Faculty of Philosophy

ESSSB21

21st European Symposium on
Suicide and Suicidal Behaviour - ESSSB21

Rethinking Suicide Research & Prevention

August 26 - 29, 2026

Vilnius, Lithuania

ABSTRACT BOOK



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21st European Symposium on
Suicide and Suicidal Behaviour - ESSSB21

Rethinking Suicide Research & Prevention

August 26–29, 2026
Vilnius, Lithuania

VILNIAUS
UNIVERSITETO
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2026

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Welcome to ESSSB21!

We are delighted to welcome you to Vilnius for the 21st European Symposium on Suicide and Suicidal Behaviour (ESSSB21), taking place on August 26–29, 2026.

The European Symposium on Suicide and Suicidal Behaviour is held every two years and brings together researchers, clinicians, and advocates from across Europe and beyond – sharing new ideas and research in suicide prevention. It remains one of the most significant events in the field.



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All members of the Organizing Committee are from the Suicide Research Centre at Vilnius University. More details: https://www.fsf.vu.lt/en/institute-of-psychology/centre-for-suicidology

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Welcome letter

Welcome to Vilnius and to the 21st European Symposium on Suicide and Suicidal Behaviour. This book brings together the abstracts of everything presented here.



Prof. Paulius Skruibis
(photo from Justinas Stacevičius, LRT)



Prof. Danutė Gailienė

The Symposium is called *Rethinking Suicide Research and Prevention*. We set no fixed topics for abstracts, and we asked for work from beyond the usual disciplines: not only psychology, psychiatry, and public health, but sociology, philosophy, policy studies, anthropology, and others. On paper, almost everyone agrees that suicide is complicated. It is biological and psychological, but also philosophical, social and spiritual. In practice, very little of that scope makes it into our studies, our interventions, or our conference programmes. And some claims about suicide are stubbornly repeated even when the evidence behind them is thin, or when there are serious methodological and conceptual reasons to doubt them. One of the most established "truths" in our field, that nearly every suicide is caused by a mental disorder, is a good example. The studies behind it have been heavily criticised, and it fits poorly with how differently suicide looks from one society and culture to another.

The keynotes show the theme most clearly. Some go back to first principles and ask what we actually mean when we call a death a suicide, and what rethinking the field would involve. Some are openly critical of the role of psychiatry and mental health services in managing suicidal behaviour, of the high-risk approach to prevention, and of the evidence for psychopharmacological and psychotherapeutic treatment. Others place suicide in its social and political surroundings, from historical trauma and the consequences of the war in Ukraine to suicide in humanitarian settings and self-immolation as a form of protest. And some look for alternatives, whether in the idea of liveability and in lived experience, or in the hard questions raised by requests for assisted dying.

Next to the large body of psychology, psychiatry, and public health, you will find work drawing on sociology, on philosophy and psychoanalysis, on anthropology and ethnography, on policy studies, media studies, the arts, and critical suicide studies. Lived experience appears in all parts of the programme. The subjects reach from crisis helplines,

artificial intelligence, and digital tools, through epidemiology and clinical care, to the phenomenology of suicidal suffering, the representation of suicide in the media, bereavement and postvention, marginalisation and cultural context, and medical assistance in dying.

Altogether there are 51 symposia with 228 presentations, 41 oral sessions with 219 presentations, 24 flash talks, and 126 posters, preceded by ten pre-conference workshops. The book cannot fully reveal our intention to explore suicide not only through science but also through art. In these pages you will notice it in some of the abstracts, from arts-based research to film and video art, as well as in one of the pre-conference workshops. The Symposium itself contains much more of it, in artworks, installations, and art events open to everyone, beginning with the opening at the National Gallery of Art. We are grateful to everyone who responded to our call, and to the Scientific Committee, who carefully reviewed all of it. We hope these abstracts do more than report results, and that over these few days we manage to question some assumptions, to listen properly across disciplines, and rethink what we thought we knew.

Prof. **Paulius Skruibis** and Prof. **Danutė Gailienė**
Co-Chairs, ESSSB21 Scientific Committee

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ARTISTIC PROGRAM





Artistic Programme Curator
Dr. Miglė Marcinkevičiūtė
Suicide Research Centre, Vilnius University
ESSSB21 Organising Team

Please check the online program and www.esssb21.com for the time and location of the exhibitions.



AP01. "Cultural Resources in Suicidology: Working with Sutartinės"

Vocal Workshop (voice), 2026

By Dr. Austėja Agnietė Čepulienė



Project description:

During the workshop "Cultural Resources in Suicidology: Working with Sutartinės," I will invite participants to sing together UNESCO-recognized sutartinės (a specific genre of Lithuanian folk songs) and to reflect on this experience as a potential resource for us as suicidology researchers.

Suicidology is a field in which themes of death, grief, and psychological suffering are always present, often evoking complex emotions and, at times, personal or traumatic memories. I find cultural resources to be especially important in fostering resilience – both for myself as a researcher and practicing psychologist, and for others who may need it.

Why sutartinės? This unique Lithuanian polyphonic singing tradition – where two to four voices perform different melodies simultaneously – embodies the idea of sutarti, "to agree." It offers a lived experience of holding difference while remaining in authentic connection, a process known in psychology to be deeply restorative. In a field such as suicidology, where themes of grief, suffering, and trauma are ever-present, such experiences may support researcher resilience. In addition, the archaic, often archetypal lyrics of sutartinės reflect fundamental patterns of human experience. In this workshop, participants will engage with these songs as cultural and psychological resources, exploring the personal meanings and inner processes they evoke.

About the Artist:

I am an assistant professor at Vilnius University, working as a psychologist and suicidology researcher. In my private practice as a psychologist and a candidate Jungian psychotherapist, I explore Lithuanian folk songs and sutartinės as resources and stimuli for accessing inner cultural and archetypal strengths in times of need.

I am also the creator of the concept of "Ethnotherapy" – a group-based practice in which we sing Lithuanian folk songs and sutartinės while exploring emerging psychological themes, their interactions, and how they can be supported and enriched through the power of ethnic music.

Link to the artist's website: www.cepuliene.lt
Link to the song performed by Austėja: https://www.youtube.com/watch?v=ry2mrjIpJII

AP02/AP05. "Heavenly Joy, Deadly Sorrow"

A video installation, 2026

By Evelien Amende

Project description:





One of her first sociology classes was about Émile Durkheim's classic *On Suicide*. The topic frightened her. She didn't know anything about it, nor did she know anyone personally who died this way. But she became fascinated. Not by the topic, but by what C. Wright Mills called the sociological imagination: the ability to connect seemingly individual experiences like suicidality and society at large.

Yet a decade later she found herself time and again on New York City's George Washington Bridge. All the while repeating 'I don't want to go on.' The bridge stands majestically above the Hudson River. Tall and strong, the steel nice to touch, its sprawling view stunning. A comforting last sight, she thought.

Today, in her project *Heavenly Joy, Deadly Sorrow*, she explores ways to visualize first-person suicidal narratives and to gain multimodal insight into facing suicidal thoughts and imagery throughout the suicidal process. Connecting her own real-time experiences and unwavering love for visual sociology and video art, she created a one-hour five-screen video installation, supported by media art specialist Ramon Coelho.

This work is also part of her PhD at the Story Lab of the University of Twente and serves as a prelude to the design of a video art research tool. In Vilnius she invites you to the preview screening of the video installation and to join her oral presentation and flash talk.

About the Artists:

Evelien Amende is a Dutch visual sociologist and video artist. In her *Studio for Sociological Imagination*, she pursues narrative, ethnographic and artistic research on the topics of family-, sex-, urban-, and suicidal life. She studied Cultural Sociology and Social Work in Amsterdam and New York. Her PhD on visualizing first-person suicidal narratives is carried out at the University of Twente. **Feel free to get in touch:**_studio@sociologicalimagination.com **or** e.m.c.amende@utwente.nl

Ramon Coelho is a video and media art specialist based in Amsterdam. Starting at MonteVideo, the first Dutch video art gallery, he has become skilled in all aspects of video production, as well as installation and exhibition design. He was head of post-production at the Netherlands Media Art Institute and built video editing and preservation studios in Mexico. Among the artists he works with are Marina Abramović, Francis Alÿs, Rineke Dijkstra and Carlos Amorales. www.videoprojects.nl

AP03. Vocal Performance "How to Take Flupentixol"

Composer: Arturas Bumšteinas.
Performers: Melos (Viktorija Šedbaraitė, Ūla Zemeckytė and Justina Leinartaitė-Gaidamavičė).
Duration approx. 30 mins. (Premiere)



Project description:
The text of „How to Take Flupentixol" is an excerpt from the patient information leaflet accompanying the antipsychotic-antidepressant medication Flupentixol. This musical composition is written for three voices that sing together, with one another, and around one another. The voices overlap, interrupt, displace, surround, expel and invite one another back, continually negotiating the instructions for taking the drug as an unstable ground upon which a shared ritual emerges.

About the Artist:
Arturas Bumšteinas (Composer, b. 1982) is working in the fields of experimental music and sound art since the end of the 90's. He was first Lithuanian artist to use vocal materials sourced from people of the internet to make his music. He released around numerous albums, held exhibitions and performances in Lithuanian National Art Gallery, Vilnius' Contemporary Art Center, Mac/Val Museum, Haus der Kunst Munchen, Lithuanian National Drama Theatre and many festivals around Europe. Bumšteinas was artist in residence in DAAD Berliner-Kunstler-Programm, Museums Quartier in Vienna and Camargo Foundation in Cassis. In the year 2021 in J. Miltinis Drama Theatre he staged a theater play where he employed (in its entirety) the information leaflet of yet another antidepressant, Venlafaxine, which functioned as a libretto for the sung theatre performance. Last year Arturas was nominated for the Lithuanian National Culture and Arts Prize but didn't get it in the end.

Link to the artist's website: https://arturasbumsteinas.com/

AP04. "Making creative meaning from our experiences of working with suicidality"

Clay Workshop with and exhibition, 2026
By Jude Smit and Erminia Colucci

And

"Hiding in Plain Sight"
Sculpture (clay), 2026
By Jude Smit





Project description:
Sculpture "Hiding in Plain Sight"
"Hiding in Plain Sight" by Jude Smit is a sculpture that explores the complexity of inner feelings and emotions that are often masked or hidden.

Clay Workshop "Making creative meaning from our experiences of working with suicidality"
This workshop will provide an opportunity to reflect creatively on what it means to hold the stories of lived and living experiences of suicide. Much goes unspoken and as researchers, practitioners and advocates for people with lived and living experiences of suicidality, part of our reflexivity is to acknowledge not only what we bring to the work, but also what we hold from the work. The arts are powerful media that transcend the spoken word and connect with these unspoken processes. The workshop will incorporate arts-based and visual methods through the medium of clay and will aim to use haptic perception as a means to deepen our connection and find a visual form to communicate. You will explore the use of metaphor and imagery and be invited to create a container with a hidden core, which will be displayed as part of the conference experience. No previous artistic experience is required, and all pieces will be equally valued. Following an introductory activity and demonstration, we will spend most of the workshop creating, with group reflection at the end. To honour our hosting country, we will be using national Lithuanian black ceramic that dates as far back as the Neolithic era. The clay turns black during the firing process and was used to create vessels for practical, everyday purposes, as well as urns for ashes. At the end of the conference you will be welcome to take your unfired piece home with you. Any remaining clay works will need to be disposed of once the conference has ended.





About the Artists:

Jude Smit uses a variety of art forms in her creative work, drawing on a wide range of training and experience in the visual arts, performance arts and as a poet. She is interested in the use of metaphor and creative ways to reflect upon and communicate what goes unseen, unheard and unspoken. She is a senior lecturer for a Masters in Integrative Arts Psychotherapy, a psychotherapist, an integrative arts psychotherapist and researcher. She has a particular interest in working with trauma and under-represented voices and has been involved in various research projects and advocacy work within the education and health sectors over the last 20 years. Jude actively promotes the value of the arts as a means of engaging unspoken voices.

Erminia Colucci is Professor of Visual Psychology and Cultural & Global Mental Health at Middlesex University London and Adjunct Professor at Gadjah Mada University, Indonesia. Her research focuses on human rights and mental health, suicide and suicide prevention, domestic violence, and the lived experiences of people affected by mental illness and suicidality, particularly in low- and middle-income countries, ethnic minority, and refugee communities. She has a particular interest in arts-based and visual methodologies, including participatory visual methods and ethnographic filmmaking, and actively promotes the involvement of people with lived experience in research, advocacy, and suicide prevention. Her work has informed policy and practice internationally, and she has served as a consultant for organizations including Médecins Sans Frontières, Save the Children International, and the Italian Psychological Association.

"Entrapment"

Tapestry (3 warp/cm flax, linen, rayon and cotton weft), 2024
By Jolanta Sendaitė-Paulauskienė





Project description:
I weave a local water story and a bird caught in fishing nets, on the seabed. I often feel trapped myself – unable to surface, unable to break free. This state becomes a reflection of my inner experience and a metaphor for our time, bound to polluted waters and an anxiety-ridden world. I choose the subtle monotony of weaving's touch as an artistic way out of the feeling of being stuck – a way to be, to flow, and to create intangible yet meaningful connections. The process becomes tactile therapy, a healing practice through touch, tenderness, and care.

Fingers, hands – my primary sensory organs, through which I perceive the world by touch. Exploring the outer and inner layers of water, I discover how they intertwine, flow into one another, and how we inevitably encounter their memory.

The origins of this research connect to Ursula K. Le Guin's image of the carrier bag, developed further by Astrida Neimanis, who speaks of watery bodies as evolutionary carrier bags – a medium of birth, care, and connection. The lens of hydrofeminism allows me to create with careful attentiveness to the waters surrounding us, perceiving their materiality and their influence on the body.

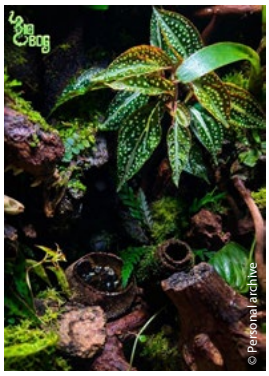
About the Artist:
Jolanta Sendaitė-Paulauskienė is an artist whose research focuses on hydrofeminism. Through weaving, I investigate materiality, textile memory, and tactile sensitivity. Rooted in slow-making and autoethnographic methods, my practice forms intimate, reflexive structures and fragile connections. It further engages water as a fluid, ever-shifting system intertwined with femininity, birth, care, and embodied experience.

Link to the artist's website: www.sendaite.com

"Biotech"

Ecosystem installations (Organic materials, flora and fauna), 2026
By Lukas Celencevičius / BIOBOG









Project description:
Nature, guarding the principles of both eternity and finitude, has inscribed the human body with a dense network of roots and mycelium, granting us the ability to know its sap – to feel, touch, smell, see, taste, and hear. It gives us the capacity to seek, discover, and understand ourselves, as well as to witness its labour: creation that endures forever.

Within nature, I discovered my calling by sharing in its creations and preserving them in capsules of time that cradle the ever-smouldering beauty of the natural world and its fragile might. A fragment of nature enclosed within a glass vessel continues to live, sustained by an almost imperceptible engine – the decomposers that safeguard the closed ecosystem, together with water and organic and inorganic matter.

The mechanism of such a time-capsule ecosystem also reflects one of nature's own creations – the human being, with its intricate structure and often invisible inner processes. Nature, like the human person, is protected by the harmony of manifold processes, whose preservation requires exceptional care and attentiveness. When these unseen processes are disturbed, both the grandeur of nature and human vitality gradually begin to fade.

About the Artist:
My name is Lukas, a creator of bioactive terrariums, nature enthusiast, and self-taught artist. Since childhood, I have been fascinated by natural processes, exotic animals, and the complex relationships that exist within living ecosystems.

Fifteen years ago, I immersed myself in the fascinating world of exotic animals, studying them firsthand and observing their physiological processes. In recent years, however, my passion has shifted toward exotic tropical plants, which inspired me to explore the creation of living, bioactive ecosystems and, therefore, terrarium artistry. My work brings together biology, ecology, design, art as well as contemplation of a continuos and uninterrupted cycle of life and death. I see each terrarium as a living ecosystem – living and breathing organism captured in a time capsule, where nature unfolds itself at its own pace.

My creations are inspired by natural processes, the eternal interplay of life and decay, and the desire to reveal beauty in places where it often goes unnoticed. Through living installations, I invite viewers to pause, observe, and reconnect with the natural world, which can become one's shelter.

Link to Lukas' Instagram: @bio__bog

"One Knot. A Thousand Possibilities"

Interactive installation (textiles), 2026

By dr. Jelena Škulis and Dileta Deikė



Project description:

During the conference, the artists of Handwork will invite the conference participants to engage in a performative action – to dismantle an art installation and become co-authors of the artwork "One Knot. A Thousand Possibilities". The artwork is composed of numerous knots joined together into a single textile mass, and participants are invited to untie at least one knot or loosen the entangled areas, thereby freeing the intertwined fabric. Although, semantically, taking apart, knocking down is considered a destructive act, in this case the loosening of the knots symbolizes the removal of the problems, risk factors, and tensions associated with mental health. In both cases, this requires tangible physical effort – both individual and collective – and the completed action reflects the process of prevention and the path towards seeking help. Just as the outcome of every healing process can only be anticipated, the artists likewise keep secret what will be revealed once the complex structure has been dismantled. Through this work, the artists seek to encourage reflection on the importance of community involvement, support, and the search for solutions and possible ways forward.

About the Artists:

HANDWORK is a studio-workshop space founded in 2020 by artist duo Dileta Deikė and Jelena Škulis which takes place on Vitebsko str. 23, cultural center SODAS2123, Vilnius, Lithuania.

The aim of HANDWORK is to explore manual activities through practice and rethink them throughout frames of history, philosophy, and daily life experience, involving the community in the processes.

Jelena Škulis (b. 1982) is a doctor of Arts, educator, and researcher whose practice is grounded in material sensitivity and community engagement. With academic training in social sciences (psychology) and a doctorate in visual arts, she builds her practice around handwork, slow text weaving, feminism, everyday language, the paraphrasing of diverse materials, and performative actions, aiming to be a part of the communities she works with.

Dileta Deikė (b. 1980) is a textile artist who graduated in textile art and design and has worked in the field of design for years. Currently she is the initiator and author of creative projects whose main areas of interest are feminism, the place, and role of women in social and everyday life.

Both Dileta and Jelena presented their works in Contextile 2022, Guimaraes (Portugal), Riga Textile Triennial 2023 (Latvia), Łódź Triennial 2025 (Poland). They also separately exhibited their works across Europe in Italy, France, Belgium, Norway, Switzerland, Ukraine, Czech Republic, Slovakia, South Korea and had several solo exhibitions in Vilnius, Lithuania.

Link to Instagram: @handwork_rankudarbas

EARLY CAREER RESEARCHER (ECR) PROGRAM



ECR workshop

(*please check the online program for the time and location*)

Making the most of your (first) conference: an early career researcher's guide

Description:

As an early career researcher, a conference can be daunting. There is so much to experience in such a short amount of time, there may be people you would love to meet, and perhaps you yourself are also presenting. In this pre-conference workshop, we want to guide you through navigating a conference, especially one as big as this.

This workshop is hosted by the IASP Early Career Group, who offer a platform for early career researchers to connect, collaborate, and receive support. As early career researchers ourselves, we know exactly how nerve-wracking it can be to show up to a conference and not know anyone, feel intimidated by big names, or just feel a little lost in general.

By attending this workshop, you will gain some tips and tricks for making the most of attending talks and presentations, how to approach other researchers (most of them won't bite!), and meet other researchers in a similar position. So after attending, you have already successfully networked and gained new acquaintances to hang out with during the breaks.

ECR social event

(*please check the online program for the time and location)*

Meet the Seniors: Research Speed Networking

Description:

Are you curious about what a career in research can look like beyond the early stages? Would you like to hear firsthand how more experienced researchers built their careers and navigated the opportunities and challenges of academia? Join us for an informal and engaging speed networking event designed to bring early career researchers and senior researchers together.

During the event, participants will meet in small groups for a series of short conversation rounds with senior researchers from different backgrounds and career stages. This format creates space for open, accessible conversations and gives everyone the chance to speak, listen, and ask questions in a relaxed setting.

You can ask about anything that is on your mind: research interests, career development, academic choices, work-life balance, collaboration, setbacks, opportunities, or the realities of different career paths. Whether you have specific questions or simply want to hear a range of experiences and perspectives, this is an opportunity to learn from senior colleagues in an informal setting.

KEYNOTES



K1. Suicide Rates as a „Social Thermometer“: (Re)thinking Historical Traumas

Danutė Gailienė
Vilnius University, Lithuania



Professor of Clinical Psychology at the University of Vilnius. She initiated very first studies on suicidology and psychotraumatology in Lithuania. Author of many books and scientific articles. Supervisor of many doctoral dissertations on suicidology. Together with trained researchers, founded the Suicidology Research Centre at Vilnius University. Winner of various awards – Order for Merits to Lithuania, National Science Award, a.o.

Abstract:
Suicide rates have remaines stable for a very long time in some countries, particularly in Western Europe. Meanwhile, other countries are characterized by very pronounced fluctuations in suicide rates, which coincide with historical turning points in those countries. The presentation will discuss the links between historical trauma and the prevalence of suicide.

K2. The TIME of Modern WARS. Self-Destructive Behaviour in the Context of the War in Ukraine

Galyna Pyliagina
Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine



Galyna Pyliagina, MD, PhD, DSc, is Professor and Head of the Department of Psychiatry, Psychotherapy and Medical-Psychological Disciplines at the Shupyk National Healthcare University of Ukraine in Kyiv, a position she has held since 2015.

Suicidology has been at the centre of her work for three decades. She began her research career at the Ukrainian Research Institute of Social and Forensic Psychiatry and Narcology (1993–2007) and defended her doctoral thesis in 2004 on auto-aggressive behaviour, its pathogenetic mechanisms and the clinical-typological aspects of its diagnosis and treatment. Her research and clinical practice address self-destructive behaviour in children and adults alike, combining psychopharmacotherapy with psychotherapy grounded in existential and cognitive approaches. She is the author of the psychotherapeutic method "Personal Integration Training – The Path to Oneself".

She has published 208 scientific works, including manuals, educational guides and the two-volume Medical Psychology (2020), and teaches psychiatry, child psychiatry, psychotherapy, narcology and medical psychology to postgraduate specialists across Ukraine. Since the full-scale invasion she has been one of the country's public voices on mental health in wartime, on suicide risk and on the effects of prolonged collective trauma.

Abstract:
Today, the world of BANI (Brittle, Anxious, Nonlinear, and Incomprehensible, J. Cascio, 2020) has become a reality, radically transforming modern warfare compared to past through hybrid strategies, the widespread use of drones \ missiles and psychological / cyber warfare, and constant online monitoring the war.

The protracted conflict in Ukraine has created «hyper-BANI-reality», ongoing since 2014 and exacerbated by the full-scale invasion since 2022. Constant large-scale drone \ missile strikes with mass destruction, and the constant uncertainty are causing severe physical and psychological exhaustion amongst military personnel and the civilians.

In these prolonged, extreme conditions, self-destructive behaviour (SdB) is a serious systemic problem. Although official suicide rates fell from 25.5 per 100,000 in 2014 to 21.2 in 2021. Statistics do not reflect the true scale of SdB in a war-time. The disruption of everyday life and social protection systems accelerates the «breakdown of life's norms», channeling psychological distress into two coping pathways: direct SdB (suicidal acts and self-harm) and indirect SdB (substance abuse, alcoholism and extreme risk-taking).

Vulnerable groups at increased risk of SdB include combatants, veterans, people with severe disabilities, adolescents, displaced persons, and survivors of severe trauma, captivity or the tragic bereavement.

The psychological climate of society has undergone profound changes: the intense unity and solidarity of 2022 gave way to tension caused by unfulfilled expectations (2023–2025), which resulted a state of forced endurance, fatiguing resilience amidst realistic contradictions, that accelerates internal exhaustion. Furthermore, toxic internal traps (excessive frustration, information overload, dehumanization and the «life on pause» effect with catastrophize feeling, anhedonia, idealization of pre-war life, impaired emotional regulation) are trigger maladaptation as the basis forming SdB.

Mental health professionals should therefore assess an individual's potential for SdB, develop practical anti-suicide strategies focused on «choosing life within real life» via the empowering formula: «I want to I can and I do», and guide patients towards:

- Finding meaning amidst the chaos;
- Building supportive communities of like-minded people;
- Taking active, daily, future-oriented steps;
- Strengthening personal resources to cope with sudden changes;
- Mobilizing all possible resources, including faith, hope, love and humour, as important psychological defense mechanisms.

The recovery process must go beyond traditional rehabilitation aimed to restore the impossible pre-war baseline. Instead, mental health professionals have to embrace the concept of «Neohabilitation»: development-oriented personal transformation that creates an entirely new psychological atitudes and functional capabilities for a world that has changed forever.

K3. Rethinking Suicide Research and Prevention

Heidi Hjelmeland
Norwegian University of Science and Technology, Norway



Heidi Hjelmeland is Professor at the Norwegian University of Science and Technology (NTNU), Department of Mental Health, in Trondheim, Norway. As a suicide researcher since 1992, she has led or participated in several multi- and single-center studies in Europe and Africa. For the last 25 years, most of her research has been conducted in Ghana, Uganda, and Norway, together with PhD-students and colleagues from all three countries. She has published on various aspects of suicidality, such as epidemiology, attitudes, intentionality, meanings, communication, gender, culture, context, intervention, and prevention, as well as on theoretical and methodological issues. She established and led the Regional Resource Center for Suicide Research and Prevention in Central Norway from 1997 through 2003 and was there responsible for the implementation of the first Norwegian action plan for suicide prevention. She has been Vice President of International Association of Suicide Prevention (IASP; 2007-2011), Co-Editor of Suicidology Online (2010-2014), and a member of the Editorial Boards of Crisis (2004-2021) and Suicide and Life-Threatening Behavior (2004-2015). In 2016, she was one of the co-founders of the international Critical Suicide Studies Network (CritSui) and remains a core member of the network's Working Group. Her current research is within the framework of Critical Suicide Studies.

Abstract:
To rethink suicide research and prevention, it is first necessary to reflect critically around the way we understand suicide/suicidality. Officially, suicide is currently understood as a biopsychosocial phenomenon, in that biological, psychological and social risk factors are considered. However, the biopsychosocial model does not provide any recipe for how to combine the three components. A lack of common ground results in rather eclectic employments of the model, and the components are never truly combined. Besides, there is plenty of evidence that suicide still mainly is considered a biomedical/psychopathological phenomenon. The way we understand and research suicide, has implications for how we try to prevent it, and whether biomedical or biopsychosocial, the risk perspective per se is problematic and limits suicide prevention to various forms of intervention. In this presentation, I will take a critical look at the evidence base for some of the common assumptions in suicidology. I will argue that we need to accept that suicide is complex way beyond being "multifactorial," as in adding together risk factors in more or less complex explanatory/predictive models and present a different way of understanding causality and complexity in relation to suicide. I will also argue that suicide/suicidality may best be understood as a complex relational, contextual and existential phenomenon. The potential for improved suicide prevention then lies in understanding that all suffering has its basis in people's life history; a life history deeply anchored in numerous interwoven relations to other people, which, in turn, are intertwined with overall social, cultural, economic, and political systems, together constituting a complex dynamic context. Thus, we need to move from an emphasis on general and impersonal risk factors to a focus on individuals' subjective and contextual meanings of suicide. This may contribute to expand suicide prevention from mainly intervention to also genuine prevention.

K4. Well-being of Suicide Survivors: Rethinking What is Possible



Merike Sisask
Tallinn University, School of Governance, Law and Society (SOGOLAS), Estonia;
Estonian-Swedish Mental Health and Suicidology Institute (ERSI), Estonia

Prof Merike Sisask focuses in her research on the social determinants of mental health and well-being, suicide prevention strategies, and the evaluation of community-based mental health programs. She served as Editor-in-Chief of the 2023 Estonia Human Development Report, "Mental Health and Well-being". Until a few years ago, Prof Sisask was primarily known as a suicide researcher and expert – but everything changed when she herself became a suicide survivor after her husband took his own life. This personal experience has profoundly deepened and transformed her professional perspective.

Abstract:
Suicide loss is among the most profound and complex forms of bereavement. While early estimates suggested each suicide leaves behind approximately six grieving loved ones (Shneidman 1973), contemporary research has substantially revised this figure – a single suicide can touch the lives of up to 135 people (Cerel 2019), including family, friends, colleagues, neighbours, and professional helpers. In Estonia, with approx. 200 suicides occurring annually (rate approx. 14), around 27,000 people are newly affected each year – a figure that demands sustained public health action.

Those bereaved by suicide face a distinctive constellation of challenges: complicated grief, shock, trauma, and feelings of guilt, shame and anger, alongside a significantly elevated suicide risk. Social consequences – isolation, stigma, unshared family story – further compound suffering. Existential questions about meaning and purpose can persist for years.

In Estonia, support for the bereaved is a stated priority in the Estonian National Suicide Prevention Action Plan (SETK 2025–2028). The Estonian-Swedish Mental Health and Suicidology Institute (ERSI), together with NGOs Peaasi and Elus, has played a central role in developing resources for suicide survivors – including an online peer community, a dedicated website, and a podcast series. Most recently, almost 20 qualified facilitators of suicide bereavement peer support groups were trained and for the first time, several structured survivor support groups are now running across the country.

This presentation draws on both research and lived experience – my husband took his own life almost three years ago. That experience has deeply transformed my professional perspective. I am currently writing a book – an account of what our family endured in the immediate aftermath, and how the social safety net saved us.
The well-being of suicide survivors is fundamentally relational, contextual and situational. Rethinking what is possible begins here.

K5. From Suicide Prevention Science to Practice

Rory O'Connor
University of Glasgow, UK



Rory O'Connor is Professor of Health Psychology at University of Glasgow, Past President of the International Association for Suicide Prevention and Past President of the International Academy of Suicide Research. Rory leads the Suicidal Behaviour Research Lab, one of the leading suicide research groups internationally. His research has been extensively cited as evidenced by being named in the ISI Highly Cited Researchers list since 2022. He is recipient of several awards including the American Foundation for Suicide Prevention's Research Award and the American Association of Suicidology's Dublin Award. He is also author of the award-winning book When It is Darkest. Why People Die by Suicide and What We Can Do To Prevent It and is co-host of the mental health podcast Open Mind.

Abstract:
How can the science of suicidal behaviour be translated into more effective prevention? Drawing on the Integrated Motivational–Volitional (IMV) Model of Suicidal Behaviour, this talk will explore how advances in psychological theory and empirical research can inform suicide prevention across clinical, community, and public health settings. I will examine the distinct processes that underpin the emergence of suicidal thoughts and the transition from ideation to suicidal behaviour, highlighting the factors that increase risk and the opportunities for timely intervention. By integrating evidence from longitudinal studies, intervention research, and implementation science, the keynote will demonstrate how theoretically informed approaches can improve risk assessment, guide the development of targeted interventions, and shape national suicide prevention strategies. The presentation will also consider the importance of translating robust scientific evidence into policies and practices that are scalable, person-centred, and capable of reducing suicide.

K6. From lived experience to liveability: imagining alternatives to suicide prevention

Amy Chandler
University of Edinburgh, United Kingdom



Amy Chandler is Professor of the Sociology of Health and Illness, in the School of Health in Social Science at the University of Edinburgh (UK). She leads a team of interdisciplinary social scientists working on largely qualitative inquiries into suicide and self-harm. Current projects include Discovering Liveability: Coproducing alternatives to suicide prevention, and Suicide Cultures: Reimagining Suicide Research, both funded by Wellcome.

Abstract:
Suicide prevention research, policy and practice increasingly highlights the central role of lived experience perspectives. However, historically, suicide prevention and suicidology have excluded lived experience voices – both explicitly and implicitly. The devaluing of qualitative research, and the relative lack of diverse disciplinary contributions beyond psychology and psychiatry each contribute to this situation; resulting in limited spaces where 'lived experience' knowledge is invited, accepted, or able to contribute – let alone lead.

I invite a reimagining of suicide prevention work (encompassing research, policy and practice). My approach is informed by a critical engagement with lived experience –my own, the many research collaborators I and others have worked with in qualitative studies of suicide, and the growing number of suicide scholars who also work from and in 'lived experience'. This work is situated across diverse traditions of social science – sociology, anthropology, geography, cultural studies. I will argue that such disciplinary diversity is essential if lived experience perspectives are to be properly integrated into suicide studies and suicide prevention.

My own research with and from lived experience perspectives, situated across sociology and the multidisciplinary space of critical suicide studies, has informed a radical reorienting of how we understand and respond to the 'problem' of suicide. I show how critical engagement with lived experience perspectives has thrown up significant and far-reaching limits to many established suicide prevention approaches: surveillance, crisis response, and clinical treatment. I will sketch out my team's current work which centres the possibilities of 'liveability' as an alternative way of imagining and enacting responses to suicide.

K7. Suicide and Suicide Prevention in the Humanitarian Contexts

Erminia Colucci
Middlesex University London, United Kingdom



Dr. Erminia Colucci is Professor of Visual Psychology and Cultural & Global Mental Health in the Department of Psychology at Middlesex University London (UK) and Adjunct Professor at Gadjah Mada University (Indonesia). Erminia has a background in Cultural Psychiatry (PhD), Visual Anthropology (MPhil), Education (PGCert), Data Analysis (PGDip) and Cultural and Community Psychology (BSc and Hons). Her main area of research are human rights and mental health, suicide and suicide prevention, domestic violence against women and children, spirituality and faith-based/traditional healing, and first-hand stories of people with lived-experience of 'mental illness' and suicidal behaviour, with a focus on low-middle-income countries, ethnic minorities and refugee populations.

Erminia is passionate about using arts-based and visual methodologies, particularly participatory visual methods and ethnographic film-documentary, in her research, teaching and advocacy activities. Her applied research has influenced policy and practice in several countries, including Indonesia, Australia and the Philippines. Having experienced mental illness and suicidal behaviour in her own family, she is a strong advocate of the involvement of people with lived experience in research and interventions and she develops and provides peer-researchers trainings. She has been a methodology and suicide prevention consultant for organizations such as Médecins Sans Frontières (MSF), the Italian Psychologist Board and Save the Children International.

Erminia is the founder of Movie-ment and Aperture (the first Asia-Pacific Ethnographic Documentary Festival), and Co-chair of the World Association of Cultural Psychiatry SIG on Arts, Mental Health and Human Rights. She is also the founder and co-lead of the Middlesex University Visual and Creative Methods Research Group.

Abstract:
After introducing the issue of suicide among Internally Displaced Persons (IDPs), refugees, and asylum seekers, the presenter will provide an overview of the suicide prevention guidelines (formerly known as suicide first aid guidelines), including findings from two pilot online gatekeepers' trainings based on guidelines developed for people from immigrant and refugee backgrounds. These guidelines were developed through a structured consultative process, supported by the Delphi consensus method, which involved key suicide prevention and transcultural mental health professionals, as well as experts with lived and living experience. Through this process, culturally relevant warning signs and first-aid actions were identified and incorporated into the guidelines, together with accompanying infographics and training videos used in the trainings.

This presentation aims to prioritise suicide and suicide prevention among refugee populations within research and intervention agendas. It also seeks to stimulate debate on whether, and to what extent, the widely used Mental Health and Psychosocial Support (MHPSS) approach is adequate for suicide prevention. The presentation will further explore the potential value of complementing MHPSS and Psychological First Aid approaches with suicide prevention guidelines specifically developed for forced migrants and displaced populations, and will reflect on future directions for community-based suicide prevention strategies -such as gatekeeper training- within humanitarian contexts.

K8. Suicide Through Protest? How to Understand an Epidemic of Self-immolation of Women in Afghanistan?

Ayesha Ahmad
City St Georges University of London, UK



Dr Ayesha Ahmad holds a PhD in medical ethics and works to integrate ethics and the humanities into global health research and pedagogy. Her research expertise is in transcultural psychiatry and cross-cultural mental health. She particularly work in contexts of conflict and humanitarian crisis resulting from disasters including environmental change. Dr Ahmad develops trauma therapeutic interventions using traditional storytelling and worked in collaboration with Afghanistan, Tunisia, South Africa, Kashmir and Turkey. She has a particular commitment in reframing self-immolation in Afghanistan as a form of protest not pathology.

Dr Ahmad's specialisation is in psychological trauma and the ethical consequences of concepts that are used in mental health. She has developed both undergraduate and postgraduate courses in culture and mental health. In her work, Dr Ahmad critically explores the notion of land trauma, as it is juxtaposed with a medicalised and biomedical paradigm of a temporal understanding of post-traumatic stress disorder. At City St Georges University of London, Dr Ahmad has established a programme in "Transcultural Mental Health Humanities" to bring together scholars and students using humanities-based methodologies to approach and respond to global health inequities and injustice. Dr Ahmad also works as an Expert Witness providing academic reports on asylum seeker cases related to war, mental health, and gender-based violence.

Abstract:
Self-immolation among women in Afghanistan has often been interpreted through the language of suicide, mental illness, or individual despair. Yet these framings alone fail to capture the social, political, and moral conditions in which such acts occur. In this keynote, I argue that self-immolation must be understood not only as an individual act of self-destruction, but as a culturally and politically situated response to structural violence, gendered oppression, and the systematic erasure of agency. Drawing on over a decade of ethnographic and narrative research with Afghan women, healthcare professionals, humanitarian practitioners, and displaced communities, I explore how stories of burning become stories of protest, silence, and impossible survival.

Rather than asking why women choose death, I ask what forms of life have become unliveable. By situating self-immolation within the intersecting realities of war, forced displacement, domestic violence, poverty, and the institutionalisation of gender apartheid, I examine how conventional suicide paradigms risk depoliticising suffering and obscuring the structural conditions that produce it. I also

consider the ethical responsibilities of clinicians, researchers, and policymakers in responding to narratives that resist straightforward psychiatric or biomedical interpretation.

This keynote calls for a Global Health Humanities approach that places culture, narrative, ethics, and lived experience alongside epidemiology and clinical science. Understanding self-immolation in Afghanistan requires us to move beyond individual pathology and towards a deeper engagement with the social worlds in which suffering is produced and expressed. In doing so, we may begin to develop more culturally meaningful, ethically grounded, and politically informed approaches to suicide prevention in contexts of conflict, oppression, and humanitarian crisis

K9. Suicidality as a Complex System: An Open Frontier for Research and Practice

Derek de Beurs
University Of Amsterdam, Netherlands



Derek de Beurs is an assistant professor in the Department of Clinical Psychology at the University of Amsterdam. For over 15 years, he has studied suicidal behavior, beginning with a PhD focused on training professionals in suicide prevention. His current research primarily explores the complexity of suicidal behavior using network analysis, a field in which he was awarded an individual grant in 2017. In 2024, he secured funding to apply computational modeling to further investigate suicidal behavior. He has (co-) authored around 100 peer-reviewed papers and written a popular science book (in Dutch) on suicide prevention, Myths About Suicide. He was part of the commision on the Dutch clinical guideline for suicidal behavior, and is editor of a handbook on suicidal behavior for clinicians.

Abstract:
Despite decades of research, our ability to predict and prevent suicidal behaviour remains limited. One reason may be that suicidal behaviour is not a simple linear process but a complex dynamic system in which psychological, social, and biological processes continuously interact over time. Complexity science offers new tools to study these interactions and may provide a richer understanding of how suicidal crises emerge and evolve.

In this plenary, I will discuss how approaches such as network analysis and formal modelling can advance both research and clinical practice. Dynamic network analyses suggest that psychological states such as entrapment, hopelessness, and rumination form reinforcing feedback loops that may contribute to the emergence and maintenance of suicidal ideation. Using Bayesian network modelling, we identified two potential pathways associated with suicidal ideation: one centred on defeat and entrapment, and another involving perceived burdensomeness and social support, both originating from perfectionism as a pre-motivational vulnerability. These findings illustrate how different psychological processes may converge on similar clinical outcomes.

To facilitate translation into practice, we developed a card game that enables clinicians to visualize and discuss interacting psychological mechanisms during training. Finally, I will present our ongoing work on an agent-based model of suicidal behaviour, based on a formal computational version of the Integrated Motivational–Volitional (IMV) model. By simulating interactions between mechanisms over time, this model allows us to test theoretical assumptions, explore individual trajectories, and evaluate the potential impact of interventions before they are implemented in clinical settings.

Together, these developments illustrate how viewing suicidality as a complex system can move the field beyond identifying isolated risk factors toward understanding the dynamic processes that give rise to suicidal crises. Complexity science offers an open frontier for developing more precise theories, improving clinical decision-making, and ultimately advancing suicide prevention.

K10. Molecular-Genetic Background of Suicidality: Current Knowledge

Alja Videtic Paska
Universtiy of Ljubljana, Faculty of Medicine, Slovenia



Alja Videtič Paska (PhD) is a Senior Research Fellow and Professor at the Centre for Functional Genomics and Bio-Chips, Institute of Biochemistry and Molecular Genetics, Faculty of Medicine, University of Ljubljana, Slovenia. Her research focuses on the molecular genetic and epigenetic mechanisms of suicidality, with particular emphasis on alterations in DNA methylation patterns, microRNA expression profiles, and histone modifications. She has authored numerous publications in international peer-reviewed journals and, in 2021, co-edited and co-authored the most comprehensive book on suicide in Slovenia, Suicide in Slovenia and Worldwide: Definition, Research, Prevention, and Management. She is a recipient of the ESSSB Andrej Marušič Prize. In her pedagogical activities, she contributes as a lecturer and mentor for undergraduate and graduate students.

Abstract:

Research into the biological basis of suicidality began with studies of the cerebrospinal fluid in individuals with depression and later expanded into genetic research, primarily focusing on variations in genes related to neurotransmitter systems. However, because suicidality is shaped by a complex interplay of biological and environmental factors, epigenetics has emerged as a connecting field between these two perspectives. The term epigenetics refers to inherited or acquired changes in gene expression that occur throughout life without alterations in the DNA sequence itself. As such, epigenetics offers a valuable framework for understanding the subtle interaction between environmental and genetic influences at the cellular level. Among the most extensively studied mechanisms of epigenetic regulation is DNA methylation.

Recent technological advances have shifted research from the investigation of single (epi)genetic variants toward a multi-omics approach, enabling the simultaneous analysis of numerous potential biomarkers. Among less investigated, but becoming more and more promising targets are genes and proteins involved in immune and inflammatory pathways. They can be associated with stress, and stress exposure is recognized as one of the most significant risk factors for suicidality. Acute stress has been associated with altered glucocorticoid levels as well as changes in DNA methylation patterns. This is especially evident in the context of early-life adversity, where abnormal cortisol stress responses and elevated levels of pro-inflammatory biomarkers have been consistently observed.

Research on molecular markers of suicidality, and in the broader field of psychiatry, is of great importance, particularly because no quantifiable indicators are currently available. With increasing insight into the neurobiological underpinnings of suicidality, this line of research may contribute to the development of novel diagnostic and therapeutic strategies. To date, the most promising targets include molecular components of neurotransmitter systems, the hypothalamic–pituitary–adrenal (HPA) axis, immune response pathways, and inflammatory processes.

K11. The Role of Psychiatry and Mental Health Services in Management of Suicidal Behaviour

Dainius Pūras
Vilnius university, Lithuania



Dainius Pūras is professor of child and adolescent psychiatry and public mental health at Vilnius University, Lithuania. He is also a consultant child and adolescent psychiatrist at the Child Development Center of Vilnius university Hospital. Among positions he was holding, Dainius Pūras was President of Lithuanian Psychiatric Association, Dean of the Faculty of Medicine, Vilnius University, Director of the Human rights monitoring institute. During the years 2007-2011 Dainius Pūras was a member of the UN Committee on the rights of the child.

During the years 2014 – 2020 he was serving as a UN Special Rapporteur on the right to physical and mental health. More information about his reports to the UN and other activities in the role of the UN Special rapporteur: www.handover-dialogues.org/legacy.

Abstract:
Based on the experience of a UN mandate holder - Special rapporteur on the right to health (2014-2020), the global situation in the field of mental healthcare is presented, with special focus on suicide prevention.

Analysis of diverse views that address mental health policies and services revealed a high level of polarisation among stakeholders and experts. On one side of the spectrum are the supporters of the „status quo". They advise increasing funding of the existing infrastructure of mental health services and reducing the treatment gap so that more individuals with mental health conditions can receive treatment, according to established algorithms within clinical psychiatry.

On the other side are the experts who state that the status quo, reliant on a predominantly biomedical model of psychiatry, has failed. They urge the shift of paradigm towards developing and replicating non-coercive and rights-based services.

The reports of the UN Special rapporteur supported the aforementioned movement, with emphasis on the need for changes in legislation, policies and practices, so that the legacy of discrimination, coercion, over-medicalisation, and power imbalances could be abandoned.

The global mental health discourse includes different views on the management of suicidal behaviour and related conditions. There is increasing evidence that the tendency to manage suicidal behaviour as a sign of clinical depression, thus prioritising a high-risk approach over a population-based approach, can cause more harm than good. The reliance of suicide prevention on medicating and hospitalising persons may lead to detrimental effects, through reinforcing helplessness and disempowerment, and thus undermining the basic principle of medicine, „first do no harm".

The case of Lithuania and neighbouring countries, with analysis of ways to address unprecedented epidemics of suicide and public mental health crisis 30 years ago, should be presented as a classical lesson about how public health crises should not be managed.

K12. Re-evaluating the 'high-risk' approach to suicide prevention

Matthew Large
UNSW, Australia



Matthew Large is a psychiatrist working in inpatient and emergency psychiatry in the public sector in Sydney, Australia. He is an active researcher focusing on aspects of hospital-based mental health care. He was the author of the first meta-analyses examining suicide risk categorisation and is a leading critic of suicide risk assessment in clinical practice.

Abstract:
In 1985, Rose articulated that causation in epidemiology encompasses two distinct issues: the determinants of incidence rates and the determinants of individual cases. Rose suggested two complementary strategies: the population approach, which seeks to control the causes of incidence, and the 'high-risk' approach, which seeks to identify and protect individuals.

This became psychiatric and suicide prevention orthodoxy. By 2014, the WHO generalised and publicised a more refined version, advocating for a broad-based preventive strategy based on Universal measures directed at the entire population (for example, by restricting access to lethal means and responsible media reporting), Selective strategies based on directing resources to vulnerable subpopulations (for example, people exposed to trauma, conflict, or social disadvantage) and Indicated measures directed at particular people.

However, the high-risk approach, which began as a sensible clinical impulse to recognise and protect a suicidal person, was transformed by epidemiology and managerial systems into an attempted method of predicting and sorting patients. In recent years, this has been re-appraised in the light of knowledge of the weakness of suicide prediction.

This plenary will consider what suicide risk assessment can—and cannot—tell us, how the designation of "high risk" influences clinical decisions, and whether concentrating attention on a relatively small group may obscure the larger population in which most suicides occur. It will examine the consequences of false reassurance, false-positive classifications, defensive practice, restrictive interventions and the diversion of resources.

Risk is not irrelevant; researchers should not stop researching, and clinicians should continue to consider suicidal thoughts and behaviours. However, risk categorisation has a limited role in compassionate, evidence-informed care. Suicide prevention might be strengthened by moving beyond prediction, but there are major barriers to this change that must be overcome.

K13. A Critical View on Psychopharmacological and Psychotherapeutic Interventions in Suicide Prevention



Martin Plöderl
Paracelsus Medical University, Austria

Martin Plöderl is a clinical psychologist, psychotherapist, and certified gatekeeper trainer. He is a member of the expert panel of Austria's national suicide prevention program SUPRA Austria. In addition to his clinical work with psychiatric inpatients, he gives lectures and trainings and conducts research on suicide prevention with a recent focus on psychopharmacology and suicide prevention.

Abstract:
This talk will provide an overview of the suicide prevention effects of selected pharmacological approaches (antidepressants, lithium, ketamine and esketamine) and psychotherapy. In addition to presenting results from systematic reviews and meta-analyses, the talk will provide insight into different levels of evidence (randomized controlled trials, observational studies, ecological studies) along with their limitations and strengths, common biases, uncertainties, controversies, and suggestions for future research.

K14. Suicide Bereavement and Postvention Research: a Critical View on Progress, Needs and Next Steps

Karl Andriessen
The University of Melbourne, Australia



Karl Andriessen (PhD, MSuicidology, BSW) is an Associate Professor at the Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Australia. He has a broad interest in suicide research with a major focus on suicide bereavement and postvention, including impact of suicide on individuals and communities, barriers and facilitators to help-seeking, and evaluation of service delivery in this field. He has published widely including the go-to volume "Postvention in action: The international handbook on suicide bereavement support" (2017, Hogrefe). Recipient of the IASP Farberow Postvention Award, and Co-Chair of the IASP SIG on Suicide Bereavement and Postvention.

Abstract:

Experiencing the suicide of a close person such as a family member or friend is one f the most devastating life events. Those bereaved by suicide may experience intense feelings of sadness, guilt and anger. Suicide bereavement may disrupt family dynamics and is associated with an increased risk of mental health problems sch as depression posttraumatic stress disorder, and increased risk of suicidal behaviour. At the same time, they often receive less social or professional support.

While research on suicide bereavement and postvention (i.e., support for those bereaved) has increased substantially over the decades, important limitations should be acknowledged. For example, research has been conducted mainly in Western countries and has often relied on mainly female, adult samples.

In this presentation, I will provide insights from the literature as well as from our own research in non-Western countries, and men bereaved by suicide. Findings from the literature and lived experience indicate that multiple types of support and interventions, including outreach, must be available to cater for the needs of the bereaved. To address the complexities of suicide bereavement, postvention support should be integrated in suicide prevention policies, and postvention support should be organised according to a public health model of postvention.

K15. Should We Let Them Go? Experiences of Families and Professionals Faced with Requests for Assisted Suicide/Assisted Dying



Dolores Angela Castelli Dransart

HES-SO University of Applied Sciences and Arts Western Switzerland, School of Social Work Fribourg Switzerland

Dr Dolores Angela Castelli Dransart, PhD, is a full professor at the School of Social Work Fribourg at the HES-SO University of Applied Sciences and Arts Western Switzerland. Her research focuses on the impact of suicidality and suicide on families and professionals, including stress, trauma, bereavement, life trajectory reconstruction and postvention. Over the past ten years, she has been researching assisted suicide in the Swiss context, examining the associated moral, ethical and deontological issues, as well as the experiences of family members and professionals who have encountered requests for assisted suicide and subsequent deaths. More recently, she has been investigating suicidality among health and social care professionals.

Abstract:

An increasing number of countries permit assisted dying in the form of assisted suicide and/or euthanasia/medical aid in dying. Consequently, more and more care providers, whether professionals or family members, are being asked to assist with or perform procedures related to assisted dying. When faced with a request, relatives and professionals mostly wonder : 'Should we let them go?' This sensitive question has relational, professional, organisational and societal implications beyond personal choice.

Indeed, requests for assisted dying generally raise a variety of issues potentially affecting relational and institutional dynamics. For example, care providers and involved institutions wonder how to respond and what is the most appropriate course of action. Drawing on our own research and literature, this presentation will address a range of issues important to both families and professionals. These include, among others, the personal and/or professional dilemmas associated with such situations; the issue of endorsement of such requests; the support that should be offered to the person requesting death; the decision-making and implementation process; the management and sharing of information, as well as the emotional and practical consequences on people involved in the process. Families and professionals face multiple challenges throughout the process, including navigating uncertainty, co-constructing legitimacy and meaning around the decision and the dying process, and managing the emotional, moral and broader social complexities of assisted dying. Indeed, the request concerns more than just the individual and their immediate circle of family and professionals. It also has wider implications for professional associations and institutions or care facilities, which are called to integrate this act into their standard practices where assisted dying is legal. Therefore, some organisational and broader social issues will also be addressed.

K16. Women try, men die: Cultural scripts of bad and good suicides

Silvia Sara Canetto
Colorado State University, United States of America



Silvia Sara Canetto, Ph.D., is a Professor of Psychology at Colorado State University, USA. She has graduate degrees from Italy, Israel, and the USA. Her theoretical and empirical work on gender norms of suicide, specifically on cultural scripts of gender and suicidal behavior, has contributed to a paradigm shift in suicide studies. She is author of over 200 publications, including a 1998 article entitled "The gender paradox in suicide" (co-authored with Sakinofsky), which is the second most-cited article in Suicide and Life-Threatening Behavior. Prof. Canetto has received recognition for her innovative and impactful suicide work, including the American Association of Suicidology's Dublin Award.

Abstract:
In this presentation entitled Women try, men die: Cultural scripts of bad and good suicides I use suicide-scripts theory (Canetto, 1997, 2021) to make sense of what I have called the gender paradox of suicide (Canetto & Sakinofsky, 1998), that is, the fact that in many communities females have lower mortality by suicide despite their higher rates of suicidal behavior, relative to males. This pattern is a paradox because higher engagement in a life-threatening behavior is usually associated with higher rates of both morbidity and mortality from that behavior. The gender paradox of suicide pattern suggests the presence of gendered scripts of suicidality. My research has documented that in cultures where women are more likely to "attempt" and "fail" at suicide, and men to die of suicide, "attempted" and "failed" suicide is viewed as juvenile, weak, cowardly, crazy, feminine behavior, and death by suicide as more wrong when it involves women than when it involves men. In these cultures, "completed," "successful" suicide may be considered a tragic death but also a relatively strong and understandable masculine act—a potentially good suicide. The association of "attempted suicide" with femininity may enable nonfatal suicidal behavior in women while the stigma of female suicide may be a deterrent for women to end their life. By contrast, the association of "attempted suicide" with femininity, and of suicide with masculinity may force males into avoiding suicidal behavior unless they are ready to die of the suicidal act. In conclusion, the cultural availability of good scripts of male suicide and only bad scripts of female suicide may contribute to men having higher suicide mortality than women.

K17. From Vulnerability to Resilience: Rethinking LGBTQ+ Youth Suicidal Behaviors

Diana van Bergen
University of Groningen, Netherlands



Diana van Bergen is a Professor in the Department of Education and Pedagogical Sciences at the University of Groningen, the Netherlands. She is the Principal Investigator of a national consortium on suicide prevention targeting socially vulnerable youth and middle aged men, and leads a research team focused on recovery and intervention in young people, funded by ZonMW. Her work pays particular attention to sexual and gender minority youth and young adults. Current projects include an intervention study on affirmative treatment for gender-diverse youth, a school-based program to promote LGBTQ+ well-being, and a study examining online exposure to suicidal behaviors among LGBTQ+ young people

Abstract:

More than one in five (20%) young people in Western countries currently identify as LGBTQ+, (including those youth who do not use labels but report a non-heterosexual orientation or who feel gender diverse). A robust body of research has consistently demonstrated that LGBTQ+ youth experience suicidal thoughts and behaviors at rates two to six times higher than their heterosexual and cisgender peers. This elevated risk is not attributable to LGBTQ+ identities themselves, but rather to structural stigma, discrimination, and a lack of affirmation within families, schools, communities, and broader society. Importantly, these disparities persist even in relatively accepting European contexts, underscoring the enduring impact of minority stress.

These findings call for a paradigm shift in suicide prevention, from predominantly individual, level interventions towards ecological approaches that address the social and structural conditions shaping LGBTQ+ young people's mental health. In this keynote, the current evidence will be reviewed on interventions that operate at the family, school, community, and societal levels to reduce stigma, foster affirmation, and strengthen resilience. Particular attention will be given to strategies that challenge hetero- and cisnormative environments, creating conditions in which LGBTQ+ youth can safely explore, express, and embrace their sexual and gender identities.

The presentation will conclude with a practical case study of an LGBTQ+-inclusive, curriculum-based school intervention that has been implemented in more than 25 classrooms across 12 secondary schools in the Netherlands, illustrating both the opportunities and challenges of translating research into practice.

K18. Describing and Redescribing Suicide

Marsh, Ian
Canterbury Christ Church University, United Kingdom



Dr Ian Marsh is a Reader in the School of Allied and Public Health at Canterbury Christ Church University. He has worked in suicide prevention for 30 years, initially as a clinician in community mental health, then as an academic and researcher. Ian's main teaching and research interests are in critical approaches to health and social care, particularly as they relate to suicide and suicide prevention. He is currently involved in research on online harms for UK Samaritans, and on suicide in public places for the railway industry, Highways England, and at coastal locations. He is academic lead for the Kent and Medway Suicide Prevention Group, was a founding member of the Critical Suicide Studies Network, and is the Suicide-Safer Universities project lead in Canterbury. Ian's publications include Suicide: Foucault, History and Truth (Cambridge University Press, 2010); Critical Suicidology: Toward Creative Alternatives (UBC Press, 2016) and Suicide and Social Justice: New Perspectives on the Politics of Suicide and Suicide Prevention (Routledge, 2020).

Abstract:
This keynote explores three moments in history - 413, 1821, and 1990 - when new ways of framing, understanding, and responding to suicide emerged. Each marked the convergence of new forms of knowledge, institutions, and practices that fundamentally reshaped how suicide was understood, experienced, and managed.

A 'critical history of the present' can reveal how modern suicide prevention - and, indeed, contemporary experiences of suicide and suicidality - came into being, while also illuminating its limitations. High rates of suicide persist despite increasingly sophisticated efforts to predict, manage, and prevent it, while many of the assumptions and practices underpinning prevention have remained largely unchanged for nearly two centuries.

Understanding the "strange persistence" of suicide requires attention not only to the systems designed to prevent it, but also to how people encounter, interpret, and sometimes resist those interventions. If the ways we currently understand suicide are historically produced - and constrained by inherent limitations - then new ways of describing and thinking about it may be needed. Drawing on Richard Rorty's idea that cultural change begins by "speaking differently," the keynote concludes by proposing that re-describing suicide - for example, as a question of social justice or as a form of resistance to power - may open new possibilities for how we understand and respond to it.

K19. Technology and Suicide Prevention: Evidence, Ethics and Future Directions

Marzano, Lisa[1];
Cliffe, Bethany[2]
Mackenzie, Jay-Marie[2]

[1]Middlesex University, United Kingdom;
[2]University of Westminster, United Kingdom







Lisa Marzano is Professor of Psychology and Co-Director of the Centre for Abuse, Trauma and Suicide Studies (CATS) at Middlesex University, London. She has worked in suicide and self-harm prevention for more than two decades, using interdisciplinary and co-produced methods to narrow the gap between academic evidence, suicide prevention policy and practice, and people's lived and living experiences of suicide. Her recent work focuses on technology-enabled approaches, suicide and self-harm in online and public spaces, and community-based prevention. This research has informed major awareness campaigns and media guidelines, rail and road safety practices, and the development of local and national real-time suicide surveillance systems in England.

Abstract:

This talk examines the rapidly evolving role of technology in suicide prevention, focusing on what we know, what remains uncertain, and why this matters for policy and practice. Drawing on current evidence, ongoing research, and insights from people with lived and living experiences of suicide, it explores how technology-enabled interventions can support prevention efforts, while raising critical questions about accuracy, privacy, autonomy, and acceptability.

Through a series of case studies, we will discuss how technology-based approaches are implemented in practice, situating them within broader systems of care and support, and systemic inequalities. Key knowledge gaps will be identified, outlining priorities for future research to strengthen understanding of implementation, impact, and outcomes across diverse contexts.

Finally, we will reflect on future directions, including the growing influence of generative AI and large language models, and the need for robust safeguards to ensure innovation is evidence-informed, centred on the needs of those it seeks to support, and grounded in realistic expectations of what technology can achieve.

WORKSHOPS



Please check the online program for the time and location

WO2. Suicide as a complex system: A collaborative Causal Loop Diagram Workshop

Epelbaum, Valeria[1,2]; de Beurs, Derek[1,2]; O'Connor, Rory[3]

[1]University of Amsterdam, The Netherlands; [2]Centre for Urban Mental Health, The Netherlands; [3]Institute of Health and Wellbeing, University of Glasgow, Glasgow, UK

Background:
Suicide is a complex phenomenon, shaped by interacting biological, psychological, and social factors. While traditional research often isolates single risk factors, (e.g. perceived burdensomeness), effective prevention requires a more complex, systems-level perspective to capture how these influences interact over time. Framing suicide as a dynamic system of feedback processes, rather than a static list of predictors, is crucial for understanding the interplay between ideation, planning, and (non-)fatal outcomes. This perspective also highlights critical transition points, enabling more precise and effective interventions.

Method:
This session aims to collaboratively develop a causal loop diagram (CLD) to understand the transition from suicidal ideation to suicide attempt within a systems framework. CLDs provide a structured way to capture this system perspective by mapping key factors and the feedback loops connecting them, thus making explicit how clinical, social, and contextual influences interact. This approach could uncover vicious cycles, and pinpoint opportunities for interventions.

The CLD-building exercise addresses the challenge of distilling diverse expert knowledge into a coherent systems framework, offering several benefits:

It can illustrate hidden feedbacks, such as how suicidal ideation may lead to social withdrawal, which reduces perceived social support, further escalating ideation: a reinforcing loop that can drive a suicidal crisis.

Enable experts to incorporate intermediate variables. For example, rather than connecting substance abuse directly to suicidal ideation, an intermediate factor like impulsivity can be introduced.

Facilitates exploration of functional forms of links. For example, the effect of impulsivity on suicidal ideation might be modeled linearly or as a tipping point, where beyond a critical threshold ideation accelerates rapidly.

Implication for suicide prevention practice:

- For suicide prevention experts, participating in this process allows for:
- Fostering theory building, by combining knowledge from researchers, practitioners and individuals with lived experience.
- Systematically exposing gaps, which could be used to guide research priorities and data collection.
- Creating a collective, shared visual framework that can inform clinical practice, policymaking and computational modeling.

The workshop:

The proposed session will draw on the best practices to develop an annotated CLD (Crielaard et al. 2024). Experts will contribute their knowledge systematically, annotate causal links, discuss uncertainty of connections, and co-create a model aligning with the complexity perspective (de Beurs et al. 2021)

References:

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De Beurs, D. et al. (2021). A network perspective on suicidal behavior: Understanding suicidality as a complex system. Suicide and Life-Threatening Behavior, 51(1), 115–126.

Wittenborn, A. K. et al. (2015). Depression as a systemic syndrome: Mapping the feedback loops of major depressive disorder. Psychological Medicine, 46(3), 551–562.

WO3. Recognizing Suicidal Subtypes in Clinical Practice

de Winter, Remco[1,2]

[1]Mental Health Institute Rivierduinen, The Netherlands; [2]Maastricht University, The Netherlands

Learning Objectives

1) You will understand the necessity of subtyping suicidality for clinical practice.
2) You will learn to work with a differentiation model for suicidality.
3) You will be able to recognize subtypes, reason about potential overlaps, and understand how the SUICIDI instrument can be applied in such cases.

Background

Suicide remains one of the most concerning outcomes in mental health care. However, suicidality is a frequent phenomenon in clinical practice, particularly during psychiatric emergency services[1], while actual suicides are relatively rare. Suicidality is a complex and heterogeneous concept, and reliable prognostic tools are currently lacking.

In practice, distinctions between different forms of suicidality are often made, yet the scientific understanding of these distinctions is limited. Drawing from historical, clinical, and scientific experience we have developed a differentiation model for suicidality [2-4]. This model has been validated in clinical practice [4] and refined further following a successful replication study (de Winter, submitted).

The differentiation model provides a structured framework to guide clinical decision-making. It categorizes suicidality into four distinct subtypes:

1) Perceptual Disintegration (PD)
2) Primary Depressive Cognition (PDC)
3) Psychosocial Turmoil (PT)
4) Inadequate Communication/Coping (IC)

This model offers practical tools to better address suicidality in clinical practice, including a more systematic approach to shared treatment responsibilities among clinicians. Training in this model can help clinicians gain practical skills and greater confidence in managing suicidality within various clinical settings.

Format session plan

- Introduction to the Model
- Explanation of the differentiation model for suicidality.
- Review of the SUICIDI Instrument
- Overview and practical applications of the tool.
- Training and Application
- Participants will receive hands-on training in using the model and the SUICIDI instrument.
- Distribution of relevant literature, resources, and the SUICIDI tool.
- Practical exercises, including case studies and video material from films, to enhance real-world applicability.
- Outcomes

By the end of the workshop, participants will be better equipped to identify and manage various forms of suicidality in clinical practice.

References

1. de Winter RFP, Hazewinkel MC, van de Sande R, de Beurs DP, de Groot MH: Outreach Psychiatric Emergency Service. Crisis 2020, 41(5):375-382.
2. de Winter RFP, Meijer C, Kool N, de Groot MH: Differentiation of Suicidal Behavior in Clinical Practice. In: Suicide Risk Assessment and Prevention. edn. Edited by Pompili M. Cham: Springer International Publishing; 2022: 219-236.
3. de Winter RFP, Meijer CM, Enterman JH, Kool-Goudzwaard N, Gemen M, van den Bos AT, Steentjes D, van Son GE, Hazewinkel MC, de Beurs DP, de Groot MH: A Clinical Model for the Differentiation of Suicidality: Protocol for a Usability Study of the Proposed Model. JMIR Res Protoc 2023, 12:e45438.
4. de Winter RFP, Meijer CM, van den Bos AT, Kool-Goudzwaard N, Enterman JH, Gemen MAML, Nuij C, Hazewinkel MC, Steentjes D, van Son GE et al: A first study on the usability and feasibility of four subtypes of suicidality in emergency mental health care. BMC psychiatry 2023, 23(1):878.

WO4. How to best help frequent callers to suicide prevention helplines

Mishara, Brian; Côté, Louis-Philippe

Université du Québec à Montréal, Canada

Workshop Objectives:

1) Summarize what we know about the nature of frequent callers to suicide prevention helplines, how their calls are handled, and outcomes for frequent callers;
2) Present, based upon recent empirical research, recommendations about how to better help frequent callers to helplines;
3) Discuss practical and ethical challenges for the development and implementation of helpline policies for frequent callers, and options for their resolution;
3) Demonstrate in participatory exercises the application of recommended intervention methods.

Background: Helplines worldwide have some callers who call quite frequently, some occupy so much time that other callers may be unable to get through to a counselor and obtain help. Therapeutic gains from frequent calling has been questioned, and several specific recommendations have been made as to how to best help them, while respecting capacity issues that limit the availability of counselors to take all their calls.

Workshop content:

After discussing definitions of frequent callers, we will summarize the results of a systematic review, conducted in 2020 and updated in 2025-2026, of all identified research on frequent callers and recommendations on how to help them, including how to reduce the frequency of their calls. We identified 10 suggestions to better manage and help frequent callers that merit validation.

We then present the results of three recent complementary studies of the recordings of all calls during one month from all individuals who called the USA National Suicide Prevention Lifeline (988) at least 30 times the preceding month:

- We analysed the call content of the first and last calls of the month, coding caller and counselor behaviors and emotions in detail, focusing on identifying counselor behaviours and characteristics associated with more positive call outcome.s
- We associated post-call surveys on appreciation of the call with the information coded.
- We conducted qualitative assessments of all calls during the month from a random sample of 24 callers(up to 20 per caller).

We will present our recommendations for helpline policies for helping frequent callers, and the skills needed to best respond to them over the telephone and by text-SMS/chat.

We will discuss ethical challenges for helpline policies for frequent callers and options for their resolution

Attendees will be invited to participate in exercises to develop some skills that are part of our recommandations:

- Focusing on a person's strengths while listening to repeated complaints
- Building hope in seemingly hopeless situation

Concluding discussions will provide an opportunity to discuss the merits of alternative approaches and practical issues, as well as share concerns, challenges and potential solutions.

WO5. H.O.P.E. in Action: Lived Experience, Restorative Just Culture and Resilient Systems for Workplace Suicide Prevention

Murray OAM, Sue[1]; Spencer-Thomas, Sally[2]

[1]Zero Suicide Institute of Australasia, Australia; [2]United Suicide Survivors International

Workshop Overview:

Workers across many industries are at increased risk for suicide. While safety frameworks like Zero Suicide have advanced care systems for communities in some sectors, workforce well-being and organisational culture change often remain overlooked.

This interactive workshop integrates the evidence-informed H.O.P.E. Certification with the transformative principles of a restorative, just and learning culture. Participants explore moving from blame-oriented responses to forward-looking accountability centred on healing, learning and trust. The workshop highlights incorporating lived experience safely and ethically into workplace strategies to foster cultures of psychological safety and authentic engagement.

Learning Objectives:

Participants will:

Understand how suicide risk shows up in diverse industries including healthcare, construction and first responders.

Explore the H.O.P.E. Certification framework for strengthening workforce suicide prevention.

Apply principles of restorative, just and learning culture and psychological safety to real-world scenarios.

Develop practical strategies for integrating lived experience and trauma-informed practices into suicide prevention.

Leave with an actionable roadmap to improve workplace safety, trust, and healing opportunities.

Session Plan

1. Setting the Context
   Overview of suicide risk factors across high-stress industries and the limitations of punitive or compliance-based workplace responses.
   Introduction to restorative just culture and its alignment with Zero Suicide values.
   The role of lived experience as a catalyst for culture change—why inclusion is essential, not optional.
2. Systems Mapping and Barriers
   Group discussion: Identify systemic stressors (e.g., moral injury, toxic leadership, isolation) and cultural barriers (e.g., stigma, fear of disclosure) that impact mental health and suicide risk.
   Brainstorm protective factors, including peer allyship, ethical leadership, transparency, and culturally relevant supports.

3. Restorative Just Culture in Practice
   Small group case study: Apply restorative justice principles (moral engagement, emotional healing, reintegration, organisational learning) to a suicide-related workplace incident, with specific attention to how impacted individuals—including those with lived experience—are supported and engaged.
   Group share-out: Reflect on how restorative approaches could shift culture and prevent future harm.
4. H.O.P.E. Certification as a Tool for Transformation
   Overview of the H.O.P.E. Certification framework and how it embeds suicide prevention, psychological safety, and workforce well-being into organisational systems.
   Showcase of real-world examples, including how organisations have meaningfully involved people with lived experience in planning, training, storytelling, and peer support.
5. Action Planning: Culture Change Through Lived Experience Leadership
   Small group breakout: Envision an ideal culture where peer allies and people with lived/living experience are integrated into suicide prevention strategy and response.
   Identify opportunities for co-design (e.g., advisory councils, curriculum development, postvention planning) and peer roles (e.g., ambassadors, first responders, wellness champions).
   Begin drafting an implementation plan using tools from the Restorative Just Culture workbook and H.O.P.E. Certification roadmap.

Interactive Elements:

- Case study analysis using a restorative justice lens
- Visioning and culture mapping activities
- Group brainstorming on protective practices and barriers
- Use of the Restorative Just Culture checklist and action planning templates

Outcome:

Participants will leave equipped to:

- Champion forward-looking accountability and healing after suicide-related incidents
- Integrate the H.O.P.E. Certification as a systems-change tool
- Plan for the Restorative Just and Learning Culture approach to foster safer, more compassionate and more resilient healthcare organisations

WO6. From Guidelines to Data: Operationalizing Suicide Reporting for Cross-National Monitoring

Park, Gun Woo Victor[1]; Claus, Carola[2]

[1]Seoul National University Hospital, Seoul, Republic of Korea; [2]Ruhr-Universität, Bochum, Germany

Suicide reporting guidelines are widely recognized as critical components of national and international prevention strategies. Although many countries have established media recommendations, their structure, terminology, and level of specificity vary substantially across regions. The World Health Organization (WHO) offers a global foundation; however, its principles must be operationalized into measurable elements before they can be empirically evaluated or integrated into monitoring systems. This workshop addresses this methodological gap by guiding participants through the full process of translating qualitative reporting principles into standardized, codeable elements that can support cross-national research and surveillance efforts.

The session begins with a conceptual introduction to operationalization in the context of media effects and public mental health. Using the Korean suicide reporting recommendations as an illustrative case, the opening segment demonstrates how high-level directives—such as avoiding harmful details, ensuring helpful signposting, or providing context—can be broken down into actionable components. This section does not promote Korean guidelines as a normative model; rather, it provides a worked example that shows how any national guideline can be decomposed into measurable units that are suitable for empirical evaluation.

After this grounding example, the workshop transitions to an interactive design exercise. Participants will bring their national suicide reporting guidelines and examine them alongside the WHO recommendations. Through a structured comparison, the group will identify areas of overlap, divergence, and unique cultural or systemic elements. Collectively, the participants will develop a preliminary "International Suicide Reporting Construct Framework," designed to establish a shared language and structure for evaluating news reports across countries. This collaborative work aims to promote consistency in future research while acknowledging the cultural and linguistic diversity of global media environments.

In the final segment, participants will apply these collaboratively developed constructs to real-world examples. Small groups will examine brief news excerpts in various languages and determine whether and how specific constructs appear in the text. The exercise emphasizes the practical challenges of coding, including ambiguous wording, cultural variation, and differences in journalistic conventions. Participants will articulate explicit indicators—phrases, terms, patterns, or contextual cues—that signify each construct, forming the foundation of a transparent and reproducible coding scheme.

To demonstrate how human-defined constructs can support modern monitoring systems, facilitators will provide a short, optional demonstration of how these coding rules can be integrated into the computational tools. The purpose is not to train participants in AI methods, but to highlight how expert-validated constructs can anchor automated systems and prevent misclassification. The workshop concludes with a synthesis of lessons learned and guidance on how participants can adapt the framework to their own countries for research, policy evaluation and real-time monitoring.

Participants will leave with a practical toolkit for evaluating suicide reporting in their local media and a shared conceptual structure that supports cross-national collaboration in suicide prevention research.

WO7. Suicide prevention and Safety plan as life skills for students in higher education – testing and evaluating innovative tools

Gustavsson, Johanna; Baran, Anna; Lönnfjord, Victoria; Wik, Malin

Karlstads universitet, Sweden

Despite robust scientific evidence supporting the effectiveness of education in suicide prevention, a significant gap persists within higher education: few academic programs provide comprehensive training in this critical area. To address these challenges, the ELLIPSE Resilience Enhancement (ERE) project will pilot and evaluate interactive and innovative teaching tools, including gamification elements and a prototype of the safety plan application. To ensure broad accessibility, the course will be delivered online, although maintaining engagement in distance education remains a critical design consideration. The safety plan—originally developed for post-suicide attempt interventions—has been adapted to encompass everyday strategies such as stress management.

During the workshop, participants will engage with a prototype of the safety plan application and the pedagogical tools developed for the course, test them in small groups, and provide feedback via mobile devices and Mentimeter surveys. By convening experts in suicide prevention to share insights and evaluate these tools, the project aims to advance knowledge and practice in higher education. Furthermore, participants will gain hands-on experience assessing innovative educational resources, thereby contributing to the refinement of scalable suicide prevention training solutions.

The ERE, co-funded by the European Union (Project ID: 2025-1-SE01-KA220-HED-000364668; duration: 01 September 2025 – 31 August 2027), seeks to address the educational deficit by designing a scalable, sustainable, and innovative curriculum that incorporates a safety plan to strengthen knowledge and skills across academic communities. The project is coordinated by Karlstad University (Sweden) and implemented through a consortium of academic institutions and organisations from six European countries—Poland, Spain, Lithuania, Ukraine, Belgium, and Germany. Its overarching objective is to enhance resilience within higher education by developing a comprehensive suicide prevention curriculum. Specific aims include:

- Conducting a large-scale needs assessment to identify gaps and priorities.
- Developing an online course focused on communication strategies and safety planning.
- Advocating for the integration of suicide prevention into university curricula and national policy frameworks.

In addition, the project promotes collaboration with Ukrainian higher education institutions to co-create sustainable, inclusive, and needs-informed educational resources tailored to academic settings. By leveraging digital learning tools, the initiative seeks to strengthen crisis response capacity and equip students with practical skills for suicide prevention.

The pedagogical approach targets all students in higher education, preparing them to support peers and future colleagues during periods of crisis while fostering personal resilience. However, integrating suicide prevention into academic curricula presents notable challenges. It competes with other educational priorities, and delivering such training to students outside clinical programs introduces additional complexity. Karlstad University brings extensive expertise in developing gamified learning environments, and together in this workshop, we will explore the pedagogical challenges of suicide prevention education.

WO8. Establishing Real-Time Suicide Surveillance Systems

Arensman, Ella[1]; Corcoran, Paul[2]; Griffin, Eve[2]; Ryan, Martin[3]; Hennebry, Donagh[3]; Andriessen, Karl[4]

[1]School of Public Health, University College Cork & National Suicide Research Foundation, Ireland; [2]National Suicide Research Foundation & School of Public Health, University College Cork, Ireland; [3]Health Service Executive Ireland; [4]Centre for Mental Health & Community Wellbeing, School of Population & Global Health, University of Melbourne, Australia

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. However, the process of verification, registration and classification of external causes of death, including suicides in Ireland can involve a time span several months to more than two years, depending on the death registration system (medical, forensic, legal).

Having access to a real-time suicide surveillance system, the outputs of which can be measured against national statistics office data once published, will assist in early identification of emerging suicide clusters and a timely response to people affected by suicide, and verification of anecdotal evidence and public statements on suicide that are disseminated via media outlets, including social media.

The World Health Organization has endorsed the value of real-time surveillance frameworks for mental health conditions, 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 efficacy of prevention strategies.

The aim of this workshop is to provide delegates with knowledge and skills to establish and maintain real-time suicide surveillance systems.

The workshop will address comparative real-time suicide surveillance components, including terminology and definitions, inclusion and exclusion criteria, cases ascertainment, core and optional data items, data protection and ethics, primary and secondary data sources, validation, dissemination and reporting to relevant stakeholders.

The workshop will also address comparative real-time suicide surveillance practices, including governance structures, timing of case submission, data system infrastructure and IT, data quality assurance, and assessment of sensitivity and specificity.

Examples will be provided of real-time suicide surveillance systems in legal/coronial, medical and community-based settings.

Workshop delegates will be involved in discussing barriers and facilitating factors in establishing real-time suicide surveillance systems in different settings and taking into consideration resources and cultural factors.

Learning objectives:

Increased knowledge and understanding of:

Establishing and maintaining real-time suicide surveillance systems, including standardisation via Standard Operating Procedures and implementation science.

Mechanisms to improve the accuracy and completeness of real-time suicide mortality data.

The benefits of real-time suicide surveillance data for early identification of suicide clusters and specific suicide prevention measures.

Format:

- Background and introduction
- Overview of real-time suicide surveillance in different settings
- Subgroup discussion about barriers and facilitators in establishing real-time suicide surveillance and plenary feedback
- Real-time suicide surveillance systems - Standard Operating Procedures
- Subgroup discussion about benefits of real-time suicide surveillance systems for specific suicide prevention measures and plenary feedback
- Conclusions

WO9. Rethinking Needs and Responses After Suicide, Assisted Suicide and Euthanasia or Suicide Attempt: Partnership for Life event

Poštuvan, Vita[1]; Niederkrotenthaler, Thomas[2]; Griffin, Eve[3]; Laido, Zrinka[4]; Castelli Dransart, Dolores Angela[5]

[1]University of Primorska, Slovenia; [2]Medical University of Vienna, Austria; [3]National Suicide Research Foundation, Cork & University College Cork; [4]Estonian-Swedish Mental Health and Suicidology Institute (ERSI), Tallinn Estonia & Wiener Werkstätte for Suicide Research, Vienna, Austria; [5]HES-SO University of Applied Sciences and Arts Western Switzerland, School of Social Work, Fribourg

Partnership for Life is a global initiative to prevent suicide. Its aim is to establish an international collaboration of experts to support the development of a comprehensive, strategic approach to suicide prevention at the national level. It operates worldwide with regional subdivisions, including Europe. Recently, developments in the European region have focused on analysing various national suicide prevention plans (situational analysis). Additionally, professional networking has developed around specific topics or interests. The Partnership for Life event will focus on rethinking national strategies, practices, and frameworks following a suicide attempt, cases of death due to suicide or after cases of assisted suicide or euthanasia. Participants will consider current needs and responses to these issues. The event will include lectures and discussions on global and European practices for establishing or maintaining frameworks of care for the bereaved and people with lived experience of suicidal behaviour. An important aim will also be to discuss how these are incorporated into national suicide-related strategies.

Program:

09:00 – 09:20 — Lecture 1
Topic: Models of postvention (bereavement)
Speaker: Eve Griffin

09:20 – 09:40 — Lecture 2
Topic: Models of attempt aftercare
Speaker: Zrinka Laido

09:40 – 10:00 — Lecture 3
Topic: Assisted dying: challenges in aftercare
Speaker: Castelli Dransart Dolores Angela

10:00 – 10:10 — Discussion

10:10 – 10:20 — Break

10:20 – 11:30 — Workshop
Topic: How can good practices in postvention and aftercare be efficiently established for inclusion in national suicide-related strategies?
Moderator: Vita Poštuvan

11:30 – 12:00 — Discussion and conclusion
Moderator: Thomas Niederkrotenthaler, Vita Poštuvan

SYMPOSIA



SY1. Common Research Methods and Open Science in Suicide Prevention Research – The Path to Stronger, Evidence-Based Suicide Prevention Efforts.

Chair: Clarke, Diana (American Psychiatric Association (APA) & International Academy of Suicide Research (IASR), United States of America)

Heterogeneity across suicide prevention research limits the ability to compare, replicate, and translate results into suicide prevention practices and policies. Adoption of standardized definitions and harmonized measures can improve scientific rigor, replicability, and applicability of cumulative evidence in suicide prevention. Additionally, core practices of open science—i.e., registration of suicide prevention research studies, especially those that test the effectiveness of different interventions, Registered Reports, transparent reporting, data and code sharing, and collaborative data platforms—can enhance reproducibility, reduce selective reporting, and foster collaboration. Standardized methods and open science can create a foundation for more inclusive and efficient research efforts.

Using Common Data Elements to Inform Quality Improvement in Suicide Prevention in Clinical Care

Clarke, Diana

American Psychiatric Association & International Academy of Suicide Research

Quality measures (QMs) are standardized, evidence-based metrics used to evaluate and improve the quality of care provided in healthcare settings. QMs enable the identification of gaps in care, the benchmarking of performance across providers, and the improvement of patient outcomes through evidence-based practices. Given that a significant percentage of individuals who died by suicide had contact with clinical services within the year (i.e., up to 90%) and month (i.e., approximately 50%) prior to their death, developing and using QMs related to suicide assessment and care can be an important targeted suicide prevention effort. However, to be effective, such QMs must be rigorously developed and tested in real-world clinical settings and using large sample sizes, especially when related to health conditions with low base rates, such as suicide and suicidal behaviors. Also, to enhance feasibility, clinical utility, and uptake, such QMs need to incorporate common data elements (CDEs) that are easily collected during routine clinical care. The objective of this presentation is to: 1) discuss the importance of CDEs in targeted suicide prevention research, 2) highlight the challenges in developing QMs related to suicide prevention, 3) highlight how CDEs across settings, providers, and geographic locations informed the development and implementation of QMs related to quality improvement in suicide care, and 4) illustrate how CDEs in QM development research translates into changes in clinical practices and payment policies.

From Fragmentation to Consensus: A Call for Standardized Methods in Suicide Prevention Research.

Carli, Vladimir

Karolinska Institutet

Suicide prevention research has expanded substantially over recent decades, yet the field struggles with a persistent and underappreciated obstacle: the absence of standardized methods across studies. Heterogeneity in how suicidal ideation, self-harm, and suicide attempts are defined, measured, and reported creates fragmented evidence that is difficult to compare, synthesize, or translate into actionable prevention strategies.

Inconsistent use of terminology, assessment instruments, and outcome definitions undermines the cumulative scientific value of suicide prevention research. When studies employ divergent case definitions — conflating suicidal ideation with suicide attempts, or applying inconsistent thresholds for clinical risk — the resulting evidence-base becomes difficult to interpret at the individual study level and near-impossible to synthesize across studies. Meta-analyses and systematic reviews are consequently hampered by methodological rather than substantive heterogeneity, obscuring genuine signals of intervention effectiveness.

A related challenge concerns statistical power. Because suicide and suicide attempts are low-frequency outcomes, demonstrating intervention effectiveness requires extraordinarily large sample sizes, often beyond the reach of any single study due to the long timelines and substantial resources involved. Two complementary strategies are proposed. First, standardized measures and harmonized data collection protocols would enable merging of datasets across studies, institutions, and countries, transforming individually underpowered investigations into a collectively powerful evidence base. Second, consensus on intermediate or proxy outcomes — such as suicidal ideation severity, help-seeking behavior, or risk factor exposure — would allow smaller-scale studies to contribute meaningful, comparable evidence, provided these proxies are consistently defined and shared.

The presentation concludes with a call for coordinated joint action across the international rese arch community, advocating for development of consensus-based standardized measures under the auspices of the International Academy of Suicide Research (IASR) — leveraging IASR's global reach and the scientific expertise of its members to establish shared definitions, instruments, and reporting standards across diverse research contexts and populations worldwide.

Data Harmonization to Understand Impacts of Early Preventive Interventions on Suicidex.

Wilcox, Holly; Connell, Arin; Morgan-Lopez, Antonio; Musci, Raschelle; Epstein, Marina

Johns Hopkins University; Case Western Reserve University; RTI International; University of Washington

Harmonization techniques that combine data from multiple disparate research projects are particularly relevant to the study of rarer outcomes that require larger datasets to adequately power analyses, such as advancing research in suicide prevention. Data harmonization offers promise for examining early interventions in childhood that target upstream childhood and adolescent risk and protective factors. This presentation will focus on data harmonization efforts to understand how data from existing interventions could be leveraged to look for crossover effects on suicide and suicidal thoughts and behaviors (STBs). Crossover effects in suicide prevention refer to unintended, downstream benefits where programs designed for other purposes—such as social-emotional learning, substance use prevention, or family counseling—simultaneously reduce STBs. These programs target common risk factors including poor emotional regulation and lack of social connection. We will introduce a new data harmonization study that includes 32 discrete preventive intervention programs and over 50,000 individuals. The included trials were selected specifically to address known risk and protective factors at the family, school, community, and individual levels, rather than to target STB outcomes. The overarching goal of this collaboration is to systematically examine crossover intervention effects on STBs, as well as the mediators, moderators, and mechanisms underlying these effects. The presentation will showcase preliminary findings and discuss key methodological and conceptual issues facing this harmonization effort.

Turning Knowledge into Hope: Harnessing Common Data Elements to Advance Global Collaboration in Upstream Suicide Prevention Across Public Health

Posner Gerstenhaber, Kelly

Columbia University

Suicide remains a leading public health crisis worldwide, requiring innovative, data-driven solutions to enhance prevention and intervention strategies. A vast body of research has demonstrated that the use of a uniform suicide risk detection method has significantly advanced our understanding across all areas of suicidology, with a gamut of populations and communities. The integration of common data elements (CDEs) into public health suicide prevention and intervention models has facilitated groundbreaking insights into geographical locations with heightened suicide risk, enabling targeted prevention efforts, policy, and care delivery innovations.

The goal of this presentation is to synthesize extensive research findings and real-world case studies that demonstrate the impact of standardized suicide risk detection methodologies at the national and international levels. From being integral to federal policy initiatives, such as the National Suicide Prevention Strategy and the Federal Action Plan, to driving large-scale system integration across healthcare, education, and crisis response delivery, the CDEs have transformed and galvanized suicide prevention efforts within public health.

Slowing down to speed up innovation and increase credibility in suicide prevention research: The case for open science.

Kirtley, Olivia

KU Leuven

Science is undergoing a ‚credibility revolution'. As part of this, researchers are encouraged to follow a set of practices, sometimes called „open science" practices, designed to increase the transparency, reproducibility, and replicability of research. These practices include pre- and post-registration of research, Registered Reports, sharing of study materials, code, and data, and pre-printing. All of these are scientific skills requiring time and skill-learning investment from researchers, which is why the use of these practices has sometimes been termed „slow science". With a global public health problem as pressing as suicide, so-called slow science may seem a luxury we cannot afford. Yet, using open science practices may, in fact, be critical to achieving our suicide prevention research goals faster by facilitating scientific rigour, large-scale collaborative research, and rapid dissemination of knowledge.

SY2. The cultural turn in suicidology: challenging Western norms

Chair: Boedjarath, Indra (Praktijk Boedjarath, Netherlands, The)

Suicide research remains deeply shaped by Western psychiatric paradigms, often overlooking how culture, ritual, structural inequality, and identity meaningfully shape suicidal behaviour. This symposium brings together four complementary perspectives that situate suicide firmly within cultural contexts. Presentations address Western historical embeddings of suicide, cross-cultural funeral and mourning practices, racism and structural marginalisation as determinants of suicidality, and an innovative 'cultural autopsy' methodology that extends psychological autopsy beyond Western assumptions. Together, the contributions articulate an emerging niche in suicidology that foregrounds cultural, ritual, and structural determinants, offering novel conceptual and methodological directions for culturally responsive prevention.

The Western gaze in a global suicidology

Boedjarath, Indra

Praktijk Boedjarath

Suicidology often presents itself as empirically neutral, yet its foundational assumptions are deeply grounded in Western cultural and historical narratives. This presentation traces how meanings of suicide in Western thought, from classical antiquity through Christian moral discourse to modern psychiatry, continue to inform contemporary clinical framings of suicidal behaviour. Drawing on textual analysis, historical case material, and thematic continuities identified in research on ancient suicides, we illustrate how cultural scripts such as honour, shame, guilt, sacrifice, and individual moral responsibility are reproduced in present-day diagnostic language and public discourse.

Through comparison of historically documented suicides with modern clinical cases, we highlight striking parallels in emotional patterns, social interpretations, and symbolic meanings. Rather than treating suicide as a timeless universal phenomenon, this presentation demonstrates how Western epistemologies have shaped prevailing models of suicide, including risk-factor logic, autonomy-based explanations, and the medicalisation of despair.

We argue that recognising these cultural legacies is essential for two reasons. First, it exposes the limits of the presumed universality of Western suicidological models. Second, it opens space for alternative, culturally grounded interpretations from non-Western and minority communities whose experiences do not align with dominant paradigms.

Scientific contribution: This presentation reframes suicidology as culturally situated rather than epistemologically neutral, bridging the humanities and clinical science. It establishes a necessary foundation for developing culturally inclusive theories and interventions.

Racism, marginality, and suicidality: Structural determinants in cultural context

Blanker, Cynthia

Psychiatrie Rivierenland

Racialised and migrant communities face disproportionate burdens of suicidal distress, yet suicidology has historically framed their experiences through deficit-based or individualised models. This presentation examines racism (interpersonal, institutional, and structural) as a central determinant of suicidal behaviour. Drawing on minority stress theory, intersectionality, and evidence from epidemiological and qualitative research, we analyse how discrimination, exclusion, cultural invalidation, and intergenerational trauma shape vulnerability.

We highlight pathways through which racism contributes to suicidality, including chronic stress activation, identity conflict, restricted access to care, cumulative microaggressions, residential segregation, and sociopolitical marginalisation. These dynamics are often interpreted as individual psychopathology rather than systemic harm. We argue that this misinterpretation perpetuates epistemic injustice and hinders effective prevention.

The presentation also discusses how cultural identity, community resilience, and alternative explanatory models shape responses to distress. For many minority groups, suicidal behaviour is embedded within broader narratives of belonging, migration history, anti-Blackness, Islamophobia, coloniality, or diasporic loss. Recognising these contexts challenges the assumption that Western individualistic explanations account for all forms of suicidality.

Scientific contribution: This talk repositions racism as an active causal factor rather than a background variable. By integrating structural, cultural, and psychological perspectives, it provides an urgently needed framework for culturally and socially informed prevention strategies. This approach reframes suicide risk not as an attribute of racialised groups but as a consequence of systemic inequities.

Ritual, meaning, and mourning: Funeral rites and cultural explanations of suicide

Mac Nack, Lucille

Praktijk Mac Nack

Funeral rites and mourning practices surrounding suicide vary widely across societies, offering insight into how communities interpret, sanction, or integrate suicidal death. This presentation draws on ethnographic case studies and cross-cultural literature to examine how ritual responses to suicide shape meanings attributed to the deceased, the family, and the community. Examples include practices involving ritual purification, exclusion from communal burial grounds, reparation ceremonies, symbolic reintegration of the deceased, and protective rituals to prevent further suicides.

We analyse how these rituals are embedded within broader cultural models of cosmology, morality, spirituality, and kinship. In many settings, suicide is not viewed primarily through a psychological or medical lens but through concepts such as spiritual pollution, ancestral disturbance, community imbalance, or moral rupture. Ritual thus becomes a mechanism through which communities negotiate blame, restore order, and re-establish social cohesion.

By contrasting these practices with Western biomedical interpretations, we illustrate the limitations of suicide frameworks that ignore ritual, cultural meaning, and collective emotion. Furthermore, ritual responses often influence help-seeking behaviour, disclosure patterns, family narratives, and community prevention efforts. For migrant and minority groups, conflicting rituals or cultural scripts may create additional stress or misunderstanding within Western clinical settings.

Scientific contribution: This presentation demonstrates that ritual is not a peripheral cultural detail but a core determinant of how suicide is understood, communicated, and prevented. Incorporating ritual and cultural meaning into suicide research provides a richer foundation for culturally sensitive prevention strategies in increasingly diverse societies.

Beyond psychological autopsy: Introducing the cultural autopsy as a new methodological framework

Boedjarath, Indra

Praktijk Boedjarath

Psychological autopsy studies have long been considered a gold standard for postmortem analysis of suicide, yet they rely heavily on Western assumptions about selfhood, communication patterns, mental illness, and family reporting. This presentation introduces the Cultural Autopsy, a novel methodological framework that extends psychological autopsy by systematically examining cultural, ritual, social, and structural dimensions of suicide.

The Cultural Autopsy encompasses:

- cultural values, idioms of distress, and explanatory models;
- family and community structures;
- migration histories and minority stress;
- ritual practices, stigma, and cosmological beliefs;
- structural forces such as racism, poverty, and social exclusion;
- contextual events and collective narratives.

We outline methodological procedures including culturally informed informant selection, triangulation of qualitative and quantitative data, ethical considerations in multicultural contexts, and analytic strategies for integrating cultural and structural variables. Case examples from both migrant and non-Western settings illustrate how the Cultural Autopsy reveals dimensions of suicidal behaviour overlooked by conventional approaches.

Scientific contribution: By exposing the cultural limitations of psychological autopsy and providing a structured alternative, this presentation contributes a significant methodological innovation to the field. The Cultural Autopsy enhances validity, reduces cultural bias, and aligns suicide research with the realities of global and multicultural societies.

SY3. The Dynamics of Suicidal Behavior: Mapping Complexity to Improve Prevention

Chair: de Beurs, Derek (University Of Amsterdam, Netherlands, The)

Suicidal behavior is not driven by single risk factors but emerges from complex dynamical systems. Understanding this complexity is essential to developing more precise interventions. This symposium brings together state-of-the-art approaches: formal computational theory, network and causal modeling and dynamic time-series analysis to reveal how thoughts, emotions, and behaviors interact over time to produce suicidal crises. Findings highlight how dynamic approaches offer new clinical insights. Researchers will gain cutting-edge insights, methodological tools, and conceptual frameworks that are reshaping suicidology and guiding the future of personalized prevention.

Towards a computational model of suicidal behavior

Epelbaum, Valeria[1]; Krzhizhanovskaya, Valeria[1]; Borsboom, Denny[1]; O' Connor, Rory[2]; de Beurs, Derek[1]

[1]University Of Amsterdam; [2]University of Glasgow

Suicidology has produced a rich array of conceptual frameworks, such as the Integrated Motivational–Volitional (IMV) model, that describe why and how suicidal thoughts and behaviors emerge. However, many of these frameworks remain primarily verbal, which limits their ability to generate concrete predictions or link to clinical practice. One promising way forward is to formalize existing theories by expressing them in mathematical terms. Formalization translates qualitative concepts into precise mathematical relationships, making it possible to simulate individualized trajectories of suicidal thinking and responses to potential interventions.

As part of an ongoing project, we are developing a formalized model based on the IMV theory to represent the dynamic processes underlying suicidal thoughts and behaviors. This within-person model is not intended to be a stand-alone, but rather will form the psychological component of a broader agent-based model, allowing the exploration of how individual risk processes interact within social contexts. Although still at an early stage, this work aims to illustrate how formal modeling can be used as a new tool to understand patient variability and tailor interventions.

Temporal Dynamics of Suicidal Ideation: A Dynamic Time Warping Analysis of Depression, Anxiety, Worry, and Mastery

Gijzen, Mandy[1]; van der Slot, Abe[2]; Eikelenboom, M.[3]; de Beurs, Derek[4]; Penninx, Brenda[4]; Giltay, Erik[5]

[1]University of Groningen; [2]Leiden University Medical Centre; [3]Amsterdam University Medical Centre; [4]University Of Amsterdam; [5]Leiden University Medical Centre

Background: Suicidal ideation (SI) fluctuates over time, yet traditional static risk factors poorly align with its onset. Understanding dynamic symptom patterns may advance knowledge of the temporal interplay between SI and co-occurring symptoms in adults with depressive and anxiety disorders.

