters
Authors: Smitha T S, and Dr Priya Sreedaran
Submission #92533

Abstract

Individuals who attempt suicide have high levels of impulsivity. Impulsivity refers to acting without forethought. It is necessary to study the association of gender with impulsivity as more women attempt suicide while significant proportion of men die due to suicide.

Objectives: This study aims to explore the association of gender with impulsivity in those with recent suicide attempt. This study was conducted as part of the 'Telephone Outreach in Persons with Suicide Attempt' (TOPS) study that is evaluating the efficacy of telephone-based interventions in those with recent suicide attempt.

Methodology: We obtained socio demographic data and impulsivity scores from 205 individuals with a recent suicide attempt over a period of two years from a general hospital setting in Bengaluru. Age range of participants was 18-55 years. 75 were men and 130 were women. We used Barratt's impulsiveness scale (BIS-II) to assess impulsivity. BIS-II is a 30-item tool used to assess the personality/behavioural constructs of impulsivity in each population. BIS-II measures three subdomains of impulsivity i.e., attention (focusing on current tasks), motor (more likely to act quickly), and non-planning (planning deliberatively). We report data using measures of central tendency and appropriate two tailed tests for significance.

Results and Discussions: There were no significant differences between men and women with respect to total impulsivity scores (In women mean was 59.82 and SD was 8.71; in men mean was 61.06 and SD was 8.76). Men had significantly higher impulsivity scores on attention impulsiveness subdomain (Men mean was 13.73 and SD was 3.11; women mean was 13.38 and SD was 2.89) (p<0.004). Women had significantly higher scores on motor impulsiveness subdomain (Women mean was 20.94 and SD was 4.06; men mean was 22.3 and SD was 3.99) (p<0.044).

Conclusions: There are gender differences in impulsivity associated with suicide attempts. These findings could play a role in formulating problem-solving strategies. Taking into account the specific differences in domains of impulsivity across genders, these differences could serve as areas for future research with respect to understanding suicide attempts.

51. Title: A comparative study of mental health issues faced during covid -19 lockdown in individuals with suicide attempt

Authors: Murugesh K, & Priya Sreedaran

Submission #92540

Abstract

Background: Every year around 8 lakh people around the world die due to suicide. Factors associated with suicide include common mental disorders like depression, anxiety and psychosocial stressors and stressful environmental issues. The covid-19 pandemic and lockdown has contributed to increased stress and depression across the world. This had led to concerns of pandemic and lockdown impact on mental health of vulnerable populations like individuals with previous suicide attempt.

Objectives: The aim and objectives of the study is to find out the mental health issues faced by individuals with previous suicide attempt due to Covid-19 pandemic lockdown in an Indian setting.

Methods and Materials: This study was conducted as part of the ICMR funded 'Telephone Outreach in Persons with Suicide Attempt' (TOPS) study that is evaluating the efficacy of telephone-based interventions in those with recent suicide attempt. We collected data from the 51 participants. These included those who had attempted suicide on at least one occasion over last 2 years. The data has been collected during the first wave of covid-19 from the month of August to November. The age group was 18-55 years with 18 men and 33 women. We used a semi-structured questionnaire to assess socio-demographic data. We used Patient Health Questionnaire-9 and Generalized Anxiety disorder-7 to assess the depression and anxiety levels as

an indicator of mental health of the participants. We used paired t tests to assess pre and post lockdown of PHQ-9 and GAD-7.

Results and discussion: Paired t tests showed no significant differences between both groups of Pre and Post in PHQ-9 and GAD-7. t value of PHQ-9 is .787 and GAD-7 is 1.34, the P value of PHQ-9 .435 and GAD-7 is .262. This study shows no increase in depression and anxiety in this high-risk population. Limitations are the sample size and data from a single centre.

Conclusions: There have been wide-spread concerns over potential increase in mental health morbidity due to the pandemic and lockdown related restrictions. As a part of the covid-19 first wave during the month of August to November, we did not note that any worsening in depression and anxiety in the first wave. It is to be noted that in view of the increased severity during the second wave of covid-19 there could be potential worsening of mental health in the vulnerable population.

52. Title: Trends in, and risk factors, for suicide in public places compared to in home: A descriptive study

Authors: Sangsoo Shin, Matthew Spittal, Angela Clapperton, Lay San Too, and Jane Pirkis
Submission #92541

Abstract

Study objectives: Suicides in public places warrant particular attention for many reasons. They can attract media attention which can lead to imitative acts, witnesses can inadvertently be affected, and particular sites can develop reputations as 'suicide hotspots'. Despite this, understanding of basic figures on suicides in public places at geographically comprehensive level remains insufficient. This study aimed to provide descriptive epidemiology of suicides in public places in Australia.

Methods and material: Data on incidents of suicide occurring between January 2001 and December 2017 in Australia were extracted from the National Coronial Information System (NCIS). Cases were categorised into three location types: public places; home; and "other". For analysis, suicides that occurred in public places were considered as the case group while suicides occurring at home were chosen as the comparison group. Preliminary chi-square tests were carried out to compare the distributions on each key factor between the two location types. Logistic regression will also be undertaken to investigate differences between those who die in incidents occurring in public places compared to the home.

Results: A total of 42,725 suicides were recorded on the NCIS, 40,360 of these cases were included in the analysis; 10,764 (25.2%) public places incidents, and 29,596 (69.3%) home incidents. There was a slight change in the proportion of all suicides that occurred in public places over the 17 year period (range: 23.7% in 2013 - 27.6% in 2001). Chi-square tests showed males (28.0% versus 22.2% in female), and people under 30 years of age (31.1%, 27.8% in 30-54 and 20.6% in 55 and above), were more likely to die by suicide at public places.

Conclusion: This study revealed differences in the distributions of suicide by place type, which can be used to inform interventions to prevent suicides in public places.

53. Title: To study risk and protective factors among persons who attempted suicide

Authors: Ram Pratap Beniwal, Triptish Bhatia, Priya Sreedaran, Uttara Chari, and Smita N Deshpande

Submission #92547

Abstract

Background: Worldwide suicide is a significant public health concern and a major contributor to the total burden of disease and mortality. The risk factors include intrapersonal/interpersonal, family/peer, school/ community and exposure to suicide. In lower middle-income countries (LMICs) risk factors can be varied and need to be studied extensively to find protective factors. Persons with suicide attempt are at risk of repeat attempt.

