

Western Pacific Region (WPR2) 2025 Annual Report

Introduction

The Western Pacific 2 region leadership team comprises Regional Coordinator Professor Kairi Kolves, and Regional Assistants Dr Luke Bayliss and Dr Katrina Witt. This sub region consists a significant number of Pacific Islands and two high income countries: Australia, Cook Islands, Fiji, Marshall Islands, Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu; Protectorates: French Polynesia, Guam, New Caledonia, Northern Mariana Islands, Pitcairn Island, Tokelau, Wallis and Futuna. Of which, the leadership team have connections with 16 individuals across the region, who are from Fiji (n=5), Guam (n=2), Solomon Islands (n=1), Cook Islands (n=1), New Zealand (n=1), Australia (n=1), Samoa (n=1), Kiribati (n=1), Tonga (n=1), Papua New Guinea (n=1), and Vanuatu (n=1).

Achievements

- One publication: Bayliss, L. T., Lui, I. D., Chan, L. F., Chang, S. S., Hwang, T. Y., Scott, V., Shimizu, Y., & Yip, P. S. (2025). Uplifting ethnic minority voices in the Western Pacific region: a priority for regional suicide research. *The Lancet Regional Health—Western Pacific*, 57.
- One webinar: The webinar was chaired by Professor Kairi Kolves and Dr Luke Bayliss. The program schedule featured guest speakers:
 - Dr Mandy Gibson, Research Fellow, Australian Institute for Suicide Research and Prevention, Griffith University.
Topic: First Nations youth suicide prevention in Australia: Exploring protective effects from connecting to culture.
 - Dr Devina Nand, Head of Wellness at the Fiji Ministry of Health and Medical Services.
Topic: Strengthening Suicide Prevention in Fiji: Strategic Directions and Community-Based Approaches by The National Committee on the Prevention of Suicide (NCOPS).
 - Linda Bowden, PhD Candidate at the Department of Psychological Medicine, Te Ata Hāpara Suicide Prevention Research Centre, University of Auckland and Professor Sarah Hetrick, Te Ata Hāpara Suicide Prevention Research Centre, University of Auckland.
Topic: Navigating worldviews in suicide prevention research: Prioritising who?
- Conducted a regional engagement survey with 11 respondents. There were six key findings:

1. Stigma and social disconnection remain the dominant barriers

Stigma around suicide and mental health was the most consistently cited challenge, overlapping with loneliness, bullying, and declining community cohesion. These factors continue to limit help-seeking and undermine prevention efforts, particularly for young people and Indigenous populations.

2. Systems are weak, but expectations are realistic

Countries do not expect high-cost solutions. Instead, they prioritise:

- Strengthening existing health and mental health services
- Training frontline workers in suicide risk assessment
- Embedding prevention into primary care and community settings.

Low-resource, scalable approaches are strongly preferred.

3. Data gaps undermine planning and advocacy

The lack of reliable suicide data and surveillance systems is a critical constraint across the region. Respondents see improved data not as an academic exercise, but as essential for:

- Targeting interventions
- Securing funding
- Advocating for national strategies and policy change.

The integration of suicide data into health information systems is seen as a high-value opportunity.

4. Vulnerable populations require targeted responses

Adolescents, young adults, Indigenous communities, and people affected by alcohol and other drugs were repeatedly identified as priority groups. Rising drug use in rural and remote communities is a growing concern, reinforcing the need to address social determinants alongside clinical responses.

5. Regional collaboration is both wanted and feasible

There is strong support for practical knowledge sharing through:

- Short, targeted webinars
- Newsletters and regional discussion forums
- Peer learning between countries.

Multiple countries expressed willingness to plan, present, and lead regional activities, indicating readiness for deeper engagement rather than one-way information delivery.

Advocacy, Policy and Research

Conceptualised and developed proposal for a regional forum to allow our connections and the wider suicide prevention community across the Pacific Islands to come together in person and advance the Partnerships for Life program. As evidenced from the regional engagement survey results, this proposed event was wanted by our connections and needed to help overcome the barriers for the Partnerships for Life programme's progress in the region that remains predominantly due to geographic isolation and challenges with only be able to



hold online meetings and communications via email. The proposal was approved by the IASP Executive Committee early 2026 with the event to be held in Fiji, September 2026.

Conclusion

The Western Pacific 2 region is diverse and mainly consists of low- and middle-income countries that are geographically isolated. Despite the inherent challenges with the region, the leadership team continues to retain connections across the region, disseminate relevant information, and advocate for the region.