Methods: We analyzed six waves (at baseline, and after 2, 4, 6, 9, and 13 years of follow-up) of the Netherlands Study of Depression and Anxiety (NESDA; n = 305, mean age 40.8 years, 62% female) in participants with any SI fluctuation. Variables included depressive symptoms, anxiety, mastery, and worry. Dynamic Time Warping (DTW) quantified within-person temporal alignment between SI and other symptoms, and undirected networks visualized co-fluctuations. Analyses were stratified by age and sex.

Results: SI co-fluctuated most strongly with affective and anhedonic depressive symptoms, including sad mood, low capacity for pleasure, low general interest, pessimism, quality of mood, and decreased appetite. Select anxiety (terrified/afraid) and worry (overwhelming worries) items also aligned with SI, whereas mastery items did not. Patterns were broadly consistent across age and sex subgroups. Networks indicated that SI is embedded in depressive clusters but bridges to acute fear and persistent worry.

Conclusions: SI is a dynamic phenomenon closely linked to specific depressive, anxiety, and worry symptoms. Interventions targeting mood instability, anhedonia, and uncontrollable worry, combined with real-time monitoring, may improve personalized suicide prevention. DTW provides a framework to identify temporally proximal symptom patterns, supporting more precise monitoring

Comparing Suicide Attempt Reporting Across EMA and Clinical Interviews: Methodological Challenges and Implications

Spangenberg, Lena[1]; Serebriakova, Jana[2]; Eimen, Jannik[2]; Forkmann, Thomas[2]; Glaesmer, Heide[1]

[1]University of Leipzig; [2]University of Duisburg-Essen

Ecological momentary assessment (EMA) has become a central methodological approach in suicide research, enabling the real-time monitoring of suicidal thoughts and behaviors (STBs). However, likely due to the low base rate of suicidal behavior, only a small number of EMA studies have included suicide attempts (SA) as a behavioral outcome. The present analysis compares SA event rates derived from retrospective clinical interviews with those captured via event- and signal-contingent EMA prompts.

A sample of N = 331 psychiatric inpatients admitted due to a SA or suicidal crises was monitored for up to six months following discharge. Participants completed a high-frequency three-week EMA followed by a low-frequency 26-week EMA, assessing affective states and suicide ideation. Additionally, participants received a weekly signal-contingent prompt asking about SA during the preceding week and could report a SA event-contingent (i.e. self-initiate a survey) throughout the study. After both EMA phases, SAs were also assessed via structured clinical interviews conducted by telephone. Final follow-ups will be finished in April 2026.

So far, n = 31 attempts were reported in the interviews (by n = 28 participants). In EMA, higher event-rates appeared. Signal-contingent EMAs revealed n = 55 attempts (by 32 participants) whereas the self-initiated event-contingent EMA yielded 34 attempts (by 27 participants). Descriptive analyses and graphical representations will illustrate the degree of convergence and discrepancy among the three assessment approaches. Potential factors influencing reporting patterns - including affective dysregulation, reduced compliance or dropout, recall biases, and varying interpretations of what constitutes a SA - will be presented.

This study highlights key methodological challenges related to assessing and analyzing suicide attempts in EMA research. Findings will be highly relevant for evaluating the validity and completeness of behavioral data in suicide research and for improving the design of future real-time monitoring studies.

Within-person temporal dynamics of suicidal ideation with other symptoms, behaviors and stressors during the COVID-19 pandemic

Van der Slot, Abe[1]; Boonmann, Cyrill[1]; Eikelenboom, Merijn[2]; Gijzen, Mandy[2]; Kok, Almar[3]; de Beurs, Derek[4]; Penninx, Brenda[2]; Giltay, Erik[5]

[1]Leiden University Medical Centre; [2]Amsterdam University Medical Centre; [3]Vrije Universiteit Amsterdam; [4]University Of Amsterdam; [5]Leiden University Medical Centre

Background: Suicidal ideation (SI) is a significant global mental health concern, yet the dynamic interplay between SI and other symptoms remains poorly understood. Clarifying which symptoms co-fluctuate with SI over time may help to identify warning signals and actionable intervention targets.

Methods: Longitudinal data from three Dutch psychiatric cohorts of individuals with lifetime internalizing disorders spanning 16 waves from April 2020 until February 2022 (COVID-19 pandemic) were analyzed, including only participants with any fluctuation in SI over time. Variables included depressive, happiness, anxiety, loneliness, worry symptoms, and COVID-19-specific items. Dynamic Time Warping (DTW) was applied to quantify within-person (dis) similarity between symptom trajectories and SI, and results were subsequently aggregated at the group level.

RESULTS: The 307 participants were on average 44.8 years and 61.6% was female. Their average SI levels increased over the 16 waves ($p<0.001$). SI was significantly aligned with four depressive symptoms (i.e., sad mood, low self-esteem, low interest, and reduced happiness), two anxiety-related symptoms (i.e., fear of losing control, faintness), feeling abandoned, and overwhelming worrying. In a directed DTW analysis, sad mood and hypersomnia showed significant temporal precedence over SI ($p < 0.01$), suggesting that changes in mood and sleep may precede shifts in suicidal ideation.

Conclusion: SI co-fluctuated with emotional, anxiety, social and worry related symptoms, indicating that SI is not limited to depression, but embedded in broader symptom networks that may determine its onset and course. Directional analyses further point to mood and sleep disturbances as potential early indicators of SI. These findings highlight the value of time-sensitive monitoring approaches for uncovering the dynamic mechanisms through which suicidality emerges and intensifies.

Post-Attempt Suicide Risk in Hospitalized Self-Harm Patients: Network-Based Tests of the IMV Model

Laugalytė, Akvilė[1]; O' Connor, Rory[2]; Cleare, Seonaid[2]; de Beurs, Derek[1]

[1]University Of Amsterdam; [2]University of Glasgow

Suicide is a complex phenomenon influenced by several interacting risk factors. The risk is especially high after a suicide attempt or a non-suicidal self-harm episode. The Integrated Motivational-Volitional model addresses the complexity of suicidal behavior. Network analysis can help study the complexity of suicidal behavior as it allows for the analysis of both direct and indirect relations between variables. To date, the IMV model has mainly been validated using undirected networks on cross-sectional data. Under strict assumptions, causal networks can also be estimated, resulting in direction insights. The aim of the study was to explore the complexity of suicidal behavior by utilizing both undirected and causal networks within 366 patients treated in a hospital after an episode of self-harm. The findings indicate that internal entrapment appears to have a causal effect on external entrapment, perceived burdensomeness, and defeat, while perceived burdensomeness seems to further cause thwarted belongingness and impulsivity within the network. Additionally, depression, impulsivity, and suicidal ideation emerged as the most predictive factors of repeat suicidal behavior.

SY4. Methodological and ethical considerations in suicide research in diverse cultural contexts

Chair: Colucci, Erminia (Middlesex University London, United Kingdom)

This symposium examines innovative and ethically attuned methodologies for researching suicide and distress across diverse and marginalised populations. Drawing on arts-based, visual, and narrative approaches, the papers explore how creative and participatory methods can enable safer, more inclusive pathways for expressing lived experience while navigating stigma, vulnerability, and cultural complexity. Together, they interrogate how ethical frameworks shape research access, responsibilities, and knowledge production—particularly with youth, conflict-affected women, and culturally diverse communities. Collectively, the symposium argues for methodologies that prioritise relational ethics, cultural responsiveness, and participant agency to advance more person-centred and contextually meaningful suicide prevention research.

Visualizing the Suicidal Process from a First-Person Perspective Through Video Art

Amende, Evelien M.C.; Westerhof, Gerben J.; Sools, Anneke M.

Department of Psychology, Health and Technology, University of Twente, Netherlands

Qualitative research into suicidal experiences from first-person perspectives is usually based on verbal description. However, these experiences can be difficult to capture in words alone. As part of an artistic PhD, this study explores ways to visualize and gain multimodal insight into facing suicidal thoughts and imagery throughout the suicidal process. Audiovisual autoethnographic, narrative, and artistic research methods were applied. Primary data were collected through video-based self-observation of the presenting author's lived experience with suicidal ideation, complemented by participant observation within mental health care and the field of suicidology. The artistic output of the study is a one-hour five-screen video installation. The work is composed of a grid of facial close-ups over time, overlaid with a series of audiovisual small stories moving across screens. The grid depicts efforts of emotion regulation by externalizing and influencing thinking patterns, such as alternating between voicing core suicidal phrases and life-affirming ones. The small stories depict key moments involving people, places and activities, and sense-making of the suicidal episode. The analysis focuses on the development of the making process and the emotional-aesthetic experience of it, drawing on Hochschild's concept of emotion work and O'Connor's IMV model. Amid ethical issues, it offers insight into aspects of what it entails to visualize navigating suicidality over time, illustrating how senses, emotions, images, and actions come together in everyday experience. It also addresses how video in this specific context can enhance self-reflection. As a medium, the video installation enables a layered representation beyond language alone by presenting parallel perspectives and fragmented temporalities, while creating an embodied viewing experience for various audiences. The follow-up study employs design ethnography to develop a video art research tool for further examining first-person audiovisual narratives of facing suicidality, with a particular focus on aesthetic experience. Note: The video-installation is presented during ESSSB21.

Ethical Frameworks in Youth Suicide Research: Methodological Implications and Inclusion of Diverse Youth Populations

Aichberger, Marion

Medical University Vienna, Austria

This presentation draws on a scoping review covering the years 2016–2025, which is examining how ethical frameworks shape current research on youth suicide and suicidal behaviour. While ethical guidelines are designed to protect vulnerable participants, they also determine which populations can be included, which methodologies are permissible, and what types of knowledge can be generated. We explore how ethical responsibilities are conceptualised by researchers, how ethical requirements are operationalised across study designs, and how these intersect with regulatory environments, including data protection legislation and institutional safeguarding and ethics policies. Key themes include consent procedures, crisis management protocols, legal and institutional liability, and the origins and functions of ethical frameworks in suicide research. A central concern is the tension between participant protection and scientific validity, particularly when ethical constraints limit the ability to study high-risk or hard-to-reach groups. This includes migrant, refugee, and ethnic minority youth, for whom legal status, mistrust of authorities, and cultural norms may influence participation, risk disclosure, and data collection. We argue that ethical frameworks should be understood not only as protective mechanisms but as actively shaping research access, inclusion, and knowledge production.

Ethical and Methodological Considerations in Storytelling Research in Contexts of Conflict

Ahmad, Ayesha[1]; **Reynolds, Rodney**[2]

[1]City St George's, University of London; [2]University of Notre Dame

Storytelling research has become an essential methodological approach for understanding the lived experiences of individuals in contexts of conflict. Yet, when working with narratives of women affected by war, researchers frequently encounter ethically complex terrain—particularly when stories reveal profound hopelessness, implicit or explicit suicidality, and other expressions of psychological distress. This paper examines the ethical and methodological considerations involved in conducting narrative research with women in war-affected settings, with a focus on how researchers can responsibly engage with narratives that surface themes of despair while maintaining participant safety, autonomy, and dignity.

Drawing on emerging scholarship and our field-based reflections, the paper first interrogates the unique vulnerabilities faced by women in conflict: gender-specific violence, displacement, loss of kinship networks, and the collapse of social support structures. These experiences often materialize in storytelling as fragmented, hesitant, or metaphorically coded expressions of hopelessness. Methodologically, such narrative forms demand flexible, trauma-informed, and culturally attuned approaches to interviewing, interpretation, and analysis. Ethically, researchers must navigate the boundaries between documentation and intervention, manage emotional risk for both participants and research teams, and build safeguards that honour participants' agency without imposing external interpretations or pathologizing their experiences.

Ultimately, the paper argues for a framework of relational ethics in storytelling research—one that foregrounds trust, care, and ongoing consent, while recognizing the political and structural dimensions of suffering in conflict settings. By integrating ethical reflexivity with methodological rigor, researchers can more responsibly illuminate how women in war articulate despair, resistance, and meaning through narrative, contributing to a deeper understanding of the psychological impact of conflict and the transformative potential of storytelling.

Arts-based and Participatory visual methods in activist suicide prevention research

Colucci, Erminia

Middlesex University London

During this presentation, the author will discuss about the use of arts-based and visual participatory visual methods in suicide research from a variety of projects in the Global South and among culturally-diverse populations.

Examples will span from the latest ethnographic documentary project on domestic violence and suicide in the Philippines to participatory visual methodologies where the participants/ storytellers were directly involved in creating and making (i.e. filming, editing, distributing) their visual stories. Through these examples, the participants will be exposed to different techniques (from collaborative filming to digital storytelling to participatory video and photovoice), which were successfully adopted with a variety of populations: from people from migrant and refugee backgrounds in the UK and Australia, to urban and rural populations in South-East Asia.

The presentation will highlight the benefits and potentials of these decolonizing and inclusive methodologies to contribute to improving our understanding of suicidal behaviour and developing culturally-responsive and contextualized suicide prevention strategies.

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SY5. Self-destructive behaviour as a consequence of war: manifestations, approaches to intervention and prevention

Chair: Pyliagina, Galyna (Shupyk National Healthcare University of Ukraine, Ukraine)

The symposium is devoted to analysing the characteristics of self-destructive behaviour (SDB) in comorbidity with psychopathological disorders in military and different population groups in Ukraine in the context of the full-scale Russian-Ukrainian war (2022-2025).

The presentations show the manifestations of SDB in military personnel with depression and addiction, in those who have lost close ones in the war, refugees and internally displaced persons.

A separate report is a presentation on the characteristics of secondary traumatic stress (STS) in volunteers, which an equivalent form of SDB, and coping strategies for overcoming STS presented the personal experiences of volunteers.

Clinical-pathogenetic analysis of suicide risk in military personnel with combined pathology (dual diagnosis of addiction and depression). Protocols for crisis interventions to prevent suicidal behavior.

Chaikovskyi, Andrii; **Bilokur, Oleh**

National Military Medical Clinical Center of the Main Military Clinical Hospital (Kyiv, Ukraine)

The combined stress experienced by military personnel as a result of combat trauma, chronic fatigue, traumatic brain injury, and various psychological problems upsurges their risk of developing suicidal behavior (SB). Suicidal risk (SR) in military with such disturbances suggestively increased when joint with substance abuse (SA).

This presentation analyzes the differential diagnostics of SB, formed in the comorbidity with reactive depression and organic depressive disorders in conjunction with combined SA in military personnel during the Russian-Ukrainian war of 2022–2025.

Research data shows that asthenic-depressive symptoms resulting from prolonged participation in combat operations, the effects of multiple brain injuries, and experiencing a multitude of socio-psychological problems combined with chronic alcohol dependence and various drugs abuse, often as a form of "self-medication" for asthenia and emotional dysregulation, leads to a critical SR increase among military. A specific trigger for suicidal acts is asthenic-dysphoric impulsivity in the context of acute or repeated conflict situations.

The key pathogenetic link in high suicide risk in cases of combined pathology is the combined use of SA with pronounced asthenic-depressive symptoms. A significant disruption of regulatory neurobiological mechanisms (neurotransmission of biogenic amines and the GABA-glutamate system) reduces an individual's ability to engage in constructive coping and sharply increases impulsivity as key factor in the transition from suicidal thoughts to action.

Integrated protocols for complex crisis intervention methods have been designed to prevent SB among military personnel with dual diagnoses. It was proposed to apply psychopharmacotherapy and crisis psychotherapeutic intervention, including the principles of a trauma-informed approach, individual and specialized group work, which take into account the specifics of military service in wartime during the stages of rotation or inpatient treatment, ensuring the cessation of SA, reduction of depressive symptoms and SB aimed of preventing abuse relapse and suicides among military personnel.

The integrated therapeutic approach to treating persons who have lost their loved ones in war

Pyliagina, Galyna

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The presentation focuses on the complex therapy for persons with pathologically complicated grief who bereaved close ones in the Russian-Ukrainian war (2022-2025): military personnel killed or missing in action, held captive; relatives shot during the occupation or killed in bombings. In such cases, grief is complicated by the development of acute stress disorder, prolonged depressive reaction, dysthymia, and post-traumatic personality changes combined with various features of self-destructive behaviour (SDB) - suicidal thoughts, suicide attempts, and other equivalent forms of SDB.

Effective therapy in such cases is provided by an integrated therapeutic approach (ITA). ITA is based on the Trauma-informed Care approach (TIC) aimed at forming trust and treatment compliance, ensuring psycho-emotional personality stabilization, and preventing retraumatization in the active phase of grief. ITA is a complex of psychoeducation (explaining trauma-related reactions with a focus on finding and creating reliable social support), developing self-regulation skills, timely and adequate use of psychopharmacotherapy for severe depression accompanied by depersonalization/dissociation or dysphoric impulsivity in a comorbid combination with life-threatening variants of SDB, crisis psychotherapeutic intervention with a trauma-informed approach, and transition to long-term existential therapy. ITA allows us to create a model that provides safety for working with trauma in the post-traumatic grief stage, recognising loss not only as personal grief but also as a systemic consequence of the trauma that has been experienced, relieve depressive symptoms, and then use the therapeutic space for deep self-reflection, coping resources, and goal setting in the post-traumatic stage of life.

The implementation of ITA into the routine clinical practice of professional working with victimized populations helps minimize the long-term psychopathological consequences of trauma, prevent development of the chronic severe forms of SDB and reduce suicide risk, as well as maintaining an adequate level of social competence and quality of life.

Case Study Analysis of Trauma-Driven Self-Harm: Coping Mechanisms and Implications for Trauma-Informed Care in Ukrainian Clients Affected by War

Parkhomenko, Zhanna

Psychologist, Neighborhood development integration center (Kyiv-Vilnius)

This case study analysis examines how prolonged war-related trauma shapes the emergence of self-harm among Ukrainian clients (residents of Ukraine, internally displaced persons and refugees), highlighting self-injury as a maladaptive coping mechanism for managing overwhelming emotional and somatic distress.

Findings illustrate how continuous exposure to threat disrupts cognitive and affective regulation, increasing vulnerability to suicidal ideation and repetitive self-injuring behaviors. The analysis further identifies key trauma-specific patterns - such as dissociation, hyperarousal, and impaired interoceptive awareness - that influence the function and reinforcement of self-harm.

Many clients received counselling online counselling. Providing online counselling to patients with prolonged war-related trauma, suicidal ideation and repetitive self-injury ensured quick access to help in an environment to which the client was accustomed (at home), which contributed to faster stabilisation of their psycho-emotional state and a sense of control on the own life.

Implications for the Trauma-informed care emphasize the need for stabilization-focused, safety-oriented interventions that address both the traumatic context and the coping role self-harm plays in clients' psychological survival.

Between duty and exhaustion: secondary traumatic stress in the experience of volunteers: clinical manifestations as an equivalent form of self-destructive behaviour and coping strategies

Bartle, Yuliia[1]; **Sobolieva, Natalia**[2]

[1]NGO «DRIBNE SUZIR'YACHKO»; [2]NGO «Kinopanorama. Reboot»

This presentation analyzes the personal experience of volunteers coping with Secondary Traumatic Stress (STS) while assisting military personnel and populations affected by the Russian-Ukrainian war (2014–2025), particularly since the full-scale invasion in 2022.

STS (vicarious trauma) is a psycho-physical reactions' complex for specialists who are working in abnormal conditions with deep constant help for suffering people as indirect influence of the deep traumatic experience of another person for them.

The primary traumatic factors driving STS include personal psychological trauma from a anxiety about combat participation of relatives (close friends) or the death of them, constant stress time-pressed lifestyle, difficulties in organizing volunteer assistance, and profound helplessness when confronting the extensive consequences of war and the intense grief of others.

Psychopathologically, STS presents a symptom complex mirroring PTSD criterion: intrusion (involuntary flashbacks of traumatic scenes of death or funerals), avoidance, hyperarousal, and periods of anxiety or depression fueled by chronic fatigue, sleep deprivation as the exhaustion of adaptive resources. STS is often manifesting as an equivalent form of self-destructive behavior (SDB).

Crucially, the key factor enabling volunteers to persist is an existential resource: a profound sense of duty, responsibility, and the desire to help, even at personal risk.

This helps them to persevere in doing the necessary work, travelling to military units or residents of frontline areas who cannot obtain the necessary support in any other way. This awareness of their mission allows them to remain functional and humane. To prevent STS chronicity, volunteers emphasize accessible psychological recovery spaces—communication, art, and nature—as sources of «light and hope» contrasting the darkness of war.

Understanding their mission and finding individual ways to recover allows volunteers to provide essential first aid to military personnel and civilians exhibiting SDB who are unable or unwilling to seek professional help.

SY6. From Crisis to Care: Suicide Prevention in Emergency Department Settings

Chair: McCarthy, Molly (Liverpool John Moores Univeristy, United Kingdom)

Emergency Departments (EDs) are often the first point of contact for people experiencing suicidal crisis, thus, offering a unique opportunity for suicide prevention and intervention. This symposium will feature presentations from a number of studies examining suicide-related care within this setting, followed by a facilitated discussion. The objectives are:

- Understand ED help-seeking for autistic young people,
- Explore the coding of presentations for both children and young people, and adults
- Identify the factors that contribute to staff decision-making and patients receiving the incorrect code or no code,
- Explore an intervention to reduce hospital-admissions for self-harm.

Suicide Crisis and Self-Harm Attendance at Emergency Departments in Autistic Populations: A Systematic Review

Hunt, Anna[1]; Comerford, Lauren[1]; Ashworth, Emma[1]; Moores, David[1]; Schwartzman, Jessica[2]; Saini, Pooja[1]

[1]Liverpool John Moores University; [2]University of Southern California

Introduction: Research indicates that autistic people visit emergency departments (EDs) more often than those without autism, and experience higher rates of suicidal thoughts and behaviours. It is therefore important to understand how often autistic people visit EDs, for what reasons, and how best to offer support. This systematic review aimed to look at all the available literature focussing on ED attendance in autistic populations with a specific focus on suicidal thoughts and behaviours and self-harm.

Methods: Five electronic databases (MedLine, CINAHL, PsycINFO, Web of Science and Cochrane Library databases) were searched for three key concepts: (1) suicide, self-harm and suicidality (2) accident and emergency department and (3) autism. Three reviewers screened titles, abstracts and full papers independently against the eligibility criteria. Data synthesis was achieved by extracting and analysing study characteristics and findings. Included studies were quality assessed using the Quality Assessment Tool for Quantitative Studies (EPHPP).

Results: Twenty-four studies met the eligibility criteria. Studies were published from 2017 to 2025 and were of moderate methodological quality. The majority of studies (n=19) utilized a case series design analysing retrospective data from one hospital during a defined time period.

Discussion: The review highlighted increased use of EDs (e.g., multiple, repeat visits) in both adult and paediatric autistic populations when compared to the general population. Papers looking at autistic children and young people (aged under 30) made up a majority of the papers (n=17) and highlighted elevated ED attendance for suicidal thoughts and behaviours and self-harm. There are a number of implications for clinical practice including the importance of early identification and intervention with autistic individuals who may be at an increased risk for suicidal crisis. EDs are a crucial source of mental health care and provide a vital opportunity for suicide screening and signposting to relevant services.

Children and Young People Presenting in Emergency Departments in England in Suicidal Crisis: A Case Series Study.

Ashworth, Emma[1]; Provazza, Serena[1]; **McCarthy, Molly**[1]; Crosbie, Vivienne[2]; Saini, Pooja[1]

[1]Liverpool John Moores University; [2]Alder Hey Children's NHS Foundation Trust

Introduction: Suicide is a leading cause of death among children and young people (CYP) worldwide. However, while evidence exists regarding factors associated with suicide and self-harm, there is limited information available on the CYP who present in suicidal crisis, despite it being a well-established risk factor for death by suicide.

Aim: This study aimed to examine Emergency Department (ED) attendances for CYP in suicidal crisis, including demographic data, methods of recording patient attendance, the clinical pathways available and patterns of pathway usage, and differences in presentations before and after the COVID-19 pandemic.

Methods: This is a case series study of CYP experiencing suicidal crisis who presented at an ED at an English paediatric hospital between March 2019 and March 2021 (n=240). Clinical records were extracted and audited, and descriptive and inferential (t-tests, chi-square, regressions) statistical tests were conducted.

Results: Attendees were mostly white females (mean age 13.5 years), 24% had a diagnosed special educational need, most commonly autism, and a further 21% were suspected of having autistic traits. "Social/social problems" was the most commonly used code for recording attendance (38%), and care pathways were influenced by code use. A range of parental and familial factors were also identified as significant predictors. There were significantly more CYP presenting with self-harm in addition to suicide ideation after the pandemic began (43 vs 27% pre-pandemic).

Conclusion: This study provides the first clear insight into CYP in England who are experiencing suicidal crisis. Inconsistent codes are used to record hospital admissions for suicidal crisis in CYP, and this influences the clinical pathways CYP follow. Females, particularly those who are autistic and those whose parents are experiencing difficulties, are more likely to present in suicidal crisis. Work is now needed to develop effective prevention strategies tailored towards these groups.

'No Abnormality Detected': A Mixed-Methods Examination of Emergency Department Coding Practices for People in Suicidal Crisis.

McCarthy, Molly[1]; Saini, Pooja[1]; Nathan, Rajan[2]; Ashworth, Emma[1]; McIntyre, Jason[1]

[1]Liverpool John Moores University; [2]Cheshire & Wirral Partnership NHS Foundation Trust

Background: Accurate identification of suicidal crisis presentation to emergency departments (EDs) can lead to timely mental health support, improve patient experience, and support evaluations of suicide prevention initiatives. Poor coding practices within EDs are preventing appropriate patient care. Aims of the study are to (1) examine current suicide-related coding practices, (2) identify the factors that contribute to staff decision-making and patients receiving the incorrect code or no code.

Method: A mixed-methods study was conduced. Quantitative data were collated from six EDs across Merseyside and Cheshire, United Kingdom from 2019 to 2021. Attendances were analysed if they had a presenting complaint, chief complaint, or primary diagnosis code related to suicidal crisis, suicidal ideation, self-harm or suicide attempt. Semi-structured interviews were conducted with staff holding various ED positions (n=23).

Results: A total of 15,411 suicidal crisis and self-harm presentations were analysed. Of these, 21.8% were coded as 'depressive disorder' and 3.8% as 'anxiety disorder'. Absence of an appropriate suicidal crisis code resulted in staff coding presentations as 'no abnormality detected' (23.6%) or leaving the code blank (18.4%). The use of other physical injury codes such as 'wound forearm', 'head injury' were common. Qualitative analyses elucidated potential causes of inappropriate coding, such as resource constraints and problems with the recording process.

Conclusion: People attending EDs in suicidal crisis were not given a code that represented the chief presentation. Improved ED coding practices related to suicidal crisis could result in considerable benefits for patients and more effective targeting of resources and interventions.

Impact of the Hospital Outpatient Psychotherapy Engagement (HOPE) initiative on hospital admission for self-harm: A longitudinal synthetic control study

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[1]Liverpool John Moores University; [2]Lancaster University; [3]University of Liverpool; [4]Mersey Care NHS Foundation Trust; [5]Greater Manchester Mental Health NHS Foundation Trust

Background: Self-harm is a national and global public health priority. There is an urgent need to provide timely treatment for those who self-harm as it is the most important risk factor for suicide. This study aims to examine the effects of a nurse-led, hospital outpatient psychotherapy engagement (HOPE) service for self-harm on emergency hospital admissions.

Method: A longitudinal synthetic control study to compare the change in outcomes in the intervention population to a similar synthetic comparison group, five years before and three years after implementation. A hospital based, outpatient service providing psychotherapy for people who attended a North-West hospital in England for self-harm from 2017–2020. Emergency hospital attendances (accident and emergency attendance), emergency hospital admissions and emergency re-admissions for self-harm.

Results: The intervention was associated with 64% (95% CI: 43%-77%, $p<0.001$) fewer in self-harm related emergency attendances per 100,000 population in the treated area compared to the synthetic control group. No marked effects were observed for the admissions and reattendances outcomes.

Conclusions: We found some evidence that suggests there were fewer self-harm related emergency for treated areas. However, these results look to be due to an increase in the control areas rather than a reduction in the treated area and were not seen across other outcomes. The attendance rate increased in both groups in the post-implementation period, however the increase was much higher in the synthetic control group. The results of the additional sensitivity analysis indicate that the results should be interpreted with caution.

SY7. Men, Masculinity, and Suicidality

Chair: Manait, Jonas (113 Suicide Prevention, Trimbos-Institute, Leiden University, Netherlands, The)

Globally, suicide statistics are dominated by men, making male suicide a critical public health concern. This symposium explores male suicide and the influence of masculinity on factors contributing to men's vulnerability. It brings together research from four countries and a global meta-synthesis and systematic review, integrating perspectives to advance knowledge and inform prevention efforts. The studies draw on quantitative and qualitative datasets, such as surveys and psychosocial autopsy records, analyzed using diverse approaches. Together, these studies provide deeper insight into male suicide and the role of masculinity, demonstrating the importance of integrating this knowledge into prevention and intervention.

How do men define masculinity: a comparison of men with and without suicidal ideation

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Aims and objectives: Male suicides are often associated with masculinity norms that encourage certain behaviours that increase the risk of suicide. For example, research shows that restricted emotionality, avoidance of seeking help and self-reliance are associated with higher suicide risk. However, these pre-formulated aspects of masculinity do not necessarily reflect men's subjective opinions of what masculinity is to them. Researchers argue that it is important to consider personal views about what masculinity is, not only stereotypes about masculinity. This study aimed to reveal and compare the subjective opinions about the masculinity of men with and without suicidal ideation.

Method: 281 Lithuanian men answered the open-ended question during the survey: "What does masculinity mean to you?". The answers were analyzed using a content analysis method. We transformed qualitative data into quantitative and compared them statistically between two groups: men with and without suicidal ideation. Suicidal ideation was estimated with the Suicidal Ideation Attributes Scale (SIDAS).

Results: Overall, research participants mentioned various aspects of masculinity, including stereotypical attitudes toward masculinity (e.g. strength, stoicism, power, etc.), but the study also revealed the other, less known side of masculinity: family, relations with others, experience of emotions, providing support, etc. Men with suicidal thoughts were more likely to mention that masculinity is the control of emotions, intelligence, and decision-making. Men without suicidal thoughts were more likely to mention family and caring for it as essential aspects of masculinity.

Conclusion: The results showed that certain aspects of masculinity might be related to a higher risk for suicide, but the study also revealed that masculinity might be a source of coping. Men's suicide prevention strategies should consider both positive and negative aspects of masculinity.

'Denial, Disconnection, Dysregulation' - Risk factors for men who are suicidal and the role of cultural norms of masculinity

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In almost every country, men die by suicide at higher rates than women, yet major gaps remain in our understanding of what elevates men's risk.

We conducted a qualitative metasynthesis and systematic review of 20-years of studies with men who are suicidal and bereaved significant others to identify critical risk and recovery factors. We reviewed 78 studies representing insights from more than 1,695 people and used thematic synthesis to systematically compare and integrate findings.

In 96% of studies, we found evidence of an association between masculine norms and suicide risk. Masculine norms relating to male emotional suppression, failing to meet standards of male success, and the devaluing of men's interpersonal needs were associated with some men experiencing denial, disconnection, and dysregulation within three core psychological domains: 1) emotions (92% of papers), 2) self (76% of papers), and 3) interpersonal connections (82% of papers). These processes seem to be associated with 1) increasing men's psychological pain, and 2) diminishing men's ability to regulate that pain, which we suggest elevates distal/proximal suicide risk.

Addressing the male suicide crisis may require a gender-sensitive perspective that recognises how masculine norms shape men's psychological pain and the ways this distress is interpreted and responded to. Deepening our understanding of specific masculine norms and their potential harmful effects may be essential for developing effective male suicide prevention and intervention strategies.

Understanding suicide through a masculinity lens: lessons from a psychosocial autopsy

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Background: Similar to global trends, middle-aged men (40 to 70 years old) in the Netherlands have the highest risk of dying by suicide. Masculinity may substantially influence male suicide, yet its role has not been examined among middle-aged men who died by suicide in the Netherlands. This study investigates the role and psychological influence of masculine norms on mental health and suicidality. The goal is to enhance understanding of contributing factors and inform targeted suicide prevention strategies.

Methods: Through a psychosocial autopsy approach, 30 interviews were conducted between 2021 and 2023 with proxy-informants of 25 middle-aged men (M=54.6 years) who died by suicide. The 3D Model of Masculine Norms and Male Suicide Risk was employed as an analytical lens to examine how masculinity norms shape psychological domains the self, interpersonal relationships, and emotions.

Results: Cultural norms of masculinity (e.g., self-reliance, status, and strength) contributed to a pattern of escalating difficulties, worsening of overall well-being, and influenced suicidality. In line with the theoretical framework, norms related to failing to meet standards of male success (e.g., job-loss), devaluing interpersonal needs (e.g., isolation), and emotional suppression (e.g., alcohol use) were connected to a dysregulation in psychological domains the self, interpersonal connections, and emotions. The perpetuation of these norms by the environment was notable, sometimes evident from a young age.

Conclusion: This study underscores the impact of cultural norms of masculinity on men's mental well-being and suicidality, and demonstrates how this theoretical perspective can yield new understandings of suicide risk. Suicide prevention efforts should not only work to maximize opportunities to address the role expectations experienced by men, strengthening interpersonal connections, and reducing emotional suppression, but also advocate for broader societal changes.

U.S. Beliefs about the Warning Signs of Adolescent Male Suicide

Canetto, Silvia Sara; Winters, Amber; Krmpotich, Emily

Colorado State University

Introduction: Suicide is a leading cause of mortality for adolescent males in the United States (CDC, 2024). According to suicide-scripts theory (Canetto, 1997, 2021), cultural norms of gender and suicidality, including gendered beliefs about warning signs, contribute to culture- and age- specific female and male suicidality-patterns (Canetto & Sakinofsky, 1998). A limitation of past research about warning signs is that it has not examined warning signs by sex, age and culture.

Method: Building on the method of past suicide warning-signs research (Canetto et al., 2023), this study examined U.S. beliefs about adolescent-male suicide warning-signs. Participants (N=279; 50.2% "White", Mage= 19.9 years, 49.8% female) completed a survey assessing adolescent-male suicide warning-signs beliefs (i.e., "In my community most people believe that common warning signs of suicide in adolescent … males . . . are:___") and respondents' personal views about the reported-beliefs. Braun and Clarke's (2006) thematic-analysis method was used to organize the responses into themes.

Results: A commonly-reported community belief was that major changes in mood and behavior are warning signs of adolescent-male suicide. Many participants reported the belief that adolescent males do not give warning signs: "it can be difficult to … see warning signs with young males," said a respondent. Some beliefs varied by respondents' sex and history of suicidality. Male respondents were more likely to report the belief that depression and giving away possessions are warning signs. Individuals with personal history of suicidality were more likely to report the belief that talking about suicide is a warning sign. Most participants (74.2%) agreed/strongly agreed with the community beliefs that they reported.

Conclusions: This study's findings give clues to beliefs that may interfere with male-suicide prevention. For example, the view that adolescent males do not give warning signs might reinforce the false belief that adolescent male suicide cannot be prevented.

Intimate partner violence and suicidality among Australian males: A longitudinal analysis

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Introduction: Evidence links interpersonal violence (IPV) with suicidality, but little is known about this relationship among males.

Objectives: To examine cross-sectional and longitudinal associations between IPV use and exposure and suicidality (suicidal ideation and attempts) among Australian adult males.

Methods: Data were drawn from the first three waves of the Australian Longitudinal Study on Male Health, collected two and six years after baseline. IPV exposure (feeling frightened, physical harm, forced sexual activity) and IPV use (causing fear, physical harm, forced sexual activity) were assessed. At Wave 1, we examined associations between IPV and lifetime suicidal ideation and attempts. At Waves 2 and 3, we analysed whether IPV at Wave 1 predicted suicidal ideation and attempts within the past 12 months. Modified Poisson and logistic regression models were used.

Results: At Wave 1, 30.3% of participants reported IPV exposure, 23.7% reported IPV use, and 15.7% reported both. IPV exposure (RR = 1.85; 95% CI: 1.69–2.02) and IPV use (RR = 1.96; 95% CI: 1.79–2.14) were significantly associated with lifetime suicidal ideation. Those exposed to IPV were nearly three times more likely to report a lifetime suicide attempt (OR = 2.83; 95% CI: 2.27–3.54), while those who used IPV were more than twice as likely (OR = 2.36; 95% CI: 1.89–2.94). At Wave 2, IPV exposure (RR = 1.53; 95% CI: 1.28–1.84) and use (RR = 1.85; 95% CI: 1.55–2.22) predicted suicidal ideation, and both were associated with increased odds of suicide attempts. By Wave 3, these associations were no longer evident, suggesting risk diminished over time.

Conclusion: Findings highlight the need to integrate IPV and suicide prevention efforts and to provide sustained mental health support to males who experience or use violence.

SY8. Suicide in vulnerable populations across the globe, recent innovations and implications for prevention efforts

This symposium integrates innovative epidemiologic, clinical, and biological research on suicide in vulnerable populations globally. Presentations draw on nationwide registry data from Spain and the United States, population-based cohorts from France, and clinical and community samples from Chile, highlighting convergent and context-specific patterns of suicide risk. Topics include rising suicide and self-harm among youth and pre-teens, disparities linked to race, migration, and socioeconomic precarity, sex-specific biological profiles among suicide attempters, and the long-term impact of childhood sexual abuse across countries and settings. Together, the symposium underscores how structural, developmental, traumatic, and biological vulnerabilities intersect, informing context-sensitive suicide prevention strategies.

Suicide in Vulnerable Populations in Spain and the United States: Recent Insights from Nationwide Epidemiologic Studies

Martinez-Ales Garcia, Gonzalo

Mount Sinai Hospital, USA

This presentation will synthesize a decade of work leveraging nationwide registry data from Spain and the United States to examine suicide risk in vulnerable populations. By comparing two high-income countries with markedly different social structures, migration patterns, and lethal means availability, the talk will highlight how cross-national epidemiologic analyses can illuminate shared mechanisms and context-specific risk factors. The first part will focus on Spain, drawing on population-based analyses from 2000–2023. Recent national registry studies show steep increases in non-lethal intentional self-harm (NLISH), particularly among adolescents and young adults, alongside relatively stable suicide mortality. Detailed stratification reveals patterns by sex, age, clinical comorbidity, and notably suicide method, with increasing use of high-lethality methods in selected groups. The presentation will emphasize geographic heterogeneity and the critical role of rurality as a structural determinant: older adults in rural provinces exhibit higher suicide rates, distinct method profiles, and unique temporal trajectories. Age-period-cohort analyses further show that foreign-born individuals remain a persistently high-risk group, with method-specific vulnerabilities and strong cohort effects. The second part will present complementary findings from the United States. Nationwide demographic, spatial, and method-specific studies show rising suicide risk in underserved populations, including the recent acceleration of suicide among Black girls and women. U.S. research using county-level modeling highlights pronounced socioeconomic and geographic gradients, strong associations with firearm availability, and clear spatial clustering of youth suicides. Age-period-cohort analyses illustrate how sex, race, and firearm involvement shape generational differences in suicide risk. Additional studies of COVID-19-related mobility restrictions and economic distress provide insight into how acute societal shocks affect mental health and suicide-related behaviors. Taken together, the evidence from Spain and the United States demonstrates how advanced time-series modeling, spatial epidemiology, and method-specific analyses can uncover population vulnerabilities and guide targeted, contextually appropriate suicide prevention strategies across very different health and social systems.

Trends and Disparities in Pre-Teen Suicide: Analysis of U.S. Deaths Among 8-12 Year-Olds in the US National Violent Death Registry, 2016-2023

Keyes, Katherine

Columbia University, USA

While suicide in pre-teens aged 8-12 remains relatively rare in the United States, the rates have substantially increased across the last 10 years. Understanding patterns and risk factors is critical for developing targeted prevention strategies during this developmentally sensitive period. This presentation examines temporal trends and disparities in suicide deaths among pre-teens aged 8-12 years in the United States, utilizing data from the National Violent Death Reporting System (NVDRS) from 2016 to 2023. We analyze demographic characteristics, precipitating circumstances, and method-specific patterns across the eight-year study period. Our analysis reveals significant disparities by race/ethnicity, with particular attention to elevated rates among Black youth and American Indian/Alaska Native children. Sex differences in both rates indicate emerging shifts in the traditional male-to-female ratio observed in older adolescent populations. We identify distinct patterns in precipitating factors, including family relationship problems, school difficulties, and history of trauma or abuse. The analysis also examines geographic variation and the role of means availability, particularly focusing on firearm access patterns. Youth with documented mental health treatment history, those experiencing recent crises, and children exposed to suicide contagion are particularly vulnerable, suggesting ample opportunities for scaling interventions. These findings have important implications for suicide prevention efforts, suggesting the need for developmentally appropriate, culturally responsive interventions among increasingly young children that address the unique vulnerabilities of pre-teen populations while acknowledging substantial heterogeneity in risk factors across demographic groups.

Suicide risk among victims of sexual abuse in different countries and clinical settings

Porras-Segovia, Alejandro

Fundacion Jimenez Diaz University Hospital, Spain

Sexual abuse in childhood is a major public health concern, affecting millions worldwide and placing survivors at heightened vulnerability for a wide range of mental health difficulties. These experiences may disrupt emotional regulation, interpersonal functioning, and neurobiological development, contributing to long-term psychological fragility. Identifying the specific pathways that link early trauma with later mental health crises is essential for guiding prevention and early intervention strategies.

Against this backdrop, we present evidence from a large UK population-based cohort, providing insights into how early sexual abuse relates to later self-injurious thoughts and behaviours (SITB). In a sample of 219,581 individuals followed from childhood into young adulthood, a recorded history of sexual abuse between ages 8 and 14 emerged as a strong marker of later SITB. These findings highlight the long temporal span over which early traumatic experiences may shape vulnerability.

We have found similar associations in a cohort of 388 Chilean adolescents attending an outpatient mental health clinic. Thus, among adolescents receiving psychiatric care, sexual abuse was highly prevalent and increased the odds of suicide attempts, even after adjusting for psychiatric comorbidity and emotional dysregulation.

Moreover, our data from two Emergency Departments in Spain, comprising 1837 children and adolescents, shows that sexual abuse is associated with a higher risk of reattempting suicide.

These findings from different countries and different clinical settings highlight the relevance of sexual abuse as a predictor of SITB in young populations.

To explore the mechanisms of this associations, we carried out a meta-analysis and identified impulsivity as a significant mediator in the association between childhood trauma suicidal behaviour. This mechanistic pathway suggests that early trauma may alter affective and cognitive control systems in ways that heighten vulnerability to high-risk behaviours later in life.

Precarity, sex, and routine blood markers in suicide attempts: evidence from a large French population-based cohort

Lengvenytė, Aistė

University of Montpellier, France

Socio-economic precarity and sex are major determinants of suicidal behaviour, yet in biological research deprivation is usually adjusted away and sex effects are rarely examined.

In this cross-sectional analysis of 10,353 adults from the French Constances cohort, we defined three age- and sex-matched groups (N=3,451 each): healthy controls without psychiatric history, affective controls without lifetime suicide attempt, and individuals with a suicide attempt history. Precarity was captured by the EPICES deprivation score. From fasting blood, we derived markers of insulin-resistant dyslipidaemia (TyG index, triglycerides), erythrocyte indices (red blood cell (RBC) count, MCV-to-RBC ratio), platelet-to-RBC ratio, and neutrophil-to-lymphocyte ratio. Standardised linear regression models with hierarchical adjustment for age, sex, BMI, deprivation, depressive symptoms, alcohol use and smoking compared markers across groups. Models were repeated in strata defined by deprivation (EPICES ≤30 vs >30), sex and age (<50 vs ≥50 years as a proxy for menopausal status in women).

Social deprivation affected 12%, 25% and 45% of healthy controls, affective controls and suicide attempters, respectively. Beyond this social gradient, suicide attempters showed a distinctive biological profile: higher TyG vs affective controls ($\beta = 0.08$, 95% CI 0.03–0.13) and triglycerides, lower RBC, and higher MCV-to-RBC and platelet-to-RBC ratios in adjusted models, whereas inflammatory indices were largely explained by deprivation, health behaviours and depressive symptoms. In stratified analyses, observed signatures were stronger among non-deprived, and attenuated in deprived individuals. In addition, in women, particularly those aged ≥50 years, an erythrocyte–macrocytosis pattern predominated, while in men a more insulin-resistant and platelet-rich profile was seen.

In conclusion, biological profiles associated with a history of suicide attempt differed across levels of precarity and between men and women. These findings challenge "one-size-fits-all" biomarker approaches and support suicide prevention strategies that combine structural interventions on deprivation with sex- and context-aware use of biological information.

Suicidal Behavior Among Migrant and Non-Migrant Adolescents in Spain: Results from a Prospective Emergency Cohort

Peñuelas-Calvo, Inmaculada

12 de Octubre University Hospital, Spain

This presentation summarises findings from a prospective cohort study conducted at a major child and adolescent psychiatry emergency department in Madrid. The study examined how a migrant background influences suicidal behavior in adolescents. Using data from 1,281 young people followed for twelve months, it identified clear differences between non-migrant, first-generation, and second-generation adolescents, showing how migration-related factors and psychosocial adversity shape risk. Suicidal behavior was the leading reason for emergency consultation, with migrants presenting proportionally more suicidal episodes, while non-migrants more often sought care for emotional or behavioral concerns without self-harm. Method-specific patterns reinforced this gradient, as migrants more frequently presented with drug ingestion and cutting, indicating a more severe baseline self-harm profile. These baseline patterns provide essential context for understanding later risk trajectories.

Longitudinal analyses showed that these disparities persisted. Survival curves revealed that second-generation migrants transitioned to suicidal behavior most rapidly, followed by first-generation youths, whereas non-migrants experienced the longest survival. This pattern suggests that vulnerabilities associated with migration accumulate over time, particularly among adolescents born in the host country to foreign-born parents. Multivariable Cox models identified female sex, older age, prior suicidal behavior, and psychosocial adversities—abuse, family conflict, bullying, eating problems, low socioeconomic status, and family psychiatric history—as strong predictors of suicidal acts. Notably, a migrant versus non-migrant comparison showed no adjusted differences, but distinguishing between generations revealed that only second-generation status significantly increased risk.

Overall, the findings indicate that second-generation adolescents are particularly vulnerable. They show more severe self-harm behaviors and progress more rapidly to suicidal behavior over time, even when extensive sociodemographic and clinical factors are considered. This pattern highlights the heterogeneity within migrant populations and underscores the need for suicide prevention strategies that account for generational status, structural adversity, and the psychosocial context shaping the daily lives of migrant families.

SY9. Workplace Special Interest Group: Rethinking Workplace Suicide Prevention: Innovation, Strategy, and Implementation Science

Chair: Thomas, Sally (Sally Spencer-Thomas LLC, United States of America)

This symposium rethinks workplace suicide prevention by showcasing innovation, strategy, and implementation science across diverse safety-critical sectors. Presentations examine co-developed training models for public safety personnel, a multi-level implementation science evaluation of H.O.P.E. Certification, emerging postvention strategies in the U.S. construction industry, trau ma-response case studies from first responder settings, and a brief workplace-based training pro gram shown to increase employee confidence. Together, these studies highlight scalable, eviden ce-informed approaches that integrate upstream prevention, crisis response, and postvention. The symposium advances a forward-looking research agenda focused on organizational readiness, cul tural transformation, and the systematic implementation of effective suicide-prevention strategies.

Co-developing online suicide prevention training with national public safety agencies.

Genest, Christine; Geoffrion, Steve

Université de Montréal

Public safety personnel, including police officers, firefighters, paramedics, and correctional officers, are frequently exposed to potentially traumatic events in the course of their duties. This repeated exposure to such events is a risk factor for operational stress injuries, which include post-traumatic stress disorder, depression, anxiety, substance abuse, and suicidal behaviors. In 2018, in Canada, 10.1% of PSPs reported having suicidal behaviors (ideation, plan, or attempt) in the past year (Carleton et al., 2018). Other risk factors, such as organizational culture, mental health stigma, access to resources, and barriers to seeking help, can amplify the difficulties experienced by this population. This issue related to suicide risk among PSPs has prompted the Department of Public Safety to take action to reduce stigma, raise awareness of the phenomenon among all PSPs, and equip them to take care of themselves and their. The Department then collaborated with researchers from the trauma study center and CRISE who have expertise in suicide prevention among PSPs to develop training for PSPs in collaboration with PSPs. It was in this spirit of partnership that an online training course for PSP was developed. This conference will present how this training was developed in close collaboration with the MSP and members of the PSP. The challenges of such a collaboration will also be discussed, as will the benefits.

Evaluating a Multi-Level Implementation Model for Workplace Suicide Prevention: Findings from the Colorado H.O.P.E. Certification Cohort in Safety-Critical Industries

LLC, Sally

United Suicide Survivors International

Workplaces are increasingly recognized as essential settings for suicide prevention and postvention, particularly in safety-critical industries where psychosocial hazards, cultural barriers, and structural challenges elevate risk. The H.O.P.E. Certification (Helping Our People Elevate through tough times) offers a novel, cohort-based, year-long implementation model that integrates upstream, midstream, and downstream suicide-prevention strategies into organizational systems. This presentation summarizes evaluation findings from the Colorado cohort -- five organizations across construction and healthcare -- supported by United Suicide Survivors International and Colorado's Office of Suicide Prevention.

Methods: A mixed-methods evaluation included 11 pre- and post-surveys, assessment of organizational deliverables, and qualitative case studies. Measures focused on changes in knowledge, confidence, intention to disseminate learning, leadership engagement, resource literacy, and perceptions of psychological safety.

Results: Participants demonstrated significant increases ($p < .05$) in content knowledge, confidence in suicide-prevention skills, and intention to share learning. Organizations reported strengthened leadership engagement, improved mental-health resource literacy, increased Employee Assistance Program utilization, and enhanced perceptions of psychological safety. Case examples showed varied but meaningful transformation: a construction firm implemented lethal-means safety education and "pay-it-forward" community events; a healthcare system expanded peer-support networks and storytelling initiatives to address burnout; and a contractor advanced a tiered training model linked to improved retention. Collectively, these examples highlight how lived-experience-driven design, structured accountability, and third-party verification support sustainable cultural change. Findings reinforce the need for comprehensive, scalable frameworks that move beyond isolated trainings toward systems-level implementation.

Conclusion: The H.O.P.E. Certification offers a replicable model for rethinking how workplaces reduce suicide risk, respond to crisis, and build cultures of safety, dignity, and connection. Practical recommendations emerging from the evaluation include strengthening leadership buy-in, standardizing evaluation tools, expanding inter-industry learning, and developing sector-specific toolkits to support sustained cultural and operational change.

Suicide Postvention in the US Construction Industry - The First 48

Gaal, John

Worker Wellness, Missouri Works Initiative

This session focuses on the need for an acute suicide postvention response in the US construction industry. This researcher proposes that there is a need to rethink suicide research and prevention due to the disconnect between the three legs of the Suicide Triangle: Prevention, Intervention, and Postvention. This notion was further confirmed after receiving 8 post-suicide calls over a 12-week period in Q3-2024. These calls served as the impetus for this researcher's attempt to partially shift this industry's focus from suicide prevention and intervention also to include postvention care for loss/attempt survivors. With the guidance of his mentor, Dr Pamela Hatton in England, he designed and implemented a multi-phase mixed-method research pilot project that included surveys, interviews, and a focus group (Note: Informed consent was obtained from and self-care information provided to every participant at each stage). This researcher sought input from a range of participants across five countries. The project includes insights from nearly 80 Loss Survivors, Attempt Survivors, First Responders, Construction Professionals, and Researchers/Practitioners. Additionally, the researcher incorporates lessons learned from 2 distinct impactful auxiliary experiences:

1. Research Tour: Scotland and England in early June of 2025. Wherein, he attended a 2-day Suicide Researchers Conference at the University of Glasgow, followed by a visit to Dunblane for a 2-day Workplace Postvention training, and finally, to share research findings, to date, with a group of invited attendees at Canterbury Cathedral; and
2. Discussions: With no less than five globally-recognized subject matter experts for tips on designing and implementing postvention guidebooks, etc., based on their trials and tribulations within their specific sectors of related interest.

As per the Focus Group phase of this study, this researcher intends to produce the following End Products: articles, a guidebook, training(s), and a video to capture and disseminate the findings of this pilot project.

Case Studies in Organizational Trauma Response: Lessons from Suicide-Related Incidents in High-Risk Workforces

Gaer, Sarah

SEG Consulting

Trauma is an increasingly common experience within workplaces, yet many organizations remain unprepared to respond effectively when it occurs. This presentation highlights the urgent need for trauma preparedness by examining how inadequate structures, unclear procedures, and insufficient communication can intensify harm for employees and leaders alike. Drawing from two compelling case studies -- one involving one suicide attempt that later resulted in a suicide death and one suicide death within the fire service and law enforcement settings -- this session will illustrate the profound organizational impact of traumatic events and the consequences of insufficient response.

Through these case studies, participants will explore how employees perceived a lack of leadership action leading up to the incidents, including missed opportunities for intervention and limited access to support resources. The cases also reveal significant gaps in the post-incident process: the absence of structured return-to-work plans after a suicide attempt, unclear expectations for reintegration, and the lack of a coordinated organizational response following a suicide death. These failures not only affected individual employees' well-being but also undermined trust, morale, and psychological safety across the workforce.

Building on these lessons, the presentation will offer practical, scalable recommendations for trauma preparedness applicable across industries. Central to these recommendations is the development of a critical incident command structure tailored specifically for trauma response. This model outlines clear roles, decision-making pathways, and time-sensitive actions to ensure that leaders, supervisors, and support personnel can act swiftly and cohesively. Additionally, the session will introduce a prepared communication plan that guides internal and external messaging, reduces confusion, and promotes organizational transparency during and after traumatic events.

Participants will leave with concrete tools to strengthen support organizations' readiness for high-impact events, enhance employee support, and foster a culture where trauma is recognized, addressed, and met with competent, compassionate leadership.

No One to Lose – Workplace: Impact of a Brief Workplace-Based Training on Employees' Confidence in Responding to Suicide Risk

Garcia de Presno, Torstein

RVTS

Background: Workplaces can be valuable arenas for suicide prevention, as colleagues are often among the first to notice signs of distress. No One to Lose – Workplace is a brief, team-based training program designed to strengthen employees' confidence in responding to potential suicide risk. The program combines short instructional films with guided group reflection. Organizations receive preliminary telephone guidance but conduct the sessions internally, making the intervention low-threshold, flexible, and suitable for integration into ordinary workplace routines.

Method: A quantitative pre–post design was applied using anonymous online questionnaires (pre: n = 396; post: n = 186). Participants rated their confidence on a 1–10 scale across three domains: recognizing suicide risk, addressing the topic directly, and providing support. Descriptive analyses compared score distributions before and after the training. Implementation outcomes included course completion, teamwork during exercises, and managerial involvement.

Results: Implementation was largely successful, with most participants completing all training elements and engaging in team discussions, often with managerial participation. The largest gains were observed in participants' comfort with discussing suicide directly and providing support, while confidence in detecting suicide risk showed moderate improvement. Overall, score distributions shifted toward higher confidence levels. Qualitative responses were predominantly positive, emphasizing the program's importance, relevance, practicality, and role in reducing stigma. Some participants requested more time, clearer crisis procedures, and additional tools. Interest in advanced training options was substantial, indicating readiness for continued competence development.

Conclusion: A brief, team-based workplace program can enhance employees' confidence in addressing suicide risk, particularly through open dialogue and supportive action. Managerial involvement and collective reflection appear important for impact. While self-report and the lack of a control group limit causal claims, findings suggest that low-threshold, discussion-based training can strengthen organizational readiness for suicide prevention.

SY10. Influencing suicide on tracks through changes in infrastructure and AI-based monitoring

Chair: Hadlaczky, Gergö (Karolinska Institutet, National Centre for Suicide Research and Prevention, Sweden)

Evidence from Europe, Australia and Cananda on the feasability of prevention of suicide on railways is piling up. In this symposium the effect of means restriction through optimized railway infrastructure is reported. Next, it is being shown that distinguishing between accident and suicide is not always straighforward. Monitoring of numbers of suicides depends on correct classification. Improved ways of working are proprosed. Finally, two seperate projects focus on detecting suicidal behaviour with the help of artificial intelligence, increasing the possibility of in-time interventions.

Large-scale means restriction: The effect of a major railway infrastructure program on suicide

Clapperton, Angela; J Spittal, Matthew; Pirkis, Jane

Centre for Mental Health and Community Wellbeing, University of Melbourne

Introduction: Beginning in 2015, a large-scale railway infrastructure program in Melbourne, Australia has resulted in level crossings being progressively removed. Our previous study conducted when 41 crossings had been removed showed there was a reduction in railway suicides close to removal sites. The aims of this current study were to determine whether: (1) railway suicides have continued to decline close to removal sites (now 88 sites); (2) there has been a reduction in railway suicide overall; and (3) there is evidence of substitution to other methods as the railway track has become restricted.

Methods: We classified Victorian Suicide Register data for the period January 2010 to June 2025 into three mutually exclusive categories: (1) railway suicides, (2) other non-residential suicides and (3) residential suicides. Each suicide was cross-joined to every level crossing removal site and flagged if they occurred within various buffer distances. We used Poisson regression models to estimate incidence rate ratios (IRRs) for pre- versus post-removal periods.

Results: Our dataset comprised 10,333 suicides, 5.1% occurred on railways, 20.5% in other non-residential locations and 74.4% in residential settings. We observed reductions in railway suicides of 54% within 500m of removal sites (IRR = 0.46), 49% within 1000m (IRR = 0.51), 36% within 2000m (IRR = 0.64) and 16% overall (IRR = 0.84). In contrast, other non-residential suicides showed no significant change at the 500–2000m buffers (IRRs 0.97–1.28) and a slight increase overall (IRR = 1.13). Residential suicides increased modestly, with IRRs ranging from 1.05 overall to 1.28–1.29.

Discussion: The reductions in railway suicides were greatest closest to removal sites, supporting the intervention effect. By contrast, the small increase in other non-residential suicides was only observed at distances of 5km or greater, suggesting it might be more indicative of a background rise in suicides rather than method substitution.

Accident or suicide? New registration procedures and improved classification of suicide vs accident deaths on the Swedish railways: an interrupted time series analysis of years 2000–2023

Andersson, Anna-Lena[1]; Liss, Gisela[2]; **Sokolowski, Marcus**[1]

[1]National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institute (KI), Stockholm, Sweden; [2]Swedish Transport Agency, Borlänge, Sweden

Death by suicide is a major societal issue, affecting railways in particular. However, the numbers of suicides have likely been underestimated, by being misclassified as accidents. In the year 2016, Sweden finalized the introduction of more extensive investigation procedures to resolve more deaths by suicide. Before year 2016, railway fatalities with undetermined suicidal intent were simply classified as accidents by default, unless forensic autopsies or police decided otherwise. During the years 2016–2023, all fatalities were evaluated by using a special investigation form and undetermined or drug use deaths were further investigated by a psychosocial investigator.

An expert group then classified these deaths as suicide or accident. We evaluated the effect of these altered procedures by interrupted time series (ITS) models using the official statistics concerning the percentage of deaths reported as suicides (%suicides). Over the entire study period, %suicides increased from ~75 % to ~87 %.

Using ITS models accounting for a roll-in implementation period (2012–2016), displayed the best fit compared to alternative competing models, as well as a significant increase of %suicides by at least ~4 % during the period after 2016 per se and ~10 % if including the roll-in period. The effect after 2016 was mediated by a decline in the official accident counts, but more detailed classification data suggested that this was rather due to a reduction of undetermined causes of deaths. We conclude that the more extensive classification procedures reduced the misclassification of suicides as accidents, whereby we recommend its continued usage.

Effects of AI-Based Video Surveillance on Suicides and Suicide Attempts in The Stockholm Metro System: A Controlled Interrupted Time Series Study

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National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden

AI-based video surveillance has been suggested for some time as a possible way to reduce suicides and suicide attempts in rail settings, but there has been no proper evaluation of its effects. In this study, we examine an automated camera system (AI-CCTV) used in the Stockholm Metro. The system reacts to certain predefined behaviours at stations and allows staff to act earlier in situations that may otherwise lead to a person-under-train (PUT) event.

We applied a Controlled Interrupted Time Series (CITS) design together with an ITS analysis, using data from 2010–2022. The models were adjusted for seasonality, long-term trends, and other factors that might influence the outcomes. Stations without AI-CCTV served as controls. The primary outcome was PUT due to suicidality (suicides and non-fatal suicide attempts). Secondary outcomes were suicide due to PUT (key secondary outcome), individuals safeguarded for suicide risk, PUT due to accidents, and cancelled train services linked to trespassing and PUT.

After the introduction of AI-CCTV, the patterns in the data suggest fewer PUT events related to suicides and non-fatal suicide attempts at the intervention stations. Similar tendencies were seen across the different modelling approaches, and we found no clear indication of incidents shifting to nearby stations. Detailed results will be presented at the conference.

We will also outline the next steps to improve the system's effectiveness. Based on current findings, the Stockholm Metro is preparing a pilot of a fully automated link between the video analysis system and direct alerts to train drivers for behaviours judged to be especially high-risk, aiming to shorten response times and strengthen the preventive effect.

Taken together, AI-CCTV seems to be a practical and scalable addition to suicide prevention in rail environments, particularly where larger infrastructural solutions such as platform screen doors are difficult to implement.

Real-time Intelligent Video Surveillance Using Spatio-Temporal Action Recognition to Identify People at Imminent Risk of Attempting Suicide in Urban Transit Stations

Mishara, Brian[1]; Naaimi, Safwen[2]; Bouachir, Wassim[2]; Bilodeau, Guillaume-Alexandre[3]

[1]Université du Québec à Montréal; [2]Université du Québec (TÉLUQ); [3]Polytechnique Montréal

All urban transit systems (metro, subway, underground) that do not have physical barrier systems that impede accessing the rails, have suicide deaths and attempts. Installation of barriers that open when the train is in station effectively eliminate suicides and accidents by being hit by a train or touching high voltage rails. Although newly constructed stations often have barriers, most existing stations do not. The costs to install barriers in older stations is high. Some interventions, such as elevated rails so trains can pass over a person, and public service posters advertising suicide prevention helplines can prevent some suicide injuries and fatalities.

Mishara and colleagues (2016) analysed video recordings of all people who attempted suicide in the Montreal metro over 2 years to identify their pre-attempt behaviours. They identified behaviours unique to people who are going to attempt suicide and combinations of behaviours associated with high ris. These behaviours that did not occur or rarely occurred in metro users who do not attempt suicide.

Since humans cannot continually watch videos from over 1000 cameras to identify people at risk, we explored using computerized skeletal-based action recognition with deep learning architectures. We developed a skeleton-based spatio-temporal action recognition model (SSTAR) to recognize rapidly in real-time video streams identified pre-suicidal behaviours. SSTAR was tested and perfected with several human motion datasets, including Montreal metro videos. SSTAR demonstrated high performance across datasets, with high recognition accuracy and computational efficiency. Ongoing testing in several Montreal metro stations shows promise for alerting controllers to immediately slow trains entering the station and sending personnel to offer help to people. After extensive pilot testing, if confirmed to be effective, SSTAR will be implemented in all stations and its effectiveness in preventing suicides will be evaluated over several years, while continuing to improve its accuracy, efficiency and user interfaces.

SY11. Beyond Blame: Psychodynamic, Organisational, and Postvention Perspectives on the Impact of Patient Suicide on Clinicians

Patient suicide is one of the most distressing and poorly supported events in a clinician's pro fessional life, yet postvention remains fragmented, inconsistent, and often shaped by blame and fear. This symposium brings together international experts to examine the emotional, ethical, and organisational impact of patient suicide on mental health professionals. Papers explore qualitative evidence on psychiatrists' experiences, psychodynamic understandings of suicide and defensive practice, the role of structured postvention training, and the deeper wo unds of moral injury. Collectively, the symposium offers evidence-informed recommendati ons to support recovery, strengthen systems, and foster compassionate, non-blaming cultures.

Impact of Patients' Suicide on Psychiatrists: An exploratory qualitative study and recommendations for better aftercare

Vellinga, Astrid[1]; **Dekker, Nienke**[2]

[1]Mentrum, part of Arkin, Amsterdam; [2]Mentrum, part of Arkin, Amsterdam

Experiencing a patient's suicide can have a considerable emotional and behavioral impact on psychiatrists. Knowledge about good aftercare for them is still lacking. We did an exploratory qualitative descriptive study using semi-structured interviews conducted with five psychiatrists working at a large Dutch mental health institution. Our goal was to gain more insight into the impact of suicide on them and how to improve their recovery.

Five themes were distinguished: emotional impact, stacking and workload, taking responsibility, feelings of being held accountable and perceived support. Suicides made a profound emotional impression on all psychiatrists. Experienced emotions varied in nature and duration. Due to the accumulation of incidents and workload, the psychiatrists experienced little room for recovery. They felt a great responsibility to provide good aftercare for family and colleagues as well as to manage formal matters properly. They also felt that they are held accountable. Emotional support from colleagues was experienced as very valuable. Practical support was missed.

In the symposium, we will present our results and discuss how both emotional and practical support in the aftermath of a patient's suicide can be provided to psychiatrists. We will present our ideas and suggestions on how to make a joint approach from fellow practitioners as well as policy makers. On of our suggestions is a buddy system, that will be implemented in our mental health organization in 2026. In the symposium, we will present the first experiences with this buddy system.

Rethinking Suicide Prevention: From Prediction to Understanding

Gibbons, Rachel

University College London

This paper draws on recent evidence to question the long-standing assumption that suicide can be reliably predicted. Despite decades of research, prediction accuracy has not improved, and risk-assessment tools demonstrate extremely low positive predictive value. Suicidal behaviour arises from complex interactions of psychological, social, cultural, and somatic factors, many of which fluctuate rapidly or remain unarticulated. Equally, suicidal ideation is widely misunderstood: most who express it do not die by suicide, while many who die never express such thoughts. The paper argues that ideation often reflects symbolic capacity and psychic pain, not immediate lethality.

The common conflation of self-harm and suicide further distorts clinical and research approaches. While self-harm may express distress and maintain connection, suicide reflects a collapse of connection and a wish to escape unbearable psychic pain. Examining these together risks obscuring their distinct psychodynamic functions.

The paper also critiques the assumption that mental illness causes suicide or that psychiatric admission ensures safety. Only a minority of those who die by suicide have had recent service contact, and suicide rates are markedly elevated during admission and post-discharge. Institutionalisation, regression, and abrupt loss of structure may all increase vulnerability.

Ultimately, the paper argues that overemphasis on prediction creates fear-driven, defensive practice and fuels blame and scapegoating when suicide occurs. A more effective approach involves acknowledging uncertainty, engaging with the psychodynamics of suicidal states of mind, supporting mourning, and focusing on relational, compassionate, and evidence-informed care rather than unrealistic expectations of prevention.

Postvention Trainings – An important contribution to prepare mental health professionals for the aftermath of patient suicide and introduce constructive approaches to cope with it in mental health settings

Seibl, Regina

Pro mente tirol, SUPRA, Austria

Patient suicide can have a profound and significant impact on mental health professionals. Their well-being, professional identity, ability to work, and collegial relationships can all be severely strained and they often experience a range of grief reactions: shock, devastation, guilt, anxiety and even trauma symptoms. Unfortunately, patient suicide is not uncommon. Up to 81 % of all psychiatrists and approximately 60 % of all psychologists, psychotherapists, and social workers experience at least one patient suicide during their career (Castelli Dransart et al. 2017, Chemtob et al. 1988, Gibbons et al. 2019, Leaune et al. 2021). Losing patients to suicide is an occupational hazard. Nevertheless, many teams are not prepared for this tragic event and do not provide necessary support. This can have long-lasting negative consequences for mental health professionals: doubts regarding their own competence, insecurity and fear when dealing with suicidal patients and loss of trust in colleagues and superiors. Some even leave the professional field. However, targeted and sufficient support from superiors and colleagues aids significantly with processing the consequences of patient suicide in a constructive manner.

Therefore it is recommended that teams and organizations develop guidelines for dealing with patient suicide and complete postvention trainings. This ensures adequate preparation, both professionally and in terms of employee support. Postvention trainings aim to raise awareness of the frequency of patient suicide, anticipated reactions to this event and its far-reaching consequences. They introduce different models of postvention in mental health settings and encourage the use of resources within teams and organizations to foster an open, non-blaming and constructive approach to patient suicide. Furthermore, these trainings offer participants an opportunity to reflect on and evaluate their past experiences of patient suicide. In general, postvention trainings contribute to the understanding that postvention is an integral part of suicide prevention.

Moral Injury: Healing Clinicians' Deeper Wounds Following a Patient Suicide

Marchese, Paula

Coalition of Clinician Survivors - U.S.A.

Drawing on her extensive work with over 200 clinicians who have lost patients to suicide or murder-suicide, this presentation examines the profound crisis of professional and personal identity born out of what can best be understood as a deep and potentially catastrophic experience of moral injury. This violation of the provider's core professional imperative, to prevent patient suicide, strikes at the heart of a clinicians' professional identity. For those who bring a deeply personal desire to help, it can challenge their moral compass and shake the core of one's humanity.

Embedded in the language and fundamental to many suicide prevention frameworks, trainings emphasizing the preventability of suicide while utilizing overly simplistic risk assessments with misleading prognostic assumptions inadvertently contribute to the devastating impact of a patient loss. Regardless of training, experience, or clinical competency, too often the failure to prevent a patient's suicide is perceived as causal responsibility for their death prompting too many providers to leave the field and a shocking number to become suicidal themselves. Recommendations for 'self care' and the implementation of 'restorative just practices,' when offered, can help but are often inadequate in undoing earlier messaging and healing these deeper wounds.

The subsequent need to protect oneself from further injury inflicted by another potential suicide can obscure objectivity, impair clinical judgement and place both clinicians and patients at increased risk. Preliminary qualitative and quantitative findings from anonymous surveys of nearly 40 clinicians who completed 10-week support groups identify blind spots in their suicide prevention trainings that contributed to poor patient outcomes contributed to the extent of injury they suffered. Recommendations for both suicide prevention and postvention are offered highlighting the efficacy of short term support groups to help mitigate harm, foster healing, and promote post-traumatic growth among clinicians navigating this potentially life changing occupational hazard.

SY12. Sleep Disturbance and Suicide Risk: Mechanisms, Moderators, and Interventions

Chair: Muehlenkamp, Jennifer (University of Wisconsin-Eau Claire, United States of America)

Sleep disturbances are a robust, often overlooked, transdiagnostic risk factor for suicidal thoughts and behaviors (STBs; Baldini et al., 2024; Romier et al., 2023). However, the mechanisms of this risk relationship are poorly understood, and most studies fail to examine short-term associations (Liu et al., 2020). This symposium brings together four unique studies using diverse methodologies across developmental ages, populations, and settings to evaluate how different facets of sleep disturbance and its treatment affect near-term suicide risk. Collectively, these studies address key research gaps, showing that resolving sleep problems may improve cognitive and emotional processes, thereby circumventing STBs.

Insomnia, nightmares, and the role of defeat and entrapment on current suicide ideation in adolescent

Brausch, Amy; Kalgren, Taylor

Western Kentucky University

Introduction: Several studies have identified the association between sleep disturbances, particularly insomnia and experiencing nightmares, and suicide risk in adolescents (Fernandes et al., 2021). Mechanisms for the relationship between sleep disturbance and suicide risk are still being explored. A handful of studies have examined defeat and entrapment as possible mechanisms in this relationship. However, existing studies have focused on college student samples or lifetime suicide ideation as the outcome variable (Bradford et al., 2022; Russell et al, 2018). The current study examined defeat and entrapment as mediators in the relationships between insomnia and current SI, and nightmares and current SI, in a community sample of adolescents. It was expected that nightmares and insomnia symptoms would indirectly associate with current suicide ideation severity through defeat and entrapment.

Methods: Data were collected from 425 high school students (Mage = 15.64, SD=1.23; 50.8% female; 72.4% white). Adolescent participants were recruited from high schools in the south-central U.S; researchers visited schools and administered self-report questionnaires. Measures assessed defeat and entrapment, insomnia symptoms, nightmares, and current suicide ideation severity.

Results: Two serial multiple mediation models were run using PROCESS with insomnia or nightmares as the independent variable, defeat and then entrapment as the mediators, and SI severity as the dependent variable. Mediation models were significant and showed that both insomnia symptoms and nightmares were indirectly related to suicide ideation severity through defeat and entrapment. The full model for insomnia accounted for 43% of the variance, and the model with nightmares accounted for 42.5%.

Conclusions: These results provide additional evidence that current sleep disturbances are associated with current suicide ideation severity and provide additional support for defeat and entrapment as possible mechanisms in this relationship. Sleep disturbances in adolescents are a modifiable risk factor for suicide and should be studied further as targets for intervention.

When Sleep Falls Short: Amplifying Death-Oriented Cognitions and Suicide Risk

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Introduction: Death-oriented implicit associations with the self are a risk factor for suicidal ideation (SI) and reflect underlying cognitive vulnerabilities not captured by self-report. The death/suicide implicit association test (d/s-IAT) objectively measures death-self oriented implicit associations and evinces criterion validity for SI (Millner et al., 2018). Poor sleep is associated with worsening SI and may compound the effects of other risk factors (Liu et al., 2020; Russell et al., 2019). As such, lower total sleep time (TST) may amplify death-self oriented vulnerabilities, driving worsening SI over time. However, the compounding (i.e., average) and variable (i.e., change) effects of sleep problems on death-self orientation and SI is unknown.

Methods: This study measured the relationship between d/s-IAT scores and SI moderated by weekly average within-person stability and variability in TST in 132 college-students with a past month history of SI. Participants used actigraphy during a 28-day daily-diary ambulatory phase, completed self-report assessments (i.e., suicidal intent), and completed d/s-IAT each week.

Results: Results of multilevel mixed effects models indicated that average weekly TST moderated the relationship between weekly d/s-IAT and SI; the association was strongest at low (-1 SD) levels of TST (B=.55, SE=.13, p<.001), non-significant at high (+1 SD) levels of TST (B=-.05, SE=.13, p=.683). Variability of weekly TST moderated the relationship between weekly d/s-IAT and SI (B =-.004,SE =.001, p<.001); the association was strongest at low (-1 SD) levels of TST variability (B=.42, SE=.12, p < .001), non-significant at high (+1 SD) levels of TST variability (B=.03, SE=.13, p=.826).

Discussion: Stable lower TST amplifies the effect of death-oriented implicit associations captured by the d/s-IAT, driving worsening SI over time. However, lower (not higher) variability in TST compounded the effects of death-oriented implicit associations on SI suggesting short-term improvements in sleep (i.e., higher variability) may support SI stabilization.

Sleep and suicide risk in two independent samples of US Military personnel

Brown, Lily A.[1]; Lin, Tao[1]; Bredemeier, Keith[2]; Lynch, Kevin[1]; Wiley, Joshua[3]; Gehrman, Phil[4]; Taylor, Daniel J.[5]; Pruiksma, Kristi[6]; Khazem, Lauren R.[7]; Baker, Justin C.[7]; Young, Johnnie[7]; Farabaugh, Danielle[8]; Bryan, Craig J.[9]

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Introduction: The middle of the night is a period characterized by increased risk for suicide, yet little is known about mechanisms underlying this effect. This presentation will describe the results from two independent investigations of the association among sleep and suicide in military personnel using real-time ecological momentary assessment (EMA). In both studies, daily/nightly-level associations among sleep and suicide risk are explicated, as well as mechanisms of action for this effect.

Method: Sample 1 includes 34 Veterans in a residential treatment unit for PTSD who completed daily EMA of sleep, cognitive control, and suicide risk for 28 days. Sample 2 includes 90 active-duty U.S. military personnel and Veterans following an acute suicidal crisis who completed daily EMA of sleep, PTSD, depression, suicidal beliefs and suicide risk for 28 days. Mixed effects models evaluate associations among these variables.

Results: In both samples, the middle of the night (between 0000 and 0400) was characterized by significant elevations in suicidal urges on the Suicide-Visual Analogue Scale (S-VAS), with a highest standardized incidence ration of 14 .43 (at 0200) in Sample 1 and 14.646 (also at 0200) in sample 2. In sample 1, both nocturnal wakefulness and sleep quality predicted worsened next-day S-VAS ($p < .05$), which was partially mediated by self-reported cognitive control accounting for 7% of the variance in the effect. In sample 2, sleep quality and nightmares were both associated with worsened next-day S-VAS, which was partially mediated by PTSD symptoms and depression severity.

Conclusions: Self-reported sleep is an important predictor of next-day intensity of suicidal urges, which is mediated, in part, by deficits in cognitive control, PTSD symptoms, and depression symptoms. These findings highlight opportunities to potentially design and deliver real-time sleep interventions to military personnel in an effort to circumvent suicide risk escalation that night and the next day.

Breaking the link: rapid decoupling of insomnia and suicidal ideation in brief cognitive behavioral therapy (BCBT) for suicide prevention

Bryan, Craig J.[1]; Pruiksma, Kristi[2]; Taylor, Daniel J.[3]; Baker, Justin C.[4]; Brown, Lily A.[5]; Khazem, Lauren R.[4]

[1]University of Vermont Larner College of Medicine; [2]University of Texas Health San Antonio; [3]University of Arizona; [4]Ohio State University; [5]University of Pennsylvania

Introduction: Multiple randomized clinical trials (RCTs) demonstrate that brief cognitive behavioral therapy (BCBT) reduces suicide attempts and suicidal ideation. One proposed pathway involves the weakening of interdependent relationships among cognitive-affective states.

Methods: Using data from a recent RCT, we compared BCBT, which includes some insomnia-focused procedures, and present-centered therapy (PCT), a problem-solving focused therapy that does not address insomnia, on session-by-session trajectories of insomnia severity and suicidal ideation assessed with the Insomnia Severity Index (ISI) and the first 5 items of the Scale for Suicide Ideation (SSI-5).

Results: Mixed effects modeling showed that changes in ISI and SSI-5 scores significantly differed between treatments. In BCBT, insomnia and suicidal ideation improved rapidly within the first 3 weeks and then stabilized thereafter. In PCT, insomnia initially worsened before returning to baseline, and suicidal ideation showed little change. Between-group differences in ISI and SSI-5 scores were observed by week 2: ISI, $F(1,493)=4.6$, $p=.033$, and SSI-5, $F(1,490)=10.4$, $p=.001$. Dynamical systems analyses indicated ISI and SSI-5 scores were coupled in PCT but not BCBT, indicating insomnia and suicidal ideation were interconnected over time in PCT but changes in one were unrelated to changes in the other in BCBT. Eigenvalue decomposition analysis revealed negative determinants in both groups (PCT=-0.046, BCBT=-0.011), indicating patients in both treatments showed small, diminishing adjustments when returning to equilibrium, but patients in BCBT returned to equilibrium nearly twice as fast, suggesting greater resilience to disruptions.

Conclusions: Overall, these findings suggest the de-coupling of insomnia from suicidal ideation is a possible mechanism through which BCBT reduces suicide attempt risk.

SY13. Preventing Suicide in Public Places

Chair: Griffin, Eve (University College Cork & National Suicide Research Foundation, Ireland)

Restricting access to means of suicide is a core feature of suicide prevention and many suicides occur in public places. In order to respond to deaths by suicide that occur in public places, there is a need to develop measures which effectively intervene or prevent suicides occurring at these sites. This symposium will present a range of international research on this topic, including an up-to-date systematic review and meta-analysis, in addition to case studies from Ireland and South Korea on preventing suicides on bridges and waterways.

Preventing suicide in public places: A Systematic Review and Meta-analysis

McTernan, Niall[1]; Aloeristok, Emilie[1]; Murphy Meehan, Audrey[1]; Martin, Gregory[2]; Hamilton, Douglas[2]; **Griffin, Eve**[1]

[1]National Suicide Research Foundation, Cork, Ireland; [2]National Health Improvement, Health Service Executive, Dublin, Ireland

Introduction: Restricting access to lethal means is a key component of suicide prevention activities, particularly activities which reduce access to means of suicide in public spaces. However the impact of interventions varies across studies due to differences in population characteristics and geographical regions. The aim of this systematic review and meta-analysis was to establish the effectiveness of interventions to prevent suicide in public places

Methods: 8,643 records identified through searches of four databases; PubMed, Embase, PsycINFO and Scopus from April 2015-July 2025. The Joanna Briggs institute (JBI) Critical Appraisal Checklists was used to critically appraise included studies. A meta-analysis was conducted to assess the effectiveness of interventions.

Results: In total, 19 articles included in review including articles from Asia, Oceania, Europe and North America. Of these, 9 studies examined suicides on rail systems and 10 studies suicides by jumping from a height, while17 papers include restricting access to means, 3 papers focused on encouraging help seeking and 2 papers on increasing the likelihood of interventions by a third party. All included studies reported a reduction in the average yearly suicide rates following installation of interventions.

Conclusions: There was strong evidence that interventions to reduce access to means can significantly reduce the incidence rates of suicide. Appropriately designed physical barriers on public structures such as bridges and quays and restricting access to sites such as cliffs can be very effective. Although the collective evidence is weaker, interventions to encourage help-seeking (also significantly reduce suicide rates. Likewise, interventions to increase the likelihood of intervention by a third party (e.g., patrols or CCTV) were shown to significantly reduce suicide rates when implemented together with other interventions.

Implementation and Evaluation of a Real-Time Suicide Surveillance System in Ireland

Arensman, Ella[1]; **Andriessen, Karl**[2]; Ryan, Martin[3]; Hennebry, Donagh[3]; Griffin, Eve[1]; Bettella, Sofia[1]; Corcoran, Paul[1]

[1]School of Public Health, University College Cork; [2]Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, University of Melbourne; [3]Health Service Executive, Ireland

Background: The public health prevention model of suicide prevention begins with and relies heavily on surveillance data. Access to a real-time suicide surveillance system will assist in preventing suicide at locations where people frequently take their lives and a timely response. Between January 2019 and May 2022, a pilot Suicide Observatory was conducted in County Cork, Ireland, to examine the feasibility for suicide prevention, which was expanded to County Kerry in April 2021.

Methods: The Suicide Observatory pilot study recorded data on all deaths in County Cork in which the circumstances of the death were consistent with a probable suicide, based on internationally validated screening criteria. Data on probable suicide cases from coroners in County Cork was collected on a fortnightly basis from the coroners.

An independent evaluation was conducted of the pilot Suicide Observatory by the University of Melbourne in 2024-2025.

Results: During the Suicide Observatory pilot study in County Cork, a total of 166 cases of probable suicide were recorded. The majority of coronial verdicts, 44%, were explicitly classified as suicide. For 34%, verdicts remained pending, as definitive conclusions had not yet been reached for legal or procedural aspects. The majority of the deceased were male (78%), and the age range was 12 to 84 years. In terms of ICD classified methods, hanging, strangulation, and suffocation were the most prevalent methods, accounting for 65.1% of cases.

Based on the independent evaluation, the Observatory data was considered of high quality, with demographic and cause-of-death information over 98% complete and acceptable sensitivity and predictive values. The Observatory had demonstrated timely interventions, including increasing safety at public locations and informed resource allocation.

Conclusion: Based on implementation and evaluation of the pilot Suicide Observatory and its impacts on suicide prevention, upscaling and wider implementation of the Suicide Observatory, is recommended.

Real-time suicide mortality data: Implications for preventing suicide in public places

Ryan, Martin; **Hennebry, Donagh**

HSE Mental Health Services, Health Service Executive, Ireland

Background: The aim of this presentation is to demonstrate the potential benefits of suicide prevention actions that have been implemented based on data obtained through a real-time suicide reporting system (the Suicide Observatory) in Counties Cork and Kerry, Ireland.

Suicide statistics in Ireland are generally obtained from Central Statistics Office data. However, the coroner court system can take up to three years to determine a cause of death, and as a consequence, timely and accurate suicide data are not available.

Methods: Counties Kerry and Cork have had a real-time suicide surveillance system in operation since 2019. Resource Officers for Suicide Prevention contact the Coroners every 2 weeks in order to obtain pre-inquest data on probable cases of suicide, based on screening via internationally validated screening criteria.

Results: An overview will be presented of suicide prevention initiatives, directly informed by real-time suicide mortality data, including the erection of support signage in areas with increased numbers of suicide, multi-agency measures to increase safety near waterways, the development of resource booklets and mitigating misinformation in the media in relation presumed suicide clusters. Pre-post implementation data shows that the number of suicides had reduced 2 years following initial implementation of suicide prevention measures at locations near waterways.

Conclusion: Having access to real-time suicide surveillance data, facilitates early identification, intervention and prevention of suicide in public places. Real-time suicide surveillance systems also provide the required information to identify emerging suicide clusters and emerging methods involved in suicide, and providing a timely response to people affected by suicide, including multi-agency approaches. Real-time suicide data also serves an important purpose in verifying potential misinformation in relation to suicide trends and clusters.

The effectiveness of a structural intervention in preventing suicidal behaviours at a bridge in South Korea and its influence at nearby bridges

Shin, Sangsoo[1]; Pirkis, Jane[1]; Spittal, Matthew J.[1]; Too, Lay San[1]; Lee, Sounju[2]; Clapperton, Angela[1]

[1]Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Australia; [2]Korea Foundation for Suicide Prevention, Republic of Korea

Introduction: Restricting access to suicide means at high-risk locations is an established prevention strategy. However, evidence on whether such interventions lead to displacement to nearby sites remains limited, particularly when accounting for environmental similarities and proximity. We aimed to assess the effectiveness of a safety barrier installed on one bridge in South Korea and its potential impact on four nearby bridges with similar characteristics.

Methods: We analysed eight years of annual suicide deaths and emergency service call-outs for suicidal events at the intervention bridge and four comparison bridges. The barrier was installed in December 2016. Rate ratios (RRs) were estimated for pre-intervention (January 2013–December 2016) and post-intervention (January 2017–December 2020) periods to evaluate changes at the intervention site and pooled effects at comparison sites.

Results: Across all sites, 287 suicides and 2,245 call-outs were recorded. Suicides at the intervention bridge decreased significantly after the barrier installation (RR = 0.37; 95% CI: 0.26–0.54). No significant increase in suicides was observed at the four comparison bridges (pooled RR = 1.37; 95% CI: 0.99–1.90). Emergency call-outs declined at the intervention bridge (RR = 0.89; 95% CI: 0.80–0.99) but increased at comparison bridges (pooled RR = 1.47; 95% CI: 1.14–1.90) during the post-intervention period.

Conclusions: Installing a safety barrier substantially reduced suicides at the intervention bridge without clear evidence of displacement to nearby bridges. Our findings underscore the need for initiatives to streamline a broader approach in site-based intervention, by not only considering intervention sites but also similar sites in close proximity.

SY14. Building a Think Tank for the Next Generation of Suicidologists and Suicide Prevention

Chair: Reidenberg, Daniel (National Council for Suicide Prevention, United States of America)

Despite growth in people, funding, national strategies and programs, current approaches have not resulted in a significant, sustained and global reduction in suicide deaths as the suicide rate has basically gone unchanged for over 100 years. We are building a Think Tank for the next 50 years in which we will review the field's history and propose state-of-the-art recommendations for the future. Our goal is to include many voices from around the world and use this panel to both share ideas and hear from participants on how to design the Think Tank.

Clinical Efforts at Innovation in Suicide Prevention: Complex but Looking Forward

Sinyor, Mark

Sunnybrook Health Sciences Center

Clinical efforts at innovation in suicide prevention remain a complex and challenging topic. Numerous interventions that specifically target suicide have been investigated in recent years including creation and refinement of specific psychotherapies (e.g. CBT for Suicide Prevention), pharmacological treatments (e.g. ketamine), improvements to health systems (e.g. Zero suicide), detection and monitoring (e.g. ecological momentary assessment), and suicide prediction (e.g. machine learning techniques). Although each type of intervention has some scientific evidence, there remain fundamental questions about the role of suicide-specific interventions in the context of more general efforts and innovations to treat key underlying conditions that give rise to suicide (e.g. hard-to-treat depression) and to address social antecedents of suicide (e.g. helping someone at risk find housing or stable work). This presentation will emphasize the importance of a holistic and personalized approach to clinical intervention that acknowledges that the factors influencing suicide at the individual level can be diverse and require a flexible approach. It will consider both the benefits and also the limitations of recent innovations.

A Whole of Government Approach to Suicide Prevention

Carter, Greg

Univ of Newcastle

A whole-of-government approach to suicide prevention recognises that the factors contributing to suicidal distress are complex, interconnected, and extend well beyond the health system. Effective prevention requires coordinated action across sectors including health, education, housing, employment, justice, community services, and digital and communications agencies. Central to this approach is a shared commitment to reducing vulnerability by addressing the social, economic, and environmental conditions that increase suicide risk.

Mental illness, chronic pain, and substance use disorders remain significant contributors to suicidal behaviour; therefore, accessible, culturally safe, and well-integrated mental health care must be at the core of government efforts. However, many key risks—such as relationship breakdown, loneliness, low educational attainment, and long-term unemployment—require responses from social services, schools, and workplaces. Policies that promote strong social connections, parental support programs, and community participation can help reduce isolation and build protective networks.

Economic security is another essential pillar. Poverty and unemployment increase stress and reduce access to support. Whole-of-government prevention includes job-creation initiatives, income support policies that promote stability, and targeted employment services for vulnerable groups. Similarly, homelessness and lack of stable accommodation significantly elevate suicide risk. Coordinated action between housing, health, and community agencies can ensure timely access to safe housing, supported accommodation, and wrap-around case management.

Addressing the lifelong impacts of adverse childhood events requires early-intervention systems such as child protection reform, trauma-informed schools, family support services, and youth mental health programs. The justice system also plays a vital role by ensuring safe environments in custody, smooth transitions into community supports, and continuity of care for individuals with complex needs.

Overall, a whole-of-government approach integrates policy, funding, data sharing, and community partnerships. By aligning efforts across sectors, governments can more effectively reduce risks, strengthen protective factors, and create the conditions for people to live connected, purposeful, and supported lives.

Recent Developments in Suicide Prevention and Research: What's Next?

Hawton, Keith

Univ of Oxford

While there are a large number of challenges to suicide prevention and research, including overall policies and directions of travel, there have been important recent developments. For example, the considerable increase in the number of countries with national suicide prevention strategies, alongside the reduction in countries in which suicidal behaviour is illegal. According to WHO data here has been an encouraging reduction in recent years in the global suicide rate (although admittedly well below the decline needed to achieve the WHO 2030 target). The initiation and increased promotion of World Suicide Prevention Day has probably helped promote public awareness of suicide as an issue and opportunities for helping people at risk. Establishment of near real-time suicide data collection has improved our ability to estimate effects of important events on suicide, and to identify emergence of new suicide methods and also suicide clusters. Banning of highly hazardous pesticides has resulted in major decreases in suicide rates in some lower-and-middle-income countries. Media reporting of suicides has improved greatly in many countries. There have also been some improvements in clinical interventions for suicide prevention, including identification of psychosocial interventions that may help reduce suicidal behaviour, recognition that risk prediction is ineffective and that therapeutic risk management is to be preferred, alongside safety planning, and identification of the value of some pharmacological interventions in reducing risk of suicidal behaviour. In many countries, thankfully, far more attention is now paid to the needs of people bereaved by suicide. I believe that acknowledgement of what has been achieved in recent times should help provide a major impetus for policy makes, researchers and front-line workers to continue to try to address the wide-ranging challenges that are and will continue to be involved in suicide prevention. Challenges of suicide prevention theory and research historically and into the future.

Suicide Prevention Theory and Research: Where Have We Been, Where Should We Go?

O'Connor, Rory

Univ of Glasgow

Suicide prevention theory and research have long faced significant challenges, many of which continue to shape the field's future. Historically, one major obstacle has been the stigma surrounding suicide, which limited open discussion, hindered data collection and discouraged funding. Early theories often relied on too narrow a disciplinary lens—resulting in fragmented models that failed to fully capture the complexity of suicidal behaviour. Methodological difficulties, including reliance on retrospective data, small samples, and inconsistent definitions, further affected the reliability and comparability of findings. Ethical concerns also restricted the ability to study high-risk individuals directly, slowing the accumulation of knowledge and the development of effective interventions.

Looking to the future, the field must address several ongoing and emerging challenges. Suicide is a multifactorial phenomenon, requiring integrative models that account for biological, psychological, social, cultural, and environmental influences. Advances in technology—such as digital phenotyping, machine learning, and social media analytics—offer new opportunities but also raise privacy, equity, and implementation concerns. Global disparities in mental health resources and culturally appropriate frameworks remain significant barriers to effective prevention worldwide. Additionally, translating research into scalable, evidence-based interventions continues to lag behind scientific advances. Strengthening interdisciplinary collaboration, enhancing ethical research practices, and prioritising lived and living experience perspectives will be essential for more accurate, compassionate, and impactful suicide prevention efforts.

Developing a Think Tank: Best Practices

Reidenberg, Daniel

National Council for Suicide Prevention

This presenation will cover the known best practices for designing and developing a Think Tank. Topics to be covered will include designing the scope, developing values, number and roles for participants to be balanced, and a tiered leadership approach. It will address timeframes, key milestones and markers of success, as well as recommended processes for gaining input.

The presentation will also cover the background conducted by Drs Reidenberg and Silverman in the early efforts to design the Think Tank, participants and directions. Initial questions that the field can address include: what are we trying to prevent, how are we doing it, the problem of relying on risk factors, are we focused on the low hanging fruit approach, are community-based approaches the most effective and if so, how can they be scaled, the problem with public health approaches to suicide prevention, the potential for applying implementation science to suicide prevention, what role does prediction play in prevention, what does the future look like with technology (social media, AI chatbots and online therapy).

The goal of the presentation is to demonstrate the need for and value for a Think Tank and seek audience participation in helping design it.

SY15. Backgrounds on help seeking behavior among men, and shaping gender-sensitive suicide prevention.

Men have a relatively high risk of dying by suicide, with young men more often dying out of the blue. Since men are relatively underrepresented in social domain and mental health services, research is necessary to gain insights into the unmet needs and help-seeking behavior of men, as well as supporting the social domain and mental health services in providing and shaping gender-sensitive suicide prevention. This symposium presents findings on factors contributing to out of the blue suicides, and findings and strategies to advance gender-sensitive suicide prevention tailored to men's needs.

Suicidality and help-seeking behaviors in middle-aged men: a national GP registry study enriched with psychological survey variables

Kanis, Babet[1]; de Beurs, Derek[2]; Bosmans, Mark[1]

[1]Nivel; [2]University of Amsterdam

Introduction. Middle-aged men show a relatively high risk of suicide, yet often remain underdetected in healthcare settings. Understanding how socio-demographic and psychological factors relate to suicidality in this group, and whether these individuals seek help in primary care, is essential for effective prevention strategies. This study examined (1) characteristics associated with suicidality among middle-aged men, and (2) help-seeking behavior in primary care and medication use among those with suicidal thoughts.

Methods. Data were drawn from two sources: (1) the Dutch Public Health Monitor in 2022 (N = 364,557) and (2) primary care records from the Nivel Primary Care Database (N = 2,649,100). Linking these datasets led to a sample of N = 33,116 (47.3% men) aged 40-70 years. Suicidal thoughts were assessed through self-report. Logistic regression models were used to examine associations between background variables and suicidal thoughts. Multilevel logistic regression models were used to relate these variables to GP consultations, contacts with the GP mental health professional, specialized mental health care, and prescribed medication.

Results. In the DPHM, 8% of middle-aged men reported having suicidal thoughts. Among them, suicidal thoughts were strongly associated with financial strain and living without close social relations. Men reporting suicidal thoughts have more GP consultations and receive more mental health care. When comparing men with suicidality who visit the GP to those who do not, the results show that having paid employment was negatively associated with receiving help (such as having GP consultations and being prescribed certain types of medication).

Conclusion. Social and economic vulnerabilities are key correlates of suicidal thoughts in middle-aged men. However, these factors did not consistently predict help-seeking in primary care, suggesting that they do not easily translate into service use. Prevention strategies should address socioeconomic stressors and support GPs in recognizing the diverse presentations of distress.

Out-of-the-blue suicide in young men in the Netherlands from 2021-2024

Balt, Elias[1]; te Riele, Lois[1]; Verschoor, Eline[2]; Gilissen, Renske[1]; van Bergen, Diana[3]; Mérelle, Saskia[1]

[1]113 Suicide Prevention; [2]Univerity of Groningen, Saxion University of Applied Science; [3]University of Groningen

Background: among young men, suicide is one of the leading causes of death, with 'out of the blue' (OOTB) suicides occurring more frequently in this group. We know very little about people who died by suicide out of the blue, defined in this study as suicide death without prior mental health care, no known suicide attempts, and no known expressed suicidal intentions or plans to next-of-kin. The current study aimed to (1) explore perceived factors and unmet needs in OOTB suicides, and (2) understand how bereaved individuals experienced and made sense of the unexpected loss.