Objective: We aimed to assess risk and protective factors in individual with recent suicide attempt. Materials and methods: We conducted this study in a tertiary care hospital in Delhi, India from March 2019 to March 2021. Persons of both genders with recent suicide attempt between 18 to 55 years were recruited. We excluded those with current diagnosis of substance dependence and psychosis. We used MINI 6.0 to determine presence of psychiatric diagnosis and Presumptive Stressful Life Events Scale (PSLES) for number of stressful life events over the past one year. We used Beck's Suicidal ideation Scale, Beck's Depression Inventory and Beck's Hopelessness scale for suicidal ideation, depression and hopelessness respectively. We administered Connor Davidson Resilience scale to assess resilience and Scale for assessment of lethality of suicide attempt to assess lethality of attempt. Barratts impulsivity scale was used to assess impulsivity in these individuals. We used IBM SPSS version 23.0 for statistical analysis. As data did not show normal distribution, we used Mann Whitney's test for comparisons and Pearson's test for correlation for continuous variables. The ethical permission was obtained from institutional ethics committee of the institute. This study is funded by Indian Council of Medical Research.

Results: The number of participants in the study were 185. Out of this 56% were women and 85.6% of the urban population. 58.2% participants were belonging to nuclear family while 58.6% were ever married. 40.8% had past history of suicide attempt. On correlation analysis the hopelessness was significantly related with suicidality ($r=0.607$, $p=0.000$), depression ($r=0.596$, $p=0.000$) and negatively related with resilience ($r=-.465$, $p=0.000$), employment status ($r=-.355$, $p=0.000$). The impulsivity was negatively correlated with resilience ($r=-.190$, $p=0.011$). The suicidal ideation was significantly associated with depression ($r=0.654$, $p=0.000$) while negatively associated with resilience ($r=-.387$, $p=0.000$) and employment status ($r=-.199$, $p=0.008$). Employed persons were more resilient whereas the suicidal lethality was negatively correlated with resilience ($r=-.261$, $p=0.001$).

Conclusion: This study shows that those participants who had high score on measurement of depression, hopelessness, suicidal ideation, impulsivity and lethality of attempt were less resilient and unemployed. Therefore, financial reasons are also important factors.

54. Title: The relationship between self-rated health and suicide risk: Loneliness as moderator

Author: Wei-Chieh Hung

Submission #92548

Abstract

Study Objectives: Psychological and physical health factors contribute to suicide risk. The study aimed to test the moderating effect of loneliness in the relationship between self-rated health and suicide risk.

Methods and material: This population-based study analysed the data recruited from the annual survey of Taiwan Suicide Prevention Center between four years of 2015-2017 and 2020. The measurement variables included demographic information, self-rated health (including mental health (1-5), physical health (1-5), and self-efficacy (0-100), the higher the score, the better health conditions), and the 9 items of the Concise Mental Health Checklist (CMHC-9) which assessed the level of overall suicide risk. Loneliness was rated over the question inquiring frequent lonely feelings with binary response (yes/no). Data were analysed using Pearson correlation and Hayes' conditional process procedure.

Results: In total, 8460 people agreed to participate (women 50.6%). The percentage of three age groups (15-24, 25-65, and over 65 years) was 14.6%, 69.7%, and 15.6%, respectively. The results showed a significant negative correlation between self-rated mental health (4.2±0.78, r=-0.40, $P<0.001$), self-rated physical health (3.92±0.2, r=-0.33 $P<0.001$), self-efficacy (78.85±13.35, r=-0.35, $P<0.001$) and suicide risk; positive correlation between loneliness (0.13±0.33, r=0.435, $P<0.001$) and suicide risk. In predicting suicide risk, loneliness moderated the relationship between self-rated mental health, self-rated physical health, self-efficacy as evident in the following outcomes: $\Delta R^2=0.2806$, β=-0.3747, $P<0.001$, $\Delta R^2=0.2555$, β=-0.2143, $P<0.001$, $\Delta R^2=0.2534$, β=-0.0165, $P<0.001$, respectively.

Conclusion: Loneliness was found to be a moderator between self-rated health and suicide risk. The research findings indicated that loneliness plays a key role in the relationship between health perceptions and the risk of suicide. The study provided an important information for future development of strategies related to loneliness intervention and suicide prevention.

55. Title: Using CCTV to identify behaviours prior to suicide

Authors: Mark Larsen[1], Sandersan Onie[1], Xun Li[2], Morgan Liang[2], Arcot Sowmya[2], Dori Rakusin[3], Matthew Large[3]

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Submission #92560

Abstract

Objectives: Approximately 30% of suicides occur in public places and the use of CCTV cameras has been proposed as a means to increase the likelihood of third-party intervention, for example by initiating a police call-out after climbing a safety fence. Studies from the metro/railway setting have identified observable behaviours which precede a suicide attempt – these studies have further suggested that it may be possible to automatically detect behaviours prior to a suicide attempt, potentially allowing for earlier intervention and the interruption of a suicide attempt. This study aimed to describe the behaviours at a frequently used location in a cliffside park setting, and to develop an automated system for detecting these behaviours.

Methods: Video footage over a 10-month period was collected. 18 incidents were extracted and matched with clips of routine footage. An initial codebook of behaviours derived from the railway setting was developed, and iteratively updated as two researchers reviewed the footage. Timelines of observable behaviours were annotated, with summary observations derived for each event. These annotations were used as training data for a computer vision algorithm to automatically detect crisis behaviours. A modular system was developed to identify pedestrians within the scene, track their movement through the site, estimate their pose using a skeleton-based model, and identify specific behaviours.

Results: Eight observable features which preceded climbing the safety fence were observed. These included walking back and forth along the fence line to identify a climbing location, extended periods in one place, visible agitation, ignoring passers-by, intoxication, practice climbing, placing belongings on the ground, and leaning on the fence with face downwards. Overall performance of the detection algorithm was good, with an F1-score (combining precision and recall) of 0.83. Performance was high for specific individual behaviours, with an F1-score as high as 0.94 (leaning on fence with face downwards).