Methods: qualitative study design. Interpretative Phenomenological Analysis (IPA) of semi-structured interviews with 12 bereaved next-of-kin of young men who died by out-of-the-blue suicide in the Netherlands between 2021 and 2024.

Results: several key themes emerged across the interviews, including a high emotional sensitivity, internalized perfectionism, covert perceptions of burdensomeness, and a reluctance to express emotional distress. Subtle or ambiguous signs of depression were often present and frequently recognized in hindsight. Bereaved individuals expressed a difficulty in reconciling with the suicide due to its unexpectedness at the time, characterising the loss as incomprehensible, abrupt, or impulsive.

Discussion and conclusion: the findings of this study offer a previously unexplored empirical perspective on factors contributing to OOTB suicides and the experiences of people bereaved by this type of suicide. A limitation is that there may have been 'hidden informants' who knew about the suicidality and that, due to the nature of the phenomenon, it is a topic that is difficult to study through proxy informants. Based on our findings, prevention strategies on a primary level are required to prevent OOTB suicides and should focus on gatekeeping, psychoeducation, reducing stigma, and overcoming barriers to care.

Strengthening Lives: Implementing Suicide Prevention in Social Work for Middle-Aged Men

Engelbertink, Monique[1]; Ebbe, Lieneke[1]; Verschoor, Eline[2]

[1]Saxion University of Applied Science; [2]University of Groningen, Saxion University of Applied Science

Introduction: In Western countries, middle-aged men face the highest suicide risk. The social domain and municipalities, which provide accessible community-based services, are key gatekeepers in recognizing suicidal ideation and behavior. However, the social domain has limited knowledge of suicide prevention (SP) for middle-aged men and encounters obstacles in interdisciplinary work. Social work needs to take an integrated approach to suicide prevention based on four dimensions: client- and household-centered practice, methodological practice, interprofessional collaboration, and policy. Research remains limited.

Research question: How can social work shape suicide prevention for middle-aged men based on four dimensions of integrated working?

Development assignment: Develop a toolbox for social work based on literature and data collection.

Methods: (Inter)national literature research was conducted. Data was collected through action research from two Dutch social work organizations: six focus groups with professionals from various disciplines, four interviews with middle-aged men with suicidal thoughts, and four interviews with next of kin of men who died by suicide. Two small-scale pilots will be implemented in these organizations in early 2026.

Results: The organizations studied lack formal SP policy, although such policy is considered essential. Middle-aged men report that professionals do not consistently address suicidality and struggle to remain present. Next of kin experience support as fragmented.

Based on these findings, a toolbox was developed, structured around the four dimensions of integrated working. Phase 2 results will be available July 2026.

Conclusions: The toolbox supports local services by outlining effective counseling approaches for suicidal middle-aged men, offering knowledge, attitudes, practical methods and tools, and providing guidance for policy implementation. Recommendations emphasize raising awareness among local services as key support providers for suicidal middle-aged men. A stable team of professionals is advised.

Supporting Men with Suicidal Ideation: Evaluation of an E-Learning for Healthcare Providers.

Stas, Pauline; de Jaegere, Eva; **Pauwels, Kirsten**; Portzky, Gwendolyn

Flemish Centre of Expertise in Suicide Prevention

Introduction. Suicide remains an important public health issue, with men consistently being at increased risk for suicide. Moreover, men tend to display reduced help-seeking, increased treatment drop-out and less lasting engagement. As receiving adequate support is an important protective factor for suicide risk, it is crucial that healthcare services meet the needs of men. Despite calls for more gender-responsive care, practical training for healthcare providers remains scarce. To address this gap, an e-learning module was developed to support healthcare providers (HCPs) in offering gender-responsive suicide prevention to men.

Methods. A single-group pre-post design was used. HCPs completed questionnaires before and immediately after completing the 30–60 minute e-learning module. The surveys assessed self-efficacy and gender-responsive competencies in supporting men experiencing suicidal ideation. In addition, participants evaluated the e-learning using Likert-scale items and open-ended questions.

Results. A total of 109 HCPs participated, of whom 75 completed the posttest. Results showed statistically significant improvements in both self-efficacy and gender-responsive competencies with large Cohen's d effect sizes of 0.83 and 2.93. Participants evaluated the module positively (M = 8.0/10), with good evaluations of several aspects regarding its content and format. The psychoeducational model on gender socialization and suicidality, as well as the downloadable summary sheets, were also well received.

Conclusion. The e-learning module significantly improved HCPs' confidence and gender-responsive competencies in working with men experiencing suicidal ideation. By addressing the lack of practical, gender-responsive training on male suicidality, this module offers a timely and scalable intervention. Given its self-paced, freely accessible and online format, the training appears feasible and acceptable. Further research is needed to examine its long-term impact, behavioral outcomes in clinical practice, and applicability to more diverse male populations.

Investigating experiences of professional care of young men who died by suicide: A psychosocial autopsy study

Verschoor, Willemina Eline[1]; Castelein, Stynke[2]; Mérelle, Saskia[3]; van Bergen, Diana[4]

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Introduction: In the Netherlands, suicide is the leading cause of death among young men, with rates rising steadily since 2013 and accelerating in recent years. Although professional care for young men is crucial to suicide prevention, little is known about what supports them. This study investigates next of kin or partner's experiences with professional care provided to young men who died by suicide.

Methods: Informants (n=24) consisted of 12 bereaved parents, 6 peers and 6 significant others (partner, sibling) who were interviewed (2.5 hours) about young men (aged 18–30) who died by suicide between 2021-2024 and had prior contact with social services. Experiences with professional care during the year preceding death were investigated from the perspective of next of kin and partners, including involvement of significant others in the provided support, the extent to which care aligned with the young man's needs, and reflections on facilitating and hindering factors and what could have been improved.

Results: Based on next of kin and partner experiences with professional care in the year preceding the young men's deaths, facilitating factors included strong therapeutic relationships characterized by continuity and accessibility. Involvement of significant others in the provided support was perceived as beneficial. Consistent routines and a reliable safety net, both formal and informal, were considered essential.

Hindering factors involved inadequate crisis responses, insufficient coordination between social services, and long waiting times for assessment of euthanasia requests. Limited involvement of relatives in care planning and transitions from supported to independent living facilities were also seen as detrimental to men's mental health.

Conclusions: Suicide prevention requires continuous, accessible care delivered by a stable team of professionals. Clear guidance for relatives on acting as a safety net and structured aftercare after a suicide attempt are critical to reducing vulnerability. Long waiting lists may contribute to suicidality.

SY16. Diving into the psychological layers of suicides on railways

Chair: Erlangsen, Annette (ProRail, Netherlands, The)

Suicide on railways is a complex phenomenon, influenced by the availability of a means for taking ones live in public places and the psychological effect on many different involved persons. Trying to understand cause and effect is key to finding effective interventions. In this symposium presentations will cover individuals with lived experience, characteristics of suicide death on train stations, the effect using blue light and lastly, a focus on the way we communicate about suicide events on ralways.

Learning from Lived Experience for Railway Suicide Prevention

Mackenzie, Jay-Marie[1]; **Marzano, Lisa**[2]; Marsh, Ian[3]; Fields, Bob[2]; Kruger, Ian[2]; Katsampa, Dafni[2]; Cri, Ioana[2]

[1]University of Westminster; [2]Middlesex University; [3]Canterbury Christchurch University

Background: Although there is growing awareness of how important lived experience is for shaping suicide prevention policies and practices, the voices of people who have thought about or attempted suicide on the railways are rarely included in analyses on reducing railway suicides. This study set out to understand, from perspectives of those with lived experience, which approaches work or do not work in this context, and the reasons behind their effectiveness.

Methods: In this multi-method study, we conducted in-depth qualitative interviews with 34 people who had either attempted or considered suicide on the railways. Additionally, we carried out an online survey exploring lived experiences of suicidality at rail locations (N = 269). We also performed an online ethnography by examining content about train or rail suicide across various online platforms, including 'pro-choice' forums and Reddit, analysing 254 posts and 1,228 related comments.

Results: Lived experience accounts identified and critiqued railway suicide prevention measures. These included challenging cultural views of railway suicide, environmental changes to limit access or create a safer atmosphere, and increasing help-seeking and third-party interventions. An especially important finding was the importance of considering what works, or does not, for people at different stages of their suicidal crisis.

Conclusions: The perspectives of individuals with lived experience, though not uniform, offer valuable insights into the benefits and potential unintended outcomes of various initiatives aimed at preventing suicides on the railways. These findings underscore the importance of implementing comprehensive suicide prevention strategies that address multiple stages of the suicidal process.

Characteristics of suicide deaths at railway stations in Denmark

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[1]Danish Research Institute for Suicide Prevention; [2]Danish state railways

Introduction: Suicides on railway systems remain a significant concern world-wide. Knowing characteristics and patterns of at-risk individuals will help design preventative efforts. The aim of this study was to examine behavioural, psychological, and contextual characteristics of individuals who died by suicide at railway stations in Denmark using multiple data sources.

Method: Data on all individuals who died by suicide at select railway stations during 2017-2024 were obtained via reports and witness statements from the Danish police and incident reports from the Danish State Railways and Rail Net Denmark. Using a pre-defined data sheet, information on behavioural indicators (e.g., hesitation, waiting times, unusual actions), psychological indicators (e.g., signs of ambivalence, emotional state, possible mental health concerns), and contextual factors (e.g., date, time, gender and presence of witnesses) were collected and summarized.

Results: A total of 45 railway suicides were recorded on the included railway stations. We found that more incidents occurred in the begin of the week, spring and autumn, and during daylight hours. Most individuals were males (67%). The mean age was 43 years. In about half of all incidents, there were witnesses to the event, for instance other passengers. Mostly, the incident involved a passing train (75%), but also trains, which stopped at the station (25%). Specific behaviors included jumping in front of the train (32%), positioning on the tracks (13%) and wandering along the track (34%).

Conclusion: We noticed identifiable behaviours ahead of railway suicides in Denmark. Most incidents involved men and occurred during daylight hours. Prolonged presence on the platform, wandering near the tracks were observed relatively often among those who died by suicide at railway stations. These findings underscore the potential for earlier detection and intervention.

The Effects of Artificial Blue Lighting and its Role in Suicide Prevention

Berglund, Danielle

Karolinska Institutet

Railway suicides are a global concern with wide-ranging social and economic implications. Although platform screen doors are highly effective in reducing railway suicides, their implementation is often limited by cost and feasibility constraints, highlighting the need for alternative interventions. Blue light-emitting diode (B-LED) armatures have been associated with reductions in railway suicides, but the evidence base is limited, and the underlying mechanisms remain unclear. Nevertheless, interest in their practical application is growing, underscoring the need for further investigation. To address this gap, we are conducting three studies across experimental and real-world settings to examine the psychological, emotional, and behavioural effects of B-LEDs in order to elucidate potential mechanisms through which they may reduce suicide. This approach will ideally offer indirect evidence for their potential effectiveness in railway suicide prevention. Two of these studies are currently underway, and preliminary results will be presented at the conference.

Impact of railway delay announcements on suicide-related associations, emotions, and announcement appreciation

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[1]ProRail, Netherlands; [2]Trimbos Institute – Netherlands; [3]University Medical Centre Utrecht, The Netherlands

Background: Previous research showed that exposure to the post-suicide railway announcement collision with a person yielded suicide associations and negative emotions. In 2021, the Dutch Railways implemented a new announcement – collision – but its impact has not yet been tested.

Aims: In this follow-up study we investigate the impact of this new announcement compared to the previous used announcement collision with a person and to emergency services and collision with an animal (control announcement). Suicide-related associations, negative and positive emotions, and announcement appreciation were compared.

Method: Participants were recruited from the Dutch railway customer panel. A randomized controlled online experiment was conducted in which participants (N = 346) were exposed to one of eight conditions varying across two factors: announcement and personal relevance of the delay.

Results: Collision with a person had the highest likelihood of triggering suicide-related associations. It also yielded the highest degree of empathy towards railway staff, followed by collision. Personally relevant delays yielded stronger negative emotions than nonrelevant ones but more willingness to help other passengers. Emergency services yielded significantly lower anger about the delay compared to collision with a person in the not personally relevant condition. Announcement appreciation was significantly higher after exposure to collision with a person but only when the delay was personally relevant. Limitations: The extent to which the scenarios used in the online experiment reflect real-life situations may be limited.

Conclusion: From the perspective of choice of post-suicide railway delay announcement and suicide prevention on railways, collision or emergency services are more appropriate than collision with a person delay announcement.

SY17. IASP SIG Postvention Symposium 2: Models of postvention: Development of evidence-based suicide bereavement support services

Chair: Griffin, Eve (The University of Melbourne, Australia)

People bereaved by suicide often experience intense feelings of grief, sadness, guilt and anger. They also have an increased risk of mental health problems and suicidal behaviour. As these problems may persist and jeopardize the quality of life of the bereaved, support from specialised support systems may be needed. However, despite the devastating impact of suicide bereavement, only limited services have become available. The presentations in this symposium will address this gap by reporting the development of evidence-based suicide bereavement support services from various countries, including implications for policy development and further implementation.

Chairs: Eve Griffin, Elahe Derakhshan

The Swedish Family Care Competence Centre (Nka) Sweden

Larsson Omerov, Pernilla[1]; Nilsson, Maria[1]; Ewertzon, Mats[1]; Magnusson, Lennart[1]; Hanson, Elizabeth[2]

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The loss of a family member or close friend to suicide is a profoundly traumatic experience that markedly increases the risk of mental health issues and premature mortality among the bereaved. Nevertheless, many report being left to navigate their crisis alone, with access to timely and structured support remaining inconsistent. To address this gap, the Swedish Family Care Competence Centre (Nka) conducted a Blended Learning Network (BLN) in 2024–2025 to improve bereavement support across local and national contexts. The BLN combined collaborative learning, stakeholder engagement, and reflective practice. Four geographically distributed local networks participated, involving around 50 individuals, including bereaved persons, professionals from healthcare, emergency services, municipalities, police, clergy, civil society, and regional decision-makers.

This multi-sectoral approach helped identify systemic challenges and context-sensitive solutions. Findings highlight the urgent need for emotional and practical support immediately after a suicide. While emergency personnel can provide critical crisis intervention, support is often uneven and lacks follow-up. Children and adolescents were identified as particularly vulnerable, requiring age-appropriate information and stable adult presence. Barriers to help-seeking included shock, lack of awareness, and unclear referral pathways. Written and digital resources were seen as essential but remain underused.

The BLN also revealed a lack of standardized routines for managing the home environment post-suicide, such as handling medication and trauma-sensitive cleaning. Professionals expressed a need for training in grief and trauma, and access to specialized teams. Regional collaboration emerged as a promising model for delivering qualified, needs-based support.

In conclusion, the BLN approach fostered cross-sectoral learning and generated actionable insights. However, support remains fragmented and reliant on individual initiative. The findings underscore the need for coordinated national and local structures to ensure equitable bereavement support following suicide.

Enhancing professional support for suicide-bereaved individuals through a co-created digital solution

Hybholt, Lisbeth

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Background: Losing a loved one to suicide can be a traumatic experience that may require support from peers and/or professionals. However, many bereaved people struggle to locate the right resources on their own.

Aim: This project aimed to improve support for those affected by suicide and enhance the ability of frontline professionals to connect them with appropriate services by revising an existing website to better meet the needs of both the bereaved and professionals.

Methods: The project engaged suicide-bereaved individuals, a diverse group of professionals, and researchers in a series of collaborative workshops to address real-world challenges faced by both those affected by suicide and professionals.

Results: Participants identified key needs, such as the importance of clear, compassionate communication and easy access to relevant support services. Based on these insights, it became clear that a simple revision of the existing website was insufficient. Instead, a new site was developed without a name associated with suicide prevention, and the website design was changed to a landscape layout to better align with the needs and preferences of experts by experience. The website offers information on bereavement and direct links to public and NGO services relevant to the target group. Additionally, a printable brochure and an information sheet were created to assist first responders and healthcare professionals in guiding the bereaved toward appropriate support.

Conclusion: The co-creation approach ensured that the website addressed both the emotional and practical needs of the bereaved and the professionals. Nonetheless, even with a dissemination plan, increasing awareness of the website's existence remains difficult.

Postvention support for suicide loss survivors with Islamic backgrounds: Insights from the Australian mental health workforce online survey

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Suicide bereavement is associated with far-reaching adversities, encompassing deteriorated mental health and a heightened risk for subsequent suicides. While support initiatives are increasing, they have been mainly developed in Western countries, and it remains unclear whether existing services cater for the needs of suicide loss survivors from different backgrounds. Australia is home to one of the largest multicultural populations, with around seven million migrants. Among them, approximately 800,000 identify as Muslims. Data regarding their suicidality and support needs are limited or unreliable.

Existing evidence proposes that Muslims tend to have lower help-seeking behaviour when facing mental health adversities. Stigma surrounding mental health problems and suicide, the shortage of culturally and religiously informed mental health professionals and interventions are among the contributing factors. Results of our qualitative study with Muslim suicide loss survivors in Australia highlighted their need for culturally and religiously informed mental health care providers.

Building on these gaps, we are conducting an online survey to understand the perceived skills and competence of the mental health workforce in Australia in providing suicide bereavement support for suicide bereaved Muslim clients. The survey also explores their views on the content of a potential suicide postvention training. This survey is ongoing, with 135 responses received to date. A mixed-methods analysis will be conducted, using descriptive and inferential statistics for closed-ended items, and inductive content analysis using NVivo-14 for free text answers. Data collection will conclude in December 2025, and we aim to present the main results at the 21st ESSSB 2026.

Establishing an evidence base to inform the development of model of care for suicide bereavement services

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Background: Timely, ongoing, and responsive formal supports are essential for people bereaved by suicide. These interventions should be developed collaboratively with individuals who have lived experience and tailored to the needs of affected individuals and communities.

Aim: This study aims to establish an evidence base to inform the development of a model of care for suicide bereavement services in Ireland, drawing on published literature and consultations with relevant stakeholder groups.

Methods: Reviews (including meta-analyses, systematic reviews, scoping reviews, or integrative reviews with systematic methodology) published between 2018 and 2025 will be identified from four digital databases. These reviews will examine interventions, supports, or service delivery models for people bereaved by suicide. In addition, consultation events will be conducted with two key stakeholder groups: (1) individuals with experience of suicide bereavement and (2) professionals with insight into the provision of formal bereavement support in Ireland, including both community-level and health service-based supports. Consultations will involve one-to-one meetings and working groups, depending on the stakeholder group, and will follow an informal qualitative approach using topic guides tailored to participants' expertise.

Results: Evidence synthesis and stakeholder consultations are currently underway. Evidence on effective postvention interventions, key components of suicide bereavement service models, and evidence-based guidelines will be presented thematically. Consultations will identify factors specific to the Irish context that may influence the development and implementation of a model of care, such as procedures for death notification, practical considerations, and local or national challenges.

Conclusions: Recommendations will outline next steps for developing a model of care for bereavement services in Ireland. This model will underpin the establishment of a suicide bereavement support service by Ireland's national health service.

School-based suicide postvention for early adolescents

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Background: When a young person dies by suicide, this usually leads to a range of far-reaching consequences that extend well beyond the individual death. These affect families, peers, schools, communities, and society.

Aim: Recently, epidemiological changes have been observed, with suicidal behaviour beginning at an earlier age, resulting in deaths occurring even in early adolescence. Consequently, postvention activities in schools need to be adapted for a younger population with different developmental characteristics.

Method: Twenty-nine examples of postvention activities from the past five years have been analysed, and the needs, challenges, and practices have been collected based on interviews with nine school counsellors and ten postvention facilitators.

Results: The analysis showed that in postvention cases involving younger adolescents, the entire local community tends to be deeply affected, requiring schools and facilitators to respond not only to the immediate peer group but also to a wider circle of stakeholders. Interviewees– especially those who were parents themselves– reported strong personal emotional reactions, highlighting the need for support for school counsellors. One of the most prominent themes concerned communication and collaboration with the parents of classmates (i.e., non-bereaved parents), who frequently seek guidance, reassurance, and clear information on how to support their children.

Conclusions: To conduct suicide postvention activities for early adolescents, these activities must be tailored; in most cases, this involves explaining the complexity of suicidal behaviour in simple terms and providing concrete suggestions on how to support oneself during bereavement. Effective postvention also requires sensitivity to the emotional experiences of school counsellors and facilitators, and proactive engagement with the broader parent community.

SY18. Assisted Suicide: Experiences across Countries

Chair: Goldblatt, Mark (Harvard Medical School, United States of America)

Access to assisted suicide affects the individuals, their loved ones and the professional team involved in their care. In this symposium we present data about experiences four different countries (Germany, Sweden, Switzerland and USA).

(1) Data from 25 years of U.S. physician-assisted suicide in Oregon.
(2) Issues faced by professionals within long-term care facilities for older adults in Switzerland and Canada.
(3) A content analysis based on Grounded Theory to identify the limitations of psycho-therapeutic approaches to dealing with requests for requests for assisted suicide in Germany
(4) Swedish staff attitudes to assisted dying.

U.S. physician assisted suicide: Why do older adult White males have the highest rates?

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In the United States, and specifically in Oregon, White men have the highest rates of physician assisted suicide, particularly at age 75 and older. Older adult White men also have the highest rates of suicide mortality. Older adult white men over representation among the deceased by suicide, assisted and unassisted, is a paradox in terms of social and economic vulnerability parameters. This presentation examines older adult White male suicide, assisted and not , in consideration of U.S. dominant masculinity scripts.

Assisted death within long-term care facilities for older adults: Issues faced by professionals in two countries: Switzerland and Canada.

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A request for aid in dying, through assisted suicide (Switzerland) or euthanasia (Canada), raises various concerns at different levels (personal, professional and organisational) for professionals involved in end-of-life care for older adults. For example, the issues include whether assisted dying qualifies as health care and to what extent it aligns with their professional and personal values. These issues will be addressed by drawing on the experiences of professionals working in institutions in Switzerland or Canada.

In Switzerland, a qualitative study involving 40 professionals reported that they expressed various stances along a continuum, ranging from the perception of assisted suicide as possibly being part of professional practice to its rejection via the conscientious objection clause. These positions depend on various factors such as personal or professional values, and moral dilemmas, but also on the organizational context (how this practice is managed and performed with the institution) and the relationship that professionals have with the person requesting assisted suicide. The presentation will address these different aspects and the various impacts and challenges that a request of assisted suicide is likely to raise on a personal and on organizational level.

In Canada, many studies indicate that euthanasia is associated with suffering that goes beyond physical pain or symptoms, often encompassing psychological, existential, and social dimensions. In the absence of appropriate interventions and services, motives to die might be similar between older adults who request assistance in dying and those who contemplate suicide. In this context, professionals reflect on the role of suicide prevention to address the needs and distress of older adults seeking euthanasia to end their suffering. Professionals from both countries need reliable support and opportunities for emotional expression and ethical deliberation when involved in the assisted dying process.

Psychotherapy for Assisted Suicide?

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The request for assisted suicide brings patients into contact with various professionals within the healthcare system, including psychotherapists. The motivational background is diverse, encompassing the wish for counselling in existential, intrapsychic and interpersonal conflicts, as well as the aspiration for the direct implementation of assisted suicide.

The study presented here comprises an analysis of session protocols from three psychodynamically oriented psychotherapies. The present study employs a content analysis based on Grounded Theory, with the objective of developing core themes within the following categories: conscious motivation for psychotherapy, existing intrapsychic and interpersonal conflicts, transference dynamics, and the forms in which treatment ends. A particular focus is placed on the dynamics that result in the premature termination of therapeutic interventions. This is undertaken with the objective of identifying the limitations of psychotherapeutic approaches.

In light of the exploratory nature of the study, recommendations are put forward for additional empirical research to be conducted into the indications, mechanisms of treatment, and limitations of psychotherapy in the context of assisted suicide.

Attitudes towards physician-assisted suicide among staff in long-term care/home care for older adults in Sweden

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Background: Suicidal thoughts and death wishes are common in long-term care facilities (LTCF), and the number of older people who need such care is on the rise.

Aim: We aimed to examine attitudes to assisted dying among staff working in LTCF and home-based care in Sweden, a country in which physician-assisted suicide is not legal.

Methods: Staff (n=735) and heads of staff (n=31) completed an anonymous survey that included questions about attitudes towards suicide and euthanasia. Items were rated on a 5-point Likert scale and proportions were aggregated for responses "strongly agree" and "agree."

Results: 88% of staff worked as nursing assistants. Among staff, 58% agreed that "A person suffering from a severe, incurable disease expressing wishes to die should get help to do so", but only 32% gave a positive response to a question about legalizing physician-assisted suicide in Sweden. Among unit heads, 73% agreed to the general statement that a person should get help to die and 59% agreed to legalization.

Conclusions: Unit heads were almost twice as likely to agree to legalization of physician-assisted suicide compared to their staff. Differential responses on the more general item "should get help to die" and the item on legalizing euthanasia was observed in both staff and unit heads. Findings highlight the complexity of the issue of assisted suicide in older adults.

SY19. Responsible media reporting on suicide: introducing the Papageno Award and transferring the model from one country to another.

This symposium explores how responsible media reporting can be advanced across countries as a universal suicide-prevention intervention. Austria's Papageno Award, which recognizes media stories promoting resilience, hope, and coping, served as a model. The award has been successfully adapted in Estonia and Croatia and is currently being established in Slovenia, demonstrating effective cross-country implementation of evidence-based interventions. In Ireland, long-standing media awards in different categories provide another approach to responsible reporting. The session demonstrates how adapting media-focused interventions in European countries can amplify stories of resilience, inspire hope, and contribute to effective suicide prevention.

The Papageno Media Award: A Strategic Approach to Responsible Reporting

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Gesundheit Österreich

Introduction: Suicide remains a major public health issue in Austria, with around 1,200 deaths annually. Media reporting plays a critical role in awareness and prevention. Since 1986, Austria has implemented media guidelines for responsible reporting, which were incorporated into the Austrian Press Council's Code of Ethics in 2012. Research confirms that certain reporting styles can prevent imitation suicides (the "Werther Effect") and actively promote prevention (the "Papageno Effect"). The question, however, remained as to how journalists can be effectively incentivized to systematically integrate these media recommendations into their routine reporting practices.

Methods: To promote wider adoption of these guidelines and encourage preventive reporting, the Papageno Media Award was established in 2019 by the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMASGPK) in cooperation with partner organizations. The award, organized by the SUPRA Coordination Office at Gesundheit Österreich GmbH, is given annually for the best journalistic contribution to suicide prevention. A jury made up of media professionals, suicide prevention experts, and people with lived experience reviews the submissions individually and then decides on the winner. Each year, three contributions are shortlisted, and the winner is announced at the award ceremony.

Results: Since 2019, 112 media contributions have been submitted for the Papageno Media Award, with annual submissions ranging from 11 to 21. Over time, collaboration with journalists and the format of the award ceremony have developed to make the prize a recognized distinction in journalism and to motivate more professionals to engage in preventive reporting. The award has contributed to a measurable improvement in the quality of submitted media reports, reflecting increased awareness of the guidelines.

Conclusions: Public health prevention often requires innovative strategies. The Papageno Media Award exemplifies how targeted collaboration with media professionals can foster responsible reporting and strengthen suicide prevention efforts nationwide.

Advancing responsible media reporting in Estonia: Insights from the Papageno Award

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Estonian-Swedish Mental Health and Suicidology Institute

Introduction: The Papageno Award was adapted in Estonia to promote responsible media reporting as part of a universal suicide-prevention strategy. Based on the Papageno effect—which suggests that media highlighting coping, help-seeking, and hope can reduce suicide risk—the award encourages journalists to produce stories offering hope and demonstrating how individuals cope with crises. Building on the Austrian model, Estonia integrated this recognition into its national Suicide Prevention Action Plan (SETK) to promote positive narratives around mental health, crisis recovery, and suicide prevention.

Method: Introduced as a pilot in 2023 with support from the Ministry of Social Affairs, the award is now administered through a strategic partnership with NGOs. A ten-member Papageno Commission, including suicide prevention experts, journalists, and representatives of the bereaved, was established to oversee evaluation and decision-making. Media items are assessed using clear criteria adapted from evidence-based standards, covering general, suicide-prevention, and journalistic aspects. An evaluation tool allows systematic scoring of submissions collected through official submissions and national media monitoring using search terms such as "suicide," "suicidal ideation," and "suicide attempt."

Results: Over the first three years, the number of identified and analyzed media items fluctuated from 16 to 14 and then increased to 28, reflecting growing awareness and improving adherence to responsible reporting practices. Despite this progress, stories emphasizing positive coping remain underrepresented, and journalists' knowledge of protective media effects is still limited.

Conclusion: The Papageno Award has strengthened responsible media reporting, cross-sector collaboration, and public awareness of suicide prevention in Estonia. Continued monitoring, training, and refinement of evaluation criteria are needed to expand coverage of positive coping narratives and enhance journalists' understanding of protective media effects. Through sustained institutional support and collaboration with journalists, Estonia has advanced responsible reporting as a meaningful tool for suicide prevention and mental health promotion.

On the way to the Papageno award – Experiences from Slovenia

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Slovenia adopted its first guidelines for responsible media reporting on suicide in 2010. We followed the principle of "nothing about us without us" by involving media professionals, the Association of Slovene Journalists (ASJ) and the Honorary Journalists' Court (HJC) in all phases—drafting, dissemination, and implementation. This inclusive approach likely contributed to the guidelines being positively received and to subsequent improvements in suicide reporting.

In 2025, we adapted the new WHO/IASP guidelines in collaboration with ASJ, HJC, and the Department of Journalism Studies at the University of Ljubljana. We identified key obstacles that prevent journalists from fully adhering to suicide-reporting recommendations: limited time, insufficient knowledge, and a lack of support from colleagues and editors. An additional challenge is the commercial pressure - sensational content tends to attract greater readership and thus supports media outlets financially. Hence, ethical intentions can be overshadowed by economic needs. Despite these challenges, journalists have shown strong interest in participating in educational workshops.

Before disseminating the updated guidelines in 2026, we therefore plan to:

(i) assess the needs and expectations of journalists;
(ii) jointly design, with ASJ and HJC, an effective didactic approach to training that fits journalists' demanding schedules;
(iii) establish a framework for robust pre- and post-training evaluation; and
(iv) strengthen journalists' motivation to report according to the guidelines.

To support this last goal, we are developing the Papageno Award, with full backing from ASJ and HJC. We have prepared initial award criteria drawing on international examples and the TEMPOS methodology. We are designing the award's visual identity and plan to officially launch the Papageno Award in September 2026. These activities aim to strengthen responsible reporting practices in Slovenia and may serve as a transferable model for countries wishing to advance guideline implementation through training, evaluation, and mechanisms such as the Papageno Award.

Introducing the Papageno Award in Croatia

Korda, Karmen[1]; Štimac Grbić, Danijela[2]; **Laido, Zrinka**[3]

[1]Croatian Institute of Public Health; [2]Croatian Institute of Public Health, University of Zagreb, School of Medicine; [3]Estonian-Swedish Mental Health and Suicidology Institute

Introduction: The Papageno Award was introduced in Croatia in 2023 within the JA -ImpleMENTAL project. It promotes responsible reporting on suicide by recognising journalists who follow evidence-based guidelines. Its introduction was supported by journalists training on responsible communication about suicide. The WHO guidelines for media were translated and published on the website of the Croatian Institute of Public Health (CIPH) and other institutions\'

Methods: The Papageno Award is coordinated by the NGO Life Line in collaboration with the CIPH. Media articles on suicide are identified through systematic press clipping conducted by Life Line, which performs the initial screening using pre-defined keywords („suicide" and „take one\'s own life") and compiles a shortlist of articles for assessment. A six-member expert commission composed of mental health professionals then conducts the final evaluation.

To support consistent and objective assessment, an evidence-based evaluation tool was developed, drawing on international guidelines for responsible suicide reporting. This tool operationalizes key principles such as accuracy, non-sensationalism, protection of vulnerable audiences, and the inclusion of supportive, prevention-oriented information. The commission systematically reviews shortlisted article using this tool and assigns scores based on how closely it aligns with these standards, ensuring a uniform and transparent evaluation process. Final award decisions are based on the aggregated scores.

Results: To date, three Papageno Awards have been granted. In 2023, 20 articles were sent to the commission for the selection of the best and most responsible reporting on suicide, in 2024, 19 articles, and in 2025, 25 articles.

Conclusion: The implementation of this award represents a significant advancement in Croatia's suicide prevention efforts, underscoring not only the essential role of ethical media communication in reducing stigma, encouraging help-seeking, and strengthening public understanding of mental health, but also the ongoing need for continuous journalist education to ensure that responsible reporting practices are consistently upheld.

Priorities in Ireland for improving responsible and safe media reporting of suicide and self-harm

Meehan, John

National Office for Suicide Prevention. Health Service Executive (HSE), Ireland

In Ireland, the impetus to address and improve media reporting of suicide and self-harm has long come from within Irish health services and has been in line with international suicide prevention evidence and approaches. In more recent years – and aligned with strategic objectives and actions in Ireland's new national strategy to reduce suicide (2026) – there has been a shift toward more practical and proactive support to, and engagement with, an evolving media landscape.

With investment from the Irish Health Services, the Shine Media Programme leads this programme of work in Ireland. A recent refinement of their redeveloped media monitoring methodology has now improved efficiency, enhanced analyst safety, and expanded insights into responsible suicide reporting and levels of adherence to Samaritans Media Guidelines. Their work also encompasses supporting, educating and engaging media and journalism students, media professionals, and lived experience ambassadors.

Significant opportunities and challenges exist in Ireland – in advocating for, and achieving tangible improvements in how we talk about suicide and self-harm in the media, promote help-seeking, and reduce stigma. Especially in achieving meaningful buy-in from within the industry itself, while also leveraging other Government Departments, the newly established media regulator in Ireland, Coroners, and the associated press and media bodies in the country.

Learning objective

To gain insight in to the efforts and priorities in Ireland, to improve the role media has in suicide prevention.

SY20. Rethinking Recovery: Lived Experiences, Family Contexts, and New Frameworks for Self-Harm and Suicidality

Chair: Gijzen, Mandy (University of Groningen, Netherlands, The)

Recovery from self-harm and suicidality is nonlinear, relational, and shaped by personal and so cial contexts. This symposium integrates five complementary perspectives, beginning with a per son-centred framework describing multifaceted NSSI recovery and a gender-specific model illus trating how men recognise, reconnect, and regulate to reduce suicidal pain. We then present you th-driven insights into how recovery develops over time, followed by evidence on the psychological and relational impacts of children's self-harm on caregivers. Finally, we examine parents' experien ces supporting young people using safety plans. Together, these presentations highlight recovery as a dynamic, collaborative process emerging across individuals, families, and care systems.

A Person-Centred NSSI Recovery Framework

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Growing interest has been paid to the concept of nonsuicidal self-injury (NSSI) recovery. In research, and sometimes clinical practice, the focus has been on NSSI cessation, with recovery operationalised with reference to the time since someone last self-injured. Yet, perspectives from people with lived experience of NSSI indicate that recovery is much more complex. Drawing on recent empirical work, and the voices of people with lived experience of NSSI, we outline a new framework for conceptualising NSSI recovery. We argue that recovery is nonlinear and multifaceted, comprising: Realistic Expectations and Setbacks; Normalising Thoughts and Urges; Fostering Self-efficacy; Identifying Strengths; Finding Alternatives; Addressing Underlying Adversities; Addressing and Accepting Scarring; Navigating Disclosures; and Self-acceptance. Further we include: a) ambivalence that individuals feel about ceasing self-injury – wanting to stop, but also wanting to keep NSSI in their coping toolkit; b) the ongoing and developing nature of disclosure of self-injury experiences, as well as the difference between voluntary disclosure and involuntary discovery of NSSI; c) the role of identity in building resilience and meaning making; d) the significant role of stigma – in society, systems of care, and at an individual level; and e) how recovery fits within one's socio-cultural landscape. In presenting research and clinical implications of this new framework, we propose that this framing offers a more complete understanding of NSSI recovery - one conducive to optimising wellbeing and promoting resilience among individuals with lived experience.

Recognition, Reconnection, Regulation' - Recovery principles for men who are suicidal

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Suicide is a gendered phenomenon with men dying at higher rates than women in almost every country. Despite this gender bias in deaths by suicide, major gaps remain in our understanding of what supports men to cope with suicidal pain and reorient themselves toward a meaningful life.

We conducted a qualitative metasynthesis and systematic review of 20 years of studies with men who are suicidal and people who are bereaved by male suicide, to identify critical risk and recovery factors. We identified 78 studies that encapsulated insights from over 1,695 people. Applying Thomas and Harden's thematic synthesis method, we systematically compared and integrated findings across studies, identifying recurring patterns and developing higher-order themes that captured men's recovery processes.

Our recovery-related findings suggest the importance of interventions to support men who are suicidal in learning to recognise, reconnect with, and regulate their emotions, relationship with self, and interpersonal connections. Healthy regulation of these three psychological domains (emotions, self, and connections) appeared to enhance some men's ability to manage their psychological pain more effectively, thereby reducing suicide risk.

We synthesised these processes into a "3 'R' Model of Recovery" (Recognition, Reconnection, Regulation), which we believe can offer a broad framework for guiding interventions for men at risk.

Living Through and Beyond Suicidality: A Qualitative Study of How Young People Initiate, Navigate, and Sustain Recovery

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Suicide remains a leading cause of death among adolescents and young adults, yet remission from suicidal thoughts and behaviours is common. Far less is known about how recovery unfolds as a lived, temporal process, particularly from the perspective of young people themselves. This study addresses this gap by examining how adolescents and emerging adults describe the initiation, development, and present meaning of their recovery from suicidality.

We conducted 41 semi-structured interviews with young people aged 16–22 years (M = 19.7, SD = 1.68, 22% males) who self-identified as recovered from suicidality. Interviews explored the initiation and course of recovery and the ongoing role of recovery in daily life. Data were analysed thematically using an inductive–deductive approach supported by Atlas.ti and participant-level trajectory summaries.

Participants described recovery as nonlinear, fluctuating, and relational. For many, recovery began without a single defining moment, emerging instead through small shifts in circumstances or mindset and through meaningful conversations with trusted adults, peers, or clinicians. Personal insight, such as recognising harmful patterns or imagining a more hopeful future, frequently complemented social support. Participants also emphasized the importance of therapeutic tools, emotional regulation skills, structured routines, and validating relationships in fostering stability and a growing sense of control. Several respondents continued to experience suicidal thoughts during recovery, though typically with reduced intensity and most participants described feeling stronger, more self-aware, and better equipped to manage distress. Even during periods of active suicidality, participants reported brief positive experiences, suggesting that hope and connection can coexist with distress. Recovery was understood not as the disappearance of suicidality but as an active, ongoing process of cultivating hope, meaning, connection, and a future-oriented sense of self.

These findings highlight recovery as an evolving developmental process and underscore the need for youth-centred, process-oriented approaches to suicide prevention and care.

Impact of Children's Self-harm on Caregivers' Mental Health and Family Functioning

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Extensive research highlights that caring for youth experience self-injurious thoughts and behaviors (SITBs) can be highly distressing for caregivers, often leading to long-term consequences for the family. Most studies have focused solely on caregivers who are aware of their child's SITBs, limiting our understanding of the magnitude of caregivers' difficulties. This study examined cross-sectional and prospective differences in mental health and family functioning among caregivers aware of their child's SITBs, caregivers unaware of their child's SITBs, and caregivers of children without SITBs.

Data were drawn from an epidemiological U.S. sample of children (ages 9–10) and their caregivers who participated in three-yearly assessments in the Adolescent Brain Cognitive Development (ABCD) study (N = 11,303, 47.6% female). Caregivers reported on their own mental health problems and SITBs, their child's SITBs, and family conflict. Children reported on their own SITBs, family conflict, parental monitoring, and parental acceptance.

Compared to caregivers of children without SITBs (81%), both aware (9.9%) and unaware (9.1%) caregivers reported more externalizing problems at baseline. Their children reported more family conflict and lower parental monitoring and acceptance across assessments. Relative to unaware caregivers and caregivers of children without SITBs, aware caregivers reported elevated internalizing problems at baseline and greater odds of engaging in SITBs at baseline and follow-up. Compared to children of unaware caregivers, children of aware caregivers reported lower family conflict and higher parental monitoring and acceptance at baseline. In contrast, aware caregivers reported higher family conflict at baseline and one year later compared to unaware caregivers.

Overall, caregivers of children with SITBs showed more mental health problems and long-term family difficulties, regardless of awareness. Aware caregivers also reported higher SITB risk. Family-based interventions targeting caregivers' mental health may help reduce children's SITBs and improve family well-being.

Parents' experiences of supporting young people using safety plans

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Family members play a critical role in supporting young people at risk of suicide, however to date suicide safety plans have been developed without consideration of the experience and needs of parents and carers. The study aimed to explore parents' experiences and perspectives about young people's use of suicide safety planning. We interviewed 14 parents (13 mothers, 1 father) of young people aged between 14 and 24 years (mean: 18.77, SD: 3.14) who had created, updated or used a safety plan in the past 12 months. A reflective thematic analysis was conducted on transcribed interviews. Generated themes from the analysis included: 1. Collaborative and regular communication with clinicians and young people fostered effective use; 2. Inadequate information and support from clinicians undermined parents' ability to support young people; 3. Lack of agency and confidence when sharing safety plans with schools. 4. Ongoing and pervasive burden and isolation. We will discuss the implications of these findings for future research and targeted interventions.

SY21. In the Moment, Over Months: The Promise and Limits of Ecological Momentary Assessments in Suicide Research

This symposium examines the opportunities and challenges of ecological momentary assessment (EMA) in suicide research. The first presentation presents pilot data on the feasibility of EMA in individuals with persistent suicidal ideation, addressing methodological and ethical considerations. The second presentation discusses EMA feasibility within an intervention study, emphasizing how momentary data can inform treatment processes. A third talk focuses on compliance patterns and individual characteristics associated with sustained EMA engagement. The final presentation explores patient experiences with long-term EMA, using a mixed-methods approach. Together, the session provides a comprehensive overview of EMA's feasibility and limitations in high-risk populations.

Feasibility and Ethical Considerations in EMA Research on Persistent Suicidal Ideation: Findings From a Participatory Pilot Study

Höller, Inken

Charlotte-Fresenius-Hochschule, Germany

Persistent suicidal ideation (PSI) represents a clinically significant but insufficiently researched phenomenon. A proposed working definition characterizes PSI as suicidal thoughts occurring on most days over a period of at least twelve months. To advance understanding of the dynamics, functionality, and everyday context of PSI, a pilot study including a participatory approach to refine an Ecological Momentary Assessment (EMA) design is conducted. The study aims to evaluate the feasibility of intensive EMA among individuals with PSI and to identify methodological and ethical considerations relevant for future research.

The study consists of a pre-assessment including a clinical interview, a 7-day EMA period with nine prompts per day, and a comprehensive post-assessment involving semi-structured interviews. The EMA includes questions on PSI, general affect, emotion regulation, metacognitions, trigger events for PSI, functionality of PSI, and social context. The post-assessment interviews focus on participants' experiences during the EMA phase, feedback on item clarity and relevance, perceived burden, and ethical considerations, as well as suggestions for improving the study design. The participatory elements will provide essential information for optimizing the EMA protocol and aligning it with the needs and perspectives of individuals with PSI.

Only participants fulfilling the inclusion criteria of PSI are recruited (current n = 9, target n = 10-15). The data collection will be finished in spring and results will be presented in the talk.

This pilot study provides important insights into the methodological and ethical foundations of EMA research on PSI and offers guidance for developing future studies including participant-centered and ethically sound EMA designs.

Feasibility of EMA for Monitoring Therapeutic Processes in a Suicide Prevention Intervention

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Translational Research Center, University of Bern/ Switzerland; Unit for clinical Suicide Research, Department of Clinical Sciences; Lund University/ Sweden

Theoretical background: Ecological Momentary Assessment (EMA) allows for the real-time evaluation of suicidal ideation and their fluctuations in people's daily lives. While EMA provides unique temporal precision, sustained participant engagement is essential for its effectiveness, particularly in high-risk populations where distress, burden and symptom variability may reduce compliance.

Research question: This study examined the feasibility of, and engagement patterns within, a 28-day EMA protocol for individuals with persistent suicidal thoughts. Specifically, we investigated whether participants were able to maintain stable participation in the EMA protocol over several weeks and which individual characteristics were associated with higher or lower engagement.

Method: Data were collected within an ongoing, randomised controlled, longitudinal trial involving 68 participants (mean age = 41.0 years, range 18–69). EMA Engagement: Participants received four EMA prompts per day for 28 days, assessing momentary suicidal ideation, affect, interpersonal stress and coping. Engagement was quantified through prompt-level completion rates, and temporal trajectories and individual differences were analysed using mixed-effects models.

Results: Overall, the study was feasible, with participants completing a substantial proportion of prompts throughout the entire period. Neither age nor baseline symptom severity appeared to meaningfully reduce engagement. Preliminary results suggest that individuals with persistent suicidal ideation can reliably participate in high-frequency EMA protocols, experiencing only a modest decline in completion rates over time. Qualitative feedback suggests that many participants found EMA helpful for recognizing emotional patterns.

Conclusion: The findings support the feasibility of multi-week EMA participation in a high-risk clinical sample. Stable engagement over 28 days suggests that EMA could be successfully integrated into intervention studies to monitor therapeutic change processes.

EMA compliance in a high-risk sample: The effects of between- and within-person predictors

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Background: Ecological Momentary Assessment (EMA) provides unique insight into short-term fluctuations in suicidal thoughts and related risk factors. Yet, sustaining participation in intensive EMA designs can be challenging, especially among individuals recently discharged from inpatient psychiatric care. Understanding compliance patterns is therefore essential to ensure data quality and interpretability in suicide risk research.

Objectives: This study investigates engagement with a long-term EMA protocol in the APOS project, a multicenter study on post-discharge suicide risk. We aim to (1) describe overall compliance and its change over time, (2) identify participant characteristics associated with higher or lower compliance, and (3) examine whether contextual factors influence the likelihood of responding to individual prompts.

Methods: Psychiatric inpatients (N = 184) admitted for a recent suicidal crisis or attempt were enrolled during hospitalization and monitored after discharge. EMA consisted of two phases: a more intensive 3-week period (four daily prompts) followed by up to 26 weeks of reduced monitoring (two days per week, four prompts per day). Each brief smartphone survey assessed current affect, cognitions, social context, and suicidal ideation. Compliance was defined as completing the survey within 20 minutes of a prompt.

We will combine descriptive analyses with multilevel modeling to distinguish between-person predictors of overall compliance (e.g., demographics, clinical history, baseline severity) and within-person influences on prompt-level responding (e.g., time of day, weekday vs. weekend, study phase). Additional sensitivity analyses will address protocol-specific influences and dropout patterns.

Expected Contributions: By characterizing how and when compliance decreases, and for whom, this project will help refine EMA design for vulnerable clinical groups. Insights into person- and context-level predictors of response behavior will support more feasible monitoring strategies and improve the validity of intensive longitudinal data used to study near-term suicide risk.

Between Insight and Burden: Patient perceptions of long-Term EMA after suicidal crisis

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Background: Ecological momentary assessment (EMA) has become a central tool in suicide research, offering real-time insights into suicidal thoughts and behaviors (STBs). Yet, little is known about how individuals with recent suicidal crises experience frequent and long-term digital assessments. This study explores the feasibility and potential reactivity of EMA among patients recently discharged from inpatient psychiatric care.

Methods: Participants completed an intensive 21–24 day EMA phase (EMA 1; four semi-random prompts per day), followed by a 26-week reduced-frequency EMA phase (EMA 2; four prompts per day on two random consecutive days per week). Debriefings were conducted via telephone interviews after EMA 1 (n = 68) and after EMA 2 (n = 51) using quantitative ratings and open-ended questions. In addition, 16 participants reflecting varying levels of STBs and compliance were interviewed in depth regarding feasibility and reactivity. Qualitative content analysis was conducted using an inductive–deductive approach with consensual coding.

Results: Across both phases, many participants reported changes in mood or behavior due to EMA engagement (62% after EMA 1; 66% after EMA 2). Reported effects varied widely: some experienced EMA as helpful—enhancing self-insight or providing a sense of support—while others reported burden, exhaustion, or annoyance. Reactivity effects were noted by a subset of participants, including temporary intensification of suicidal thoughts or increased brooding. Importantly, no participants reported that EMA triggered suicidal actions. Overall, EMA was perceived as feasible and beneficial, though burden tended to increase over time, and feasibility during acute suicidal crises was questioned due to decreased ability or willingness to respond.

Conclusions: Findings highlight both the promise and the challenges of long-term EMA among individuals at elevated suicide risk. They underscore the need for personalized monitoring durations, participatory protocol design, and mixed-methods approaches to better understand and interpret EMA data in high-risk populations.

SY22. Innovations in Integrating Suicide Prevention Education into Healthcare Settings and Training Programs

Chair: Delaney, Thomas (University of Vermont, United States of America)

Increasing numbers of studies show that people who died by suicide encountered healthcare providers in the months prior to dying. Healthcare providers, and the systems they work within, play an essential role in identifying and responding appropriately to suicide risk. However, many healthcare providers are not adequately trained in providing evidence-based suicide care and so lack the knowledge, skills and comfort needed to engage in effective suicide prevention work. This symposium addresses this gap by describing an array of educational approaches to improving the readiness of healthcare personnel and trainees to provide optimal care for patients at risk for suicide.

Effectiveness of Brief E-Learning Modules in Supporting Evidence-based Suicide Care in Healthcare Settings

Delaney, Thomas

University of Vermont Larner College of Medicine

Introduction: Healthcare providers are well-positioned to support the identification of suicide and self-harming behavior. In a recent report, almost half (46%) of individuals who died by suicide were seen in an emergency medical setting in the year prior to death and one third (32%) were seen in primary care. However, many healthcare providers report not being adequately trained on suicide prevention and lack the knowledge, skills and confidence required to deliver effective suicide care. Brief self-directed e-learning modules addressing aspects of suicide prevention care are a possible means of supporting the educational needs of busy healthcare providers. This presentation describes the development and evaluation of a bundle of three educational modules: two on identifying and responding to self-harming behaviors in youth and young adults, and one on culturally appropriate mental health care for families of Aghan refugees.

Methods: Modules were developed following review of relevant literature and with consultation and review by subject matter experts. Initially developed as PowerPoint presentations, each was adapted using Articulate Rise 360 software as e-learning modules incorporating active learning elements (e.g., quizzing, card sorting exercises, case scenarios) and took 20-30 minutes to complete. Evaluation data were collected via post-module surveys using scaled responses and open-ended responses.

Example Results: For the module on assessing and responding to intentional self-harm, 42 individuals completed the post-module assessment (34 medical students and 8 healthcare providers). 98% indicated what they learned was applicable to their current or future practice and 100% agreed they were more confident in identifying self-injury in young people. Data collection is ongoing.

Conclusion: Brief, topic-specific e-learning modules can be an effective component of suicide prevention education for healthcare providers and providers in training. Additional research is needed to assess the durability of learning associated with the modules and translation of knowledge gains to actual practice.

Adaption of a Psychosocial Needs-Based Assessment Protocol for Use with Young People Experiencing Suicidal Distress: A Co-Design Mixed Methods Study

Hawgood, Jacinta

Griffith University

Background/Aims: There are few systematic psychosocial needs-based assessment approaches for young people. This Medical Research Future Fund (MRFF) study represents the first attempt in Australia to co-design a psychosocial needs-based assessment (digital) protocol with associated safety planning/management for this cohort. Young people, parents/carers, lived experience representatives, Headspace Centres and two State-based children's hospitals are involved in this co-design study. The overall aim is to adapt the adult-based Systematic Tailored Assessment for Responding to Suicidality protocol (STARS-p) for use with young people and to create an associated STARS-Yp training to support its administration.

Method: A 4-component mixed-methodology was used to develop and evaluate the digital STARS-Yp and associated training. Qualitative and/or mixed-methods data collection involved young people, carers/parents, MHPs, experts in youth suicide research/practice.

Results: Component 1 qualitative findings from focus groups and interviews with young people, carers/parents, MHPs and experts in youth suicide will be presented including specific modifications to the main protocol sections; Component 2 quantitative/qualitative results associated with STARS-Yp training evaluation; and Components 3-4 preliminary findings will be presented including qualitative feedback on STARS-Yp utility, feasibility and uptake in the real-world hospital and community settings.

Implications: Results have important implications for workforce responses to engaging and assessing as well as supporting young people experiencing suicidal distress and future co-design processes.

Enhancing University Students' Competencies in Suicide Prevention: New Elective Module on Suicide Prevention at Vilnius University

Pociūtė, Kamilė; Lesinskienė, Sigita

University of Vilnius

Introduction: Integrating suicide prevention education in academic training is essential for suicide-prevention efforts. Given the high demand for such training, we developed, implemented and evaluated an elective course at Vilnius University. This presentation describes the course and summarizes students' evaluations of inpacts on their knowledge and skills, as well as their overall impressions of the course.

Methods: Psychosocial Aspects of Suicide and Prevention Approaches was offered as an online elective to Vilnius University students and delivered as six lecturers and 12 seminars, each lasting three hours. Seminars addressed topics inlcuding stress-management skills, biopsychosocial aspects of suicide, and communication. Students completed pre- and post-course questionnaires assessing subjective knowledge of stress-management techniques, emotional health, psychiatric disorders, causes and risk factors of suicide, communication and referral skills, and available help options, using a 1–10 scale. Students provided qualitative feedback on the post-course assessment.

Results: 31 students completed the post-training assessment. Knowledge improved significantly across all evaluated domains, with the largest being knowledge about help options (5.23 to 7.84). 14 (45.2%) students described what they disliked or felt was missing, inlcuding a lack of practical exercises and live meetings (5), shortcomings in content or structure (4), dissatisfaction with participation-based assessments (3), and ineffective group work (2). Positive aspects were mentioned by 26 (83.9%) students and included the communication and risk-assessment exercises (N = 11), clinical case examples (N = 8), lecturer diversity (N = 7), practical stress-management tasks (N = 5), and an optional in-person seminar with individuals who had lived experience of suicidal crises (N = 5).

Conclusion: Preliminary results indicate that structured educational modules organized as an elective course enhance students' preparedness to recognise and respond to suicide-related concerns. Feedback highlights important areas for refinement, and further research is needed to assess long-term learning outcomes and broader preventive impact.

Postvention Education for Ambulance Staff in Sweden: Preliminary Evaluation of a Brief Training on Supporting People Bereaved by Suicide

Baran, Anna

Karlstad University

Background: Individuals bereaved by suicide experience elevated risks of distress, complicated grief and suicidal behaviour, yet structured postvention courses within emergency medical services remain limited. Ambulance personnel are frequently first responders to suicide deaths and require specific skills to communicate safely and supportively with affected families.

Aim: This study reports preliminary outcomes from a brief postvention course for Swedish ambulance staff. The 3-hour training was co-led by a psychiatrist and a person with lived experience of losing a child to suicide, integrating clinical expertise with experiential knowledge.

Methods: Participants included 43 ambulance professionals who provided complete demographic data: 27 ambulance nurses (63%), 14 registered or specialist nurses (32%), and 2 paramedics without a nursing degree (4%). Gender distribution was 28 men (65%), 14 women (33%), and 1 participant preferring not to answer (2%). Work experience ranged from 2 to 28 years (mean = 13.0; median = 11), indicating a highly experienced cohort. 42 participants (98%) completed the pre- and post-training questionnaires that assessed previous use of postvention skills, capability of supporting bereaved individuals, families and children, and learning expectations. Post-training questionnaires assessed topic-specific usefulness and evaluated the overall value and likelihood of recommending the training. Analyses were descriptive and based on independent samples because items were not fully matched and individual pairing was not possible.

Results: Before training, 47.7% reported never using relevant skills and 34.0% rated their capability as low or very low. Expectations were high, with 61.3% anticipating substantial learning. After training, 76.2% rated the course as valuable or highly valuable, and 83.3% reported increased likelihood of recommending it. Topic-specific usefulness ratings remained high, including increases for supporting bereaved individuals.

Conclusions: This postvention programme—integrating clinical and lived-experience teaching—was highly valued by ambulance staff. Future work should incorporate matched pre–post evaluation and longitudinal follow-up.

SY23. Bridging the Evidence Gap: A Multidisciplinary Exploration of Domestic Abuse and Suicide Risk

Chair: Dangar, Sarah (City St Georges, University of London, United Kingdom)

Domestic abuse is a pattern of behaviour used by a partner or family member to exert power and control, with evidence suggesting significant impacts on mental and physical health. Although prevalence data is emerging, inconsistent statistics limit understanding and prevention efforts and domestic abuse-related suicide remains an under-researched area. While research indicates that the links between domestic abuse and suicidality are significant, there remains a lack of evidence regarding the mediators and moderators impacting upon risk, and mechanisms for intervention.

This symposium brings together a multi-disciplinary group of doctoral researchers contributing new knowledge to better understand and prevent these deaths.

Understanding Domestic Violence-Related Suicides: Prevalence, Nature, and Prevention Strategies

Woodhouse, Tim

University of Kent

This presentation will use Real Time Suicide Surveillance statistics from one local authority area in England to highlight that approximately a third of all suicides may be among people impacted by domestic violence (either as a victim or a perpetrator). It will include descriptive statistics to understand more about the people dying in domestic violence related suicides including age, gender, ethnicity and other factors such as whether they also had financial difficulties or misused substances.

It will also introduce evidence that many people dying by suicide are known to the Police as both a victim and a perpetrator of domestic violence. The session will explore whether these are primarily perpetrators making malicious and false accusations of being a victim, or whether these individuals are primarily victims who are using violent methods to resist and defend themselves and their children.

The session will conclude by hearing the voices of domestic abuse victims who have attempted to take their own lives about their motivations for their actions, as well as sharing recommendations about what interventions may work to keep people alive.

Rethinking the sociology of suicide: An analysis of statutory fatality reviews in the context of domestic abuse-related suicide

Dangar, Sarah

City St Georges, University of London

The association between domestic abuse and suicide remains a 'known unknown'. However, one of the mechanisms that can inform our understanding of domestic abuse-related suicide is statutory fatality reviews. Introduced in England and Wales in 2011, Domestic Homicide Reviews (DHRs) form part of this review landscape. DHRs are conducted to learn lessons to prevent both domestic violence and domestic abuse related deaths. Distinct from criminal investigations which focus on the prosecution of a perpetrator, DHRs involve examining the circumstances surrounding a death, with a view to learning lessons that can improve future safeguarding and service provision. In 2016, reflecting growing concerns about the links between domestic abuse and suicidality, the Home Office extended the statutory guidance underpinning these reviews bringing domestic abuse-related (suspected) suicides into the statutory remit of DHRs.

Through qualitative analysis of published Domestic Homicide Reviews into cases of (suspected) suicide and inquest audio recordings in cases of domestic abuse-related self-inflicted deaths, this paper presents findings that seek to address existing evidence gaps with significant implications for both the field of domestic violence and abuse (DVA) from a practitioner perspective and for sociological approaches to suicide and femicide. This project used a multi-disciplinary approach, bringing together theory, practice, and evidence from across the DVA sector, suicide prevention, critical suicide studies, suicidology and sociology. In doing so, it aims to makes a significant contribution to practice (prevention, risk assessment, and intervention) and theory (conceptualisation and explanation) of suicide and DVA.

Structural injustices of Domestic Abuse-Related Suicides

Ilett, Camille

University of Hull

This paper will present a new theoretical framework for understanding suicidality related to domestic abuse alongside preliminary findings from a mixed methods doctoral study entitled 'Domestic Abuse-Related Suicide through the Lens of Social and Structural (in)Justices: Perspectives from Lived Experience'.

Suicides occurring following domestic abuse have been strongly associated with increased levels of coercive control, a history of mental ill-health and substance abuse, as well as post-separation abuse (Monckton-Smith, 2022; Hoeger et al., 2024). Additionally, findings from analyses of fatality reviews suggest that structural injustice may play a part in these deaths (Munro, 2024), as many deceased victims had been repeatedly let down from services they had sought support from through systemic failures (Munro, Dangar & Andrade, 2025). The mixed-methods studies comprised in this thesis seek to better understand the lived realities of experiencing justice systems in the context of coercive control, and the impact this may have on suicidality, by giving victim-survivors the opportunity to voice their own narrative perspectives.

In the first instance, a survey of domestic abuse victim-survivors including psychometric questionnaires will empirically test the links between suicidality, coercive control and negative experiences of justice systems. These themes will then be explored in further depth in a smaller number of narrative interviews. Overall, this doctorate aims to critically re-think current gendered narratives of domestic abuse-related suicidality as a pathologised phenomenon which is met with a siloed and overly medicalised response and argue for the need to address suicidality related to domestic abuse through principles of social justice that brings forward the lived experience of victim-survivors of domestic abuse.

Rethinking Safety: Survivor Perspectives on Police Roles in Suicide Prevention Following Domestic Abuse

Watson, Eleanor

University of Birmingham

Suicide has been reported as the leading cause of death among domestic abuse-related fatalities since 2023, with data from the Domestic Homicide Project indicating that nine in ten individuals who died by suicide following a recorded domestic abuse incident were known to services. This stark reality highlights a critical gap in safeguarding responses and demands a rethinking of how responding services conceptualise safety. Police services play a central role in responding to domestic abuse and protecting the public, however, their focus on preventing immediate harm often means concerns about mental health and the risk of suicide are directed elsewhere. Emerging research demonstrates the prevalence of suicide following experiences of domestic abuse, placing frontline responders in a unique position to implement measures to prevent further harm and deaths by suicide. Despite this, the role of policing in suicide prevention within domestic abuse contexts remains underexplored. This study seeks to reframe understandings of police responsibility by examining how survivors perceive current responses and what they believe would help them to remain safe from suicide. Using a qualitative design, semi-structured interviews are being conducted with individuals who have experienced domestic abuse, exploring their views on suicide safety and the responsibilities of police in safeguarding against suicide. Thematic analysis will reveal insights into the care and interventions survivors require, as well as their perspectives on the role of police in protecting them from suicide. These insights will inform the development of improved police responses, contribute to best practice and policy regarding suicide safety, and deepen understanding of how individuals experiencing abuse can remain safe.

The criminal liability of domestic abuse-induced suicide: preliminary insights from qualitative interviews with key stakeholders

Dorrian, Rhianna

University of Bristol

There is significant empirical evidence of the relationship between domestic abuse and suicide, with the annual number of deaths resulting from 'suspected victim suicide following domestic abuse' exceeding those from intimate partner homicide in England and Wales for the second year in a row. In recognition of this link, the term domestic abuse-induced suicide (DAIS) is the chosen term for this project as an analytical category for victim suicides following intimate partner domestic abuse.

In January 2024, the UK government rejected a petition to create a new statutory offence to respond to DAIS. Their rejection contended that the overlapping offences of coercive and controlling behaviour under the Serious Crime Act 2015, encouraging suicide under the Suicide Act 1961, and the common law offence of unlawful act manslaughter (UAM) are sufficient. UAM is the only offence cited that holds perpetrators criminally liable for their victim's death. However, UAM is rarely prosecuted in the DAIS context due to the doctrinal difficulty in proving that the abuse caused the victim's suicide, as suicide is generally considered a free and informed decision that breaks the chain of causation between the abuse and a victim's death.

In response to the general lack of prosecutions in the DAIS context, this paper presents preliminary findings from qualitative interviews with three participant groups: Prosecutors from the Crown Prosecution Service, Domestic Homicide Review Advocates, and Bereaved Family Members. Using thematic analysis, the insights will be twofold: first, evaluating the practical effectiveness of the existing offences cited by the UK Government and second, considering the potential superiority of a new statutory offence. These interviews will inform the doctoral project's future conclusion on the best criminal response to DAIS and provide new insights into the criminal prevention of suicide.

SY24. Suicide, Pain, and the Opioid System: From Neurobiology to Clinical Perspectives

Chair: Nobile, Bénédicte (Montpellier University Hospital, France)

Suicidal behavior emerges from a dynamic interplay between psychological pain, acute mental states, disrupted social connection, and neurobiological vulnerability. This symposium explores key factors contributing to suicide risk, including emergent suicidal crises, childhood trauma, and social disconnection. Particular attention is given to the role of the endogenous opioid system in modulating psychological pain and affiliative behaviors such as social touch. Combining clinical, experimental, and pharmacoepidemiological perspectives, the speakers examine how opioids influence suicidality and how understanding the neurobiology of pain and social bonding may lead to improved suicide risk assessment and preventive strategies.

Integrating the assessment of emergent suicide-related mental states in the prediction of suicide

Innamorati, Marco

Università Europea di Roma, Italy

In suicide risk assessment, the challenge is to identify the most vulnerable individuals and the facilitating circumstances of suicide. Numerous characteristics and sometimes specific profiles have been proposed for identifying those at greatest risk of suicide. However, risk factors are not infallible predictors, and high-risk profiles can change over time and may vary depending on specific local conditions. Furthermore, the assessment of suicide risk is not always documented in routine clinical practice, and attempts to predict suicide produce many false positives and negatives. To improve the ability to assess suicide risk, recently several authors have begun to shed light on the suicide crisis.

During the emergence of suicide ideation and behavior, spikes of negative emotions and high-risk cognitions are present. Hopelessness, desperation, feelings of abandonment and disconnection from significant others, anxiety, and feelings of loneliness are activated by external pressures and stressors and fluctuate in the days and hours before a suicide attempt. These mental states are highly aversive, associated with cognitive constriction and a lower sense of control over one's own thoughts and behaviors, and create a sense of urgency, leading the individual to think that he/she can escape from the turmoil only through death. In the last decades, various authors and theories have proposed competing models to explain emerging suicidality and the suicide crisis. Not all the models are based on extensive research that supports their predictive validity, and few studies have attempted to investigate competing models in an extended framework. The objectives of the speech were to define the construct of suicide crisis to improve suicide risk assessment, to highlight the importance of mental states in the emergence of suicide ideation and behavior, and to compare specific theories in an extended framework.

Understanding Mental Pain and Childhood Trauma: Integrating Treatment Perspectives in Suicide Risk Assessment

Pompili, Maurizio

Sapienza University of Rome, Italy

Classical suicidology has long proposed that suicidal behavior is driven by intolerable psychological anguish, often referred to as psychache. From this perspective, suicide is not primarily a movement toward death but an attempt to escape unbearable emotional suffering. When negative emotions become overwhelming and consciousness itself is experienced as distressing, individuals may wish not for death per se, but for an end to awareness while remaining alive. Suicide tends to occur when psychological pain is perceived as inescapable and intolerable.

Beyond psychiatric illness, childhood maltreatment represents a significant risk factor for suicidal behavior. This lecture examines suicidal vulnerability from both theoretical and experimental perspectives, focusing on the relationship between psychological suffering, recent suicide attempts, and early-life trauma. Data from a multicenter observational study indicate that suicide attempters are significantly more likely to report heightened psychological pain and suicidal intent, regardless of whether a specific plan is present. They also show higher rates of personality disorders and severe depressive episodes. Although childhood trauma was prevalent among psychiatric patients, its association with current mental pain scores was modest, suggesting a complex and indirect relationship between early adversity and acute psychological suffering.

Mental anguish can be further conceptualized within Panksepp's affective neuroscience framework, which highlights the role of the opioid system in regulating emotions related to attachment, separation, and loss. Dysregulation of this system may contribute to feelings of despair and unrelieved distress. In recent years, there has been renewed interest in targeting the opioid system for the treatment of major depressive disorder and psychological pain. Antidepressant agents with partial mu-opioid receptor agonism and kappa-opioid receptor antagonism represent promising pharmacological strategies for addressing distress in vulnerable patients.

This presentation concludes by emphasizing emerging experimental evidence and the central role of clinicians in recognizing and alleviating psychological suffering among individuals at risk for suicide.

Opioid-Associated Suicidal Ideation: A Stable and Global Pharmacovigilance Signal

Nobile, Bénédicte

Montpellier University Hospital, France

The potential link between opioid analgesics and suicidal ideation (SI) has raised increasing concern, yet global-scale evidence remains limited. In the study we will present, we investigated the association between opioid use and SI by analyzing individual case safety reports submitted to VigiBase, the World Health Organization's international pharmacovigilance database, between 2011 and 2022. We included reports from 45 countries concerning individuals aged 15 years and older, in which SI was documented and either opioid or non-opioid analgesics were listed as suspected drugs. Non-opioid analgesics were used as comparators due to similar pain-related indications, without expected psychiatric adverse effects. Disproportionality analyses using both frequentist (reporting odds ratio, ROR) and Bayesian (information component, IC) methods revealed a strong association between opioid use and SI (ROR: 2.26 [95% CI: 1.97–2.60]; IC: 1.52 [0.44–2.60]). This association was consistent across time periods and global regions, and remained robust when cases involving combinations with non-opioid analgesics were excluded. Buprenorphine and fentanyl were the opioids most strongly associated with SI. Notably, most reported SI cases involved a single opioid prescribed for acute pain, suggesting that even short-term exposure may contribute to suicidal thoughts. In contrast, non-opioid analgesics showed no significant association with SI, reinforcing a specific signal linked to opioid pharmacology. These findings highlight a possible interaction between physical pain, opioid effects on psychological pain regulation, and the emergence of suicidality. Given the consistent signal across diverse populations, and the frequency of use in non-psychiatric settings, this study supports the need for systematic assessment of suicidal ideation prior to and during opioid treatment. Pharmacovigilance databases offer a valuable resource for detecting early psychiatric safety signals and should be more widely integrated into risk evaluation frameworks in both research and clinical practice.

Social Touch, Interoception, and Suicidal Vulnerability: Clinical Insights

Olié, Emilie

Montpellier University Hospital, France

Suicidal vulnerability involves the convergence of psychological pain, social disconnection, altered bodily perception, and neurobiological dysfunction. Social touch—especially affective CT-optimal touch—is a key regulator of affiliation, emotional soothing, and safety signaling. It engages brain regions implicated in suicide risk, including the insula and orbitofrontal cortex, and interacts with endogenous opioid pathways. Clinically, disturbances in how patients perceive bodily and social cues may contribute to crisis escalation and impaired emotion regulation.

Recent findings exploring touch perception in individuals with a history of suicide attempt offer an unexpected clinical insight: the pleasantness of affective social touch appears preserved, whereas non-affective touch is perceived as more pleasant compared with controls. This pattern suggests not a deficit in social reward, but a shift in the evaluation of bodily signals, consistent with emerging evidence of interoceptive dysregulation in suicidal states. Such alterations may influence how patients experience threat, comfort, or connection, contributing to psychological pain and difficulties in interpersonal functioning.

These observations support the hypothesis that tactile processing, interoception, and opioid modulation form a clinically relevant pathway in suicidal vulnerability. Ongoing work examines how tactile stimulation influences opioid-related biological responses, with the aim of clarifying whether these mechanisms differ according to suicidal history.

Understanding how patients process touch and bodily cues may ultimately help refine suicide risk assessment and inspire therapeutic approaches focused on restoring bodily grounding, affiliative signals, and emotional relief.

SY25. From Online Risk to Online Care: Multimethod Insights into Youth Suicidal Behavior and Digital Prevention Innovations

Chair: van Bergen, Diana (the Netherlands, Netherlands, The)

The online world is deeply embedded in young people's daily lives. Youth use digital communication both to search for suicide-related information and to seek guidance on prevention strategies. Socially vulnerable young people in Europe are least likely to access formal face-to-face mental health care. Because digital tools are accessible, affordable, and often anonymous, they can reduce barriers to information, support, help-seeking, and care. This symposium examines: (1) youths' online behaviors related to suicidality and self-harm to better understand mechanisms that alleviate or worsen these behaviors, and (2) the use of digital interventions to support youth mental health and prevent suicide.

Online behaviour, loneliness and suicidality in young people: A five-wave panel study

Krohne, Nina; Požar, Rok; Poštuvan, Vita

The University of Primorska

Loneliness and suicidal ideation are pressing problems in youth, who are frequent users of social media and smartphones. Despite growing evidence highlighting the harmful effects of technology use on youth mental health, we lack longitudinal evidence on how these factors interact and how to buffer the risk. We will present results from a longitudinal, panel-based study spanning five waves (2019; 2021–2024), examining how online behaviour and psychosocial factors relate to suicidality among young people. We focus on links between social media and smartphone addiction, loneliness (social and emotional), and how these constructs predict suicidal ideation and lifetime suicide attempt over time. We also investigate the buffering effects of social support and social skills on suicidality. Differences by age group and gender are considered. The study aims to identify modifiable, gender-sensitive prevention targets that integrate online behavioral risk with resilience promotion.

Understanding exposure to and engagement with online messages of self-injurious behaviors among youth trough a social network approach

van Bergen, Diana; Uilenreef, Julia

The University of Groningen

Introduction: Exposure to peers' self-injurious thoughts and behaviors (SITBs) is interconnected to personal involvement. This study qualitatively examines youths' experiences with online SITB exposure, focusing on socio-cultural and structural dimensions of their digital social networks.

Methods: Youth (N = 237; age 16–28, M = 22) were recruited through social media and completed an online questionnaire containing mostly open-ended items, 87%, had previously engaged in SITB. Responses were coded inductively and deductively (structural and sociocultural network components) and analyzed using the constant comparative method.

Results:

1. Socio-Cultural Dimensions

1a. Norms and values
Youth expressed disapproval of SITB online contents by withdrawing from platforms, deleting accounts, or reporting posts. Approval appeared in two forms: appreciation of recovery-oriented or educational posts, and troubling recognition or inspiration for further self-harm. Glorification was present in niche communities where self-harm were aestheticized.

1b. Social identity and connectedness
Seeing others' SITB posts provided recognition, emotional bonding, and reduced loneliness: "I recognize the despair and cry for help."

2. Structural Dimensions

2a. Roles and statuses:
Youth described various roles in relation to SITB content:

- Helper role: Some felt responsible for offering emotional support or directing peers to help lines.
- Fellow Sufferer role: shared struggles increased comfort for some but triggered urges to self-harm for others.
- Competitor role: a minority felt pressured to harm themselves more severely or imitate methods, while others resisted competitive impulses.
- Spectator role: Here, responses ranged from distress to avoidance or even desensitization.

2b. Strong versus. weak ties:
Posts from close friends elicited strong emotional reactions and immediate outreach, whereas posts from strangers or acquaintances had less impact.

Discussion: Social media amplifies exposure to SITBs, increasing opportunities for assortative relating with both beneficial (recognition, support, recovery) and harmful (competition, glorification) effects. Strengthening suicide-prevention efforts requires sustained attention to how youth engage with SITB content online.

Evaluating the iAlive tool for suicide prevention: Cross-cultural waitlist randomized controlled study

Bogolin, Aljaž[1]; Poštuvan, Vita[2]; Pfatrisch, Nina[3]; Akcan, Derin[4]; Deng, Xiaoyu[5]; Ibsen, Hannah[6]; Wojciechowska, Mirella[7]; Krohne, Nina[2]

[1]National Institute of Public Health, Slovenia (NIJZ); [2]The University of Primorska; [3]University of Vienna; [4]University of Padova; [5]Oxford University; [6]Aarhus University; [7]University of Gdansk

Despite rising youth suicide rates, suicide prevention remains absent from the formal education of many future gatekeepers, highlighting the need for easily accessible programs that young people can use to support both their peers and those they will work with professionally. We will present the results of a randomized controlled study evaluating the effectiveness of the digital suicide-prevention training tool iAlive among a multicultural sample of students preparing for careers in caretaking professions. The study focuses on strengthening their perceived competencies, attitudes, and readiness to recognise and respond to suicidal crisis. Students from several European and non-European countries were allocated to intervention and control groups and completed pre- and post-intervention assessments. Findings will offer insights into how digital gatekeeper training can equip young people across diverse cultural contexts to contribute to suicide prevention among youth.

SY26. Early Intervention in Youth Suicide Prevention Across Contexts

Chair: Mérelle, Saskia (113 Zelfmoordpreventie, Netherlands, The)

Early intervention can reduce the likelihood of youth suicide. This symposium presents re search from four countries on early intervention across contexts, including schools, peers, social media, and health services. Jo Robinson shares Australian #chatsafe trial findings on promoting safe online communication. Pooja Saini discusses a UK peer-support service for children bereaved by suicide. Britt Morthorst reports on the feasibility, acceptability, and fidel ity of YAM in Danish schools. Molly McCarthy presents qualitative research on factors influ encing implementation of a UK school-based prevention programme. Saskia Mérelle presents a mixed-methods study on youth care as an entry point for Dutch adolescents with suicidality.

Testing the Impact of the #chatsafe Intervention on Young People's Ability to Communicate Safely About Suicide on Social Media: A Pragmatic, Parallel, Superiority Randomized Controlled Trial

La Sala, Louise[1]; Cooper, Charlie[1]; Spittal, Matthew[2]; Sabo, Amanda[1]; Rajaram, Gowri[1]; Bellairs Walsh, India[1]; Roberts, Leo[2]; Brown, Ellie[1]; Lamblin, Michelle[1]; Rice, Simon[3]; Pirkis, Jane[2]; Nolan, Hayley[1]; Thorn, Pinar[1]; Krysinska, Karolina[2]; May Finlay, Summer[4]; Silenzio, Vincent[5]; Skehan, Jaelea[6]; **Robinson, Jo**[1]

[1]Orygen, University of Melbourne; [2]University of Melbourne; [3]Orygen, University of Melbourne, Movember Institute of Men's Health; [4]University of Wollongong; [5]Rutgers University; [6]Everymind, University of Newcastle

Background: Concerns exist regarding the relationship between social media and youth suicide. Educating young people to safely navigate online suicide content could reduce risk.

Aims: To test the impact of the #chatsafe social media intervention on young people's safety and confidence when communicating about suicide on social media.

Methods: A randomised controlled trial comparing #chatsafe with a sexual health campaign. 906 Australians aged 16 to 25 were randomly assigned (453 per arm) and blind to allocation. The 8-week intervention included 24 pieces of campaign content. Outcomes were measured at baseline (T1), post-intervention (T2), and 4 weeks later (T3). The primary outcome was online safety in suicide communication. Secondary outcomes included confidence, willingness to intervene against suicide, internet self-efficacy, safety, and acceptability. Statistical analyses were conducted by a blinded statistician.

Results: Results showed a mean improvement of 0.23 from T1 to T2 in safety of online communication in the #chatsafe arm and a mean decline of -0.19 in controls. Mean group difference was 0.40 (95% CI 0.18 to 0.61, p = 0.0003); differences were not sustained at T3. Improvements in confidence were observed in the #chatsafe arm compared to controls (mean change = 0.43 vs 0.10; coefficient = 0.30, p<0.001), with effects sustained at follow-up (p=0.028). Improvements in both subscales of willingness to intervene were observed in the #chatsafe group (mean change = 3.31 vs -0.20; coefficient = 3.50, p=<.001 and mean change = 0.94 vs -1.59; coefficient = 2.55, p = 0.002, respectively). No between-group differences were found for internet self-efficacy. 53.5% found the intervention helpful; 98.3% reported no or minimal negative effects.

Conclusion: #chatsafe represents an evidence-based approach for promoting safe online communication about suicide among young people. Research examining the ability of #chatsafe to deliver support or link people to help would be a useful next step.

"When I came here, everything changed" the impact of a peer support service on children bereaved by suicide

Saini, Pooja; Hendriks, Olivia; Foster, Rio

Liverpool John Moores University

Background: Peer support services are an increasingly recognised form of postvention support. However, there is a notable lack of provision tailored specifically for children and young people. This aim of this study was to investigate the impact of a UK-based suicide bereavement peer support group for children and young people (CYP) on confidence levels, self-esteem and social isolation.

Method: A case series study was conducted, following CYP who engaged with the service. Sixty-five CYP using Alfie's Squad between 1st September 2023 and 1st July 2025. Phase one involved routinely collected quantitative data from CYP at three timepoints: baseline, eight weeks and six months after programme entry. Phase two included qualitative interviews (n=29) with staff delivering the service, CYP and parents/guardians of CYP using the service. Descriptive statistics and thematic analysis were used to analyse the data.

Results: At baseline, many CYP reported difficulties related to loneliness, low self-esteem, and emotional wellbeing. Findings suggest that attending Alfie's Squad led to reductions in social isolation, increased trust, improved emotional expression, and strengthened peer relationships. Participants described Alfie's Squad as a safe and supportive space where they could share experiences, develop meaningful relationships, and build coping strategies. The creative and activity-based structure of the programme was especially valued by CYP, who appreciated being able to engage in enjoyable and age-appropriate activities while navigating their grief.

Conclusion: This study demonstrates the value of Alfie's Squad as a peer-support service in addressing the social, emotional, and practical needs of CYP bereaved by suicide. To enhance the service's impact and sustainability, we recommend the continued implementation of a data system to enable robust and consistent data collection practices to monitor outcomes and inform ongoing development. Further research is recommended to explore the long-term outcomes for CYP and the role of this postvention model in suicide prevention.

YAM for Danish school adolescents: preliminary findings of a cluster-randomised feasibility trial

Harris, Lasse[1]; Heinrichsen, Michella[2]; Petri, Marie[3]; Elberling, Hanne[4]; Forman, Julie[5]; Nordentoft, Merete[6]; Erlangsen, Annette[7]; **Morthorst, Britt**[2]

[1]Copenhagen University Hospital, Danish Research Institute for Suicide Prevention; [2]Copenhagen University Hospital, Danish Research Institute for Suicide Prevention, University of Copenhagen; [3]Copenhagen University Hospital; [4]Copenhagen University Hospital, University of Copenhagen; [5]University of Copenhagen; [6]Danish Research Institute for Suicide Prevention, University of Copenhagen; [7]Danish Research Institute for Suicide Prevention, University of Copenhagen, Copenhagen Research Center for Mental Health, The Australian National University

Background: Universal school-based interventions like Youth Aware of Mental Health (YAM) hold promise for adolescent suicide prevention, yet feasibility data for this program do not exist in Danish schools.

Aims: (1) To investigate the feasibility, acceptability, and fidelity of the YAM program in Danish public schools to 8th-9th-grade students, and (2) to explore its preliminary effects on self-reported outcomes at 3- and 6-month follow-up.

Methods: A two-armed, cluster-randomised feasibility trial was conducted. Nine public schools were assigned to either the YAM program, combined with the usual curriculum, or to the YAM posters, combined with the usual curriculum. Feasibility outcomes included participation, course completion and questionnaire response rate. Acceptability was assessed through self-reported attendance, and fidelity was monitored using instructor logbooks. Self-reported outcomes were collected during school hours, including suicidal behaviour, psychological distress, well-being, help-seeking intentions, and suicide-related stigma. The statistical analysis was carried out by a blinded researcher.

Results: 298 of 721 eligible students (41%) and their parents provided informed consent. Group 1 consisted of 140 students, and Group 2 consisted of 158, with balanced baseline characteristics. The YAM program was completed by 74%. Questionnaire completion (≥75% of items) was 89% at baseline, 79% at 3 months, and 83% at 6 months. In total, 17 classes were assigned to the intervention, with 85 YAM sessions delivered; 95% of them were implemented as intended. Instructor logs were complete for all but two sessions, and 21% sessions had one or more deviations from the manual. Self-reported outcomes on well-being and suicidality will be presented at the conference.

Conclusions: YAM demonstrated high feasibility, fidelity, and acceptability in Danish schools, supporting the consideration of future implementation of such a universal strategy to improve adolescent mental health.

Factors Affecting the Implementation of a School-Based Suicide Prevention in the UK: A Qualitative Study of the MAPSS Programme

McCarthy, Molly[1]; Ashworth, Emma[1]; Wynne, S[1]; Robinson, Jo[2]; McKay, S[2]; Sambrook, L[1]; Smith, N[3]; Humphrey, N[4]; Henderson, K[5]; Crosby, V[6]; Michail, M[7]; Eddleston, C[1]; Saini, Pooja[1]

[1]Liverpool John Moores University; [2]Orygen, University of Melbourne; [3]Edge Hill University; [4]University of Manchester; [5]Growth Mindset Therapy & Solutions; [6]Alder Hey Children's NHS Foundation Trust; [7]University of Melbourne, University of Birmingham

Background: Suicide is the leading cause of death among young people (YP) in the UK, yet few school-based prevention programmes have been tested in real-world settings. Guided by international best practice, this study qualitatively explored experiences of implementing a Multi-modal Approach to Preventing Suicide in Schools (MAPSS).

Aims: Understand workshop facilitators, school staff, and YP's experiences, perceived value and contextual factors influencing adoption and delivery of school-based suicide prevention programmes.

Method: Qualitative data were collected through semi-structured interviews with YP (N=6), school staff (N=10), and workshop facilitators (N=2). Focus groups were also conducted with YP (N=25) following participation in the suicide prevention workshop. Thematic framework analysis was used to analyse the data.

Results: Findings were explored in relation to barriers and facilitators to implementation across multiple levels: classroom/individual, school, intervention and wider community. Themes included engagement, accessibility and relatability; implementation challenges; risk and responsibility; programme design and engagement; and building awareness for early intervention and stigma. All themes span across levels of the model, with individual factors often interacting with school-level barriers and facilitators. For example, Programme Design and Engagement reflect factors at an individual (student, staff, workshop facilitators), organisational (school culture, resources), and broader systems level (policy and community support).

Conclusion: MAPSS was perceived as acceptable, safe, beneficial and feasible in school settings, though logistical challenges remain. Interestingly, facilitators and barriers were often described as interdependent, rather than separate. For example, while staff acknowledged that time constraints and staff capacity posed a challenge, they also emphasised that a whole school approach allowed for more shared responsibility by embedding suicide prevention into existing structures. Insights from multiple stakeholders highlight important considerations for refining and scaling school-based suicide prevention programmes in the UK. Further research is needed to evaluate and ensure the safety of YP, staff and the wider school community.

Barriers and facilitators for including adolescents with suicidal thoughts and behaviours in youth mental healthcare: perspectives from Dutch primary care providers

Elzinga, Elke[1]; Konings, Tosca[2]; Van Ommen, Henriëtta[2]; Huinck, Edith[2]; **Mérelle, Saskia**[1]

[1]113 Suicide Prevention, Amsterdam University Medical Center; [2]113 Suicide Prevention

Background: Continuity of care is essential for effective youth suicide prevention, yet it is often difficult to achieve in practice. In the Netherlands, access to appropriate care is frequently hampered, partly due to long waiting lists and institutional policies that consider suicidal thoughts and behaviours (STBs) a contraindication for treatment. This study aims to explore primary care providers' perspectives and experiences regarding the inclusion of adolescents with STBs in youth mental healthcare.

Methods: A mixed-methods study was conducted using questionnaires (n = 100) and in-depth interviews (n = 10) among professionals working with adolescents up to age 23 in primary youth mental healthcare. Respondents evaluated a fictional case involving a young person with STBs and indicated whether they would provide care. Follow-up questions examined factors enabling care provision, perceived barriers when care was not provided, and recommendations for improving access for adolescents with STBs.

Results: Preliminary findings indicate that 92% of care providers would include adolescents with suicidal thoughts, whereas only 38% would include adolescents with recent suicide attempts. About half of participating organizations had policies regarding the admission or refusal of care for youth with STBs, often related to risk management and the availability of 24/7 care. Commonly reported barriers included the absence of a multidisciplinary team, case severity, and lack of crisis support. Suggested solutions included training in suicide prevention, improved collaboration with crisis teams, and more frequent case reviews with colleagues.

Conclusion: In the Netherlands, adolescents with recent suicide attempts are more likely to be refused care in primary youth mental healthcare, which may reinforce feelings of being a burden or the belief that no one can truly help them. The findings of this study will be translated into actionable recommendations to inform stakeholders and guide policy development.

SY27. Rethinking Suicide Research: Contemporary Theoretical Advances

Chair: Brüdern, Juliane (University of Leipzig, Germany)

Technological advances are shifting suicide research beyond risk-factor models toward dynamic, process-oriented theories. This symposium presents contemporary perspectives that conceptualize suicidal thoughts and behaviors (STB) as fluctuating, heterogeneous processes shaped by distinct mechanisms. The Fluid Vulnerability Theory highlights temporal dynamics of suicide risk; the Ambivalence Model focuses on competing wishes to live and die; the Dual-System Model emphasizes interactions between dysfunctional self-regulative and impulsive processes; and the Metacognitive Model examines metacognitions related to STB. Together, these theories provide advanced, process-focused perspectives that enhance our understanding of the dynamics and variability of suicidal crises and offer new avenues for research.

Fluid Vulnerability Theory, Ambivalence, and Suicide Risk

Rudd, M. David

University of Memphis

Fluid vulnerability theory (FVT) is uniquely suited to understanding the cognitive-behavioral conceptualization of the suicidal mode and the temporal dynamics of suicidal thinking, suicidal ambivalence, and suicidal behavior. In particular, FVT offers a conceptual model for understanding, assessing and the clinical treatment of both discrete episodes of risk and enduring vulnerability to future episodes once an acute episode has resolved. Research over the past 20 years has offered strong support for FVT, with unique translation to specific clinical risk assessment strategies and targeted clinical interventions that are foundational to brief cognitive behavioral therapy for suicide prevention (BCBT-SP). In addition to reviewing the empirical support for FVT, clinical assessment strategies will be discussed, along with treatment modules included in BCBT+, a recent abbreviated and empirically-supported 4 hour-long adaptation of the full BCBT-SP treatment protocol.

The Ambivalence Model of Suicidality

Teismann, Tobias

Ruhr-University of Bochum

Existing models for understanding suicidal ideation and behavior may not provide satisfactory orientation for clinical-therapeutic work with suicidal clients. Based on the observation that ambivalence accompanies the entire suicidal process and building on the empirical knowledge about suicidal ambivalence, the ambivalence model of suicidality (ABS model), a new clinical working model that aims to provide a framework for suicide risk assessment, case conceptualization and treatment planning, will be presented. The model divides the suicidal process into three phases (uncertainty phase, transition phase and action phase), describes the psychological state within the different phases, and identifies phase-specific therapeutic interventions. The ABS model is a descriptive model that can be used to structure and organize crisis intervention and psychotherapy with suicidal patients.

The result of a recent scoping review on suicidal ambivalence (k = 28) and of a qualitative study with Iranian inpatients (N = 10) will be used to illustrate the core assumptions of the ABS-Model.

The Dual-System Model of Suicidality: Theory and First Evidence

Brüdern, Juliane

University of Leipzig

Suicidal thoughts and behaviors (STB) emerge from highly dynamic and individually diverse processes that are not fully accounted for by most existing suicide theories. The Dual-System Model of Suicidality (DSMS) is a new process-based, transdiagnostic framework developed to address this gap. Grounded in dual-process theories, the DSMS proposes that suicidal crises unfold through the interaction of two functionally distinct systems: a reflective system, encompassing effortful, goal-directed, and cognitively demanding processes (e.g., effortful emotion regulation, problem solving, self-control), and an impulsive system, characterized by fast, associative, resource-independent processes (e.g., implicit biases, automatic behavior, suicidal urges). STB is conceptualized as the result of dysregulation within and between these systems, particularly under conditions of emotional distress, cognitive load, or depleted self-regulatory resources. Such depletion may arise from situational factors including sleep problems, substance use, heightened stress, or interpersonal conflict.

To illustrate the explanatory value of the DSMS, preliminary findings from two recent studies will be presented. A qualitative interview study with psychiatric inpatients after a suicidal crisis (N = 12) revealed a predominance of maladaptive emotion regulation strategies (ERS) and identified distinct suicide-specific coping strategies that either escalate or mitigate suicidal crises. These findings closely align with core DSMS assumptions regarding dysfunctional self-regulation processes, leading to depleted resources and suicide-facilitating processes. In addition, real-time data from a matched healthy–STB sample (N = 110) demonstrated that better sleep quality predicts higher state self-control, higher positive affect, and greater use of adaptive ERS at the within-person level. These results offer first support for the proposed mechanisms, highlighting sleep as a modifiable factor facilitating adaptive self-regulation.

Together, the DSMS and these initial findings underscore the importance of examining dynamic self-regulatory processes to better understand and ultimately prevent suicidal crises.

The Metacognitive Model of Suicide: a helpful conceptual framework for the understanding of suicidal ideation

Forkmann, Thomas[1]; Serebriakova, Jana[1]; Schüler, Jil[1]; Teismann, Tobias[2]

[1]University of Duisburg-Essen; [2]Ruhr-University Bochum

Building on the metacognitive model of depression, the metacognitive model of suicidality proposes that metacognitions about suicide play a crucial role in explaining the activation, intensification and prolongation of suicidal ideation and intent. The model proposes that thoughts about death and dying activate positive metacognitions about the need to engage in sustained mental processing or rumination about suicide and thereby activate a Cognitive Attentional Syndrome (CAS), consisting of suicide-specific rumination, attentional fixation on suicide and thought suppression. Once the CAS is activated and individuals experience a buildup of rumination, attentional fixation on suicide and failed attempts of thought suppression, negative metacognitions about the uncontrollability and harmfulness to the individual become activated. This activation of negative metacognitions might not only contribute to a further intensification of the CAS, but also to an aggravation of suicidality in the form of suicide planning, suicide intention formation and ultimately suicidal behavior.

The assumptions of the model will be outlined and self-report instruments measuring the central concept of the model will be introduced. In addition, results from recent cross-sectional and longitudinal studies that examined the model assumptions using data from the general population and from patients who were hospitalized after a suicide attempt or suicidal crisis (total N>600) are presented. Overall, the results support the suppositions of the metacognitive model of suicidality model and suggest that the model may be valid and helpful in conceptualizing and understanding the suicidal process. Especially suicide-specific rumination and positive metacognitions may be important drivers of intensification and prolongation of suicidal ideation and suicidal intent formation. Potential perspectives for future research will be discussed in light of the current findings.

SY28. Facing the Truth of Suicide Bereavement: Blame, Defensiveness and the Work of Mourning After Suicide

When someone dies by suicide, those bereaved, families, clinicians, and institutions, are drawn into powerful dynamics of shock, guilt, blame, and meaning-making. These reactions can fracture relationships, distort narratives, and impede mourning. This symposium brings together lived experience, psychoanalytic, anthropological, and organisational perspectives to explore how truth becomes obscured after suicide and how defensiveness, stigma, and institutional protectionism shape grief. Through testimony, analysis, and new co-created postvention resources, speakers examine what allows grief to be witnessed, narratives to be repaired, and compassionate learning to replace blame. The symposium aims to model humane, reflective responses to suicide loss.

Finding meaning after suicide: A Mother's Grief, Blame Narratives, and the Search for Compassionate Response

Braun, Dorit

Making Families Count

Dorit's daughter in law, Mariana, took her own life during a psychosis, in 2016. It was a first episode that had included a Mental Health Act assessment the night before her death.

Dorit will talk about her attempts to make meaning of this trauma initially and later on. Her talk will include the additional trauma of making and reading statements to the Coroner, the way that different narratives of blame emerged, some of which could not be shifted, and how for her, she could not find language to express her grief and distress, but did find relief in painting and in her art group witnessing her paintings without comment or judgement. (We could show 2 of the paintings that Maddie took)

Like so many other families affected by traumatic death, Dorit tried to make meaning by pushing for change and improvements in services. Dorit got funding to co-create learning resources for health professionals, volunteering with Making Families Count. Through that work, Dorit met Rachel and began to read her published articles for professionals. She found these articles really helpful, and has been volunteering with Rachel and others to produce resources that are aimed at families and friends. (And here we could showcase the resources)

Dorit is now CE of Making Families Count, (MFC). MFC is a not-for-profit community interest company. We provide training, consultancy and advocacy to improve how public services respond to families after serious harm or death. We promote compassionate, transparent and learning orientated approaches within health and social care systems.

Holding the Narrative: Coroners, Grief, and the Relational Work of Suicide Inquests

Tamworth, Millie

University College London

An inquest is an inquisitorial process in which the coroner determines who, when, where, and how a person has died following an unexpected death. When a suspected suicide involves someone recently under the care of mental health services, clinicians may be called to give evidence. Despite the profound impact that a poorly conducted inquest can have on all those present, little is known about the experiential dimension of attending an inquest—what makes it more or less difficult, and whether it holds any reparative potential.

This presentation draws on ethnographic fieldwork conducted at inquests following suspected suicide. The findings foreground the emotional and relational dynamics of attending court, suggesting that grief is the most present participant in the inquest process. When conducted well, an inquest becomes a participatory encounter: a relational space in which family grief can be witnessed and in which coherent narratives of understanding can take shape. The coroner sits at the centre of this process, responsible for sustaining narrative coherence and providing emotional containment.

When narrative oversight fails or grief overwhelms containment, the participatory process can break down. In these instances, adversarial thinking and dichotomous frameworks may replace reflective capacity. The emotional dynamics present during the inquest are the central feature of both its challenge and opportunity for repair. Furthering understanding of these often-unacknowledged experiences could inform better preparation, guidance, and support.

Facing Blame and Uncertainty After Suicide: Psychodynamic Truths of Bereavement and the Possibility of Repair

Smith, Andrew[1]; **Gibbons, Rachel**[2]

[1]Making Families Count; [2]UCL

When someone dies by suicide, those left behind face a psychic catastrophe that shatters assumptions about life, love, and responsibility. Across more than 1,500 testimonies from families, friends, and clinicians, clear patterns emerge: the mind seeks relief from unbearable uncertainty by creating narratives of blame—often directed inward. These delusional stories, though protective at first, entrap the bereaved in cycles of guilt, defensiveness, and self-punishment, obstructing mourning and distorting institutional responses.

Drawing on psychoanalytic theory and lived experience, this paper explores the psychodynamics of suicide loss and the collective need to restore truth where fantasy and fear prevail. The presentation will trace how understanding these processes has informed national guidance and creative collaborations with bereaved families, including the co-authored resource Making Sense After a Suicide.

In this work, the aim is not to remove pain but to make it thinkable—to shift from blame to reflection, from silence to dialogue. By recognising that suicide cannot be reduced to a single cause or failure, we open space for compassion and meaning-making. Facing the reality of suicide—its complexity, destructiveness, and humanity—allows mourning to resume and transforms unbearable guilt into shared understanding.

Trauma Has Many Hats: The Interaction of Suicide Loss Trauma with that of the Past

Whitebrook, John

University of West London

In 2017, John experienced the loss of his youngest son to suicide. The resulting trauma and mental health difficulties led to a decline in motivation and, combined with limited workplace flexibility, culminated in early retirement. Support from friends and family played a vital role during this period. Additionally, attending the Survivors of Bereavement by Suicide (SoBS) peer support group was invaluable in helping process and contextualise the loss. Subsequently, John became a peer support group volunteer facilitator and is now the Vice Chair and Research Lead for the SoBS board of trustees. He has also embarked upon a program of research into adult male bereavement, primarily focussed on the barriers and facilitators of participation in postvention support activities.

John's research has helped elucidate the complexity of suicide bereavement and highlight the many interwoven facets that can often be neglected or ignored when the needs of suicide loss survivors (SLS) are being considered. A combination of personal experiences and interactions with many other SLS have highlighted aspects such as organisational stonewalling, stigma, guilt, blame, societal denial, and permanently conflicting perspectives.

In this presentation, the focus will be on the inherent revisiting of prior trauma when dealing with the loss of a loved one to suicide. It is part of the human condition to mentally partition events associated with strongly negative experiences. Indeed, a common reaction is to build a mental dam to hold back the potentially overwhelming angst associated with suicide loss. However, such a dam may develop cracks, or fail completely, allowing a flood of overpowering emotions that can also elicit reliving of previous experiences. Connected by both the emotional connectivity and connotations of events, the trauma of the present and past can become intrinsically linked and manifest jointly. How these may be teased out and confronted will be discussed.

The dynamic power of suicide grief: what grief teaches and changes

Mosse, David

SOAS

How is it possible to speak about suicide when what suicide provokes is an unanswerable, why? When the voice of the one I long for, and sometimes fear, is forever silenced? As a father bereaved by the suicide of his son, as facilitator of a survivors of suicide bereavement group for over 10 years, and as an anthropologist, David (Prof David Mosse) will share thoughts on how suicide can question what we think we know about human agency and love; and how investing in the future requires finding a narrative for the past. He will share his understanding of how those bereaved by suicide find stories from each other's tragedies, and how these stories of loss change over time. Some things we understand about suicide only come from the experience of suicide grief. His experience tells him that despite shifting public and health frameworks, it is impossible to escape suicide's moral dimension, and that grief is also ethical recovery. He will reflect on the way suicide grief also has power for change. This is born of anger or the fight against powerlessness and meaninglessness, but also because of the social and institutional anxiety that surrounds suicide. But without dialogue, the dynamic power of grief can be personally and organisationally destructive. David brings an autoethnographic perspective that places personal experience in a wider social and cultural context.

SY29. Social determinants and emerging trends in youth self-harm and suicide

Chair: Arensman, Ella (University College Cork & National Suicide Research Foundation, Ireland)

The social determinants of youth suicide remain under-examined internationally. In addition, patterns of self-harm and suicide attempts are poorly understood in terms of onset and repetition in children adolescents and young adults.

This Symposium, Social determinants and emerging trends in youth self-harm and suicide, will provide research outcomes from three different countries (Australia, Ireland and the Netherlands). Presenters will discuss two national studies examining the role of social determinants in mental ill-health and suicide risk in young people. Two large-scale studies examining trends in onset and repetition of self-harm will be presented, as well as key priorities going forward.

Right Here, Right Now: the social determinants of mental ill-health and suicide risk in young Australians.

Robinson, Jo; La Sala, Louise; Bailey, Eleanor; Carrotte, Elise; Kenny, Bridget

Orygen the Centre for Youth Mental Health, University of Melbourne

Background: Youth suicide is a major public health problem and, despite significant effort and investment, rates remain high. A contemporary understanding of the social determinants of suicide is required to optimise preventative efforts. The Right Here, Right Now study aims to investigate the broad social and structural determinants driving mental ill-health and suicide risk in young Australians.

Methods: A cross-sectional national survey of 2948 young Australians aged 12-25 (M = 20.2 years, SD = 3.7, 54.2% female) was conducted. Participants were recruited from 2 research panels and boosted by convenience sampling with population-based quotas applied. An online questionnaire was administered examining mental ill-health, suicide and self-harm, and potential contributing factors such as climate anxiety, childhood trauma and intimate partner violence, plus online experiences including social media use.

Results: Preliminary analysis indicates that 67.9% participants reported experiencing mild symptoms of depression, with 14.9% experiencing moderately severe and 9.1% severe depressive symptoms respectively. One third (33.6%) reported ever being diagnosed with a mental illness, behavioural disorder, or a neurodevelopmental condition. Lifetime serious suicidal thoughts were reported by 35.5% of participants, with 15.3% reporting suicidal thoughts in the past 12 months; 8.9% reported at least one lifetime suicide attempt.

The most common contributors reported by participants were cost of living (87.2%), followed by housing affordability (84.6%), physical appearance (81.0%), climate change (78.8%), global conflicts (77.7%), mental health (75.2%), and physical health (75.1%). 60.4% expressed concern about social media use, with most only being slightly (26.5%) or somewhat (17.2%) concerned.

Conclusion: This study has provided up-to-date data on rates of, and risk factors for, mental ill-health and suicide risk among young Australians. It is hoped this will lead to increased, more contemporary, understanding of how to tackle suicide risk in young people plus recommendations for clinical services, policymakers and researchers, in and beyond Australia.

Inequities in Youth Suicide: A National Case Series Study

McMahon, Elaine[1]; Huggard, Leigh[1]; Griffin, Eve[2]; Arensman, Ella[1]; Cox, Gemma[3]; Corcoran, Paul[1]

[1]School of Public Health, University College Cork; [2]National Suicide Research Foundation, Cork, Ireland; [3]National Office for Suicide Prevention, Dublin, Ireland

Background: Over 500 people die by suicide annually in Ireland. Among males aged under 25, suicide is the leading cause of death, while for females suicide is the third highest cause of death. There are stark socio-demographic differences in adolescent mental health difficulties, with consequences for widening inequalities. National studies of youth suicide are needed, including a focus on social determinants.

Method: A national retrospective study of a complete cohort of youth suicides in Ireland (2015-2020) was carried out. Data on probable suicides were obtained from the Irish Probable Suicide Death Study (IPSDS). National population statistics were obtained from the Central Statistics Office. Key variables examined included age, sex, socio-economic status (SES), living situation and employment.Poisson regression with population offset, adjusted by sex and age, was used to examine suicide rates in groups of interest.

Results: There were 735 cases of probable suicide recorded nationally among those aged 10-30 in the 6-year study period, with 74% of suicides in males. The overall annual rate of probable suicide was 9.77 per 100,000 (95% CI: 9.07-10.5). Highest rates in males and females were in the 25-29 year-old and 20-24 year-old age groups respectively. Homelessness was associated with high suicide risk, with an annual rate of 104.9 per 100,000. Compared with the reference group (high SES employed individuals), the unemployed group had an elevated suicide rate (IRR: 21.42; 95% CI: 14.23-33.89). Middle SES and lower SES employed individuals also had higher suicide rates than the reference group (IRR: 4.87; CI: 3.16-7.84 and IRR: 4.61; CI: 2.85-7.69 respectively). Students had significantly higher rates of suicide than the high SES reference group (IRR: 9.87; CI: 6.52-15.69).

Conclusion: Interventions to reduce social inequalities may be effective in reducing rates of suicide. Targeted support is needed for high-risk groups including those experiencing unemployment or homelessness and students.

Age of onset and repeat self-harm in young people: A national registry study

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[1]School of Public Health, University College Cork, Ireland; [2]Department of Psychiatry, School of Medicine, University College Dublin, Dublin, Ireland

Background: Self-harm is one of the leading causes of death among young people worldwide. Age of onset of hospital-presenting self-harm is older than what is generally reported. The evidence is mixed regarding the relationship between age of onset and repeat self-harm. This study explores the relationship between age of first presentation (onset) and repeat self-harm.

Methods: Data between 2010-2023 were included from the National Self-Harm Registry Ireland. Young people aged 10-20 years who first presented to hospital emergency departments with self-harm between 2010-2018 were followed for a maximum of 5 years. Cox regression provides estimates on repetition risk over time in males and females with age of onset as a predictor and method(s) of self-harm, alcohol involvement, and admission information as covariates.

Results: Between 2010-2018,16,310 individuals presented to emergency departments for the first time, 62.1% were made by females and 37.9% by males. Approximately 26% repeated over the 5 year follow up. The gender proportions for first and repeat presentations were similar. Repeat presentations made by males who had an onset age of 10-13 years were minimal but sharply increased with increasing age of onset. Repeat presentations made by females sharply increased from those with an onset age of 12 years and then declined after reaching its peak at 15 years.

Conclusions: Descriptive results suggest repetition is associated with a younger age of onset among females compared to males. The findings of the cox regression analysis will be presented and will add nuance to the descriptive findings. The age groups and clinical characteristics where risk is highest and intervention might be most appropriately directed will be presented.

Trends of suicide attempts, re-attempts and aftercare among young people in the Netherlands

Merelle, Saskia[1]; Luigjes, Yvonne[2]; van Wijk, Ilse[3]; Gilissen, Renske[4]

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Background: Patients presenting to the hospital after a suicide attempt have a higher risk of subsequent suicide, especially in the months following their visit. In the Netherlands, approximately 40% of visits involve a re-attempt, although recent data are scarce. Young people aged 15-29 years are the highest risk group for emergency department (ED) visits after a suicide attempt. This study aims to inform suicide prevention strategies for young people by analysing time trends in suicide attempts, re-attempts, and receipt of aftercare.

Methods: Data were obtained from the Dutch Injury Surveillance System (DISS), which collects registration data from a representative sample of Dutch hospitals. Observed numbers of suicide attempts and non-suicidal self-injuries were extrapolated to estimate total self-harm events. Prevalence rates per 100,000 inhabitants were calculated for 2020-2024 and compared with rates from 2015-2019. Analyses were stratified by gender and 10-year age groups. To reduce participation burden for hospitals, re-attempts were assessed using 2024 data, with duplicated cases identified in the dataset through 2023.

Results: Preliminary findings showed that between 2020 and 2024, 42% of ED visits for suicide attempts involved young people aged 10–29 years. The increase in suicide attempts was significant among young females (73%), whereas the increase among young males did not reach statistical significance. Females aged 10–19 years and 20–29 years remained high-risk groups, with 200 and 220 ED visits per 100,000 inhabitants, respectively. Re-attempts were more common among females. Additional results on age-specific patterns, methods for self-harm and aftercare will be presented.

Conclusions: Our preliminary findings indicate that suicide attempts have increased among young people, particularly young females. This trend might be partly attributable to re-attempts within this group. These findings highlight the importance of ensuring high-quality care in hospitals to help prevent worsening of mental health among young people.

SY30. IASP SIG Postvention Symposium 3: Evaluation of the effectiveness of interventions for people bereaved by suicide

Chair: McNally, Sandra (The University of Melbourne, Australia)

Experiencing the suicide of a close person, such as a family member, friend or colleague, is one of the most devastating life events. People bereaved by suicide have an increased risk of mental health problems and suicidal behaviour. However, they often experience insufficient social support. Therefore, people bereaved by suicide may benefit from interventions, specifically designed to meet their needs. This symposium will address the effectiveness of tailored clinical and community interventions for people bereaved by suicide, as well as the effectiveness of a postvention training program, and the need to use adequate outcome measures in postvention.

Chairs: Sandra McNally, Edouard Leaune.

Building Hope after Loss: Establishing a Sustainable Postvention Program in Rural Communities

McNally, Sandra; R., Ouellet; Denis, Thirion

EMPACT Suicide Prevention Centre, Tempe, AZ, USA

Introduction: Suicide loss can have a devastating impact on those left behind and can deeply affect rural communities where close social ties mean that each death resonates widely. Limited access to resources can leave Survivors of Suicide feeling isolated and without adequate support. Postvention can play a critical role in healing, preventing further suicides, and strengthening community resilience. This presentation outlines a framework for developing and sustaining an effective postvention program tailored to rural settings.

Aim: The aim of this project was to design and implement a community-based postvention program that promotes recovery, reduces isolation, and builds long-term capacity for suicide prevention and postvention in rural areas of Arizona. During this presentation, participants will be educated on the key components for developing such a program by establishing partnerships with schools, community stakeholders, crisis teams, and first responders, and by utilizing individuals with lived experience to provide sustainable program services.

Methods: This project engaged Survivors, school staff, mental health providers, first responders, and crisis teams to establish a comprehensive postvention model, which included community-based trainings, school-based postvention workshops, Survivors of Suicide (SOS) support groups, and involvement with Local Outreach to Suicide Survivors (LOSS) Teams.

Results: A comprehensive suicide postvention program was launched in eight rural towns in Arizona, utilizing community members with lived experience to deliver services such as facilitating SOS support groups, educating collaborating schools on suicide postvention, and establishing new partnerships with first responders/crisis response teams for effective postvention outreach and intervention.

Conclusion: The project demonstrates the power of community-driven postvention in fostering healing and preventing further harm after suicide loss. Early indicators suggest that this model is both effective and sustainable in rural settings.

Imagery Rescripting and Reprocessing Therapy after Suicide Loss: Results from a Single-Case Experimental Design Study

Hofmann, Laura; Wagner, Birgit

Medical School Berlin, Berlin, Germany

Background: Imagery Rescripting and Reprocessing Therapy (IRRT) represents an innovative approach to the treatment of grief by modifying distressing mental imagery associated with the loss. Especially for suicide loss survivors, who often suffer from intrusive images, intense grief reactions, and an increased prevalence of mental health disorders and suicidality, IRRT may constitute a promising therapeutic approach.

Aim: The aim of the present study is to examine whether a brief intervention using IRRT leads to a significant reduction in grief symptoms, feelings of guilt and responsibility, suicidal thoughts, and symptoms of posttraumatic stress disorder (PTSD).

Methods: The study follows a non-concurrent multiple-baseline single-case experimental design, in which replication of effects across several participants with varying baseline lengths contributes to a causal interpretation of the therapy effects. A total of N = 15 suicide loss survivors will be included in the study. The intervention consists of eight sessions and a three-month follow-up session. The following outcomes are assessed: grief (TGI-SR+), (complex) PTSD (ITQ), depression (PHQ-9), suicidality (SSEV), guilt and responsibility (GEQ), and mental imagery (DIS-R).

Results: The study is currently in the recruitment and implementation phase. Preliminary findings from a preceding pilot study indicate a significant reduction in grief symptoms, PTSD, and depressive symptoms over the course of the intervention. These changes remained stable during the follow-up period.

Conclusion: IRRT may represent a promising approach for the treatment of complex grief reactions among suicide loss survivors. The results of the ongoing study are expected to further strengthen the empirical foundation of the method and provide implications for clinical practice and the care of this vulnerable population.

The effects of a postvention intervention on mental healthcare workers after a patient suicide: a mixed-method study

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Background: Exposure to patient suicide (PS) has been identified as a frequent and challenging occupational hazard for mental health workers (MHWs). The majority of MHW positively manages the impact of PS, but a minority of MHWs show high levels of emotional, traumatic and/or professional impacts. Research dedicated to the development and evaluation of comprehensive and adaptive programs providing support to MHWs exposed to PS is warranted.

Aim: Our study aimed to evaluate the effectiveness of a 6-week postvention intervention to buffer the negative impacts and to improve the perceived social support in MHW after PS.

Method: We conducted a mixed-method collaborative and participatory action research study, including a total of 5 postvention interventions. Qualitative evaluation was performed through semi-directive interviews with MHWs after the interventions. Emotional, traumatic and professional impact, and perceived social support were quantitatively measured before and after the intervention through dedicated scales (Impact of Event Scale – Revised, Differential Emotions Scale IV; Perceived Social Support Scale for Professionals).

Results: A total of 28 MHW participated in the study (11 nurses, 11 psychiatrists; 15 men; mean age= 37.3) for a total of 5 interventions in psychiatric settings. The action research design of the study allowed the improvement of the intervention throughout the research process. A significant decreased in emotional, traumatic and professional impact was observed in participants. The perceived support significantly increased. MHW who participated in semi-directive interviews (n= 15) reported that the intervention 1) improved the cohesion in the professional team; 2) offered a secure space to discuss the aftermath of PS and its impact; and 3) fostered the involvement of the MHWs in the team work.

Discussion: Our study provided encouraging results on the perceived effectiveness of a postvention intervention for MHWs exposed to PS in psychiatric settings, both at the individual and team level.

A trial of outcome measures in suicide postvention, informed by implementation science

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Background: Suicide bereavement is complex, and the support delivered to the suicide bereaved is nuanced. There is limited understanding or agreement within the literature as to the most appropriate way to measure the outcomes of postvention support. The selection and implementation of outcome measures in suicide postvention requires thoughtful consideration.

Aim: The study sought to ascertain the accessibility and feasibility of implementing outcome measures in a national suicide postvention program.

Methods: Three standardised outcome measure tools – (1) Sudden Bereavement Needs Inventory, (2) Integration of Stressful Life Experiences Scale, and (3) Suicidal Ideation and Attributes Scale – and one novel tool were trialled by people with a lived experience of suicide bereavement via an online survey. Participants rated the acceptability of each tool and were invited to participate in a follow-up interview. Questions assessing acceptability were informed by the Theoretical Framework of Acceptability (Sekhon et al., 2018).

Results: A total of 51 people tested the tools, with 18 participating in follow-up interviews. Time since loss for interviewees ranged from 1 – 20 years, with a median of 3 years. Quantitative data revealed moderate to high levels of acceptability. Qualitative interview data provided nuance to the quantitative data, with themes suggesting an overall positive affect towards the tools, recognition of their burden yet utility in early bereavement, appropriateness of language and constructs, and emphasis that outcome data can – and should – inform support.

Conclusion: To our knowledge, this project was the first of its kind to comprehensively explore outcome measures in suicide postvention. The findings suggest that outcome measures are acceptable and feasible, on the proviso they are approached compassionately, used skillfully, and inform support.

References: Sekhon, M., Cartwright, M., & Francis, J. J. (2018). Acceptability of health care interventions: A theoretical framework and proposed research agenda. British Journal of Health Psychology, 23(3), 519-531.

Evaluating a training for an 8-session therapy model for complicated suicide grief and trauma: Outcomes of a two-day training

Spencer-Thomas, Sally

United Suicide Survivors International, USA

Suicide bereavement is marked by unique combinations of grief, trauma, and social disruption. Yet, clinicians often report limited preparation for best practices in learning how to help people whose suicide grief is not being resolved by time, self-help, or peer support. This study evaluates the impact of a two-day clinical training, Navigating the Tsunami After Suicide: An 8-Session Treatment Model for Clinicians Helping People Cope with Grief, Trauma, and Distress. The training was delivered four times across two U.S. sites (n=86) and engaged mental health providers and community health professionals (e.g., Chaplains) in a structured learning experience designed to strengthen postvention knowledge, trauma-informed skills, and interventions for complicated bereavement.

Across all cohorts, 97% of participants rated the training as "very" or "extremely" useful. Qualitative responses highlighted three consistent themes: (1) deeper understanding of the distinct nature of suicide grief, including shattered assumptions, disenfranchised grief, and the interplay of trauma and meaning-making; (2) the value of authentic storytelling and relational safety, which increased emotional resonance and facilitated skill uptake; and (3) appreciation for the practicality of the 8-session model and clinical practices. Participants reported strong intentions to integrate the model into clinical practice. Initial client reports suggest the 8-session model helped them cope and shift from surviving to rebuilding to making meaning.

Recommendations for improvement emphasized the need for enhanced role-play scaffolding, additional visual learning aids, and expanded diversity and cultural responsiveness within examples and case materials.

Participant feedback directly informed revisions to training tools, future Train-the-Trainer pathways, and sustainability plans for organizations adopting the model.

This evaluation suggests that structured, narrative-rich, trauma-informed clinical training can meaningfully increase provider confidence, skill, and readiness to support suicide-affected individuals. Findings support continued dissemination and formal evaluation of the training model across diverse cultural and organizational contexts.

SY31. Strengthening suicide prevention helplines. Presentation of a digital educational tool (Tryggere samtaler - Safer talks) including chat- and phone simulation training.

Chair: Skorpe, Oddfrid (RVTS Midt, Norway)

This symposium presents Tryggere samtaler (Safer Talks), a digital educational tool designed to strengthen competence in suicide prevention among helpline personell. Developed through Design Thinking with extensive user involvement, the program offers interactive modules on key topics such as suicide-preventive conversations, trauma-informed approaches, and self-care. A core innovation is AI-driven chat and phone simulation, enabling realistic practice and immediate feedback. By combining theory, reflection, and experiential learning, Tryggere samtaler provides a scalable, culturally sensitive solution to improve conversation quality and enhance suicide prevention outcomes across diverse helpline services.

Co-Creating a competence program for suicide prevention in helpline services: A Design Thinking approach.

Klokset, Therese Skauge[1]; Skorpe, Oddfrid[2]; Lie, Camilla Berg[3]; Andreassen, Julie Farestveit[4]; Herrestad, Henning[5]

[1]RVTS Sør; [2]RVTS Midt; [3]RVTS Nord; [4]RVTS Vest; [5]RVTS Øst

BACKGROUND: The Norwegian Directorate of Health commissioned RVTS (Regional Competence center on Violence, Trauma and Suicide Prevention) to strengthen the competence of staff and volunteers operating helplines, aiming to prevent suicide. Telephone and chat-based helplines play a critical role in suicide prevention, yet often lack systematic training for challenging conversations and mental health issues.

At project start, 28 diverse organizations received government support. Some had both staff and volunteers, others only one group, and some included peer supporters. Services ranged from phone-only to chat-only or both.

A prior assessment by Oslo Economics consultants revealed significant variation in knowledge levels and demand for training. Key areas included suicide risk management, self-harm, trauma, sexual abuse, prolonged grief disorder, health anxiety, substance use, general mental health, and helper self-care. The goal was to provide a shared baseline of knowledge across services.

Methods: We emphasized co-creation with organizations rather than designing on their behalf, ensuring relevance and ownership. A Design Thinking approach guided development, prioritizing user involvement throughout. A methodology rarely applied outside product design in Norway. Initial workshops gathered representatives from all organizations to define module content and design. Their preferences aligned with the assessment: Interactive modules, opportunities for practicing difficult conversations, and adaptability to existing materials.

Results: Close user involvement ensured all voices were heard, fostering ownership and increasing adoption and dissemination within organizations. Continuous evaluation will allow refinement and customization for future use. By embedding user-driven design principles, the program reflects real needs and offers a scalable model for competence-building in suicide prevention across helpline services.

Co-Creation and User Involvement in Developing a Digital Training Program for Telephone and Chat-Based Helplines

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[1]RVTS Sør; [2]RVTS Midt; [3]RVTS Øst; [4]RVTS Nord; [5]RVTS Vest

User involvement was a central principle in the development of a digital training program for telephone and chat-based helplines organizations funded by the Norwegian Directorate of Health. From the outset, collaboration with 36 organizations was prioritized to ensure the program addressed real-world challenges and needs. Co-creation, a key element of the design thinking methodology applied, enabled users to shape and customize the program to make it suitable for their everyday context.

Organizations determined their level of participation based on resources and preferences. Two major workshops were conducted: One to gather input on desired modules and structure, and another to test prototypes. Additional engagement included attending internal training sessions, participating in phone duty, distributing materials for testing, and involving organizations in educational video production. This continuous involvement ensures that organizations remain integral to program maintenance and future updates.

The organizations selected modules that aligned with knowledge gaps previously identified by the Directorate of Health. They emphasized interactivity, repetitive practice, and full digital accessibility, as well as flexibility for integration into existing training frameworks. By embedding user perspectives throughout the process, the program is expected to achieve higher adoption and sustained use. Ongoing evaluation through FORMS surveys will guide iterative improvements, ensuring continued relevance and effectiveness.

Keywords: User involvement, co-creation, design thinking, digital training, health organizations, participatory design.

The development and content of Tryggere samtaler (Safer Talks) and implications for suicide prevention

Skorpe, Oddfrid[1]; Hovda-Isaksen, Lise[2]; Lie, Camill Berg[3]; Andreassen, Julie Farestveit[4]; Jansson, Josefin Maud[5]

[1]RVTS Midt; [2]RVTS Sør; [3]RVTS Nord; [4]RVTS Vest; [5]RVTS Øst

Background: Volunteers and staff in chat and helpline services often encounter people in vulnerable life situations, facing complex challenges such as suicidal thoughts, trauma, violence, and caregiver strain. The need for systematic training in communication techniques and professional understanding is significant. This project has developed a comprehensive digital training tool consisting of several learning modules aimed at strengthening competence and confidence in conversations.

Structure and content:

Each module follows a common structure to ensure coherence and recognition:

- UNDERSTAND: A knowledge-based film providing theoretical insight and professional grounding.
- EXPLORE: An interview film illustrating how the topic is handled in different organizations.
- ACT: A practice-oriented film presenting concrete tools and methods.

Additionally, conversation cards have been developed to support reflection and application in practice.

The 6 modules cover topics such as the suicide-preventive conversation, basic communication, trauma-informed approaches, conversations about violence and abuse, supporting relatives, and self-care for helpers. All modules include a "Learn More" section for deeper exploration and are developed with principles of cultural sensitivity and diversity, with particular attention to the Sámi perspective. A key component of the training is interactive conversation simulation made possible by using AI. This feature enhances experiential learning and helps bridge the gap between theory and practice.

Implications for suicide prevention: This training tool offers a holistic platform that can have a direct impact on suicide prevention by ensuring that helpline services meet users with empathy and professional confidence.

Conclusion: The modules represent an innovative, practice-oriented training resource that can be widely implemented in volunteer and professional support services. Their coherent structure, use of films and tools, and focus on cultural sensitivity provide significant potential for improving conversation quality and strengthening suicide prevention.

Development, adaptation, and demonstration of conversation simulation in Tryggere samtaler (Safer Talks)

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[1]RVTS Sør; [2]RVTS Midt

Background: Effective training in crisis communication requires more than theoretical knowledge—it demands practice in realistic scenarios. To meet this need, the project Tryggere samtaler has integrated conversation simulation as a core component of its digital learning platform. The goal is to strengthen the helplines personell, both volunteers' and professionals', ability to apply communication strategies in complex and emotionally charged situations.

Development and adaptation: The simulation tool was designed to complement the modular structure of the training program. It allows learners to engage in interactive, branching dialogues that mirror real-life challenges encountered in helpline and chat services. Scenarios were developed in close collaboration with user organizations to ensure relevance and authenticity. Key adaptations include cultural sensitivity and integration of evidence-based communication principles such as active listening, validation, and boundary setting.

Demonstration and functionality: The simulation provides immediate feedback on choices made during the conversation, highlighting alternative approaches and their potential impact. This experiential learning method bridges the gap between theory and practice, enabling participants to build confidence and refine skills in a safe environment. Demonstrations during pilot testing have shown strong engagement and perceived usefulness among participants.

Implications: By offering realistic practice opportunities, conversation simulation enhances preparedness for high-stakes interactions, including suicide-preventive conversations. It supports skill retention, reduces performance anxiety, and promotes reflective learning—factors that can contribute to improved service quality and suicide prevention outcomes.

Conclusion: Conversation simulation represents an innovative and scalable approach to training in crisis communication. Its integration into Tryggere samtaler ensures that learning is not only informative but transformative, equipping helpers with practical competence for real-world challenges.

SY32. Suicidal Experiences in Later Life: Insights from Individuals and Families

Chair: Lapierre, Sylvie (University of Quebec, Canada)

The involvement of people with lived experience of suicide has been recognized as essential in research and prevention. Members of the International Research Group on Suicide in Older Adults will present findings from their studies on the lived experience of older adults and their families. Their contributions will explore the suicidal process, unmet needs, impact of partner loss, and the experience of older adults and close relatives in contact with psychiatric services following a suicide attempt. They will highlight potential turning points during the trajectory toward recovery, offering insights into moments where timely support and interventions may meaningfully influence outcomes.

Needs of Older Adults with Suicidal Thoughts: Insights from Literature and Interviews

Middelkoop, Leah A.[1]; Ruis, Laura A.[1]; van Veen, Sisco M.P.[2]; Schweren, Lizanne J.S.[1]

[1]113 Suicide Prevention; [2]Amsterdam University Medical Centrey, 113 Suicide Prevention

Introduction: Suicide among older adults is a pressing public health concern. In the Netherlands, 18,2% of all people who died by suicide in 2024 was 70 years or older, with men at particularly high risk.1 Suicide attempts in later life are more often fatal than in younger populations.2 Yet little is known about the specific needs of this group, and evidence-based guidelines for appropriate care are lacking.

Methods: We used a mixed-methods approach combining qualitative interviews and a scoping review of international literature. Semi-structured interviews were conducted with adults aged ≥65 years experiencing suicidal thoughts or behaviors, focusing on their needs and experiences with care and support. Concurrently, a scoping review was performed according to PRISMA-ScR guidelines, systematically identifying empirical studies addressing the needs of older adults with suicidality. Of 5,818 screened articles, 5 were included. Data from both sources were thematically analyzed to identify convergent themes, complementary insights, and knowledge gaps. Data collection is ongoing and expected to conclude by the end of 2025.

Preliminary Results: Key needs emerging from interviews and literature include timely access to care, psychological support, social connectedness, autonomy in decision-making, and recognition. Older adults often report seeking help but feeling unheard, unsupported, and distrustful of services. They report services focusing on biomedical needs with limited attention to psychosocial needs. Trust, continuity, and long-term relationships facilitate communication, while informed family and social networks can play a supportive role. Integration of qualitative and literature-based data provides a nuanced understanding of both general and context-specific needs among older adults with suicidal thoughts or behaviors.

Conclusions: Findings highlight the importance of tailored interventions for older adults to prevent suicide and enhance quality of life. Full results will be available and presented at the conference from August 26–29, 2026.

1. Statistics Netherlands (2024)
2. De Leo et al. (2001)

Understanding the Suicidal Process in Older Adults: Preliminary Interview Findings

Nieuwenhuijs, Beau[1]; Portzky, Gwendolyn[2]; De Witte, Nico[3]; Gorus, Ellen[4]

[1]Vrije Universiteit Brussel, Ghent University; [2]Ghent University; [3]Vrije Universiteit Brussel, HOGENT University of Applied Sciences and Arts; [4]Vrije Universiteit Brussel, Gerontology Department

Introduction: Older adults have the highest suicide rates of all age groups in Flanders, Belgium. While we have insight into risk factors through quantitative studies, there is no comprehensive qualitative understanding of the suicidal process yet. We therefore sought to understand the development of suicidal thoughts, with a specific interest into turning points and the transition from ideation to behaviour.

Methods: We conducted two types of qualitative interviews, interviews with older adults with experience of suicidal thoughts or attempts after age 60, analysed through Interpretative Phenomenological Analysis and interviews with relatives of a person aged 60 and over who died by suicide, analysed thematically.

Results: Preliminary analyses show a variety of experiences with shared themes. A combination of vulnerabilities, caused in part by adverse childhood experiences, personal characteristics and (age-related) stressors contributed to the development of suicidal thoughts. Turning points included work-place transitions, such as retirement, and an increased awareness of diminishing future prospects as experienced by participants. Relatives were able to notice warning signs in the days and weeks before the death by suicide. These included increasing withdrawal, a build-up of physical complaints and waiting for important moments. Euthanasia was discussed by some of the participants, though none of the participants considered this a realistic option for their end of life.

Conclusions: This in-depth exploration of the suicidal process from two participant groups has increased our understanding of the phenomenon. Furthermore, investigating suicidality in a country with long-standing euthanasia and assisted suicide legislation has shed a light on the relation between these concepts.

Between Support and Uncertainty: A Qualitative Study of Relatives' Participation in a Suicide Preventive Intervention for Older Adults

Hed, Sara[1]; **Berg, Anne Ingeborg**[2]; Enoksson, Olivia[2]; Palm Adolfsson, Elvira[2]; Wiktorsson, Stefan[3]; Waern, Margda[3]

[1]University of Gothenburg, Sahlgrenska University Hospital, Department of Neuropsychiatry; [2]University of Gothenburg, Department of Psychology; [3]University of Gothenburg, Department of Psychiatry

Introduction: Close relatives of suicidal older adults may experience a substantial informal care burden as well as feelings of exclusion by healthcare providers. We incorporated an option for relatives to participate in a psychosocial intervention developed for suicidal older adults. This study aims to evaluate the experiences of the relatives who took part in the intervention, as well as the experiences of the patients who chose to include them.

Methods: Semi-structured interviews were conducted with six relatives and six patients following their participation in one to three sessions of the 12-week Cognitive Reappraisal Intervention for Suicide Prevention (CRISP 70+) at Sahlgrenska University Hospital. The interviews were analysed using reflexive thematic analysis.

Results: Three themes captured the experiences of the relatives and patients in the suicide preventive intervention: Ambiguity of role and responsibility, Turning point in the care experience and Worries about the future, when CRISP support ends. Relatives described uncertainty about their role – both within the intervention and in relation to their suicidal relative – but noted that it became clearer through the encounter with the therapist. The intervention itself was described positively by both patients and relatives, especially when contrasted with previous negative healthcare experiences. Therapist flexibility and attentiveness were highlighted as the most valued aspects. At the same time, participants expressed concern about continuing care services without CRISP support.

Conclusions: When relatives are involved in suicide preventive interventions for older adults, it is essential to clearly define their role. Ending the intervention may leave both patients and relatives feeling vulnerable, underscoring the importance of strong connections to routine care and the continuation of the therapeutic process through regular services.

Experiences of Close Relatives of Persons 70+ in Contact with Psychiatric Services after a Suicide Attempt

Mellqvist Fässberg, Madeleine[1]; Sjöberg, Maja[2]; Hed, Sara[2]; Berg, Anne Ingeborg[3]; Waern, Margda[1]

[1]University of Gothenburg, Department of Psychiatry; [2]University of Gothenburg, Sahlgrenska University Hospital, Department of Neuropsychiatry; [3]University of Gothenburg, Department of Psychology

Introduction: Close relatives can play an important role in suicide prevention, and involving relatives in psychiatric care can be essential as they can provide important knowledge about the older adults' suicidal process and unmet needs. Given the unique knowledge they possess, this study aims to gain an understanding of relatives' perspectives on: 1) the triggering of their relative's negative/suicidal thinking and subsequent "cooling down" of such thoughts; and 2) the needs of their suicidal relatives, as well as their own needs, and how mental health care services might better meet these needs.

Methods: Semi-structured interviews are being conducted with close relatives of patients (aged 70 and above) who have been treated at in- and outpatient services in a large Swedish city due to a suicide attempt (anticipated n=9). Data will be analyzed using Interpretative phenomenological analysis.

Results: Data collection is ongoing; recruitment will be completed in February, 2026. Analysis will identify themes which are related to the close relatives' experiences and perceptions.

Conclusion: The study will contribute with increased knowledge of the lived experiences of close relatives, which can inform the development of psychiatric services for older adults with suicidal behavior.

Spousal Loss and Suicide among Austrian Older Adults

Schultz, Anna[1]; Stolz, Erwin[1]; Pötz, Emilise[1]; Jagsch, Christian[2]; Watzka, Carlos[3]; Erlangsen, Annette[4]

[1]Medical University of Graz; [2]State Hospital II, Department of Geriatric Psychiatry and Geriatric Psychotherapy; [3]University of Graz, Department of Sociology; [4]Danish Research Institute for Suicide Prevention, Australian National University

Background: Relatively, little is known about how spousal loss affects suicide risk in older adults, and no evidence exists for Austria despite its high suicide rates among older adults. This study set out to examine whether Austrian older adults are at increased risk of suicide after loss of partner, drawing on newly available, individual-linkage data.

Methods: We followed more than 800,000 married adults aged 65 and older from January 1, 2019 to December 31, 2023. Individuals were classified as exposed starting on the day they experienced spousal loss. We calculated incidence rates of suicide (ICD-10: X60-X84, Y87) and estimated time-stratified cause-specific proportional hazard regression models, using the non-exposed as a comparison group.

Results: Out of 46,324 older adults who experienced loss of partner, 72 died by suicide. The incidence rate was 58 among the bereaved group, compared to 12 per 100,000 person-years among individuals who remained married. Suicide rates were highest in men and in those aged 85 and older. Individuals who lost a partner faced a 4-fold higher suicide risk when compared to those still married. The risk peaked during the first month after the partner's death but stayed elevated over the long term.

Conclusion: The risk of suicide is increased among newly widowed older adults, particularly among men. Thus, monitoring and bereavement support for those who have recently lost a partner are crucial.

SY33. Workplace Special Interest Group: Rethinking Work-Related Suicide: Conceptual Boundaries, Structural Harms, and Organizational Pathways for Understanding and Prevention

Chair: Thomas, Sally (Sally Spencer-Thomas LLC, United States of America)

This symposium rethinks work-related suicide by interrogating how work creates, conceals, and shapes suicide risk across varied national and organizational contexts. Presenters examine defi nitional and conceptual challenges, demonstrating why suicides connected to work require an alytical frameworks beyond individual vulnerability. International research highlights how legal invisibility, cultural scripts of exceptionalism, and systemic workplace harms restrict recognition, accountability, and prevention. Additional contributions evaluate organizational culture reforms in healthcare and quantify work-related contributors to suicidality among middle-aged men. Collec tively, these papers advance a structural and organizational understanding of work-related suicide, offering new theoretical lenses and implications for surveillance, policy reform, and prevention.

Why "workplace suicide" is different – moving from individual risk to structural and organizational risk

Hatcher, Simon

The University of Ottawa

Although suicide is more common among people who are unemployed, there is increasing recognition that a specific focus on suicides occurring in the context of work is both conceptually and practically important. "Workplace suicide" is difficult to define, as the distinction between suicide connected to work and suicide that simply occurs at work is not always clear. Nevertheless, the workplace offers an important lens through which to examine structural and organizational risks that are frequently overlooked when suicide prevention is framed solely as an issue of individual vulnerability. While many risk factors for suicide are shared with the general population, work introduces additional exposures, pressures, and opportunities that can amplify risk or constrain help-seeking. These include the characteristics of the job (for example, repeated exposure to trauma, moral injury, isolation, physical danger, or high emotional labour), organizational culture, and the way work is structured, supported, and supervised.

This perspective is particularly relevant in public safety personnel and other "always on" occupations where mental health needs are high, stigma remains entrenched, and workplace identity is central. In these sectors, individual-level interventions such as screening, education, and clinical support are necessary but insufficient. Organizational policies, leadership practices, staffing models, critical incident response, and return-to-work systems can directly contribute to suicide risk or protection, yet they have seldom been systematically evaluated. This presentation will draw on examples from public service personnel to illustrate how modifying aspects of work – including workload, supervision, exposure to distressing material, and access to rest and recovery – may form part of a comprehensive prevention strategy. We argue that research, surveillance, and intervention need to expand beyond the individual to examine how workplace structures, expectations, and cultures influence suicidal behaviour. Addressing suicide as a system-level problem, embedded in organizational life, may open new avenues for prevention where current approaches have plateaued.

Work-related suicide: an international social justice approach

Waters, Sarah[1]; Mills, China[2]; Yue, Emily[2]; **Croft, Lacey**[3]

[1]University of Leeds; [2]Healing Justice LDN; [3]University of Ottawa

This paper explores how an international social justice approach might help us to rethink current understandings and responses to the phenomenon of work-related suicide. Extending beyond a potentially narrow mental health perspective, a social justice approach emphasises the need to confront the varied (social, economic, political, cultural, historical) conditions that make life unliveable for some workers. It is concerned with transforming the structural conditions of work in contemporary globalised economies, not just interventions that address the impact of work for individuals.

While workplace mental health strategies tend to rely on therapeutic methods rooted in psychological concepts of wellness, resilience, and mindfulness that focus on the individual rather than on structure as a locus for change, we conceptualise suicide differently as a matter of collective social justice that concerns the structures, rules, and policies that shape all our working lives.

Although work or working conditions have been identified as causal factors in an estimated 70,000 suicides worldwide (10-13% of all suicides globally), this remains a largely undocumented phenomenon, often missing from official statistics, policies, and prevention programmes. In a majority of countries worldwide, work-related suicides are still legally unrecognised, statistically unrecorded, and are rarely investigated as work-related deaths. In the face of processes of 'invisibilisation', it is crucial to explore alternative social justice perspectives that address urgent issues of legal recognition, accountability, and access to justice for suicidal individuals and their families.

This paper presents preliminary findings from a four-year Wellcome Trust-funded project on work-related suicides in the UK, France, and Canada that brings together qualitative suicide researchers with legal scholars in order to develop new ways of understanding and tackling this phenomenon. Our project combines in-depth qualitative analysis of selected suicide cases across three national settings with a comparative analysis of legal and policy frameworks grounded in a "law in context" approach.

Rethinking work-related suicide in Canada: How scripts of exceptionalism foreclose structural violence

Croft, Lacey

University of Ottawa

This paper rethinks work-related suicide in Canada through a social justice perspective. Drawing on preliminary findings from a four-year Wellcome Trust-funded research project examining work-related suicides in the UK, France and Canada, we consider how the cases that gain media attention in Canada conform to narrow scripts of exceptionalism—specifically narratives of traumatic exposure among first responders or exceptional workplace abuse. These patterns of recognition establish the boundaries that determine which cases might prompt discussion of work's relationship to suicide, even as work-related suicide remains legally unrecognized and statistically unrecorded in Canada.

A social justice framework interrogates how social, economic, political, cultural, and historical conditions converge to make work incompatible with life itself. This approach prioritizes structural transformation of working conditions under global capitalism over individualized therapeutic or wellness interventions. Through analysis of cases that achieve media visibility alongside those from our qualitative research that remain unrecognized within these narrow parameters, we interrogate how these scripts of exceptionalism operate to preserve existing structures of work while foreclosing recognition of systemic violence.

Our analysis reveals how these patterns of recognition serve multiple functions: they individualize collective conditions, contain employer liability, and maintain the legitimacy of work as currently organized under neoliberal capitalism. This selective recognition benefits employers, state actors, and compensation systems while rendering unintelligible the experiences of workers facing chronic precarity, impossible productivity demands, and the slow violence of dehumanizing labour conditions—particularly among racialized and gendered workers whose structural vulnerabilities exceed the narrow frames of trauma or harassment.

We conclude by conceptualising suicide as a matter of collective social justice that concerns the conditions, rules, and policies that shape all our working lives, demanding new frameworks that recognize work's relationship to death beyond therapeutic interventions or anti-bullying policies.

Reforming healthcare culture: a restorative just culture fosters psychologically safe workplaces to reduce suicide among healthcare workers

Murray, Susan; **Woodward, Alan**

Zero Suicide Institute of Australasia

Introduction: Healthcare professionals have an increased risk of suicide. In addition to their access to means, many work within cultures of blame, retribution, and perfectionism that contribute to abnormal levels of distress. Reforming the culture of health services can therefore make an important contribution to reducing suicide in healthcare. Central to this reform is building a culture of trust, learning, and forward-looking accountability that fosters psychological safety (Dekker 2017).

In Australia, health systems in Queensland, New South Wales, South Australia, and Victoria have adopted the Zero Suicide Healthcare Framework, within which Restorative, Just, and Learning Culture (RJLC) plays a critical role. RJLC provides a framework for understanding clinical work, supporting learning, and mitigating outdated paradigms of risk prediction, hindsight bias, and pessimism regarding preventability (Turner 2020).

Evidence from the UK's Mersey Care NHS Trust demonstrates improvements associated with restorative approaches, including reduced suspensions, increased reporting, greater willingness to seek support, reduced illness-related absence, and improved retention (MATEC 2019).

Methods: A blended learning program incorporating four online knowledge-based modules and face-to-face learning was piloted across three health services to support RJLC development.

Results: Evaluation findings indicated that the online modules delivered high satisfaction (80%) and relevance (80%). The face-to-face workshop scored lower quantitatively (50%) but was described in qualitative interviews as the most impactful component, offering dialogue, questions, and practical integration. Based on feedback, the program has been restructured to meet the needs of three audiences: Executive Leadership and Boards, Operational Leaders, and Health Service Staff.

Learning Outcomes

Participants will be able to:

- Distinguish retributive culture from restorative, just, and learning culture.
- Describe key drivers of psychological safety in healthcare.
- Apply RJLC principles to adverse-incident reviews.

Conclusion: Applying RJLC principles enhances psychological safety for healthcare staff. Leaders have a responsibility to reform organizational culture to reduce suicide among the healthcare workforce.

Work-related factors in suicidality among middle-aged men (40-70): a quantitative survey study

Manait, Jonas[1]; Miers, Anne[2]; Luigjes-Huizer, Yvonne[1]; Gilissen, Renske[3]; Mérelle, Saskia[1]; Shields-Zeeman, Laura[2]; Elzinga, Elke[1]

[1]113 Suicide Prevention; [2]Trimbos Institute; [3]Leiden University

Learning objective: The aim of this study is to generate insights into how workplaces can support and respond to the needs of middle-aged men (40-70) with suicidal ideation.

Background: In the Netherlands, middle-aged men (40-70) have the highest suicide rates. Work can operate both as a stressor and a protective factor for mental health. However, how workplaces can support middle-aged men experiencing suicidal ideation remains unclear. Gaining baseline insight of work-related contributions to suicidal ideation and the support needs of men seems vital for designing workplaces that appropriately address the needs of middle-aged men.

Methods: Data were collected through web-based and offline surveys from January to September 2025 (n=510). Participants included middle-aged men (40-70) who experience(d) suicidal ideation in the past three years. Descriptive statistics were used to summarize work-related contributing factors to suicide and needs for support.

Results: Many men (67%) reported that work contributed to their suicidal ideation, e.g., through high work pressure, lack of support from supervisors or management, and an unpleasant work atmosphere. Most men indicated needs related to coping with suicidal ideation, such as the desire to talk about it, support from their environment, and professional help. Men were also asked whether they required support in the workplace to manage their suicidal ideation, with the majority (68%) indicating that they did not need this. Among the men expressing a need for support at work, few received sufficient help.

Discussion: The findings demonstrate the impact of work-related factors on suicidal ideation among middle-aged men and reveal a gap between needs and support provision. This underscores the importance of developing workplace strategies that reduce stressors, offer timely psychosocial support, and provide referral to appropriate external resources.

SY34. Waves of Change: Rethinking Psychotherapy and Psychiatric Care for Suicidal Ideation and Behavior

Chair: Gysin-Maillart, Anja (University of Bern, Switzerland, Switzerland)

This symposium brings together international psychotherapy researchers presenting diverse approaches for individuals experiencing suicidal ideation/behavior. The contributions show how psychotherapy is evolving to address personal histories, trauma, and gender-specific factors, reflecting a rethinking of clinical practice. Key themes include barriers to help-seeking in men, integrated treatments for trauma-related suicidality, the incorporation of Crisis Response Planning into PTSD therapies, the role of nonverbal synchrony in psychological pain, and alliance and self-efficacy processes in suicide-focused brief interventions. Together, these perspectives demonstrate how modern psychotherapy responds sensitively to biography, trauma, relational dynamics, and context, opening new pathways for more effective suicide prevention.

Help-seeking in men in a suicidal crisis

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[1]Department of Medical Psychology and Medical Sociology, University of Leipzig, Germany; [2]Cora Spahn

Background: Men have a significantly higher risk of dying by suicide, yet they are less likely to seek help during a suicidal crisis or after discharge from inpatient psychiatric care. Empirical evidence on barriers to care for men is limited, and research informing tailored interventions is urgently needed.

Method: Study 1 examined the use of outpatient psychotherapeutic and psychiatric services by men (18–81) six months after discharge following a suicide attempt or suicidal crisis. Study 2 investigated differences between planned service use (as part of discharge management) and actual use among 74 male psychiatric patients (18–72) three weeks post-discharge. Study 3 explored help-seeking in men using qualitative interviews.

Results: In Study 1, 52% of men reported no use of outpatient psychotherapeutic or psychiatric services within six months after discharge. In Study 2, 90.7% of male patients stated that further outpatient treatment had been planned before discharge, with no significant gender differences (90.7% men vs. 92.6% women, $p = .850$). However, three weeks after discharge, 51.6% of men had not received any further outpatient treatment, and only 25.4% had attended outpatient psychotherapy, with significant differences between men and women. Study 3 identified facilitating factors for help-seeking, such as access to professional support, social support, positive experiences with the support system, and symptom burden. Inhibiting factors included perceived inaccessibility of professional support, psychological barriers to seeking help, negative experiences with the support system, stigma, guilt and shame, and hegemonic masculinity norms.

Conclusion: Men in suicidal crises are less likely to seek help and face greater challenges accessing outpatient care after discharge. The findings across studies highlight multiple avenues for improving care. Implementing gender-specific suicide prevention measures is essential to enhance service engagement and reduce suicide risk among men.

Integrated Suicide and Trauma Therapy (ISTT): Understanding and Treating Suicide Risk in the Context of Childhood Trauma

Rizvi, Sakina

University of Toronto, St. Michael's Hospital, Canada

Suicide prevention efforts have advanced considerably, yet individuals with childhood trauma remain among the highest-risk groups and continue to fall through gaps in traditional care. Trauma-focused therapies often exclude individuals with active suicidality from clinical trials, while suicide-specific interventions may not fully address the developmental, somatic, cognitive, affective, and relational impacts of early adversity. This creates a clinical gap in integrated, developmentally informed approaches for those managing both trauma and suicide risk. This presentation introduces Integrated Suicide and Trauma Therapy (ISTT), a 12-week intervention designed specifically for adults with childhood trauma and current suicide risk. The rationale for ISTT was strengthened by our Canada-wide evaluation of Brief Skills for Safer Living (Brief-SfSL), a single session therapy, in which over 60% of participants reported childhood trauma and often linked the onset of suicidal thoughts to those early experiences. Brief-SfSL led to meaningful reductions in suicidal ideation at three months, while also highlighting unmet trauma-related needs within this population. ISTT integrates Brief-SfSL's suicide-focused strategies with trauma-informed techniques grounded in neurobiology, attachment theory, and parts-based models. The goal is to help individuals understand suicidal thoughts within the context of trauma and identify and manage trauma-related triggers that intensify suicidality, supporting safety even when suicidal thoughts persist. This talk will review (1) current evidence on treating suicidality in the context of childhood trauma, (2) the theoretical rationale and core components of ISTT, and 3) preliminary quantitative and qualitative findings from ISTT.

Integrating Crisis Response Planning (CRP) into PTSD Treatment

Bryan, Craig

University of Vermont Larner College of Medicine

Theoretical background: Suicidal ideation and trauma-related distress frequently co-occur and share overlapping cognitive-emotional mechanisms. Crisis Response Planning (CRP) is an empirically supported intervention for suicide risk, yet it is often delivered separately from trauma-focused treatments such as those for posttraumatic stress disorder (PTSD).

Research question: How can CRP be systematically integrated into evidence-based PTSD psychotherapies to improve patient safety, enhance emotional stabilization, and better address shared drivers of suicidal ideation and trauma-related suffering?

Method: Drawing on emerging clinical and pilot work, integrative strategies—including sequencing, blending, and reinforcing complementary procedures—are applied to harmonize CRP with trauma-processing elements. This includes embedding crisis response strategies within narrative processing, self-monitoring routines, and emotion regulation skills to create coherent therapeutic pathways.

Results: Early findings suggest that integrating CRP into PTSD treatment can strengthen patients' sense of safety, reduce destabilizing fluctuations in suicide risk during trauma work, and promote more consistent therapeutic engagement. The combined approach appears to accelerate clinical improvement and minimize treatment disruptions.

Conclusion: Integrating suicide-focused and trauma-focused interventions allows psychotherapy to respond more directly to the lived experiences of individuals with PTSD and elevated suicide risk. Such harmonized treatment models may enhance recovery trajectories, reduce fragmentation in care, and offer a more patient-centered approach to complex clinical presentations.

Nonverbal Synchrony and Psychological Pain in Suicide-Specific Psychotherapy

Sedlinská, Marie_Anna[1]; Ramseyer, Fabian[2]; Aschenbrenner, Lara[1]; Scheidegger, Aysha[2]; Frei, Adriana[1]; Walther, Sebatian[3]; Adorjan, Kristina[1]; **Gysin-Maillart, Anja**[1]

[1]Translational Research Centre, University Hospital of Psychiatry and Psychotherapy, University of Bern, Switzerland; [2]University of Bern, Switzerland; [3]Department of Psychiatry, Psychosomatics and Psychotherapy, Center of Mental Health, University Hospital of Würzburg, Germany

Background: Psychological pain is a key risk factor for suicidal ideation/behaviour, while nonverbal synchrony has been identified as an implicit interpersonal process that supports therapeutic alliance development. As alliance is closely linked to clinical improvement in suicidal individuals, this study examined whether movement synchrony in a suicide-specific therapeutic setting surpasses random synchrony and whether it relates to patients' psychological pain.

Method: A total of 95 video-recorded sessions from the Attempted Suicide Short Intervention Program (ASSIP) were analyzed using Motion Energy Analysis (MEA) to quantify synchrony in head and upper body movements. Psychological pain was assessed with the Suicide Status Form II (SSF-II). Pseudosynchrony was generated statistically to determine whether observed synchrony exceeded random alignment.

Results: Authentic movement synchrony was significantly higher than pseudosynchrony ($t(110.16) = 4.314$, $p < .001$, $d = 0.49$, 95% CI [0.005, 0.014]), confirming that patient–therapist coordination reflects genuine interpersonal attunement rather than chance. Higher synchrony was associated with lower psychological pain ($r(84) = –.319$, $p = .003$), and this relationship remained significant when controlling for potential confounding factors ($r(84) = –.302$, $p = .008$).

Conclusion: These findings underscore the relevance of nonverbal synchrony in suicide-specific psychotherapy. The fact that synchrony exceeds random movement alignment and covaries with reduced psychological pain suggests that embodied coordination may serve as an important clinical indicator of interpersonal connection and therapeutic progress in individuals following a suicide attempt.

Strengthening Alliance and Agency in Suicide Prevention: Therapeutic Processes and Outcomes in a Brief Suicide-specific Intervention

Frei, Adriana[1]; **Aschenbrenner, Lara**[1]; Firnenburg, David[1]; Katja, Cattapan[2]; Michaud, Laurent[3]; Saillant, Stéphane[4]; Olbrich, Sebastian[5]; Werding, Sophia[6]; Wyss, Kaspar[6]; Sedlinska, Marie-Anna[1]; Sebastian, Walther[7]; Anja, Gysin-Maillart[1]

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Background: The highest risk for suicide reattempt occurs shortly after discharge from acute care. Suicide-specific brief interventions such as the Attempted Suicide Short Intervention Program (ASSIP) have demonstrated substantial risk-reducing effects. ASSIP flex, a recent adaptation, expands access across inpatient, outpatient, and home-based settings. Although therapeutic alliance and self-efficacy are considered core mechanisms in suicide-focused psychotherapy, their interaction in brief interventions has not yet been systematically investigated. This study examined (1) changes in therapeutic alliance and self-efficacy, (2) their interrelation during treatment, and (3) associations between self-efficacy and suicidal ideation.

Methods: This sub-analysis of a longitudinal observational study included 64 patients (51.6% female; M age = 39.6, SD = 15.7) with a history of suicidal behaviour. Assessments took place before treatment (t0), after completion (t1), and after each of the three ASSIP flex sessions. Measures included the Working Alliance Inventory–Short Revised (WAI-SR), the General Self-Efficacy Scale (SWE), and the Beck Scale for Suicide Ideation (BSS). Analyses comprised repeated-measures ANOVAs, paired t-tests, linear regressions, and multilevel models.

Results: Therapeutic alliance increased significantly across the three sessions ($F(1,63) = 48.08$, $p < .001$). Self-efficacy improved from t0 to t1 ($t(63) = -3.41$, $p < .001$). Higher baseline self-efficacy predicted stronger alliance in both the first ($\beta = .43$, $p < .001$) and third sessions ($\beta = .29$, $p = .041$). Suicidal ideation decreased significantly from t0 to t1 ($\beta = -.22$, $p < .001$), and higher self-efficacy was associated with lower suicidal ideation ($\beta = -.32$, $p < .001$).

Conclusion: Findings underscore therapeutic alliance and self-efficacy as interlinked mechanisms within ASSIP flex and highlight their relevance for reducing suicidal ideation. The narrative, collaborative structure of ASSIP flex may strengthen patients' sense of agency and crisis-management capacity. Further controlled and longitudinal research is needed to clarify causal pathways and optimise suicide-specific interventions.

SY35. Advancing Suicide Prevention through Continuous Passive Monitoring: Towards Personalized Risk Detection

This symposium brings together leading researchers advancing precision suicide prevention through passive digital monitoring across diverse populations. Professor Philippe Courtet explores biological, psychological, and social markers for personalized risk stratification. Dr. Lily Brown presents wearable-based prediction models in U.S. military personnel. Dr. Shira Barzilay integrates smartphone sensing and self-reports to enhance risk detection in high-risk adolescents from Israel. Dr. María Luisa Barrigón demonstrates real-world clinical implementation of smartphone monitoring in Spanish adults engaged in suicide prevention care. Together, these talks illustrate how multimodal passive data and digital phenotyping can revolutionize early detection and personalized interventions for suicide prevention.

Towards Precision Stratification of Patients at Risk for Suicide

Courtet, Philippe

University of Montpellier, CHU Montpellier, France

This introductory talk reviews the theoretical foundations and empirical evidence supporting precision stratification in suicide risk assessment. Professor Courtet synthesizes findings from his landmark studies on biological markers (inflammation, neuroimaging), psychological dimensions (anhedonia, psychic pain), and social factors (interpersonal theory constructs). Key results from large French cohorts demonstrate how multimodal risk profiles outperform traditional approaches, identifying latent subgroups with distinct trajectories. The presentation establishes the conceptual framework for passive monitoring applications presented in subsequent talks, highlighting precision psychiatry's potential to transform suicide prevention from reactive to proactive paradigms.

Integrating Passive Smartphone Sensing with Self-Reported Suicidal Ideation and Behavior for Improved Risk Monitoring in High-Risk Adolescents

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Adolescence is a developmental period marked by heightened vulnerability to suicidal thoughts and behaviors. Digital monitoring offers new opportunities for continuous, ecologically valid assessment of daily experiences. Prior work has shown that digital self-reports, particularly high-frequency ecological momentary assessment (EMA), enhance detection of short-term changes in suicidal ideation, affective instability, and interpersonal stressors. In parallel, passive smartphone sensing, including usage patterns, mobility, sleep-related indicators, and social media engagement, provides an unobtrusive way to capture behavioral signatures that may precede shifts in risk. This talk presents data from a cohort of 99 adolescents receiving care in a specialized depression and self-harm clinic who participated in a six-month digital monitoring protocol that combined continuous passive smartphone tracking (via the iFeel app) with weekly self-reports of suicidal ideation and behavior. We examine how adolescents' total screen time and average daily social media use across each preceding week relates to self-reported suicidal ideation and risk, and how baseline depression and peer functioning shape these associations. Mixed-effects models revealed no main effect of total screen time and social media exposure on suicidal outcomes. However, between-person depressive symptoms and peer functioning moderated the direction of associations between social media usage and suicidal ideation, indicating that passive sensing signals must be interpreted in light of individual vulnerabilities and interpersonal context. Aligned with emerging evidence in digital phenotyping, these findings show that integrating active self-report and passive behavioral sensing data can improve temporal precision in suicide-risk monitoring for adolescents. This approach may support scalable, continuous, and context-sensitive suicide-prevention strategies in adolescents.

Predicting suicidal and self-injurious behavior using wearable devices in US Military Personnel

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Military personnel experience alarming rates of suicide deaths that have been slowly increasing over time. A variety of factors contribute to increased risk in this population, but we have limited ability to predict when service members are transitioning from a relatively lower to a higher risk state. Most prior prediction research has focused on suicidal ideation, which does not translate into strong prediction of suicidal behavior. Continuous wearable device monitoring might improve the ability to predict suicide-related events among military personnel, though this has not yet been explored in the literature.

Active-duty service members and Veterans (N = 90) were provided with a Fitbit Inspire 2 and instructed to wear it continuously (except charging) for 28 days. Heart rate, heart rate variability (high frequency, low frequency, and RMSSD), physical activity (including calories burned, steps, and intensity), and sleep parameters were continuously captured and were entered into machine learning (heterogeneous mixture and change-point detection, HetMM-CPD) pipeline to predict daily ecological momentary assessments for suicide attempts and non-suicidal self-injurious behavior.

The machine learning pipeline achieved robust discrimination for suicide and self-injurious-related events (AUC = .90). The best predictive sources were physical activity (steps, calories) and heart rate variability (RMSSD). Sleep variables did not improve performance. At least 3 days of continuous data were required to predict subsequent suicide events.

Continuous observation of U.S. military service members with a consumer-grade, affordable wearable device can result in sensitive and specific prediction of suicide and self-injurious-related events. These findings suggest the possibility that in the future, continuous monitoring could flag the need for interventions to be deployed in real-time to interrupt the transition from lower- to higher-risk states among service members. This machine learning pipeline offers the opportunity to transition away from predicting only suicidal thinking into predicting, and potentially interrupting, suicidal and self-injurious behavior.

Smartphone-Based Digital Phenotyping Enables One-Week Prediction of Suicidal Crises in High-Risk Adult Outpatients

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Short-term prediction of suicidal crises remains imprecise when relying solely on clinical interviews and traditional risk factors, limiting timely preventive action. This study evaluated whether real-time, sensor-based monitoring of daily behavior patterns via patients' own smartphones could predict, within 7 days, suicide attempts or emergency psychiatric visits in a high-risk cohort with suicidal ideation.

A total of 225 outpatients with a history of suicidal thoughts or behavior were recruited within the multicenter SmartCrisis study and followed for 6 months. The eB2 app passively collected data on distance walked, steps, time at home, and app use, building individualized daily activity profiles and using an unsupervised Bayesian change-point algorithm to detect abrupt shifts in behavioral pattern distributions over time.

During follow-up, 18 participants (8%) attempted suicide and 14 (6.2%) required emergency department psychiatric care, yielding 32 suicidal risk events. Behavior changes detected by the algorithm predicted suicide risk within a 1-week window with an area under the curve of 0.78, indicating good discriminative performance in real-world clinical conditions.

Combining passive sensing, individualized digital phenotyping, and online change detection offers a scalable way to flag imminent suicidal crises and could support stepped-care intervention models that intensify resources when a patient's behavior deviates from their usual pattern. Integrating these digital signals with ecological momentary assessment, electronic health records, and clinical evaluation may enhance short-term suicide risk detection and is potentially transferable to other psychiatric conditions where early crisis prediction is crucial.

SY36. Sleep and suicide: From real-time assessment to population-level intervention

Chair: Liu, Richard (Massachusetts General Hospital, United States of America)

Sleep has been implicated in suicide risk and sleep disturbances are considered a warning sign of imminent risk. This multinational symposium highlights interdisciplinary approaches that are advancing our understanding of how sleep and circadian disturbances contribute to suicide risk – and how insights from sleep and circadian science can strengthen prevention and intervention efforts. Presentations draw from epidemiology, neurobiology, psychopharmacology, public health, behavioral sleep medicine, and developmental psychology. Speakers will discuss how tools such as EEG, actigraphy, policy initiatives, smartphone-based sensing, and intensive longitudinal monitoring can be leveraged to clarify the mechanisms linking sleep and suicide risk across the lifespan.

Sleep characteristics as proximal risk factors for suicidal thoughts among adolescents using an intensive monitoring design

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Given that 1 in 5 US high school students report seriously considering suicide in the past year alone, it is essential to identify who is acutely at risk and when youth are most at risk for thinking about suicide. The current study leveraged an intensive, real-time monitoring design for two months to examine sleep (quality, onset latency, nightmares, duration, timing) as modifiable risk factors for suicidal thoughts among adolescents. The current sample of adolescents were recruited nationwide and were unselected for current or past suicide risk. A total of 128 adolescents (Mean Age =15.9 years; 60% female; 45% White) completed a baseline clinical interview and self-reported surveys, along with two months of ecological momentary assessment (EMA) with 3 prompts per day, including morning sleep diaries and evening reports of suicidal ideation (occurrence and intensity). Adolescents wore actiwatches for two months to capture behavioral sleep metrics and installed an application for smartphone sensing to capture phone use and app patterns. Multilevel modeling was used to examine overall associations between sleep and suicidal ideation over the two-month period (between-person), as well as individual fluctuations in sleep and next-day active suicidal thoughts. Findings indicate that youth who reported worse sleep quality (B=-.04, p=.02) and longer sleep onset latency (B=.03, p<.01) were more likely to endorse suicidal thoughts over the study period (between-person). There were only within-person findings for nightmares, such that youth were more likely to endorse suicidal thoughts on days after they had nightmares (B=.57, p=.04). Actigraphic results will also be presented for timing and duration. This study highlights the importance of evaluating modifiable risk factors, such as sleep, within-person and using intensive monitoring designs to inform interventions and prevent suicide.

Sleep irregularity and proximal risk for suicidality among high-risk adolescents and young adults

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Objective: Growing evidence links sleep health impairments, including irregular sleep, with suicide risk across the lifespan, including adolescence. Much of the evidence linking sleep to suicidality during adolescence is based on cross-sectional self-report data, providing little information about the temporal and dynamic processes by which sleep may lead to increasing suicidality.

Methods: To date, we examined data in 240 youth ages 13–23 (Mean age=16.2, SD=2.0) across two separate cohorts enrolled in an Intensive Outpatient or Acute Hospitalization Program for suicidality. Daily sleep data were collected via actigraphy and morning diary; suicidal ideation, depression severity, and reactivity to positive/negative interpersonal events were collected in evening diary. We examined weekly variability in actigraphy-derived measures of sleep timing and duration (measured with coefficient of variation) and with 24-hour rest activity rhythms (i.e., interdaily stability). We also conducted a small sleep/circadian intervention pilot study in suicidal youth.

Results: Greater variability in actigraphy-assessed sleep timing and duration was associated with the rates and intensity of concurrent week suicidal ideation, and greater variability in sleep timing predicted rates and intensity of suicidal ideation the following week. In analyses combined across both cohorts, we found that within-person decreases in weekly interdaily stability (a measure of RAR regularity over multiple days) was associated with the occurrence and intensity of acute SI. In our pilot intervention, interdaily stability significantly improved pre- to post-treatment.

Conclusions: We found prospective associations between sleep regularity and suicidal ideation in ultra-high risk adolescents and young adults. Effective behavioral sleep interventions can improve these targets (e.g., improve erratic and short sleep/wake patterns), and as such, these are modifiable risk factors. By understanding the temporal relationship between sleep and suicidality, new or refined interventions targeting sleep health may improve mental health and lessen suicidality.

Alpha and Beta Power Markers of Next-Day Suicidal Ideation and Response to Ketamine

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Self-reported sleep difficulties are linked with suicidal ideation, suicide attempts and death. However, the underlying mechanism between the neurobiology of sleep and suicide risk remains unclear. Sleep electroencephalogram (EEG) captures electrical activity in the brain during sleep and represents the gold standard for sleep assessment and staging. Therefore, sleep EEG represents a valuable tool to understand the interplay between sleep disruption and suicide risk at the electrophysiological level, particularly by focusing on alpha (relaxed wakefulness) and beta (alert wakefulness) and delta power (slow wave or deep sleep). Building on initial results that linked nocturnal wakefulness and suicidal ideation, we examined patterns of nocturnal alpha and beta activity with next-day suicidal thoughts. Functional analytic results from sleep EEGs from 33 unmedicated participants with treatment-resistant depression demonstrated that oscillations in beta power were linked to next-day suicidal thoughts. We then evaluated the impact of ketamine, a glutamatergic modulator with known impacts on depression and suicidal thoughts. In a sample of 36 unmedicated participants with treatment-resistant depression, ketamine was linked with increased delta power earlier in the night and increased alpha and delta power later in the night, as compared to saline placebo. Differences in delta and alpha power did not mediate ketamine's antidepressant or suicide ideation effects. Implications for future research on the relationship of sleep EEG, suicide risk and treatment response will be discussed.

Sleep, School Start Times, and Suicidal Ideation Among Swedish Adolescents: Evidence and Implementation

Hadlaczky, Gergö

Karolinska Institutet

Lack of sleep is common among adolescents, with nearly half of Swedish students sleeping less than the recommended 8 hours on school nights. This presentation describes converging evidence linking insufficient sleep to increased suicide risk and explores a promising structural intervention: delayed school start times.

We analyzed cross-sectional data from 8,449 adolescents, finding 46% slept less than 8 hours on school nights—significantly higher among girls (53% vs 38%). Short weekday sleep duration and poor sleep quality remained significant predictors of depression beyond demographic factors and students with suicidal ideation slept 60 minutes less on weekdays compared to peers without ideation. Even after controlling for depression, each 30-minute increase in weekday sleep duration was associated with 10% lower odds of suicidal ideation (OR=0.810, $p<.001$), suggesting that sleep has a direct effect on ideation.

In a different study we explored implementation feasibility through interviews with school administrators and student focus groups across Stockholm County. While administrators recognized widespread student sleep deprivation, most attributed it to screen time and parenting rather than biological factors. Key barriers included scheduling constraints, anticipated resistance from teachers preferring early hours, and coordination with after-school activities. However, schools with existing "sleep-in mornings" reported positive outcomes.

Preliminary data from an ongoing implementation study examining the effects of one-hour delayed start times on student sleep, wellbeing, and academic performance will be presented.

These findings and their consequence for educational policies, particularly given the alignment between adolescents' biological sleep patterns and mental health needs will be discussed.

A systematic review and meta-analysis on the effects of sleep and circadian rhythm interventions on suicidal ideation

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Rising rates of suicidal thoughts and behaviors highlight the need for empirically supported interventions. Sleep and circadian rhythm disturbances are associated with suicidal ideation (SI) and may serve as state-sensitive targets for clinical intervention. Studies suggest that interventions targeting sleep and circadian rhythms, including cognitive behavioral therapy for insomnia (CBT-I), pharmacotherapy, and chronotherapy, can improve mental health broadly, but their potential to reduce SI requires further investigation. This study provided a quantitative synthesis of the existing randomized controlled trials (RCTs) assessing the impact of sleep- and circadian-focused interventions on suicidal ideation (SI). A total of 25 unique effect sizes from RCTs evaluating sleep- and circadian-focused interventions on SI were identified. The pooled effect of sleep- and circadian-focused interventions on SI immediately post-intervention was small but significant (g=–0.16, 95% CI =–0.25 to –0.08). Four studies suggested that treatment effects were maintained at a one-year follow-up (g=–0.15, 95% CI=–0.30 to –0.01). Sub-analyses evaluating different types of interventions revealed that behavioral sleep medicine (BSM) interventions (k=15; 60%) produced a small but significant reduction in SI (g=–0.17, 95% CI = –0.26 to –0.08), whereas the effects of chronotherapy (k=5) and pharmacotherapy (k=5) interventions were non-significant. Moderator analyses indicated that participant characteristics, treatment length, and delivery modality did not impact the pooled effect size. However, BSM studies with baseline suicidality as an inclusion criteria (k=5) had larger effects (g = –0.45, 95% CI = –0.70 to –0.21) than those without this criterion (g = –0.13, 95% CI = –0.23 to –0.03). These findings suggest that sleep- and circadian-focused interventions may reduce SI, particularly BSM interventions for individuals with existing suicidality, but further study specifically with suicidal patients is required. Targeting sleep and circadian functioning may represent a promising, modifiable target for addressing suicidality among individuals with elevated SI.

SY37. Insights from the SURVIVE Cohort: Predictors and Interventions for Suicide Reattempt Prevention

Chair: de la Torre-Luque, Alejandro (Universidad Complutense de Madrid, Spain)

Suicidal reattempt constitutes a key risk factor for death by suicide, making longitudinal, hospital-based studies critical. This symposium aims to present five studies from the SURVIVE cohort. The first study identified that one in five patients reattempted suicide within a year. A second study on NSSI patterns found that while remission/persistence patterns were associated with a reduced reattempt hazard, persistence remains a critical risk indicator. A third communication linked suicidal intent to a rigid symptom network, impaired decision-making brain circuits. The remaining studies focused on interventions: a cognitive-behavioral intervention targeting psychological pain, and a brief psychological intervention (SAM) for adolescents.

Predictors of 12-Month Suicide Reattempt After an Index Attempt: Findings from the Multicentre SURVIVE Cohort

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Background: Suicidal behaviour is a major public health challenge, and between 20–30 non-fatal suicide attempts occur for every suicide death. A history of suicide attempt is among the strongest predictors of future attempts, yet longitudinal multicentre studies with standardized clinical assessment are critical. This study aimed to identify predictors of suicide reattempt within 12 months after an index attempt in the SURVIVE cohort.

Methods: SURVIVE is a prospective, multicentre cohort study conducted in Spanish hospitals including individuals aged ≥12 years assessed within 15 days of an index suicide attempt. Baseline assessment comprised sociodemographic and clinical interviews, the Columbia-Suicide Severity Rating Scale (C-SSRS), MINI 7.0.2, depressive and anxiety symptoms (PHQ-9, GAD-7), impulsivity (BIS-11), and childhood maltreatment (CTQ-SF). Participants were re-assessed at 12 months with the same battery and information on new suicidal behaviour. Kaplan–Meier analyses estimated cumulative risk of reattempt, and Cox regression models (overall sample and stratified by age: adolescents vs adults) examined independent predictors.

Results: Of 1,730 participants with baseline and 12-month data, 340 (19.6%) presented at least one reattempt. The median time to reattempt was 140 days; 25% of reattempts occurred within the first 61 days after the index attempt. In multivariable models, higher number of psychotropic medications, NSSI, more frequent suicidal ideation, and childhood emotional neglect independently predicted reattempt in the total sample.

Conclusions: One in five patients reattempted suicide within a year of an index attempt, with a particularly high-risk window in the first two months. Early, intensive follow-up, careful review of polypharmacy, targeted interventions for NSSI, and trauma-informed care addressing childhood emotional neglect are key priorities for secondary prevention after a suicide attempt.

Non-suicidal Self-injury Patterns and Risk of Suicide Reattempt on a 12-month Follow-up: Results from the SURVIVE Study

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Background: Non-suicidal Self-Injury (NSSI) constitutes a critical risk factor for suicide. It is crucial to understand the dynamic course of NSSI over time and its association with risk of suicide reattempt over time. This study aims to characterize the baseline clinical and psychological profiles of distinct patterns of NSSI over a 12-month follow-up period; and to study how these NSSI patterns relate to suicide reattempt risk.

Methods: A sample of 685 participants (72.4% female, mean age 42) was used. Participants were assessed within 15 days post-index attempt and followed up for one year. NSSI was assessed at baseline and 12 months. Four patterns were observed: No NSSI to No NSSI (NN, 53.4%), Onset (No NSSI to Yes NSSI, 5.7%), Remission (Yes NSSI to No NSSI, 23.9%), and Persistence (Yes NSSI to Yes NSSI, 16.9%).

Results: the Persistence pattern was significantly associated with a more severe clinical profile at baseline. Within this high-risk Persistence subgroup, post-traumatic stress disorder (PTSD) was found to be a specific predictor of reattempt. While Onset was linked to earlier reattempts, Persistence showed a modest descriptive delay in reattempt timing. Overall, 22.2% of the sample reattempted, with a median time-to-reattempt of 138 days. Multivariable Cox regression showed that older age was associated with a lower reattempt hazard (HR=0.98), while a greater number of prior attempts increased the hazard (HR=1.02). Notably, both Remission (HR=0.56) and Persistence (HR=0.58) patterns, were associated with a statistically significant reduced 12-month hazard of reattempt.

Conclusion: Although the presence of intermittent NSSI (Remission or Persistence patterns) paradoxically signaled a reduced 12-month reattempt hazard, the Persistence pattern remains a critical indicator of elevated risk. The findings suggest that while NSSI may serve as a short-term down-regulator of severe affect, the persistent engagement in this behavior highlights a significant and complex clinical vulnerability requiring targeted intervention.

From Symptom Networks to Brain Circuits: integrating transdiagnostic features to understand suicidal behavior

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Background: Understanding why some individuals transition from suicidal ideation (SI) to suicidal behavior (SB) remains a central challenge. Evidence suggests this transition emerges from the interaction of transdiagnostic features—psychopathology, impulsivity, trauma exposure, cognitive deficits and neurobiological alterations. To integrate these dimensions, we examined converging evidence from a clinical network analysis and a systematic review of fMRI decision-making studies, and outline how these findings inform the rationale for the RECONCILE intervention trial. This study aims to identify clinical network structures distinguishing SI with versus without intention to act after a suicide attempt; to synthesize neurobiological findings on decision-making alterations in suicide attempters; and to propose a unified framework supporting a multimodal intervention targeting functioning, cognition and neural circuits after a suicide attempt.

Methods: Data were drawn from the SURVIVE cohort (n=1,265 adults). Network analysis examined relationships among psychopathology, impulsivity and childhood maltreatment. A complementary systematic review summarized fMRI studies assessing neural activation during decision-making tasks in suicide attempters, focusing on ACC, DLPFC, VLPFC, OFC, insula and striatum.

Results: Individuals with SI and intention to act showed a densely interconnected and rigid symptom network, with emotional abuse and motor impulsivity acting as key bridge nodes. In contrast, networks in SI without intention were weaker and less integrated. The fMRI review revealed consistent deficits in circuits supporting cognitive control, reward processing and interoceptive integration. Together, these findings suggest that cognitive-affective rigidity and impaired decision-making processes may underlie the progression from ideation to behavior.

Conclusion: Integrating clinical network dynamics with neural mechanisms provides a multi-level understanding of the suicidal spectrum. Building on this evidence, the RECONCILE Study will evaluate whether a targeted psychological intervention can improve functioning and cognition and modulate decision-making circuits in individuals who recently attempted suicide, advancing precision approaches to suicide prevention.

A Cognitive-Behavioral Intervention Targeting Psychological Pain to Reduce Suicide Risk: A Proposal for Clinical Implementation

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Background: Suicide is a major global public health issue and one of the leading causes of preventable death worldwide. Psychological factors play a central role in suicidal behavior, with psychological pain (psychache) emerging as a key predictor of suicidal ideation and attempts. Despite robust theoretical and empirical evidence, assessment and treatment of psychache are not yet standard in clinical practice. This study aims to design and implement a cognitive-behavioral intervention focused on reducing psychological pain in individuals at high risk of suicide, with the ultimate goal of lowering suicide risk through personalized, evidence-based care.

Methods: The proposed intervention combines Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) with Treatment as Usual (TAU) across ten weekly one-hour online group sessions. Each session addresses specific components: psychoeducation on depression, psychological pain, hopelessness, and negative emotional experiences; cognitive restructuring of maladaptive thoughts; coping skills and emotion regulation training; and relapse prevention. Psychache will be measured using the Psychache Scale (Holden et al., 2001) and Psychological-Physical-Pain Visual Analogue Scale (PPP-VAS; Jollant et al., 2019). Clinical monitoring ensures immediate referral to mental health services if acute risk is detected.

Expected Impact: By directly addressing psychological pain—a modifiable and central factor in suicidal behavior—this intervention seeks to enhance prevention strategies, personalize psychotherapy, and provide a validated framework for integrating psychache assessment into routine clinical settings.

Efficacy of a brief psychological intervention for adolescents with recent suicide attempt: A randomized clinical trial

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Background: Adolescents who attempt suicide face a high risk of reattempts after hospital discharge, while evidence-based brief interventions remain scarce. This study examined the efficacy of the Self-Awareness of Mental Health (SAM) program, a brief individual psychological intervention, in addition to treatment as usual (TAU), compared with TAU alone.

Methods: We conducted a multicentre randomized clinical trial in Spanish hospitals including adolescents aged 12–17 years who had made a recent suicide attempt. Participants were randomly allocated to SAM+TAU or TAU and were followed for 12 months. Outcomes included occurrence and timing of suicide reattempts, as well as psychological and clinical risk factors.

Results: Overall, SAM did not significantly reduce suicide reattempts compared with TAU alone. However, exploratory analyses highlighted distinct patterns of risk, suggesting that specific aspects of impulsivity, suicidal intent, trauma, and psychiatric comorbidity may differentially influence reattempt risk across treatment conditions.

Conclusion: A brief post-attempt psychological intervention delivered in routine clinical settings did not show clear superiority over standard care in reducing adolescent suicide reattempts. Nevertheless, the findings underscore the complexity of suicidal behaviour in youth and point to key psychological targets that may inform the refinement of future tailored, mechanism-focused interventions.

SY38. Complex Pathways to Youth Suicide: Integrating Evidence from Clinical Training, Risk Pathways and Lived Experience

Chair: Gonda, Xenia (Karolinska Institutet, Sweden)

Youth suicide remains a serious concern in many countries, with indications of rising rates in recent years. This highlights the need for approaches that recognise its complexity across developmental, social, and cultural contexts. This session brings together research on strengthening clinical readiness through digital training, identifying multifactorial risk pathways, and tracing life-course patterns that precede suicide. It also features qualitative and ethnographic work offering deeper insight into young people's lived experiences, alongside perspectives that underscore the importance of cultural diversity in understanding and addressing suicide globally. Together, these contributions advance more responsive and context-sensitive prevention strategies.

Building Readiness for Youth Suicide Prevention: A Theory-Informed Digital Course for Emerging and Experienced Clinicians

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Suicide prevention education is widely implemented, yet little empirical work examines how specific pedagogical features support clinical learning in youth suicide prevention. This study investigates how a theory-informed digital skills training course supports readiness to engage with suicidal children and adolescents across stages of clinical training, from advanced students to experienced youth mental health clinicians.

Clinical Suicide Prevention – Children and Adolescents is a digital course refined through three decades of clinical and educational work. Recent digitalisation strengthened key components—filmed scenarios, structured reasoning tasks with feedback, and narrative and community-based activities such as expert interviews and shared reflections—enabling engagement with realistic clinical situations. Cognitive apprenticeship, communities of practice, and narrative pedagogy informed both the design and the analysis of learner engagement. The course is delivered on the SPERA learning platform, launched in 2025 as a national infrastructure for clinical suicide prevention education in Sweden.

This mixed-methods study examines learning across senior undergraduate (n=150), postgraduate health professions students (n=25) and clinicians (n=50) in youth mental health services. Participants will complete pre–post self-report measures of perceived readiness for clinical encounters with suicidal youth and their caregivers, and post-course evaluations with open-text reflections. Semi-structured interviews with a subset of clinicians and students will be analysed using reflexive thematic analysis.

Preliminary results indicate that learners emphasise the value of practising authentic clinical tasks in manageable steps and observing modelling of preventive oriented, person-centred consultations. Self-report data indicate increased perceived readiness to approach suicidal youth. Novice learners describe gaining a coherent structure for rehearsing a full clinical encounter, whereas experienced clinicians highlight refinements in intuitive reasoning and articulation of tacit knowledge.

By clarifying how pedagogical design features support learning in youth suicide prevention, this study outlines a scalable, clinically grounded model for strengthening competence across the youth mental health workforce.

Risk factors of Nonsuicidal Self-Injury

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Background/Aims. Nonsuicidal self-injury (NSSI) is a multifactorial behavior.The aim of this presentation is to summarize and synthesize recent findings of the Research Group of Childhood Mental Disorders at Eötvös Loránd University and Semmelweis University, Budapest focusing on risk factors of NSSI.

Methods. The presented research includes a systematic review, cross-sectional analyses in clinical and non-clinical adolescent populations, and models assessing psychological and environmental mediators.

Results. Externalizing disorders significantly contribute to the emergence of NSSI, while challenges in terminology and diagnostic categorization complicate interpretation. Pathological internet use is linked to NSSI only in the presence of comorbid psychiatric disorders. Maladaptive perfectionism shows a consistent association with NSSI.

Negative or cumulative life events differentiate adolescents engaging in NSSI in both clinical and non-clinical adolescent populations and may predict progression toward suicidal behavior. Vocational school students show higher rates of NSSI compared to high school students. Finally, cyberbullying involvement is associated with NSSI, with anxiety - but not depression - mediating this relationship.

Conclusions. Recent findings of the Research Group of Childhood Mental Disorders, Budapest emphasize the need for multidimensional assessment and targeted prevention and intervention strategies addressing both individual vulnerabilities and social contexts in which NSSI developed.

Exploring paths to suicide in youth: a qualitative analysis of medical records

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Suicide among young people remains a pressing public health concern in Sweden, where declining suicide rates in most age groups have not been mirrored among individuals aged 0–24. Despite extensive research on risk and protective factors, the existing evidence base often lacks a contextualised exploration of how individual, psychosocial, and environmental factors interact over time. This study aims to explore the path toward suicide from a life-course perspective by examining the life circumstances, life events, and healthcare interactions preceding suicide among young people.

This study draws on medical records from all individuals aged 0–24 who died by suicide in Stockholm County during 2015 (n = 27). Using life charts, we seek to map the sequence of documented experiences and contacts with healthcare services across the life course. The use of life charts enables us to trace individual trajectories but also to compare constellations across cases. Through an inductive approach, themes will be generated directly from the data without predefined categories, supporting a nuanced exploration of both individual and shared experiences within the suicidal process.

As data extraction and analysis are currently ongoing, the presentation will focus on the methodological approach and preliminary reflections on how constellations of significant life events, life circumstances, and healthcare interactions may interact across the life course, as communicated and documented within healthcare.

Youth Suicide in Context: A Multi-Method Ethnographic Approach to Understanding Suicidality

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Suicide rates among young people in Sweden have remained stable or increased over the past two decades, contrasting with declines in other age groups. While previous research has identified key risk factors, such as depression, social isolation, and adverse life events, less is known about how these factors intersect and unfold within young people's everyday lives. This project seeks to complement existing knowledge by exploring suicidality as a dynamic, relational process shaped by social contexts, life circumstances, and meaning-making practices.

Using an exploratory, multi-method design, the study combines event analysis techniques with qualitative and ethnographic approaches to reconstruct life trajectories and examine how relationships, systemic responses, and key events interact over time. Data sources include document analysis (medical records, social service notes, forensic reports), digital footprint analysis, and narrative interviews with three participant groups: (1) young people (15–24) who have survived serious suicide attempts, (2) significant others of deceased youth, and (3) professionals who engaged with these individuals prior to their death. The iterative design allows evolving themes to guide the research process, ensuring that young people's perspectives remain central to both analysis and the development of preventive strategies.

By moving beyond static risk models, this research aims to generate a nuanced understanding of how suicidality develops and where intervention might be most effective. Ultimately, the goal is to contribute to a suicide-preventive model grounded in youth experiences, one that complements existing approaches and informs strategies across healthcare, education, and social policy. The presentation will share early lessons learned and reflect on how this perspective can enrich ongoing efforts to rethink suicide prevention.

Suicide trends among Swedish children 1980-2023

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Previous Swedish research has reported an annual 2.2% increase in suicides among individuals under 18 years between 2000 and 2018, but longer-term trends remain insufficiently described. The aim was to examine paediatric suicide incidence in Sweden from 1980 to 2023, analyse trends by sex and age groups (10–14 and 10–17 years), and identify potential temporal changes using joinpoint analysis. This study used national data from the Swedish Cause of Death Register (1980–2023; N = 878 suicides aged 10–17; 58% males; n = 205 aged 10–14; 52% males). Crude suicide rates per 100,000 population were calculated using mid-year population denominators. Time trends were analysed using Joinpoint regression, estimating Annual Percentage Change (APC) with 95% confidence intervals (CI). Annual crude paediatric suicide rates (ages 10-17) averaged 1.84 per 100 000 between 1980 and 1989 and increased to 2.58 per 100 000 between 2014 and 2023 (from 17 to 24 deaths annually). In ages 10-14, the corresponding crude rates were 0.40 and 1.31 per 100 000 (increased from 2.2 to 7.7 deaths annually). The increase was driven by rising female rates, which increased linearly ($P < 0.0001$), while male rates remained unchanged ($P > 0.163$). No joinpoints indicating abrupt trend changes were identified. The increase among females was steeper in ages 10–14 (APC = 4.55%; 95% CI 3.61–6.32) than in ages 10–17 (APC = 2.33%; 95% CI 1.35–3.31). The male-to-female ratio declined over time and reversed in ages 10–14 after 2002. Paediatric suicide rates in Sweden have increased over more than four decades, driven primarily by sustained increases among girls, particularly in younger age groups. The historical male predominance has diminished. Findings highlight the need for improved early identification of suicidality and strengthened clinical and public health interventions, including developmentally adapted clinical training how to perform assessments of suicidal children and safety planning.

SY39. From consultation to implementation: Lessons from national suicide prevention frameworks

National strategies are critical for driving coordinated, evidence-based action to reduce suicide and improve support for those affected. This symposium brings together perspectives from four countries, showcasing diverse approaches to strategy development and implementation. Ireland outlines findings from a nationwide consultation informing its third suicide reduction strategy. Wales presents its new Suicide Prevention and Self-Harm Strategy, shaped by extensive engagement and a shift toward compassionate, trauma-informed care. Estonia introduces its whole-of-society Suicide Prevention Action Plan, while Slovenia reports progress on suicide prevention within its national mental health programme.

Informing Ireland's third suicide reduction strategy: Findings from public consultation

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Background: To inform Ireland's next suicide reduction strategy, a national public consultation invited input from individuals, communities, and organisations.

Methods: Information was gathered via an online survey (March 5 - April 18, 2025) including both closed and open-ended questions relating to progress made so far in suicide prevention and their priorities for the upcoming strategy. The survey was open to all members of the public and organisations, with special emphasis placed on hearing from those with lived experience of suicide. Additional standalone submissions (n=25) to complement the public consultation survey were received from individuals and organisations who wished to provide further information.

Findings: A total of 1,895 individuals responded to the survey. Most (82%) reported lived experience of suicide, primarily through bereavement or being impacted by suicide (68%). Responses to the online survey were predominantly from females (70%), White Irish (90%), and those aged from 40 - 59 years (55%). Responses from organisations accounted for 17%, mainly representing community, voluntary, and advocacy sectors. Support for national policy was strong: 85% of respondents believed suicide reduction should be prioritised "to a great extent." Five main themes were identified from qualitative responses, reflecting individuals' experience of suicide-related support and opportunities for improvement: ensuring accessible and high quality services, enhancing care systems, targeted interventions and support, education and stigma reduction and the role of social determinants in suicide prevention. Standalone submissions highlighted additional priorities, including monitoring and research, and learning from Connecting for Life, Ireland's previous strategy.

Conclusion: Insights from this consultation, combined with an evidence review of suicide prevention interventions and risk and protective factors for self-harm, informed the actions and recommendations developed by an Advisory Group and Lived Experience Reference Panel for Ireland's third suicide reduction strategy.

Estonian Suicide Prevention Action Plan (SETK) – A Whole-of-Society Approach

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Introduction: Estonia has historically recorded one of the highest suicide rates in Europe, reaching around 30 suicides per 100,000 people in the early 2000s and consistently ranking among the top six countries. Although rates have steadily declined over the past two decades to approximately 14–15 per 100,000, it remains above the European average of 10.2 per 100,000. In 2024, Estonia reported an age-standardized suicide rate of 12.6 per 100,000. Middle-aged adults (40–59 years) accounted for the highest number of suicides and 1,776 potential life-years-lost. Among young people aged 10–19, 10 suicides were recorded, representing 23.8% of all deaths in this cohort. These indicators highlight suicide as a persistent public health concern requiring structured national responses.

Methods: To address these challenges, Estonia developed the Estonian Suicide Prevention Action Plan (SETK) through participation in the European Commission's JA-ImpleMENTAL initiative. SETK (2025–2028) adopts a unified, whole-of-society approach built around eight strategic goals, with dedicated emphasis on early intervention and postvention—identified as the weakest components of existing prevention efforts. The plan outlines 31 operational objectives and 60 targeted activities designed to strengthen capacity, coordination, and community involvement. Implementation is coordinated by the Ministry of Social Affairs, which sets priorities based on available resources and secured funding.

Results: Current strategic partnerships with NGOs have enabled initiatives focused on raising public awareness, increasing knowledge of suicide prevention, strengthening early intervention and postvention, and ensuring reliable national suicide statistics. Key planned activities for 2025–2026 include gatekeeper-training, recognizing journalists for responsible suicide reporting, supporting bereaved individuals, encouraging research and statistical analysis, and mapping active follow-up options for suicide attempters.

Conclusion: The SETK framework provides the foundation for sustainable, community-based suicide prevention efforts. By strengthening partnerships, expanding preventive activities, and improving support for at-risk individuals,Estonia aims to further reduce suicide rates, enhance community resilience,and ensure timely access to care.

Designing a National Suicide Prevention and Self-Harm Strategy: The Welsh Experience

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Introduction: Set in the context of unique legislation-the Wellbeing of Future Generations (Wales) Act–'Understanding', a new Suicide Prevention and Self-Harm Strategy was published in Wales in April 2025.

Methods: The Strategy was developed through rigorous engagement including a review of the successor Strategy, formation of an expert drafting group and a16-week public consultation with complementary specialised engagement including children and young and those with lived experience.

Results: This extensive engagement led to the transformation of the draft, including the amendment of the title itself speaking to the shift in narrative from encouraging people to speak up to listening when people share without fear of judgement or discrimination, through a more compassionate understanding of suicide and self-harm. The Strategy was drafted in a manner which seeks to show that we, as a Government had listened and ourselves understand what our stakeholders want and need.

The Strategy is focussed around six objectives based on continued listening and learning, prevention, empowering everyone to listen and support one another, holistic service support and effective responses following the embedded principles of being trauma-informed, person-centred and evidence based, including drawing on the knowledge and experience of those who have been affected.

Whilst the Strategy recognises the distinction between mental health and suicide it also recognises that mental health services are often those services which people will rely on for support when it is needed most urgently. Therefore, it was developed alongside the Mental Health and Wellbeing Strategy for Wales which seeks to transform mental health services in Wales, introducing a stepped care model and allowing same to access to support, including for people with suicidal ideation.

Conclusions: Together these Strategies aim to deliver on our ambition to achieve an annual reduction in suicide rates in Wales and provide compassionate, person-centred support for everyone, whenever they need it.

Suicide prevention activities in Slovenia

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In the last three decades Slovenia has wittnesed a nearly 40% decline in suicide mortality. Yet the suicide rate remains one of the highest in Europe, namely 18/100 000. Slovenia does not have a standalone national suicide prevention strategy. However, suicide prevention is one of six priority areas within the National Program for Mental Health (MIRA, 2018–2028), coordinated by the National Institute of Public Health. Each priority area, including suicide prevention, has strategic goals defined for the current Action Plan (AP). Action Plans typically cover two years; exception is the current AP which was approved by the Slovenian government in July 2025 and covers the period 2025–2028.

The strategic goals for suicide prevention in this AP were set by the multidisciplinary Program Committee for Suicide Prevention, a panel of experts from various fields.

The goals include: (i) raising awareness among the general public; (ii) continuing collaboration with the media on responsible suicide reporting; (iii) establishing a national postvention network; (iv) restricting access to means; (v) reviving and further developing a registry of suicides and suicide attempts.