Conclusion: Distinct observable behaviours were identified in this study, extending our knowledge from previous railway-based studies. These results also show the potential for an automated detection system to identify someone who may be in crisis at a frequently used location. While some behaviours were unique to this specific site, other behaviours were analogous to those from the railway setting (e.g. walking back and forth along the safety fence vs walking back and forth along the platform yellow line), suggesting the potential for such a system to be beneficial across different settings.

56. Title: Suicide Prevention at the Workplace: Assessing IT Professionals' Willingness to Intervene

Authors: Muhammed Noorudheen[1], Dr. Anish. V Cherian[2], Dr. R. Dhanasekhara Pandian[3], Dr. K.S. Meena[4], Dr. B. Binukumar[5]

[1]M.Phil. Scholar, [2]Associate Professor, [3]Professor, Department of Psychiatric Social Work, NIMHANS.; [4]Additional Professor, Department of Mental Health Education, NIMHANS.; [5]Associate Professor, Department of Biostatistics, NIMHANS.

Submission #92561

Abstract

Introduction: Suicide is still a significant public health issue worldwide, particularly in India, where its multi-factorial aetiology affects both the health and social sectors. Since software driven IT at the forefront of India's national agenda, which created plenty of opportunities. Also, IT engineers comply with a great deal of psychosocial stresses and studies pointed out that unfavourable working conditions could be risk factors for suicide. In this view, it is crucial to assess their willingness for suicide prevention with a suicidal peer.

Objectives: To assess the Gatekeeper behaviour, stigma of suicide, and willingness to intervene against suicide among IT professionals.

Methods: Exploratory research design. Researcher has conducted an online survey across India. Participants were asked to fill the self-explanatory questionnaire and sociodemographic profile.

Results: Total (n=40) forty respondents were participated both male (n=26) and female (n=16) working in various IT companies. The likelihood of Gatekeeper behaviour has a positive correlation with the stigma of

suicide and willingness to intervene against suicide variables. The study found that the willingness to intervention with a suicidal peer among the study population is low.

Conclusion**:** The study focused on willingness for suicide prevention through peer group intervention. The willingness to intervene approach is an essential primary step for suicide prevention training, and followingly, there should be necessary training programs against suicide in the population. As a developing country, India faces scarce resources, and infrastructure facilities in the mental health care system are the major challenge.

Keywords**:** Suicide prevention, Gatekeeper training, Willingness to intervene, Stigma of suicide

57. Title: Suicidal callers at the Danish hotline for suicide prevention

Authors: Anna Lund Jacobsen, Trine Madsen, Agnieszka Storgaard Nielsen, Anne Ranning, Merete Nordentoft, & Annette Erlangsen

Submission #92569

Abstract

Study objectives: The aim of this study was to examine the characteristics of callers to a national suicide prevention hotline in Denmark and in particular to determine the proportion of callers who were evaluated to be at risk of suicide. Secondly, it was examined whether callers to the Lifeline had higher levels of suicidal ideation than a sample of the general population in Denmark.

Methods and material: Data on all calls answered by the counsellors at the Danish hotline for suicide prevention ("Livslinien") during 2018 and 2019 were obtained from the hotline's database. Data included demographic information, such as sex, age group, educational background, and socio-economic status. In addition, information on previous suicidal behaviour, current suicide risk as well as a score using the Suicidal Ideation Attributes Scale (SIDAS), a clinical scare for measuring suicidal ideation. Data on the SIDAS score in the general population were obtained from representative survey data collected during August 30th – September 26th, 2019. Descriptive analyses and logistic regressions were conducted.

Results: Approximately, 50% of callers who called the hotline for issues related to themselves had suicide thoughts, while 35% had no suicide thoughts (15% missing data). Among those with suicide thoughts, 24% had present suicide plans at the time of calling, and 22.2% of all callers had previously carried out at least one suicide attempt. We noted a reduction in the level of suicide risk when comparing risk assessments at start and end of the call, as evaluated by the counsellor. First-time callers were found to have higher suicide risk when compared to not-first-time callers. Analyses regarding SIDAS score will be completed prior to the conference.

Conclusion: A substantial share of callers to the Danish suicide prevention hotline were found to be at risk of suicide, suggesting that the hotline is reaching their target audience. Furthermore, it seems that that new users also reach out to the hotline when in crisis.

58. Title: Association between attitudes towards traditional gender roles and suicidality in male sample

Author: Dovile Grigiene

Submission #92580

Abstract

Study objectives: Male suicide is still a severe issue in many countries of the world. Research indicates that along with other factors male suicide is also related to rapid social change and economic fluctuations, which we are currently experiencing during the global COVID-19 pandemic. The connection between economic crisis and suicidality is often explained with reference to gender roles, in a way that culturally men are considered as breadwinners and losing a job might be a very stressful event. More egalitarian gender regulations in the country acts as protective factor against male suicide during economic crisis. This study analyses the association between attitudes towards traditional gender roles and suicidality in a sample of Lithuanian men.

Methods and material: During the period of COVID-19 pandemic 557 men from Lithuania filled the questionnaire. Quota sampling was applied in the study to acquire men from different groups of population. Average age of participants is 42.85 (SD=17.04), ranging from 18 to 92 years. 75% of all participants were employed, 14% - unemployed and 10% - retired. 69% were from urban areas and 31% were from rural areas. Attitudes towards traditional gender roles were estimated by Social Roles Questionnaire Gender-linked subscale (Baber & Tucker, 2006). Patient Health Questionnaire - 9 (Spitzer et al., 2001) was used to evaluate depression symptomatology. Suicidality was evaluated by Suicide Behaviour Questionnaire - Revised (Osman et al., 2001). This project has received funding from the Research Council of Lithuania (LMTLT), agreement No S-MIP-21-33.

Results: Regression analysis indicated that attitudes towards traditional gender roles are a significant prognostic variable for suicidal behaviour with depression as controllable variable (Adj.R^2=0.288; p=0.000). Beta coefficient is negative (beta=-0.211) which means more traditional attitudes towards gender roles lead to lower suicide risk. However, in the samples of unemployed men and retired men traditional attitudes towards gender roles do not have any significant connection to suicide risk.

Conclusion: In a sample of employed men traditional convictions regarding gender roles may be a protective suicide risk factor for some men. For unemployed men and retired men this factor does not seem to have any significance in the suicide process. According to these findings men who hold beliefs in some traditional gender roles and also fulfil these beliefs in their own lives are less vulnerable to suicidality. If life circumstances do not allow them to fulfil these traditional gender roles this factor is no longer a significant protective factor in the suicide process.

59. Title: Rates of hospital-presenting self-harm and ideation in Northern Ireland before, during and after the Brexit referendum
Author: Caroline Daly
Submission #92583
Abstract
Study objectives: On June 23rd 2016, a referendum was held to determine the United Kingdom's (UK) status within the European Union (EU), with 52% voting in favour of leaving the EU. Following the vote, fears of economic instability, resource shortages and changes in access to healthcare emerged. Northern Ireland's electorate voted to 'remain' within the EU. This region subsequently received much attention in the UK-EU negotiations, with the terms of the 1998 peace agreement

under threat. Relative to the rest of the UK, Northern Ireland has high levels of deprivation, and high prevalence of suicide, self-harm and psychiatric disorders. This study will examine the impact of the Brexit referendum and the triggering of Article 50 of the Treaty on European Union on rates of hospital-presenting self-harm and self-harm and/or suicidal ideation in Northern Ireland.

Methods and material: Data from the Northern Ireland Self-Harm Registry on hospital-presenting self-harm and ideation between 2013 and 2018 were examined. Joinpoint regression analyses based on monthly rates per 100,000 were used to identify trends in self-harm and ideation. Monthly percentage changes were calculated. Interrupted time-series analysis will be applied to model the trends in monthly self-harm and ideation before the referendum and the triggering of Article 50, to compare the expected with the observed numbers of presentations.

Results: Between 2013 and 2018 the Registry recorded 53,502 self-harm and 25,206 ideation presentations to hospital emergency departments, representing rates of 482 and 227 per 100,000. During the study period the incidence of self-harm increased by 1% each month (0.1, 95% CI 0.0 to 0.1, p<0.05). Between the Brexit referendum (23rd June 2016) and the triggering of Article 50 (29th March 2017), a V-shaped trend was observed in self-harm presentations. Presentations decreased by 3% each month immediately following the referendum, until December 2016 (-3.1, -8.0 to 2.1), and increased by 5% each month thereafter until the triggering of Article 50 (4.7, -11.5 to 23.8). During the study period the monthly incidence of ideation increased by 6% (0.6, CI 0.5 to 0.7, p<0.05), with no changes in that trend observed.

Conclusion: There may be an indication that Brexit impacted on the trends of hospital presenting self-harm, which returned to normal following the triggering of Article 50. Rates of hospital presenting ideation, although gradually increasing appear not to be impacted. Further analyses are needed to examine in detail the impact of Brexit on suicidal behaviours in Northern Ireland.

60. Title: Objective and Subjective Socioeconomic Status and Nonsuicidal Self-injury in Young Adults

Authors: Gyumyoung Kim, Hyeri Moon, and Ji-Won Hur
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Submission #92588

Abstract

Study objectives: In recent decades, nonsuicidal self-injury (NSSI) has emerged significant mental health concern. However, little is known about the relationship between self-perceptions of social position and the NSSI. The present study aimed to investigate the associations of both objective SES and subjective social status (SSS) with NSSI.

Methods and material: A total of 485 (423 females; aged 19 to 29 years, M = 22.46 ± 2.85) young adults in the general population completed online self-report questionnaires. Objective SES was measured using the Hollingshead Index, which determines a composite SES based on education, occupation, and income. SSS was measured using the MacArthur Scale, which asks participants to place themselves on a ten-rung 'social ladder.' We used the Inventory of Statement about Self-injury to assess NSSI methods, NSSI lifetime frequency, and NSSI functions. Descriptive statistics and regression models were performed to identify associations of individual features,

including objective SES and SSS with NSSI behaviour. Data were analysed with IBM SPSS Statistics 25.

Results: Among the total, 372 participants reported five or more times of NSSI episodes in the past year. Analyses showed that both lower objective SES and lower SSS were associated with increased odds of NSSI behaviour, respectively. After mutual adjustment of SES and SSS, SSS remained significantly associated with NSSI. Participants with lower SSS were 3.42 (95% CI 1.69 - 6.91) times more likely to engage in NSSI than the higher SSS.

Conclusion: To our knowledge, this is the first study to examine the association between an individual's perception of social status compared to others and engaging in NSSI. Our findings indicate that having a low SSS is a significant risk factor for NSSI in the general population, independently of the lower objective SES. Our results thus extend the understanding of the psychosocial factors that contribute to the initiation and maintenance of NSSI. Future studies with longitudinal design are needed to investigate causal mechanisms.

61. Title: Trends in intentional drug overdose involving illegal drugs: A national registry-based study 2007-2019

Author: Caroline Daly

Submission #92597

Abstract

Study objectives: Intentional drug overdose (IDO) is the most common method of hospital presenting self-harm. The clinical severity of illegal drug IDO is high, as reflected by the lethality and aftercare following these overdoses. Recent increases in the involvement of illegal drugs in IDO have been reported, raising concerns regarding future trends. This study aimed to examine the characteristics, incidence, and temporal trends in IDOs involving illegal drugs between 2007 and 2019.

Methods and material: Data from the National Self-Harm Registry Ireland on hospital-presenting self-harm by individuals aged 15-54 years during 2007 and 2019 were examined. Annual rates per 100,000 were calculated by age, gender and drug used. Joinpoint regression analyses were used to examine trends in the incidence of IDOs involving illegal drugs.