Goal (i) focuses on delivering the Mental Health First Aid program to the general public; a pilot involving 500 participants is currently underway. Goal (ii) targets media professionals and includes establishing the Papageno Award to promote responsible reporting. Goal (iii) aims to develop a nationwide postvention network in schools and workplace settings. Goal (iv) involves identifying potential high risk locations through analysis of police reports; to date, over 800 reports have been reviewed, providing insights into suicide-related communication, circumstances, and high-risk locations. Goal (v) seeks to revive the national suicide registry, originally established in the 1970s, and create a real-time rapid surveillance system.

Progress on AP tasks is regularly monitored and evaluated to ensure continued implementation and improvement.

SY40. Crisis Editor Forum: An overview of manuscript preparation, the peer-review process, and publication ethics

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The aim of the session will be to facilitate an educational discussion between editorial leadership of Crisis and attendees of the ESSSB21 who are interested in publishing in Crisis: The Journal Crisis Intervention and Suicide Prevention. Our aim is for Crisis to be a leading publication in suicidology and crisis intervention and the workshop provides a forum for the editors to engage with the clinicians, counselors, and researchers who are potential authors and readers.

The Editors of Crisis will present information on the Journal's editorial and peer-review processes and share insights about how to prepare a high-quality manuscript for publication in a leading scientific journal. The session will be particularly helpful for early-career researchers and clinicians as they can hear directly from Editors about their expectations for high-quality manuscript submissions and their insights on how best to respond to editor and reviewer comments when authors revise their manuscript.

We will include a spotlight on the peer-review process undertaken at the Journal in an effort to provide greater transparency regarding the evaluation of manuscript submissions and how editorial decisions are reached. To do so, we will present a published paper and the editors, will discuss how the paper developed from first submission through author revisions, and ultimately, to acceptance. By elucidating important aspects of peer review we would like to demonstrate how the evaluation process improves papers prior to publication.

As publisher of Crisis, Hogrefe Publishing, would like to highlight useful information for authors regarding the use of generative artificial intelligence (AI) and AI-assisted technologies in the manuscript preparation and peer-review processes, and the various considerations regarding publication ethics authors and reviewers must keep in mind when utilizing these new technologies.

The session will both explore how the work of research and clinical teams can contribute to the publication process; and in turn, influence how Crisis continues to develop and publish content that moves the fields of suicidology and crisis intervention forward.

SY41. IASP SIG Postvention Symposium 1: Addressing crucial gaps in our understanding of suicide bereavement and postvention

Over the decades, the research on suicide bereavement and postvention has been expanding. Nonetheless, there remain important gaps in our understanding of this type of bereavement. The recent studies presented in this symposium will address these major gaps, including a novel model for understanding suicide bereavement, the crucial role of peer influence as a risk factor in exposure to suicide, critical aspects of effective psychotherapy with suicide loss survivors, and lessons learned from a global bibliometric study on postvention. Implications for further research and practice will be highlighted.

Chairs: Birgit Wagner, Karl Andriessen

A model for suicide bereavement: Based on a meta-ethnography of adult's experiences and postvention

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Background: Suicide rates are typically higher for males, but the literature is limited in exploring male perspectives on being suicide loss survivors (SLS).

Aim: This study aimed to assess the overall qualitative literature on suicide bereavement, that included a substantial male contribution.

Methods: Following the eMERGe and PRISMA guidelines, a meta-ethnography was carried out to assess historical research into suicide-loss survivorship. Seven data sources were searched, up to 30-Nov-2022, for peer-reviewed studies, written in English, that used identifiable and interpretative qualitative methods, had at least 50% male participation, and offered a valuable contribution to the synthesis. Overall, 1,645 records were screened, and 15 reports of included studies assessed.

Results: Eight main themes were identified: changed forever, trauma, stigmatization, protector, lost futures, lost in plain sight, societal norms, and dualities. Via line of argument synthesis, and considering the broader literature, a model for suicide bereavement, applicable to all, is proposed that brings together the gamut of pertinent factors into an integrated framework.

Conclusion: The model can be used in practice (clinical, therapy/counselling, education) to enable better understanding of the highly complex and interwoven components of suicide bereavement, thereby facilitating improved and extended services available to SLS that are more in-tune with their needs. A common perception, among SLS, is that those not bereaved by suicide can never understand their situation. While the model cannot confer full comprehension of suicide bereavement, it can go a long way to assist those looking to assist SLS by providing a platform for dialogue and empathy. The limited data, on male specific experiences, did not facilitate a clear differentiation on aspects of the model that are gender weighted, emphasising the need for further research.

Association between sensitivity to peer influence and suicidal thoughts or behaviour among adolescents exposed to a relative or friend's suicide or suicide attempt: longitudinal study of the Add Health cohort

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Introduction: Exposure to a relative or friend's suicidal behavior is considered a risk factor for suicidality. Adolescents tend to be particularly susceptible to social modelling of others' suicidal behaviour. It is unclear whether sensitivity to peer influence increases risk of suicidal behaviour in this vulnerable group.

Methods: We analysed data from the US National Longitudinal Study of Adolescent to Adult Health (Add Health), including 6,042 adolescents who reported suicide or suicide attempt of a relative or friend at any of the first three waves of data collection. We investigated the longitudinal association between sensitivity to peer influence and i) suicidal ideation and ii) suicide attempts, adjusting for gender, age, and baseline depression. We conducted interaction tests to investigate the modifying effects of gender, kinship to the person who had enacted suicide or attempt (relative vs. friend vs. both), and nature of exposure (suicide vs suicide attempt vs. both).

Results: We did not find evidence to support an association between sensitivity to peer influence and suicidal ideation or attempts (all ps > .05). Conducting interaction tests to explore stratum-specific patterns, we found no modifying effect of gender or nature of exposure for either outcome (all ps > .05). However, among participants exposed to suicide/attempt in both peers and relatives, those with the highest sensitivity to peer influence had significantly higher odds of suicide attempt than the lowest sensitivity group in the fully adjusted model (AOR = 7.00, 95% CI [1.20, 40.75], p = .031), acknowledging the limited power of interaction tests.

Conclusions: Sensitivity to peer influence was not significantly associated with the risk of suicidal ideation or attempt in this adolescent suicide-bereaved sample. Whilst our interaction tests are suggestive of a dose-response effect this requires further investigation in larger samples.

What are we missing in psychotherapy with suicide loss survivors? Implications for interventions

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Background: Despite the profound psychological impact of suicide bereavement, few psychotherapeutic interventions for suicide loss survivors show robust empirical support. The limited randomized controlled trials (RCTs) available are typically short-term, group-based interventions that yield minimal or no significant effects compared to control conditions. Moreover, most existing approaches fail to address the trauma-related and relational dimensions inherent in suicide loss. This presentation aims to identify critical gaps in psychotherapy for suicide loss survivors by integrating insights from trauma-focused research and emphasizing the importance of unresolved relational dynamics and disturbances in self-organization (DSO) symptoms.

Aim: The aim of this presentation is to discuss implications for improving the development of interventions for suicide loss survivors.

Methods: Two recent studies (Hofmann, Merkl, & Wagner, 2024; Hofmann & Wagner, 2024), each including a total of N = 167 suicide loss survivors, were analyzed with regard to improving care for suicide loss survivors.

Results: Our recent studies highlight two key determinants of bereavement trajectories: (1) the quality and emotional entanglement of the relationship with the deceased, which predict prolonged grief, PTSD, and guilt; and (2) the high prevalence of complex PTSD-related disturbances, including affective dysregulation, negative self-concept, and interpersonal difficulties. These findings suggest that suicide bereavement encompasses not only grief but also profound disruptions in identity and relational functioning.

Conclusion: Current psychotherapeutic approaches insufficiently address these trauma-related and self-structural dimensions. Future interventions should incorporate trauma-informed and individualized components—such as emotion regulation training, identity reconstruction, and relational repair—to more effectively meet the needs of suicide loss survivors. Recognizing and treating complex PTSD symptoms may represent a crucial next step in advancing clinical care for this underserved and often overlooked population.

Research trends in suicide bereavement and postvention: A global bibliometric and content analysis

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Background: Suicide bereavement is one of the most devastating life events, often characterized by intense emotional distress and an increased risk of mental health problems and suicidal behaviour among the bereaved. Postvention aims to support suicide loss survivors cope with the bereavement and mitigate associated risks. As research in this field continues to expand globally, including Low- and Middle-Income Countries, there is a growing need to systematically map its development and identify key trends.

Aim: The IASP SIG on Suicide Bereavement and Postvention decided to conduct a global bibliometric analysis of research on suicide bereavement and postvention. By exploring developments in the field over the past decades, it will identify publication trends, thematic clusters, and research gaps.

Methods: Given the scale of the study, we established a global team of 35 co-investigators, and we preregistered the study protocol (OSF, August 15, 2025). Systematic searches in six databases (Embase, Emcare, Medline, PsycINFO, Scopus, and Web of Science) yielded 49,386 references. After removal of duplicates, and a two-step screening process conducted independently by pairs of two researchers, 1,106 articles published between 1953 and 2025 were included. Original research articles, scoping and systematic reviews, and opinion papers were included. The collaborating researchers could provide additional references not identified through the searches. As a next step, we will extract data from the studies, including publication details, characteristics of the sample, and type of study.

Results: The analysis, currently ongoing, will provide a global overview of research designs and methodologies, the demographic (e.g., age groups, population types) and geographic distribution, the temporal development of research outputs, identify key research themes and topical clusters, and identify research gaps and underexplored areas to inform future research priorities. The findings will be presented at the conference.

SY42. "Much too young": Novel directions in understanding and preventing suicide in autistic children and young people

Chair: Pelton, Mirabel (University of Cambridge, United Kingdom)

Autistic children and young people are twice as likely to die by suicide than their non-autistic peers (NCMD 2024) with a notably early onset of suicidal behaviour aged under 10 years. To date, most research into suicide in autistic people has focussed on autistic adults, and our symposium will address this gap. Mixed-methods presentations describe emerging findings regarding risk and recovery factors, diverse trauma in childhod, help-seeking experiences and early findings from the first psychological autopsy study. Taken together these findings add to the limited body of knowledge available to prevent suicide in this previously unrecognised priority group.

'For me it was like a tide': Conceptualising Fluctuating Suicidal Thoughts and Recovery in Autistic Young People

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Background: Suicide theories designed to explain suicidal thoughts in the general population are less accurate in accounting for the experiences of autistic people. Research to date has focused largely on autistic adults, yet adolescence and the transition to adulthood pose unique challenges for autistic young people.

Methods: We undertook reflexive thematic analysis of interview transcripts with autistic people aged 16-25 (n=9, M=21.1 SD=.55), which explored: (i) retrospective reflections on contributing factors to developing suicidal thoughts aged 11-15; and (ii) recovery factors.

Results: Results reported a nested hierarchical sub-theme structure: an over-arching theme 'chronic, fluctuating suicidal thoughts' encapsulated two sub-themes of contributing factors ('conceptual disorientation' and 'minority stress') and one sub-theme of recovery factors ('epistemic awakening'). Nested sub-themes included: (1) 'existential disconnection' which described intense social isolation including separation from life's meaning and purpose; and (2) entrapment in 'neuro normative education' systems. 'Epistemic awakening' described developing an understanding of the influence of autistic traits – such as monotropic attention, emotional express and time perception – on suicidal thoughts. Nested sub-theme 'Developing coping strategies for adult life' described how detachment in nature and special interests enabled coping with continued marginalisation in a neurotypical adult world.

Conclusion: Themes informed a conceptual model of suicidal thoughts. Future longitudinal research will quantitatively test aspects of this conceptual model using Experience Sampling Methodology (ESM). Providing a neuro affirming education system could reduce onset of suicidal thoughts, whilst validating the personal quality of suicidal thoughts in clinical services could hasten recovery. Creating accommodation and accessible environments with meaningful support would lead to less suicidal ideation.

Keywords: autism, suicidal ideation, precipitating factors, recovery

Experiences of self-harm, suicidal ideation and mental health care among autistic youth

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Background: Autistic youth experience high rates of self-harm and suicidal ideation, and substantial barriers to adequate mental health care. Research suggests that mental health services may not meet the needs of autistic individuals, though autistic youth experiencing self-harm and suicidal ideation are underrepresented in this literature. The present study aimed to explore experiences of self-harm, suicidal ideation and mental health care among a sample of autistic youth recruited through two Australian government-funded youth mental health services.

Methods: Online interviews with seven autistic participants aged 15–23 years were transcribed and thematically analysed using a reflexive approach.

Results: Four themes and two subthemes were generated: (1) social rejection as risk, and connection as protection; (2) overwhelming emotions can lead to self-harm and hinder help-seeking; (3) feeling (mis)understood and (in)adequately accommodated by clinicians (comprising two subthemes related to poor understanding and accommodation of autism within mental health services); and (4) safety planning can feel like a box-ticking exercise.

Conclusions: These findings highlight the importance of social connectedness as a protective factor against self-harm and suicidal ideation for autistic youth, and the necessity of improving understanding and accommodation of autism in mental health care settings and suicide interventions.

Keywords: autism, self-harm, suicidal ideation, mental health care

Trauma, suicide-related behaviours and mental health in autistic children

Chikaura, Tanatswa[1]; Weir, Elizabeth[1]; Griffiths, Sarah[2]; Allison, Carrie[1]; White, Simon[1]; Procyshyn, Tanya[1]; Pelton, Mirabel[1]; Hodges, Holly[1]; Ford, Tamsin[1]; Baron-Cohen, Simon[1]

[1]University of Cambridge; [2]University College London

Background: Autistic children are at an increased risk of trauma and suicide related behaviours (SRB), yet few studies have examined the relationship between trauma and SRB. This study explored how trauma may influence SRB and mental health in autistic children.

Methods: We administered an anonymised, parent-report survey to 436 parents of autistic and non-autistic children aged 4-17 years. The final sample was n=315. Unadjusted and adjusted binomial logistic regression models identified whether trauma and autism diagnosis were significant predictors of (i) self-harm/suicide attempt, (ii) talking about suicide and (iii) a mental health condition that impacts daily life. We generated heatmaps to identify traumas that frequently co-occurred with SRB and poor mental health.

Results: After accounting for trauma, autism remained a significant predictor of self-harm/suicide attempt (OR: 3.07, 95% CI: 1.52-6.2, p-value: <0.01) and a mental health condition that impacts daily life (OR: 6.3, 95% CI: 3.09-12.83, p-value: <0.01). Autism did not remain a significant predictor of talking about suicide (OR: 1.15, 95% CI: 0.56-2.37, p-value: 070). Our findings suggest a dose-response association between trauma and SRB and poor mental health in our sample. Our heatmaps showed that parents of autistic children who reported experiences of victimisation and educational difficulties were also likely to report that their child had experienced a mental health condition impacting daily life, self-harm/suicide attempt and talking about suicide.

Conclusion: This study provides evidence of complex relationships between autism, trauma, self-harm/suicide attempt and a mental health condition that impacts daily life. There is a need to enforce policies that safeguard autistic children from adverse childhood experiences. Furthermore, our findings show the importance of implementing early interventions, awareness programs and services in educational environments. Clinicians are encouraged to routinely screen for trauma, poor mental health and SRB in autistic children.

Keywords: Autism, trauma, self-harm, suicide attempt, mental health

Occurrence and Correlates of Suicidal Thoughts among Young Autistic Users of a Mental Health App

Procyshyn, Tanya[1]; Weir, Elizabeth[1]; Pelton, Mirabel[1]; Chikaura, Tanatswa[1]; Hodges, Holly[1]; Gomley, Kerstyn[2]; Godson, Suzi[2]; Allison, Carrie[1]; Baron-Cohen, Simon[1]

[1]University of Cambridge; [2]Tellmi

Background: Young autistic people face heightened risk of suicidality, yet few studies have explored contributing factors using self-report data. This study examined the occurrence and correlates of suicidal thoughts among young autistic users of a UK mental-health app.

Methods: Analysis drew on anonymous self-report survey data from 365 diagnosed or self-identifying autistic users of the Tellmi app aged 11–19+ years. Binomial logistic regression was used to explore the relationship between suicidal thoughts (recorded as yes/no) and demographic variables, autism-related factors, mental health-related symptoms, and adverse life experiences.

Results: 63% of participants reported suicidal thoughts, with similar rates across age groups. The final multivariate model explained 49% of variability in the presence of suicidal thoughts (R^2Nagelkerke = 0.49, $p < 0.001$). Self-harm (OR = 6.4), depression (OR = 4.6), a history of physical abuse (OR = 3.1), and gender-minority identity (OR = 2.1) were the strongest correlates of suicidal thoughts, controlling for age, ethnicity, and autism diagnosis (formal diagnosis vs no formal diagnosis/unsure). Conversely, use of the term "neurodiversity"—reflecting a neurodiversity-affirming identity—was associated with greatly reduced likelihood of suicidal thoughts (OR = 0.45).

Conclusions: Suicidal thoughts were common among young autistic users of a mental health app. The strongest risk factors for suicidal thoughts were similar to those previously reported for autistic adults, while a neurodiversity-affirming identity may be protective. Overall, the findings underscore the urgency for accessible, autism-adapted mental health services, alongside promotion of neurodiversity-affirming and connection-building supports. Longitudinal studies are needed to test whether such interventions can reduce suicidality among autistic youth engaging with digital mental health services.

Keywords: autism, mental health, suicidal ideation

The bereaved voices project: A community-based psychological autopsy study to understand and prevent suicide in autistic people

Pelton, Mirabel[1]; **Hopper, Julia**[2]; Weir, Elizabeth[1]; Procyshyn, Tanya[1]; Hodges, Holly[1]; Chikaura, Tanatswa[1]; Erkal, Emin[3]; Ward, John[3]; Dudas, Robert[1]; Pawar, Sohini[3]; Koch, Damaris[3]; Yozgatli, Serife Dilara[3]; Newman, Rhiannon[3]; Wilfred, Ramarni Treyvone[1]; Moseley, Rachel[4]; Cassidy, Sarah[5]; Archer, Stephanie[1]; Mosse, David[6]; Rodgers, Jacqui[7]; Allison, Carrie[1]; Baron-Cohen, Simon[1]

[1]University of Cambridge; [2]No affiliation; [3]Cambridge and Peterborough Foundation Trust; [4]Bournemouth University; [5]University of Nottingham; [6]School of Oriental and African Studies; [7]Newcastle University

Background: Since 2011, there has been a threefold increase in recorded suicide deaths amongst autistic mental health patients in the UK, particularly among young people (NCISSH 2024). Autistic people report negative experiences of help-seeking for suicidal thoughts and behaviours, which increase hopelessness and suicidal intent. Suicide theories have not yet been applied to explore suicide deaths in autistic adults.

Methods: This community-based psychological autopsy study presented by one of our lived experience experts, harnesses a novel multi-disciplinary team of bereaved people, autism and suicide experts and practising psychiatrists. This study aims to identify: (i) risk and protective factors for death by suicide and/or self-inflicted injury amongst autistic people; (ii) service-level improvements to avoid future deaths; and (iii) the feasibility and acceptability of research methods to explore this topic.

Results: Mixed-methods quantitative and qualitative analyses will inform the development of: (i) a conceptual model of pathways to suicide in autistic people; (ii) future service pathways and models; and (iii) methods guidance for the conduct of safe future research on this topic. This project is the first to take a systematic approach to understand the experiences of autistic people who lost their lives to suicide from the perspective of those closest to them in life.

Conclusions: This presentation will offer emerging findings: (i) increased conceptual understanding to inform future research and clinical practice; (ii) specific proposals for service level improvements, such as adaptations to processes such as mental health admission, removal of liberty, individual risk formulation and support; and (iii) the safe inclusion of bereaved autistic people in future research. This novel study will significantly advance our understanding of suicide in autistic people to inform targeted prevention strategies and clinical improvements to practice.

Keywords: autism; death by suicide; protective factors; service improvement

SY43. Suicidality in Women and Girls

Chair: Robinson, Jo (Orygen, President IASP)

This symposium is presented by the IASP Suicide Prevention in Women and Girls Task Force. It will bring together research and clinical expertise from Liberia, Netherlands, United Kingdom and Australia. Specifically, this symposium will include discussions of: (1) the challenges facing school-going girls in Liberia, (2) Improving detection and treatment of psychological distress during menopause, (3) The Invisibilisation of Women's Suicidality in Australian Policy and Research, (4) Domestic-Abuse-Related Suicide as Gendered Violence and (5) A qualitative comparison of young women's experiences of suicidality over time.

The Challenges of Suicide Prevention among School-going Girls in Liberia.

Verstraaten-Bortier, Mabel

Liberian Agricultural Company and IASP National Representative Liberia

Between Christmas 2023 and Easter 2024, three school-going girls attempted suicide in my community; one was fatal, the other two were hospitalized for a period of time. This led to a Participatory Action Research (PAR) into the question - what was driving our teen girls to suicide and how could future suicides be prevented? The findings led to the design and implementation of a participatory experiential learning initiative - a Bible based youth club - which meets once a month to learn and discuss issues related to youth suicide prevention. Even though this is a step in the right direction it is not enough to reach specific girls who are currently living with so many risk factors that could eventually lead to suicidal behaviour.

Improving detection and treatment of psychological distress during menopause: evidence from a clinical hormone replacement therapy cohort

Saini, Pooja

Liverpool John Moores University, UK

Background: Menopausal transition is a period of psychological vulnerability, yet suicidality remains underassessed. Hormone replacement therapy (HRT) may influence mood symptoms, but its mental health effects – particularly regarding suicidality – are poorly understood.

Aims: To evaluate changes in depressive symptoms, menopause-related distress and suicidality among menopausal women attending a specialist clinic, and explore whether outcomes differed across HRT regimens and baseline risk factors.

Method: We analysed routinely collected data from 957 women attending a UK menopause clinic. All participants received some form of treatment following their initial consultation. Participants completed the Patient Health Questionnaire-9 (PHQ-9) and Menopause Depression Rating Scale (MENO-D) at baseline and follow-up (2–6 months later).

Results: Depressive symptoms and menopause-related psychological distress significantly declined over time (around 46% reduction on average). The largest improvements were observed among women receiving oestrogen–progesterone–testosterone combinations. Suicidality (PHQ-9 item 9) decreased by 92% among those with baseline ideation.

Conclusions: Combined HRT, including formulations with testosterone, was associated with substantial improvements in mental health outcomes. Suicidality was a distinct symptom profile, often underdetected by general depression scores.

The Invisibilisation of Women's Suicidality in Policy and Research: An analysis of Australian policy.

Townsend, Harriet

Macquarie University, Australia

Young women in Australia experience the most suicidality of any population, with suicide being the leading cause of death for women aged 15-44. Despite this, suicide continues to be framed primarily as a male problem in research and prevention policy. This paper critically examines how gendered assumptions shape suicidology and policy responses to suicide in Australia, for example in the National Suicide Prevention Strategy 2024-2025. The effect is that it institutionalises male suicide as urgent while rendering young women comparatively invisible. I argue for a reframing of suicide prevention that takes seriously the high levels of suicidality among young women rather than reducing them to a comparator to prioritise men.

Domestic-Abuse-Related Suicide as Gendered Violence: Insights from Sociological Autopsy and Slow Femicide.

Dangar, Sarah

City University of London, UK

This paper examines domestic abuse-related suicide through the combined lenses of sociological autopsy and slow femicide, arguing that these deaths are not only individual acts of self-harm but also outcomes of sustained gendered violence and institutional omissions. Sociological autopsy provides a methodological framework for reconstructing the social, relational, and institutional conditions preceding a victim's death. By analysing Domestic Homicide Reviews (DHRs) relating to deaths by suicide and coronial inquests, this paper traces how domestic abuse shaped victims' lives, how institutional responses were fragmented or inadequate, and how official accounts often omit the contextual knowledge held by families, communities and indeed the victim themselves.

Slow femicide offers a complementary theoretical lens, conceptualising suicide in the context of domestic abuse as part of an extended continuum of gendered killing. Together, sociological autopsy and slow femicide provide a feminist analysis that repositions domestic abuse-related suicide as a form of gendered violence that is preventable.

Young women's experiences of suicidality over time: A qualitative comparison of accounts from 2006 and 2024.

van Bergen, Diana

University of Groningen, Netherlands

This presentation compares two cohorts of young women in the Netherlands—interviewed in 2006 and 2024—to examine rising rates of suicidal behavior in a Western context. Several factors may contribute to this increase. Over the past decade, rates of psychopathology and internalizing prob lems have risen, particularly among girls, and these are strongly associated with suicidality.

Using qualitative narrative interviews, we explore self-perceived reasons, risk factors, and triggers for suicidality among 18 women aged 18–24 (n=9 in 2006; n=9 in 2024). All participants expe rienced suicidal thoughts, and half had attempted suicide. We compare accounts across time to identify qualitative shifts in how young women understand and experience suicidality. Particular attention is given to the roles of psychopathology, internalizing symptoms, perfectionism, and aca demic pressure in shaping contemporary young womanhood and self-harm.

SY44. Ecological momentary approaches to suicide prevention in vulnerable populations

This symposium presents four complementary contributions showcasing how Ecological Momentary Assessment and Intervention (EMA/EMI) are transforming suicide prevention in vulnerable populations. Talks will address digital phenotyping for crisis detection and delivery of real-time interventions, focusing on populations at risk, including adolescents and young adults, first and second-generation migrants, and people with a history of previous suicide attempts. Together, these studies demonstrate the value of technology-enabled methods for improving risk detection, personalising interventions, and enhancing ecological validity across diverse clinical and developmental populations.

Migration background, ethnicity, and suicide risk trajectories: evidence from a smartphone-based longitudinal clinical cohort

Porras-Segovia, Alejandro

University Hospital Rey Juan Carlos, Móstoles, Spain

Migration and ethnic minority status have emerged as key social determinants of mental health, yet their role in shaping suicidal risk remains insufficiently characterised. Understanding how migration-related factors intersect with clinical severity, social vulnerability, and longitudinal risk trajectories is essential for developing equitable suicide prevention strategies.

This presentation draws on a longitudinal clinical cohort of 809 individuals assessed in Madrid (Spain) following suicidal ideation or suicide attempts, of whom 200 had a migration background. Participants were classified as non-migrants, first-generation migrants, or second-generation migrants, and further characterised by ethnicity. All individuals were assessed using smartphone-based questionnaires and Ecological Momentary Assessment (EMA), enabling high-resolution measurement of symptoms, emotions, and risk markers in real-world settings. Participants were followed prospectively for six months, allowing the examination of both baseline profiles and short-term risk trajectories.

At baseline, individuals with a migration background—particularly second-generation migrants—displayed distinctive sociodemographic and clinical characteristics compared with non-migrants, including higher levels of social disadvantage, greater exposure to stressors, and significantly elevated depressive symptom severity. Migrant participants also presented with a higher accumulation of established suicide risk markers, including prior suicide attempts and indicators of psychosocial vulnerability. Ethnic minority status further contributed to heterogeneity within migrant groups, revealing important within-group differences that are often obscured when migration is treated as a single category.

Longitudinal analyses across the six-month follow-up showed that these disparities persisted over time. Migrant participants, and especially second-generation migrants, exhibited more severe clinical trajectories, with sustained depressive symptoms and persistently elevated indicators of suicide risk captured through repeated smartphone-based assessments and EMA.

These findings highlight the importance of disaggregating migrant populations by generation and ethnicity and demonstrate the value of smartphone-based and momentary methodologies for characterising dynamic suicide risk. They underscore the need for culturally sensitive, longitudinally informed prevention and follow-up strategies within mental health services.

Ecological Momentary Assessment predictors of suicide attempts: a machine-learning survival analysis

Herrmann, Felipe M.

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Background: Ecological momentary assessment (EMA) offers a powerful approach for capturing short-term fluctuations in suicide risk, yet little is known about which dynamic symptom patterns best predict the timing of suicide attempts.

Methods: We conducted a 12-month prospective cohort study of psychiatric outpatients recently evaluated for suicidal ideation or attempt across four public hospitals in Madrid, Spain. Responses were aggregated to person-level features reflecting mean levels, variability (SD), and instability (RMSSD) across domains including suicidal ideation, anger, sleep, affect, and interpersonal distress. Time to suicide attempt, verified through electronic medical records, served as the primary outcome. Prediction models were fit using a Random Survival Forest with 2,000 trees, log-rank splitting, internal imputation, and out-of-bag performance metrics (CRPS, Harrell's C, and time-dependent AUCs). Permutation importance and minimal depth statistics identified influential predictors and interactions.

Results: Of 494 participants with usable EMA and clinical data, 36 (7.3%) attempted suicide during monitoring. Short-term predictive accuracy was modest (30-day AUC = 0.67; 90-day AUC = 0.63) and declined toward chance at longer horizons. Permutation-based variable importance indicated that anger toward others was the strongest predictor of suicide attempts, with its variability (SD; VI = .024), instability (RMSSD; VI = .020), and mean level (VI = .015) showing the highest importance values. Sleep-related disturbances were also influential, with sleep interference with daily activities (mean; VI = .011) and insomnia variability (SD; VI = .011) ranking among the top predictors. Conditional minimal depth analyses further showed a robust interaction between anger variability and sleep-interference variability (depth = 0.97).

Conclusions: In this high-risk outpatient sample, dynamic features of anger and sleep disturbance were the most informative EMA-derived predictors of suicide-attempt timing, though overall predictive performance remained limited.

MoshiMoshi: an app supporting the treatment of patients at suicide risk

Calati, Raffaella

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Background: Suicidal thoughts and behaviors represent a major public health concern, yet many individuals at risk struggle to access timely, individualized, and evidence-based support. Digital interventions (DIs) offer a promising opportunity to widen access to psychological care; however, existing tools often lack personalization and show variable engagement and retention.

Aims and methods: MoshiMoshi is an innovative project integrating clinical research and digital technology to deliver a tailored, multi-component psychological intervention specifically designed for people experiencing suicidal ideation or a history of suicide attempts. The 7-week program is delivered via a mobile app and combines psychoeducation and exercises informed by CBT, DBT, mindfulness, ACT, and IPT. All participants complete a core module on self-destructive thoughts, while additional modules—including depression and anxiety, burnout, chronic pain, relational problems, and lifestyle difficulties—are assigned through individualized screening and clinical evaluation. A hybrid format anchors the intervention in two in-person clinical sessions dedicated to safety planning and relapse prevention, with digital modules completed autonomously between meetings.

Results: Participants were recruited through multiple phases, beginning with two pilot studies assessing feasibility and acceptability among university students. In both the Pilot 1 (n=24) and Pilot 2 (n=49), satisfaction and usability ratings were high: in Pilot 1, app satisfaction reached 7.2/10 on a VAS and usability reached 68.3/100 on System Usability Scale (SUS), while Pilot 2 showed higher satisfaction (8.4/10) and usability 80.7/100 at the SUS. Participants valued daily questions and meditation exercises, although engagement fluctuated over time, and dropout rates were consistent, reflecting those commonly reported in the literature. A randomized controlled trial is currently underway to test the intervention's efficacy compared with treatment as usual in patients.

Conclusions: By integrating clinical expertise, personalized module selection, continuous assessments, and digital delivery, MoshiMoshi aims to enhance suicide-prevention strategies through accessible, individualized, and engaging psychological support.

Long term follow-up of Ecological Momentary Assesment to predict suicidal ideation and non-suicidal self-injury

Alacreu-Crespo, Adrian

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Background: Ecological momentary assessment (EMA) to predict self-harm and suicidal ideation is usually performed in intensive follow-ups with several questions. However, long term follow-ups with short questionnaires per day may also help to predict these behaviors in a most naturalistic situation.

Methods: Adult outpatients were recruited in different hospitals in Spain for presenting SI and/or a suicide attempt. Using active EMA through a mobile application during a 12-month follow-up we asked for suicidal ideation, non-suicidal self-injury, the desire to self-harm, emotional suffering, interpersonal needs, sleep and eating habits. EMA ask 2-4 questions daily. Mixed models were used to test the association between variables.

Results: A total of 106 participants were analyzed. Higher within person variability were found for each EMA category (ICC = .17-.45) showing that variables were more state-like. Emotional suffering (b (SE)=0.193 (0.03), t=6.21, p<0.001) and interpersonal needs (b (SE) =0.168 (0.03), t=5.96, p=0.001) across the follow-up. The desire to self-harm predicted the occurrence of NSSI episodes during the follow-up (OR=1.026, 95% CI [1.005, 1.046]). Moreover, greater passive suicidal ideation (p < .001), emotional suffering (p = .009) and interpersonal needs (p < .001) also predicted NSSI across the follow-up.

Conclusions: Our results show that using long-term and no intensive EMA we can provide insights about suicidal ideation and self-harm. Using less intensive EMA could be beneficial as it is less invasive than intensive EMA and increases the adherence and compliance.

SY45. Workplace Special Interest Group: Rethinking Suicide Prevention in High-Risk Industries: Structural, Cultural, and Occupational Determinants of Risk

Chair: Thomas, Sally (Sally Spencer-Thomas LLC, United States of America)

High-risk industries continue to experience disproportionate suicide burden, yet prevention approaches often overlook the structural, cultural, and occupational forces shaping this vulnerability. This symposium advances a rethinking of suicide prevention across construction, welding, forestry, and FIFO workforces through four complementary studies. Presenters examine psychological conditions in the UK construction sector, differentiating predictors of welder suicides using national datasets, cultural and structural drivers of distress among New Zealand logging operators, and suicide-related risk and recovery pathways within Canadian FIFO environments. Together, these findings underscore the need for sector-specific, systems-level interventions that address psychosocial hazards, organizational culture, and upstream determinants of suicide risk.

Understanding The Psychological Conditions Of The UK Construction Workforce: Are We Equipped To Provide The Right Solutions?

Ison-Jacques, Sebastian

Birmingham City University

Purpose: This research aimed to investigate how the UK construction workforce is combating the day-to-day issues affecting their mental health. Collating this data will seek to provide a comprehensive data set to identify and guide a future strategy to enrich the current prevention of death by suicide in the sector.

Methodology: The overarching epistemology adopts both interpretivist and pragmatist philosophical stances, embedded in inductive reasoning, to critically analyze the extant literature and to elicit insights from within the workforce through questionnaires.

Findings: Research findings indicate that, although suicide within the UK construction sector has received increasing scrutiny and attention, there remains a significant lack of psychological evaluation of the workforce. The research explored whether psychological safety is absent within the sector, particularly on major construction projects. The original hypothesis proposed that the sector may have collectively suppressed opportunities for workers, regardless of their position, to contribute to meaningful improvements in working conditions freely. If such opportunities are absent, a domino effect may occur, leading to deteriorating mental health conditions. Furthermore, the constant turnover of project teams limits the potential to build strong interpersonal relationships, which are fundamental to a healthy working environment.

Originality: This novel research was conducted at a time when the psychological conditions ingrained in the sector's working culture were poorly understood. It aims to provide a roadmap for enhancing the mental wellbeing of the workforce, offering a unique opportunity to expand understanding of the psychological landscape within the UK construction sector.

Differentiating Welder Suicides from other male suicides: The Role of Substance Use

Stack, Steven

Wayne State University

Introduction. National data in the US and abroad show that welders have a high suicide rate. In the USA, the rate of 81.9/100,000 is more than double that of working-age males, 32.0. Welders are exposed to a variety of work stressors, including burns, explosions, and dangerous gases and particles. The CDC has called for research on the etiology of suicide among construction and related working-class occupations, but no detailed study exists on welders. The present study fills this gap.

Methods. Data refer to 23,962 male suicides, including 224 welders, and are taken from the National Violent Death Reporting System (NVDRS). An array of fifteen core predictor variables is drawn from previous work. They include psychiatric morbidity, social strains, and demographics. Given that the analysis seeks to distinguish suicides of welders from others, we employ a binary dependent variable where 1=a welder suicide and 0=all other suicides.

Results. After adjusting for the other 15 independent variables, a multiple logistic regression analysis found that welder suicides were 60% more likely than others to have a substance misuse problem (OR=1.6, CI: 1.20, 2.13). Further analysis restricted to the 224 welders showed that a leading pathway to substance misuse was intimate partner problems (OR=2.10, CI: 1.06, 4.18).

Conclusions. The results inform prevention efforts; substance misuse can serve as a key warning sign for welder suicide. In turn, a pathway to welder substance misuse is intimate partner problems (e.g., divorce, violence), an indirect warning sign. This is the first study on the drivers of suicide among welders.

When Culture Meets Hazard: Habitus, Stress and Coping in the Logging Workforce of Aotearoa NZ

Best, Trevor

University of Canterbury

Overseas studies and emerging data from within Aotearoa New Zealand indicate that those working in forest environments experience a significantly elevated risk of suicide. Yet the limited research conducted within global forest industries has primarily focused on psychosocial conditions and their health impacts, under-recognizing how structural and cultural forces interact to shape workers' responses to stress and distress.

This presentation offers an explanatory account of how stress and wellbeing are constructed by logging machine operators, drawing on constructivist grounded theory to centre the lived experiences of 27 participants. The analysis demonstrates that wellbeing arises from the dynamic interplay between an operator's habitus – the embodied dispositions, values, and cultural logics shaped through the logging lifeworld – and the structural determinants of the psychosocial conditions they face. This challenges the prevailing assumption that mental health outcomes in high-risk industries can be understood primarily as responses to environmental stressors, showing instead that they are culturally mediated and shaped by how operators navigate production pressures, hierarchy, identity, and control.

This reframing responds directly to the conference theme of rethinking by demonstrating why effective suicide-prevention and wellbeing initiatives must address both structural determinants and the cultural logics that shape coping. It highlights how the same psychosocial environment can produce markedly different wellbeing outcomes depending on the operator's habitus and their position within the crew and contracting hierarchy.

This perspective provides a foundation for co-designing interventions that are both culturally grounded and structurally informed. A brief case example—drawn from a separate study that developed a video-based operator training system—illustrates how centring operator habitus and lived experience can inform more effective, context-aligned intervention design. Together, these insights offer a reframed understanding of suicide risk in forestry and point toward innovative, lived-experience-led approaches to prevention in high-risk work settings.

FIFO4Real: Breaking the Silence – A Personal Journey from the Edge to Advocacy

Valenzuela, Francisco

FIFO4Real

In Canada's oil fields, nearly 27,000 Fly-In Fly-Out (FIFO) workers live in remote camps, chasing above-average wages, adventure, and extended time off. Yet behind the financial rewards lies a hidden toll: elevated rates of stress, anxiety, depression, relationship breakdown, and suicide. An industry veteran grimly stated, "You ain't Big Oil 'til you've got a divorce or two under your belt."

Francisco Valenzuela lived that reality. What began as excitement in the high-paying, high-pressure FIFO world spiraled during COVID-19 into isolation, marital collapse, financial ruin, and a near-fatal suicide attempt. That turning point transformed pain into purpose. In Canada, 75% of suicides are men, and the mining and oil and gas extraction industry is predominantly male-dominated and at higher risk (72 suicides/100,000 people). By having the conversations no one else would and challenging the "suck it up" culture, he advocated for regular on-site counseling. The results were undeniable: 368 workers sought help, 155 for the first time, yielding a 30% drop in mental-health absences and 45% fewer lost hours compared to previous years, and an estimated $7.6 million in savings between 2022 and 2024 at a remote site of ~2000 workers.

Today, through FIFO4Real, Francisco shares his raw story to destigmatize help-seeking, highlight proven workplace interventions, and advocate for legislative change -- calling for mandated on-site mental health professionals at remote camps, just as nurses are required. He urges companies and families to expand resources and become active partners in resilience.

This is more than a survivor's tale; it is a call to action for an industry that powers a nation to finally prioritize the mental wellness of the people who power it. FIFO4Real is building a culture where workers and their families don't just survive the lifestyle -- they thrive.

SY46. Multi-method Approaches to Investigating Suicidal Mechanisms: Integration of Implicit, Biological, and Physiological Markers

Chair: Aschenbrenner, Lara Marie (University Hospital of Psychiatry and Psychotherapy Bern, University of Bern, Switzerland)

Understanding suicidal ideation and behaviour requires integrating cognitive, biological, physiological, and affective perspectives. This symposium brings together speakers from three different countries applying multimethod research that elucidates converging mechanisms of suicidal vulnerability. Presentations include neuroimaging evidence linking thalamo-pallidal alterations to hot, affect-driven ideation; heart-rate and heart-rate-variability markers indexing autonomic dysregulation in suicide attempters; implicit identity and control biases measured through innovative Death-Implicit Association Test paradigms; and psychological pain as a validated transdiagnostic correlate of suicidal ideation and behaviour. Together, these complementary approaches highlight cross-level processes that shape suicidal risk, advancing methodological innovation and informing more precise, mechanistically grounded suicide-prevention strategies.

A Thalamo-pallidal Structural Signature of Hot Suicidal Ideation: A Clinical Bridge to ENIGMA Suicide-attempt Biomarkers

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Centre Nationale de la Recherche Scientifique, Poitiers University

Background: Large-scale neuroimaging research has advanced our understanding of suicidality. A landmark ENIGMA study of nearly 19,000 participants (Campos et al., 2021) identified a specific subcortical signature of suicide attempt: reduced volume in the left thalamus (Thal-L), right thalamus (Thal-R), and right pallidum (Pall-R), with no comparable associations for suicidal symptoms or ideation (Rentería et al., 2017; van Velzen et al., 2022). Thus, while this thalamo-pallidal pattern is established for suicide attempts, the neural basis of suicidal ideation remains unclear. The thalamus and pallidum, key subcortical hubs, primarily support emotional reactivity, motor gating, and inhibitory control rather than deliberation or planning. This aligns with frameworks distinguishing "hot" (affectively driven, unplanned) from "cold" (intentional, deliberative) suicidal ideation (Allen et al., 2021; Reis et al., 2023; Bryant et al., 2023; Dobbertin et al., 2023). We therefore hypothesised that ENIGMA-defined subcortical alterations would be associated specifically with hot (non-planned) ideation.

Methods: We tested this hypothesis in 220 individuals hospitalised for a major depressive episode who underwent 3T MRI and completed the Beck Depression Inventory-II. The suicide item (item 9) was used to classify ideation subtype. A latent thalamo-pallidal index combining the three ENIGMA-defined volumes (Thal-L, Thal-R, Pall-R) was derived using z-scores, PCA, and factor analysis.

Results: ANCOVAs adjusting for age, sex, depression severity, history of suicide attempt, and intracranial volume revealed a clear dissociation: non-planned ("hot") ideation was associated with reduced thalamo-pallidal volume compared with planned ("cold") ideation.

Conclusion: These findings parallel ENIGMA's suicide-attempt signature and suggest that differentiating hot from cold suicidal ideation may be critical for identifying meaningful neurobiological markers. However, the study relies on a small sample, which limits the generalisability of the effects. Replication in larger, multi-site datasets will be necessary to determine whether the thalamo-pallidal pattern represents a reliable neural correlate of hot suicidal ideation.

Heart Rate Variability as a Biological Phenotype of Suicidal Thoughts and Behaviour? Physiological Recordings of Heart Rate and Heart Rate Variability in Suicide Attempters Versus Non-attempters

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Background: Little attention is paid to physiological markers of restricted self-regulatory capacity in suicide risk assessment and clinical care. This study aimed to examine heart rate (HR, as arousal marker) and heart rate variability (HRV, as physiological marker of restricted self-regulatory capacity) as potential indicators of risk for suicidal thoughts and behaviour (STB) in a clinical population. We expected HR to be positively correlated and HRV to be negatively correlated with the intensity and frequency of suicidal thoughts and behaviour.

Methods: Data of N = 331 psychiatric inpatients admitted after suicide attempt or acute suicidal crises were collected from March 2022 until October 2025 in nine psychiatric hospitals in Germany as part of a larger prospective multicenter-trial. Preliminary data of N = 150 patients, who participated from March 2022 until February 2024, were already analyzed using t-tests and correlation analyses.

Results: Results showed a positive significant correlation between HR and intensity of suicidal ideation, while no correlation between HR or HRV and persistence of suicidal ideation was found. HR was significantly higher, while high frequency and low frequency HRV indices were significantly lower in suicide attempters than non-attempters. Primarily reported reasons for suicide attempt were, for example, stop intense feelings or to stop a dissociative state. Those could be interpreted as an expression of a failure of self-regulatory capacities. We will be able to present further analyses of all 331 participants of the study at the conference.

Conclusion: Results suggest that HR and HRV are related to STB in suicidal inpatients. As the present analyses were cross-sectional, future prospective studies are warranted. They could aim at clarifying whether unusual HR/HRV values should rather be deemed as risk factors for STB, as moderators of the relation between other risk factors and heightened STBs or as mere correlates of STBs.

Implicit Identity and Control Biases in Suicidal Behaviour: Evidence From the Death-IAT and a Novel Control-Adapted Variant

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Background: Implicit cognitive processes may contribute to suicidal behaviour in ways not fully captured by self-report. This study examined two versions of the Death-Implicit Association Test (D-IAT): the standard identity-based D-IAT (iD-IAT), assessing self-death associations, and a novel control-adapted D-IAT (cD-IAT), targeting internal control associations with death. The study investigated whether these implicit markers differentiate suicidal behaviour based on attempt recency and frequency.

Methods: N = 116 psychiatric inpatients (58.1% female; M age = 33.6, SD = 12.4) with a history of suicidal behaviour were classified as single versus multiple attempters and recent versus lifetime attempters. Participants completed the iD-IAT and cD-IAT alongside self-report measures of suicidal ideation, depression, and locus of control. Group comparisons, correlations, logistic regression, internal consistency analyses, and ROC curves were conducted.

Results: Recent attempters showed weaker self-life ($t(114) = 2.18$, $p = .016$) and weaker internal control-life ($t(114) = 2.26$, $p = .013$) associations than lifetime attempters. Multiple attempters showed weaker internal control-life associations than single attempters ($t(114) = 2.25$, $p = .007$). The iD-IAT correlated with suicidal ideation ($rs = .20$, $p = .032$), depression ($rs = .20$, $p = .033$), and external control ($rs = .21$, $p = .021$). The cD-IAT correlated with suicidal ideation ($rs = .25$, $p = .006$) and depression ($rs = .26$, $p = .006$). The cD-IAT predicted multiple attempts ($\chi^2(1) = 3.88$, $p = .049$), showed higher internal consistency ($rsb = .31$, $p = .001$), and achieved better discrimination of multiple (AUC = .64, $p = .013$) and recent (AUC = .62, $p = .028$) attempters than the iD-IAT.

Conclusion: The control-adapted D-IAT shows preliminary promise as an implicit marker distinguishing subgroups of suicidal behaviour based on recency and frequency. Findings support the relevance of implicit control-related processes in suicidal vulnerability, warranting further refinement and prospective validation.

Quantifying Psychological Pain in Suicidal Behaviour: Multigroup Validation of the German Mee-Bunney Psychological Pain Assessment Scale

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Background: Psychological pain is considered a central construct in contemporary models of suicidal thoughts and behaviours (STB). This study examines group differences and psychometric properties of the Mee-Bunney Psychological Pain Assessment Scale (MBPPAS) in individuals with varying levels of suicidal ideation and behavior.

Methods: A cross-sectional design as employed to collect two independent samples at multiple centres (Sample 1: n = 409; Sample 2: n = 171), resulting in a pooled dataset of N = 580 participants (59% female; M_age = 34.6, SD = 13.2). Participants were assigned to four diagnostically defined groups: suicide attempters (SUAT), individuals with suicidal ideation without attempt (SUID), clinical controls without STB (CLIN), and healthy controls (HLTH). Psychological pain was assessed using the MBPPAS and compared across groups. Internal consistency, convergent, incremental, and criterion validity were evaluated.

Results: SUAT reported significantly higher psychological pain than SUID ($p < .001$, $d = 0.42$), CLIN ($p < .001$, $d = 1.46$), and HLTH ($p < .001$, $d = 1.04$). SUID also showed markedly higher scores than CLIN ($p < .001$, $d = 3.01$) and HLTH ($p < .001$, $d = 2.57$). The MBPPAS demonstrated strong internal reliability ($\alpha = .93$, $\omega = .93$) and strong convergent, incremental, and criterion validity.

Conclusion: Psychological pain reliably differentiates between groups with suicidal behaviour, suicidal ideation, clinical controls, and healthy controls. The findings support psychological pain as a quantifiable marker of suicide risk. The MBPPAS provides a robust methodological tool for assessing psychological pain in clinical research.

SY47. Rethinking Suicide Prevention through Postvention

Chair: Tuskova, Eva (Directorate of Health Iceland, Iceland)

Postvention is an essential part of comprehensive suicide prevention efforts. Using a clear framework for postvention enables coordinated, evidence-based interventions and evaluation. An evidence-based suicide postvention model was developed over the last months and will be used to present postvention country situations. The framework can be organized into three key focus areas: Coordination and Development, Support and Treatment, and Awareness and Destigmatisation. This symposium presents a series of case studies illustrating diverse projects within each focus area. Together, these examples highlight the importance of structured postvention in strengthening responses to suicide.

Development of an evidence-based suicide postvention model: results of an international Delphi study

Postuvan, Dr. Vita[1]; Seibl, Dr. Regina[2]; Tuskova, Dr. Eva[3]; Guðlaugsdóttir, Guðrún Jóna[4]; Andersen, Knut[5]; Messina, Monika[6]

[1]Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska; [2]Pro mente tirol, SUPRA (Suicide prevention Austria); [3]National Institute of Mental Health in Czechia; [4]Lífsbrú Center of Suicide Prevention at the Directorate of Health in Iceland; [5]VID Specialized University, Norway; [6]F2RSM PSY Hauts-de-France - Saint André lez Lille

Suicide postvention is a broad field that remains fragmented, under-resourced, and stigmatised. One problem is the lack of a holistic model that provides a common framework for evidence-based suicide postvention activities. Therefore, our paper aimed to prepare such a model. The adjusted Delphi study methodology was used to develop the model. In the first round, the model was based on international guidelines and on a discussion among six international experts (including people with lived experience) to determine its basic structure, components, and the needs it addresses. In the second round, a broader international audience from the field of suicide postvention was invited to comment on the proposed model through a quantitative survey. The results show an integrated evidence-based suicide postvention model. Its three main areas are: Coordination and Development, Support and Treatment, and Awareness and Destigmatisation. According to the experts' opinions, such an integrated model of postvention activities based on research evidence was much needed in the field. The development of an integrated model will enable the future of postvention to progress more strategically, as it will help stakeholders better understand their current postvention activities and identify areas for improvement.

Postvention as part of Austria´s national suicide prevention strategy SUPRA – goals and achievements within key focus areas and recommendations for other countries

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PhD, mental health professional, Pro mente tirol, SUPRA - (Suicide Prevention Austria)

The situation regarding postvention in Austria varies considerably. Some regions provide effective support for bereaved individuals and affected organisations, while others still have significant room for improvement. Austria has a national suicide prevention program called SUPRA, and regional SUPRA networks now exist in most federal states. Postvention is part of the national suicide prevention program and is represented by a dedicated working group within SUPRA. The goals of this working group are to identify different areas and target groups for postvention, to develop guidelines for postvention and promote their implementation, to establish networks and to foster the exchange of experiences between individuals and organisations already working in the field. Furthermore, existing suicide prevention measures are to be supplemented with postvention services. This has already been achieved in some cases. Another goal is to establish a dedicated coordination office for postvention. This will ensure that postvention is developed and implemented nationwide.

Achievements to date: Networking of support and bereavement groups for those beraved by suicide, public memorial events for suicide loss survivors (within the framework of Yellow September), information events about grief after suicide, development and implementation of postvention recommendations for psychosocial/psychiatric settings, postvention trainings (postvention for mental health professionals and family loss survivors), conferences for suicide loss survivors and integration of support group facilitators into regional SUPRA networks.

Experiences and recommendations: The implementation of SUPRA's postvention recommendations for psychosocial and psychiatric settings is promoted and sustainably ensured through postvention training, as is the quality of counseling services for bereaved individuals. The integration of postvention into existing regional suicide prevention programs is proving very effective. The integration of postvention into SUPRA has increased awareness among suicide prevention experts regarding the value of postvention measures. This leads to increased openness to the further development of postvention in Austria.

Methodology for co-developing and implementing a postvention protocol in institutions in France

Messina, Monica

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Postvention plans are increasingly available, yet institutional responses after a suicide are still frequently improvised. In the acute phase, uncertainty about "who does what, for whom, and when" can intensify organisational disarray, delay support, and increase risk for both exposed individuals and staff. While expert consensus work has produced recommendations, translating them into operational routines that fit local constraints remains a major implementation gap.

To present an in situ, co-designed methodology that helps institutions transform a Delphi-based set of 129 recommended postvention actions into a locally owned, role-specific coordination system—prepared upstream to reduce emergency improvisation and strengthen crisis response at individual, organisational, and societal levels. Our approach combines structured preparation with contextual adaptation. Its strength is that the same method can be applied to highly diverse settings, because adaptation is driven by an upfront analysis of how each institution functions 'under crisis pressure'—decision loops, upward/downward communication routes, and key failure points. We work with (not for) the institution through a three-day, multidisciplinary on-site process. First, we map the institution's realities (resources,existing procedures, communication lines and risk points). Second, we jointly prioritise the most relevant actions from the 129-item consensus inventory and translate them into a specific pathway across key time phases (immediate, short-term, longer-term). Third, we co-create "reflex sheets" for each postvention team role (e.g., leadership, clinical, psychosocial, communication), ensuring coherence with professional functions and decision authority. A transmission plan (with ready-to-use materials) ensures the information of staff and the continuity of replacements. Postvention effectiveness depends less on the existence of a plan than on its adoption for effective implementation. By analysing crisis functioning in advance and co-creating role-based tools, broad recommendations become rehearsable routines that reduce coordination failures. It is then that postvention becomes prevention, even in heterogeneous institutional contexts.

Yellow September in Iceland

Guðlaugsdóttir, Guðrún Jóna

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Yellow September is a nationwide awareness initiative promoting mental health and strengthening suicide prevention, intervention, and postvention efforts. The aim is to reduce stigma by enhancing an open discussion on mental health and suicide prevention. The campaign seeks to highlight the importance of early intervention, strengthen knowledge about available support resources, and to empower individuals, families, gatekeepers and the society. To achieve these objectives, the campaign contains a wide range of methods. These include educational efforts, targeted collaboration with schools, workplaces, healthcare and social organisations and NGOs. Community-based events designed to encourage participation and dialogue. In 2025 the awareness campaign had around 40 different events. Workshops, lectures, mental health walks, and symbolic displays of yellow such as lighting public buildings, wearing yellow clothes or accessories to increase visibility and normalize discussions about mental health and suicide prevention at all stages. For instance most members of parliament wore yellow flowers during Althing's opening session and the President of Iceland participated in fireside chat when Yellow September was launched. Events and news are communicated across social media, radio, television and printed platforms. Additionally accurate information and credible support pathways are highlighted throughout the campaign. This year the campaign launched a new web page. Results from Yellow September initiatives indicate growing public awareness about suicide prevention, intervention and postvention in Iceland. The campaign has contributed to more calls and online chats to helplines and more people are using low-threshold resources. There is also increased willingness from NGOs and professionals to collaborate, the number of events has increased and social media reach has enhanced. The conclusion is that Yellow September plays a pivotal role in strengthening suicide prevention, intervention and postvention framework. The campaign raises awareness about the importance of mental health and suicide prevention, guided by love, care and concern.

Bereavement Support Weekends for Young People: A Postvention Approach to Suicide Prevention in Norway

Andersen, Knut

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Bereavement following suicide is a profound risk factor for mental health challenges among young people. Feelings of isolation, stigma, and unresolved grief can increase vulnerability. Postvention strategies, which provide structured support after a suicide, are increasingly recognized as essential components of suicide prevention. This study aims to highlight the importance of bereavement support weekends for young people aged 15–35, organized by the Norwegian NGO LEVE, and to evaluate their perceived impact on participants' coping and sense of community. LEVE has arranged bereavement support weekends for many years, bringing together approximately 50 young participants each time. The weekends combine group discussions, peer support, and guided activities facilitated by trained professionals. Evaluation data were collected through participant feedback forms and qualitative reflections. Participants consistently report that the weekends are highly meaningful. Many describe the experience as a turning point in their grief process, emphasizing the value of meeting peers with similar experiences, reducing feelings of isolation, and fostering hope. The evaluations indicate that the weekends provide both emotional relief and practical coping strategies. Bereavement support weekends represent a vital postvention measure that addresses the needs of young people bereaved by suicide. By creating safe spaces for shared experiences and professional guidance, these initiatives contribute to healing and resilience, and ultimately strengthen suicide prevention efforts. The presentation will also briefly highlight experiences from family bereavement weekends.

SY48. Rethinking Youth Screen Addiction and Suicide: Neural, Causal, Predictive, and Real-Time Mechanisms

Chair: Xiao, Yunyu (Cornell University, United States of America)

This symposium challenges traditional views on screen use and suicide risk by integrating machine learning, neuroimaging, causal inference, and passive sensing. Leveraging data from the ABCD Study and high-risk clinical samples, we identify distinct trajectories of screen addiction and their underlying mechanisms. Presentations will reveal early neurocognitive predictors of risk, characterize reward-circuitry abnormalities in addicted youth, disentangle the causal impacts of „addiction-like" attachment versus simple time-use, and explore real-time digital phenotypes of suicidality. Collectively, these findings offer a precision-medicine framework for prevention that moves beyond simple screen-time restrictions.

Identifying Early Predictors of Screen Addiction Trajectories in Youth: Explainable Machine Learning for Suicide Prevention

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Introduction: Addictive screen use in adolescence represents an emerging suicide risk factor, with high and increasing social media and mobile phone trajectories associating with 2-3 times of suicide behaviors in our previous JAMA paper (Xiao, et al, 2025). Yet, little is known about which youth follow high-risk trajectories. Understanding early predictors of high-risk addictive screen use trajectories can inform targeted suicide prevention strategies. This study applied explainable machine learning to identify key baseline factors distinguishing developmental trajectories of addictive screen use across social media, mobile phones, and video games.

Methods: Using data from the Adolescent Brain Cognitive Development (ABCD) Study (Baseline to Year 5), we reproduced three distinct trajectories (low-stable, increasing, high-persistent) for each screen modality through latent growth curve modeling. We utilized XGBoost classifiers to predict trajectory membership. Feature importance was interpreted using SHAP (SHapley Additive exPlanations) values across five domains: sociodemographic factors, psychological (including suicidal ideation, suicidal behaviors, family suicide history), neurocognitive functioning, family/environmental dynamics, and physical health behaviors.

Results: For high-risk social media addiction trajectories, the strongest predictors included age (SHAP=0.21), male sex (0.15), picture vocabulary task (0.16), peer number of friends (0.16), family substance use (0.14), and CBCL externalizing behaviors (0.12). In contrast, mobile phone addiction was uniquely predicted by physical health markers, specifically Waist Circumference (0.13) and Puberty status (0.12), alongside cognitive markers like Working Memory (0.10). Video game addiction displayed the most distinct demographic risk, overwhelmingly driven by Male Sex (0.62) and low Family Parental Monitoring (0.20). Neurocognitive markers and environmental factors often outperformed traditional clinical risk factors.

Conclusions: These findings enable early identification of at-risk youth and inform precision interventions targeting modifiable factors to reduce screen addiction and suicide risks. Findings suggest rethinking screen addiction not merely as a symptom of distress, but as a behavior rooted in neurocognitive development and environmental context.

Neural Reward Circuitry Abnormalities Distinguish Social Media Addiction Trajectories in Adolescents at Suicide Risk

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[1]Columbia University/New York State Psychiatric Institute; [2]Columbia University Irving Medical Center; [3]Weill Cornell Medicine, Population Health Sciences

Introduction: Social media addiction trajectories predict 2-3 fold increased suicide risk in adolescence, yet the neural mechanisms distinguishing established addiction from predisposition to addiction remain unclear. Understanding reward circuitry and cognitive control abnormalities underlying different addiction trajectories could inform circuit-specific interventions for suicide prevention.

Methods: Using the Adolescent Brain Cognitive Development (ABCD) Study sample (N=11,000) with extended 5-year follow-up, we identified three social media addiction trajectories through latent growth curve modeling: T1 (established addiction at age 10), T2 (addiction predisposition, non-addicted at age 11 but addicted by age 16), and T3 (resilient, non-addicted throughout). We analyzed baseline task-based fMRI data examining reward/loss anticipation, outcome feedback, and cognitive control (Stop Signal Task) to compare neural correlates across trajectory groups. We hypothesized that T1 would show blunted reward/loss sensitivity and impaired cognitive control, T2 would show impaired cognitive control with normal reward/loss processing, and T3 would show intact functioning across domains.

Results: The Addicted group (T1) exhibited a significantly blunted reward anticipation response at baseline, which varied depending on the size of the anticipated reward. Contrary to our hypothesis regarding cognitive control, group differences were less apparent in the Stop Signal Task, loss anticipation, or outcome feedback. This indicates that neural deficits in reward circuitry are detectable in established addiction at age 10, distinguishing it from future addiction or resilience.

Conclusions: This study identifies specific reward circuitry abnormalities at age 10 in established addiction that differentiate it from future addiction or resilience, despite shared suicide risk. These neural signatures may enable early identification of highest-risk youth and inform circuit-specific biofeedback interventions targeting reward processing to prevent addiction development, potentially reducing concurrent suicide risk in adolescents.

Mobile Phone Addiction-Like Behavior: Causal Relationships to Adolescent Mental Health and Suicidal Thoughts and Behaviors

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[1]University of California, Berkeley; [2]Columbia University/New York State Psychiatric Institute; [3]Weill Cornell Medicine, Population Health Sciences

Objectives: To determine the causal relationship of time spent on social media, texting/messaging, and video chat—distinct from addiction-like mobile phone usage—to suicidal thoughts and behaviors (STB) and mental health in early adolescence.

Methods: We analyzed longitudinal data from 6,991 adolescents (ages 10–14) in the US-based Adolescent Brain Cognitive Development (ABCD) Study (2019–2021). To address parameter bias from confounding, random measurement error, and bidirectional association, we employed instrumental variable (IV) probit models using peer behavior as instruments. We examined the distinct effects of daily duration of use versus addiction-like mobile phone attachment (measured by the Mobile Phone Involvement Questionnaire) on suicidal ideation (SI), suicide attempts (SB), and internalizing/externalizing behaviors.

Results: Assessing effects by addiction status revealed distinct patterns. For adolescents with addiction-like attachment, moderate use proved protective against suicidality: two hours of daily social media use reduced the probability of SI (marginal effect: -0.016; 95% CI: -0.032, -0.001) and SB (-0.017; 95% CI: -0.033, -0.001). Similarly, one hour of texting or video chat reduced SB probability (-0.034 and -0.021, respectively). However, a trade-off emerged: this same level of use in the addiction-like group increased the probability of borderline externalizing behaviors. Conversely, for adolescents without addiction-like attachment, moderate use showed no significant impacts on STBs.

Conclusions: These findings underscore the importance of distinguishing addiction-like mobile phone attachment from simple time-use metrics. For adolescents with addiction-like attachment, moderate digital social connectivity appears to mitigate suicide risk, potentially due to peer connection, despite a concurrent increase in mild externalizing symptoms. Prevention strategies should prioritize treating addiction-like attachment behaviors rather than broadly restricting time, which may offer protective benefits for at-risk youth.

Passive Smartphone Sensing of Social Media and Social Determinants in High-Risk Youth

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Background: As social media has become embedded in adolescents' daily lives, understanding how routine digital behaviors relate to short-term fluctuations in suicide risk has become increasingly urgent. Yet prior findings remain mixed, in part because most studies do not distinguish between-person vulnerabilities from within-person changes in social media behavior and context.

Methods: Ninety-nine adolescents aged 11–18 at high risk for suicide completed questionnaires and used an app that gathered daily smartphone data over six months. The dataset included sociodemographic details, total smartphone activity, social media usage time, and sleep indicators derived from nighttime screen inactivity. Two-level linear mixed-effects models analyzed longitudinal change and group differences by sexual and gender minority (SGM) and immigrant status, as well as associations to suicidal thoughts and behaviors (STB).

Results: Participants contributed 1,500 participant-weeks of data (median completion = 74%). Average daily smartphone use was 14,249 seconds (~4 hours), social media use 3,431 seconds (~1 hour), and nightly sleep 8.7 hours. Feasibility was high, with moderate-to-strong within-person stability across outcomes. No longitudinal differences emerged by SGM status, whereas immigrant-origin adolescents exhibited shorter but more stable sleep. Social media use was not directly associated with STB. Higher than usual social media use in the preceding week was associated with higher suicidal ideation among adolescents with higher social functioning, but with lower suicidal ideation among adolescents with lower social functioning.

Conclusions: Findings highlight the nuanced interplay between stable vulnerabilities and weekly digital behaviors, underscoring the value of ecologically informed, within-person approaches for understanding social media's role in adolescent suicide risk.

SY49. Rethinking and Optimising Psychotherapy for Suicidal Ideation and Behavior

Chair: Gysin-Maillart, Anja (University of Bern, Switzerland, Switzerland)

This symposium brings together existential, cognitive-behavioral, and narrative approaches from four countries that collectively rethink and optimise psychotherapy for suicidal ideation and behavior. The contributions demonstrate how existential meaning-making, therapeutic presence, refined cognitive-behavioral strategies, and flexible treatment settings can more precisely target core processes of change. Together, they highlight how context-sensitive and tailored interventions can better meet the diverse needs, life circumstances, and risk profiles of individuals experiencing suicidality, thereby advancing more effective and personalised clinical care.

Therapeutic presence and existential givens in work with suicidal patients

Skruibis, Paulius

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Existential psychotherapy is grounded in existential philosophy, which describes the basic conditions of human existence. We are thrown into the world without choosing when, where or as whom we are born. We are mortal and our life unfolds towards death form the moment of birth. There is no pre-given life meaning. Religious, philosophical or value systems can be chosen, but none of them finally exempt us from deciding how and for what to live. As Sartre puts it, we are "condemned to freedom": we did not create ourselves, yet we remain responsible for what we do.

In a suicidal crisis these existential givens are experienced with particular sharpness. Life may feel meaningless, death not only inevitable but also relieving, and the person can feel entrapped in an unbearable situation. On one level, clinicians help patients address specific psychological problems that lead to suicidal ideation or behaviour. On another level, these problems also have an existential dimension.

A clearer awareness of existential givens can help clinicians perceive suicidal patients' difficulties more broadly, recognising in them not only individual deficits or failures, but also universal human struggles. This may support patients in accepting that part of their suffering is linked to what cannot be changed in life and must be borne rather than solved. Such a stance is crucial, because not all problems in a suicidal crisis are technically fixable.

In facing such issues, the therapist's presence becomes central. Existential psychotherapy emphasises being with the client rather than primarily doing for the client. Instead of relying only on interventions directed at change, the existential therapist seeks to accompany the person in their darkest moments so that their pain is no longer endured in total isolation. This shared presence can make previously unbearable suffering more bearable.

Pathways to change in existential group treatment: experiences from older adults with psychological distress in primary care

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Background: There is a need for age-adapted treatments for older adults with psychological distress and existential therapy could be of particular relevance for mental health issues related to aging. The aim of this study was to understand the process of existential therapy for older adults by exploring how pathways to change are expressed in experiences from existential group treatment.

Methods: Seventeen participants aged 75 and above with psychological distress took part in individual interviews after completion of a 7-week existential group treatment in primary care. The participants were recruited from five primary care centers in the Västra Götaland Region of Sweden. Data were analyzed using thematic analysis in relation to pathways to change in Wampold's Contextual Model of Psychotherapy.

Results: The analysis resulted in six themes. Central themes in understanding pathways to change in existential group treatment for older adults were Dare to talk about life and death, Letting myself be old, and Making the most of life despite difficulties. When recognizing things as they are and being able to face the reality of being old without avoidance, a wish to make the most of life despite difficulties emerged. Perspectives on the therapeutic process also included Commitment matters, Engaging with others and Developing new and different relationships. These themes captured the participants' experiences of choosing to commit to treatment and the relational process of engaging in existential group treatment.

Conclusions: Older adults' experiences of existential group treatment suggest that engaging in existential dimensions of aging can be helpful when done in a structured setting together with others. Reduced experiential avoidance, increased determination to do what feels meaningful, relational aspects as well as one's own commitment to therapy can help explain how existential group treatment may contribute to change among older adults with psychological distress.

Refinement and Optimization of Brief Cognitive Behavioral Therapy (BCBT)

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Theoretical background: Brief Cognitive Behavioral Therapy (BCBT) is a mechanism-focused psychotherapy that has repeatedly demonstrated significant reductions in suicide attempts across multiple randomized clinical trials. Recent methodological advances, particularly within optimization science, offer opportunities to sharpen the precision and efficiency of BCBT.

Research question: Which therapeutic components and change processes within BCBT most strongly contribute to reductions in suicide risk, and how can optimization methods improve the treatment's precision and real-world utility?

Method: Using the Multiphase Optimization Strategy (MOST), individual BCBT elements—such as narrative assessment, crisis response planning, and emotion regulation skills—are systematically isolated, evaluated, and compared. Iterative experimental cycles assess the mechanisms by which each component influences suicidal thoughts and behaviors, and determine which elements are active, redundant, or in need of refinement.

Results: Emerging evidence indicates that specific BCBT components disproportionately drive therapeutic change. Optimization cycles have supported the removal of inactive procedures, streamlined intervention delivery, and enhanced those components most directly associated with rapid symptom improvement and stabilization.

Conclusion: Optimization science provides a rigorous framework for refining BCBT and increasing its impact. By identifying what works, for whom, and under what conditions, next-generation psychotherapies can more precisely target mechanisms of change and yield stronger, more durable outcomes in suicide prevention.

Translating Mechanisms of Change into Clinical Practice: ASSIP flex

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Theoretical Background: ASSIP flex is an optimized adaptation of the original ASSIP brief intervention. Its flexible delivery across inpatient, outpatient, and home-based settings helps bridge care gaps at critical transition points. The format enables the activation of core therapeutic processes: building a strong therapeutic alliance through the narrative interview; fostering cognitive restructuring and emotional integration via video playback; and developing an individualized treatment and safety plan within the patient's personal case formulation of suicidal behavior, supported by a sustained therapeutic bond maintained through long-term follow-up letters.

Research question: Under which clinical, organizational, and population-related conditions can ASSIP's mechanisms of action be reliably activated, and for which patient groups and care contexts is ASSIP flex particularly suitable?

Method: The analysis draws on two complementary observational studies. A longitudinal subanalysis (N = 64) examined changes in therapeutic alliance, self-efficacy, and suicidal ideation across the three sessions. A feasibility and implementation study (N = 105) assessed clinical changes, acceptability, and practical delivery of ASSIP flex in inpatient, outpatient, and home-based settings.

Results: ASSIP flex reliably activated key mechanisms of change. Therapeutic alliance strengthened across all sessions, and self-efficacy increased significantly, with these increases negatively associated with suicidal ideation. However, the effectiveness of these processes was content dependent. Full delivery of intervention elements, methodological fidelity, and sufficient therapist support proved essential. Patients with lower clinical complexity, fewer comorbidities, and more stable baseline conditions responded more favorably, whereas individuals with higher burden showed reduced responsiveness.

Conclusion: ASSIP flex demonstrates that core therapeutic processes can be effectively activated across diverse clinical contexts when delivery is structured and well supported. Its flexible format enhances continuity of care and responsiveness to individual needs, offering a practical approach toward more adaptive and person-centred suicide prevention.

SY50. The Truth About Suicide: Bearing the Unbearable: Psychoanalytic and Lived Perspectives come together on Suicide, Splitting, and Containment — A UK–Japan Dialogue

This unique symposium brings together psychoanalysts, psychiatrists, and a bereaved family member from the UK and Japan—the first collaboration of its kind—to think psychoanalytically about suicide. Across clinical, theoretical, and lived perspectives, speakers explore suicide as a collapse of meaning, containment, and symbolisation, and the possibilities for transformation through relationship. Drawing on Freud, Bion, Winnicott, Lacan and contemporary practice, the discussion traces how individuals, families, and organisations can survive and learn from suicidal experience. By bringing psychoanalysis into intercultural and interdisciplinary dialogue, this symposium opens new space for understanding, truth-telling, and bearing the unbearable together.

The Journey Through Suicide Loss: Bearing the Unbearable

Braun, Dorit

Making Families Count

Dorit Braun brings the voice of lived experience to this symposium. Her beloved daughter-in-law, Mariana Pinto, died by suicide during a psychotic episode on 16 October 2016, aged 32. Dorit will recount the sequence of events leading to Mariana's death, including the intense night preceding it—described by the Coroner as a "particularly florid episode"—which involved police, ambulance, and a Mental Health Act assessment. She will then speak about the immediate aftermath and her long process of mourning, reflection, and meaning-making in the years that followed.

Dorit is CEO of Making Families Count, a UK non-profit organisation that provides training, consultancy, and advocacy to improve how public services respond to families after serious harm or death. The organisation promotes compassionate, transparent, and learning-oriented approaches within health and social care systems. Drawing on her personal and professional experience, Dorit will reflect on how families, communities, and services can better hold those affected by suicide—transforming silence and blame into empathy, dialogue, and change.

The Truth About Splitting in Suicide: When Two Selves Can No Longer Live Together

Gibbons, Rachel

University College London

This oral presentation explores the phenomenon of splitting in suicide, the psychic and neurobiological division between parts of the self that can no longer coexist. Drawing on psychoanalytic and neuroscientific perspectives, it argues that suicidal states emerge when the mind's internal split, between a punitive, moralistic superego and a wounded, despairing ego, reaches a point of collapse.

At the neurobiological level, imaging studies demonstrate alternating dominance between prefrontal–cingulate "control" networks (associated with self-criticism, guilt and hopelessness) and limbic–insular "affective" circuits (linked with shame, panic and unbearable emotional pain). When trauma or loss destabilises their integration, the person experiences the self as divided: one part attacking, the other under siege.

Through two clinical case studies, the presentation illustrates how this split can manifest in suicidal crises. In one, a high-functioning professional maintains a punishing internal regime that turns lethal when external containment fails. In another, a traumatised young adult oscillates between omnipotent self-control and annihilating despair, culminating in an act of self-destruction experienced as a kind of internal murder.

Integrating classical psychoanalytic theory (Freud, Klein, Fairbairn, Winnicott, Kernberg) with contemporary neuroimaging findings, the talk proposes that suicide represents the collapse of dialogue between divided self-states. Where self-harm may communicate a wish to live, suicide reflects the failure of communication altogether.

The paper concludes that therapeutic work must aim to restore internal communication and compassion between warring self-parts — transforming persecutory dynamics into reflective ones. Understanding suicide through the lens of splitting reveals it not as a single impulse to die, but as the catastrophic breakdown of the mind's fragile internal relationship with itself.

A Psychoanalytic Understanding of Suicidal Action: Treatment Processes Following Suicide Attempts

Eto, Nobuaki

Department of Psychiatry, Faculty of Medicine, Fukuoka University

Individuals admitted to emergency medical facilities following suicide attempts rarely possess the ability to verbally articulate their psychological distress or the difficulties they have previously endured. Acquiring the language necessary to explain their suicidal actions requires a profound epistemological shift.

Although uncommon, some individuals who have attempted serious suicide are eventually able, through their narratives, to convey their psychological reality and communicate it to the therapist.

A preceding step toward such transformation can sometimes occur when therapists or support staff engage with the individual in a manner that respects their entire existence, including their physical being.

Bion (1962, Learning from Experience; 1963, Elements of Psychoanalysis) described, in meta-psychological terms, how unconscious experiences and bodily sensations can become consciously recognised and symbolically communicated. Within Bion's Grid—which schematises the stages of human thought processes—suicide, self-harm, and addictive behaviours are located within the category of Action. When understood as the individual's Action, these behaviours can be interpreted as evacuations of disturbing mental or somatic content.

If the therapist can regard such acts as part of a psychological process—treating them as psychological events rather than merely physical acts—the individual may gradually become capable of integrating the experience. However, this process may take several years.

This paper presents a psychoanalytic approach to the treatment of individuals who have attempted suicide, focusing on childhood traumatic experiences, the pathology of personality disorder, and disturbances of mourning. The author seeks to discuss how a psychoanalytic understanding of suicidal behaviour can inform and deepen clinical treatment.

An uninhabitable home between body and language

Towers, Ruby

University College London

In most writings on suicide, across disciplines, we can find the claim that suicide is a uniquely human act. This is often glanced over, taken as a truism. The current mainstream suicide prevention paradigms, however, appear to leave little room for the human, who is instead reduced to a statistic, a bundle of risk factors, and a diagnosis. The focus on prediction in such frameworks renders clinical work a mechanistic and reductionist process, failing both clinician and patient. Suicide becomes something solely to be managed rather than understood.

The presentation is a plea for a deeper theoretical engagement with suicide, an act that, in its essence, resists comprehension. Psychoanalysis, with its embracing of uncertainty, is in a privileged position to speak to the inherent complexity of suicidal acts. By prioritising the singularity of the individual and her suffering, it has much to contribute to our attempts to make sense of and work with suicide, leaving plentiful space for the human. The presentation is centred on this question: what is it about the human condition that makes suicide possible? I turn to the work of Lacan to investigate.

Lacan describes psychoanalysis as the 'science of language inhabited by the Subject' (1955-56). What do we mean by Subject? Why use this term instead of 'self'? Psychoanalysis recognises that a person is not a whole, united entity; rather, as Lacan suggests, split. Using Lacan's mirror stage paper, I examine the Subject's entry into the symbolic order, somewhere the human finds shelter, constructing a sense of self. Far from a seamless process, Lacan continues, we are 'captured and tortured by language' (1955-56). I argue that suicide should be understood through a clash between body and language as the suicidal Subject, both agent and victim of her act, seeks an exit from an uninhabitable home.

The Containment of Anxiety and Suicidal States of Mind: How a psychoanalytic risk panel can support staff and improve care in Mental Health Services.

O'Reilly, Jo

Royal College of Psychiatrists

Dr O'Reilly is Chair of the Psychotherapy Faculty at the Royal College of Psychiatry. Drawing on over twenty years' experience as a psychoanalyst within an NHS Mental Health Trust, Dr O'Reilly has led the development of a Risk Panel within her organisation.

This presentation explores the profound emotional impact of working with suicidal states of mind and the organisational defences that arise in response. A clinician's capacity to contain anxiety and fully engage with distress is dependent on the containment offered by the organisation within which they work.

Overwhelming anxiety and fear of blame can paralyse thought, impair reflective functioning when working with patient in a suicidal state of mind. The paper introduces an innovative, Risk Panel, developed to provide a structured reflective space within NHS services. This model functions as a containing intervention for staff, strengthening clinical understanding and enhancing the organisation's capacity to think about risk rather than react to it.

When clinicians are supported in this way, care becomes grounded in compassion and understanding rather than fear and defensiveness. Drawing on the work of Bion, Winnicott, and Klein, the presentation highlights how psychoanalytic thinking can transform organisational culture—allowing anxiety to be held, meaning to be made, and suicidal states of mind to be met with thought rather than retreat.

SY51. Suicidal ideation and behaviour and its association with trauma and PTSD

Chair: Glaesmer, Heide (Universität Leipzig, Germany)

Although there are close links between child maltreatment, trauma as well as PTSD with suicidal ideation and behaviour, this topic still receives too little attention in research and clinical practice. The symposium provides insights into range of studies on the trauma-suicide-link, e.g. (1) in highly traumatized populations like refugees and survivors of maltreatment/ traumatization in child care institutions; (2) CTQ and STBS and (3) provides evidence on trauma/PTSD as an outcome of suicide loss. The diverse interrelationships are discussed, gaps in research are identified, and clinical implications are derived.

Mechanisms underlying the association between child maltreatment and suicidality in adults: A systematic review

Serebriakova, Jana[1]; Forkmann, Thomas[1]; Melzer, Laura[2]; Glaesmer, Heide[3]

[1]Universität Duisburg-Essen; [2]University of Wuppertal; [3]University of Leipzig

Background: Child maltreatment (CM) is associated with an increased risk of suicidal thoughts and behaviors (STB) in adulthood. Although most suicide theories list CM as a risk factor, the underlying mechanisms of how these experiences increase the vulnerability to STB remain largely unclear. Several studies have investigated various mediators and moderators that might explain this association, but it is still unclear which of these factors are most responsible for this relationship.

Objective: This systematic review aims to synthesize current evidence on psychological mechanisms mediating and/or moderating the association between CM and STB in adults.

Methods: We will conduct a systematic literature search in four databases (PubMed, EMBASE, PsycINFO and Web of Science) to identify quantitative studies examining mediators and/or moderators between CM (including physical, sexual and emotional abuse, as well as physical and emotional neglect) and STB in adults. Inclusion criteria encompass studies on STB and CM using a quantitative research design and published in peer-reviewed journals in English. Planned methods include study selection, data extraction, and quality assessment following PRISMA guidelines.

Expected Outcomes: We anticipate identifying several key mediating or moderating factors for both suicidal thoughts and behavior, which will help understanding the underlying mechanisms and developing more targeted interventions for suicide prevention within this vulnerable group. These findings may also help improving current suicide theories.

Conclusion: This review will provide an integrative overview of underlying mechanisms between CM and STB in adults and highlight research gaps for future investigations. Results are expected to be finalized by the time of the congress.

Understanding the Complexity of Suicide Loss: PTSD, Complex PTSD and Prolonged Grief Disorder following Suicide Bereavement

Hofmann, Laura; Wagner, Birgit

Medical School Berlin

Background: Suicide-bereaved individuals are often confronted with profound grief reactions and also have an increased risk for mental health disorders, as well as suicidal ideation. To date, little is known about the development of complex post-traumatic stress disorder (CPTSD), and the associated symptom clusters, following a loss by suicide.

Objective: This study aims to explore the level of PTSD, CPTSD, depression, and PG symptoms in survivors of suicide loss, taking both loss-related and socio-demographic variables into account.

Method: A total of 161 suicide loss survivors completed an online questionnaire, which collected information on the suicide, as well as symptoms of grief (TGI-SR+), PTSD, CPTSD (ITQ), and depression (PHQ-D).

Results: In total, 12.3% met the diagnosis for CPTSD and 5.0% for PTSD. A total of 27.3% fulfilled the diagnosis for PGD. Time since loss was associated with PG and PTSD symptoms, kinship to the deceased was associated with PG severity. The sample scored high on all CPTSD associated symptom clusters.

Conclusions: Suicide loss survivors show an increased prevalence of CPTSD and its symptom clusters. A focus on symptoms of CPTSD may be a necessary component in the care of survivors of suicide loss.

Suicidality and non-suicidal self-injury (NSSI) in survivors of traumatization and child maltreatment in child care institutions in the German Democratic Republic (GDR)

Hoffmann, Doreen[1]; Böhm, Maya[2]; Glaesmer, Heide[1]

[1]University of Leipzig; [2]Zentrum Überleben, Berlin

Background: Between 1949 and 1990, approximately half a million children and adolescents grew up in residential care institutions and reformatories in the former German Democratic Republic (GDR). Testimonies highlight a wide range of adverse and frequently traumatic experiences, including child maltreatment and sexual abuse, with long-term psychological consequences that persist into adulthood. While biographical reports have repeatedly described self-harming and suicidal behaviour among residents, empirical evidence on its prevalence has been scarce.

Methods: A questionnaire-based survey conducted between 2020 and 2021 assessed psychosocial consequences among former residents of GDR youth welfare institutions. In total, 273 adults (48.6% women; aged 36–84 years) provided retrospective information about their experiences in residential care, including non-suicidal self-injury (NSSI), suicide attempts during their time in the institutions, and current suicidality as measured by the SBQ-R.

Results: 20.2% (n = 52) of respondents reported self-harming behaviour during their stay in the institutions, and 13.2% (n = 34) had attempted suicide while in care. At the time of the surveys, 27.4% (n = 71) showed an elevated risk of suicide according to the SBQ-R. The findings indicate that earlier NSSI and previous suicide attempts are associated with a heightened risk of suicidality in adulthood, suggesting persistent and long-lasting mental health consequences.

Conclusion: The results demonstrate that children and adolescents in GDR residential care frequently experienced severe psychological distress, which in many cases manifested in NSSI and suicide attempts as coping mechanisms. The persistently elevated suicide risk among former residents underscores the profound and enduring impact of trauma and child maltreatment in these institutions, highlighting the need for long-term psychosocial support and further research on this historically neglected population.

Suicidal ideation among newly arrived refugees in Germany

Glaesmer, Heide[1]; Rimek, Elisa[1]; Nesterko, Yuriy[2]

[1]University of Leipzig; [2]Zentrum Überleben, Berlin

Background: Refugees are exposed to a variety of physical and, in particular, psychological stressors before, during and after their flight, making them a particularly vulnerable group for mental disorders. This also increases the risk of developing suicidal thoughts and behaviours, but empirical evidence is limited so far.

Method: Between May 2017 and June 2018, 567 refugees in a primary reception centre for asylum seekers were asked about their mental health. The questionnaire included socio-demographic and flight-related questions as well as standardised instruments for assessing somatic complaints (SSS-8), depression and suicidal ideation (PHQ-9) and PTSD (PCL-5).

Results: 564 individuals (female: n=173, male: n=391) answered the question about suicidal thoughts. Of these, 171 (30.3%) confirmed having suicidal thoughts (female: n=53 (30.5%), male: 118 (29.9%)). In addition, a high proportion of suicidal thoughts were found to be highly prevalent among those with mental disorders, e.g. PTSD (n=110 (65.9%)), depression (n=121 (71.2%) or somatic complaints (n=84 (50%)). In logistic regression analyses, PTSD (OR=6.75, $p<0.001$), depression (OR=7.41, $p<0.001$) and somatic complaints (OR=3.63, $p<0.001$) were associated with suicidal thoughts, controlling for age and gender.

Conclusions: Asylum seekers have an increased risk of serious mental problems and suicidal thoughts. Therefore, the systematic assessment of these and the use of appropriate culture-specific interventions should be a high priority.

SY52. Rethinking Meta-Analysis: a new look at how we understand effect and global impact of psychotherapy

Chair: Kapur, Nav (Vrije Universiteit & Amsterdam UMC, Netherlands, The)

The evidence-based treatment of suicidality requires innovative approaches to synthesise and apply all available evidence effectively. This symposium explores how meta-analysis can be reimagined to enhance our understanding of psychotherapy's global impact and treatment effects. By utilising open-source databases like Metapsy, we examine how transparency, AI, and living systematic reviews can transform evidence synthesis. Presentations will address the identification of effective treatment components, the adaptability of interventions across diverse cultural and economic contexts, and the influence of gender on therapeutic outcomes. Together, these insights demonstrate the potential of modern meta-analysis to inform clinical practice and advance suicide prevention strategies worldwide.

Rethinking Meta-Analysis: The Metapsy Open-Source Database of Treatment Effects

van Ballegooijen, Wouter[1]; Cuijpers, Pim[2]

[1]Vrije Universiteit & Amsterdam UMC; [2]Vrije Universiteit

Suicidal ideations and behaviours are among the most complex and urgent challenges in mental healthcare, where effective prevention and treatment are essential. Hundreds of randomised controlled trials (RCTs) have examined the impact of interventions on suicidal ideation and attempts, with new studies emerging every year. However, synthesising this vast body of evidence and translating it into clinical practice is extremely challenging.

The Metapsy suicide prevention initiative addresses this issue by providing a comprehensive, open-source database of research evidence on interventions for suicidality. This database is updated annually with new research. As well as serving as a repository, Metapsy enables researchers to conduct meta-analyses online, thereby promoting transparency and reproducibility.

In this presentation, we will outline the structure of the database, which has been designed to align with the PRISMA guidelines. We will also argue for the modernisation of the PRISMA guidelines to allow for the integration of AI and to include papers resulting from living systematic reviews.

From a scientific perspective, Metapsy is a powerful tool that enables researchers to analyse the effects of treatments online and reduces their workload when conducting meta-analyses. It could also potentially reduce the number of publications on meta-analyses and prevent research groups worldwide from wasting time and resources on duplicate work.

From a clinical perspective, Metapsy informs the development of guidelines. Furthermore, we have developed a suicide prevention toolkit for clinicians that translates research evidence into practical advice, thereby bridging the gap between research and clinical practice.

Identifying (Effective) Elements in the Psychological Treatment of Suicidality: A Systematic Review and Meta-analysis

van Eijk, Nikki

113 Suicide Prevention

Introduction: A variety of psychotherapeutic interventions have shown promise in reducing suicidal behaviours. However, it is unclear which techniques and components make interventions successful. Studying components individually rather than evaluating an intervention as a whole (e.g. cognitive-behavioural therapy) could help us find larger treatment effects and develop more effective interventions. Therefore, the current study systematically recorded and evaluated the individual components used in interventions for psychotherapy aimed at reducing suicidality.

Methods: We systematically searched PubMed, Embase, PsycINFO, Web of Science, Scopus and The Cochrane Central Register of Controlled Trials for randomised controlled trials up to April 1, 2024. Included studies directly targeted suicidality, and reported on suicide attempts. Data extraction and quality assessment was conducted independently by two researchers. Components were extracted using a specified codebook that was finalised in a two-step process by clinical experts that led to 21 possible components. This study was preregistered in OSF Registries.

Results: We included 56 studies with a total of 60 interventions. The median number of components employed was 7. Employing fewer components was associated with larger reductions in suicide attempts. The most common components were cognitive techniques (68%), crisis management and safety planning (65%) and assessment strategies (62%). We were able to test 18 out of 21 components in a series of meta-analyses, and treatments containing 11 of these components were associated with a significant reduction in suicide attempts. The largest effects were found for treatments containing interpersonal effectiveness training (RR = 0.47, p = .016), and emotion regulation training (RR = 0.58, p = .003).

Conclusions: Our findings suggest that components used in psychotherapeutic interventions for suicidality vary significantly, with many but not all elements contributing to lower suicide attempt rates. Individual elements can be used to create a modular approach to treatment, thereby optimizing results.

Effectiveness of Psychotherapy for Suicidal Ideation and Suicide Attempts in Low- and Middle-Income Countries

Juniar, Dilfa[1]; **van Ballegooijen, Wouter**[2]

[1]YARSI University; [2]Vrije Universiteit & Amsterdam UMC

Background: Suicide remains a major public health concern in low- and middle-income countries (LMICs), yet the effectiveness of psychotherapies for reducing suicidal ideation and suicide attempts in these settings is not well understood. This study aimed to evaluate the effectiveness of psychotherapy in reducing suicidal ideation and suicide attempts in LMICs.

Methods: We used the Metapsy living database of psychotherapy RCTs for suicidal thoughts and behaviors, including all eligible LMIC trials and relevant HIC trials. Suicidal ideation (Hedges' g) and suicide attempts (risk ratios) were pooled at post-treatment using random-effects models, with three-level models applied when trials contributed multiple comparison arms. We examined prespecified moderators e.g. cultural adaptation, delivery agent, intervention target (direct vs. indirect), and country income, and assessed risk of bias using RoB 2.0. Robustness was evaluated through sensitivity analyses excluding outliers, influential studies, and high–risk-of-bias trials.

Preliminary Insights: Preliminary results suggest a large and statistically significant effect size in LMICs (g = 1.13, 95% CI: 0.64–1.61), albeit with high heterogeneity (I^2 = 92). A sensitivity analysis excluding outliers yielded a smaller effect size (g = 0.72, 95% CI: 0.42–1.02). Subgroup analyses did not indicate that cultural adaptation or intervention target (direct vs. indirect) moderated the effect size. However, clinician-delivered interventions outperformed those delivered by lay providers ($p < 0.001$). Comparisons with HIC studies showed that the pooled effect in HICs (g = 0.23, 95% CI: 0.17–0.29; I^2 = 30) was significantly lower than that in LMICs ($p < 0.001$).

Conclusion: Our findings underscore the effectiveness of psychotherapies in reducing suicidal ideation and suicide attempts in LMICs while emphasizing the necessity for more quality RCTs in LMIC settings. Strengthening the evidence base through more rigorous, context-sensitive trials is essential for informing suicide prevention strategies that are globally relevant and locally appropriate.

The Impact Of Gender On The Effectiveness Of Cognitive Behavior Therapy-Based Interventions For Suicidal Thoughts And Behaviors: Systematic Review And Meta-Analysis

Stas, Pauline; **De Jaegere, Eva**

Flemish Centre of Expertise in Suicide Prevention, Department of Head and Skin, Ghent University

Introduction. Worldwide, men are at an increased risk of dying by suicide compared to women. Psychological interventions have been put forward as promising strategies in suicide prevention with increasing evidence for their effectiveness. Considering the increased suicide risk among men, and possible different pathways of help-seeking and help-receiving, it is important to examine whether existing interventions are effective for men. However, research examining whether gender moderates suicide-related treatment outcomes is currently lacking.

Aims. This meta-analysis aims to investigate whether gender moderates the effectiveness of cognitive behavioral therapy-based interventions, compared to control groups, on suicidal ideation and behavior among adults. Additionally, several moderators will be examined, such as intervention characteristics (intervention type, delivery format), study characteristics (setting, control group type), participant characteristics (age group, veteran status), and drop-out.

Methods. This preregistered meta-analysis (https://doi.org/10.17605/OSF.IO/C356J) uses the Metapsy database (https://www.metapsy.org/) containing randomized controlled trials evaluating psychological interventions for suicidal thoughts and behavior. Planned analyses include general meta-analysis, meta-regression with centred proportion of males as continuous moderator, meta-regressions examining interactions between gender and additional moderators, and subgroup analyses.

Hypotheses. Based on literature suggesting reduced treatment engagement and increased dropout among men, we hypothesize that higher proportions of male participants will be associated with smaller treatment effect sizes. Given that most existing psychotherapy research has used gender-blind approaches, and the previous study of Cuijpers et al (2014) which did not find gender to be a moderating factor in CBT effectiveness for depression, we expect that few studies will have been specifically designed or powered to detect gender differences, potentially limiting our ability to detect true moderation effects.

Results. Data analysis will begin in early 2026, and findings will be presented at the ESSSB21 conference.

ORAL PRESENTATIONS



PS01. Methods and Ethics in Suicide Research

Model First Approach in Suicide Dynamics Research: Advancing Methodological Rigor and Theoretical Clarity Prior to Data Collection

Alvarsson-Hjort, Jesper

National Center for Suicide Research and Prevention (NASP), Sweden

Simulation and iterative model assessment are widely used in the natural sciences but remain underutilized in medicine and the social sciences. In suicidology, recent work has highlighted simulation as a promising avenue for advancing suicide prevention (Gariepy et al., 2024), aligning with earlier calls for attention to individual-level processes (Michaud et al., 2021), suicide dynamics (Rudd, 2006), and the nonlinear nature of time-domain processes (Bryan et al., 2020). This approach was applied in a suicide dynamics study using Ecological Momentary Assessment to evaluate suicide risk in patients with recent suicide attempts.

The aim was to use pre-emptive model specification and individualized simulation of suicide risk to improve methodological design and theoretical understanding before data collection. A Bayesian generative model was constructed to clarify how modelling choices affect suicide-dynamic properties, study design, and analytical strategies. Informed by prior empirical findings, the model incorporated individualized risk factors and their distributional properties, transfer functions linking each univariate factor to increases in suicide risk, and the multivariate aggregation of overall risk accounting for all factors.

Results showed that this approach yielded valuable insights into how modelling decisions influenced theoretical interpretation and design. Benefits were especially evident for individualized processes, an area with limited research. Simulating individual behaviour improved understanding of distributional characteristics, hyperparameter selection, and aggregation effects. This improved study quality by, aligning theoretical description of idealized behaviour with univariate and multivariate effects, defining different model parametrisation explaining similar outcomes and identify limitations in what can and cannot be evaluated.

Overall, although pre-emptive modelling requires extra time during preparation, it streamlines later stages of method development and data collection and provides clear gains in methodological, analytical, and theoretical robustness.

Monitoring suspected suicide in real time

Spittal, Matthew

The University of Melbourne, Australia

Background: Suicide registers have been developed in many countries and many now provide near-real time information on the incidence of suspected suicides. While the data is available in real-time, tools to understand and interpret the data have yet to be developed. This poses challenges when determining if suicides have increased.

Methods: The aim of this study is to evaluate the usefulness of statistical control chart methodology for monitoring monthly suicides.

Results: Using data from the Victorian Suicide Register, I show how two sources of variation – shocks and gradual changes – can be detected using u-charts and exponentially weighted moving average charts. I discuss how to identify a calibration period to tune the upper and limits, how to calculate appropriate limits in the monitoring period and how to interpret the charts.

Conclusion: The availability of near real-time data presents new challenges for decision making. Statistical control methodology is widely used in other areas of health care, and the use of that approach here could provide decision-makers with better information on when suicides are increasing, for whom, and what the possible causes of that increase might be.

Formal ethics in qualitative suicide research: Protection or disempowerment of both participants and researchers?

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Norwegian University of Science and Technology, Norway

Research ethics is about how research must be conducted in a specific correct way.