Results: Between 2007 and 2019, 6,951 IDOs involving illegal drugs were recorded, representing 5% of all IDOs. The rate of illegal drug IDO was higher for males than females (30.6 per 100,000, 95% CI: 29.7-31.4 and 11.1, 10.6-11.6 respectively) and peaked among individuals aged 15-24 years (38.4 per 100,000, 37.0-39.9). Approximately half of these IDOs involved alcohol (51.2%, n= 3,556) and the most common methods combined with these IDOs were self-cutting and hanging (19.7%, n=1,367 and 7.5%, n=518 respectively). Most Illegal drug IDOs involved multiple drug types (67.8%, n=4,715) and benzodiazepines were the drugs most frequently taken in combination (35.5%, n=2,466). The rate of IDO was highest for cocaine, heroin and cannabis (9.32, 5.64 and 4.86 per 100,000). Illegal drug IDOs by males increased annually between 2007 and 2010 (APC 19.2, 95% CI -3.9 to 65.1, p=0.2), decreased thereafter until 2013 (APC -9.0, -22.1 to 6.3, p=0.2) and have

increased significantly by 12% each year since (APC 12.2, 7.1 to 17.6, p<0.01). This occurs in parallel to a 24% annual increase in IDOs involving cocaine for males since 2013 (APC 24.0, 19.1-29.1, p<0.01). Trends in female illegal drug IDO were unchanged between 2007 and 2014, however rates have since increased by 11% annually (APC 11.1, 5.8 to 16.6, p<0.01), including a significant increase in the involvement of cocaine since 2014 (APC 29.19, 20.6-38.3, p<0.01).

Conclusion: The increase in illegal drug IDOs, particularly involving cocaine is an issue of growing concern. A combination of evidence-based universal, selective, and indicated interventions is warranted to prevent future self-harm and suicide. Specific priorities include public health policies which address access to illegal drugs, polydrug use and efforts to ensure that hospital staff are trained and resourced to manage IDOs with illegal drugs.

62. Title: Introducing the Online START suicide First Aid training for workplaces and methods of adoption

Authors: Marc Bryant, LivingWorks Director Suicide Prevention; Heidi Sutton, LivingWorks Start manager; and Shayne Connell, LivingWorks Australia CEO

Submission #92598

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 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. 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.

63. Title: Self-destructive potentiality in differential diagnostic of self-destructive behaviour

Author: Galyna Pyliagina
Shupyk National Healthcare University of Ukraine (Kyiv, Ukraine)

Submission #92605

Abstract

Objectives: Self-destructive behaviour (SdB) needs a predictive approach for the differential diagnostic of its numerous variants in development prospects. Top-of-mind for the Self-destructive potentiality (SdP) meaning is clinical multidimensional assessment of SdB as personal probabilistic ability to realize its different kinds (suicidal acts, non-suicidal injuries, self-destructive equivalents as indirect *SdB* with harmful patterns) and their transformation in future. It can clarify the forecast

horizon of SdB episode course and appraise potential deleterious outcome of a self-destructive process in short-term and long-time perspective. The SdP evaluation based on the Structural-dynamic model of SdB as applied research of its pathogenetic retrospective and current episode. This model identifies suicidological diagnosis implementing all-round assessment of SdB features using kinds, forms and clinical-pathogenetic types as main categories of this concept (Pyliagina, 2002 - 2019). Assessment of SdP includes criteria: the SdB phenomenology in the current episode or life-time period; the intensity of the suicide (self-damage) intensions; the pathogenetic retrospective of SdB (with a focus on the history of suicide attempts or self-harm); the primary or a comorbid mental disorder and clinical syndrome as well; somatic health problems; duration and efficiency of the therapy carried out earlier. Its evaluation necessarily contains personal characteristics: *age; the* situation peculiarities in the current SdB episode; interpersonal, social maladaptation; stressful life *events via the life*; violations of impulse control, emotions and cognitions, self-identification; the personal and social resources.

Methods: We observed 640 patients (2008 – 2020) with suicidal attempt, suicidal ideas, non-suicidal self-harm (cutting, hair-pulling, skin picking) and self-destructive equivalents. The semi-structured suicidological interview (assess the SdB features, personal characteristics), ICD-10 criteria were used in all of the surveys.

Results: Our findings indicated solid differentiation between features of SdB and various SdP levels. The minimal level of SdP associates with self-aggression (destructive coping strategies and self-destructive equivalents). The low level characterised strong unvital feelings and periodic suicidal ideas. Patients hadn't any manifested body self-damage in both levels, weeks or more are as the forecast horizon of SdB development for them. The moderate level corresponds with self-destructive equivalents (with harm for health), periodic strong suicidal ideas and rare non-suicidal self-harm and with some days (occasionally weeks) as the forecast horizon. The high level has only days as the forecast horizon. It considered with long-time strong suicidal ideas, frequent self-harm relapse, suicide attempts in the near past. The maximal level associates with minimum of the forecast horizon (hours or 1-2 days) because caused by manifested suicide (self-injury) making plans especially in patients after severe suicidal acts in the nearest past or in psychosis with self-destructive imperative pseudohallutinations.

64. Title: Adapting Gatekeeper Suicide Prevention Training for the LGBTIQ Population
Authors: Shayne Connell, Charlie Willbridge, and Sally Morris
Submission #92606
Abstract
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:

- LGBTI people are not identified as a priority population.
- Unconscious bias assumption that people are not LGBTI.
- Lack of LGBTI awareness training and education.

- No identification or data collection strategies.
- Discrimination by staff in services.
- 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 LGBTI suicide prevention as LGBTI 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.
- Trainers did not have adequate knowledge of LGBTI populations, or competence in how to engage LGBTI people.
- LGBTI people felt unsafe in ASIST workshops.
- LGBTI people disconnected from workshop content if they felt marginalised, stigma, invisible or by the content or trainer.

The vision was to:

- LGBTI people have the knowledge, skills and confidence to provide suicide prevention for their LGBTI peers.
- Suicide prevention programs are inclusive, accessible and relevant to LGBTI people.
- 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.