During WW2, research was dehumanized and experiments with humans were done without limitations (Mengele, for example). Afterwards, in the attempt to give ethical guidance for research, one looked back to the Age of Enlightenment, and three principles became fundamental: Neutrality, utility, and the categorical imperative (Kant), meaning that these principles should be universal. These principles provide the basis for the formal ethics that researchers meet in institutional ethics reviews. Much effort seems put into the evaluations to protect vulnerable participants, who is exactly what suicide research targets.

In qualitive suicide research, the researcher must deal with two kinds of ethics: The formalized ethics described above, and practical ethics that involves the ethical choices made during the research process. Practical ethics is prominent in qualitative research since this is a flexible approach, which must adjust to the participants, the context, as well as to unforeseen incidents. Formal ethics, however, is tailored to quantitative biomedical research, which does not allow necessary flexibility during the research process. Pre-emptive formal regulations thus frequently both hinder practical ethical adjustments during the research process and are an impediment for good quality qualitative research. The formalized concept of vulnerability refers either to an assumed incapacity of the participants to provide informed consent, or to a higher susceptibility to harm. However, precautions to protect participants must be taken during the research process in the particular context through sensible practical ethical adjustments. The researcher's possibility to make necessary adjustments is threatened by pre-emptive formal regulations, which can do harm to both participants and research.

This paper discusses these problems for suicide research and reflects on possibilities to overcome these obstacles.

Beyond 'Participation': A meta-ethnography of definitions, practices and experiences of lived experience involvement in qualitative suicide research

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[1]University of Edinburgh, United Kingdom; [2]Mind in Camden

Lived experience involvement is increasingly called for in suicide research, yet it remains unclear what this inclusion means in practice. Our meta-ethnography critically explored how lived/living experiences of suicide are defined, conceptualised and engaged with in qualitative research, and how this is experienced by advisors/co-researchers involved in it.

Methods: Following meta-ethnography guidance and predefined protocol (CRD42024610503), systematic searching was employed to identify relevant peer reviewed articles. From 8849 retrieved records, 241 articles were included. Definitions of lived experience and modes of engagement were identified by charting study characteristics and using research questions as a priori headings. Translational analysis was only possible with 11/241 articles that contained primary data reflecting the views of people with lived/living experience (LLE) about their involvement in research.

Results: Findings highlight involvement of people with LLE was often limited to the role of research participant, with a recent growth in studies adopting co-production approaches. However, few studies critically engage with, define lived experience, or report how involvement with research was supported or experienced by people with LLE. Experiences of involvement were more frequently reported when lead authors/researchers reported having LLE therefore holding autonomy over disclosure. In contrast the experiences of advisory groups/peer researchers were typically unreported or framed by academics. Preliminary translational analysis further reinforces the complex but pertinent power dynamics evident in how lived experience involvement in suicide research is experienced and reported.

Conclusions: The term ‚lived experience of suicide' remains conceptually ambiguous. Furthermore, insufficient attention to the purpose, process and impact of lived experience involvement undermines its complexity and need for a considered approach. Overall, improved reporting of lived experience involvement in suicide research beyond the role of participant is needed, both to honour this experience and exemplify the value of this involvement, not only to the research process and outcomes, but the individuals involved.

Establishing Research Priorities for Investigating Male Suicide Risk and Recovery: A Modified Delphi Study with Lived Experience Experts

Bennett, Susanna[1]; A. Robb, Kathyrn[1]; Andoh-Arthur, Johnny[2]; Chandler, Amy[3]; Cleary, Anne[4]; King, Kylie[5]; Oliffe, John[6]; Rice, Simon[7]; Scourfield, Jonathan[8]; Seager, Martin[9]; Seidler, Zac[10]; C. Zortea, Tiago[11]; C O'Connor, Rory[1]

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Introduction. This study uses the Delphi expert consensus method to work with lived-experience experts and establish research priorities to advance our understanding of male suicide risk and recovery.

Methods. Items for the Delphi were generated via findings from two recent quantitative and qualitative systematic reviews on male suicide, a comprehensive grey literature search, responses to a global survey on male suicide, and feedback from a panel of 10 international academic/clinical male suicide experts. A 2-round Delphi study was conducted to gain consensus among 242 lived-experience experts representing 34 countries on 135 potential male suicide research questions. Panellists were asked to rate each item on a 5-point Likert scale from 'should not be included' to 'essential'. Consensus was defined as 80% of respondents scoring an item as "Essential" or "Important".

Results. After 2 Delphi rounds, consensus was reached on 87 items. The final questions were then grouped by the author team and expert academic/clinical panel into thematic clusters to create a 22-point agenda of research priorities.

Conclusion. A final agenda of 22 research priorities was developed. Questions related to ten thematic domains: 1. Relationships with others, 2. Relationship with self, 3. Relationship with emotions, 4. Mental Health, 5. Suicidal behaviours, 6. Early life experiences, 7. Structural challenges, 8. Cultural challenges, 9. At-risk groups, and 10. Support and recovery. The three highest endorsed items related to loneliness and isolation (98%), feelings of failure (97%), and sources of stress and emotional pain (96%) for men who are suicidal.

Co-designing a Sleep and Self-Harm Ecological Momentary Assessment Study

Martin, Bethany; Crawford, Megan; Russell, Kirsten; Thomson, Scott; Chan, Xavier; Rasmussen, Susan

University of Strathclyde, United Kingdom

Introduction: Self-harm risk, defined as deliberate self-inflicted injury regardless of intent, is dynamic yet typically research relies on retrospective methods that are insufficient to capture this variability. Sleep disturbances are increasingly recognised as a key risk factor for self-harm, particularly in young people. Ecological Momentary Assessment (EMA), repeated data collection in natural environments, offers a valuable method for examining these short-term processes in real time. However, EMA protocols are rarely co-designed with young people, despite growing recognition that participatory approaches can enhance acceptability and relevance. This project aimed to develop an accessible, feasible and acceptable EMA protocol with young people for a future assessment of the relationship between sleep and self-harm.

Methods: Seventeen young people aged 18-24 with lived experience of self-harm contributed to six iterative co-design workshops, alongside individual discussions and a two-day pilot of the proposed EMA protocol. Through discussions, activities and feedback, participants collaboratively shaped the EMA protocol with the research team. Acceptability of the co-design process was assessed using post-workshop surveys and qualitative feedback.

Results: The co-design process informed key methodological decisions, including personalised scheduling aligned with sleep and daily routines, accessible youth-friendly recruitment materials (e.g. participant information sheet) and safety and distress management procedures. This resulted in a 14-day EMA protocol with three surveys per day assessing sleep, mood, context and self-harm. All completed post-workshops surveys indicated that participation was not distressing. Open-text survey responses and informal feedback reflected positive experiences of involvement, including feeling valued and heard in a safe environment.

Conclusions: This study demonstrates the feasibility and value of co-designing EMA research with young people who have lived experience of self-harm. Refining EMA design through participatory methods can strengthen ethical practice, improve feasibility and produce protocols that better reflect young people's lived realities. Insights from this work informed subsequent sleep and self-harm research.

PS04. Suicide, Marginalisation and Cultural Context

What do lived experiences of racism tell us about suicide?

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There is growing recognition that suicide is a deeply contextual issue, with recent research paying more attention to sociocultural factors leading to suicidality. An important way of capturing the importance of contexts when rethinking discussions on suicide is by amplifying lived experience-led perspectives. While lived experience is now central to suicidology, the views of migrant and refugee-background individuals and families are not well represented in the literature as well as in policy and practice discussions.

To explore suicidality from a different angle, this presentation proposes a focus on lived experiences of racism from migrant and refugee-background perspectives. Institutional racism and discrimination erode spaces of safety, which can lead to self-hatred, self-harm and suicide deaths. A cultural lens is useful to understand migrant and refugee experiences, but culture alone is not enough to explain what can lead to suicide. The dominant focus on academic notions of culture has eclipsed discussions on how lived experiences of racism are linked to suicidality. Lived experience narratives of racism and suicide remain peripheral to academic discourse, meaning that a broader strategy of inquiry is needed to remedy narrow approaches.

The discussion seeks to contextualise rather than merely pathologise migrant and refugee experiences, and goes beyond acculturation and post-traumatic stress disorder (PTSD) framings that are predominantly linked to (forced) migration. A different appreciation of the contextual dimensions of suicide can inform a broader set of responses to make life more liveable for migrant and refugee-background individuals and families. This discussion points to the importance of a lived experience-led approach to guide new thinking on suicidality as an effective way to address current gaps in knowledge.

Key dimensions of culturally competent mental health care for Roma and Traveller populations: a rapid review

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Background: Roma and Traveller communities are among the most historically and systemically excluded ethnic groups in Europe, experiencing disproportionate rates of suicide when compared to their majority counterparts. Underpinned by historical injustice and structural racism that fosters low personal and community agency, these disparities are shaped by profound inequities across the social determinants of health. Although they are often grouped in legislation, Roma and Traveller groups encompass heterogenous communities with distinct cultural identities that should be appropriately reflected in the design and delivery of mental health services.

Method: Consolidating evidence from varied international strategies, this rapid review identifies key dimensions of culturally competent mental health care for Roma and Traveller groups. Peer-reviewed articles related to indigenous mental health published between 2015-2025 were identified using an adapted PICO framework to search within the PsychInfo and Academic Search Complete research databases. The initial search resulted in 2815 records, of which 31 articles met the criteria for inclusion.

Results: Analysis of the 31 studies identified 13 dimensions of care which emerged as essential considerations for working with Roma and Traveller groups at all stages of the design, delivery, and enhancement of mental health services. These dimensions, which reflect a broad range of psychosocial, environmental, and relational factors, were grouped as subthemes under three overarching themes: (i) cultural awareness, (ii) collaborative health partnerships, and (iii) social determinants. In addition to these findings, co-created recommendations will be presented to reflect ongoing engagement with experts by experience to support the development of more holistic models of care.

Conclusion: Alongside greater initiatives for systemic change, mental health services must implement appropriately targeted cultural competence strategies that account for diverse historical and sociopolitical contexts. Delivering equitable mental health services to ethnic minorities demands a holistic systems approach that embeds cultural humility and centres the voices of marginalised groups.

A critical discourse analysis of constructing post-suicide narratives of a racialized immigrant child as troubled

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Suicide is one of primary leading cause of death for Canadian youth. Research shows that immigrants are at a higher risk of suicidal ideation/attempts/death compared to the general population; and suicidal behaviour and immigration may be associated with one another. The current study aims to critically interrogate how immigrant parents make sense of losing their child by suicide.

This study is part of a larger study that examined parents' perspectives on systems of care that engaged with their youth prior to suicide to improve access, quality of mental health care, and reduce youth suicide. Participants were parents/caregivers of a youth under 26 who died by suicide in the past 5 years. 17 participants were recruited through bereavement centres for virtual semi-structured interviews. For the presentation, we chose one case identified as the racialized immigrant to share an in-depth analysis. Using critical discourse analysis, we conducted both linguistic and social analyses on the parental post-suicide narratives and, to ensure an analytic rigor, triangulated the source of the data by adding the coroner's report that highlighted views from a legal stance.

Linguistic analysis identified the mother's narratives around questioning her own cultural values after her son's suicide; receiving blame on for adverse family experiences as the immigrant family; and negotiating with worthy/unworthy immigrant discourses. Contextual analysis further elaborated her narratives around confusion understanding breakdowns in the system of care addressing bullying, mental health, and suicide; a coordination of authoritative statements labeling an immigrant child as troubled; and identifying racism as a primary contributor to all struggles for both the mother and son.

In-depth narratives from the immigrant youth parent on suicide are incredibly rich, offering critical perspectives that provide evidence on current research regarding how racism and stigma perpetuate ongoing disparities, marginalization, and oppression among vulnerable immigrant youth and their families.

"Is It Suicide or Genocide?": Black Female Clinicians' Critical Understandings of Shame and Related Themes in Black Communities

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Introduction: Suicide disproportionately impacts Black communities, yet dominant suicidology often neglects the interplay of systemic oppression and individual meaning-making. This study examined Black female clinicians' critical perspectives on suicide in Black communities.

Methods: Narrative inquiry and thematic analysis were conducted with 14 licensed Black female clinicians from across the U.S. Participants shared their lived experiences, professional insights, and critical reflections on suicidality in Black communities.

Results: Six core thematic characters emerged as central to understanding suicide in Black communities: shame, hopelessness, trauma, racism, systemic problems, and fear. Clinicians also noted the significance of violence, anger, and guilt, though to a lesser degree. Findings emphasized how intersecting oppressions and intergenerational trauma compound psychological suffering and suicidality.

Conclusions: By centering marginalized voices, this study underscores the necessity of reframing suicide in Black communities as a multi-systemic issue, not merely an individual pathology. Implications are offered for assessment, intervention, policy, and research that prioritize justice, intersectionality, and cultural specificity.

Culturally and Trauma-informed Care for Indigenous Students in Taiwan

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The Bunun are a Taiwanese Indigenous group primarily residing at 500–1,500 meters along the Central Mountain Range, making them the highest-altitude Indigenous population. In October 2025, they numbered 64,958—about 10.4% of Taiwan's Indigenous population—ranking as the fourth-largest group.

In a junior high school where the Bunun population exceeds 90% and over 40% of families are economically disadvantaged, Shen (2025a) found that 32.7% of students were reported for suicidal or self-injury behaviors—a prevalence significantly higher than the national average of 0.12%. Among them, Shen (2025b) revealed that nearly half initiated self-injury in 5th or 6th grade. Furthermore, two-thirds of the respondents had a record of self-injury more than 21 times, with some frequencies being innumerable. The youth mental health crisis in this Bunun tribe is alarming.

In this presentation, we will first delineate the adversity and trauma observed among indigenous youth during our fieldwork in this Bunun tribe since 2022. Subsequently, we will introduce our ongoing interventions that use a universal approach, including: (A) training the entire faculty of a junior high school to improve their knowledge, attitudes, and helping behavior in delivering culturally-sensitive and trauma-informed care; and (B) training Bunun language teachers of two elementary schools to integrate the „Bunun Folktales" Classroom Guidance Curriculum that we designed based on the Cognitive Behavioral Therapy approach into indigenous language classes. While the project remains in progress, preliminary qualitative findings suggest that the interventions are feasible and well-received by faculty members. Additional quantitative and qualitative data will be presented in August.

This study contributes to knowledge on cultural and psychological resilience by addressing the impact of trauma on Bunun youth. Our intervention highlights the value of culturally responsive approaches to suicide and self-injury prevention in school settings, offering implications for global youth mental health efforts.

Safer Talks: Digital Training for Helplines Emphasizing Cultural Sensitivity and Sami Inclusion

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Commissioned by the Norwegian Directorate of Health, the Regional Resource Centers on Violence, Traumatic Stress and Suicide Prevention (RVTS) have developed Tryggere samtaler (Safer Talks), a comprehensive digital training program for helpline staff and volunteers. The tool aims to strengthen competence in suicide prevention through interactive learning modules and AI-driven conversation simulations for both phone and chat services.

The program covers essential topics such as suicide-preventive conversations, trauma-informed approaches, communication techniques, supporting relatives, and helper self-care. Each module combines theory, practical tools, and reflection exercises to ensure relevance and applicability. A key innovation is the integration of realistic simulation training, enabling experiential learning and immediate feedback.

A central focus of this keynote is the inclusion of Sami perspectives and cultural adaptation. Recognizing the importance of cultural sensitivity in crisis communication, RVTS collaborated with Sami experts and communities to ensure authentic representation. Measures include translating introductory films and conversation tools into Sami languages, integrating culturally relevant examples, and embedding reflection tasks that acknowledge diverse cultural experiences. This approach moves beyond token inclusion, establishing cultural awareness as a core principle throughout the program.

By addressing linguistic and cultural accessibility, Tryggere samtaler (Safer talks) seeks to reduce barriers for Sami users and promote equity in suicide prevention efforts. The keynote will demonstrate how these adaptations contribute to a more inclusive, responsive, and effective training resource—one that strengthens helpline services across Norway and serves as a model for culturally sensitive digital education.

PS05. Suicide Bereavement and Postvention

Posttraumatic Growth Following Suicide Bereavement

Whittaker, Spence[1]; Rasmussen, Susan[1]; Cogan, Nicola[1]; Tse, Dwight C. K.[1]; Martin, Bethany[1]; Andriessen, Karl[2]; Shiramizu, Victor[1]; Krysinska, Karolina[2]; Levi-Belz, Yossi[3]

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Posttraumatic growth (PTG) is personal growth which occurs due to experiencing a traumatic or extremely challenging event or crisis. In this updated review, we aim to perform a contemporary search for demographic characteristics, correlational relationships, and facilitating as well as impeding factors of PTG in suicide bereaved individuals. Additionally, we aim to analyse and shed new light on inter- and intrapersonal (mal)adaptive factors in relation to PTG in individuals bereaved by suicide. Ten new studies from 2019 to 2024 were included after searching six databases. Combining these studies with the original review's 11 studies meant 21 total studies were investigated (N = 4759 participants). A hierarchical meta-analysis examined impacts of demographic, loss-related, intrapersonal, and interpersonal variables on PTG. An extended analysis was also conducted to investigate intrapersonal and interpersonal (mal)adaptive factors' effects on PTG. The original review's findings were replicated showing consistent trends; time since loss, social support, and self-disclosure showed significant positive relationships with PTG. The extended analysis found intrapersonal and interpersonal adaptive factors to be significantly positively correlated to PTG while interpersonal maladaptive factors had a significant negative association with PTG. Interestingly, intrapersonal maladaptive factors showed no significant effect on PTG. This review highlights that implementing intrapersonal and interpersonal adaptive factors along with minimising maladaptive factors could significantly aid PTG development for individuals bereaved by suicide. This is still a new field of study, so further exploration of facilitating and impeding factors of PTG is warranted.

"Approaches to the Transmission and Subjectivation of Parental Suicide Grief"

Kauak, Fabiola

Universidad de Chile

Children of parents who have died by suicide or attempted it present a two- to three-fold higher risk of both fatal and non-fatal suicidal behavior in their own lives. This phenomenon has been described with terms such as "suicide clusters" or "copycat suicides," referring to the appearance of suicides within the same group or community. These terms, however, tend to obscure the psychic processes involved; numerical data alone offer a limited and ultimately unproductive approach to understanding the phenomenon and its complexities.

The deadly connotation carried by the notion of a "contagion effect" to describe psychic processes emerging in children after a parent's suicide,has not been innocuous in its cultural imprint. The reiteration of these ambiguous and complex formulations has come to acquire the status of truth, carrying connotations that should today bear the weight of critiques of such designations preserving the premises of degeneration theory. It is therefore essential to study its formation, deformation, and the necessary conceptual rectification.

The aim of this study was to characterize the discourse of analysts who have worked with patients who experienced the death of a mother or father by suicide. A qualitative, hermeneutic–interpretive, multiple-case design was conducted. The sample consisted of eight psychoanalysts selected through snowball sampling. Data were gathered using semi-structured interviews and analyzed through grounded theory.

The study delved into the phantasmatic organization of the family, contrasting different ideas regarding the transmissibility of suicide. A high prevalence of risk behaviors was highlighted. Interviewees suggested several ways to work with hypotheses concerning the repetition of suicide and its manifestations, as well as metapsychological distinctions regarding the identifications at play, without aiming for totalizing conclusions, given the incomplete and provisional character of the material—always situated in relation to risk and to the irreducible negativity of the phenomenon itself.

Parental Experiences of Suicide Bereavement Following the Loss of a Child

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University of Gdansk, Poland

The main aim of my doctoral dissertation is to explore parental and family experiences of bereavement following the suicide of a child and to provide an in-depth, contextual understanding of how this loss reshapes family life. Despite growing international interest in suicide bereavement, there remains a scarcity of qualitative research focusing specifically on parents and family systems after a child's suicide, particularly within the Polish context. Families affected by such loss often experience complex and socially mediated emotions, including guilt, shame, anger, and profound psychological pain, frequently intensified by stigma and social withdrawal. This study examines the specificity of suicide bereavement, parental coping mechanisms, and the impact of the loss on family structure, values, social relationships, and everyday functioning.

The research is conducted using in-depth biographical narrative interviews supported by a flexible interview guide that preserves participants' narrative autonomy. The study population consists of adults who have experienced the suicide death of their child. To date, 15 interviews have been collected and subjected to qualitative analysis. The sample is predominantly composed of mothers who self-referred in response to recruitment efforts, with only two fathers participating, highlighting gendered patterns of help-seeking and engagement in suicide bereavement research. Further recruitment will continue until conceptual saturation is achieved.

Data are analysed within an interpretive and processual framework informed by Fritz Schütze's biographical narrative analysis, with particular attention to narrative structure, biographical trajectories, and meaning-making processes. By identifying recurring patterns and turning points, the study aims to inform postvention practice. The findings are expected to support educators, social workers, healthcare professionals, therapists, and psychologists working with suicide-bereaved families, and to contribute to public education efforts aimed at reducing stigma and social exclusion.

The Impact of Suicide on Friends of the Deceased: A Qualitative Analysis

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Introduction: Understanding grief reactions of friends who have lost someone to suicide is essential for creating effective support strategies and interventions. This study aimed to understand the experiences and support needs of friends bereaved by suicide.

Method: We conducted secondary analysis of data from a survey of people bereaved by suicide in the UK. A total of 1,024 participants reported having lost a friend to suicide. Participants were invited to respond to seven open-ended text questions. Response rates varied across questions, with between 214 and 588 participants providing an answer to each. Qualitative analysis was undertaken using thematic analysis.

Results: Four themes were identified: closure and unanswered questions, guilt and responsibility; impact on the bereaved person's mental health; social and relational changes, closeness and isolation; support systems and supporting others.

Conclusion: The impact of grief on people who lose a friend to suicide is under researched. This study highlights the necessity of recognising the impact of grief beyond immediate family members. There are unique aspects of friend relationships that may influence the grieving process. Although potentially difficult to identify, promoting awareness of bereavement support within communities following a suicide is needed. The study highlights the need for awareness and targeted postvention support which is accessible for all.

A Trauma-Focused Postvention Module for Suicide Loss Survivors in India

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Suicide is a major public health concern in India, with 170,924 deaths reported in 2022 and a suicide rate of 12.4 per lakh population. Individuals who lose a loved one to suicide, known as suicide loss survivors, often experience significant psychological distress, including prolonged grief, guilt, stigma, social isolation, and trauma-related symptoms. These experiences increase their vulnerability to mental health problems and suicidal thoughts. Postvention refers to structured support services aimed at assisting individuals and families affected by suicide, with the dual purpose of reducing psychological distress and preventing further harm. The present study aims to develop a structured and culturally appropriate postvention framework for suicide loss survivors in India by identifying their psychosocial needs and designing a trauma-focused support module to facilitate healthy coping and psychological recovery. A qualitative study design was employed, using focus group discussions to explore the lived experiences, unmet needs, and barriers to accessing support among suicide-bereaved individuals. Participants were identified through post-mortem records of suicide cases autopsied at the All India Institute of Medical Sciences (AIIMS) Mortuary, New Delhi. Thirteen focus group discussions were conducted with 51 participants. Survivors commonly reported experiences of stigma, prolonged grief, loneliness, self-blame, and guilt, along with difficulties in accessing timely and appropriate support. Key challenges included limited mental health awareness, social stigma, and the absence of formal postvention services within the healthcare system. Most existing postvention models have been developed in Western contexts and may not adequately address the sociocultural factors influencing grief and help-seeking in India. Currently, there is no standardized postvention framework for suicide loss survivors in the Indian context. The development of a culturally sensitive, trauma-focused postvention model is therefore essential to support suicide-bereaved individuals and to strengthen comprehensive suicide prevention efforts in India.

PS06. Suicide and Work

Healthcare reform: building a restorative just & learning culture to reduce suicide among healthcare professionals

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Introduction: Healthcare professionals have increased risk of suicide with access to means and often operating within a culture of blame creating abnormal levels of distress.

Reforming the culture of healthcare makes an important contribution to reducing suicide among healthcare workers. Integral to this is building a culture of trust, learning & forward-looking accountability which fosters a psychologically safe work environment. (Dekker 2017)

In Australia, health systems are adopting the Zero Suicide Healthcare Framework. Restorative, just and learning culture (RJLC) is integral to the success of implementation. RJLC provides a framework to understand the complexities of work & support learning. It mitigates against old paradigms of risk prediction and hindsight bias. It helps to overcome pessimism & nihilism with respect to the ability to learn from, and prevent, suicides (Turner 2020).

Method: To support RJLC development a blended program, incorporating four online knowledge-based modules supported by face-to-face learning, was piloted in three health services.

Results: The evaluation showed the online modules delivered high levels of satisfaction (80%) and relevance to job roles (80%). Face-to-face workshop results were less positive with 50% of participants having expectations met. However, in qualitative interviews it was noted that workshops were regarded as the most impactful component of the program.

Based on the evaluation, the program has been restructured to better meet the needs of different three different audiences within health services:

- Executive leadership and Boards
- Operational leaders who will lead the culture development
- Health service staff
- Learning outcomes
- Understand the distinction between retributive and restorative, just and learning cultures
- Describe the key drivers of psychological safety within healthcare
- Apply the principles of restorative just and learning culture to adverse incident reviews within healthcare.

Conclusion: Health service leaders have a responsibility to reform and reshape health system culture to reduce suicide among the healthcare workforce.

The associations between occupation and suicide in Denmark: A Danish nationwide register study

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Background: A substantial proportion of individuals who die by suicide may be reached through workplace-based preventive efforts. Yet, evidence regarding suicide rates by occupational groups remains to be updated. The aim of this study was to calculate suicide rates by occupational group and examine trends over time, suicide methods, and proportion of prior psychiatric treatment.

Methods: A cohort design was applied to national data on all Danish residents aged ≥18 years during 1991–2023. Individual-level, yearly data on 72 different occupational group was linked to data on causes of death. We calculated incidence rates. Adjusted incidence rate ratios (aIRRs) were estimated using Poisson regression and primary school teachers as a reference. Use of suicide method and prior psychiatric treatment was examined.

Results: Among 6.88 million adults, the highest aIRRs were observed among craft and related trade workers (2.9, 95% CI 2.4-3.5), veterinarians (2.5, 95% CI 1.4-4.6), medical doctors (2.3, 95% CI 1.8-2.9), train drivers (2.2, 95% CI 1.3-3.6), and farmers crop and livestock farmers (1.9, 95% CI 1.5-2.3). Over calendar time, suicide rates declined for medical doctors and craft and related trade workers. Suicide by poisoning was over-represented among healthcare professionals, whereas use of firearms was common in suicides among police and military personnel. Among the 72 occupational groups, 16,344 died by suicide, among these suicides, 8,788 (53.8%) had a prior contact to psychiatric services.

Conclusion: Despite improvements over time, occupations with elevated suicide rates were identified. Specific occupational groups had low utilization of psychiatric treatment and high use of available, lethal means. Efforts, such as addressing mental health literacy initiatives and means-restrictions might be considered.

Structural Determinants of Preventable Mortality: Why Examining Suicide Alongside Substance-Related Deaths Reveals Hidden Patterns of Occupational Disadvantage

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Background: Suicide prevention traditionally focuses on suicide deaths alone. However, suicide, chronic alcohol-related disease, and drug poisoning share structural determinants that operate at occupational levels, including economic precarity, workplace isolation, and lack of protections. Examining these pathways together reveals patterns obscured when analysing suicide alone, identifying the full burden of mortality from structural disadvantage.

Objective: To identify occupational groups experiencing elevated mortality from suicide, chronic alcohol-related disease, and drug poisoning.

Methods: We analysed National Coronial Information System data for employed Australian workers aged 18-64 years (2001-2022). Deaths were classified as suicide (X60-X84), chronic alcohol-related disease (K70, K73-K74, I42.6, K86.0), or drug poisoning (X40-X44, Y10-Y14, F11-F19). We calculated age-standardised mortality rates by occupation and sex. Age-standardized mortality rates were calculated by occupation and sex. Joinpoint regression assessed temporal trends.

Results: Construction workers highest age-standardised mortality rate for these deaths combined (91.8 per 100,000; Incidence rate ratio (IRR) 5.8 95%CI 5.0-6.7), followed by Labourers (44.8 per 100,000, IRR 2.4, 95%CI 2.1-2.7), Farm, Forestry and Garden Workers (41.1 per 100,000, IRR 2.1, 95%CI 1.8-2.5) and Machinery and Stationary Plant Operators (40.1 per 100,000, IRR 2.1, 95%CI 1.8-2.4). Temporal analysis from 2001-2022 revealed increasing mortality due to suicide, chronic alcohol-related disease and drug poisoning combined among Machine and Stationary Plant Operators (Annual Average Percentage Change (AAPC), 2.50, 1.24-3.92), Technicians and Tradesworkers (AAPC), 1.39, 95%CI 0.74-2.09), and Labourers (AAPC 2.13, 95%CI 1.11-3.31).

Conclusions: Mortality from suicide, chronic alcohol disease, and drug poisoning exhibits marked occupational patterning, with elevated burden concentrated in manual labour occupations experiencing structural disadvantage. These findings suggest occupational and employment conditions, not individual factors, drive population-level mortality patterns. This highlights the potential population gains in addressing structural determinants: employment security, workplace protections, and occupational health infrastructure.

Surviving the profession: A thematic analysis of veterinarians' insights into suicide risk and contributing factors.

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Introduction: Globally, veterinarians face elevated suicide risk, and Australia experiences similar trends. The unique workplace stressors and moral injurious events expose veterinarians to psychosocial hazards contributing to suicidal thoughts and behaviours. This research aimed to qualitatively explore the complex phenomenon of suicidality among veterinarians.

Methods: As a part of a convergent parallel design of the AUSVETS study, participants were registered veterinarians recruited via purposive sampling aligned with the Australian Veterinary Associations Workforce Survey Report, and sample size determined by information power. Recruitment occurred through invitation following the cross-sectional survey and social media platforms. Guided by the Public Health Model and the Integrated Motivational-Volitional Model of Suicide, semi-structured interviews were conducted using an interview protocol informed by literature, a lived experience advisory group and team expertise. Interviews were transcribed verbatim and analysed using reflexive thematic analysis following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Results: The subjective narrative of the veterinarians highlighted unique psychosocial hazards in the workplace and moral injurious events that can lead to suicidal thoughts, intents, plans and behaviours. Key themes included toxic workplace culture and bullying, moral injurious events, biological and psychological vulnerabilities, lack of support, and participants' recommendations for priority preventative strategies.

Conclusions: Findings provide nuanced insights into workplace stressors and moral injurious events contributing to suicidality, offering theoretical and practical implications. These results can inform systemic and policies level changes needed to operationalise suicide prevention strategies within the veterinary profession.

Impact of Patient Suicide on the Personal and Professional Lives of Mental Health Nurses in Ireland

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Introduction: Patient death by suicide is a profoundly distressing occupational event for mental health professionals, with far-reaching implications for clinical practice and wellbeing. Mental health nurses experience particularly high rates of patient suicide exposure and evidence suggests their professional practice may be among the most severely affected in the aftermath. However, this experience remains under-investigated among mental health nurses internationally, with no known research in the Irish context. This study explores how patient suicide affects the personal and professional lives of mental health nurses in Ireland and identifies supports which mitigates the impact.

Methods: A survey informed by previous research was circulated to mental health nurses in Ireland. Nearly all respondents (n=138,96.5%) had worked with a patient who died by suicide/ suspected suicide. Frequency and regression analyses were conducted on quantitative data, while qualitative data were analysed thematically.

Results: Respondents were predominantly female (74.6%), working in general adult psychiatry (60.8%), with extensive experience (84.1% working >10 years). Nearly 20% reported substantial detrimental effects on clinical practice, with 38.9% indicating impacts lasting >8 weeks. The most highly rated personal consequences included decreased self-confidence (18.1%), preoccupation with suicide (15.2%), and poor sleep (10.1%). Supports identified as helpful included shared care team support (31.8%), team meetings (25.6%), and formal line management (26.5%). Recommended supports included personal debriefing (63.8%), access to a senior suicide lead for advice (54.3%), and support navigating formal processes (50.0%). Multiple regression analysis controlling for gender, years working, and clinical level, revealed that feelings of responsibility ($F=5.601, dfs=4,94, p<.001$) and guilt ($F=5.347, dfs=5,94, p<.001$) significantly predicted emotional impact, with the model explaining 18.8% of variance.

Conclusions: Patient suicide profoundly affects mental health nurses' personal and professional lives. This study provides much-needed insight into the necessary systemic organisational changes to enhance support structures and improve professional resilience, which is crucial for professional practice and patient care.

PS07. Suicide Methods and Locations

Suicide Deaths in Public Places: Insights from a Danish Cohort

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Background: Approximately one in four suicide deaths has been reported to occur in public settings. Still, more information is needed to plan preventive efforts, such as restriction of access to means or encouragement of help-seeking. The aim of this project was to determine the proportion, characteristics, and methods of suicide deaths occurring in public settings in Denmark as well as whether specific factors were associated with suicides in public places.

Methods: Data on all suicide deaths occurring in Denmark during 2010-2024 were analyzed. A complete extract of all death certificates, including autopsy reports, were obtained from the Danish Health Data Authority. Based on information regarding location of suicide, we determined whether it had occurring in public places. Using ICD-10 codes, we identified following suicide methods: poisoning (X60-69), hanging (X70), shooting (X72-74), drowning (X71), cutting/sharp objects (X78-79), jumping (X80), moving objects (X81-82) and others (X75-77, X83-84). Descriptive and logistics analyses were performed.

Results: A total of 9285 suicide deaths were identified. Suicide by hanging (41.4%) and poisoning (26.6%), and shooting (9.0%) were the most frequent suicide method. Jumping, moving objects, drowning, cutting/sharp objects and other methods were all around 4-5%. In all, 5499 (59.2%) suicide occurred outside the home. Individuals who died by suicide in public places had used following methods: hanging (37.9%), poisoning (25.6%), shooting (8.8%), drowning (6.9%), moving objects (6.7%), jumping (5.0%), cutting/sharp objects (4.5%), and other methods (4.5%). Further analyses are being conducted and the remaining results will be available at the time of the conference.

Conclusion: Nearly six in ten suicides occur in public places, and most involve males. The most common methods in public settings are hanging and poisoning, with hanging predominates among males, whereas poisoning is more frequent among females.

Troubling the use of means restriction for suicide prevention at ‚high-risk' locations: Bridges as monuments to social suffering

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Introduction: Dominant approaches towards preventing suicides at ‚high-risk' locations and using 'lethal' means centre restricting the 'physical' and 'cultural and cognitive' availability of suicide methods. Known as 'means restriction', these prevention measures are found to be highly effective (Hawton, Knipe, and Pirkis 2024; Steeg et al. 2025). However, with their focus on preventing discrete acts of suicide, means restriction approaches can deter attention from localised social and cultural contexts of structural inequity and suicide prevention.

Methods: Drawing on interview and ethnographic data from a sociologically informed, qualitatively driven study of sociocultural practices and narratives relating to suicide in Scotland, UK (2022-2024), this paper focuses on study field sites where bridges have been culturally scripted as 'high-risk' locations of suicide. We use theories of embodied sociology and bodily techniques (Crossley 1995, 2005, 2007) to analyse experiential accounts of methods of suicide described by participants who have attempted suicide within these sites, alongside cultural scripts about suicide methods in our ethnographic fieldwork and interviews with professionals.

Results: Across our data, prevention efforts and discourses surrounding methods of suicide centred the role of bridges. Yet, these discourses diverged from the methods and practices described by those in the community who attempted suicide. Bridges, though prevalent in participants' suicidal imaginaries, had a marginal role in participants' accounts of their practices of suicide.

Conclusions: The bodily techniques of suicide described by study participants with lived-experience of suicide underscore broader structural inequities and deficiencies that complicate the optimism that means restriction can promise. Preventative efforts at bridges may obscure participants' embodied experiences of suicide and the deprivation of community care and service provision in these localities. Our analysis provides critical reflections on the use of and assumptions underpinning means restriction for suicide prevention and suggests socially and culturally situated alternatives.

Exploratory Analysis of Railway Suicides in Portugal (2016–2021): Initial Evidence to Inform Human-Centric Health and Safety Public Policy

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Introduction: This work represents the first stage of a broader human-centric research framework aimed at informing personalized suicide prevention measures and evidence-based health and safety public policy in railway environments. Railway suicides constitute a significant public health and safety concern with profound human, social, and operational consequences. While traditional research often evaluates the impact of isolated interventions, a comprehensive understanding of how multiple demographic, temporal, and spatial variables interact is essential to support more effective and adaptive prevention strategies.

Method: An initial exploratory analysis was conducted using an original database comprising all known railway suicide records in Portugal between 2016 and 2021. The dataset includes information on geographical location, date and time of occurrence, gender, age, media coverage, and apparent suicide attempts. Descriptive statistical methods and exploratory data analysis techniques were applied to identify patterns, trends, and associations across variables, establishing a foundation for future multivariable modeling.

Results: Preliminary results reveal distinct temporal patterns related to time of day and year, alongside notable demographic differences across gender and age groups. Spatial analysis highlights specific geographical clusters with higher incidence. Additionally, potential relationships emerge between certain locations, recurrence patterns, and media reporting. These findings suggest that railway suicide risk cannot be adequately explained by single-factor analyses and instead reflects the combined influence of multiple interacting variables.

Conclusions: Although exploratory in nature, the results already provide meaningful insights for the development of human-centric and data-driven suicide prevention strategies. This work lays the groundwork for future evaluation frameworks capable of estimating expected suicide occurrences based on multiple variables, thereby supporting more targeted interventions and informed health and safety public policy in railway systems.

Can traditional drowning prevention strategies be effective, or is a different approach needed? Reflections from the Royal National Lifeboat Institution and UK National Water Safety Forum

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Background: The UK has witnessed concerning suicide statistics, with at least 7,000 cases recorded in 2023—a rate of 13.0 per 100,000. While male suicide rates remain disproportionately high, water-related suicides comprise around 3–5% of all suicides.

Data from the UK Water Incident Database (WAID) suggests that 35% of water-related fatalities over an eight-year span were suspected suicides, with clustering in high-frequency locations. In one recent audit, 279 suspected water-related suicide fatalities were documented in a single year, underscoring the urgency of targeted intervention. Notably, for the first time on record in the UK, 2019 saw more people die in water-related suicides than in accidental drownings. RNLI volunteer lifeboat crews also respond to over 800 non-fatal incidents annually involving people in crisis who threaten or attempt suicide—highlighting the scale of distress and the burden on search and rescue services.

Context: The WHO's LIVE LIFE Implementation Guide for Suicide Prevention highlights the need for multisectoral collaboration and situational analysis when designing effective prevention strategies. England's updated Suicide Prevention Strategy for England: 2023–2028 reflects these principles, referencing water-related suicide and naming the UK National Water Safety Forum and the RNLI as lead organisations.

Progress:

- Responsible media practices
- Data-driven situational analysis
- Data sharing to support real-time suicide surveillance systems
- Advocacy and engagement with the suicide prevention sector

Lessons: Suicide is a public health issue and collaboration between suicide prevention and drowning prevention communities is vital, but prevention is complex and well-intended enthusiasm may have unintended consequences. Given the emotive nature of the issue, programmes must allow time, prioritise wellbeing, and use search and rescue data responsibly to support coordinated action.

Conclusion: By combining advanced analytics, hotspot-focused interventions and strategic partnerships, the UK can reduce the burden of water-related suicide while strengthening alignment across suicide and accidental drowning prevention sectors.

Spatiotemporal and Circumstantial Patterns of Suicide Methods: A Nationwide Study Based on The Korean National Investigations of Suicide Victims Through Police Records (2013–2020)

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Background: Suicide method choice may reflect not only personal intent or planning but also feasible options constrained by spatiotemporal and situational context, including means availability, accessibility, and setting. However, prior research has largely emphasized demographic and clinical correlates, with limited integration of contextual patterns.

Objectives: This study aimed to examine how suicide method choice varies across temporal, spatial, and situational patterns and to conceptualize suicide as a contextually constructed behavior.

Methods: Using the Korean National Investigations of Suicide Victims Through Police Records (2013–2020), we analyzed 102,888 suicide decedents aged ≥10 years. Suicide methods were classified into eight categories (hanging, pesticide, poisoning, jumping, drowning, gas, injury, other). Distributions were assessed across temporal (season, month, weekday, time of death), spatial (residential region, relocation, discovery location), and situational factors (alcohol use, cohabitation, main cause, psychiatric symptoms, self-harm/attempt history, suicide note). Latent class analysis (LCA) identified contextual classes, and classes were compared by demographic characteristics and method distributions.

Results: Hanging was most common (51.7%). Method distributions differed by temporal, spatial, and situational contexts (all $p<0.001$). Most methods were highest in spring, except jumping and drowning, which were highest in summer (27.6% and 33.7%); most were highest on Monday, except pesticide deaths on Tuesday (14.8%). Suicide decedents were most often discovered at home, whereas jumping, drowning, and gas-related suicides were more often identified in public/outdoor settings; gas-related suicides also showed higher alcohol involvement (46.2%) and financial problems (40.6%). LCA identified five classes (entropy=0.787): public escapees, chronic high-risk, first-episode mental health, physical illness-driven, financial crisis with alcohol. Demographic and method distributions differed across classes ($p<0.001$).

Conclusions: Suicide method choice appears shaped by contextual constraints, underscoring the need for prevention strategies that extend beyond individual-level interventions to address the broader environments in which suicide occurs.

Risk of suicide by hanging depending on psychiatric diagnosis – Proportional Mortality Study

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Introduction: Hanging is the most common method of suicide in Poland. The high prevalence of hanging contributes to Poland's notably elevated male-to-female suicide ratio of 7:1, one of the highest disparities observed internationally. Prevention of suicide by hanging presents unique challenges, as only approximately 10% of hanging suicides occur in controlled environment. This study aimed to examine the risk of suicide by hanging depending on psychiatric diagnosis, as a step toward finding preventive techniques.

Methods: We analyzed anonymized nationwide death certificate data comprising records of psychiatric diagnoses and suicide-related deaths in Poland. The dataset included death records with at least one psychiatric diagnosis classified according to the International Classification of Diseases, 10th Revision (ICD-10), codes F00–F99, as well as individuals who died by suicide, defined using ICD-10 codes X60–X84. The analysis covered a 3-year observation period 2021-2023. Basic statistics and logistic regression were calculated.

Results: In Poland, there were a total of 13,554 suicides in the years analyzed. 385 death certificates with psychiatric causes of death were identified (2,8%). Women accounted for 21.3%. Nearly 81% of suicides were committed by hanging. The most common diagnosis was alcohol dependence (31%), followed by recurrent depressive disorder (24%) and depressive episode (18%). Male gender was associated with an increased risk of suicide by hanging (OR=2.3; 95% CI 1.3–3.9). Similarly, a diagnosis of affective disorders was associated with an increased risk (OR=3.6; 95% CI 1.1–11.3).

Conclusions: Most suicides in Poland are committed by people without an identified psychiatric diagnosis on the death certificate. This points to the need for a particular focus on general population prevention strategies and/or highlights a systemic problem with the reporting of mental disorders. Men and people with affective disorders are at the highest risk of suicide by hanging.

PS08. Digital Tools for Self-Harm and Suicide Prevention

Understanding Engagement Rhythms in a Suicide Prevention App: A Longitudinal Analysis of SERO Usage

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SERO is a self-management application for suicide prevention designed to support individuals at risk and their trusted contacts before, during, and after suicidal crises. It enables users to prepare actionable emergency strategies through a personalised safety plan that can be shared with trusted contacts. This is complemented by standardised self-assessment of suicidality using PRISM™-S, along with rapid access to crisis hotlines, personal emergency contacts.

Across the filtered observation period (November 2022 to December 2025), [EG1] 1,076 users engaged with the safety planning functionality, and 1,212 accessed the PRISM-S functionality. Safety planning engagement showed clear diurnal patterns, peaking in the afternoon (14:00-15:00) and lowest at night (00:00-03:00), whereas PRISM™-S scores were stable across time. These temporal patterns broadly align with established weekly and circadian rhythms observed in suicidality research, while also reflecting differences likely attributable to app-based self-reporting contexts.

Seasonal analyses showed a small but significant effect for PRISM™-S distances, with lowest values in summer and highest in winter ($p=0.020$), whereas safety planning use did not vary significantly across seasons. Sentiment analysis of app users' free-text responses showed a predominantly negative affective tone (mean =-0.41) and was significantly associated with PRISM™-S crisis proximity, with more negative sentiment observed when perceived suffering was smaller. Sentiment also varied across time of day, with the most negative expressions occurring during nighttime hours, especially at 23h, and from 2h to 5h.

From an implementation perspective, the findings suggest that routine prompts and supportive interventions are more likely to be effective when scheduled during high-engagement periods. In particular, the results support a "week-start" prevention strategy, such as optional Monday check-ins, brief stabilisation exercises, or reminders to review crisis contacts. Clinicians may also consider concentrating follow-up or supportive messaging early in the week when appropriate.

Feasibility, usability, and preliminary outcomes of Spark, a co-created mobile app for young people with suicidal ideation: A pilot study

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Introduction: Evidence-based interventions specifically targeting suicidal ideation and behaviour in young people remain scarce. Digital tools show promise for young people, particularly by improving access to care and self-management during distress. Spark is a mobile app co-created with young people with lived experience of suicidal thoughts, and professionals in youth mental health care. This study evaluates Spark's feasibility and usability and explores preliminary changes in suicide-related outcomes.

Methods: A single-arm pilot study with online pre- and post-assessments is being conducted among young people aged 12–17 years experiencing suicidal thoughts. Following parent/guardian consent and participant assent, baseline measures include socio-demographics, suicide-related coping (Suicide-Related Coping Scale-15; SRCS-15), suicidal ideation severity (Suicidal Ideation Attributes Scale—Modified; SIDAS-M), and self-reported suicidal behaviour. Participants subsequently receive a unique access code and can use the app for 10 days. Core components include a personal Safety Plan; hope-oriented tools such as a personalised Hope Box; emotion regulation and cognitive coping exercises, brief relaxation, a distraction mini-game and psychoeducation. Post-assessment repeats SRCS-15, SIDAS-M, and suicide behaviour items. Additionally, it assesses engagement, satisfaction, perceived usefulness, and usability using study-specific items. Recruitment occurs via online dissemination and referrals by healthcare professionals. An effective sample of 40 participants which complete the study, is targeted.

Results: Data collection is ongoing. Feasibility, engagement, and user experience will be analysed, alongside pre–post changes in SRCS-15 and SIDAS-M. Results will be presented at the ESSSB 21 conference.

Conclusions: This pilot will determine whether Spark is feasible and acceptable for young people with suicidal thoughts and will identify usability and implementation barriers. Findings will be used to refine the intervention and the implementation planning. Furthermore, they may provide inputs for future controlled effectiveness evaluations.

Integrating Evidence-Based and Innovative Digital Modules for the Prevention of Suicidal Thoughts and Behaviors: A Stakeholder-Informed Development Framework

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Introduction: Despite substantial research efforts, effects of interventions for suicidal thoughts and behaviors remain modest. Innovative approaches are needed to address this issue and overcome limitations of existing interventions. Digital tools, such as smartphone applications, are well suited to provide continuous support and may help bridge particularly vulnerable phases, such as the period following discharge from psychiatric inpatient to outpatient treatment. In this study, we aim to test the feasibility of a newly developed app that integrates evidence-based and innovative candidate interventions targeting critical processes and empirically established precursors of suicidal thoughts and behaviors, including a safety plan intervention and an autobiographical memory self-efficacy training. The app is designed to offer both crisis support and psychological interventions in a personalised, needs-oriented manner, with components tailored to different phases, ranging from acute crisis to periods of low symptom severity.

Methods: We plan to recruit 20 participants from the Psychiatric University Hospital Zurich who will use the app for two weeks following hospital discharge. The primary aim is to assess feasibility using self-report measures and app usage data. Secondary exploratory analyses will examine changes in psychiatric outcomes, including the severity of suicidal thoughts and related measures.

Results: We will present the development framework for the feasibility study. The app is currently in the development phase. Ethical approval is expected by July 2026, with participant recruitment planned to begin shortly thereafter.

Conclusions: This study evaluates the feasibility of a modular, evidence-based and stakeholder-informed development framework, focusing on acceptability, usability, and clinical integration to inform future large-scale evaluations of the app. If feasible and effective, the app may serve as an adjunct tool for clinicians in both inpatient and outpatient settings, supporting transitions to follow-up care and potentially complementing ongoing outpatient treatment.

Jays study; Develop tailored implementation of a personalised safety planning toolkit for adults experiencing self-harm and suicidality

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Introduction: Although safety plans are widely used, there is limited evidence from people with personal experience on their usefulness or effectiveness.

In this research we have co-produce a toolkit and implementation plan based on lived experience perspectives, rethinking what constitutes meaningful safety planning that supports individuals' unique needs and preferences.

The research is dedicated to Jay who sadly died by suicide. Jays mum, Paula, has been an integral part of the study from the outset.

Methods: A mixed-methods study with lived experience involvement throughout, which included:

Evidence synthesis - to provide context sensitive theoretical underpinning for personalisation and tailored implementation of the toolkit.

Qualitative focus groups with practitioners (total 35 participants) - five settings across north of England (secondary mental health, primary care, ambulance services, third-sector, policymakers) exploring context specific barriers and enablers to implementation of personalised safety planning.

Co-production workshops - bringing together practitioners and people with lived experience to develop the toolkit and implementation plan.

Results: The data identified 5 themes important for meaningful safety planning.

- From "tick-box" to a collaborative approach.
- From one-off intervention to pathway/journey.
- From crisis response to system wide approach.
- Supported, trained and resourced support people.
- Focus on person-centred outcomes/impact, not targets.

The co-production group used these themes to develop an interactive personalised safety planning toolkit and implementation plan for use by individuals and their support people.

Conclusions: Our research adds to evidence for the need to move away from one-off standard approaches limited to crisis situations and demonstrates that safety planning is preferred when carried out as a collaborative journey.

The toolkit we have developed details the core elements needed to support a personalised, meaningful and impactful safety planning journey. The implementation plan outlines the actions needed to overcome barriers and enhance enablers for successful implementation across different contexts where people seek support.

PERMANENS-AID: a clinical decision support system prototype that assists in the management of patients with self-harm in the emergency department

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Self-harm represents a major public health challenge, and emergency departments (EDs) are key settings for both the clinical management of self-harm and preventive intervention, as they are often the first point of contact following an episode. However, ED care is frequently constrained by fragmented assessment practices, limited opportunities to build connection and trust, and poorly structured follow-up pathways, resulting in variable care and suboptimal continuity after discharge.

The PERMANENS project presented here is a European research initiative aimed at developing a user-centred clinical decision support system (CDSS) to support healthcare professionals in the assessment and management of adults presenting with self-harm in the ED. Its final deliverable, PERMANENS-AID, is a web-based software prototype integrating three components: interpretable machine learning based prediction models using routinely collected clinical information to estimate the risk of self-harm repetition and suicide; an evidence-based, guideline-informed clinical knowledge base translated into a structured guided care pathway; and an accompanying training website supporting ethical and appropriate use in clinical practice. Risk estimates generated within the CDSS are intended for clinician use only and are presented solely to contextualise individual risk relative to age- and sex-matched peers, explicitly framed as non-causal and supportive of structured professional judgement. The development process followed an iterative co-design approach involving emergency mental health professionals and people with lived experience of self-harm, prioritising transparency, interpretability, and feasibility in real-world settings.

By the time of presentation, PERMANENS-AID will have undergone pilot real-time testing in the ED with clinician–patient dyads, focusing on clinician usability, workflow integration during routine assessments, and patient experience of communication and therapeutic interaction.

By combining contextualised risk stratification with structured, person-centred, evidence-based care guidance, PERMANENS-AID represents a step toward complementary clinically usable decision support for self-harm management in emergency settings and provides a foundation for future multi-site evaluation and responsible implementation.

PS10. Medical Assistance in Dying (MAID) and Suicidality

Suicidality and help needs among people requesting medical assistance in dying (MAID) for psychological suffering

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Introduction: In the Netherlands, a growing number of people request medical assistance in dying (MAID) on grounds of psychological suffering, of which approximately 10% are granted. Although suicidality is common among individuals with severe and/or persistent psychiatric disorders, little is known about its nature and trajectory among those who seek MAID for psychological reasons. This study describes the history and current presence of suicidality in MAID applicants, as well as their perceived help needs.

Methods: Applicants to Expertisecentrum Euthanasie (EE), the sole healthcare institution in the Netherlands specialized in MAID, are invited to complete a questionnaire within one week of registration. The questionnaire assesses current and past suicidality, treatment history, perceived support, and barriers to seeking help.

Preliminary Results: A total of 148 applicants participated (64.2% female; mean age = 39.2 years, range = 17-78. All reported a history of suicidality, and 82.4% had made at least one suicide attempt. At registration, 16.2% were receiving treatment specifically for suicidality. Over a quarter (27.0%) reported unmet support needs, particularly for open, non-judgmental conversations with their clinician. Barriers to seeking help included negative past experiences, lack of energy to start new treatment, and fear of involuntary admission.

Conclusions: Suicidality appears to be widespread and often long-lasting among people requesting MAID on psychiatric grounds. Many report unmet support needs, as well as negative experiences with previous help-seeking that hinder further engagement with care. These findings highlight opportunities to strengthen suicide prevention and better align care with these patients' needs, while also being sensitive to their prior experiences in mental healthcare.

Please note: We are also submitting in conjunction with oral abstracts by Dr. Lizanne Schweren and Dr. Thomas Niederkrotenthaler. If all proposals are accepted, it is our hope that we can organize them as a session on MAID and suicide prevention.

The Role of Medical Assistance In Dying (MAID) in the Course of Suicidality and Care Trajectories in Individuals Who Died by Suicide: A Mixed-Methods Psychosocial Autopsy Study.

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[1]113, Netherlands, The; [2]Emergis, Netherlands, The

Background: In the Netherlands, individuals may legally request Medical Assistance in Dying (MAID) on the basis of psychiatric suffering, a practice that remains ethically and clinically controversial. MAID requests often, but not always, co-occur with suicidality. Although related, these phenomena may differ in intent, temporal dynamics, and clinical management. Little is known about individuals who express a wish for MAID and subsequently die by suicide, nor about how bereaved relatives understand the role of such wishes within trajectories of suicidality and care.

Objective: This study aims to (1) examine sociodemographic, clinical, and care-related characteristics of individuals who expressed a wish for MAID prior to suicide, and (2) explore how bereaved relatives describe the significance of this wish in the development of suicidality and the care process.

Methods: Data were drawn from an ongoing national mixed-methods psychosocial autopsy study in the Netherlands (2023–present). For the quantitative component, questionnaire data from bereaved relatives were analyzed and compared between individuals who had expressed a wish for MAID (n=176) and those who had not (n=361), using logistic regression analyses.

For the qualitative component, 22 interviews in which a MAID wish was discussed were selected from a larger interview sample and analyzed using Interpretative Phenomenological Analysis until theoretical saturation.

Results: Analyses are ongoing. Preliminary expectations are that individuals who expressed a wish for MAID differ in psychiatric history, chronicity of symptoms, and engagement with mental healthcare. Relatives are expected to describe diverse ways in which MAID wishes interacted with suicidality and care trajectories.

Conclusion: This study will provide empirical insight into the relationship between MAID wishes and suicidality and may inform clinical guidance on discussing death wishes in mental healthcare.

This abstract is submitted alongside related oral abstracts by Dr. Schweren, Dr. Crawford and Dr. Niederkrotenthaler, with the aim of forming a session on MAID and suicide prevention.

Suicidality in people seeking medical assistance in dying (MAID) for non-terminal illnesses in Canada: Scoping Review and Media Analysis

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At 9-8-8: Suicide Crisis Helpline, Canada's national suicide prevention service, approximately one percent of callers and texters are initiating conversations about MAID. In Canada, MAID is available to consenting adults who meet specific eligibility criteria. Since 2021, adults with non-terminal illnesses have had to access MAID, and further expansion to include people living with mental disorders as their sole underlying medical condition (MD-SUMC) is scheduled for March 2027. Currently, there is a dearth of evidence-based practice standards for how suicide prevention services ought to support service users inquiring about MAID. To address this gap we are completing a scoping review of related academic literature, and a review of news media that addresses both MAID and suicide. We ask two interrelated questions: 1) What is the conceptual relationship between MAID for non-terminal disorders and suicide/suicidality? 2) How is the relationship between suicide/suicidality and MAID represented to the Canadian public through news media? Using the PRISMA extension for scoping reviews, we have identified 50 studies that address both MAID and suicide, from 2012 to 2025. Through our media analysis we have identified 803 media articles in the Canadian media that report on both MAID and suicide within the article, from 2014 to 2025. We will present results from both arms of this environmental scan and discuss the similarities and differences between how suicidality and MAID, and any overlap between them, are described in the scientific literature and how this tenuous relationship is presented to the public. The media analysis will also consider included articles alongside media guidelines for safe reporting on suicide. The presentation will end with evidence-based guidance gleaned from the scoping review and recommendations for how news media can improve reporting about suicidality and MAID.

Media portrayals of assisted suicide before, during, and after legalization changes: content analysis of the reporting in Austrian newspapers

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Introduction: Assisted suicide (AS) was legalized in Austria in 2022. The topic has been discussed controversially in the Austrian public, which has been reflected in the media reporting. Information about the content of media reports on AS is currently lacking. The aim of this study was to analyze newspaper media items on AS from Austrian daily newspapers based on media guidelines for the reporting on suicide and to adapt them in the process to the specific topic of AS.

Methods: Media items from 11 Austrian newspapers from the time period 2017 to 2022 were retrieved based on 12 predefined keywords. A total of n = 906 articles were analyzed with regard to 12 characteristics advised against in media guidelines and 7 recommended characteristics. We compared the quality of media items between three time periods: period 1 (before the initiation of legislation change regarding AS in Austria, 01/2017–12/2019), period 2 (around the decision of legalization of AS, 01/2020–12/2021), and period 3 (after the implementation of AS in Austria, 01/2022–12/2022).

Results: Several characteristics advised against in suicide reporting guidelines (e.g., romanticization/glorification) were frequent across all periods, while recommended characteristics (e.g., references to mental health services) were less common. Comparison across time showed that stigmatization and romanticization declined after AS was implemented, whereas reporting on (potential) epidemics of AS peaked before its implementation.

Discussion: This content analysis revealed distinct patterns in media reporting on AS and showed that reports were less aligned with media guidelines than previous analyses on non-assisted suicide. This research highlights the importance of specific aspects of media guidelines in the context of AS.

Please note: We are submitting in conjunction with oral abstracts by Drs. Schweren and Crawford. If all proposals are accepted, we hope to organize them as a session on MAID and suicide prevention.

PS11. Understanding Suicide in Women

Questionnaire items to identify suicidality in perinatal women: A Delphi study

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Introduction: Maternal suicide is a leading cause of death during pregnancy and after birth (perinatal period). Perinatal suicidality is associated with significant adverse consequences for mother and baby. It is vital that women experiencing suicidality are identified early and given access to appropriate care. Screening measures are one way to identify women requiring additional support. No self-report screening measures have been specifically designed to identify suicidality in perinatal women.

Aim: This study sought to determine the content validity, acceptability, and potential clinical utility of 22 suicide-related items that have been adapted and/or developed for use with perinatal women.

Methods: Two-round Delphi study. Thirty panellists with expertise and/or experience in perinatal mental health, suicidality and/or the development of measurement instruments took part. Items were rated against five dimensions, 'relevance', 'clarity', 'acceptability', 'effectiveness' and 'feasibility'. Consensus was determined as ≥ 70% panellists endorsing 'quite' or 'highly' for all dimensions. Response options were also rated on three dimensions, and qualitive feedback was explored.

Results: Ten items reached consensus ≥70% for all five dimensions in round-one and a further four reached consensus in round-two, totalling 14 items. Twenty-one response scales/items reached consensus ≥70% in both rounds. The top-ranking item for identifying suicidal ideation was „Have you had thoughts about ending your own life?" Qualitative findings highlighted key areas to be addressed. These included the implications of item content, the importance of asking perinatal women about suicidality, and the need for all pregnant and postnatal women to receive appropriate information about perinatal mental health and suicidality.

Conclusions: Specifically developed screening measures to identify perinatal suicidality are warranted. Findings from this study will help to inform the continuing development of suicidality items for measures to be used with pregnant and postnatal women in clinical and research settings.

Unpaid Housework and Caregiving and Suicidal Ideation Among Married Women: Evidence from Korean Panel Data

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Background: Unpaid housework and caregiving impose substantial time and psychosocial burdens on married women. However, longitudinal evidence remains limited regarding whether their associations with suicidal ideation vary by age and economic activity status. This study examined the longitudinal associations between housework, caregiving, and suicidal ideation among married women, with a focus on heterogeneity by economic activity status and age.

Methods: We analyzed data from the Korean Longitudinal Survey of Women and Families (KLoWF), including 6,867 married women aged ≥19 years from the 4th–9th waves. Housework and caregiving were measured as self-reported weekly hours; housework was categorized into quartiles and caregiving as none, <33.3, or ≥33.3 hours per week. Suicidal ideation was assessed based on past-year experience. Generalized estimating equations with a logit link were applied, adjusting for relevant covariates, with stratified analyses by economic activity status and age.

Results: In fully adjusted GEE models, moderate levels of housework were associated with lower odds of suicidal ideation compared with the lowest quartile (Q2–Q3 ORs ≈0.82–0.83), whereas the highest quartile showed no significant association. In contrast, caregiving activity was associated with higher odds of suicidal ideation, particularly among women providing ≤33.3 hours per week (OR = 1.25, 95% CI 1.02–1.53). Stratified analyses showed that the inverse association of moderate housework was most evident among economically inactive women, while high housework was associated with increased odds among economically active women (Q4 OR = 1.34, 95% CI 1.05–1.71). Caregiving-related risk was strongest among economically inactive women aged 35–49 years (OR = 1.58, 95% CI 1.05–2.37).

Conclusion: Housework and caregiving showed associations with suicidal ideation, suggesting different implications. While housework showed no adverse association at moderate levels, caregiving was associated with higher odds of suicidal ideation. These findings indicate that mental health impacts should be interpreted in relation to both labor type and socioeconomic context.

Suicide risk among individual exposed to maternal infections during pregnancy: analysis of the Danish nationwide registers

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Background: Maternal infections during pregnancy may impact offspring brain development, but their impact on suicidal behavior remains unclear. We investigated associations between maternal infections before, during,and after pregnancy and offspring suicide attempt to understand the mechanisms explaining these associations. Paternal infections during these same periods were examined to pinpoint the possible specific role of intra-uterine exposure vs. genetic and socioeconomic confounding factors.

Methods: A cohort design was applied to individual-level register-based data including all persons aged 10+ years and living in Denmark in 1987-2021. Information on maternal infection (bacterial, viral, other, and at different body sites) was obtained from the Medical Birth Register based of diagnoses received during hospital contacts. The main outcome was hospital presentations for suicide attempt. Adjusted Incidence Rate Ratios (IRR) were estimated to quantify associations between exposure to maternal infections and offspring suicide attempt.

Results: Of 2,157,641 individuals (35,047,803 person-years), 38,840 (1.8%), 26,158 (1.2%), and 34,853 (1.6%), had been exposed to maternal infection during, before, and after pregnancy, respectively, while 32,275 attempted suicide. Rates among those exposed to maternal infection during pregnancy and those non-exposed were 141.2 and 90.0 per 100,000 person-years, respectively. Individuals exposed to maternal infections during pregnancy had higher risk of suicide attempt when compared to non-exposed (IRR 1.46 [1.36-1.56]), particularly those exposed in the second and third trimesters. Elevated risks were observed for maternal infections prior and after pregnancy, but not for paternal infections during, before, or after pregnancy.

Conclusions: Maternal, but not paternal, infections were associated with later risk of offspring suicide attempt, pointing out to a possible role of the intra-uterine environment. Similar estimates obtained for exposure to maternal infections before and after pregnancy suggests that part of this risk may stem from an underlying susceptibility to infections or socioeconomic confounding factors and/or measurement errors in the onset of infections

Understanding postpartum suicidal ideation through the lens of the Integrated Motivational Volitional (IMV) model of suicidal behaviour

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Introduction: Suicide is the leading cause of death in women from 6 weeks to 1 year post-partum in the UK and across several high-income countries. Efforts to understand suicidal ideation in the post-partum period should be prioritised, with a dearth of research investigating psychosocial factors. The current study investigated suicidal ideation in post-partum women through the lens of the IMV model of suicidal behaviour. This well-established framework has feelings of defeat and entrapment central to the motivational phase, with qualitative research finding suicidal post-partum women feel trapped, suggesting the IMV may useful for understanding post-partum suicidality.

Methods: The Wellbeing in Post-Partum Study (WiPPS) is an online survey that was co-designed with women with lived experience of post-partum suicidal ideation. 410 women or birthing people who have given birth within the past year took part in the study. The survey included measures of current and past suicidal ideation and behaviour, mental health (depression, anxiety), IMV variables (defeat and entrapment), birth-related trauma, and other risk (e.g., loneliness) and protective (e.g., social support) factors. The study was promoted by organisations involved with supporting post-partum women from different socioeconomic and ethnic backgrounds.

Results: Initial correlation analysis found defeat and entrapment to be strongly correlated with suicidal ideation in this sample. Multivariate regression analysis found that defeat and entrapment remained associated with suicidal ideation when controlling for demographics, mental health and other risk factors. Additionally, experience of birth-related trauma and loneliness was positively associated suicidal ideation, and higher social support was negatively associated.

Conclusions: The findings from this study improve our understanding of post-partum suicidality. Specifically, we suggest that the IMV model provides a useful framework for understanding suicide risk for women and birthing people during the post-partum period. Feelings of defeat and entrapment should be considered when monitoring suicide risk in this vulnerable group.

PS12. Community-Led Suicide Prevention

Implementing and Scaling a Community-Based Suicide Prevention Model for Men in Crisis: Seven Years of Evidence and Impact

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Suicide remains a leading cause of death among men in the UK, with stigma, isolation, and reluctance to seek help contributing to the crisis. This presentation outlines the implementation and expansion of a UK community-based suicide prevention service designed for men in acute distress, operating across four cities (Liverpool, Newcastle, London, and Birmingham). The service provides immediate, accessible support in safe, non-clinical spaces where men feel comfortable engaging.

The James' Place model emphasises early intervention, peer-led support, and collaboration with local agencies, ensuring timely help without barriers. Key components include therapeutic sessions, 'Lay your Cards on the Table' intervention, peer support programs, and involvement of supporters that foster connection and resilience. By prioritising trust, dignity, and cultural sensitivity, the service addresses the unique challenges men face in seeking mental health support.

The collective research represents the first seven years of its evolution—from a small charity proving a new intervention could work, to a growing four-centre organisation with an evidence base demonstrating how and why the therapy succeeds for thousands of men. The commitment to service development and research continues as the service builds internal capacity and establishes a national research steering group.

Over 8000 men have been referred to James' Place between August 2018 and August 2025. Demographic information was gathered via Equality and Monitoring forms, and outcomes were measured using CORE-10 and Entrapment Scale (E-SF) at pre-, mid-, and post-intervention stages. Across the cohort, there was statistically significant reduction in mean scores between initial assessment and the end of treatment ($p<0.05$). The results indicate a notable improvement in the wellbeing of men arriving in crisis when therapy was provided across centres and different demographics.

To conclude, we will share research findings, best practices, success stories, and insights into scaling this model nationally to transform suicide prevention and save lives.

Suicide prevention as civil society action

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Suicide prevention is a task for society as a whole, in which numerous actors should bear responsibility and support each other. Suicide prevention should not be the sole responsibility of state institutions and regulation. Civil society activities enable suicide prevention by: Participation: Civil society actors have direct access to individuals committed to suicide prevention. Awareness raising: Through their practical work, information and education, civil society organisations remove the taboo concerning suicidality and promote knowledge about suicidal experiences and behaviour and the responsible handling of suicidality in society. Technology transfer: Innovative suicide prevention strategies are developed through cooperation between science and practice. Mobilisation: Civil society engagement mobilises private funding and social, political and voluntary engagement.

In Germany, the National Suicide Prevention Programme initiative has been developed on the basis of civil society engagement. After 25 years, it is now a network that brings together up to 200 active members from science, practice and administration in 22 working groups for constructive discourse. The result is a wealth of materials for suicide prevention work and training in areas such as counselling, media, the justice system, the elderly, young people, survivors of suicide and many more. Those involved include suicide researchers from research and teaching, employees from the health sector and from counselling and therapy, employees from ministries and authorities, committed actors from culture and the media, etc. The work is supported by the ALLIANCE for Suicide Prevention. It consists of 50 state and civil society organisations that support suicide prevention. The suicide prevention programme is accompanied by an international scientific advisory board.

The involvement of civil society actors does not replace government action and initiatives. The article aims to show how suicide prevention can be made more effective, accepted, sustainable, robust, creative and democratic through the organised involvement of civil society actors.

From paper to practice: Co-producing a local person-centered suicide prevention strategy

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Introduction: In 2025, researchers affiliated with the University of Gothenburg Center for Person-centered Care (GPCC) published two research papers highlighting person-centered approaches to suicide prevention, emphasizing partnership, continuity, and the integration of lived experience in care. Earlier that same year, Sweden presented a new national strategy for mental health and suicide prevention, with overarching goals of improved population mental health, fewer lives lost to suicide, and reduced preventable inequalities. This presentation describes an ongoing local implementation initiative in which psychiatric services at Sahlgrenska University Hospital (Gothenburg, Sweden) collaborate with suicide-preventive non-governmental organizations (NGOs) to translate research findings and lived experience into everyday clinical practice.

Methods: A recurring, open web-based collaboration forum was established and hosted weekly via Microsoft Teams. Staff from psychiatric units and representatives from the NGOs Riksförbundet för Suicidprevention och Efterlevandestöd (SPES), Suicide Zero, and the Swedish Partnership for Mental Health (NSPH) were invited to participate. An "anthill tactic" was used, meaning participation was voluntary and flexible, allowing contributors to engage when relevant to their expertise and availability. During the first three months, nearly 60 individuals participated, with an average of 8–15 participants per meeting. The meetings enabled shifting constellations for discussion and focused on co-producing concrete, person-centered clinical practices.

Results: As the project is ongoing, updated results will be presented at the conference. Preliminary findings indicate increased shared understanding between professionals and individuals with lived experience. Key focus areas include person-centered suicide risk assessment, collaborative safety planning, and structured follow-up during and after suicidal crises.

Conclusions: The project illustrates how person-centered suicide prevention can be implemented through sustained co-production between clinical services and civil society organizations. By combining research evidence, lived experience, and clinical expertise, this approach supports the translation of research and policy into meaningful, feasible, and practice-oriented suicide preventive care.

Building, 'Doing', and Evaluating Care: Findings from a meta-ethnography of academic literature on practices of care in community-based and peer-led interventions for suicide

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Suicide prevention practice often focuses on crisis points, 'saving' people from death, while intervening minimally in the circumstances that may have contributed to their suicidality (White 2017). Such approaches are built into many nations' statutory 'helping' systems (Hagen et al. 2024). These centre clinical crisis intervention and surveillance, reproducing top-down, Eurocentric models of 'care' and thought. In this paper, we consider alternative approaches to supporting those at risk of, or affected by, suicidality; centring instead Indigenous, lived-experience, community and peer-led approaches to suicide prevention, a currently under-researched area.

We present findings from a meta-ethnography [PROSPERO protocol registration CRD42024608281] of peer-reviewed qualitative studies on community and/or peer-initiated and led interventions for suicide. Systematic searching resulted in a pool of 18,348 unique studies. Of these, 42 were ultimately included for data extraction and synthesis.

Our analysis organised papers into those presenting, with some overlap, the establishment (n=28), implementation/activities (n=15), and/or evaluation (n=18) of interventions, exploring themes both within and across these discrete areas.

Emerging translational synthesis across the paper categories highlights the importance of cultural embeddedness and community/peer leadership, social identity and connection, and grassroots innovation in programming and communication as critical to the development and implementation of successful suicide prevention interventions. Tellingly, 24/42 papers centred projects embedded in Indigenous communities around the world, emphasising Indigenous leadership as at the forefront of suicide prevention innovation (Ansloos et al. 2024).

Our review highlights the importance of evidencing community practice through qualitative research, rather than focusing exclusively on clinical intervention and large-scale, quantitative studies. Rather, this meta-ethnography demonstrates the successes (and challenges) experienced by communities and peer groups in offering alternatives to the often-limited statutory options for suicide prevention. This synthesis presents a step toward understanding the meaning of these studies as a collective, pointing to practical opportunities for grassroots-led, empowering suicide prevention practice.

A mixed methods longitudinal case study exploring the impact of a community-based, brief psychological intervention for men experiencing suicidal crisis

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Introduction: Suicide is a leading cause of death among men worldwide, highlighting the need for suicide prevention interventions that are both acceptable and effective to men. This study examined perceptions of the short- and long-term outcomes and acceptability of the James' Place Model (JPM), a brief therapeutic intervention delivered within a community-setting for men experiencing suicidal crisis. Also, factors influencing engagement of men with lived experience of suicidality in research were explored.

Methods: A mixed methods longitudinal case study design was used. Quantitative data was collated through baseline, 3- and 6-month follow up questionnaires distributed to 28 men receiving the JPM. Measures of resilience, hope, generalised self-efficacy, self-compassion, loneliness, perceived social support, entrapment, and the 10-item clinical outcomes in routine evaluation measure were taken, and merged with routine service data. Two semi-structured interviews informed development of case studies exploring men's perceived acceptability and short- and long-term effectiveness of the JPM, and factors relating to suicide research engagement.

Results: Descriptive analyses showed decreased mean entrapment scores and increased mean self-compassion scores at 3-month follow-up. Entrapment scores further decreased at 6 months, while self-compassion scores remained similar. Case studies highlighted the perceived acceptability of the JPM, with the "lay your cards on the table" component supporting men to articulate factors underpinning their suicidality. Men also reported continued use of strategies developed during the intervention, including safety planning.

Conclusions: The JPM was perceived as acceptable among men experiencing suicidal crisis, particularly due to tailored intervention components and delivery by specialised suicide prevention therapists. Future research should determine whether the short-term effectiveness of the JPM is sustained long-term. However, consideration must be given to overcoming the practical challenges associated with engaging men in longitudinal suicide prevention research.

Suicide and suicide attempts: a desperate act of defection from the social practice of gambling?

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Gambling has been described as a 'coercive commodity', with products designed to encourage continued engagement despite the consumer's knowledge that this is against their best interests. Industry insiders have been quoted as seeking to maximise 'time on device' and encourage customers to 'play to extinction' –i.e. to exhaust all available funds. Evidence of a positive relationship between gambling and suicide has emerged in the context of a rapid expansion of gambling globally.

Thirty-two interviews were conducted in Australia to understand the how gambling leads to suicidal distress. Participants included people who had survived gambling-related suicide attempts (n=23); been bereaved by gambling-related suicide (n=3); and professionals working in aligned areas (n=6). Interviews were analysed using reflexive thematic analysis to inform understanding of the mechanism of the relationship between gambling and suicide. Analysis was informed by social practice theory to move beyond individual responsibility framings.

People who experienced suicide attempts described 'irrational' or 'robotic' engagement with gambling. This led to deepening cycles of loss that eroded not only financial but often social and biological resources, their identity and agency, ultimately leading to suicidal ideation and attempts. Participants described trying to safely 'defect' from the social practice of gambling to break 'neverending' cycles of loss. However, the current system provides very limited and sometimes inappropriate support to reduce gambling. Attention to the commercial determinants of health shows how suicide prevention efforts can be undermined by economic operators, who effectively create a pathway to suicidality through measures that encourage customers to continue gambling, with devastating consequences.

There are many interventions and reforms that could be implemented to support people to control their losses, and defect safely from harmful gambling. Suicide prevention should be a priority in gambling provision and regulation, just as gambling is increasingly being recognized in the suicide prevention field.

PS13. Models of Care in Youth Suicide Prevention

Pre-assessment On Functioning, Ideation, Life stress, and Experiences in adolescents referred to the Competence Center for Suicide Prevention within the Child and Ado-lescent Mental Health Services (PROFILE)

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Introduction: In Denmark, individuals presenting with suicidal behavior without other engagement in mental health services are treated in regional specialized suicide prevention clinics, a model unique to the country. Although suicide among Danish adolescents is rare, particularly 15-19-year-old girls present with the highest suicide attempt rates. This study aims to characterize the clinical, psychological, and social profiles of adolescents referred to a specialized suicide prevention unit and to explore factors associated with heightened risk of future suicide attempts.

Methods: The study utilizes data from an ongoing cohort initiated in February 2020, comprising adolescents referred for suicidal behavior within the Child and Adolescent Mental Health Services in the Capital Region of Denmark. Data include self-reported questionnaires (READ, K-10, C-SSRS) and demographic and clinical information extracted from electronic medical records. Planned analyses involve descriptive comparisons between adolescents presenting with suicidal thoughts versus suicide attempts, stratified by gender. Additionally, predictive modelling will examine whether psychological distress and resilience indicators predict subsequent suicide attempts.

Results: Data collection will be completed early 2026. Preliminary findings will be available for presentation at the ESSSB21 conference. This study is the first to characterize adolescents treated in Denmark at a specialized suicide-prevention unit and aims to identify predictors of increased suicidal behavior.

Conclusion: This study will provide novel insights into clinical, psychological and social profiles of adolescents receiving specialized suicide prevention treatment in Denmark. Findings are expected to inform targeted interventions and guide clinical decision-making in high-risk youth, contributing to evidence-based strategies for reducing suicidal behavior as recommended in a Danish National Action Plan 2025.

New Avenues for Youth Suicide Prevention: Feasibility of a Paraprofessional Stepped-Care Model

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Background: Rising rates of suicidal ideation and behavior among adolescents have intensified pressure on child and adolescent mental health services, underscoring the need for more accessible and scalable models of care. This study evaluates the feasibility, acceptability, and safety of a stratified stepped-care (SSC) model in which trained bachelor-level psychology graduates deliver early suicide-focused intervention to suicidal youth in real-world outpatient settings.

Methods: Adolescents aged 7–18 presenting with suicidal thoughts or behaviors to tertiary outpatient services were screened and stratified by risk following structured assessment. Eligible participants were offered Interpersonal Counseling for Suicide Crisis Intervention (IPC-A-SCI), an eight-session intervention focusing on risk assessment, safety planning, coping skills, and emotion regulation, delivered by psychology graduates under close clinical supervision. Feasibility indicators included recruitment, consent, retention, attendance, and protocol adherence; safety events were monitored throughout. Acceptability and perceived impact were assessed via satisfaction questionnaires (CSQ-4), routine outcome ratings (ORS), and qualitative interviews with adolescents, parents, and providers.

Results: Of 161 eligible adolescents, 78% consented to participate; 66% completed at least six sessions, while only 4–5% required specialist or hospital referral for safety reasons. Youth and parents reported high satisfaction (mean scores approximately 5.6–5.8/7) and perceived reductions in suicidal risk and distress, alongside improvements in mood, family relationships, and social functioning. Qualitative feedback highlighted enhanced accessibility, emotional support, and timeliness as key strengths of the psychology graduate–delivered model, and no iatrogenic or serious adverse events were reported.

Conclusions: Findings support the feasibility, acceptability, and safety of an SSC model for suicidal adolescents delivered by bachelor-level psychology graduates, suggesting a promising strategy to expand early suicide prevention capacity and alleviate workforce shortages. This model offers a pragmatic way to enhance access to care for suicidal youth while aligning with contemporary efforts to rethink and redesign suicide prevention systems.

Urban-Rural Differences in Youth Suicide-Related Emergency Department Encounters: Patterns, Severity, and Revisit Risk in Two U.S. States

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Introduction: Suicide-related emergency department (ED) encounters among youth have risen in recent years, yet rural-urban differences in nonfatal suicidal thoughts and behaviors (STBs) remain insufficiently understood. Geographic variation in demographic and clinical features of STB encounters may reveal disparities in access to mental health care, crisis response, and severity at presentation, particularly during periods of population-level stress such as the COVID-19 pandemic.

Methods: We conducted a cross-sectional analysis of statewide ED encounters from 2018-2021 using the Kentucky and Arkansas HCUP State Emergency Department Databases for youth ages 6-21. Logistic regression models estimated adjusted odds of STB-related ED encounters overall, ED revisits, and admission or death before and during the COVID-19 period. Models adjusted for demographic and community characteristics and accounted for patient-level clustering to address repeated encounters.

Results: Among 33,104 STB-related encounters, 41% occurred in rural counties. Rural youth were more likely to be White and low-income, while mechanisms of self-harm were similar across settings. STB encounters increased significantly during the COVID-19 period, with the steepest rises among females, particularly in rural areas. Although rural youth were less likely to present to the ED for STBs overall, rural STB encounters had higher odds of admission or death, while same-year revisit likelihood did not differ by rurality.

Conclusions: Youth suicide-related ED encounters increased during the pandemic, with rural female adolescents experiencing disproportionate rises and rural youth presenting with greater severity. Findings highlight critical rural-urban differences in presentation and underscore the ED's role as a key intervention point for adolescent suicide prevention.

Assessing suicide risk among youth in emergency departments: perspectives of service providers in two Canadian provinces

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Suicide is the second leading cause of death among youth and young adults aged 15 to 24 in Canada. Emergency departments (EDs) are increasingly the initial point of contact for youth experiencing distress and suicidality. Between 2008 and 2017, mental health–related ED visits among Canadian youth increased by 61%. Although ED visits represent a critical opportunity to identify distress and intervene, a substantial body of research has documented an elevated risk of suicide following hospital discharge. Moreover, key evidence-informed practices are not implemented consistently in ED settings, including standardized suicide risk assessments, consistent safety planning, meaningful family involvement, and effective follow-up with community mental health services.

The aim of this qualitative study was to examine how service providers describe suicide risk assessment practices for youth in emergency departments across two Canadian provinces. Eligible participants included service providers working in EDs in Québec and Ontario. Data were analyzed using thematic analysis.

The sample consisted of 56 service providers (28 in Québec and 28 in Ontario), including social workers (66%), nurses (16%), physicians (13%), and psychologists (5%). Six key themes were identified: (1) inadequate training for service providers, (2) challenges related to coordination and continuity of care, (3) discrepancies in practices across hospitals, (4) compassion fatigue and limited clinical support for service providers, (5) insufficient involvement of families, and (6) EDs being ill-equipped to adequately respond to youth with more complex needs and more elevated suicide risk.

Overall, the findings highlight the need to strengthen community mental health services so that EDs are not the primary point of entry for youth in distress, while also reinforcing ED capacity to respond more effectively to youth and families. Improved training, organizational support, and system-level coordination are also needed to better support service providers engaged in suicide risk assessment and care.

Treatment provided for Danish adolescents who attempt suicide: Comparison of those presenting and not presenting to hospital

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Introduction: After a suicide attempt, adolescents should ideally receive psychosocial assessment and aftercare. We investigated the proportion of girls and boys receiving mental health treatment and social interventions within the first weeks and one year after a suicide attempt.

Methods: This study included a national cohort of children born in Denmark in 1996–2003 who had a hospital-recorded suicide attempt before age 18 years (N=3650). We also had information on self-reported suicide attempts without hospital presentation on those participating in the 18-year follow-up of the Danish National Birth Cohort (N=1489). Examined treatment included: i) psychiatric in- or outpatient contact, ii) psychotropic medication, iii) primary care mental health-related contact, and iv) social interventions. Further, factors associated with not receiving treatment were examined in regression analyses.

Results: Two weeks after a hospital-recorded suicide attempt, 55% of girls and 58% of boys had received in- or outpatient treatment at a psychiatric hospital. After one year, 13% of girls and 16% of boys had not received any type of treatment. Younger age at first suicide attempt, no previous psychiatric contact and lower parental education were associated with not receiving treatment. The proportion receiving treatment was lower among adolescents with self-reported suicide attempts compared to adolescents with hospital-recorded attempts.

Conclusion: Efforts should focus on ensuring that adolescents receive psychosocial care after a suicide attempt, particularly younger adolescents and those without previous experiences in the psychiatric system, as well as those who do not present to a hospital with their suicide attempts.

Who Catches the Youth When the Safety Net Fails? Child Welfare Specialists at the Frontline of Youth Suicide Prevention in a Small Country with High Youth Suicide Rate

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Introduction: International studies place Estonia among countries with high adolescent suicide rates globally (Glenn et al., 2020; OECD 2024). At the same time, Estonias social and healthcare systems are limited, a shortage of specialists, and a strong reliance on intersectoral collaboration. Data indicate that youth aged 13–15 experience suicidal ideation (30% of girls,14% of boys), and that in the 10-19 age group, suicide (6.5 per 100,000) remains one of the leading causes of death (Oja et al., 2023; Usberg et al., 2025). It is critical to understand how child welfare specialists (CWS) function as case managers for suicidal minors and what structural constraints define their practice.

Methods: Data collected through semi-structured, in-depth interviews with child welfare specialists (N = 15) in Tallinn who encounter minors at risk of suicide in their daily practice. Data collection and analysis are ongoing, completed by August 2026. This abstract is based on findings from the first interviews.

Results indicate that in a small-state setting, CWS act as central „system connectors." Their role is constrained by shortage in child psychiatry and mental health services, professional burnout, and inconsistent information exchange with schools, EDs, and hospitals. Collaboration often relies on personal trust and individual networks rather than institutionalized mechanisms. The absence of unified tools and practical guidelines for suicide risk assessment and crisis communication increases professional uncertainty.

Conclusions: Early findings suggest that the effective support of suicidal youth cannot rely solely on the efforts of individual professionals. There is a need for standardized assessment frameworks, strengthened intersectoral collaboration, and a sustainable case management model adapted to the specificities of a small-state infrastructure. This study provides empirical input for integrating child welfare and mental health systems within a resource-constrained context, and, following the completion of all interviews, formulates practice-oriented recommendations for addressing the identified needs.

PS14. AI, Chatbots and Machine Learning

Identification of Suicide Attempts in Electronic Health Records using Natural Language Processing and Machine Learning Algorithms

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Background: Underreporting is one of the main challenges when monitoring suicide attempts in electronic health records (EHR). Some information is only recorded in text fields and, thus, escape detection when using diagnostic codes. Model-based approaches based on Natural language Processing (NLP) and machine learning algorithms might help increase overall precision by utilizing multimodal and unstructured data. Our aim was to examine whether model-based approaches identified more suicide attempts than conventional diagnostic approaches, to later assess multimorbidity and polypharmacy in non-reported suicide attempts.

Method: EHRs from 2006-2016 from the Capital Region and Region Zealand of Denmark were analyzed. Data consisted of complete EHRs, including laboratory results and pharmacy prescriptions, from 2.7 million individuals. Suicide attempts were identified using i) the conventional approach based on ICD-10 codes (X60-X84) and models based on: ii) custom semi-supervised neural network designed to leverage on multimodality, and iii) language, by conducting contextual and logical inference over narratives. A validation subset consisted of half of the suicide attempts identified by the conventional approach (n=5412) and suicide attempt with no diagnostic codes, which were identified by an expert panel (n=200). Numbers of identified suicide attempts were compared across the different approaches, and later risk assessment of multimorbidity and polypharmacy will be conducted.

Results: Approximately 14 million EHRs were processed. We found a significantly higher number of suicide attempts when using the model-based approaches instead of the conventional approach. Seemingly, >65% of all suicide attempts were not identified through the conventional approach. Analyses of multimorbidity are on-going. Final results of the analyses are available at the time of the conference.

Conclusion: Model-based approaches seem to have a higher precision and identify more suicide attempts, which allows for further investigations of multimorbidity and risk assessment of polypharmacy regarding suicide attempts. Thus, these options might be better suited for EHR monitoring.

A Practical Report on Implementing Generative AI in Japan's Suicide Countermeasures: Early Operational Insights from AI Chatbot for Local Government Suicide Countermeasures Officials

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Recent advancements in digital society are rapidly transforming not only our daily lives but also professional practices. In particular, the remarkable progress of artificial intelligence-related technologies , including generative AI, has enabled widespread applications in information retrieval, work efficiency, and consultation service. In this context, the Basic Act on Suicide Countermeasures in Japan was amended in June 2025 to include the „appropriate utilization of artificial intelligence-related technologies and others" thereby providing a policy basis for the use of generative AI in suicide countermeasures. This presentation outlines the „AI Chatbot for Local Government Suicide Countermeasures Officials" (provisional name), developed by Japan Suicide Countermeasures Promotion Center (JSCP) to bolster local efforts, and reports on findings and data from its early operational phase.

In Japan, local governments are obligated to lay down local suicide countermeasure plans that consider the individual local suicide situation, and local governments play a vital role as a safety net that directly supports residents' lives and living. However, because local officials rotate frequently, local governments have faced the challenge of sustaining and transferring knowledge and experience in suicide countermeasures. To address this challenge, JSCP developed the AI Chatbot that enables local officials—including those newly appointed with limited experience—to access necessary knowledge immediately. The AI Chatbot is trained on relevant laws, guidelines, and best practices in local government suicide countermeasures, enabling local officials to access highly specialized expertise immediately. Furthermore, by analyzing the questions (prompts) submitted by local officials to the AI Chatbot, it becomes possible to identify their immediate challenges and specific support needs.

Based on early operational insights from the AI Chatbot developed by JSCP, this presentation presents the potential applications and key considerations of generative AI for strengthening local suicide countermeasures and shares them with international stakeholders engaged in suicide countermeasures.

Can AI Chatbots Adequately Respond to Suicide Crises? Research Challenges

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Introduction: The rapid adoption of conversational AI chatbots for mental health support has outpaced the development of evidence-based standards for suicide risk detection and mitigation. Recent estimates suggest substantial uptake among adolescents and adults seeking mental health advice from AI chatbots, including 1 in 8 U.S. teens and young adults and more than 1 in 3 adults in the (McBain et al, 2025; Mental Health UK, 2025). From a suicide prevention perspective, this growing use heightens the need for validated safety benchmarks.

Methods: This presentation examines key methodological challenges in defining and evaluating the adequacy of AI chatbot responses to suicide risk. We synthesize emerging usage estimates, publicly reported safety metrics from major chatbot developers, and findings from 500+ suicide-focused conversations across leading LLMs evaluated by mpathic.ai. We report on recent developments in integrating clinician led suicide safety in AI and perspectives of individuals with lived experience using chatbots while suicidal.

Results: Disclosure of suicidal ideation or planning during routine chatbot use is significant. In October 2025, OpenAI reported detecting explicit indicators of potential suicide planning or intent in ~ 0.15% of weekly users (≈1.2 million individuals), with an additional ~0.05% (≈400,000 individuals) disclosing explicit or implicit suicidal ideation. Extended conversations, ambiguous disclosures, and adversarial inputs complicate both risk detection and response evaluation estimates. Ever changing LLM models and lack of cross-platform consistency will make validating benchmarks for mitigation adequacy an ongoing effort.

Conclusions: Advancing safe and ethical use of AI chatbots in suicide-related contexts requires research frameworks that are clinically grounded, transparent, empirically testable, and current. Testing for risk detection and effective protective responses across diverse groups will be challenging, especially as technology changes rapidly. Emerging efforts to standardize suicide risk reporting and mitigation assessment (e.g., Throughline) represent early steps toward responsible clinical and public health applications.

Understanding suicidal conversations with AI: Lived-experience perspectives and implications for upstream suicide prevention

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Introduction: Suicide-related conversations with general-purpose conversational AI (chatbots), including tools such as ChatGPT, are an emerging feature of help-seeking. These interactions may precede, accompany, or substitute for contact with formal support services. Although such systems sit outside regulated therapeutic and crisis care, people with lived experience of suicidal thoughts report using them during periods of distress as a low-threshold form of support-seeking.

Current safeguarding approaches prioritise detection and signposting, yet little is known about how users understand, engage with, and evaluate these interactions. This gap risks misalignment between real-world use, platform safety design, and suicide prevention and mental health care pathways. This study aims to develop an evidence-informed framework describing patterns of use and tensions between perceived support and safety, to inform guidance for design, governance, and use.

Methods: We undertook a scoping review to map academic, policy, and regulatory literature relating to chatbots in suicidal and upstream risk contexts. Building on this review, we will run two online focus groups with people with lived experience of suicidal thoughts (6–8 participants each). Discussions will explore how AI is used during distress or crisis, focusing on perceived functions and limitations, experienced benefits and harms, and expectations of responsibility across users, services, and developers. Data will be synthesised to develop a relational risk framework to describe and link user motivations, perceived AI functionality, and safety trade-offs.

Results: Preliminary findings will integrate thematic insights from focus groups with evidence from the scoping review to examine motivations for AI use during suicidal distress, alongside perceived benefits and risks related to disclosure, autonomy, and help-seeking.

Conclusions: Suicidal conversations with AI represent an emerging and under-examined phenomenon. Rather than presuming benefit or harm, this study centres lived-experience perspectives to clarify implications for support pathways, safety, and responsibility, and to inform stakeholder-specific recommendations.

Machine learning algorithms and their predictive accuracy for suicide and self-harm: Systematic review and meta-analysis

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Background: There has been rapid expansion in the development of machine learning algorithms to predict suicidal behaviours. To test the accuracy of these algorithms for predicting suicide and hospital-treated self-harm, we undertook a systematic review and meta-analysis.

Methods and findings: We searched PubMed, PsycINFO, Scopus, EMBASE, IEEE, Medline, CINALH and Web of Science from database inception until 30 April 2025 to identify studies using machine learning algorithms to predict suicide, self-harm and a combined suicide/self-harm outcome.

Findings: Fifty-three studies met the inclusion criteria. The area under the receiver operating characteristic curves ranged from 0.69 to 0.93. Sensitivity was 45%–82% and specificity was 91%–95%. Positive likelihood ratios were 6.5–9.9 and negative likelihood values were 0.2–0.6. Using in-sample prevalence values, the positive predictive values ranged from 6% to 17%. Using out-of-sample prevalence values at an LR+ value of 10, the positive predictive value was 0.1% in low prevalence populations, 17% in medium prevalence populations and 66% in high prevalence populations.

Conclusions: The accuracy of machine learning algorithms for predicting suicidal behaviour is too low to be useful for screening (case finding) or for prioritising high-risk individuals for interventions (treatment allocation). For hospital-treated self-harm populations, management should instead include three components for all patients: a needs-based assessment and response, identification of modifiable risk factors with treatment intended to reduce those exposures, and implementation of demonstrated effective aftercare interventions.

Modest Google Trends Associations with Mental Health Patient and General Population Deaths by Suicide: A Time-Series Analysis Using Patient-Provided Search Terms

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Background: Most research using Google Trends to examine suicide-related search patterns relies on researcher-selected terms rather than those actually used by people at risk, limiting ecological validity. Additionally, no studies have specifically examined associations between volume of suicide-related searches and number of suicides by mental health patients, despite this population's elevated risk and prevalent suicide-related internet use (SRIU).

Methods: This study analysed suicide-related search terms provided by 196 people who had used mental health services in the UK and had engaged in SRIU. From 520 search entries, 36 terms were identified across seven categories using a mixed methods approach. Monthly Google Trends data (2011-2022) for these terms was obtained. Transfer function modelling with ARIMA/SARIMA models examined cross-correlations between monthly search volumes and the number of suicide deaths by both mental health patients and the general population.

Results: Of 448 tested lag correlations, 18 (2.0%) were statistically significant, showing small to medium effect sizes. Most significant associations involved non-specific suicide-related queries (33.3%), characteristics of suicide (22.2%), and help-seeking queries (22.2%). No pro-suicide queries showed significant associations. Concurrent positive correlations were found between search volumes for suicide ideation terms and suicide deaths by mental health patient, and between help-seeking terms and suicide deaths in the general population.

Discussion: The study reveals modest associations between suicide-related search patterns and actual suicide deaths. The associations differed between mental health patients and the general population. The absence of pro-suicide query associations may reflect effective online prevention efforts in the UK. However, the small number of significant correlations indicates limited predictive utility for population-level suicide monitoring, supporting conclusions that Google Trends data alone is insufficient for predicting trends in suicide, though valuable for generating hypotheses about suicide-related internet behaviours.

PS15. Representation of Suicide in the Media

Media representations of youth self-harm and suicide: An examination of causal explanations and social inequalities

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Social determinants and inequalities are recognised as key drivers of youth self-harm and suicide, yet little is known about how the public conceptualises these causes. News coverage reflects prominent narratives and public opinion, and provides insight into which evidence-based determinants are under-represented in public discourse. The study therefore aimed to capture the nature and occurrence of causal representations for youth self-harm/suicide in popular Irish news media. A search string containing the keywords "youth" and "suicide" or "self-harm" was developed and applied to a news media database (Nexis). Search hits were filtered to online and print news articles between 2023 and 2025, from eight of Ireland's most popular news sources. Content analysis was applied to every 4th article (n=918). The World Health Organisation's "Conceptual framework for action on the social determinants of health" (2010) was used as an initial coding framework, with additional subcodes generated inductively. Ten categories of causal explanations were identified, which were further grouped into three themes: psychosocial factors (present in 71% of included articles), structural factors (42%), and behaviours (28%). Articles were more commonly in reference to suicide (72%) than self-harm (14%) or both self-harm and suicide (14%). Causal explanations were most likely to originate from personal lived experience (20%), followed by non-expert professionals (17%), expert professionals (14%), research (13%), parents and loved ones (12%), unattributed (12%), and other sources (10%). Lastly, the analysis identified that where explanations were in reference to a specific person, this person was more likely to be female (62%) than male (38%). The majority of articles did not describe other identity characteristics such as ethnicity. The findings highlight the importance of greater public awareness of macro-level determinants and inequalities in youth self-harm and suicide. Further public engagement strategies are necessary to harness public and political support for effective intervention and stigma reduction.

Portraying Suicide on Screen: Filmmakers' Approaches and Challenges

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Suicide is a common theme in film, and its accurate and safe portrayal is a public health priority. However, little is known about how film crews experience the development and production of suicide-related films. In a collaboration between researchers and a film team, this study aimed to explore how a film crew developing a short film about suicide formed their script ideas, what they viewed as important, and how the work influenced their mental health.

We conducted ten semi-structured interviews with all key members of a film team after the completion of their short film on suicide. The interviews were audio recorded and transcribed verbatim. For analysis we used the documentary method.

The collaboration with the research team allowed the film team a responsible approach without concerns about box-office success. While some film team members reported a negative impact of the film production on their mental health (e.g., depressive mood, brooding, flashbacks), others experienced it positively, or described no impact at all. A higher degree of (creative) involvement in the project was perceived as to being more strongly related to negative effects. Participants reported several resilience factors that helped them cope with the task to produce a suicide film. Also work experience with the topic of suicide was considered helpful. Recommendations for other film teams working on the topic of suicide were developed for each of the phases of the development and production cycle.

Media recommendations for portraying suicide in entertainment media might help to inform filmmakers about responsible portrayals of suicide in films. These guidelines should include recommendations for filmmakers and their teams to take care for themselves and consider supervision to reduce the burden from working with difficult and sensitive content related to suicide.

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Assessment of the quality of media reporting of the suicide of a British female television celebrity: Analysis of print and online news articles using the PRINTQUAL and PRINTQUAL-web

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Introduction: International media guidelines promote responsible reporting of suicide, recognizing that sensationalist coverage can increase population-level suicide risk. Research on guideline adherence has primarily focused on male celebrity suicides, often highlighting poor-quality reporting. Less is known about media coverage of female celebrity suicides. We aimed to investigate the quality of reporting following the suicide of Caroline Flack, a British television celebrity, with a focus on both online and print media.

Method: We evaluated reporting in the United Kingdom on Caroline Flack's suicide over the 14 months following her death using PRINTQUAL for print content and PRINTQUAL-web for online content. We coded articles for features of poor-quality and good-quality reporting, and used paired t-tests to compare negative/poor-quality and positive/good-quality subscale scores between print and online media.

Results: We identified 467 eligible news articles, primarily online (n=342) versus print (n=235), with 41% published in the week following her death and 10% around the inquest. Negative/poor-quality subscale scores were significantly higher for online content (denoting their poorer quality) than print content ($t(165.95)=5.65$, $p<0.001$). Positive/good-quality subscale scores were also significantly higher for online content (denoting their better quality) than print content ($t(236.46)=8.15$, $p<0.001$), for example with online articles more frequently including support sources.

Conclusions: When compared to print reporting of suicide, online reporting demonstrated both poorer guideline adherence for potentially harmful content and better guideline adherence for inclusionfor inclusion of positive reporting elements. These findings highlight the need for targeted training for both online and print journalists to improve awareness of media guidelines, enhance adherence, and mitigate the negative impact of suicide reporting on vulnerable audiences.

Evaluation of a short-form video to reduce the cognitive availability of suicide by hanging: proof-of-concept and acceptability study

Lowther, Millie[1,2]; Jarvis, Ruby[1]; Hughes, Amelia[1,2]; Dhalla, Lianne[1]; Nagori, Anindya[1]; Allsopp, Steven[1]; Edwards, Sarah[1]; **Pitman, Alexandra**[1,3]

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Introduction: Means restriction is difficult to implement for hanging, the leading suicide method in many countries, suggesting a role for limiting the cognitive availability (CA) of suicide. There is a lack of interventions explicitly targeting the CA of suicide, operating upstream of (and complementing) physical restriction. We designed and evaluated proof-of-concept and acceptability of a video-based intervention intended to reduce the CA of suicide (specifically hanging) among middle-aged men.

Methods: We co-designed a 62 second video to reduce the CA of hanging, and co-developed CA measures, with input from experts by experience and relevant professionals. In an experimental study we captured measures of CA of suicide and CA of hanging before and after watching the video and at one week follow-up, compared using linear mixed-effects models. We also collected measures of acceptability (0-10 scale).

Results: Between April and July 2025, 107 participants completed pre-and post-video measures, with 101 providing one-week follow-up data, and no risk events. A high proportion of participants reported zero baseline for CA of hanging, introducing a floor effect. We found no effect of the intervention on CA of hanging ($F(2,206.71)=0.27$; $p=.765$) but a significant effect on CA of suicide ($F(2,206.44)=10.14$; $p<.001$), with scores significantly lower immediately after watching the video and at one-week follow-up. Acceptability was high: mean helpfulness 6.21 (SD=2.46), mean suitability 8.04 (SD=2.15).

Conclusions: These findings suggest great potential for targeted media messaging to reduce suicides. Given the floor effect in this sample, we had limited scope to test the video's influence on the CA of hanging. Further research is needed in samples at higher risk of suicide in order to establish whether the intervention might reduce the CA of suicide and of specific suicide methods. There is also scope to adapt this intervention for other socio-demographic and ethnic groups.

The acceptability and perceived impact of a short form video intervention to reduce the cognitive availability of hanging among middle-aged men: framework analysis

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Introduction: Means restriction is difficult to implement for hanging, the leading suicide method in many countries. Reducing the cognitive availability (CA) of suicide offers potential to operate upstream of (and complement) physical restriction but involves ethical challenges in balancing intended impact with safety and acceptability. We investigated the acceptability, relatability, perceived safety, and perceived impact of a one-minute video-based intervention that we had designed to reduce the CA of suicide (specifically hanging) among middle-aged men.

Methods: We elicited views on the acceptability, relatability, perceived safety, and perceived impact of this video by showing it, in individual online sessions, to 107 men aged 40–65 years, recruited from the general population. We conducted individual semi-structured interviews immediately after the video and collected one-week follow-up free-text responses eliciting any further views. We analysed data using the Framework Method.

Results: Participants generally perceived the intervention as acceptable and safe, despite recognising the inherent discomfort associated with explicit discussion of suicide and hanging. Relatability varied according to perceived authenticity, age and gender alignment, with the intervention viewed as most resonant for middle-aged men but potentially less so for younger audiences. While many participants reported no explicit change in their views on suicide or hanging, others described meaningful cognitive shifts. These included: greater aversion to suicide, heightened awareness of the physical and psychological realities of hanging, and reduced beliefs in the method as quick, painless, or reliably lethal. Secondary impacts reported included: normalisation of male vulnerability, increased openness to discussing distress, greater perceived legitimacy of help-seeking, and engagement with recovery-oriented messages.

Conclusion: This video-based intervention targeting the CA of suicide was considered acceptable and safe for middle-aged men with the potential for cognitive shifts reducing suicide risk. Further development of such approaches is indicated, including for other sociodemographic groups, complementing physical means restriction strategies

PS16. Family and Community in Suicide Prevention

Support and Rejection Experiences Among Family and Friends in Relation to Suicidal Ideation: A Network Analysis Approach

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Although suicide theories acknowledge the role of social context, the links between specific community experiences and suicidality remain insufficiently examined. This study aimed to examine how community experiences identified as relevant by individuals with lived experience of a suicidal crisis are associated with suicidal ideation and related psychological constructs.

Methods. A sample of 1,412 Lithuanian adults (age M = 42.75, SD = 13.72, 68% female) was used. An online survey included items from the Availability/Rejection Experiences Scale, created following a qualitative study with individuals who had a recent lived experience of a suicidal crisis. Presence of suicidal ideation over the last month was determined using the first item of SIDAS. The Suicidal Behaviors Questionnaire–Revised, Interpersonal Needs Questionnaire, Entrapment Scale–Short Form, and Self-hate Scale were also used in the network analysis.

Results. Feeling inadequate in the family and having had experiences of bullying by friends showed the strongest direct edges with suicidal ideation. Support from friends and the wish to be seen by the family when experiencing difficulties demonstrated the highest expected influence on the network of individual scale items linked to presence of suicidal ideation. In the full network, family availability and thwarted belongingness had the largest bridge expected influence between community experiences and other variables. However, self-hate had the largest expected influence over the overall network.

Conclusions. The findings highlight the importance of specific interpersonal experiences in understanding suicidal ideation. Enhancing experiences of family members' availability for support may have potential to influence psychological processes related to suicidality. Self-hate likely represents a key clinical target through which change in both community experiences and psychological processes related to suicide may occur.

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Supporting the supporters: needs of significant others of individuals with suicidal ideation or behaviour

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Introduction. Supporters (family and significant others) of individuals experiencing suicidal ideation or behaviour (SIB) are key partners in suicide prevention. They provide emotional support, share essential information, and help ensure safety. However, supporting someone with SIB can entail a high emotional burden, negatively affecting supporters' mental and physical health. To develop effective interventions, it is crucial to understand their needs, both in caring for the person at risk as in safeguarding their own well-being. This study explores these needs and experiences.

Methods. An online survey was conducted among persons aged 16 and older who had supported someone with SIB in the past three years. The survey assessed: (1) needs for information and support and experiences obtaining them; (2) involvement in professional mental health care; (3) awareness and use of existing resources; and (4) caregiver burden, psychological distress, and respondents' own SIB.

Results. A total of 1,147 respondents participated, representing diverse relationships (e.g., parent, partner, friend, sibling, child). Among them, 32.8% reported the supported person had suicidal thoughts for over two years, 35.1% reported that the person had attempted suicide, and 34.7% reported that the person had died by suicide. Nearly half (45.4%) were in daily contact with the person at risk. Overall, respondents reported substantial levels of unmet needs for information (58.8%) and support (54.9%), limited awareness of available resources, and elevated psychological distress, including suicidal ideation.

Conclusions. Family and significant others of individuals with SIB face substantial emotional burden and often lack adequate support. Improving access to tailored information and resources is essential to reduce distress and strengthen their role in suicide prevention. These findings highlight an urgent need for interventions that address both the well-being of family and significant others and their involvement in care.

From Theory to Practice: Co-designing Community-Based Evaluation in Suicide Prevention

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Roots of Hope is a made-in-Canada suicide prevention model designed to be locally adapted and community driven. Evaluating a diverse multi-site model calls for an approach that balances rigor with flexibility and empowers communities to assess their own progress. This presentation describes the development of a community-based evaluation toolkit for Roots of Hope.

The Roots of Hope model is grounded on five pillars: public awareness, means safety, training and networks, specialized supports, and research and evaluation. Community-led initiatives (e.g., awareness campaigns, safe storage programs, training for service providers, and enhanced clinical supports) are implemented under these pillars to ensure a comprehensive approach to suicide prevention. While this model has attracted tremendous engagement and support across the country, there is a need to document its impact, at both community and national levels.

To advance a Roots of Hope evaluation framework we undertook iterative steps to develop and refine the framework that included 1) a literature review and environmental scan of approaches to implementation and evaluation relevant to community-based suicide prevention; 2) Expert consultation with experts in suicide prevention/ intervention; 3) A strengths-based community-based consultation using the Strengths, Opportunities, Aspirations, Results Framework; 4) Lived experience engagement.

The resulting Roots of Hope evaluation framework is guided by the model's Theory of Change, and maps outcomes across pillars at levels of implementation and systems development; learning and capacity building; reductions in suicide and distress; and equity.

In this presentation, we will share the Roots of Hope evaluation framework and toolkit that was developed, along with key lessons from this collaborative process and invite discussion on how community-driven evaluation can advance public health practices and inform broader suicide prevention strategies.

The effectiveness of mental health service use on subsequent transdiagnostic distress, self-harm, and suicidal ideation in a community-based sample of adolescents in the UK

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Background: Little is known about whether community mental health service (MHS) use is associated with reduced suicidality in adolescents and whether distress could explain these effects.

Methods: We used MYRIAD, a nationally representative dataset of 11-14-year-olds, with three waves collected in 2016-2019. MHS consisted of past 3-month self-reported contact with MH specialists, counsellors, or psychiatric medication. Participants self-reported self-harm, suicidal ideation, and transdiagnostic distress. In those with any probable mental disorder, inverse probability of treatment weighting using propensity scores of MHS at T1 and T2 respectively mimicked randomisation and accounted for participants' continuing treatment engagement. Effect sizes and heterogeneity were evaluated in subgroup analyses by mental health problem, service type, socioeconomic disadvantage, and ethnicity. Distress was tested as a mediator of MHS on suicidality outcomes. Adolescents with relevant lived experience gave insight into potential moderators.

Outcomes: In 2746 adolescents with probable mental disorder, 21.4% reported past 3-month MHS use at T1. Following propensity weighting, T1 MHS predicted a 29% reduced risk of self-harm after one year compared with non-use. These effects were seen in depressed adolescents, those from more advantaged neighbourhoods, and of White ethnicity, but were non-significant in disadvantaged and non-white groups due to increased variability. In the more homogenous depressed and White subgroups, precision increased such that MHS also significantly reduced distress after six months, and distress mediated 57-73% of MHS effects on subsequent self-harm. In the White depressed subsample, MHS reduced risk of suicidal ideation by 17% after one year and distress significantly mediated this effect. Service type moderated effectiveness, with specialist services reducing risk of self-harm by 56% in the depressed subsample.

Interpretation: Results support the role of MHS in decreasing self-harm in adolescents, but non-specialist services need improvement. MHS appear to need tailoring to increase effectiveness in more marginalised groups.

Understanding Patient Perspectives on Family Involvement in Suicide Care. A qualitative phenomenological study of patient perspectives on involving family in the treatment of suicidality.

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Background: Joiner's Interpersonal Theory of Suicide identifies perceived burdensomeness and social disconnection as central risk factors for suicidality. Clinical guidelines increasingly emphasize involving family members or significant others in suicide prevention, as relational connectedness may offer long-term support that professional care cannot always provide. Given that suicide risk often intensifies during care transitions—when contact with professionals may decrease—the stable presence of loved ones can be crucial. Despite these benefits, motivating suicidal patients to involve family members in their treatment remains challenging.

Aim: This study seeks to examine how suicidal patients consider and decide whether to involve family members in their treatment. By exploring the underlying reasoning, expectations, and experiences shaping these decisions, the study aims to generate insights that can inform interventions to strengthen collaboration within the patient–family–clinician triad.

Method: A qualitative phenomenological design was employed. In-depth interviews were conducted with 11 adult patients receiving treatment for suicidality at a mental health institution. Participants were recruited via clinicians from Intensive Home Treatment (IHT) teams and an outpatient geriatric psychiatry service. Data were analyzed using Colaizzi's method, providing a systematic and rigorous phenomenological approach.

Results, Conclusion, and Discussion: Patients evaluate the anticipated costs and benefits of involving family, shaped by expectations about relatives' responses, informed by prior experiences, and grounded in beliefs about themselves and others. Considerations of autonomy, connectedness, and perceived competencies further influence this assessment. Patients move through a sequence beginning with loneliness, followed by disclosure of suicidality, and subsequently deliberation on family involvement. Outcomes vary: some refrain from involvement, others choose to inform relatives, and a subset actively engages them in the treatment process.

PS18. Care Transitions and Post-Discharge Prevention

Features Associated with Follow-up Appointments Before the Occurrence of Suicide After Discharge From Mental Health Service Admissions

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Background: Follow-up care after discharge from admissions is broadly recommended in clinical guidelines for suicide prevention. Still, little is known about service and patient characteristics associated with follow-up care for patients who later die by suicide.

Objective: To identify features associated with not receiving follow-up care after discharge for patients who die by suicide within one year of their last admission.

Methods: Hybrid registry study with data from national administrative registries and a clinical questionnaire for 620 individuals who died by suicide within one year after discharge from admission between 1.1.2018 and 31.12.2022. Gradient boosting was used to identify key features associated with receiving follow-up care after discharge and Shapley additive explanation values to explain the model.

Findings: 43% of patients did not recieve follow-up. 86% of first appointments occurred within 30 days. Area Under the Curve for the boosting model was 0.80 (95% CI: 0.78 – 0.82). The most important features associated with not receiving follow-up were: Patient's family was aware of the discharge (Shap = 0.928), age above 40 (Shap = 0.243), short last admission (Shap = 0.223), and depressive symptoms not reported at the last contact (Shap = 0.169).

Conclusions and implications: Approximately half of patients in this population did not receive follow-up care. New follow-up appointments after the first 30 days were rare, indicating substantial missed opportunities for suicide prevention during this key risk period. The features associated with non-receipt of follow up indicate difficulties engaging patients in collaborative care, and that special attention be warranted for older patients, those without depressive symptoms at discharge, and after short admissions. Increasing follow-up will likely entail both better implementation of existing interventions and exploring new forms of follow-up that are effective, scalable, and importantly: that could be acceptable to a larger proportion of these patients.

From Discharge to Safety: Patient and Family Experiences of a Suicide Prevention Program in Poland

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The period immediately following discharge from psychiatric inpatient care is associated with a markedly elevated risk of suicide. The CLASP program was designed by Miller, Gaudiano & Weinstock as a transitional, post-hospital intervention to maintain continuity of care for patients after a suicide attempt and to actively involve close others in the recovery process. This presentation focuses on how patients and their close others experience participation in the CLASP program and how they perceive its role in providing support and safety in everyday life after hospital discharge.

The study was conducted between September and December 2025 using a qualitative approach based on individual in-depth interviews with CLASP participants from three Mental Health Centers in Poland involved in the pilot implementation of the program. Eighteen interviews were carried out with patients (n = 12) and close others (n = 6). The interviews were analyzed thematically, with particular attention to experiences related to support, safety, and coping in the post-discharge period.

Participants consistently described CLASP as a source of reassurance, continuity, and the sense that "someone is there" during a time of heightened vulnerability. Regular contact with a clinician, individualized safety planning, and monitoring of early warning signs were perceived as key components of the program. CLASP was often experienced as a buffer between inpatient treatment and subsequent outpatient care. The perceived impact on suicidal ideation varied, with participants emphasizing both changes in suicidal thoughts and greater preparedness to manage crisis situations. Close others highlighted improved communication, increased awareness of warning signs, and feeling more supported themselves.

Importantly, the presentation will also address key limitations emerging from participants' accounts, as well as broader challenges related to implementing CLASP—an intervention originally developed in the United States—within a different organizational and socio-cultural context.

Suicide risk after discharge from inpatient psychiatric treatment - Findings of a naturalistic, prospective observational study ("PSSP")

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Suicide risk of psychiatric patients has proven to be significantly increased in the months after discharge from a psychiatric hospital. Despite this high risk there is a lack of systematic research on the causes of this elevated suicide risk as well as a lack of treatment and intervention for patients at high risk after discharge. The main objectives of this pilot study were, firstly, to examine the factors contributing to the elevated suicide risk, and secondly, to analyse whether an additional setting of care starting at discharge may reduce suicidality.

In this multi-centre pilot study, treatment as usual was complemented by an additional 18-months post-discharge setting of care. Two groups of patients differing in the amount of post-discharge personal contacts were compared. One group of patients was offered continuous personal contacts after discharge (months 1-6: monthly contacts; months 6-18: every two months) while another group of patients received contacts only at months 6, 12, and 18 after discharge. Data on suicidality as well as relevant other symptoms, psychopathology, treatment and important events were collected. In case of serious health-related events, the setting of care allowed to connect with the doctor or therapist treating the patient.

210 persons were included in the PSSP-study. There were no suicides verifiable, in both groups of the study suicide attempts were only singular events. The statistically recorded suicidality showed no significantly different results for both groups of the study and was comparatively low considering the risk of the group in general.

Relevant findings regarding the Sheehan Suicidality Tracking Scale (S-STS) scores and the MADRS scores at baseline and their associations with suicidality are discussed. Certain critical factors raising suicidality are emphasized and protective aspects of a setting of care with regular personal contacts after discharge from inpatient psychiatric treatment are presented.

Evaluating the Feasibility, Scalability and Mechanisms of a Telephone-Based Brief Contact Intervention for Suicide Prevention in Sweden

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The development and evaluation of low-intensity public health interventions aimed at reducing suicide and suicidal behaviors has been identified as a critical next step in suicide prevention research. Brief Contact Interventions (BCIs) demonstrate potential as effective, wide-reaching, and scalable approaches that can be more easily disseminated to the public. This project evaluates the feasibility and explores the underlying mechanisms of Follow-up conversations, a telephone-based BCI being piloted for the first time in a Swedish context. The intervention being evaluated is novel as it is being implemented by a non-profit/non-governemental organization and consists of eight follow-up calls delivered over a 12-month period. The evaluation plan was developed concurrently with the intervention, enabling the evaluation team to capture early lessons learned in real time. The evaluation is grounded in the FRAME-IT(S) framework (Feasibility, Reach Out, Acceptability, Maintenance, Implementation Tailorability, and Scalability) and includes analysis of aggregate and individual-level process data, participant surveys, and semi-structured interviews with participants and stakeholders. Two groups of stakeholders have been identified as being involved in implementation: employees and volunteers the Swedish non-profit delivering the intervention and employees at connecting organizations responsible for identifying and referring potential participants. Connecting organizations include social services and emergency services one urban and one rural region of Sweden. The pilot is ongoing, and results are expected in 2026. Early lessons highlight the importance of strong evaluator–stakeholder partnerships, awareness of legal and organizational constraints and the central role of connecting organizations in participant identification and engagement. Additionally, preliminary results of interviews with stakeholders and participants will be presented. The evaluation results will inform improvements to the intervention, assess its scalability, contribute to the understanding of the mechanisms underpinning BCIs and support the design of a planned randomized controlled trial to evaluate effectiveness preventing suicidal behaviors.

Estimating the number of suicides deaths prevented through psychosocial therapy provided in the Danish Suicide Prevention Clinics

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Background: Psychosocial therapy is recommended for individuals at risk of suicide. The psychosocial therapy provided in the Danish Suicide Prevention Clinics has been linked to lower risks of suicide on short and long terms. However, it remains to be evaluated how many suicide deaths are actually prevented by this treatment. The aim of this project was to estimate the yearly number of prevented suicide deaths, which may be attributed to the psychosocial therapy provided in the Danish Suicide Prevention Clinics.

Methods: Individual-level data on patients attending treatment in the Danish Suicide Prevention Clinics during 1992-2024 were analyzed. We assumed comparable treatment effects for patients with suicidal ideation as for those with suicide attempts and calculated the number of observed person-years in intervals of 1, 5, 10 and 20 years after treatment. Suicide rates were calculated using 23 established factors and used to estimate the number of prevented suicide deaths.

Results: Yearly, between 1,250 and 2,500 patients were treated in the Danish Suicide Prevention Clinics over the past 20 years, approximating 500,000 person-years of up to 20 years of follow-up. Taking account of long-term effects, it is estimated that approximately 15-20 suicide deaths were prevented on a yearly basis, accumulating to more than 350 suicide deaths since 1992. The final results of the analyses will be available at the time of the conference.

Conclusions: Being able to quantify the number of prevented suicide deaths for specific interventions provides important information for planning national suicide prevention strategies. The data from this study suggest that providing treatment to at-risk patients yielded promising outcomes in terms of saved lives.

Managing Patients at Risk of Suicide in Primary Care

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Background: General practitioners (GPs) have frequent interactions and continuous relations with their patients and therefore hold a key position in suicide prevention. Previous studies identified lack of training in suicide prevention as a barrier for GPs, which potentially could have serious consequences for patients at risk of suicide.

Objective: This study explored how GPs in Denmark manage patients at risk of suicidal behaviour. Specifically, we investigated GPs' knowledge and experience with i) treatment of patients at risk of suicide ii) adherence to guidelines and iii) collaboration with relevant stakeholders. Additionally, we explored iv) their perception of possible areas of improvement.

Methods: This was a qualitative study with in-depth, semi-structured interviews. Eight GPs from different municipalities in the Region of Southern Denmark were recruited between December 2024 and January 2025. Data were collected through online interviews, and a reflexive thematic analysis was applied.

Key results: Four themes were generated; i) educational preparedness, ii) collaboration with stakeholders, iii) therapeutic relationship, and iv) suggested changes. Most of the included GPs experienced themselves as being well-educated in suicide prevention and were confident talking to patients at risk. Challenges often arose in the collaboration with external stakeholders such as psychiatric services or the municipality due to rejected referrals or lacking communication. Useful information on specific help services was difficult to find. Updated practices with incorporation of supporting phrases, easier referral pathways to psychiatric services and access to guidelines could be targets of future improvements.

Conclusions: Danish GPs were generally well-trained and confident in addressing suicidal behaviour, while suicide prevention in primary care can be strengthened through cross sectoral collaboration and coherence.

PS19. Determinants and Population Patterns of Suicide

The cost-of-living crisis and suicide rates: Time series analysis of data from 54 countries

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Aims: This study aimed to determine whether there is an association between the cost-of-living crisis and suicide rates.

Methods: We sourced country- and area-within-country-level monthly suicide data from official vital statistics or suicide surveillance systems from at least 1 January 2019 to 31 December 2022 (and, ideally, from 1 January 2016 to 30 June 2023), and population denominator data for the same periods. We sourced monthly headline consumer price index (CPI) data from the World Bank or countries' statistics agencies. We calculated the yearly change in inflation as the percentage change in CPI for one month versus the equivalent month in the previous year. We estimated the association between yearly change in inflation (lagged by one month) and suicide rates for each country and area-within-country, using autoregressive negative binomial regression. We summarised results using a weighted mean.

Results: We obtained data on 1,372,994 suicides from 54 countries (52 country-level and 17 area-within-country-level datasets). At the country-level, there was evidence of an association between inflation and suicide rates for all individuals. For every 1.0% increase yearly inflation in the previous month, there was an average 0.2% increase in suicide rates. The association was strongest in those aged 30-49 and 50-69, who together might be regarded as working-age adults with economic responsibilities. For every 1.0% increase in yearly inflation in the previous month, there were 0.3% and 0.6% increases in suicide rates for those aged 30-49 and 50-69, respectively. This pattern held for males in these age-groups, with increases of the same magnitude. It also held for females aged 50-69, with a 0.8% increase for this sub-group. At the area-within-country-level, the picture was even starker.

Conclusion: There is a demonstrable association between the cost-of-living crisis and increases in suicide rates internationally. Public and social policies that improve people's circumstances are critical.

Climate change as a correlating factor in the variation of suicidality rates: the effect of temperature extremes in Lithuania

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The weather has always played a significant role in human health and well-being. However, due to climate change, shifted and/or disrupted weather patterns are creating new challenges for human health. Northern Europe is one of the fastest heating regions in the world. Climate change reveals a completely different perception of weather as a phenomenon itself. Therefore, rising temperatures and weather extremes could increase the potential risk of suicidal thoughts and behaviour. There is a growing number of research globally that climate change brings new challenges to the emotional and mental status of human beings. In Lithuania, the effect of cold and hot weather conditions on overall mortality is evident. However, coupling climate (extreme weather) and mental health (suicide rates) is only in the initial stages.

This research focuses on the analysis of the relations between air temperature extremes and the daily numbers of suicides in Lithuania. It covers the period from 2000 to 2024. The overall number of suicides per day is the main criterion of analysis. Regional distribution, resident type, sex and age of the cases are used as additional criteria. We used the Universal Climate Thermal Index (UTCI) as an indicator of thermal conditions. UTCI is a universal and widely applied tool for describing the impact of thermal stress on the human body, and it is instrumental in health-related research. Temperature extremes are defined as UTCI values (5 and 95 percentiles), and higher than "strong" cold and heat stress UTCI categories. Moreover, the cumulative and lagging effects of heat (cold) are taken into account. The results revealed some connectivity between the daily number of suicides and extreme weather conditions. Therefore, in the near future, climate change could become an important factor in the variation of suicidality rates.

Contextual Determinants of Suicide Mortality: A Scoping Review

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Suicide constitutes a complex phenomenon influenced by social, economic, and environmental factors beyond individual deliberate decisions. This scoping review, conducted following PRISMA-ScR guidelines, maps quantitative evidence published between 2000 and 2025 on suicide mortality and its demographic, social, economic, and environmental determinants, aiming to identify consistent associations and gaps in the existing literature.

The review was conducted in January 2026 across PubMed, Scopus, SciELO, PsycINFO, Dialnet, and Google Scholar. Search strategies included combinations of terms such as „suicide," „social indicators", "socioeconomic factors", "environmental determinants" and „mortality", identifying 35 quantitative studies that met eligibility criteria following screening. Ecological studies, spatial models, and temporal analyses predominated in national and international contexts, with particular emphasis on spatial and socioeconomic patterns.

Findings consistently indicate higher suicide mortality rates among men, residents of rural or low-population density areas and coastal or mountainous regions, deprived populations with social fragmentation, and unemployed groups with low education and mental health problems. Social factors (e.g., divorce, low fertility rates, or social isolation) exert greater impact than economic factors (e.g., GDP, unemployment rate), particularly among women, whereas economic factors show greater consistency among men and youth. Environmental factors including altitude, presence of green/blue spaces, topographic isolation and urban proximity also modulate suicide risk, although these effects depend on the socio-spatial context.

Such socio-spatial and socioeconomic patterns reveal persistent global inequalities, which a high Human Development Index (HDI) can mitigate except in extreme contexts (very high/low HDI). These findings underscore the need for territorially adapted and multilevel suicide prevention approaches, combining socioeconomic disadvantage reduction with interventions addressing environmental quality and equity in green infrastructure.

Psychological Risk Factors for Suicide and Self-Harm Thoughts and Behaviours in the North Central Region of Nigeria: Translation, Validation, and Application of the Integrated Motivational-Volitional (IMV) Model

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Introduction: Suicide is a major global public health concern, yet theory-driven suicide research remains scarce in low- and middle-income countries. In Nigeria, cultural stigma, legal criminalisation of attempted suicide, and limited mental health infrastructure constrain research, disclosure, and prevention. The Integrated Motivational–Volitional (IMV) model identifies defeat and entrapment as key drivers of suicidal ideation, but its applicability in African cultural contexts is largely untested.

Methods: Addressing these gaps, this study translated and validated Hausa versions of the Defeat Scale (DS), Entrapment Scale (ES), and Suicidal Behaviours Questionnaire–Revised (SBQ-R), and tested the IMV model in a Hausa-speaking population. Data were collected from 330 adults aged 18 years and above across four states (Nasarawa, Benue, Kwara, and Abuja).

Results: Confirmatory factor analyses assessed factorial validity, and mediation analyses tested IMV pathways. All measures demonstrated good psychometric properties. The Hausa DS achieved optimal model fit after removal of three reverse-coded items, resulting in a refined 13-item unidimensional scale with excellent reliability ($\alpha = .92$). The Hausa ES demonstrated a strong two-factor structure (internal and external entrapment; $\alpha = .88–.89$), and the Hausa SBQ-R showed acceptable reliability ($\alpha = .71$). Participants with suicidal ideation reported significantly higher levels of defeat, internal entrapment, and external entrapment than those without ideation. Mediation analyses revealed a culturally distinctive pathway: external entrapment fully mediated the relationship between defeat and suicidal ideation, whereas internal entrapment, despite being associated with defeat, did not significantly predict suicidal ideation.

Conclusions: These findings provide the first empirical support for the IMV model in a Hausa-speaking Nigerian population and indicate that the defeat–entrapment–suicidal ideation pathway operates primarily through perceived external constraints rather than internal psychological struggle in this context. The specific interpersonal and structural sources of this external entrapment remain unclear, highlighting an important direction for future qualitative research.

Generational Acceleration in the Age Of Onset of Suicidal Ideation, Self-Harm, and Suicide Attempts: Evidence from a National Survey

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Background: The onset of youth suicidal ideation and behavior is a critical predictor of future mental health. Across high-income countries, youth mental health has been deteriorating over recent decades. Yet evidence on whether suicidal thoughts and behaviours are emerging earlier across successive generations remains limited.

Objectives: This study examines generational differences in the prevalence and age of onset for suicidal ideation, plans, self-harm, and suicide attempts by age 25 in a nationally representative Australian cohort.

Method: Retrospective survival analyses were conducted using data from the nationally representative 2020–22 Australian National Study of Mental Health and Wellbeing (N = 14,753). Respondents were grouped into Generation Z (16-25), Millennials (26-41), Generation X (42-57), and Baby Boomers (58-76). Weighted Cox proportional hazards models estimated generational differences in time to onset, adjusting for demographic characteristics, childhood adversities, and mental health diagnoses. Stratified models assessed variation in risk factor effects by generation.

Results: One-in-five (19.8%) reported experiencing either suicidal ideation (thoughts and/or plans), self-harm, and/or attempted suicide. A clear net cohort effect emerged. Generation Z reported the highest prevalence and the earliest onset of these outcomes by age 25. Generation Z had four times the hazard of reporting suicidal thoughts, five times the hazard of reporting suicidal plans, 18 times the hazard of reporting self-harm, and three times the hazard of attempting suicide. Whilst diagnoses of mental health conditions were generally linked to younger onset, effects were stronger for Baby Boomers. Exposure to suicide in another was more strongly linked to a younger age of onset for Generation Z compared to older generations.

Conclusion: Suicidal ideation and behaviours are emerging earlier with each successive generation, signalling a fundamental shift in the developmental timing of suicide risk. These findings highlight an urgent need for earlier, cohort-responsive, multi-sectoral prevention strategies that anticipate—not follow—the evolving risks for youth.

Self-destructive behaviour among adolescents and young adults in wartime

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Russia's full-scale invasion of Ukraine have become a powerful stressor for Ukrainian adolescents and young adults as trigger to the development of self-destructive behaviour (SdB) against a backdrop of depressive disorders. The aim: to investigate the formation of SdB at young age groups during wartime.

Methods. We analyzed 194 patients with SdB combined with depressive disorders in 2022-2025, 14-21 years old (mean age: 17.54±2.49): 118 girls (60.8%), 51 boys (39.2%). We have identified each year as a period for studying. All patients were divided: 121 patients (62.37%) were in Kyiv (region) throughout the wartime period (Gr1), 73 patients (37.63%) were internally displaced persons in safer regions of Ukraine or refugees in Europe (Gr2).

Results. We identified transformation of the SdB' psychological basis in Gr1: from acute reactions of grief, panic during the first half of 2022 to sleep deprivation (due to frequent bombings) and irritation (caused by life's difficulties) in the 2023, up to conflicts within the family \ friends as the main cause in the 2024-2025. In Gr2, SdB were triggered by evacuation problems, loss of familiar lifestyle (in the 2022-2023), as well long-standing child-mother conflict (due to living together in difficult circumstances), loneliness and maladjustment to a new social life (in the 2024–2025). In group Gr1, a significant predominance of adjustment disorder (F43, ICD-10) was diagnosed (vs Gr2, p=.042). In both groups, girls are significantly more likely to engage in self-cutting \ excoriation (p=.001) against a background of hysterical-depressive symptoms, depersonalization-derealization syndrome. Boys predominantly experience anxiety-obsessive syndromes with a predominance of suicidal ideas (p=.000). In patients 14-17 years old (in both groups) was detected more severe depression (p=.036, by the Beck Depression Inventory) vs young adults (18-21 years old). Suicidal attempts (repetitive attempts) did more in Gr1 (vs Gr2, p=.002) and young adults vs adolescents (p=.046).

PS20. Suicide in Later Life

Long and Short-term Risk factors for Late-Life Suicide Attempt and Ideation

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Suicide prevention is difficult in older people partly because of the broad presentation of phenotypes. Age at first suicide attempt helps us understand heterogeneity of suicidal behavior. I will present results from the Pittsburgh longitudinal studies of late-life suicide in over 400 older depressed adults. We showed that when suicidal behavior emerges during youth or midlife (early-onset suicidal behavior), it is often linked to adverse childhood experiences, recurrent psychiatric disorders, a family history of depression and/or suicidal behavior, interpersonal difficulties, poor real-life and laboratory decision making, and cluster B traits. In contrast, late-onset suicidal behavior is associated with a broad range of cognitive deficits, including memory, processing speed, and executive dysfunction and personality traits of orderliness and need for closure.

Fluctuations in, and interrelationships among, indicators of affect, social, cognitive, and sleep health may predict short-term suicidal ideation. Our studies indicate that depressed older adults with chronic insomnia are more likely to have chronic and severe suicidal ideation over time, relative to those with fast-remitting and low ideation. We now report data between sleep duration, irregular sleep and wake times, and sleep quality and suicidal ideation using actigraphy and digital sleep diaries via a 3-week ecological momentary assessment protocol in 68 depressed older adults (M±SD = 65.3 years ± 6.5 years). Mixed effect regression models revealed within-day associations of greater positive affect with greater social satisfaction (b=0.24, SE=0.04, z=6.24, p<.001), and better sleep quality (b=0.19, SE=0.02, z=7.98, p<.001). Suicidal ideation was negatively associated with sleep quality on the previous night (OR=0.71, 95%CI: 0.51-0.99, z=-2.03, p=0.043). Moreover, irregularity of sleep duration and timing were associated with suicidal ideation.

Understanding the clinical/cognitive and broader biological heterogeneity of suicidal behavior gives information about subtypes of attempters that have different risk factors. Poor sleep is suicide risk factor for both short-term and a long-term.

CoBRA task: from conceptualization and piloting of a rigged video game tournament task to furthering our understanding of the reactions to social defeat in older suicide attempters

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Introduction: Loss of social status and interpersonal conflicts are two forms of social defeat identified as precipitators of suicidal behavior during aging. They are closely linked to narcissism, a personality construct with status pursuit at its core. However, behavioral evidence of hypersensitivity to social defeat is lacking in older adults with suicidal behavior and/or narcissistic traits. It remains unclear whether late-onset attempters (with suicidal behavior starting in old age) and their early-onset counterparts are sensitive to similar forms of social defeat.

Methods: The Competitive Behavioral assessment of Rivalry and Admiration-seeking (CoBRA) stages a rigged video game tournament where participants lose two-thirds of the time. Outcomes include stealing points from opponents before face-offs to prevent one-on-one defeat and buying extra ranks to increase one's standing in the leaderboard. Study 1 assessed associations with self-reported narcissism and depression in predominantly depressed older adults (N=85, mean age=62.6 years) and psychology undergraduates (N=70, mean age=21.5 years). Study 2 (N=245, mean age=63.2 years) compared early- and late-onset suicide attempters, non-suicidal depressed comparisons, and non-psychiatric comparisons on task outcomes.

Results: In Study 1, both undergraduates and older adults stole more points and purchased more rank over time, as defeat experiences accumulated. These effects increased with narcissism, whereas depression mitigated point stealing from high-ranked opponents. In Study 2, early-onset suicide attempters stole more points over time than other groups, whereas late-onset attempters purchased more rank after losing trials than early-onset attempters and non-psychiatric comparisons.

Conclusions: Early-onset attempters' hypersensitivity to one-on-one defeat aligns with prior findings linking their long suicidal trajectory to repeated interpersonal difficulties, whereas late-onset attempters' exaggerated response to status loss corroborates the central role of age-related losses and decline in late-life suicide without prior suicidal history. Yet, these behavioral patterns differ from those observed with narcissism or depression and suggest additional underlying traits and states.

Suicide in Later Life in Ireland: A Consecutive Case Series Using National Coronial Data, 2015–2020

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Introduction: Despite older adults having the highest suicide rates globally, regional variation exists. In Ireland, research shows elevated suicide risk among individuals presenting with self-harm, with older age identified as a key risk factor. However, the latest research examining characteristics of older adults who die by suicide is from 2010, highlighting the need for updated evidence. This study assesses the demographic and psychosocial factors of older adults who die by suicide in Ireland.

Methods: A retrospective national study of suicide by older adults aged 60 years and older was conducted during 2015-2020 using coronial data from the Irish Probably Suicide Deaths Study. A comparison group of adults aged 18-59 was included for comparison. Descriptive statistics summarised deaths by age and sex, and logistic regression compared suicide methods between age groups.

Results: In Ireland, 654 older adults died by suicide from 2015-2020, of which 74.2% (n=485) were males and 64.1% (n=419) aged 60-69 years. Compared to younger age groups (18-59 years) older adults (≥60 years) had significantly higher odds of dying by drowning (OR=2.42, 95% CI 1.92–3.05), firearms (OR=2.09, 95% CI 1.41–3.10), and poisoning (OR=1.52, 95% CI 1.20–1.92), and lower odds of dying by hanging (OR=0.43, 95% CI 0.36–0.51). Older adults were more likely to have recent contact with healthcare professionals (66% vs. 53%, $p<0.001$) and prior self-harm history was slightly more common among younger adults (24% vs. 20%, $p=0.026$). Other sociodemographic and clinical characteristics, including sex distribution, presence of a suicide note, and mental health history, did not differ by age group.

Conclusions: Older adults who die by suicide in Ireland display distinct patterns compared with adults, particularly in healthcare contact and method of suicide. These findings highlight the need for age-tailored suicide prevention strategies, particularly those strengthening healthcare engagement, reducing stigma and addressing method-specific risk.

Enhancing Suicide Risk Detection in Canadian Long-Term Care Homes

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Background: Older adults have among the highest rates of suicide worldwide, necessitating effective suicide risk detection initiatives (WHO, 2021). North American accreditation bodies have mandated routine screening for suicide ideation in Long-Term Care Homes (LTC); however, many homes do not routinely assess suicide risk among their residents, given relatively little experience in assessing suicide risk, use of non-validated tools for older adults, and concerns about high levels of cognitive impairment. The current multi-stage study was designed to overcome these limitations.

Aim: To improve pragmatic suicide risk detection and response in Canadian LTC Homes.

Method: In carrying out this on-going multi-phase study, we are:

Conducting interviews and focus groups with LTC personnel assessing perceived limitations and proposed remedies for screening for suicide risk in LTC;

Refining, delivering, and evaluating a focused educational training program designed to enhance provider knowledge, skills, and competence in assessing and responding to resident suicide risk;

Investigating the real-world response characteristics of suicide screening tools, administered by on-site LTC personnel, and investigating the prevalence of resident suicide ideation and behaviour;

Testing our conceptual model of late-life suicide risk, incorporating consideration of risk and resiliency factors; and

Broadly disseminating study findings.

Results/Discussion: We will present and discuss initial findings, focusing on outreach efforts to LTC Homes, findings of multiple focus groups and of online and in-person trainings to frontlne providers in Long-Term Care Homes in Ontario, Canada, aimed at enhancing the detection and response to resident suicide risk.

Investigating Meaning-Centered Men's Groups (MCMG) for Middle-Aged and Older Men Transitioning to Retirement

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Background: Middle-aged and older men have high rates of suicide, and the older adult population is growing rapidly, necessitating upstream interventions to enhance psychological well-being and reduce risk for suicide (Lapierre et al., 2011). We developed Meaning-Centered Men's Groups (MCMG; Heisel et al., 2016), a 12-session upstream psychological group intervention, to respond to this need.

Methods: We recruited 97 men over the age of 55 into an intervention study designed to develop and initially evaluate MCMG for those struggling with the transition to retirement. Two uncontrolled courses of MCMG were offered initially, followed by three courses of a non-randomized controlled trial of MCMG as compared with Current-Events Discussion Group or Wait-List Controls; control participants could elect to join a course of MCMG following post-group assessments. This session focuses on MCMG-related pre-post change in positive and negative outcomes.

Results: Eighty participants took part in one of eight courses of MCMG. Five groups took place in-person in a community centre, one in-person group pivoted online during the COVID lockdown, and two groups were offered fully online. Whereas most participants endorsed moderate to high levels of physical and psychological well-being, 10-15% endorsed clinical levels of depression, hopelessness, or suicide ideation, and seven reported a lifetime history of suicidal behaviour. Pre-post assessments revealed significant reductions in suicide ideation ($t(73)=2.94$, $p=.004$), hopelessness ($t(72)=3.37$, $p=.001$), depression ($t(73)=2.89$, $p=.005$), and loneliness ($t(73)=3.17$, $p=.002$), and significant improvement in life satisfaction ($t(73)= -4.33$, $p<.001$), psychological well-being ($t(72)= -3.57$, $p<.001$), and meaning in life ($t(73)= -2.67$, $p=.009$) over the course of MCMG. Participants additionally reported high levels of group satisfaction and a strong working alliance with group facilitators.

Conclusions: Findings indicate significant improvement in psychological well-being among MCMG participants, suggesting the effectiveness of MCMG as an upstream psychological group intervention for middle-aged and older men facing a challenging life transition.

PS21. LGBTQ+ Suicide: Risk, Resilience and Affirmative Care

Reimagining Online Gatekeeper Training for Suicide Prevention in 2S/LGBTQ+ Communities

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Introduction: Two-Spirit, lesbian, gay, bisexual, transgender, and queer (2S/LGBTQ+) communities experience disproportionately high rates of suicide. Despite this, most gatekeeper training programs are not designed to reflect the social contexts, structural barriers, and relational dynamics that shape suicide risk and help-seeking within these communities. In particular, many trainings insufficiently address how marginalization and institutional mistrust structure suicide risk and pathways to care for 2S/LGBTQ+ people. This presentation examines how 2S/LGBTQ+ community members envision effective, inclusive, and sustainable online gatekeeper training for suicide prevention.

Methods: We conducted qualitative interviews with 50 2S/LGBTQ+ adults across Canada. Participants were invited to reflect on what they would want to see included in a gatekeeper training program. Data were analyzed using reflexive thematic analysis.

Results: Three interrelated themes were identified. First, participants emphasized that gatekeeper training must meaningfully engage with the complexity and diversity of 2S/LGBTQ+ lives rather than collapsing experiences under a single umbrella category. This included explicit attention to systemic and institutional harms—such as racism, transphobia, and colonialism—and to widespread mistrust of police and healthcare systems. Second, participants highlighted the importance of guidance on boundaries, self-care, and emotional regulation to support sustainable gatekeeping. Many described tensions between feeling responsible for supporting peers in crisis and questioning their own capacity to help, underscoring the emotional labour inherent in peer support roles. Third, participants envisioned gatekeeper training grounded in collective responsibility and community care rather than individual action alone. They advocated for models that foster ongoing networks of support, including online forums, buddy systems, and partnerships with local 2S/LGBTQ+ organizations.

Conclusions: Participants articulated a vision for online gatekeeper training that is intersectional, community-embedded, relational, and sustainable. Centering collective care and structural contexts—rather than focusing solely on individual skill acquisition—may enhance the relevance and effectiveness of suicide prevention interventions for 2S/LGBTQ+ communities.

Co-Designing an Online Gatekeeper Training for Suicide Prevention in 2S/LGBTQ+ Communities in Canada

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Introduction: Two-Spirit, lesbian, gay, bisexual, transgender, and queer (2S/LGBTQ+) communities experience disproportionately high rates of suicidality, yet gatekeeper trainings are rarely tailored to their realities. Existing gatekeeper trainings often overlook population-specific risk factors relevant to 2S/LGBTQ+ communities such as minority stress and oppression. This project aimed to address these gaps through the co-design of an online gatekeeper training tailored to the needs and contexts of 2S/LGBTQ+ individuals.

Methods: The project was informed by a systematic review of online suicide prevention programs and qualitative interviews with 2S/LGBTQ+ community members and suicide prevention experts. Findings guided the development of a two-day co-design workshop involving 24 participants with diverse lived experiences. Co-design was used as a collaborative approach to engage 2S/LGBTQ+ community members as partners in identifying and prioritizing the core content, pedagogical principles, and design features of an online gatekeeper training. The workshop incorporated structured group discussions, voting activities, and storyboarding to translate empirical evidence and community knowledge into a preliminary training model.

Results: Three key priorities emerged. First, participants identified essential gatekeeping competencies, including recognizing suicide risk across in-person and online contexts; fostering trust through empathetic, non-stigmatizing communication; navigating referrals to formal and community-based supports; and maintaining boundaries and self-care in peer support roles. Second, participants emphasized foundational values, including cultivating "courageous spaces," addressing suicide directly without sensationalism, and integrating content on systemic oppression and cultural responsiveness. Third, participants proposed design features to support accessibility and sustainability, such as modular learning pathways, multimodal and neurodiversity-affirming content, interactive components, emotional check-ins, confidentiality safeguards, and a customizable resource directory.

Conclusions: Centering lived experience through co-design articulated key elements for an online gatekeeper training aligned with the diverse realities of 2S/LGBTQ+ communities. These elements are currently being translated into an intervention, supporting a more inclusive, relevant, and affirming approach to suicide prevention.

"This is not a medical issue - this is a human issue!" Understanding clinical and non-clinical practitioner perspectives on LGBTQ+ suicide prevention in the UK.

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Introduction: LGBTQ+ people experience higher rates of suicidal thoughts, attempts and deaths when compared to their heterosexual, cisgender counterparts. Consequently, in the UK, all four national suicide prevention policies have named LGBTQ+ communities as needing specialist, culturally competent, prevention efforts, co-produced with LGBTQ+ communities. However, what such provision should, or even could, look like remains undefined.

Methods: To address this gap in practice-based knowledge, we interviewed 20 practitioners working in UK suicide prevention with LGBTQ+ people. Semi-structured narrative interviewing methods were used, and analysed using Reflexive Thematic Analysis. The sample included healthcare practitioners (8); non-healthcare staff in statutory services (4); and Third sector practitioners (11); four participants had multiple roles.

Results: In exploring practitioners' perspectives on LGBTQ+ suicide prevention, I was confronted by a persistent conceptual question on the ontological status of suicide as either a medical issue or a social issue. The liminal status of suicide, between medical and social, is not unique to LGBTQ+ people. However, participants in this study articulated how the normative positioning of LGBTQ+ people experiencing distress or crisis as somehow different or other could have significant consequences for who was seen as responsible for suicide prevention and where it was deemed possible for a person to receive care and support. A key challenge in the provision of LGBTQ+ suicide prevention appeared to be the dual, intersecting specialism that this population was seen as requiring: specialist LGBTQ+, and specialist suicide prevention, practice. As such, regardless of where an individual sought help, the service almost always saw itself as not quite the right provider.

Conclusion: This research highlights how the quest for an imagined 'perfect' prevention provision may result in significant gaps in actual service provision experienced by LGBTQ+ people in crisis, with more work needed to bridge this gap and provide support when needed.

Parental Experiences and Perspectives During Coming Out: Implications for Strengthening Suicide Resilience in LGBTQ+ Youth

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Background: LGBTQ+ youth are at high risk for suicidal ideation and behaviours. Especially during coming out, parental acceptance can promote resilience, whereas rejection may contribute to suicidality. Parents frequently face emotional, social, and informational challenges when their child comes out as LGBTQ+. This qualitative study aimed to explore what parents who have coped with their child's coming out find relevant to support children and make them more suicide resilient.

Methods: Three focus groups with parents (n = 23) and one with LGBTQ+ youth (n = 13) were conducted, with the latter aimed at capturing youths' perspectives on parental support. Participants included youth and parents of transgender, gender nonconforming, and cisgender children with diverse sexual orientations. Discussions were guided by semi-structured questions and analysed using thematic analysis.

Results: Findings revealed several key aspects of parental support. Parents emphasized maintaining open communication, offering a sense of security, and seeking peer or professional support. Beyond the initial disclosure, managing the social environment involved defending the child in social contexts and fostering self-confidence. In the context of gender transition, parents highlighted prioritizing the child's well-being and taking time to gather appropriate information for medical decision-making with their children. Finally, key messages to other parents focused on letting go of heteronormative expectations and preconceived ideas about the child's future.

Conclusion: The parental narratives provide insight into parental views on how to increase suicide resilience in LGBTQ+ children, and served as a basis for the development of a media intervention featuring short videos created by parents to support other parents in the process of their children's coming out. The video effects will be tested in a randomised controlled trial regarding their effectiveness in increasing suicide resilience in LGBTQ+ children.

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Sexual and Gender Diverse Youth, Suicidality and Affirmative Cognitive Behavioural Therapy: Longitudinal Impact of Groups

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Background: Suicide is a major global health crisis disproportionally affecting sexual and gender diverse youth (SGDY). Minority stressors, political rhetoric, hopelessness, depression, previous attempts, cognitive factors, adverse childhood experiences and family rejection heighten SGDY suicidality risks. These complex risks, as well as persistent challenges in accessing competent clinical care, suggest that tailored interventions, such as affirmative cognitive behavioral therapy (AFFIRM), which validates identities and strengthens hopefulness, have promise. Drawing on the interpersonal theory of suicide, this study aimed to identify the longitudinal impact of AFFIRM participation on SGDY suicidality.

Methods: Following ethical approval, SGDY were enrolled into the AFFIRM group intervention. Participants (N=786) ranged from 14–29 years old at baseline (M = 22.12, SD = 4.60) with a range of racialized identities. Gender (Transgender 31%, Woman 28%, Non-Binary 26%, Male 19%, Queer 10%, Two-Spirit 2%) and sexual orientation (Gay 28%, Queer 25%, Pansexual 17%, Bisexual 16%, Lesbian 11%, Straight 7%, Ace 4%). The synchronous groups clustered participants by developmental stage. SGDY completed the DSM-5 Cross-Cutting Symptom Measure at multiple time points (pre-test, post-test, six months, and one year) to evaluate changes in suicidal ideation and attempts. Bayesian logistic mixed-effects models were utilized.

Results: Compared with baseline (i.e., pre-test), the likelihood of not reporting a suicide attempt was nearly five times higher at the six-month follow-up (OR = 5.31, 95% CI: 2.46, 12.07) and nearly 10 times higher at the one-year follow-up (OR = 29.96, 95% CI: 9.78, 106.23) after AFFIRM completion. Suicide ideation decreased, but was not statistically significant.

Conclusion: The results of this study provide important insights into the effects of affirmative CBT on suicidality among SGDY. Clinical applications, including those delivered virtually, and key mechanisms of change in affirmative CBT (e.g., hope and coping), will be described.

Can gender-affirming medical care contribute to suicide prevention in transgender individuals? Insights into risk and resilience from the ENIGI study and medical records of suicide decedents

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Background: High rates of suicidal thoughts and attempts have been reported in transgender and gender-diverse (TGD) individuals. Besides generally known risk factors, gender dysphoria and gender minority stressors, such as discrimination and stigma, can exacerbate suicidality. Although gender-affirming medical care (GAMC) can improve mental health, suicidality might persist or develop throughout GAMC. Identifying risk and protective factors in this group is necessary to determine different risk profiles and develop targeted suicide prevention approaches.

The psychosocial autopsy interview with close ones of people who died by suicide can provide insights into risks and triggers; however, no such instrument exists for TGD suicides yet.

Methods: In the ENIGI dataset, we used chi-square tests to compare risk and protective factors between four groups (N=477) which differed regarding the presence of suicidality at clinical intake for GAMC and 4-6 years into care; regression models assessed age-specific differences in predictors of suicidality.

Secondly, we conducted a medical record review of former clients of a gender clinic who died by suicide (N=49). Recurring themes were extracted to develop a semi-structured psychosocial autopsy interview specifically designed for the TGD population.

Results: In the group comparison, the group developing suicidality during GAMC scored poorly on GAMC-related factors, like body satisfaction and perceived barriers to receiving GAMC. Across groups and in the regression models, social factors, such as loneliness and social support, played an important role. No age effects were found.

Themes in the medical records included dissatisfaction with GAMC and to a lesser extent gender minority stress, besides known risk factors like affective and personality disorders. Questions regarding these themes were incorporated into existing psychosocial autopsy interviews.

Conclusion: These findings highlight the significance of social factors in mitigating suicide risk among TGD individuals. Psychosocial autopsy interviews are expected to elucidate the possible protective role of GAMC.

PS22. Critical Perspectives on Suicide Prevention

Rethinking Suicide Prevention to Minimize Iatrogenic Harms

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In his book, Undoing suicidism, Baril (2023) argues that suicidal people are oppressed by what he calls "structural suicidism", which he describes as suicide prevention strategies that reproduce violence and cause additional harm and death among suicidal people through forms of criminalisation, incarceration, discrimination, stigmatization, and pathologisation. I argue that these harms are unintended and therefore iatrogenic in nature.This theoretical paper is the result of a poetic inquiry which examines and responds to the some of the harms that can be caused as a result of our suicide prevention efforts as carried out in Ghana, West Africa. This paper presents various poem under the headings: Perceptions & Portraits, Attunement, Discrimination and Dilemma's, Legalities and Endings. These form the acronym PADDLE. Paddle also represents the metaphor of a therapist coming alongside a suicidal client and together they paddle to safer shores. The poems are written as conversations with and/or responses to various aspects of our suicide prevention efforts. They include Attunement or Protocol which follows my therapeutic work with a particular client, the landmines encountered and how we needed to carefully navigate them to avoid causing more harm to the suicidal client at the risk of potential harm to myself.

Discrimination which calls attention to narratives within families about suicidal persons, Options which is a critique of a national suicide prevention strategy, Portraits of Suicidal Clients are poems on how suicide is talked about in the public domain by policy makers being markedly different from the experiences of suicidal persons as heard and witnessed in therapy rooms. Thus D is for Despair and not (clinical) depression, critiques the wrong narratives of the causes of suicide in Ghana. This misrepresentation is a form of epistemic injustice. This paper therefore calls for a rethinking of how we do suicide prevention in Ghana.

Good Organizational Reasons for Bad No-Suicide Contracts

Iltzsche, Robin

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Introduction: Formal and informal no-suicide contracts (NSCs) are a routine element of psychiatric practice, despite persistent criticism in psychiatric and suicidological research regarding their therapeutic effectiveness, diagnostic validity, and legal reliability. This near-universal use stands in sharp contrast to their contested status in theory. This presentation addresses this discrepancy by shifting the analytical focus from clinical efficacy to organizational practice.

Methods: The analysis is based on a six-month ethnographic, micro-sociological study of inpatient psychiatric settings in Germany. Data were generated through participant observation of everyday clinical routines, staff interactions, documentation practices, and case discussions, complemented by informal interviews and document analysis. Following a praxeological approach inspired by Garfinkel (1967), the study examines how NSCs are practically accomplished and embedded in organizational rationality.

Results: The findings indicate that NSCs are primarily concluded to meet organizational and documentary requirements rather than therapeutic goals. Psychiatric documentation operates as a central coordination device in which heterogeneous demands—therapeutic, diagnostic, administrative, economic, and legal—must be translated into standardized and unambiguous records. In this context, NSCs function as a practical tool for producing a credible and documentable distancing from acute suicidality. They enable clear categorization, facilitate decision-making, and support internal communication across professional and institutional boundaries. Additionally, NSCs contribute to processes of responsibilization by temporarily reallocating decision-making responsibility to patients within a highly regulated clinical environment.

Conclusions: The persistence of no-suicide contracts can be explained by their organizational utility rather than their clinical effectiveness. NSCs stabilize documentation, manage uncertainty, and support institutional accountability. Understanding these contracts as organizational devices helps to clarify the enduring gap between theoretical critique and clinical practice.

The production of suicidality in suicide prevention

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Introduction: Psychiatric suicide prevention is oriented toward preventing a future, potentially catastrophic event. To act preventively, suicidality must be anticipated and governed in the present. This temporal and practical orientation produces a central paradox: the very techniques designed to prevent suicide may themselves contribute to the production of suicidality. This presentation examines this paradox as a constitutive feature of psychiatric suicide prevention.

Methods: The analysis is based on a six-month ethnographic, micro-sociological study of inpatient psychiatric settings in Germany. Data were collected through participant observation of clinical routines, staff interactions, case discussions, and documentation practices, complemented by document analysis. The study follows a praxeological approach to examine how suicide prevention is practically enacted.

Results: Across different preventive domains, the findings reveal a recurring paradoxical pattern. Whether through an excess of therapeutic attention or through intensive disciplinary and controlling techniques, preventive practices may themselves induce, intensify, or enable suicidality. Psychopharmacological interventions illustrate this ambivalence particularly clearly: medications intended to reduce depressive symptoms may increase drive before mood improves, or become means for self-harm themselves. At the institutional level, the psychiatric clinic emerges as a preventive hotspot in which the density of suicidality increases the risk of contagion. In each case, suicide prevention does not merely respond to pre-existing risk but actively reshapes and sometimes amplifies it. Suicidality thus appears as both the object and the product of preventive practice.

Conclusions: These dynamics do not indicate isolated misapplications of preventive techniques. Rather, they point to a practical paradox at the core of psychiatric suicide prevention: preventing suicide requires interventions that may simultaneously generate new risks. Suicide prevention therefore operates through system-immanent feedback effects in which the production of risk continuously reactivates preventive action.

The potential of the Power Threat Meaning Framework (PTMF) in suicide prevention

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The Power-Threat-Meaning Framework (PTMF) represents a paradigm shift in understanding emotional distress and suicidality. Instead of emphasizing psychiatric diagnoses and interventions, the PTMF enables a more meaning-oriented, comprehensive, and context-sensitive approach, with significant potential to strengthen suicide prevention. Within this framework, suicidality is understood as a response to painful experiences and adverse life circumstances - challenges that threaten various fundamental needs, such as feeling safe and valued, having control over important aspects of life (including our bodies and emotions), having basic physical and material needs met, being engaged in meaningful activities, and experiencing justice. PTMF highlights the importance of addressing power imbalances and relational, social, and systemic conditions (e.g., inequality, trauma, and marginalization) that frequently underlie experiences of emotional pain, hopelessness, and entrapment. By focusing on personal narratives and collaborative meaning-making, PTMF encourages interventions that are compassionate, empowering, and context-sensitive, fostering hope and recovery.

This presentation will outline the Power-Threat-Meaning Framework as an approach to improving suicide prevention and demonstrate its practical application through a self-empowerment course developed and scheduled for piloting in Spring 2026 for individuals with mental health and/or substance use challenges. The course aims to provide a new understanding of the participants' experiences and challenges, which may contribute to increased self-worth, empowerment, hope, and enable new ways of acting and relating to other people. Participants will explore and reflect upon key aspects of the PTMF, relate these to lived experiences, and enhance awareness of personal strengths and access to resources. Data will be co-created throughout the course, and initial findings will be presented.

Do No Harm - When Suicide Prevention Becomes a Contributing Rather than a Protective Risk Factor

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Despite growing evidence highlighting the lack of predictive validity in structured risk assessments and the false messaging that suicide is reliably preventable, the field continues to utilize prevention training models that inadvertently set clinicians up for profound moral injury by linking professional competence directly to patient survival. This systemic failure, where flawed frameworks prevail over empirical reality, creates conditions that increase risk for both patients and clinicians.

This paper examines areas of unintended harm caused by this enduring paradigm. Utilizing case vignettes and drawing upon qualitative and quantitative findings from extensive work with over 200 clinician-survivors, the severity of consequences are brought to life. The data illuminates how distorted responsibility compromises clinical judgment, intensifies risk, and leads to occupational impairment, with clinicians suffering unnecessary personal and professional consequences. Subsequent patients are at increased risk when clinical judgment becomes acutely compromised and unsupported providers struggle to return to sound decision-making. Furthermore, the reliance on inadequate tools of suicide prevention was repeatedly found to inadvertently result in decreased clinical vigilance in identifying patients at risk who do not fit this narrow framework with potentially lethal consequences.

This presentation offers a corrective lens: one that distinguishes competence from outcome, clinician skill from patient behavior, and responsibility from impossibility. It proposes a more honest, sustainable model of training—one that prepares clinicians not only to intervene by supporting patients through suicidal crises where possible, but to navigate the cases where prevention is neither the sole outcome nor the only measure of professional worth.

Disrupting Understandings of Suicide and Suicide Prevention: The role of activism in creating liveable lives

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Background: Activism can play a vital role in shaping or challenging responses to suicide, yet is under-examined and with little research to understand how activists contribute to understandings of suicide prevention. This presentation explores the intersection of activism and suicide from qualitative analysis of 20 UK campaigns.

Methods: A web-based search for publicly available campaigns with a clear orientation to raising public awareness and/or advocating for policy change related to suicide was conducted. The purposive sample focused on key areas of suicide activism rather than representativeness, capturing diverse and sometimes disruptive viewpoints, including both prominent and less visible campaigns.

Abductive qualitative analysis, drawing on Bacchi's 'What the problem is represented to be' approach was undertaken using NVivo, and guided by three research questions: How do activists (1) make sense of suicide and engage it in their work? (2) understand their work in relation to notions of 'liveability' and 'unliveability'? (3) contest and/or reproduce hierarchies of liveability?

Results: Preliminary findings suggest activists often reframe suicide as a collective issue of justice, rather than an isolated personal tragedy. Activism can highlight how conditions of 'unliveability', such as structural inequality, political violence, and social exclusion - render some lives as disposable. Activists frequently further contest the depoliticised language of suicide prevention by situating deaths within broader struggles against oppression, and using political activity to address cultural and structural conditions that contribute to suicidality. Simultaneously, some activist campaigns can (partially) replicate/reinforce dominant, medicalised understandings of suicide as primarily a matter of individual mental illness. For example, reflecting policy discourses of 'surveillance' and 'risk' that can obscure broader social, political, and economic contexts.

Conclusions: Exploring activists' complex engagements with suicide broadens sociological understandings of social and political contestation of suicide and underscores the importance of collective strategies in confronting conditions that produce vulnerability to suicide.

PS23. Clinical and Emergency Care for Self-Harm

Umbrella review of psychosocial and ward-based interventions to reduce self-harm and suicide risks in inpatient mental health settings

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Background: Understanding what psychosocial interventions can reduce self-harm and suicide within in-patient mental health settings can be challenging, due to clinical demands and the large volume of published reviews.

Aims: To summarise evidence from systematic reviews on psychosocial and ward-level interventions (excluding environmental modifications) for self-harm and suicide that may enhance patient safety in in-patient mental health settings.

Method: We systematically searched Medline, Embase, CINAHL, PsycINFO and CDSR (2013-2023) for systematic reviews on self-harm and suicide prevention interventions that included in-patient data. Review quality was assessed using AMSTAR-2, primary study overlap via an evidence matrix, and evidence strength evaluated (GRADE algorithm). Findings were narratively synthesised, with input from experts-by-experience throughout (PROSPERO ID: CRD42023442639).

Results: Thirteen systematic reviews (seven meta-analyses, six narrative), comprising over 160 000 participants, were identified. Based on quantitative reviews, cognitive-behavioural therapy reduces repeat self-harm by follow-up, and dialectical behaviour therapy decreases the frequency of self-harm. Narrative review evidence suggested that post-discharge follow-up, as well as system and ward-based interventions (e.g. staff training) may reduce suicide and/or self-harm. However, review quality varied, patient involvement was lacking and methodological quality of trials informing reviews was predominately low. Overlap was slight (covered area 12.4%).

Conclusions: The effectiveness of interventions to prevent self-harm and suicide in in-patient settings remains uncertain due to variable quality reviews, evidence gaps, poor methodological quality of primary studies and a lack of pragmatic trials and co-production. There is an urgent need for better, co-designed research within in-patient mental health settings.

Findings from an RCT of a brief solution-focused psychological intervention for self-harming adolescents (and their carers) presenting to Emergency Departments in England

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Suicide is a leading cause of death in children and young people (CYP) globally and the strongest predictor is self-harm. Visits to the Emergency Department (ED) are associated with a higher risk of repeat self-harm and suicide. Supporting CYP after presentation at ED offers a unique opportunity to intervene to prevent self-harm becoming entrenched, however effective interventions are lacking. Evidence in adults and a non-randomised study in CYP suggest promising results for Therapeutic Assessment (TA) and Safety Planning (SP) with rapid follow-up in reducing self-harm and increasing engagement with care after ED attendance. Solution-focused (SF) therapy is a brief, strengths-based approach with promising results in other settings but achieved in fewer sessions.

Methods: We designed the SASH approach with input from CYP with lived experience and clinicians. SASH is a brief psychological intervention for CYP and their carers including TA, SP, SF follow-ups and letters, delivered by CAMHS practitioners within 1-2 weeks of young people presenting at the ED. We evaluated its clinical and cost-effectiveness at 6-month follow-up in addition to Treatment As Usual (TAU) care in a randomised controlled trial (RCT) across three public health care organisations in London, England, compared with TAU only. CYP self-reported self-harm in the past month at 6-month follow-up is the primary outcome; secondary outcomes include symptoms of depression and anxiety, repeat ED attendance, school attendance and wellbeing.

Results and Discussion: We will report on the development and evaluation of SASH with 154 participants who presented to the ED with self-harm or suicidal thoughts (with recent self-harm). Along with the quantitative findings of the trial, we will present experiences of receiving and delivering the intervention from young person, carer and practitioner perspectives gathered as part of the qualitative process evaluation.

Conclusion: We will discuss possibilities and next steps for implementation in CYP crisis services.

Do hospital referrals for admission in patients with recurrent mental health crises reduce risk of self-harm? A nationwide trial emulation using Norwegian registry data

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Introduction: Evaluations of whether hospital admission benefits patients in mental health crisis are hampered by the potential for confounding by indication. Robust research designs are therefore essential to isolate the effect of crisis referrals for hospital admission and of different types of admission on subsequent risk of self-harm among people experiencing recurrent crises.

Methods: Analysing Norwegian registry data for 72,328 patients with recurrent acute mental health crises presenting to out-of-hours primary care services, we emulated a pragmatic cross-over target trial using within-patient Poisson regression and instrumental variable analysis comparing i) self-harm and ii) specialist healthcare use within 30 days following presentation for patients referred to the acute hospital (versus primary care management). We also compared outcomes for those admitted by type of admission: 1) somatic, 2) voluntary psychiatric, or 3) involuntary psychiatric.

Results: Acute hospital referral occurred in 27% of out-of-hours primary care contacts, but such referrals were not clearly associated with a reduced risk of subsequent self-harm. Referral to any hospital contact was associated with a slightly increased risk of confirmed self-harm (Relative risk (RR) 1.05, 95% confidence interval (CI) 1.00–1.11). Patients referred to general medical services had a slight increased risk of confirmed self-harm (relative risk (RR) 1.06, 95% CI: 0.92–1.23), while psychiatric referrals showed no substantial protective effect, whether voluntary (RR 1.03, 95% CI: 0.97–1.10) or involuntary (RR 1.07, 95% CI: 1.01–1.15). Hospital care did not appear to change planned follow-up from outpatient treatment or general practitioners. Instrumental variable analyses supported the primary findings.

Conclusions: This study, which reduced the influence of confounding by indication, and focussed on patients who experience recurrent mental health crises, did not provide evidence to support referral of these patients for hospital admission when in acute mental health crisis. Further work is needed to be better understand more appropriate care plans.

Barriers and facilitators for improving suicide prevention at emergency departments in the Netherlands using a network approach. A mixed methods study

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Background: High quality care at an ED after a suicide attempt, e.g. kindly engaging with patients, involving next of kin, ensuring patient safety and arranging adequate follow-up care, can help prevent new attempts. A multi-component intervention to improve patient care at EDs after a suicide attempt was rolled out in a network of 25 hospitals with support from the national suicide prevention organization (113). This study aimed to identify barriers and facilitators to implement suicide prevention activities at emergency departments (ED) in the Netherlands.

Methods: This mixed-methods study combined interview data from 16 hospital contact persons on barriers and facilitators for implementing suicide prevention activities with questionnaire data (n=741) of hospital staff about their needs, perspectives and experiences with implementing these activities. Interviews were transcribed and analyzed with thematic analysis.

Results: The interviews showed that successful implementation was supported by structured implementation plans, sufficient resources, active project champions, cross-departmental collaboration, integration of activities within existing structures, and strong management support. In addition, providing hospitals flexibility to design their own implementation plans, increased their sense of ownership and ensured plans were aligned with the local context. Key barriers included high work pressure, staff turnover, and difficulties in establishing effective care collaborations. According to staff the main needs to implement suicide prevention activities were sufficient time, training and clear protocols.

Discussion: The multi-component intervention enabled hospitals to implement suicide prevention activities. Although raising awareness and training staff was feasible, structurally embedding suicide prevention activities and arranging preconditions such as sufficient time and referral options remained challenging.

Longitudinal investigation of suicidal deaths in patients previously presenting with suicidality in the emergency room, 2002-2023

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Background: Psychiatric emergency departments are a key point of contact for individuals presenting with suicidal thoughts and behaviors (STB). Suicide after mental health service contact has been described in previous studies, but longitudinal evidence from psychiatric emergency settings remains scarce particularly regarding the timing of suicide after emergency contact, longitudinal changes in patients' life circumstances, and patterns of emergency care use.

Methods: We conducted a retrospective longitudinal study of adult patients referred for psychiatric reasons to the emergency department of a university hospital in Belgium between 2002 and 2023. Data were obtained from the Leuven Study on Emergency Psychiatry and linked to national mortality records. Suicide deaths were identified using ICD-10 codes for intentional self-harm. Sociodemographic, clinical, and service-use characteristics were examined. Time from last emergency contact to suicide was analysed using multivariable regression models with multiple imputation for missing data. Longitudinal within-person changes among patients with multiple emergency contacts were assessed using Bowker's test of symmetry.

Results: Among 26,687 psychiatric emergency patients, 515 (1.9%) died by suicide. Nearly one in five deaths occurred within three months of the final emergency contact. Women were older at death and had longer intervals between last contact and suicide compared with men. Shorter time to suicide was associated with police referral and widowhood, whereas female sex was associated with longer intervals. Among patients with repeated emergency contacts, significant changes over time were observed in living arrangements, marital status, and recorded suicide risk. Presenting complaints along the suicidal spectrum, however, remained largely stable.

Conclusions: A substantial proportion of suicides occurred shortly after psychiatric emergency contact. Although social circumstances and risk indicators changed over time, suicidal presentations showed considerable persistence. These findings support the need for timely follow-up after emergency psychiatric care and sustained monitoring, even when suicidality is not the primary presenting complaint.

PS24. Substance Use, Addiction and Suicide

More drinks – higher risk? Association between different levels of alcohol use and suicidality in general population in Slovenia

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Introduction: With a suicide rate of 18 per 100 000 and 10 litres of pure alcohol consumption per capita (age 15+) both indicators in Slovenia are well above the EU average. Alcohol is an important risk factor for suicidality, albeit majority of the studies have a focus on clinical population. Hence, the aim of our study was to investigate the association between different levels of alcohol use and suicidality in general population.

Methods: Data were obtained from the 2023 National survey on the use of tobacco, alcohol and other drugs, conducted on a nationally representative probability sample of 16,000 residents of Slovenia aged 15–74 years, with a 61% response rate (final sample: n = 8,937). We categorised past-12-month alcohol use into abstinent, light, moderate, hazardous and harmful drinking, and examined lifetime suicidal ideation (active/passive) and suicide attempt. Associations were estimated using weighted logistic regression adjusted for gender and age group; affective condition (professionally diagnosed anxiety or depression in the past 12 months) was examined in an additional interaction model.

Results: Alcohol showed positive dose–response associations with suicidal ideation. For active ideation (adjusted for gender and age group), compared with abstainers odds were higher for light (OR=1.48, 95%CI 1.20–1.82), moderate (3.15, 2.24–4.43), hazardous (4.08, 2.53–6.56) and harmful drinking (4.59, 2.29–9.20; all p<.001). Passive ideation showed similar dose–response patterns. Suicide attempts were associated only with hazardous/harmful drinking, with wide confidence intervals due to few events. In the interaction model, an affective condition (anxiety or depression) was strongly associated with active suicidal ideation; the light-drinking (vs abstinence) association with active suicidal ideation was weaker among participants with an affective condition than among those without.

Conclusions: Preliminary findings suggest graded increases in suicidal ideation across alcohol-use levels, while attempts occur mainly at higher-risk drinking; recent affective conditions may warrant particular attention.

Nobody smokes fentanyl unless they wanna die… it's a painless way to end a painful life": A qualitative study of opioid overdose experiences during the COVID-19 pandemic.

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Background: During the COVID-19 pandemic, opioid-related mortality increased sharply in Canada while suicide rates initially declined. One proposed explanation is that suicide deaths may have been misclassified as opioid overdose deaths. Quantitative studies suggest overlap between opioid overdose and suicidality, yet little qualitative research has examined how people who survive overdoses understand the relationship between overdose, suicide, and motivation for drug use.

Methods: We conducted an in-depth qualitative study with people who survived a non-fatal opioid overdose during the COVID-19 pandemic in Ottawa, Canada. Fourteen participants (10 men, 4 women) were recruited through community-based organizations serving people who use drugs. Semi-structured interviews explored substance use histories, overdose experiences, motivations for overdose, suicidality, and the impacts of COVID-19. Interviews incorporated photo elicitation techniques and were analyzed using thematic analysis informed by a consensual qualitative research approach.

Results: Participants described complex overdose experiences shaped by a highly toxic drug supply, polysubstance use, housing precarity, and repeated exposure to trauma and loss. Contrary to the misclassification hypothesis, most participants did not report an active intention to die at the time of overdose. Accounts instead reflected a spectrum ranging from no perceived link between overdose and suicide, to ambivalence toward living and dying, to retrospective reflections on "testing fate." Motivations for overdose extended beyond suicidality and included boredom, grief, emotional numbing, interpersonal conflict, sleep, and social connection. COVID-19-related service disruptions, isolation, and boredom were described as exacerbating overdose risk. Participants emphasized harm reduction, stigma reduction, and safer supply as central to prevention.

Conclusions: Findings challenge simplistic categorizations of overdose as accidental or suicidal and highlight ambivalence as a key experiential state. Conventional approaches to assessing suicidal intent may inadequately capture lived realities. Overdose prevention should be understood as a core component of suicide prevention, requiring nuanced, trauma-informed, person-centred responses.

Preliminary Service Recommendations to Prevent Suicide in Patients with Substance Use Disorders

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Introduction: The increased suicide risk associated with substance use disorders is well known. Evidence has suggested that elements of quality care can reduce the suicide rates in people in contact with mental health services. Whether this is the case for patients with substance use disorders is still unknown. The first step in establishing evidence for service recommendations is to develop recommendations that are adapted to the characteristics of the group.

Method: We identified prevalent characteristics from three studies describing characteristics of suicide in people with substance use disorders. Prevalent characteristics were presented to a group comprising individuals with lived experience, interest organizations, and clinicians. Preliminary service recommendations were then co-developed with this group.

Results: Three key areas were identified. First, increase treatment engagement and retention through psychoeducation about acute services, routines for contacting next of kin if the patients drop out, and offering crisis or safety plans. Second, follow up after discharge through 72-hour follow-up, establishing agreements with services that can facilitate follow-up, and offering self-referral admissions. Third, offer integrated treatment of substance use, mental disorders, and suicidal behavior through implementing guidelines for comorbid mental disorders, written routines for cooperation between mental health and substance use services, training the staff in integrated treatment, having written procedures and training for assessing and managing self-harm in line with the national guideline.

Conclusions: We co-developed preliminary service recommendations. They need further development before they can be implemented and subsequently evaluated. This could advance the evidence base for suicide prevention strategies in people with substance use disorders.

Prospective Analysis of Alcohol-Related Predictors of Non-Suicidal Self-Harm Over 22 Months

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Background: Self-harm and alcohol misuse pose significant public health challenges, yet important knowledge gaps remain. A tendency to act impulsively in response to negative emotions while drinking (alcohol-related negative urgency), along with subjective beliefs about the outcomes of drinking (alcohol expectancies), may represent important alcohol-related pathways toward self-harm. This study examined alcohol-related factors associated with non-suicidal self-harm (NSSH) at baseline and again 22 months later.

Method: Adults recruited from community settings completed baseline measures of socio-demographics, mood and alcohol-related factors including alcohol consumption and harm, alcohol-related negative urgency and different domains of alcohol expectancies. NSSH was assessed at baseline and 22-month follow-up. Logistic regression examined baseline cross-sectional associations of alcohol-related factors with lifetime NSSH and as predictors of recent NSSH at 22 months.

Results: A total of 896 adults (626 female; Mean = 36y; 94% White) are included in the study. In cross-sectional models adjusted for alcohol consumption and harm, demographic factors (age, gender) and mood, baseline alcohol-related negative urgency and specific domains of alcohol expectancy were associated with lifetime NSSH (Negative Urgency-A: OR = 1.66, 95% CI = 1.28–2.15, $p < 0.001$; 'Self Perception' expectancies: OR = 1.62, CI = 1.21–2.17, $p < 0.001$; 'Self-Harm' expectancies: OR = 2.42, 95% CI = 1.65–3.57, $p < 0.001$). Other alcohol expectancy domains ('Liquid Courage', 'Cognitive and Behavioural Impairment', 'Risk-taking and Aggression', 'Sociability', 'Tension Reduction') were not associated with lifetime NSSH. In longitudinal models stronger alcohol expectancies for self-harm predicted recent NSSH at 22 months in models adjusted for baseline NSSH, alcohol use and harm, demographics and mood (OR = 2.03, 95% CI 1.12–3.66, $p = 0.002$).

Conclusions: Expectancies that drinking can lead to self-harm significantly predicted NSSH almost two years later. Cognitive schema which frame anticipated future drinking outcomes may be suitable therapeutic targets to prevent future NSSH risk.

How can we improve the detection of gambling-related suicides to prevent harm?

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Gambling has expanded rapidly globally and has been linked to suicide. Yet systems to monitor gambling harms are underdeveloped. Operators have been shown to use predatory practices in pursuit of profits and maximise 'revenue per available customer' (revpac). The capacity of operators to exploit customers is further increased by digital technologies that track customer activity and push marketing that encourages gambling. This study was designed to consider ways to improve the identification of gambling suicides to inform prevention efforts.

We conducted 32 in-depth interviews in Australia. Participants were people who had survived a gambling-related suicide attempt, professionals working in death investigation, data custodians, researchers and lived experience advocates. Transcripts were analysed using reflexive thematic analysis and informed by our experiences reviewing Australian mortality datasets.

Identifying a gambling-related suicide relies on manual review of evidence that might spontaneously emerge during the death investigation process. Unlike drugs, alcohol or relationship difficulties, very few systems prompt death investigators or coders to capture whether gambling was a factor in a suicide. Social and cultural norms may discourage death investigators, clinicians and witnesses from considering gambling as a relevant factor in a suicide death. Sources of financial distress rarely required to be identified, compounding the underestimation of gambling harms. In cases where gambling is noted, relevant detail that could inform prevention efforts - such as the gambling product that was the main source of harm - is not consistently recorded.

Urgent efforts are needed to improve monitoring and surveillance of gambling suicides. Gambling operators hold transaction data that should be centrally accessible to regulators and death investigators to enable them to review account data in a centralized 'data vault'. Account based gambling provides people who gamble the ability to set loss limits. Yet vested interests often obstruct efforts by policy makers to introduce these measures.

PS25. Implementing Suicide Prevention

Optimizing implementation efforts in mental healthcare: a mixed-methods investigation of guideline-based care for suicide prevention

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Introduction: High-quality and up-to-date suicide prevention guidelines will only impact patients' lives when properly implemented in clinical practice. Previous studies on mental healthcare (MH) professionals have identified various factors influencing their adherence to guideline-based care, including both individual (e.g. familiarity with the guidelines), and organizational (e.g. support from leaders) factors. Little is known about how these factors are interconnected, and which contribute most strongly to guideline-based care.

Methods: As part of a large-scale implementation study, we surveyed 1872 MH-professionals from five large mental healthcare organizations. The questionnaire contained items on knowledge, self-efficacy, guideline adherence, and various related individual and organizational factors. We used network analysis to visualize and explore the relationship between these variables. To complement these findings, we conducted a thematic analysis of the open-ended responses on the survey, where participants were asked to explain their ratings.

Results: Individual factors such as knowledge and self-efficacy were more strongly related to other individual factors than to organizational factors. In total, all 12 factors explained 32% of variance in guideline adherence, with familiarity with the guidelines and knowledge about suicidality being the strongest contributors at 12% and 8%. Thematic analysis revealed that both formal training and having more experience with suicidal patients were linked to more confidence. Analysis of the organizational factors revealed that experiences following patient suicide could both positively and negatively affect their perception. Stable teams and good communication were linked to positive scores.

Conclusions: This research shows that individual factors may play a larger role in promoting guideline-based care than organizational factors. However, thematic analysis of the organizational factors revealed important recommendations for optimizing suicide prevention on a broader scale. Implementation of suicide prevention programmes in MH-care should focus on both aspects to optimize outcomes.

The impact of a large-scale suicide prevention implementation project on mental healthcare professionals: a pre-post survey

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Introduction: Suicide prevention demands a multifaceted strategy for optimal efficacy, with clinical practice guidelines playing a crucial role in guiding mental healthcare practices. In this large-scale implementation project, five mental healthcare organizations were followed and supported for a period of two years to optimize guideline-based care. The project focused on a patient pathway with five pillars: detection of suicidality, the diagnostic process, treatment and safety planning, involving next-of-kin, and adequate reporting. Here, we investigate the effect of the project on the knowledge, self-efficacy, and guideline adherence of mental healthcare professionals.

Methods: We conducted surveys at baseline and at the end of the project. 1872 professionals took part in the survey at T0, and 874 took part in the survey at T1. The survey examined professionals' suicide-related knowledge, self-efficacy, and adherence to guideline-informed practices. Independent samples t-tests were used to evaluate the differences between scores at T0 and T1, with pre-specified hypotheses that T1 scores would be higher.

Results: Knowledge of suicidality improved significantly from T0 to T1 ($d = 0.25$, $p < .001$), as did knowledge of the guidelines ($d = 0.10$, $p = .013$). Overall guideline adherence also improved ($d = 0.12$, $p = .005$), with the largest increase being in the use of suicide-specific treatment options ($d = 0.22$, $p < .001$). Self-efficacy did not improve significantly.

Conclusions: Here, we show small but significant improvements in a sample of mental healthcare professionals during the implementation project. While we cannot assume a causal relationship between the implementation strategies and the outcomes, as other factors could have contributed to this improvement, this suggests that mental healthcare professionals can improve their suicide prevention practices within a relatively short period of time.

Harnessing implementation science for suicide prevention: an international Delphi expert consensus study

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

Methods. A questionnaire about promoting implementation science for suicide prevention was developed through thematic analysis of stakeholder narratives. Statements were categorised into six domains: research priorities, practical considerations, approach to intervention design and delivery, lived experience engagement, dissemination and the way forward. The questionnaire (n=52 statements—round 1; n=44 statements—round 2; n=9 statements—round 3) was administered electronically to a panel (n=62—round 1, n=48—round 2; n=45—round 3) of international experts (suicide researchers, leaders, project team members, lived experience advocates). Statements were rated on a Likert scale based on an understanding of importance and priority of each item. Statements endorsed by at least 85% of the panel would be included in the final guidelines.

Results. Eighty-two of the 90 statements were endorsed. Recommendations included broadening research inquiries to understand overall programme impact; accounting for resources in the translation of evidence into practice; embedding implementation science in intervention delivery and design; meaningfully engaging lived experience; considering channels for dissemination of implementationrelated findings and focusing on next steps needed to routinely harness the strengths of implementation science in suicide prevention research, practice and training.

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

Illuminating the "black box" of complex suicide prevention interventions: towards a theory of implementation using the normalisation process theory

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Introduction: Although there has been some investigation into what works in suicide prevention, exploration into the mechanisms by which implementation strategies impact outcomes or how and why strategies work remains largely under-studied. This study aims to explore and examine the role of context and mechanisms involved in the implementation of complex suicide prevention interventions.

Methods and materials: In-depth qualitative interviews were used to explore relevant stakeholder experiences of implementing complex suicide prevention interventions. Stakeholders (nine intervention leaders, five implementors and two lived experience advocates) from six interventions were purposively recruited for their experiences involved in implementing complex interventions in real-world settings. The Normalisation Process Theory translational coding manual was used to map data related to the primary and secondary constructs defined in the theory and its extensions.

Results: Three domains pertaining to implementation context, mechanisms, and outcomes (CMO) were explored. Participants expressed their agency by: using contextual influences to modify the design and plan for delivery; making adaptations to the form and function of interventions; and, leveraging the intervention environment to integrate the intervention. Activities and strategies served multiple mechanisms involved in: understanding what the work entails; who does the work; developing the capacity to implement the work; and, understanding the work. An interdependent and interacting relationship between mechanisms emerged. Outcomes related to: change in existing practices; the ways in which people are organised; changes in existing norms; and, incorporation of the intervention into daily practice were observed.

Conclusion: Data from this study can help inform the development, refinement and use of specific implementation strategies. There is a need for a paradigm shift towards the use of more theory based and informed approaches to understand causal links between implementation strategies, context, mechanisms, and outcomes.

An Implementation Evaluation of the Collaborative Assessment and Management of Suicidality (CAMS) Framework in Ireland

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Introduction: The Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based therapeutic framework designed to enhance clinical care for individuals experiencing suicidal thoughts and behaviors by addressing patient-identified suicidal drivers. This study evaluated the implementation of CAMS in adult mental health services across the CHO7 region of Ireland (Dublin South, Kildare, and West Wicklow) from the perspectives of CAMS-trained clinicians.

Methods: A qualitative implementation evaluation design explored clinician experiences with CAMS training and implementation in practice. Between April and July 2025, an experienced qualitative researcher conducted one-to-one semi-structured, in-depth interviews with nine clinicians working across various clinical and community settings, including psychologists, nurses, occupational therapists, and speech and language therapists. The RE-AIM framework informed study design, interview development, and data analysis. Thematic analysis following Braun and Clarke's (2021) methodology employed both deductive and inductive approaches to examine clinician experiences, with RE-AIM dimensions guiding code development and interpretation.

Results: Three themes were generated; (1) Potential of the CAMS framework as an effective process for assessing and treating suicidality, (2) Positive perceptions of training but online format hinders learning and (3) Incompatibility between theory and practice a challenge to the implementation of CAMS. Clinicians perceived CAMS as a promising intervention, yet significant implementation challenges hindered adoption, sustainment and regional service reach.

Conclusions: Findings reveal a research-to-practice gap in CAMS implementation within one Irish regional mental health service.

Key recommendations include: delivering CAMS training predominantly in-person; carefully considering practice context and patient suitability; and strengthening supervisory and peer-based support models to facilitate sustained CAMS adoption. These insights offer valuable learnings relevant to wider mental health services seeking to implement evidence-based frameworks while addressing common implementation barriers.

The 10 Essentials Program: a structured educational program of suicide prevention developed for mental health professionals

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Introduction: Mental health professionals are frequently involved in the care of individuals at risk of suicide. Therefore, mental health professionals must acquire specialized knowledge and skills in suicide prevention to support patients with suicidal behavior. However, not all mental health professionals have sufficient knowledge and skills, and educational programs for mental health professionals are rare. We developed an educational program called 10 Essentials program, covering 10 steps healthcare professionals must take to care for mentally ill patients (notice suicidal people, talk warmly, listen with sympathy and trust, identify suicide risks, ensure their safety, solve problems, set up information, encourage them to contact support services and act as a mediator, self-help, and assist the family). We adapted it for suicide prevention and implemented it in community settings.

Aim: The aim of this study was to examine the educational effectiveness of the 10 Essentials program for mental health professionals.

Methods: Participants were mental health professionals who attended the 10 Essentials workshops conducted in several communities in Japan. The Attitudes Towards Suicide Scale (ATTS) was administered to the participants pre- and post-training to assess changes in their attitudes toward suicide after participating in the program.

Results: The workshops were conducted in 7 cities, and data from 264 participants who completed the questionnaires were analyzed. Their ATTS scores at post-training were significantly higher in the following dimensions: "Common occurrence", "Unjustified behavior", "Preventability/Readiness to help", compared with those at pretraining. The ATTS scores at post-training were significantly lower in "Right to Suicide", "Suicidal expression as mere threat", and "Impulsiveness" compared with pretraining scores. Attitudes toward suicide among the participants shifted in a favorable direction after the program.

Conclusion: In this study, the 10 Essentials program was effective for improving attitudes toward suicide among mental health professionals. The program has been increasingly implemented nationwide.

PS26. Mental Health Diagnoses and Suicide

Impact of Mental Health Diagnoses on Suicide Mortality in Sweden.

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Introduction: Every year, more than 1,500 individuals die by suicide in Sweden (ICD-10 X60-X84 and Y10-Y34). To inform suicide prevention strategies and policy, we aim to estimate the Population Attributable Fraction (PAF) for a set of clinical target groups known to be at elevated risk. The PAF represents the proportion of suicide deaths that could potentially be prevented if the excess risk associated with a given exposure were eliminated.

Method: Using national register data, we defined exposure as diagnoses of mental and behavioral disorders (ICD-10 F10–F99) recorded in outpatient or specialized care, and the outcome as death by suicide (ICD-10 X60–X84 and Y10–Y34), with both exposure and outcome occurring in 2023. The PAF was estimated by combining relative risk (RR) estimates and exposure prevalence (Pe) for each ICD-10 diagnostic chapter. Using Monte Carlo simulation, 10.000 iterations were performed to sample Pe and RR values for each group, and PAF was computed for each iteration. This yielded a distribution of PAF values for each group, from which the mean PAF and its 95% CI were derived, providing a robust estimate of suicide risk attributable to the different diagnostic groups.

Results: Overall, mental and behavioral disorders accounted for a PAF of 41% (95% CI: 39–44). The largest PAFs were observed for anxiety-spectrum disorders (F40–F49; 23%), psychoactive substance use disorders (F10-F19; 20%) and affective disorders (F30–F39; 19%). Despite extremely high relative risk, prior intentional self-harm (X60–X84) contributed a modest but meaningful PAF of 13% due to low prevalence.

Conclusion: Although diagnosed psychiatric disorders account for a substantial proportion of suicide deaths, 44% of individuals who died by suicide had not received a mental health diagnosis in outpatient or specialized care during the year preceding death. These results therefore emphasize the need for broader public health–oriented interventions.

Absolute and relative risks of suicide for individuals with mental disorders and other conditions

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Background: Mental disorders is one of the strongest predictors for suicide. Yet, a comprehensive assessment of risks remains to conducted for many specific disorders and condition. The aim of the current study was to conduct a comprehensive assessment of absolute and relative risks related to suicide suicide for individuals diagnosed with mental disorders using national linkage data spanning 44 years.

Methods: A cohort design was applied to longitudinal data on all individuals aged 10 years and older and living in Denmark during 1980-2023. Mental disorders and other conditions were identified through hospital diagnoses recorded in hospital registers, while data on deaths by suicide were obtained from cause of death register. Standardized incidence rates, incidence rate ratios (IRRs), absolute risks, and proportional attributable risks (PAR) were calculated.

Results: In a population of more than 7.5 million individuals, 11.1% had been diagnosed with a mental disorder and a 10-fold (IRR, 10.7; CI 95%: 10.4-11.1) higher suicide rate when compared to those with no mental disorders. Their absolute risk of suicide was 2.6% and the PAR was 45.9. Highest rates of suicide were found for borderline personality disorders, substance use disorders, depression, bipolar disorders and schizophrenia. Between 4-5% of those diagnosed with bipolar disorders, schizophrenia and substance use disorders die by suicide. Highest PARs were found for depression (35.6), substance use disorders (31.0), and schizophrenia (14.0).

Conclusion: more than 10% of the had been diagnosed with mental disorders. Risks were highest for individuals with borderline personality disorders, depression, bipolar disorders, substance use disorders, and schizophrenia were found to have the highest rates. Provided effective community-based efforts exist, major target groups would be those with any mental disorder, depression, substance use disorders, and schizophrenia. Absolute risks of suicide may have decreased over recent decades.

Characteristics of patients with Psychotic Disorders who Died by Suicide within one year after contact with Mental Health Services – A National Hybrid Registry Study

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Introduction: Characteristics of patients with psychotic disorders who die by suicide soon after contact with mental health services are incompletely described. We aimed to characterize demographic, clinical history, and last-contact features of patients with psychotic disorders who died by suicide within one year of contact, and to compare patients with schizophrenia versus other psychotic disorders.

Methods: National case series using the Norwegian Surveillance System for Suicide in Mental Health and Substance Misuse. Sample: persons with ICD-10 F20–F29 who died by suicide between 2018 - 2022 and had contact with mental health or substance-use last year (n = 227; schizophrenia n = 94, other psychoses n = 133). Data sources: the Cause of Death Registry, Patient Registry, and a clinician-completed questionnaire (retrieved for 92.5%). Statistics: Fisher's exact test and Mann–Whitney U adjusted for false discovery rate (q).