65. Title: Guideline adherence variations based on celebrity suicide narratives: Caroline Flack and Irish news media case study.
Author: Elaine Haskins
Submission #92607
Abstract

It is generally accepted that media coverage of a suicide has the potential to affect people who are themselves at risk of suicidal behaviour. The evidence for this is especially strong in the case of a celebrity who has taken their own life. Both positive and negative effects are possible, depending on how the narrative is handled. For example, risk can be reduced and help-seeking can be encouraged by adhering as much as possible to available suicide reporting guidelines. One element that could potentially affect adherence to guidelines is the type of article being written. For example, in the event of "breaking news" of a celebrity's death, tight deadlines, pressures to be the first to publish and other news production constraints leave little time for consultation of

relevant guidelines. In contrast, one written on the anniversary of that person's death may be created in an environment more conducive to reflection and revision. This piece of research examines variations in suicide reporting guideline adherence during different reporting phases of UK presenter Caroline Flack's death. Duncan and Luce's typology of suicide narratives is used as a framework for categorising articles. All articles relating to Caroline Flack's death published by Irish online news media will be gathered and a content analysis performed using a coding framework developed by Irish media and mental health organisation Headline based on the Samaritans suicide reporting guidelines. Each of Duncan and Luce's five narrative categories – event-driven, post-judicial, tribute-driven, anniversary and action-as-memorial – pose their own unique challenges for news media. It is anticipated that the research will reveal potential targeted learning opportunities for news media covering suicides by celebrities.

66. Title: Suicide reporting: Media Adherence to WHO guidelines in India

Authors: [1]Lekshmi Vimala, [2]Bharath Rathinam, [3] R. Dhanasekara Pandian, [4]Anish V Cherian, [5] Santhosh Loganathan,[6] Richard Rego

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Submission #92615

Abstract

Introduction: Media, with its power to influence the masses, is also found to have an impact on how the viewers/readers perceive 'Suicide'. Suicide rates go up following an increase in the frequency of stories about suicide and go down following a decrease in the frequency of stories. Studies have shown that it is possible to intervene to attenuate media-driven suicide contagion by implementing media guidelines for suicide reporting (Pirkis et al, 2011). Media guidelines have been provided by WHO.

Study objective: To assess the adherence to WHO guidelines on reporting suicides by 19 Indian regional and English newspapers.

Methodology: An analysis of the suicide reporting done by newspapers was done for a period of 3 months (October 1st 2019 to December 31st 2019). The adherence to the suicide reporting guidelines developed by WHO was assessed. There were six English newspapers (The Hindu, Deccan Chronicle, Deccan Herald, Bangalore Mirror, The Times of India, The Indian Express), five Kannada newspapers, two Malayalam, two Hindi, two Tamil and two Telugu newspapers. A total of 1198 reports were found. Descriptive statistics was used to analyse the data.

Results: It was found that 80.6% of the reports were published in the main section of the newspaper with 85.2 % of the articles focusing on completed suicides. 3.8% of the articles were commentary articles focusing on suicide and its prevention. It was also found that 85.3% of the articles mentioned the suicide method used and 53.5% of them gave a detailed description of the method used. 64.1% of the articles mentioned the cause of the death by suicide as monocausal.

Among the reports, 67.4% reports mentioned the word 'Suicide' in the headline and 36.1% had mentioned the suicide method in the headline. 24.9% of the articles had also published the photograph of the person who died by suicide. Only 2.7 percentage of the articles mentioned the relationship between mental health issues and suicide. Only 1 % and 1.7% of the articles spoke about the suicide prevention programmes available and the presence of suicide support services respectively.

Conclusion: Several studies have shown that the guidelines are not being adhered to by the media around the world and that mental illness which contributes significantly to suicidal behaviour are not given due attention while suicide is reported. This has also been reflected in the current study. This throws light on how the media professionals need to be sensitised to the guidelines and the significance of developing training modules for the same.

67. Title: Engagement Through the Mental Health of Youth Story (MYSTORY) Photovoice Project: Perspectives of Youth in Ireland on School-based Suicide Prevention and Mental Health

Authors: Eibhlin H. Walsh,[1,2] Matthew P. Herring[3,4,] Jennifer McMahon,[1,2]

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Submission #92621

Abstract

Study objectives: Globally, suicide is the second highest cause of mortality in 15-29-year-olds. According to findings by UNICEF in 2017, Ireland has the fourth highest adolescent suicide rate in Europe. As such, the implementation of effective adolescent suicide prevention in Ireland is critical. Although preventative and upstream post-primary school-based suicide prevention (PSSP) interventions are effective in reducing adolescent suicide behaviours, there is far less evidence supporting the implementation and sustainability of PSSP, particularly in the Irish context. Furthermore, there is a need for greater understanding of the suitability and acceptability of PSSP, key components which are critical to successful implementation. Emerging research supports the wide-ranging capacity of youth to share their perspectives on mental health and suicide prevention, to inform preventative strategies which concern them. As youth have predominantly played a passive role in research concerning PSSP, it is essential that youth perspectives are understood and harnessed in implementation. Therefore, this study aims to address these gaps by exploring perspectives of youth on mental health and PSSP through engagement with MYSTORY.

Methods and materials: MYSTORY is comprised of precatory workshops and a Photovoice activity, a community-based participatory action research and arts-based research methodology; a focus group discussion; and, a young person's advisory group, who inform the conduct of MYSTORY. Participants aged 15-19 years have been recruited (*n*=15) from an Irish city youth service. Thematic analysis will organise coded transcribed data into themes. A youth-driven exhibition is planned to be conducted, in order to communicate youth insights of mental health and PSSP derived from MYSTORY to the PSSP community and decisionmakers at large.

Results: Youth perspectives from the precatory workshops suggest the importance of school environment and student-school personnel relationships for youth well-being. The photovoice activity and focus group is expected to derive themes relating to youth perspectives on mental health, school mental health and PSSP.

Conclusion: Initial youth perspectives support the One Good Adult literature for youth well-being. Nationally, this research is expected to have important implications to understanding youth mental health and PSSP perspectives in Ireland. The exhibition may provide a platform to harness youth's self-defined mental health and PSSP strengths and concerns in PSSP programmatic and policy discussions. Internationally, these findings will add to the dearth of knowledge on youth perspectives on mental health and PSSP; and, MYSTORY may provide a model for engaging youth in an empowering, safe and effective manner, which could be useful to ensuring that future PSSP implementation in schools is youth-informed. As such, these findings are expected to be relevant to decisionmakers, policymakers and researchers.

68. Title: Developing postvention through a Co-operative Inquiry with people bereaved by suicide
Author: Lisbeth Hybholt
Submission #92622

Abstract

Study objectives: This presentation reports from a co-operative inquiry where older adults bereaved by suicide, professionals, and researchers collaboratively investigated the needs for psychosocial support among older people bereaved by suicide and developed tailor-made interventions. This kind of user participation is recommended in postvention research. The practices of co-research challenge conventional scientific communities to rethink research processes and to learn to develop a genuine participatory research culture. The elderly adults participated by co-designing, co-interviewing, and co-analysing qualitative data from an interview study of other elderly adults bereaved by suicide. The aim of this analysis was to explore the processes of co-operative inquiry with an emphasis on the older adults' experiences.

Methods and material: Data comprised extensive minutes from meetings, researchers' field notes, and transcribed team dialogues. Further, it consists of short videos of co-researcher reflecting on their experiences of participation in the research process.

Results: We learned that the inquiry group's strong commitment to the research topic and their desire to change and improve the conditions for older adults bereaved by suicide strengthened the group's endurance. Further, the strong commitment made the co-researchers insist on contributing to the study with their expertise by experience. The researchers' use of academic language could hamper the collaboration, while a shared development and use of metaphorical research language equalized the power balance and created a common research ground from which e.g., the interview guide could be developed. It was demanding for the co-researcher by experience who participated in all phases of the 4-year long study. They spend a large amount of time on the project, they had to learn new tasks and also dealt with their own loss in the process. We also learned that human flourishing emerged through the process of co-creating the interview guide, conducting interviews, and analysing data.

Conclusion: This study revealed how a genuine research partnership can grow out of a cooperative inquiry if all members of the group are strongly dedicated and contribute equally to the research. However, the process was initially tempestuous, which potentially could have hampered the partnership. Dedication to the purpose of the study led to the completion of the entire task. To create a genuine research partnership in participatory research, the research process must be founded on the lived experiences of the user-researchers.

69. Title: The Catalonia Suicide Risk Code (CSRC) suicide attempt surveillance programme: incidence of suicide attempts in Catalonia, 2014-2018.

Authors: Puertolas-Gracia, B[1,2]; Vilagut, G[1,2]; Mortier, P[1,2]; Alayo, I[1,2]; De Inés, A[1,2,3]; Palao, D[4,5,6]; Pérez, V[6,7,8,9]; Alonso, J[1,2,10]; CODIRISC Epidemiology Study Group.

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Submission #92631

Abstract

Study objectives: Suicide attempts represent a significant public health burden. The CSRC surveillance programme is an indicated suicide prevention intervention, implemented in the Catalan public healthcare system since 2014 (full ~7.5M population coverage since 2016). It consists of a suicide attempt surveillance protocol with post-crisis outpatient mental health visits and phone calls as follow-up interventions for individuals deemed at high risk for repeat attempt or suicide. The aim of this study is to analyse the incidence of suicide attempts in Catalonia during the period 2014-2018.

Methods and material: Retrospective ecological study representative for the entire ≥10-year-old Catalan population in the 2014-2018 period. The first public healthcare contact for suicide attempt registered in the CSRS programme within the study follow-up period 2014-2018 was considered the index episode for each individual. We defined suicide attempt as an act of intentional self-injury or self-poisoning with at least some intent to die. The International Classification of Diseases-9th and 10th revision-Clinical Modification was used. The sources of data were the CSRC case register and population-representative administrative lists of Catalan residents from the Catalan Health department. We estimated crude and age-standardized yearly incidence rates, overall and stratified by age, gender, and healthcare region.

Results: A total of 7,395 individuals with a suicide attempt were registered in the study period. 66.7% of suicide attempts were made by females, and females also had higher rates of attempted

suicide than men in all age groups, except for those aged 80 years old or more. The highest incidence was observed in females aged 10-19 years old and, for males, in aged 40-49 years old, with age-standardised rates (Spanish reference population 2017) of 44.4 and 22.2 per 100,000 inhabitants in 2017, respectively. We observed an incidence increase of attempted suicide over the study period, with age-standardised rates of 29.9 per 100,000 population in 2016 and 33.5 per 100,000 population in 2017. Barcelona was the healthcare region with the highest number of suicide attempts, 5,143 in the study period. However, Camp de Tarragona and Lleida healthcare regions had the highest suicide attempts rates in the period, 42.4 and 34.9 per 100,000 inhabitants in 2017.

Conclusions: In Catalonia, the incidence of suicide attempt is higher in female and older age groups, according to the pattern of southern European countries. The high incidence among adolescents and young people, especially females, is noteworthy. The progressive implementation of the CSRC programme, including familiarisation with CSRC programme reporting and recording procedures among professionals, could explain the incidence increase of suicide attempts during the study period. Nevertheless, this trend needs further close monitoring.

70. Title: Using process mapping to strengthen case ascertainment of a self-harm register in two hospitals in India.

Authors: Emily Bebbington, Rob Poole, Sudeep Das, Anne Krayer, Murali Krishna, Chaitra, Keith Hawton, Rajesh Raman, Mohan Kakola, Madhu Srinivasarangan, and Catherine Robinson.

Submission #92632

Abstract

Objectives: This paper describes how process mapping principles were used to optimise case ascertainment of a new self-harm register (SHR) for patients presenting to two large teaching hospitals (one government hospital, one non-profit hospital) in south India. Objectives include:

• How hospital entry points differ
• Where patients meeting the register inclusion criteria may be reliably identified
• Where patients may be missed
• Which data collection processes may require hospital specific modification

Methods: We followed a five phase approach described by Antonacci and colleagues that has been assimilated from healthcare literature and is used for evaluation of process mapping studies.

- Phase 1 - Process mapping organisation and process identification: Objectives for the process mapping exercise were set by the research team as per the objectives of this study.
- Phase 2 - Information gathering: One research team member external to the participating hospitals completed tours, observation, and interviews with a range of stakeholder at both hospitals and repeated until data saturation. Information was synthesised into a narrative form termed a 'narrative process map'.
- Phase 3 - Map generation: Pictorial process maps generated for both hospitals using Business Process Model and Notation (BPMN) 2.0 in Lucidchart software.
- Phase 4 - Process analysis: Process maps analysed according to the study objectives.

- Phase 5 - Taking improvement forward: In February 2020 the process maps were considered complete enough for the SHR to be implemented.

Results: Defined main topics and content were included in the narrative process maps. Pictorial process maps were generated for the main emergency care areas of both hospitals and data collection points for the self-harm register identified.

Discussion**:** SHRs are strongly concentrated in high-income countries but most global suicides occur in low-and-middle-income countries. Many SHRs from high income countries report collecting data from Emergency Departments. The WHO Practice manual for SHRs also encourages data to be collected from Emergency Departments. Provision of emergency care differs significantly between countries and within countries. Emergency Departments are not ubiquitous internationally. There is little information about how managers or clinicians wishing to establish hospital registers should ensure thorough case ascertainment. This work demonstrates that although the two hospitals function differently (one of which does not have an Emergency Department), the same systematic method could be used to understand these processes in detail and inform where data collection should take place and understand the potential extent of missing data. To the best of our knowledge this is the first time process mapping techniques have been used to help implement a self-harm register.

71. Title: Long-term economic and social outcomes of youth suicide attempt

Authors: Massimiliano Orri, Francis Vergunst, Marie-Claude Geoffroy, Gustavo Turecki, Cédric Galera, Eric Latimer, Samantha Bouchard, Frank Vitaro, Yann Algan, Pascale Domond, Richard E. Tremblay, Sylvana M. Côté

McGill Group for Suicide Studies, Department of Psychiatry, McGill University, Montreal, Canada
Submission #92636

Abstract

Study objectives: Youth who attempt suicide are more at risk for later suicide and other mental health problems. However, little is known about the long-term economic and social outcomes of youth suicide attempt. The objective of this study was to investigate the association between youth suicide attempts and adult economic and social outcomes.

Methods and materials: Participants were drawn from the Quebec Longitudinal Study of Kindergarten Children (n=2080) and followed up from age 6 to 37 years. Lifetime suicide attempt was assessed at ages 15 and 21 years. Economic and social outcomes were assessed through a data linkage with government tax return records obtained from age 22 to 37 years (2002-2017). Generalized linear models were used to test the association between youth suicide attempt and outcomes with adjustment for background family and individual characteristics, parental history of mental disorders and suicide, and youth concurrent mental disorders and substance use. Coefficients for our regression models were then used to estimate the economic loss over a 40-year work career.

Results**:** By age 21, 200 youths (8.9%) had attempted suicide. In fully adjusted models, youth who attempted suicide, compared to those who did not, had lower annual earnings (US$-5,459, CI -9,228 to -1,690), household income (-12,579 CI, -20,859 to -42989), retirement savings (-1,054 CI, -1,957 to -150) and greater risk of receiving welfare support (RR 2.32, CI 1.55 to 3.45). Additionally, youth who attempted suicide were less likely to be married/cohabiting (RR 0.81 CI, 0.71 to 0.91) and to have children living in the household (RR 0.84, CI 0.74-0.98), compared with those who did not attempt suicide. Over a 40-year career, the loss

of individual earnings was estimated at US$ 129,926 in terms of individual earnings, US$ 299,385 in terms of family income, and US$ 25,082 in terms of retirement saving.

Conclusion: Youth who attempt suicide are at risk of poor socioeconomic outcomes in adulthood that are not fully explained by concurrent mental health problems, substance use, or family background characteristics. These findings underscore the importance of psychosocial interventions for young people who have attempted suicide to prevent long-term social and economic disadvantage.

72. Title: Brief Assessment of Male Depression in Clinical Care: Validation of the Male Depression Risk Scale Short Form

Author: Danielle Herreen and Dr Ian Zajac

Submission #92647

Abstract

Objective: Growing evidence suggests that men's depression may be under-detected as a result of prototypic screening tools that may be insensitive to men's gender role socialisation. The Male Depression Risk Scale (MDRS-22) may offer some traction toward more effectively identifying males at risk of depression – and by extension – suicide. However, in its current 22-item form, it is impractical for rapid use in primary care, particularly when used alongside traditional depression screening tools. This study reports on the development and validation of a short form of the Male Depression Risk Scale (MDRS-22) for use in primary care, examining sensitivity indices for psychological distress and suicidality.

Method: A community sample of 514 younger males aged 18 to 64 years (M = 45.46, SD = 14.52) and 444 older males aged 65 to 93 years (M = 72.75, SD = 5.86) residing in Australia completed an online survey. Participants were recruited via the Facebook social networking site (41.55%) and through promotion of the study to community organisations. A subset of respondents (n = 164 younger males; n = 171 older males) provided follow-up data approximately six months later. Participants completed the Male Depression Risk Scale (MDRS-22), Patient Health Questionnaire (PHQ-9), and Kessler Psychological Distress Scale (K10). Probable depression was determined according to PHQ-9 scores ≥ 10. Suicidality was determined based on a score ≥ 1 on item 9 of the PHQ-9. Probable mental illness was determined based on a K10 score ≥ 25.

Results: The short form MDRS-22 consisted of seven items (MDRS-7) and captured all of the domains in the original tool. Results demonstrated that externalising symptoms, either alone or in combination with prototypic (e.g., major depression) symptoms of depression were significantly more common than exclusively prototypic symptoms. Participants in the mixed symptom group had significantly higher risk of mental illness and acute suicidality. Furthermore, The MDRS-7 was shown to be effective at predicting elevated major depression symptoms at follow-up.

Conclusions: Findings provide preliminary evidence of the validity of the MDRS-7 as a screening tool for externalised symptoms associated with major depression in men. Use of the MDRS-7 in primary care settings may facilitate identification of men at-risk of suicide and psychological distress who do not meet cut-off scores for existing measures of major depression symptoms.

Key words: depression, externalising symptoms, short form, men, lifespan, help-seeking

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