Results: The sample was predominantly male (62.1%), single (78.1%), receiving welfare benefits (68.1%), and living alone (50.0%). Clinical features included prior self-harm (50.0%), violent behavior (30.5%), dual diagnosis (56.7%), inpatient admission last year (71.8%), and antipsychotic prescription (82.9%). Schizophrenia cases more frequently received welfare benefits, lived alone, had outpatient contact, were prescribed depot antipsychotics, and had medication non-adherence (all $q \leq 0.01$). Median time from last contact to suicide was 9 days (IQR 0–66). At last contact, 33.8% had psychotic symptoms and 13.3% suicidal ideation. 42.4 % had a crisis plan. Contact between services and relatives: 46.2%

Conclusions: Patients with psychotic disorders who die by suicide shortly after contact display social disadvantage, complex clinical histories, high treatment engagement but medication non-adherence. Many deaths occur shortly after contact despite low prevalence of reported suicidal ideation, underscoring the need for system-level preventive strategies. Increased use of crisis plans and contact with relatives might be possible targets to improve prevention.

Anhedonia and Suicidality in Major Depressive Disorder: The Role of Anxiety Symptoms and Disorders

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Introduction: Suicidality in Major Depressive Disorder (MDD) constitutes a major clinical and public health concern. Although depressive severity is a well-established risk factor, the contribution of specific anxiety symptom dimensions and anxiety disorders to suicidality remains insufficiently understood. Prior research has relied on anxiety measures, limiting insight into differential anxiety-related pathways to suicidal ideation and behaviour. In line with the theme Rethinking Suicide Research and Prevention, this study aims to refine suicide risk assessment in psychiatric settings.

Methods: This ongoing prospective cohort study includes 120 inpatients hospitalized for a Major Depressive Episode at a university psychiatric hospital in Athens. Suicidality is assessed using the Suicidal Ideation Attributes Scale and the Suicide Intention Scale. Anxiety disorders are diagnosed through structured clinical interviews (DSM-5, MINI), while anxiety symptom severity is evaluated using disorder-specific instruments assessing generalized anxiety, worry, panic disorder, agoraphobia, and social anxiety. Depressive severity is measured with the Montgomery–Åsberg Depression Rating Scale and anhedonia with the Snaith–Hamilton Pleasure Scale. Assessments are conducted at three time points: admission, discharge, and one month post-discharge. Planned analyses include correlation and multiple regression models examining associations between anxiety dimensions, anhedonia, depressive severity, and suicidality.

Results: Data collection and analyses are ongoing. Preliminary analyses suggest that worry represents the primary dimension of generalized anxiety associated with suicidality. In addition, social anxiety, encompassing both affective and behavioral components, shows positive associations with suicidality. As expected, depressive severity and anhedonia are positively associated with suicidality. No independent effects of anxiety variables on suicidality have been observed in the preliminary models.

Conclusions: These preliminary findings indicate that anxiety is not a uniform risk factor for suicidality in MDD. Distinguishing anxiety dimensions alongside anhedonia may enhance the precision of suicide risk assessment and inform prevention strategies in psychiatric care.

Risk of premature mortality in youth with comorbid physical and mental health disorders: a nationwide register-based study

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Background: Youth with mental and physical health disorders face elevated risks of premature mortality, including suicide. However, the relative contributions of mental health disorders, physical health disorders, and their co-occurrence to cause-specific mortality remain unclear. We used nationwide longitudinal register data to examine associations with suicide and suicide-unrelated mortality.

Methods: Over 2.7 million individuals born in Denmark were followed from ages 5 years to 46 years. Hazard ratios (HRs) were used to quantify risks of suicide, suicide-unrelated mortality, and mortality by accidental causes in adulthood for individuals who received diagnoses of mental health only, physical health only, or comorbid disorders at age 5-18 years vs those who did not, adjusting for sex, age, parental socioeconomic status, and parental psychiatric diagnoses.

Results: All diagnostic groups showed elevated mortality risks all examined causes. Risk of suicide mortality was highest among individuals with mental health (HR=3.00, 95% CI 2.48–3.64) and comorbid (HR=3.33, 95% CI 2.78–4.00) disorders, while a smaller but significant increase in suicide risk was observed among those with physical health diagnoses only (HR=1.18, 95% CI 1.07–1.31), in fully adjusted models. Suicide-unrelated mortality risk had a graded increase from physical health only (HR=2.26, 95% CI 2.16-2.35), mental health only (HR=3.07, 95% CI 2.72-3.46), to comorbid diagnoses (HR=4.72, 95% CI 4.28-5.20). However, this pattern disappeared in fully adjusted model to show similar risk for physical health only (HR=1.72, 95% CI 1.65–1.80) to mental health only (HR=1.64, 95% CI 1.45–1.86) and highest for comorbid diagnoses (HR=2.54, 95% CI 2.30–2.81).

Conclusions: Our findings show that childhood mental health disorders, alone and co-occurring with physical health conditions, may contribute to cause-specific premature mortality, particularly suicide, underscoring the need for integrated, life-course prevention and care strategies for youth with mental and physical health disorders.

"It's the most damaging diagnosis you can give anyone": An intersectional analysis evidencing the lack of care experienced by people diagnosed with Borderline Personality Disorder who have attempted suicide

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Suicidality is a core component of Borderline Personality Disorder (BPD, or Emotionally Unstable Personality Disorder – EUPD) diagnosis (Mind, 2022). The stigmatising nature of these diagnoses is well-established, and has been associated with exclusion from mental health care. BPD/EUPD diagnoses are socially patterned, particularly by gender and neurodiversity (Broughton, 2024). In this paper, we centre lived experiences with suicide of people diagnosed with BPD/EUPD, revealing marginalisation and exile from services based on the intersection of diagnosis and identity.

Drawing from the Suicide Cultures: Reimagining Suicide Research dataset of 61 in-depth interviews, long-term ethnographies of 13 fieldsites, and 236 suicide death reviews, we conducted an abductive, critical phenomenological analysis of the experiences of people who had attempted suicide who reported having a diagnosis of BPD/EUPD, as well as broader mentions of BPD/EUPD by study participants.

Participants shared experiences of stigmatisation associated with BPD diagnosis as a primary factor in exclusion from and/or poor mental healthcare. Participants who were able to access services noted that this was often ‚dismissive' and failed to look beyond their BPD diagnosis and its association with 'bad behaviour' as an explanatory framework for their suicidality. This led to participants self-excluding from further engagement with services due to past treatment, and highlights the lack of 'care' embedded within services. Particularly stark were the experiences of changing diagnoses over time, and the resulting shift in quality of interactions with healthcare providers, despite long-established relationships with services. Entangled with these experiences are the gendered associations of BPD, and the ways this impacted both women and men in our data struggling with and against the intersectional stereotypes entangled with this diagnosis. These stories have implications for the design and implementation of care, marginalisation and exclusion of particular groups within healthcare systems, and cultural attitudes' impact on marginalised communities' experiences of suicide.

PS27. Youth Suicide Prevention in Educational Settings

Effectiveness of the school-based suicide prevention program. The Polish version of Signs of Suicide (SOS).

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Introduction. Signs of Suicide (SOS) is an evidence-based school-based suicide prevention program, which has been adapted and implemented in Poland as part of the National Health Program. The main goal is to reduce suicides and suicide attempts among middle and high school students by improving the knowledge about depression and suicide warning signs and related skills. The effectiveness of the Polish version of the program was examined in real-life conditions.

Methods. A quasi-experimental design was conducted. Self-report anonymous questionnaire data were collected from about 2,600 middle and high school students. Effectiveness of the program was examined with 30 day delay after the program completion. Longitudinal data of 1540 was analyzed using two mixed models, LMM and GLMM. The documentation of the program's implementation kept by school coordinators was also analyzed.

Results. As a result of the program, approximately 10% of students (N = 135) sought consultation with the school psychologist or pedagogue. Approximately one-third of the students consulted visited a school specialist for the first time. Exposure to the SOS program resulted in greater knowledge of depression and suicide warning signs, a more proactive students' attitudes and beliefs to support people in mental crisis, and greater openness to professional help. Besides, results indicated a significant reduction in the risk of suicide attempts among at-risk students. The results also suggested that the program had a protective effect among students with no history of suicidal behavior or self-harm who participated in the program.

Conclusions. SOS is the first suicide prevention program implemented in middle and high schools in Poland, which has been proven effective in the quasi-experimental study. The results allow us to recommend the SOS program for widespread implementation in Polish schools.

'Include me in the conversation': a qualitative study of young people's experiences of self-harm and suicide support through schools and youth organisations in England

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Intro: Suicide among young people presents a major UK public health concern, with increased risk for youth who have self-harmed or know someone who has died by suicide. This study explored young people's experiences of accessing and receiving preventative and responsive self-harm and suicide support through schools and youth organisations in England, with a view to identifying inequalities, important components, and perceived gaps, barriers, and facilitators to effective support.

Methods: Sixty-four young people aged 15 – 21 with experience of self-harm and/or a death by suicide participated in semi-structured interviews and focus groups between November 2024 and May 2025. Purposive sampling ensured representation from key sociodemographic groups experiencing heightened risk of self-harm and suicide. Transcripts were thematically analysed using framework analysis, with inductive coding refined through collaborative team discussion.

Results: We generated four main themes that, while distinct, interrelate to describe wide variation in young people's experiences of seeking, accepting, and receiving support: (1) access and acceptance of support (e.g. being aware of available support options and processes; flexible pathways for initiating support; proactive approaches from trusted adults; and support provision as conditional on adult judgements); (2) adults' responses and responsibilities (e.g. prioritising listening over problem-solving; signposting and referring to external support; youth organisations as support settings; and complex emotions about receiving support); (3) impacts of confidentiality and privacy concerns (e.g. privacy and information-sharing within settings; and disclosing concerns to parents); and (4) helpful support feeling relevant and reliable (e.g. understanding and relating to others' experience, choosing from flexible support features; and using coping techniques).

Conclusions: Young people report wide-ranging experiences of accessing and receiving self-harm and suicide support from schools and youth organisations. Experiences of support are highly variable, and policies and guidance in settings must therefore be designed to be holistic, responsive, and flexible to individual needs.

Dialectical Behavior Therapy—Skills Training for Emotional Problem Solving for Adolescents in Aotearoa: An effectiveness evaluation

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Objective: Adolescents in Aotearoa New Zealand face high rates of emotional distress with limited early intervention services. This research is the first to evaluate the effectiveness of implementing Dialectical Behavior Therapy—Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A), a school-based program designed to build emotion regulation and coping skills, in Aotearoa.

Method: The DBT STEPS-A program was delivered across 14 schools to students aged 10–14 years (N = 262; 48.5% female). Students completed psychometric measures assessing emotion regulation, psychosocial difficulties and strengths, mindfulness, life satisfaction, and psychological skill use before and after the program. Student and school demographic information was obtained. Using a pre-post design, effectiveness was assessed through the proportion of students obtaining meaningful change in psychometric measure scores, band score shifts, and subgroup analyses.

Results: Significant improvements were observed in SDQ band score shifts, DBT skill use ($p < .0001$), emotion regulation strategies ($p < .01$), goal-directed behavior ($p < .01$), mindfulness ($p = .02$), and life satisfaction ($p < .001$) in students across a number of schools, with the greatest benefits observed among students with clinically elevated baseline scores. No significant changes were found in externalizing domains. Exploratory analyses suggested differential effects by ethnicity and a school equity index, suggesting broader factors influenced the degree of benefit.

Conclusions: These findings support DBT STEPS-A as an effective early intervention for youth in Aotearoa New Zealand, particularly for students with emerging emotional difficulties. Future studies should explore long-term outcomes, cultural adaptations, and implementation fidelity.

Development and Evaluation of an Online Suicide Prevention and Intervention Training Program for Psychological Counselors in Secondary Schools: A Randomized Controlled Trial

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Introduction: According to World Health Organization (2021), suicide is the fourth leading cause of death among individuals aged 15–19 worldwide, with suicide rates among youth increasing faster than in the general population. This highlights the urgent need for prevention initiatives targeting this age group. Schools play a critical role in implementing such strategies; however, many educators report feeling unprepared to address suicidal behavior. Although school-based prevention programs have increased in recent years, they primarily focus on general school staff (administrators and teachers) in relation to identification and referral. In contrast, training programs specifically designed for psychological counselors remain limited. Therefore, the present study aims to evaluate the effectiveness of an Online Suicide Prevention and Intervention Training Program developed for secondary school psychological counselors.

Methods: A randomized controlled trial was conducted with 56 school counselors working in secondary schools in İzmir, Türkiye, who were randomly assigned to a training group (n = 30) or a wait-list control group (n = 26). The training group completed an online gatekeeper-based suicide prevention program. Measures of attitudes toward and perceived competence in working with suicidal behavior, suicide literacy, suicide stigma, and gatekeeper behaviors were administered at pre- and post-test, and group differences were analyzed using ANCOVA controlling for baseline scores.

Results: The results indicate that the training group showed higher perceived competence and lower negative attitudes toward working with suicidal behavior than the wait-list control group (both $p < .001$), with large effect sizes. The training also increased suicide literacy ($p < .001$) and gatekeeper behaviors ($p < .01$), while significantly reducing stigmatizing attitudes toward suicide ($p = .001$).

Conclusions: The findings indicate that the online training program enhances psychological counselors' perceived competence and intervention-related behaviors while reducing stigmatizing attitudes toward suicidal behavior, supporting its use in the professional development of school counselors.

Feasibility of Implementing a School Based Suicide Prevention Gatekeeper Training and an Implementation Strategy in Danish FGU Schools (Project ROS)

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Background: Teaching staff in Danish FGU schools frequently encounter students exhibiting suicidal behaviour but report limited knowledge and confidence in how to respond. Project ROS implemented the culturally adapted QPR (Question, Persuade, Refer) gatekeeper training, supported by a structured implementation intervention, to strengthen suicide prevention capacity in this high-risk school setting.

Aim: To evaluate the feasibility, acceptability and fidelity of school-based QPR gatekeeper training and its accompanying implementation intervention, and to assess preliminary outcomes related to knowledge, engagement and implementation processes.

Methods: A mixed-method feasibility design was employed, including pre-, post- and 6-month follow-up surveys alongside focus groups and field observations. Quantitative measures assessed knowledge about suicidal behaviour, acceptability and fidelity. Qualitative data from field observations and focus group interviews explored contextual fit, acceptability.

Results: Knowledge about suicidal behaviour increased substantially after training. Correct responses across RFOS items improved on all indicators.Paired t-tests confirmed a significant increase in overall knowledge from pre-training (mean 4.4, CI 3.6–5.2) to post-training (mean 6.0, CI 5.5–6.3; $p < .001$), with gains maintained at 6-month follow-up (mean 5.9, CI 5.4–6.3).

Acceptability was high. Fidelity was strong, with high recognition of key QPR components. Implementation strategies showed mixed impact; while 95% received the information email, qualitative findings indicated that email communication did not meaningfully engage staff. In contrast, the two-tier model using student coaches as local instructors strengthened collaboration, improved confidence and reduced reluctance to discuss suicidality. Component differentiation analyses suggested that personal bereavement by suicide was significantly associated with recognising referral components.

Conclusion: Project ROS demonstrates that QPR gatekeeper training, supported by a tailored implementation intervention, is feasible, acceptable and capable of producing both immediate and sustained knowledge improvements in FGU schools. The two-tier model shows promise for sustainability, although further cultural tailoring is warranted. Findings support progression to a full-scale evaluation.

PS28. Risk and Protective Factors for Youth Suicide

Protective factors for suicidal behaviors in adolescents: Life satisfaction, reasons for living, and psychosocial resources across sex groups

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Introduction: Suicidal behaviors in adolescence are a major public health concern. Beyond risk factors, identifying protective mechanisms is essential for prevention and early intervention. Protective constructs such as life satisfaction, reasons for living, and psychosocial resources may operate differently across sex groups.

Methods: A cross-sectional study was conducted with Spanish adolescents (N = 1,061; 12–21 years; M = 15.78), categorized into girls (n = 502), boys (n = 406), and non-binary/other (n = 7). Multiple regressions were performed separately by group with suicidal behaviors as the dependent variable, assessed with the Adolescent Suicidal Behavior Assessment Scale (SENTIA). Age was entered in Step 1. Step 2 included protective predictors measured with the Satisfaction With Life Scale (SWLS), the Reasons for Living Inventory–Adolescent version (RFL), and selected scales from the Sistema de Evaluación de Niños y Adolescentes (SENA) assessing social resources and perceived family, school, and community context.

Results: Age did not predict suicidal behaviors in any group. In girls, the protective model was significant ($F(8,491) = 24.11$, $p < .001$): suicidal behaviors were mainly explained by reasons for living and life satisfaction, with an additional contribution from social resources. In boys, the model was also significant ($F(8,396) = 15.69$, $p < .001$), but a different pattern emerged: school context showed a distinct contribution, whereas global wellbeing indicators (SWLS/RFL) were less salient once psychosocial variables were included. In the non-binary/other group, the full model could not be reliably estimated due to the very small sample size and limited statistical power.

Conclusions: Protective pathways differed across sex groups. From a gender-informed perspective, girls may benefit more from meaning- and wellbeing-focused prevention, whereas boys may require stronger school-based and relational protective contexts, given gendered differences in emotional expression and help-seeking. Larger non-binary samples are needed to clarify protective mechanisms and inform inclusive prevention.

Suicidal Ideation and Attempts Among Lithuanian Children: Associations with Psychoemotional Well-Being

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Introduction: Adolescent suicidality remains a pressing global concern, ranking high among causes of death for older youth and affecting many through mental disorders like depression and anxiety.

Methods: The study was conducted from October to December 2023 in 12 secondary and 14 high schools across Lithuania. Data were collected using a researcher-designed questionnaire assessing demographics, suicidal ideation and attempts, and the Strengths and Difficulties Questionnaire (SDQ) for psycho-emotional functioning. The aim was to estimate the prevalence of suicidal thoughts and attempts among Lithuanian students and their associations with psycho-emotional difficulties.

Results: The study included 4,124 adolescents (51.0% male), with a mean age of 14.48 ± 1.15 years. 16.1% of adolescents had thought about suicide more than once, and 3.9% had attempted suicide more than once. Among boys, 9.2% had thought about suicide more than once, whereas among girls this rate was 22.1% ($p < 0.001$, $\varphi = 0.245$). More than one suicide attempt was reported by 2.2% of boys and 4.8% of girls ($p < 0.001$, $\varphi = 0.108$). Regression analysis indicated that self-harm and internalizing difficulties were the most important factors associated with suicidal ideation in boys ($\beta = 0.457$; $\beta = 0.204$), while in girls, the most important factors were self-harm and externalizing difficulties ($\beta = 0.485$; $\beta = 0.188$). Self-harm and internalizing difficulties were also the most important factors associated with suicide attempts in boys ($\beta = 0.493$; $\beta = 0.065$), whereas in girls, the main factors were self-harm and externalizing difficulties ($\beta = 0.413$; $\beta = 0.108$).

Conclusions: These findings highlight notable gender differences in suicidal ideation and behavior among adolescents, with girls reporting significantly higher rates than boys. Self-harm emerged as the strongest factor associated with both suicidal thoughts and attempts, alongside internalizing difficulties in boys and externalizing difficulties in girls.

Mental health staff's views on the relationship between insecure attachment and suicidal ideation in young people

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Introduction: Suicidal thoughts and behaviours in young people present a major clinical challenge, and close relationship experiences may play an important role. Mental health staff draw on extensive clinical experience when responding to suicidality and therefore hold valuable insights into how suicidal thoughts and behaviours develop. This qualitative study explored mental health staff's perceptions of how young people's close relationship experiences may contribute to suicidal thoughts and behaviours.

Methods: Semi-structured interviews were conducted with 26 mental health professionals with experience supporting young people with suicidal thoughts and behaviours. Interviews were analysed using thematic analysis.

Results: Beliefs about the self and others developed through close relationship experiences may be associated with suicidal thoughts and behaviours in young people. These beliefs were analysed from participants' accounts and organised into five themes. Theme 1, belief about being unwanted, reflected feeling undeserving of care or love. Theme 2, sense of being a burden on others, reflected fears of burdening others and beliefs that others would be better off without them. Theme 3, self-blame, was linked to heightened distress when young people struggled emotionally or felt they had fallen short of self-expectations. Theme 4, sensitivity to rejection by others, reflected perceiving rejection and relationship breakdowns as threatening. Theme 5, low expectations of support in close relationships, reflected anticipating limited support during distress.

Conclusions: Findings highlight the clinical relevance of close relationship experiences in understanding suicidality in young people. Interventions may be strengthened by incorporating young people's close relationships into therapy to address negative beliefs about the self and others. Involving key others may support collaborative problem-solving around relational difficulties, address interactional problems between young people and close others, promote healthier relationship interactions, and help young people develop more positive beliefs about the self and others, helping to prevent future vulnerability to suicidal thoughts and behaviours.

Autonomy support and competence thwarting in interpersonal relationships: significant factors for suicidality in young adults

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Introduction: In most countries, suicide is one of the leading cause of death among young adults aged up to 29 (WHO, 2021). Much research investigate adolescent suicide risk factors, but the life stage of emerging adulthood is not much analyzed in suicide context. As this developmental stage has its own unique features, this research focuses on investigating interpersonal factors that could be related to suicidal behaviour.

Methods: Data was collected via the online survey. The sample consists of 242 young adults from 18 to 30 years (M = 25.52, SD = 3.44). 69% were women, 76% lived in cities. We used Interpersonal Behavior Questionnaire (Rocchi et al., 2016), which represent different psychological needs that evolve in interpersonal relationships: autonomy, competence, and relatedness. Suicidality was estimated with SBQ-R scale (Osman et al., 2001), stress level was estimated with Perceived Stress Scale (Cohen et al., 1983), anxiety and depression symptoms were estimated with Patient Health Questionnaire-4 (Kroenke et al., 2003). The project was funded by the Lithuanian Research Council (LMTLT), grant No P-MIP-24-77.

Results: Moderation analysis indicates that the association between perceived stress and suicidality is weaker if young adults feel that their competence is supported. If they feel that their autonomy is thwarted, the association between perceived stress and suicidality is stronger. The moderating effects were significant only for the association between stress and suicidality, but not for the association with depression and anxiety, which indicates a specific suicide-related factor.

Conclusions: The findings reflect the need for identity formation during the emerging adulthood developmental stage and its connection to suicidality. Practical implications for therapeutic interventions include identifying the need for autonomy and competence, and encouraging its fulfilment. Considering the interpersonal experiences of young adults emphasises the significance of sociocultural and community-related factors in the process of suicide.

Understanding patterns of suicide-related stigma in a cohort of Australian adolescents

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Introduction: Suicide is a leading cause of death in young people in many countries, and suicide-related stigma is a key barrier for help-seeking amongst young people, but has been under-studied in adolescents. The objectives of this study were: 1) to validate a measure of public suicide stigma (the Stigma of Suicide Scale – short form [SOSS-SF]) in Australian adolescents, and 2) to determine distinct latent profiles on this scale.

Methods: Students were recruited from 21 Victorian secondary schools to the Multimodal Approach to Preventing Suicide in Schools (MAPSS) study, and completed an online survey during class. Validating the SOSS-SF involved confirmatory factor analysis, Pearson correlations to explore construct validity, and examining Cronbach's alpha to assess internal consistency. To examine heterogeneity in stigma profiles, latent profile analysis (LPA) was conducted using the three SOSS-SF subscale means: Stigma, Isolation/Depression, and Glorification/Normalisation.

Results: Baseline data were provided by n=1667 adolescents aged 14-18 years. Participants typically disagreed with negative attributions on the Stigma subscale (M=1.6/5, SD=0.8). All SOSS-SF items loaded significantly onto their original factors, known groups validity was supported, and internal consistency was excellent for all subscales. LPA identified a five-profile solution with distinct patterns of endorsement across the subscales. Notably, the 'Highest stigma' profile was associated with being male, speaking a language other than English at home, not identifying as LGBTQI, low suicide literacy, and low perceived behavioural control.

Conclusions: The SOSS-SF is a valid, reliable measure of public suicide stigma in Australian adolescents, though scores appear skewed. Results identified heterogeneity of adolescents' attributions towards people who die by suicide. Future suicide prevention interventions should target demographic profiles associated with high stigma and glorification.

PS29. Suicide Surveillance and Underreporting

Surveillance of probable suicide among the Traveller community in Ireland

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Introduction: Members of the Traveller community in Ireland represent 1% of the population yet account for 10% of national suicide deaths, making surveillance of suicide in this ethnic group a key public health priority. This study aimed to investigate the surveillance of probable suicide among Irish Travellers using mixed methods.

Methods: Phase 1 involved analysis of probable suicide data among Travellers collected in 2024 compared to national rates in 2021 from the Central Statistics Office, alongside Traveller population data from the 2022 Census. Phase 2 involved one-to-one interviews with nine professionals involved in Traveller suicide surveillance who gather and submit probable suicide data, such as community-workers and Traveller Mental Health Coordinators. Data was thematically analysed. Two female lived experience representatives from the Traveller community shaped Phase 2 design and analysis.

Results: Phase 1 identified 32 probable suicide deaths among Travellers resident in Ireland in 2024 (21 male). The suicide rate was 97 per 100,000—ten times higher than the general population. Traveller men's rate (130 per 100,000) was eight times higher, while Traveller women's rate (66 per 100,000) was fifteen times higher than national counterparts. Phase 2 shows that recording is more organised in recent times, with allied organisations and services collaborating to gather information. However, surveillance is fragmented and variable across counties, which can lead to recording inconsistencies. Facilitators included positive local relationships, media communication, formal agreements around confidentiality, sharing of information and collaborative community response plans. Barriers included difficulties linking related deaths across counties, confidentiality concerns, verification challenges during clusters and stigma.

Conclusions: Findings highlight the need for a formal, centralized, real-time co-owned surveillance system with two-way information flow. Recommendations include establishing governance structures, harnessing existing community relationships, co-producing surveillance capacity with Travellers, eliminating parallel processes through coordination, enabling standardized yet contextual data collection, and addressing resource gaps.

Pathways of suicide underreporting: preliminary results from Nigeria

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Intro: The underreporting of suicide is a well-recognised problem. Suicide rates may be underestimated by 10-30%. A recent study estimated that instead of 727,000 deaths due to suicide per year, the actual number may be closer to one million.

Death by suicide may not be reported due to stigma, illegality of suicide attempt, or financial and other disincentives. Even if a death is reported, it may be reported as death due to other causes such as accidents. Nigeria has higher than regional age standardized suicide rate. Suicide attempt is criminalised with evidence of stigma and underreporting.

Methods: Process mapping is a technique in health care quality improvement to understand how patient pathways work. We employ the process mapping framework to understand pathways of underreporting and misreporting of suicide in Nigeria as part of a larger study conducted by the Ministry of Environment and funded by the University of Edinburgh.

Process mapping will comprise of interviews with 30-50 key informants such as local leaders and administrators, religious leaders, local health practitioners, police, coroners, mortuary and funeral staff and others. A series of open-ended questionnaires were developed for each type of key informants. The interviews will take place in the spring of 2026 in Kano state in Nigeria. Two trained researchers will conduct interviews in several districts selected following random sampling.

Results: The outcome will include a process map with clearly defined reporting pathways between death, the notification of death, attendance by medical certifier, completion of the death certificate, submission of the information contained in the death certificate to authorities in charge of civil registration. It will identify points in this process where misreporting or non-reporting can and do occur.

Conclusions: The results will help improve suicide surveillance in Nigeria, reduce stigma and increase numbers of correctly reported incidences.

Delayed Discovery of Suicide Decedents: Sociodemographic and Circumstantial Characteristics by Discovery Timing

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Background: Delayed discovery following suicide death substantially limits opportunities for early intervention that could prevent fatal outcomes. The timing of discovery may reflect pre-existing social isolation and disconnection prior to death and provide insight into blind spots within current suicide prevention frameworks.

Objective: To examine sociodemographic and suicide-related characteristics by time of discovery and identify factors associated with delayed discovery.

Methods: We analyzed 96,337 suicide decedents aged 10 years or older, using data from the Korean National Investigations of Suicide Victims Through Police Records (2013–2020). Discovery timing was categorized as: alive at discovery (reference), within 24 hours, and after 24 hours. Group differences were compared across sociodemographic, situational, and suicide-related characteristics. Multinomial logistic regression was used to examine factors independently associated with delayed discovery.

Results: Among all suicide decedents, those discovered more than 24 hours after death were predominantly middle-aged 40–59 years (50.3%), living alone (64.0%), and had a high proportion of gas poisoning (34.7%). In multivariable analyses, living alone (aOR=9.17, 95% CI: 8.62–9.75) and deaths occurring outdoors (aOR=27.53, 95% CI: 21.69–34.93) were strongly associated with delayed discovery. Mental illness was more frequently reported as the primary cause among cases discovered alive (41.0%), whereas economic problems were more common among cases with delayed discovery (33.7%).

Conclusions: Suicide prevention strategies have primarily focused on individuals classified as high risk, particularly those with mental illness or advanced age. Suicides among middle-aged adults associated with economic difficulties are associated with delayed discovery and social factors, including living alone and deaths occurring outside the home. These patterns appear to be less readily captured by conventional risk classification frameworks. These findings underscore the need for preventive approaches that extend beyond high-risk groups to include socially isolated middle-aged adults experiencing economic instability.

Missing Links: Mapping the behaviours of missing people who die by suicide

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Introduction: The incidence of people being reported missing has increased globally over the last decade. Complex mental health and psychological distress, including suicidal thoughts and behaviours, are risk factors associated with being reported missing. Yet, the evidence connecting being reported missing and dying by suicide is scant.

Methods: To explore this link, we undertook a case record analysis of data sourced from the Australian National Coronial Information System. We searched for cases of suicide deaths that occurred between 01 January 2017 and 31 December 2024 in one Australian state (New South Wales) in which there was a reference to 'missing person'. Data was extracted from police and coronial reports, along with demographics, mental health history, previous suicide attempts, engagement with mental health services, and interventions offered while missing. This data was used to examine the relationship between going missing and suicide.

Results: A total of 186 eligible records were identified. Fifty-one (27.9%) records identified a history of prior suicide attempt before being reported as a missing person. Time missing ranged from less than 1 day to 165 days, with people missing for an average of five days prior to being located deceased by suicide. Thirty-seven (20.0%) individuals shared or left a note highlighting an intention to die by suicide, and just under half (42.0%) of records demonstrated the individual was connected via their mobile device while missing. Regression analysis identified links between demographic information and missing event details (e.g., distance from home, length of time missing, and phone use).

Conclusion: The findings offer insight to better understand the trajectory between going missing and dying by suicide. The analysis suggests there may be a window between disappearance and death in which to deliver a suicide intervention by SMS, but that it's imperative that any such intervention is trauma-informed to minimise harm.

Targeted Suicide Prevention in Neurological Patients: Identifying Critical Healthcare Contact Points Using Danish Nationwide Registry Data

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Background: Individuals living with chronic neurological diseases face a substantially elevated risk of suicide compared with the general population. Despite this, little is known about how these patients interact with the healthcare system in the weeks and months preceding suicidal behavior, and whether identifiable high-risk periods exist. A detailed understanding of healthcare utilization around suicidal events may enable more precise, well-timed preventive strategies rather than broad, non-targeted interventions.

Aim: To identify critical healthcare contact points that may signal acutely elevated risk of suicidal behavior among individuals with chronic neurological diseases, and to determine whether risk varies with disease progression and across healthcare sectors.

Methods: We conduct a nationwide observational cohort study of using Danish registry data (2010–2021), including adults newly diagnosed at a neurological department. We map healthcare utilization in 30-day windows before and after suicidal behavior (suicide, suicide attempt, self-harm). Incidence rates of suicidal behavior are also estimated. Relative risks will be estimated using Poisson regression, and absolute risks will be calculated using competing-risk methods. Supplementary analyses examine sex, age groups, and psychiatric history.

Results (hypothesized): We hypothesize that distinct patterns of healthcare contact may emerge in the period leading up to suicidal behavior among individuals with chronic neurological diseases. Healthcare contact peaks may be observable shortly before suicidal events, potentially varying across sectors. Acute high-risk periods may occur in the weeks following neurological outpatient consultations or neurological hospitalizations, reflecting fluctuations in disease progression, functional impairment, or treatment transitions. Markers of disease progression - including repeated neurological consultations, frequent healthcare engagement, or multiple neurological hospitalizations - may be associated with increased incidence rates of suicidal behavior.

Conclusions: By identifying concrete moments in the healthcare pathway where suicide risk escalates, our findings aim to support the development of targeted, timely prevention strategies within both neurological and primary care settings.

Real-time Suicide Cluster Monitoring in Victoria, Australia

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Background: Despite considerable interest in detecting, understanding, and preventing suicide clusters since the 1980s, suicide cluster surveillance is only now becoming a possibility. This is due to the development of several "real-time" suicide monitoring systems that manage current and precise suicide information. Here, we report our approach to real-time suicide cluster monitoring.

Method: Using monthly data updates from a real-time register in the Australian state of Victoria, we routinely search for clusters using the scan statistic. We then output a timely report to the Coroner's Court of Victoria (the data custodians), who can initiate various responses.

Results: We search for clusters with a high precision cluster detection method (space-time permutation elliptical scan statistic) and are able to detect clusters in precise geographical areas (circular or ellipse shape) in units of days.

Discussion: Real-time suicide monitoring systems open the door to suicide cluster surveillance that, through rapid cluster identification, might be able to limit the growth and/or community impact of suicide clusters. Here, we discuss our application of the best practice cluster detection algorithm for real-time cluster surveillance.

PS30. The Epidemiology of Self-Harm

Patterns in health services use before, during, and after an acute episode of hospital-presenting self-harm: A data linkage cohort study of over 1.3 million treatment contacts

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Background: Many people presenting to emergency departments (EDs) after self-harm do not receive adequate follow–up care, even in well-resourced systems. Little is known about patterns of health service engagement before, during, and after these presentations, and how they relate to subsequent mortality, including suicide.

Objectives: To identify distinct trajectories of health service use up to 1 year before, during, and after an index ED presentation for self-harm, and examine associations with all-cause and suicide mortality.

Methods: We conducted a retrospective cohort study of 4,668 individuals presenting to the Royal Melbourne Hospital ED for self-harm. Linked administrative data captured over 1.3 million treatment contacts across primary care, pharmacy, specialist mental health, alcohol and other drug (AOD), and physical health services. Sequential pattern mining and hierarchical clustering identified service use trajectories in three periods: (1) 1 year before, (2) during the acute episode, and (3) up to 1 year after the index ED presentation. Cox and Fine-Gray models estimated associations with all-cause and suicide mortality.

Results: Before the index presentation, 3 service use clusters emerged: mixed (60%), pharmacy-only (28%), and specialist mental health (12%). During the acute episode, service use was dynamic, with the index presentation triggering short-term increases in multi–sector contacts, particularly with AOD (34%) and specialist physical health (25%). In the year following, most (68·7%) reverted to the same cluster observed pre-presentation. Cluster membership was not associated with all-cause mortality, but assignment to the specialist mental health cluster was linked to higher suicide risk within 1 year.

Conclusions: Health service responses to self-harm are dynamic but short-lived, leaving many high-risk individuals disconnected from care. Sustained, integrated engagement across mental health, AOD, primary care, and community services—particularly in the first year post-ED—is critical to reduce repeat self-harm and suicide. Structural reforms targeting service integration, continuity, and access are urgently needed.

Hospital presenting self-harm in the Republic of Ireland and Northern Ireland across 10 years: 2013-2022

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Introduction: Self-harm and suicide are global health issues. Prevention strategies in the Republic of Ireland and Northern Ireland have highlighted hospital-presenting self-harm as a target priority area. This study describes rates of self-harm in the Republic and the North during 2013-2022.

Methods: Data from the National Self-Harm Registry Ireland and the Northern Ireland Registry of Self-Harm were utilised in this study. Both registries record information on self-harm presentations to all hospital Emergency Departments across the Republic and the North. Self-harm rates were calculated based on the number of persons who presented to a hospital Emergency Department following self-harm in that calendar year. Crude and age-specific rates per 100,000 population were calculated.

Results: There was an average of 9023 people who presented with self-harm in the Republic and 5472 in the North annually. The national rate of self-harm in the Republic in 2013 (199 per 100,000) was almost identical to 2022 (197 per 100,000). In the North, the rate reduced from 322 per 100,000 in 2013 to 272 per 100,000 in 2022. A similar trend over the 10-year timeframe was observed for men in both countries with a decrease of 8% in the Republic and 22% in the North. The female rate increased by 5% in the Republic and decreased by 9% in the North. In both countries, younger age groups showed an increasing trend in self-harm rates with larger increases observed for girls.

Conclusion: The monitoring of trends in this study detected country-level differences in trends over a 10-year timeframe.

Patterns in admissions for hospital-presenting self-harm in the Republic of Ireland, 2013–2024

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National Suicide Research Foundation, Ireland

Background: Method of self-harm has been identified as a factor influencing whether patients are admitted to hospital after presentation to Emergency Departments (EDs), but admission status has not been analysed by method of self-harm in detail. This study examines hospital admission patterns over time for patients presenting to EDs with self-harm in the Republic of Ireland over the 12-year period 2013–2024.

Method: The study uses data from the National Self-Harm Registry Ireland. Descriptive statistics, including frequencies and proportions, are used to examine annual and overall patterns over the 12-year timeframe.

Results: There were 137,475 ED presentations involving self-harm in the study period. Over that time, the percentage of presentations involving admission to general hospital wards remained stable at ca. 25%, whilst psychiatric inpatient admissions declined from 9% in 2013 to ca. 5% in 2022–24. Among presentations involving intentional drug overdose (IDO) and self-cutting, the percentage of presentations resulting in a medical admission increased from 29% to 32% and from 11% to 13% respectively. Psychiatric admission following attempted hanging decreased from 22% to 10%.

Conclusion: The proportion of presentations resulting in a medical admission slightly increased over the study period, primarily as a result of the increase in medical admission following presentations involving IDO and self-cutting. The percentage of presentations resulting in a psychiatric admission substantially decreased, driven by presentations involving attempted hanging. These changes may reflect changes in the severity of self-harm, with presentations involving self-cutting, for example, becoming more medically serious over the time period and presentations involving attempted hanging becoming less psychiatrically urgent; or they may reflect changes in recommended care or hospitals' available resources. The presentation will canvas these possibilities.

Recreational drug involvement as a method and as context of self-harm: A registry study analysis

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National Suicide Research Foundation, Ireland

Introduction: Approximately 69% of self-harm presentations to hospital Emergency Departments (EDs) in the Republic of Ireland involve drug use. For presentations where a recreational drug such as cocaine is present with another self-harm method, the drug use may be recreational rather than an intentional drug overdose (IDO). This study seeks to quantify the extent of this.

Methods: Data on all self-harm presentations to EDs in the Republic of Ireland between 2007 and 2024 were obtained from the National Self-Harm Registry Ireland, a national self-harm monitoring system. A new variable for self-harm presentations involving drugs was created for this analysis: IDO included drug use involving any non-recreational drug and recreational drug involvement where no other method of self-harm was recorded. Presentations with recreational drug involvement alongside another self-harm method were categorised as possible IDO. The data were analysed by sex and five-year age group.

Results: Of the 208,481 self-harm presentations recorded over the study period, 137,310 involved drug use. Overall, 2.2% of presentations involving drug use (1.4% of all self-harm presentations) may have involved drugs only recreationally. The proportion was similar from 2007 to 2014 with around 1% of presentations involving drug use; this increased to 6.6% by 2024. The proportion was more pronounced for men than women: in 2007, 1.8% of presentations involving drug use by men may have involved drugs only recreationally compared to 0.2% by women that year; in 2024, the equivalent figure for men was 11.0% and 3.4% for women. The rate of possible recreational drug use became increasingly pronounced among younger persons from 2014 onwards—especially those aged 20–34, for whom the rate in 2024 was 11.9% of all presentations involving drug use.

Conclusions: The increase in recreational drug involvement in self-harm presentations warrants further investigation, particularly in terms of treatment and appropriate onward referrals.

Trends in highly lethal methods of self-harm in the Republic of Ireland, 2007–2024- A registry-based study

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National Suicide Research Foundation, Ireland

Background: Attempted hanging and attempted drowning are highly lethal methods of self-harm and constitute an increasing proportion of self-harm acts in recent years. This study investigates trends in hospital-presenting self-harm for attempted hanging and attempted drowning over an 18-year period and identifies at-risk age groups.

Methods: Data on self-harm presentations to hospital Emergency Departments (EDs) in the Republic of Ireland from 2007 to 2024 were obtained from the National Self-Harm Registry Ireland, a national monitoring system of hospital-presenting self-harm. Percentages, crude and age-standardised incidence rates, and trends were calculated. Population data were obtained from the Central Statistics Office (CSO) in Ireland.

Results: The total number of self-harm presentations during the study period was 208,472. Attempted hanging and attempted drowning accounted for 10% (n = 20,900) of presentations (14,297 and 6,603 presentations respectively). A greater proportion of these presentations were by men (64%).20–24-year-olds had the highest number of presentations for both methods.

The incidence rate of attempted hanging increased by 72% (from 9.3 to 16 per 100,000) from 2007 to 2024. The largest increase was in the 25–29-year-old age group (180%), but there were also substantial increases among younger age groups including 10–14-year-olds.

The incidence rate of attempted drowning increased by 9% (from 6.6 to 7.2 per 100,000). The largest increase was in the 15–19-year-old age group (54%). Attempted drowning rates generally increased among younger age groups only and declined among older age groups.

Conclusion: Attempted hanging and attempted drowning are significant public health concerns in Ireland. This study identifies that those aged between 10 and 29 years old had the highest incidence rates, with rates among this age group increasing. Higher rates among younger age groups indicate the need to address the determinants of highly lethal methods of self-harm and provide interventions for younger persons.

Understanding Non-Suicidal Self-Injury in Lithuanian Adolescents: The Role of Psycho-Emotional Difficulties

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Introduction: Over the past few decades, the prevalence of self-harming behaviors among adolescents has shown a significant upward trend. This study aims to examine the prevalence of self-harm among Lithuanian school students and explore its associations with psycho-emotional difficulties.

Methods: The study was conducted between October and December 2023 across 12 secondary and 14 high schools in Lithuania. The target population comprised students aged 12 to 17 years. Data were collected using a researcher-developed questionnaire encompassing demographic information, self-reported history of self-harm, and the Strengths and Difficulties Questionnaire (SDQ) to assess psycho-emotional functioning.

Results: The study included 4,124 adolescents (49.0% female), with a mean age of 14.48 ± 1.15 years. A total of 13.6% of adolescents had engaged in self-harm at least once in their lifetime, and 14.3% had self-harmed more than once. Repeated self-harm was reported by 6.0% of boys and 22.0% of girls ($p < 0.001$, $\varphi = 0.289$). The adolescents' mean SDQ total difficulties score was 13.64 ± 5.78. Respondents who had engaged in self-harm had higher SDQ total difficulties scores (15.70 ± 4.98) compared to those who had not (12.23 ± 5.22) ($p < 0.001$, $d = 0.668$). Regression analysis indicated that emotional problems and hyperactivity were the most important factors associated with self-harm among girls ($\beta = 0.281$; $\beta = 0.140$), while emotional problems and peer problems were the most important factors associated with self-harm among boys ($\beta = 0.272$; $\beta = 0.098$).

Conclusions: Nearly one in four Lithuanian adolescents reported having self-harmed at least once. Emotional difficulties, peer-related problems, and hyperactivity emerged as the most significant psychosocial factors associated with self-harming behavior. These findings emphasize the need for comprehensive school- and community-based mental health strategies aimed at fostering emotional regulation, improving peer relationships, and managing behavioral difficulties to mitigate self-harm risk among adolescents.

PS31. Trauma, Dissociation and Suicide

A systematic review on the nature, severity, and prevalence of dissociation and dissociative phenomena in non-affective psychosis and their relationship with suicide-related outcomes

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Non-affective psychosis is associated with profound psychosocial and functional impairment, as well as markedly elevated risk of suicide, self-harm, and reduced life expectancy. In recent years, there has been increasing interest in the role of dissociative phenomena in the aetiology of non-affective psychosis, as well as their influence on outcomes. Symptoms of dissociation are common in non-affective psychosis, and dissociative experiences are known to be elevated in this population. Growing transdiagnostic evidence further indicates that dissociation is associated with suicidal thoughts and behaviours; therefore, the present review aimed to explore the nature, severity, and prevalence of dissociation in non-affective psychosis and their relationship with suicide-related outcomes. To achieve this, six databases were searched from inception and systematically screened. Eligibility was established against ICD/DSM criteria or service-defined categorisation including first-episode psychosis, brief limited intermittent psychotic symptoms, and at-risk mental states. One hundred and thirty-four studies were included in the final data; 126 utilised a validated measure of severity; 32 reported on prevalence; and 12 reported on the role of dissociation in suicidality. Meta-analyses were conducted for measures with three or more independent datasets. Dissociative Experiences Scale scores were consistent with moderately elevated dissociation; Cambridge Depersonalization Scale scores were also raised relative to community norms; and Examination of Anomalous Self Experience scale scores indicated high and clinically relevant loads of self-disturbance. Nonetheless, high heterogeneity ($I2 > 85\%$) reflected wide symptom variation. Prevalence findings were more mixed, with heterogeneity in measurement approaches and varied thresholds complicating interpretation. Data on suicide-related outcomes demonstrated dissociation often co-occurs with suicidality, but associations were inconsistent and frequently non-significant. Overall, these findings highlight the necessity of assessing levels of dissociation in individuals with non-affective psychosis, and where necessary, intervening clinically. Further, mechanistically focused research is needed to clarify whether dissociation independently contributes to suicide-related outcomes in non-affective psychosis.

Effects of social exclusion on dissociative states and pain perception in university students at suicide risk: A virtual reality study

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Introduction: Most recent theories of suicide view increased pain tolerance as a key risk factor for suicidal behavior. In recent work, we integrated these models with meta-analyses on pain hypersensitivity in suicide, neuropsychoanalytic studies on hypo- and hyperarousal responses to early relational trauma, and evidence of dissociative vs. hypervigilant subtypes in PTSD. Hence, we hypothesized the existence of two profiles in suicide risk: a dissociative vs. a pain hypersensitive profile. This study aims to examine dissociative and non-dissociative responses, as well as changes in pain perception, face to interpersonal stress (i.e. social exclusion) and their relationships with suicide-related history, trait dissociation and trauma.

Methods: University students are being recruited to participate in a VR version of the Cyberball Game, a validated social exclusion paradigm. Inclusion and exclusion conditions are presented on different days to each participant, in counterbalanced order. On the first day, students complete a self-report adaptation of the Columbia-Suicide Severity Rating Scale (C-SSRS), the Dissociative Experiences Scale (DES-II), and the Traumatic Experiences Checklist (TEC). Before and after each condition, state dissociation, heat-pain threshold and subjective heat-pain ratings are assessed, respectively, through the Cambridge Depersonalization Scale – state version (CDS-S) and a computer-controlled thermal stimulator.

Results (expected): Individuals with suicide-related history (i.e. recent SI, or lifetime SP, NSSI or SA) are expected to exhibit greater increases in state dissociation following the exclusion condition compared with individuals without such a history. Higher DES and TEC scores are expected to associate with greater increases in state dissociation after exclusion. Patterns of hypo- or hypersensitivity to pain in response to social exclusion will also be explored in relation to suicide-related history, dissociative traits and traumatic experiences.

Conclusions: Findings could inform person-centered approaches to suicide-risk prevention by accounting for individual differences in dissociative and pain perception patterns of response face to interpersonal stress.

Suicidal Behavior and Its Risk Factors: The Impact of Depression and Trauma in a Latvian population

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Background: Latvia has one of the highest suicide rates in the European Union, yet there is limited research on mental health risk factors associated with suicidal behavior in the Latvian population. This study aims to identify and quantify behavioral and psychosocial predictors of suicide risk using validated instruments partially based on UK Biobank methodology.

Methods: We conducted a cross-sectional online survey of Latvian adults aged 18 years and older The study employs validated questionnaires including PHQ-9 for depression, GAD-7 for anxiety, and adapted UK Biobank items for comprehensive mental health assessment. Primary outcomes include suicidal ideation and suicide attempt history. Hierarchical logistic regression and machine learning approaches will be used to identify independent risk factors and develop predictive models.

Results: A total of 960 participants completed the survey (mean age = 41.1 years, SD = 12.5). The sample included 819 women (85.3%), 136 men (14.2%), and 5 individuals identifying as other (0.5%). Suicidal behavior was reported by 614 participants (64.9%). Among its components, suicidal ideation was present in 584 respondents (61.6%), self-injury in 202 (21.4%), and suicide attempts in 74 (7.8%). The PHQ-9 score showed the strongest correlation with suicidal behavior ($r = 0.37$). Each additional PHQ-9 point increased the odds of suicidal behavior by 16% (OR = 1.159, $p < 0.001$), while each reported traumatic event increased the odds by 13% (OR = 1.133, $p = 0.001$).

Conclusions: When performing statistical analysis, an overview of univariate and multivariate analysis the PHQ-9 is a strong predictor of suicidal behavior. Having experienced a traumatic event is an independent risk factor, however, the risk increases with the number of traumatic events.

Reframing suicide prevention through a trauma-informed lens: A scoping review of emerging evidence

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Introduction: Trauma and suicide are closely interconnected: traumatic experiences can increase the likelihood of suicide, while suicide-related distress, behaviour, and bereavement can themselves be traumatic. Rethinking suicide prevention requires understanding how trauma-informed approaches can be embedded across prevention strategies. To map the current evidence base, our team conducted a scoping review of trauma-informed approaches to suicide prevention across all levels (universal, selective, indicated, postvention), and for all experiences of suicidality (distress, ideation, behaviours, attempts, deaths), populations, and settings.

Methods: We conducted a systematic search of seven academic databases, screening results in duplicate. Data were extracted according to pre-determined categories, and results synthesised narratively, with key data presented visually.

Results: From an initial 886 results, our review identified 27 relevant publications: one systematic review, two mixed-methods studies, eight qualitative studies, five quantitative studies, and 11 discussion papers. Most were published in the past five years and originated from the US. The evidence focused predominantly on children and young people at the selective and indicated levels, with few studies related to postvention and none on universal prevention. Outcome measures varied, with lived experience reflections being most common. Studies also explored psychological, suicide-related, and physiological outcomes, as well as program evaluation.

Conclusion: Our review demonstrates that trauma-informed suicide prevention is an emerging, but underdeveloped, field. Key gaps include universal strategies, adult populations, workforce implications, and lived-experience-led research. Integrating trauma-informed approaches that explicitly recognise and respond to trauma, prioritise safety, choice, and collaboration, and actively prevent retraumatisation, has the potential to improve suicide prevention. Future research, policy, and practice should focus on how we can embed these approaches across suicide prevention strategies.

Inflammation as a Biological Pathway Linking early life stress, current stress, and suicide risk: insights from a polygenic risk score approach

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Background: Understanding the biological background of suicide and identifying biomarkers is one of the biggest challenges in suicide research. Similarly important is to understand how different environmental influences, including early life stress and recent stress contribute to suicide risk, especially via different biological pathways. One recently emerging potential candidate is inflammation, which is increasingly known to be associated both with early and current environmental stress, increased low-grade inflammation, and also suicidal behaviour. The aim of the present study was to identify the genetic overlap between various inflammatory and autoimmune conditions and suicidal behaviour, also considering the moderating effect of current and early life stress, using a polygenic risk score approach.

Methods: We used summary statistics from published large GWAS-s for 6 common autoimmune and inflammatory disorders, calculated polygenic risk scores using LDPred2, and in an independent target sample, looked at how these PRS-es predict current suicidal ideation and previous suicide attempts on their own as well as in interaction with early childhood traumas and recent stressful life events using linear and logistic regression models.

Results: Only PRS calculated for metabolic syndrome predicted previous suicide attempts (β=0.3269, p=0.0161) or current suicidal ideation attempts (β=0.2577, p=0.0308). However, in case of current suicidal ideation, when considering the interaction effect of current stress, PRS for autoimmune thyroid disorder showed a significant effect (β=0.9728, p=0.0488), and when considering the interacting effect of early childhood traumas, highly significant effects for PRS-s calculated for SLE attempts (β=0.414, p=0.0003) and atrophic gastritis attempts (β=0.2289, p=0.0125) emerged.

Conclusion: Our results suggest that somatic disorders associated with chronic immunological activation or inflammation are associated with suicidal phenotypes, especially in the presence of exposure to current or early life stress. Further studies are needed to establish if the effect characterises suicidal behaviour in general or there are specific inflammatory biotypes of suicide.

The Role of Bullying-Victimization in Youth Suicide: A Scoping Review of Empirical Evidence

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Objective: Bullying-victimization is a well-established risk factor for suicidal behaviors among youth, yet most research focuses on non-fatal outcomes. Consequently, little is known about the role of bullying-victimization in the processes leading to suicide. This scoping review synthesizes evidence on the prevalence and role of bullying-victimization among youth who died by suicide.

Methods: Following PRISMA guidelines, peer-reviewed empirical studies were included if they examined bullying-victimization during childhood or adolescence (≤21 years) among individuals who died by suicide. Searches were conducted in seven databases in October 2023 and 2025. Of 4,233 screened records, 32 studies met inclusion criteria after full-text review and quality appraisal (QUIPS and CASP). Included studies comprised record-based (60%), qualitative (28%), longitudinal cohort (6%), and online ethnography (6%) designs.

Results: Among studies that systematically assessed bullying-victimization, 30.3% reported its presence in the lives of deceased youth. In studies where bullying-victimization was recorded only when mentioned by bereaved informants (i.e. not systematically examined), the percentage was much lower (5.6%). Record based studies demonstrate bullying-victimization was more often registered for females, younger adolescents, and LGBTQ+ youth who died by suicide. Longitudinal cohort studies show that bullying-victimization is associated with increased suicide risk after controlling for individual and familial characteristics.

Qualitative studies described the path to suicide following bullying-victimization as one in which a persistent stressor (bullying-victimization) contributed to feelings of sadness, entrapment, and lack of belongingness. Online ethnographies highlighted hostile audience responses during live-streamed suicides as forms of cyberbullying that reinforced humiliation and hopelessness.

Conclusions: This review indicates that bullying-victimization is an important yet understudied and underestimated suicide risk factor among youth. Across methodologies, bullying-victimization functioned as a chronic stressor amplifying psychological mechanisms central to established suicide theories, with longitudinal evidence suggesting enduring effects. Systematic assessment of bullying-victimization within suicide investigations is needed to better understand its prevalence and mechanisms.

PS32. Victimisation and Suicide Risk

Highlighting domestic violence (victimisation and perpetration) as a major antecedent to suicide by analysing Real Time Suicide Surveillance data

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Introduction: Domestic violence (DV) related suicides are a global public health concern and yet there is a lack of published data about their prevalence, and limited understanding about the gender and age profile of the individuals dying in such circumstances.

Methods: This study examines six years of Real Time Suicide Surveillance (RTSS) data from a large local authority in England to highlight the prevalence of domestic violence as a major antecedent to suicide.

It produces descriptive statistics to understand more about the people dying in domestic violence related suicides including age, gender, ethnicity and other factors such as whether they also had financial difficulties or misused substances.

Results: 822 deaths by suicide were examined in total, of which a third had been impacted by domestic violence, either as a victim or as a perpetrator.

The oral presentation will share the gender and age profiles of the individuals who died in DV related suicides, as well as comparing these to the profiles of people who died by suicide that hadn't been impacted by DV.

Finally, this study also highlights that many of the people dying by suicide were known to the Police as both a victim and a perpetrator of domestic violence before they died. The session will use the RTSS data to explore whether these are primarily perpetrators making malicious and false accusations of being a victim, or whether these individuals are primarily victims who are using violent methods to resist and defend themselves and their children.

Conclusions: This study makes an important contribution to the global understanding of the prevalence and nature of domestic violence related suicides. In particular, it highlights that people known as both victims and perpetrators of domestic violence are dying in much greater numbers than previously thought.

Victims of criminal offences and Risk of Suicide Attempt: A Danish nationwide longitudinal cohort study

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Introduction: Individuals who have been victims of criminal offences have an excess risk of mental disorders, yet few studies have explored their risk of suicide attempt. This study investigated whether victims of offences had higher suicide attempt rates compared to non-victims.

Methods: A nationwide, longitudinal cohort study of all individuals aged ≥10 years living in Denmark from 2001 to 2023 was conducted. Data on police-reported criminal offences and hospital registered suicide attempts were obtained from national registers. Incidence rate ratios (IRRs) were estimated using Poisson regression models to compare rates of suicide attempt between victims of offences and non-victims. Among victims of offences, we examined predictors of suicide attempts, as well as the potential role of mental disorders following victimization in explaining the association.

Results: Out of 7,437,663 individuals, 12.4% had been victims of offences (0.8% sexual offences, 4.1% violent offences, 8.5% other offences). Compared with non-victims, the adjusted IRR for suicide attempt among victims with any type of offence was 2.3 (95% CI, 2.3-2.4) for females and 2.5 (95% CI, 2.5-2.6) for males. Among individuals whose first offence occurred before age 20, the risk of suicide attempt was higher among those whose parents had lowest level education, those not living with both parents, and those with parental histories of suicide attempts, among other factors. Across all victims without prior mental disorders, those diagnosed with a mental disorder after victimization had a significantly elevated risk of attempting suicide compared to those without this diagnosis (females IRR 6.9, 95% CI 6.6-7.2; males IRR 7.6, 95% CI 7.2-8.0).

Conclusion: Using national data, we found that victims of sexual, violent, and other offences had higher rates of suicide attempt than individuals not exposed to such offences. Our findings emphasize the need for increased attention to suicidal behavior among victims.

Risk of suicide among victims of sexual and physical violence: a national cohort study

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Background: Excess risks of suicide have been reported for victims of sexual and physical violence. Yet, evidence based on longitudinal, large data sets with long follow-ups is lacking. The aim of this study was to examine whether victims of sexual and physical violence, and other offences have higher rates of suicide than peers not exposed to such events.

Methods: A cohort design was applied to national longitudinal data on all individuals aged 15 years and older and living in Denmark during 2001-2024. Individuals exposed to violent offences were identified in the Register of Reported Criminal Offences and the National Patient Register. Data on deaths by suicide were obtained from the Cause of Death Register. Incidence rates ratios (IRRs) were estimated in logistic regression analyses, while adjusting for relevant covariates.

Results: We observed a total of 195,754,544 person-years whereof 9,763,998 (5.0%) were lived having been victim of a criminal offence. Out of 39,775 suicide deaths, 1837 (4.6%) were among victims who had a suicide rate of 18.8 per 100,000 person-years. Individuals who had been exposed to any offence had a comparable suicide rate (IRR 1.0; CI 95%: 0.9-1.1) to those not exposed and adjusting for period, sex and age. Elevated rates of suicide were found for victims of sexual (IRR 2.1; CI 95%: 1.7-2.5) and physical (IRR 1.5; CI 95%: 1.4-1.6) violence, but not among other offences (IRR 0.9; CI 95%: 0.8-1.0) when compared to peers not exposed to the same type of offence. The final results of the analysis will be available at the time of the conference.

Conclusion: suicide rates were found to vary by type of criminal offence. They suggest that victims of sexual violence have a higher risk of suicide than other groups of victims. Further, better support should be directed towards victims of sexual offences.

Psychosocial determinants of suicidal ideation among men who have sex with men

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Background: Suicide is a leading cause of preventable death worldwide, yet minority populations including MSM remain disproportionately affected. They continued to experience increased risk of mental disorders, alongside stigma, discrimination, and limited access to mental health services, which elevate the risk of suicidal ideation. This study aimed to examine the multifactorial determinants of suicidal ideation among MSM integrating other health conditions, and behavioural and social factors.

Methods: A cross-sectional study was conducted. Suicidal ideation was assessed across three timeframes: lifetime, most down time, and the past week. Health conditions (depression, PTSD, HIV and other STI status), and behavioural and social factors (alcohol use, sexual risk behaviours, and experience of violence and perceived social support) were tested using standardised scales. Descriptive analyses, logistic and linear regression models, and path analysis were used to examine both single-factor and multifactorial associations with suicidal ideation.

Results: A total of 375 MSM provided completed data. Overall, suicidal ideation was reported in 150 participants in lifetime, 148 in most depressed period, and 84 in the past week. Younger age, lower education and lower income were associated with higher suicidal ideation. Participants reporting suicidal ideation had substantially higher score on depression and PTSD, greater alcohol use and sexual risk behaviours, and lower social support. Depression showed the strongest association with suicidal ideation. PTSD symptoms were markedly correlated with depressive symptoms but were not independently associated with past-week suicidal ideation in multivariable analysis. HIV-positive status, hazardous alcohol use, exposure to violence, and low social support were also associated with increased suicidal ideation risk.

Conclusion: Suicidal ideation was highly prevalent among MSM and was most strongly associated with depressive symptoms. Suicide prevention strategies for MSM should prioritise the identification and intervention of depression, strengthening family and social support, reducing exposure to violence, and addressing underlying social and economic stressors.

PS33. Crisis Services: Counsellors, AI and Lived Experience

Beyond the Call: 9-8-8 Crisis Counselors' Narratives about the Multi-Contextual Drivers of Suicide in the U.S.

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Introduction: The U.S. launch of the 9-8-8 Suicide and Crisis Lifeline in 2022 marked a significant policy intervention intended to transform crisis response. Yet little is known about how frontline crisis counselors understand the contextual drivers of suicide among callers.

Methods: This qualitative study employed narrative inquiry and reflexive thematic analysis to examine the perspectives of 17 crisis counselors across eight U.S. states. Semi-structured interviews explored their insights regarding why callers contemplate or attempt suicide.

Results: Counselors described suicide drivers as emerging less from psychiatric pathology and more from multi-contextual suffering rooted in relational disconnection, systemic racism, economic precarity, and structural violence. Participants highlighted tensions between the promise of 9-8-8 and systemic limitations, including uneven implementation, lack of resources, and declining trust among marginalized populations. Findings underscore the importance of affirming, justice-oriented, and contextually responsive crisis interventions.

Conclusions: This study reframes suicide as a socially and structurally patterned phenomenon and highlights the need for policy reforms, counselor training, and prevention strategies that extend beyond crisis containment toward systemic transformation. The findings contribute to critical suicide studies and suggest pathways for more equitable, justice-oriented crisis care.

What Does it Mean to Centre Lived Experience?: Implementing and Evaluating Lived Experience Engagement in Canada's 9-8-8 Suicide Crisis Helpline

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CAMH: Centre for Addiction and Mental Health, Canada

Introduction: In November 2023, Canada launched 9-8-8, a national suicide crisis helpline offering trauma-informed and culturally affirming support. From inception, equity-focused service delivery and meaningful community engagement has been a priority for 9-8-8. This commitment is reflected through the early establishment and operations of the 9-8-8 Lived Experience Advisory Team (LEAT); comprised of individuals across Canada with personal and/or family experiences related to suicide, distress, and crisis line use.

Methods: A structured model for engagement was co-created with advisors through an iterative, consensus-driven process. Model components included supports, impacts, and values; building on principles of equity, diversity, inclusion and accessibility. A mixed methods outcome evaluation was used to assess the effectiveness of the LEAT model in engaging people with lived experience and to examine the impact of LEAT contributions to 9-8-8 service design and delivery. Data was collected through surveys and focus groups with LEAT advisors, 9-8-8 staff and leadership.

Results: Preliminary findings indicated that the engagement model operationalizes meaningful involvement through clearly defined governance, roles, responsibilities, and compensation, supporting the inclusion of people with lived experience while fostering psychological safety. 9-8-8 case examples demonstrated tangible contributions to service design and public communication strategies. Thematic and statistical analyses are ongoing, and will further examine advisor and staff perceptions of influence, engagement quality, and equity impacts, as well as identify facilitators and barriers to effective participation of LEAT members.

Conclusions: Findings will inform refinements to LEAT structures and engagement strategies, strengthening the integration of lived experience in 9-8-8 decision-making. Results will support more inclusive and empowering engagement practices, reduce risks of tokenism, and inform recruitment and retention strategies to enhance diverse representation. This evaluation contributes to the evidence base on participatory approaches in suicide prevention and offers a replicable, equity-oriented model to inform policy, practice, and evaluation nationally and internationally.

Trust and Safety in the use of AI on Crisis Lines: A Use Case Process Undertaken by 9-8-8 Suicide Crisis Helpline

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AI is fast emerging in the crisis line context, yet there is limited evidence to guide these integrations. We have recently joined others in advocating for the safe and ethical use of AI in suicide prevention. This presentation will consider how to advance the application of AI within crisis line services, within a developing ethical framework of AI trust and safety.

We will demonstrate the process used by 9-8-8 Suicide Crisis Helpline in Canada, in collaboration with the Vector Institute for Artificial Intelligence, to assess and prioritize use-cases for an AI initiative, aligned with AI trust and safety principles.

This trust-and-safety–guided prioritization process was grounded in established responsible AI principles: privacy and security, fairness and bias mitigation, transparency and interpretability, and human oversight. We operationalized these principles within the context of suicide prevention through structured, multi-stakeholder user design workshops that facilitated discovery and decision-making. Participants included data and operations experts, researchers, and those with lived experience of using a crisis service. Together, we generated six candidate AI initiatives and assessed them using our multi-criteria framework that balanced value and risk. Criteria included potential impact, strategic alignment, urgency, feasibility, sustainability/maintainability, and risks and ethics, with explicit weighting that elevated risk-and-ethics considerations.

We will discuss the two use cases that emerged as priorities: (1) descriptive analysis of 9-8-8 call and text interactions to summarize themes and socially salient trends; and (2) quality assurance auditing of responder approaches against standard operating procedures. We will show how the prioritization process converted high-level principles into concrete requirements such as secure data handling and usable outputs designed for quality improvement.

Finally, we consider how this approach helps crisis systems advance AI responsibly such as maintaining strong data security and privacy protections, ensuring transparency and human oversight, and building safeguards that support sustained public trust.

'I would have killed myself had it not been for this service': qualitative experiences of NHS and third sector crisis care in the United Kingdom

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Background: More people than ever are receiving support for mental health crises, and instances of suicide continue to grow. Mental health funding has recently increased, focusing on improving services that provide an alternative to emergency departments, such as urgent helplines and crisis cafés. However, there is a lack of literature examining the efficacy of these services, despite research suggesting they may be associated with lower hospital admission rates.

Aims: We aimed to evaluate the perspectives of people with lived experience of accessing a variety of mental health crisis services in the United Kingdom.

Method: One-to-one interviews were conducted with 25 individuals as part of a qualitative grounded theory analysis.

Results: The following themes were identified as important for recovery: more than a diagnosis (a need for person-centred care); instilling hope for the future (access to creative spaces and community); and a safe space for recovery (out-of-hours crisis cafés). Many credited crisis cafés with saving their lives and felt there should be increased funding provided for collaboration between the National Health Service (NHS) and the third sector. Participants highlighted the need for interim support for those awaiting therapy via the NHS and continuity of care as key areas for improvement.

Conclusions: NHS services are struggling to meet the mental health needs of the population, resulting in lengthy waiting times for therapy and an over-reliance on the third sector. While crisis cafés are currently provided at a low cost and appear to result in satisfaction, policymakers must ensure they receive adequate funding and do not become overburdened.

"It wasn't just me": Community Voices of Hope in Suicide Prevention, A Mixed-Methods study of a community-based crisis service

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National policy frameworks, including the UK Government's Suicide Prevention Strategy, emphasise person-centred, relational approaches that prioritise therapeutic engagement, collaborative safety planning, and a flexible understanding of psychosocial risk. Community-based suicide crisis support emphasising rapid access, person-centred care, and lived experience integration was established by a service in North-West England (Martin Gallier Project [MGP]) to provide immediate support with no clinical criteria, barriers to access, or waiting lists.

This study used a mixed-methods approach to evaluate the outcomes of individuals (n=9801) referred from the NHS (n=2929, 30%) or other non-NHS/self-referrals (n=6872, 70%) between 2019-2025. A sub analyses of 1387 (14%) client interventions showed significant improvements across all mental health recovery domains ($p<0.05$), particularly among older clients (65+ years). While NHS referrals initially scored slightly higher, final-stage outcomes were comparable across referral sources, indicating consistent effectiveness regardless of pathway. Demographic analysis showed MGP primarily serves adults aged 18–54, with balanced gender representation and inclusivity across identities. The high proportion of referrals without recorded diagnoses underscores MGP's open-door ethos, challenging assumptions that suicidal crisis is confined to those with formal mental health conditions. Fifty interviews with clients, carers, staff, and referrers reinforced these results, highlighting rapid access, continuity of care, and person-centred support as critical factors in crisis intervention. Themes included the value of lived experience integration, holistic recovery approaches, and carer empowerment. Clients reported high satisfaction, with all interviewed participants recommending the service.

This research demonstrates that MGP delivers a life-saving, trauma-informed model bridging gaps between primary and secondary care. Its proven impact on mental health, coping skills, and social functioning supports replication and scaling as best practice in suicide prevention. Recommendations include leveraging evidence for sustainability and enhancing data quality through standardised processes. MGP represents an innovative, accessible framework with strong potential for regional, national and international adoption.

PS34. Phenomenology and Lived Experience of Suicidal Suffering

The Experience of Pre-Suicidal Suffering: The Perspective of People Who Have Attempted Suicide

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This research aims to deepen the understanding of pre-suicidal suffering by exploring how suicidality emerges from the lived experiences of individuals. Rather than conceptualizing suicidality solely as a symptom of mental disorders, the study approaches it as a dynamic and cumulative process embedded in a person's life history and phenomenological field. The research seeks to examine how prolonged psychological suffering develops, how suicidal crises arise, and what individuals experience as most lacking during the pre-suicidal stage.

The study is based on 12 in-depth qualitative interviews with individuals who have experienced suicidality. Data were analysed using a interpretative phenomenological analysis approach, allowing close attention to participants' subjective meanings and experiential structures. The sample consisted of 12 participants (4 men, 1 person with a non-binary gender identity, and 7 women) who had attempted suicide no more than a year prior to the study and were receiving treatment at the Vilnius City Mental Health Centre.

The study identified 18 group experiential themes. The findings indicate that suicidality develops through a gradual process shaped by repeated traumatic and relationally violating experiences, leading to enduring feelings of profound lacking. To cope, individuals might form compensatory mechanisms that suppress psychache but become fragile over time. When these mechanisms collapse, an intense affective state emerges, in which suicidal thoughts arise rather automatically as an attempt to reduce unbearable suffering.

The findings indicate that pre-suicidal suffering closely corresponds to symptoms associated with complex post-traumatic stress disorder (CPTSD), including emotional dysregulation, negative self-concept, relational disturbances, and persistent threat perception. However, the study demonstrates that CPTSD symptomatology alone is insufficient to explain the trajectory toward suicidality. Instead, suicidality appears to emerge from the interaction between long-term traumatic suffering, collapsing psychological defenses, the meanings attributed to the ongoing events and suicide itself.

The Phenomenology and Clinical Relevance of Suicidal Intrusions: A Thematic Analysis in a Clinical Sample

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Background: Suicidal ideation is typically assessed as verbal or cognitive content. However, research increasingly indicates that suicidal ideation may also involve vivid mental images of suicide or death, commonly referred to as suicidal intrusions. While such intrusions have been associated with increased distress and suicide risk, their phenomenological characteristics and clinical relevance remain insufficiently described.

Methods: This cross-sectional mixed-methods study included adult psychiatric outpatients experiencing suicidal ideation (SIDAS ≥ 1), recruited from multiple mental health institutions in the Netherlands. Participants completed an adapted version of the Intrusion Interview, in which they described their most salient suicidal mental images and verbal thoughts. Qualitative data were analyzed using reflexive thematic analysis.

Results: Eight themes were identified: (1) content of the intrusion, (2) sensory and perceptual qualities, (3) emotional tone, (4) cognitive meaning and interpretation, (5) behavioral consequences, (6) protective or preventive elements, (7) triggers and contextual influences, and (8) perceived control and intrusiveness. Suicidal intrusions were commonly experienced as vivid and multisensory, and often described as highly realistic. Emotional responses were frequently ambivalent, combining distress with calmness, relief, or emotional numbing. Intrusions were associated with a range of behavioral responses, including suicidal planning, avoidance, and help-seeking, depending on the individual's interpretation and perceived control.

Conclusions: These findings highlight suicidal intrusions as a clinically relevant experiential component of suicidal ideation that extends beyond verbal thoughts alone. Greater attention to suicidal imagery may improve understanding of suicide risk processes and support more nuanced clinical assessment and intervention

Communities as Sources of Meaningful Connections: Insights from Individuals with Lived Experience of Suicidality

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Some authors argue that suicidality is a manifestation of community ties. However, how these ties manifest in an individual's experience of the suicidal process remains unclear.

This study adopts a qualitative perspective and aims to investigate personal perceptions of the influence of communities on the emergence of suicidality. Semi-structured interviews and focus groups were conducted at the Vilnius City Mental Health Centre in Lithuania with patients who had lived experience of suicidality. A total of 14 participants (4 men and 10 women) took part in five small focus groups, sharing their experiences and insights. Thematic analysis was employed to analyse the data.

Eighth themes were formed. Communities are experienced as having specific functions. Communities are connected with suicidality through atmosphere and applied pressure, shaping how openly one can be themselves. At the end, connections with specific people matter most. As suicidal crisis approaches, communities and people fade from awareness — connections weaken. Weakening ties increase loneliness and force confrontation with an unpleasant inner self. Suicidality may become a crisis of meeting oneself, while meaningful connections can soften or cloak this experience. To receive closeness and support, one must be ready to accept it. Often, individuals feel unprepared. Shared experience of suffering can foster deeper bonds with the community as a whole and with its members.

These finding supports the idea that individuals with lived experiences tend to focus more on the experience of connection when reflecting on how suicidality and communities are linked. The study's findings suggest that the primary role of communities in the context of suicidality is to provide individuals with opportunities for meaningful connection. However, as a crisis approaches, communities and people may fade from awareness, and connections might weaken.

The study was funded by the Lithuanian Research Council (LMTLT), contract No. S-MIP-24-77.

Suicide and Place: exploring connections between local area and suicidality; a creative qualitative study

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Suicide is a serious social issue. Understanding how social realities become unliveable is a fundamental question for suicide prevention. Durkheim's social study of suicide observed differences across social groups, geographical areas, and developed a theory of social integration. Resonating today, highly integrated and fragmented areas relate to suicidality. Across systematic reviews, area-level deprivation is consistently associated with suicide. Chandler's rapid qualitative review highlighted how emotions of shame and personal responsibility for socio-economic position can affect suicidality. Evidence syntheses consistently show psychological effects of urban built environments (e.g. housing quality, green space, upkeep). Rural areas are also linked to suicide, with farmers identified as a high-risk group. These reviews and meta-analyses indicate a connection between local area and suicidality. Despite this, there are opportunities for methodological development, with limited qualitative research exploring the spatial aspects of suicidality and embodied experiences of place.

Suicide and Place is an interdisciplinary PhD project exploring the connection between local-area and suicidality. In study 1, a meta-ethnography explores how local-area characteristics can affect suicidality, identifying forms of alienation as a potential mechanism. Study 2 uses embodied research with walking interviews in an area of Leeds, Yorkshire (north of England) with high suicide rates. Community members lead an immersive walking tour to explore physical, social and emotional experiences of place. Trinanglating interview transcripts, photographs, and GPS we develop a creative digital map. Study 3 explores the map with people directly affected by suicidality to understand the connection between suicide and place.

This presentation introduces a work-in-progress digital map visualising the spatial dimensions of suicidality, illustrating physical space and emotional geography. Reflecting on the methodological approaches, this presentation evaluates embodied approaches and digital creativity in suicide prevention research. This PhD contributes to a social understanding of suicide, offering methodological innovation, and experiential evidence for place based suicide prevention.

"It Became My Responsibility": Young People's Lived Experiences Following a Family Member's Suicide Attempt

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Background: Families are profoundly affected when a member attempts suicide. While research has largely focused on parents and adult carers, far less is known about how young people experience this trauma. Young people with a suicidal family member face unique risks, including heightened distress, guilt, disrupted roles, and increased risk of suicide themselves. Understanding their lived experiences is essential to informing effective, family-centred suicide prevention.

Methods: A qualitative phenomenological study was conducted with nine young people aged 17–30 who had experienced a suicide attempt by a close family member. Semi-structured interviews were conducted online and analysed using Interpretative Phenomenological Analysis. Participants represented diverse family relationships, including siblings, parents, and extended kin.

Results: Four interrelated themes were identified. Fundamentally rocked captured the attempt as a seismic life disruption, marked by shock, confusion, and adjustment to a "new normal." I'm responsible, it's up to me reflected young people's sense of overwhelming responsibility for the safety of their family member and the emotional wellbeing of others, often at the expense of their own needs. Moving both towards and away from help (for me) described difficulties seeking support, with many delaying or disengaging from services despite significant distress. Finally, Families coming together highlighted that while avoidance of discussion was common, families who engaged in open communication or professional family support experienced improved connection and healing.

Conclusions and implications: This is the first qualitative study to centre young people's voices following a family member's suicide attempt. Findings point to an urgent need for co-designed, family-inclusive interventions that validate young people's experiences, strengthen family communication, provide peer support, and ensure accessible, youth-friendly services across schools, aftercare, and digital settings.[JR1]

Self-harm and help-seeking experience among autistic individuals: a qualitative study

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Introduction: Autistic individuals face a higher risk of suicide than non-autistic individuals. Although prior research indicates that autistic individuals often encounter barriers to seeking help and are at increased risk of self-harm, there remains a limited in-depth understanding of the mechanisms underlying self-harm and their help-seeking experiences. This study aims to explore autistic individuals' self-harm experiences, with a focus on the underlying mechanisms, and identify barriers and facilitators in their help-seeking process.

Methods: Six participants (aged 21 to 36 years) participated in this study between October 2024 and February 2025. After providing written informed consent, each participant completed an individual interview, with an average duration of 114 minutes (range 109 to 129 minutes). All interviews were transcribed verbatim and analyzed using the Framework Method.

Results: Self-harm behaviors often arose from internal stressors (e.g., sensory dysregulation, restricted behaviors, and distinctive patterns of emotional processing and communication) and external stressors (e.g., social stigma, limited resources, and challenging environments). The interplay of internal and external stressors contributed to social difficulties, challenges in emotion regulation, and reduced self-efficacy, which in turn could lead to self-harm behaviors. For autistic individuals, self-harm may serve multiple functions, such as self-soothing, self-punishment, or the expression of suicidal intent. Regarding help-seeking, participants described the challenges and supports they encountered before, during, and after engaging with medical services, and further identified individual, interpersonal, and societal factors that may hinder or facilitate their future motivation to seek help.

Conclusions: The findings shed light on potential mechanisms underlying the emergence of self-harm behaviors and identify key barriers and facilitators shaping help-seeking experiences among autistic individuals, with implications for need assessment and service improvement. Future research incorporating perspectives from autistic individuals with more diverse backgrounds, as well as family members and professionals, is needed to enhance support and reduce self-harm.

PS35. Rethinking Suicide Risk Assessment

Risk Prediction is Dead, Long Live Risk Assessment

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Risk prediction has dominated suicide research for over 40 years. Compelling evidence and arguments against its effectiveness is now driving change in clinical practice. That nascent change brings both opportunities and cautions. New tools claiming to predict suicide continue to emerge and be promoted, often repeating old errors. And if we move beyond prediction, what replaces it? In the UK, narrative risk assessments are increasingly dominant, despite no evidence for benefit, and strong arguments for their harm.

This talk will draw on several recently published papers to argue the field needs a bigger shift away from risk as an organising principle. Our fixation on risk is not only ineffective but damaging. Prediction represents a rabbit hole suicide research must climb out of. Psychiatry's clinical approach to risk is out of step with the rest of medicine. It gets in the way of helping patients, perverts the role of clinicians, and serves organisations rather than patients. It fuels a culture of blame that drives defensive practice, clinician burn out and ends up serving none of us.

Structure of the talk:

- How psychiatry's approach to risk compares with other medical settings (e.g. TIA clinic)
- The damage caused by our current approach to risk:
- Time and opportunity cost
- Focus on documenting over changing risk
- Patients seen as risk-bearers, not people we can help
- Harm to therapeutic relationship
- Perceived risk level used as barrier to accessing care
- Risk assessment serving organisations over individuals

Concluding themes:

- Risk obsession reflects a wider culture of responsibility and blame that needs to be pushed against
- Risk thinking prioritises bureaucracy over relationships and recovery
- The case for refocusing on relational psychiatry

Identifying risk - carrying responsibility: Physicians' views on documenting suicide risk in changing healthcare settings

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In Lithuania—a country with persistently high suicide rates—most people who die by suicide have consulted at least one physician in the year before their death, yet only about one third have had contact with a mental health professional. In countries where national suicide prevention strategies are still emerging, the role of non-psychiatric physicians in identifying suicide risk remains unclear. Therefore, it is important to understand how physicians outside psychiatry perceive their role in suicide prevention. This study explored Lithuanian physicians' experiences with documenting suicide risk following 2023 regulations mandating the registration of suicide-related diagnoses and referrals for psychosocial assessment.

Method. Semi-structured interviews examined physicians' experiences of providing help to patients who were at suicidal risk. Sixteen physicians from a range of specialties (family medicine, internal medicine, emergency medicine, toxicology, neurology, and anesthesiology), with varying levels of experience and working in both inpatient and outpatient settings, participated. The data were analyzed using reflexive thematic analysis.

Results. Four main themes with subthemes were identified: 1. The need to learn to talk about suicide (Both sides find it difficult to talk about suicide; Suicidality itself is complex; Knowledge and experience build confidence); 2. The decision to record the diagnosis is subjective (Duty to help the patient; Perception of seriousness; Perceived benefit or risk); 3. Procedure as a Barrier or Enabler (Knowing What to Do Depends on Exposure; The importance of clear procedures; Legal responsibility and fear of sanctions; Documenting, but not recording the diagnosis); 4. Not My Domain (A Psychiatric Matter; Referral challenges and resource gaps; Choosing not to register risk when care isn't available).

Conclusions. Physicians face substantial challenges in identifying and documenting suicide risk. To serve effectively as gatekeepers in suicide prevention, they require clear guidelines, training, and institutional support.

The study was funded by the Institute of Hygiene, Lithuania.

The Assessment of Suicide Risk: Correcting Failures in Translating Research to Practice

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Clinicians are uniquely positioned to prevent a significant proportion of lives lost to suicide. However, common clinical practice continues to rely on and support risk assessment practices that, at best, have weak empirical support and, more often, lack empirical support. This presentation will challenge these practices with research data and make corrective recommendations. Specifically, evidence will be presented to refute the following:

1. If a patient admits to having suicide ideation, they are at increased risk of dying by suicide.
2. If a patient denies suicide ideation, they may be considered to not be at acute risk of dying by suicide.
3. If a patient admits to having active suicide ideation, this should be considered an indication of greater risk of dying by suicide than if they only admitted to having passive suicide ideation.
4. Protective factors buffer (or lower) a patient's suicide risk.
5. A patient expressing suicide ideation with plans should be considred to be at greater risk than if that ideation is expressed without plans.
6. Risk assessment scales, such as the C-SSRS, are good screeners of someone at risk of dying by suicide.
7. Suicide risk factors published and promoted in national suicide prevetion strategies and by major public health organizations are reasonable in focusing clinical attention to a patient at acute risk of dying by suicide.
8. There is good evidence to support stratifying a patient's suicide risk from low to high/ imminent.

Complex Assessment of Acute Suicide Risk: A Theoretical Framework Supported by Preliminary Clinical Data

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Introduction: Accurate identification of acute suicide risk is a key challenge in suicide prevention. Traditional risk factor–based approaches often fail to capture the dynamic psychological processes characterizing the presuicidal mental state. This presentation introduces an integrative theoretical framework that conceptualizes acute suicide risk as a complex psychological syndrome and illustrates its clinical relevance using preliminary empirical data.

Methods: The empirical component is based on a clinical pilot study applying Hungarian adaptations of a suicide screening tool , derived from Galynker's Suicide Crisis Syndrome (SCS) concept, and the Brief Suicide Questionnaire (BSQ) by Rihmer. . Consecutive psychiatric outpatients and inpatients (N = 99) completed a total of 150 assessments during routine clinical care. In cases of positive screening results, a detailed instrument assessing Suicide Crisis Syndrome symptoms (SCS-C) was also administered.

Results: Screening indicated acute suicide risk in over half of outpatients and approximately three quarters of inpatients, with a marked reduction following inpatient treatment. Full diagnostic criteria for Suicide Crisis Syndrome were most frequently met among patients with a positive SCS screening, particularly when combined with BSQ positivity. Severe Suicide Crisis Syndrome symptomatology was most prevalent when both screening instruments were positive. These findings suggest that acute suicide risk is multidimensional and cannot be adequately captured by the presence or absence of explicit suicidal intent alone.

Conclusions: Preliminary clinical data support a theoretical model in which acute suicide risk is conceptualized as a complex psychological state characterized by affective, cognitive, and behavioural dysregulation. Integrating syndrome-based assessment with clinical judgment may enhance time-sensitive decision-making in acute psychiatric care and contribute to more targeted suicide prevention strategies.

Post-mortem validation of the differentiation model for suicidality: a research protocol

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Background: Suicidality is a complex phenomenon that places a heavy burden on individuals and their social environment. Although suicidality is often treated as uniform in practice, research indicates that distinct forms of experienced entrapment can produce different expressions of suicidality. The recently developed suicidality differentiation model identifies four of these suicidality subtypes (i.e., perceptual disintegration, primary depressive cognition, psychosocial turmoil, inadequate coping or communication)[1, 2]. To date, this model has only been validated in living individuals assessed by crisis teams [3][de Winter et al under review]. Therefore, this study aims to replicate these suicidality subtypes in a post-mortem cohort and compare patients who died by suicide with those who were assessed by crisis teams.

Method: This study will systematically review suicide evaluation reports from 280–320 individuals who died from suicide within mental health services, generating a structured database of demographic (e.g., age, gender, education) and clinical information (e.g., psychiatric diagnoses, treatments, suicide attempts). Three to six trained healthcare professionals will then independently assess the reports using the validated SUICIDI-3 questionnaire to classify and document each case's suicidality subtypes both categorically and dimensionally.

Results: The database will first be used to validate the suicidality differentiation model in a post-mortem cohort, with rater agreement quantified using the intraclass correlation coefficient (ICC). It also allows for in-depth research on how demographic and clinical variables influence suicidality subtypes, using multiple regression and, where appropriate, structural equation modeling (SEM). Finally, findings can be compared with patients assessed by crisis teams or suicides outside mental health services to identify differences in clinical and demographic profiles.

Conclusion: This study will validate the suicidality differentiation model in a post-mortem cohort and clarify how suicidality differs across clinical settings. The findings aim to help clinicians recognize distinct suicidality profiles and apply these insights to more targeted, patient-centered care.

PS36. Suicide Prevention and Postvention in the Workplace

"No One to Lose – Workplace: A Brief Training to increase Employees' Confidence in Responding to Suicide Risk"

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Background: Workplaces can play a crucial role in suicide prevention — colleagues are often the first to notice when something's off. "No One to Lose – Workplace" is a short, team-based training program developed to increase the employees' confidence in responding to possible suicide risk. The program mixes short films with guided group discussions. Organizations receive some initial guidance by phone but run the sessions themselves, making it a flexible option that fits into everyday work routines.

Method: A total of 20 organizations with approximately 800 employees were offered the training. The employees were invited to participate in anonymous online surveys before and after the training, and N=399 and N=197 responded to the pre- and post-tests, respectively. Participants rated their confidence (on a 1–10 scale) on recognizing suicide risk, talking directly and offering support to a person with suicidal thoughts. We compared confidence levels before and after the training, using independent samples t-tests. Additionally, implementation was assessed in terms of completion rates, teamwork, and leadership involvement.

Results: Most participants completed the training, joined the discussions, and many managers took part. Overall, scores increased towards higher confidence in the posttest, and most markedly with regards to talking openly about suicide and knowing how to offer support. Qualitative feedback was overwhelmingly positive — participants highlighted the program's relevance, practicality, and impact on reducing stigma. Some wanted more time, clearer crisis routines, and extra tools. Many also expressed interests in further training.

Conclusion: A short team-based program can strengthen employees' confidence in responding to suicide risk — especially by encouraging open dialogue and supportive action. Manager participation and collective reflection seem to boost the effect. While self-report data and the lack of a control group limit causal conclusions, the findings suggest that simple, discussion-based training can make workplaces more prepared to prevent suicide.

Transforming awareness into action: A collaborative, lived experience approach to suicide prevention in the veterinary sector.

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Globally veterinarians safeguard public health, uphold food safety, rehabilitate wildlife, and care for our herds and family pets. Despite their vital role, unique patient-client-veterinarian relationships expose them to complex stressors such as emotionally demanding work, moral injury, and systemic challenges. Such contributories and the easy access to lethal means have led to elevated psychological distress and increased suicide risk, positioning the veterinary sector as a high-risk profession.

Much of the current research focuses on awareness rather than actionable strategies, with limited integration of the lived experience perspectives. There is a need for a comprehensive approach that operationalises an intervention from a bottom up and top-down approach on an individual to organisational level. Guided by the Public Health Model and adapting the MATES in Construction program, this research integrates lived experience and veterinary specific insights to shift awareness into action.

Central to this approach is collaboration across research, training, and peer support initiatives. VetHerd's suicide prevention program, fosters peer-to-peer connection and delivers standardised LivingWorks training exclusively to the veterinary community, equipping individuals with lifesavings skills in an environment where they can explore context that is relevant to the profession. The AUSVETS PhD program of research offers empirical insights into the risk and protective factors and evaluates the LivingWorks Applied Suicide Intervention Skills Training (ASIST) feasibility and effectiveness from a lived experience informed lens. Together, these initiatives offer an integrated, wraparound approach for suicide prevention in the veterinary sector.

This work advances ESSSB21's focus on interdisciplinary, evidenced-informed strategies for suicide prevention. This work extends public health suicide prevention by embedding proven interventions and the lived experience-informed perspective into the veterinary sector offering a scalable approach to suicide prevention in high-risk professions.

Workplace Suicide Postvention as a System: A Global Synthesis of Intervention Components, Implementation Failures, and Iatrogenic Harm Across Sectors

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Background: Workplace suicide postvention is increasingly recognized as essential to suicide prevention, yet organizational responses following suicide death, attempts, or serious suicidal crises remain inconsistent and poorly governed. Existing guidance is fragmented across healthcare, occupational health, disaster response, and suicide prevention literatures, with limited integration of implementation science or explicit attention to unintended harm.

Methods: We conducted a comprehensive synthesis of peer-reviewed studies, systematic and scoping reviews, national and international guidelines, evaluated workplace programs, and gray literature addressing suicide postvention in workplace settings. Evidence spanned healthcare, construction, emergency services, office-based sectors, and under-resourced work environments across North America, Europe, Australia/New Zealand, and select non-Western contexts. Sources were analyzed to identify recurring postvention components, temporal patterns, implementation strategies, outcome measures, and documented iatrogenic effects. Empirically evaluated elements were distinguished from consensus-based recommendations.

Results: Across sectors, workplace suicide postvention consistently involves multi-phase responses spanning immediate (0–72 hours), short-term (1–6 weeks), and longer-term (2–12 months) periods. Core components include structured crisis communication, psychological first aid, referral pathways, facilitated peer or group support, psychoeducation, sustained access to mental health services, workplace accommodations and return-to-work planning, and organizational governance mechanisms. Empirical evidence is strongest for structured communication, facilitated support, and sustained clinical care. Many policy, stigma-reduction, and governance interventions remain consensus-based. Substantial evidence documents implementation failures, including reliance on untrained managers, inconsistent protocol activation, and lack of fidelity monitoring. Importantly, multiple sources identify iatrogenic harms associated with poorly designed postvention, including re-traumatization, blame, stigma amplification, and worsening psychological outcomes.

Conclusions: Workplace suicide postvention is best understood as a complex organizational system rather than a single intervention. Evidence indicates that poorly implemented postvention can cause harm, underscoring the need for structured, implementation-informed approaches that explicitly address iatrogenic risk, role clarity, and accountability.

Workplace Suicide Postvention for Clinicians: A Global Synthesis of Evidence, Iatrogenic Harm, and the Need for Dignity-Preserving Systems

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This work synthesizes global evidence to demonstrate that poorly governed workplace suicide postvention causes iatrogenic harm to clinicians, and that suicide-safer systems require enforceable, dignity-preserving standards rather than discretionary support.

Background: Clinicians, particularly mental health professionals and suicide prevention workers, experience high rates of occupational exposure to suicide through patient deaths, suicide attempts, and ongoing crisis care. Despite this risk, workplace suicide postvention is inconsistently governed and frequently treated as discretionary support rather than a safety-critical system. Emerging evidence indicates that poorly designed or poorly implemented postvention may itself cause harm.

Methods: We conducted a comprehensive synthesis of peer-reviewed studies, systematic and scoping reviews, national and international guidelines, evaluated workplace programs, and gray literature addressing workplace suicide postvention, with a primary focus on clinician populations. Evidence spanned healthcare, mental health services, crisis intervention settings, emergency services, and related high-exposure roles across North America, Europe, Australia/New Zealand, and select non-Western contexts. Sources were analyzed to identify recurring postvention components, implementation patterns, governance gaps, outcome measures, and documented iatrogenic effects. Empirically evaluated elements were distinguished from consensus-based practices.

Results: Across settings, postvention for clinicians consistently unfolds across immediate (0–72 hours), short-term (1–6 weeks), and longer-term (2–12 months) phases. Core components include structured crisis communication, psychological first aid, facilitated peer or group support, referral pathways, sustained access to mental health care, and work accommodations. Evidence is strongest for structured communication, facilitated support, and continuity of care. However, substantial evidence documents systemic failures, including reliance on untrained managers, inconsistent protocol activation, regulatory fear, and lack of role clarity. Multiple bodies of literature identify iatrogenic harms following suicide exposure, including re-traumatization, blame, professional silencing, stigma amplification, and worsening psychological distress.

Conclusions: Global evidence demonstrates that poorly governed workplace suicide postvention predictably harms clinicians. Suicide-safer systems therefore require enforceable, dignity-preserving postvention standards rather than discretionary or ad hoc support.

A scoping review of organisational guidelines for responding to death by suicide

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Background: Organisations such as public safety agencies and schools, are periodically required to respond to the death of a member by suicide. Organisational responses—often articulated through postvention guidelines—aim to reduce distress, support affected individuals, and mitigate the risk of further suicides. Despite the widespread use of such guidelines, there has been no comprehensive synthesis of their content, scope, and underlying assumptions.

Methods: We conducted a scoping review of peer-reviewed studies and organisational governance documents describing guidelines or formal recommendations for responding to a death by suicide within an organisation. The review followed PRISMA-ScR and Joanna Briggs Institute guidance and was informed by the Arksey and O'Malley framework. Searches of six academic databases from inception to February 2025 were complemented by a systematic grey literature search of publicly available organisational documents across five countries (Canada, United States, United Kingdom, Australia, and New Zealand), including targeted website searches, customized Google searches, and expert consultation. Eligible documents detailed specific organisational post-suicide response strategies rather than general postvention principles.

Results: Forty-nine documents met inclusion criteria, comprising 15 peer-reviewed studies and 34 governance documents across education, healthcare, public safety, military, and other workplace settings. Analysis identified recurring components of organisational response guidelines, including supporting colleagues to cope, death notification procedures, memorialization practices, communication with media and social media, supporting families, crisis mobilization, contagion risk management, clinical service provision, coordination through suicide response teams, and advance planning. Guidance on memorialization and line-of-duty recognition was notably variable, particularly within PSP contexts.

Conclusions: Existing organisational suicide response guidelines share common structural elements but vary substantially in scope, depth, and contextual applicability. This synthesis highlights both consensus practices and critical gaps, providing an evidence-informed foundation to guide the development of tailored, context-specific postvention strategies for public safety and other high-risk organisations.

Development and Validation of Two New Measures for Mental Health Professionals: Attitudes Toward and Perceived Competence in Working with Suicidal Behavior

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Introduction: Effective suicide prevention requires mental health professionals to hold non-stigmatizing attitudes toward suicidal behavior and to perceive themselves as clinically competent when working with clients exhibiting suicidal thoughts or behaviors. However, existing measurement tools often lack sufficient clinical specificity for assessing these constructs in professional practice. Accordingly, the present study aimed to develop two new self-report measures to assess mental health professionals' attitudes toward and perceived competence in suicide-related clinical work, and to examine their psychometric properties.

Methods: The study sample consisted of 410 mental health professionals practicing in Türkiye, predominantly psychologists, followed by psychological counselors and psychiatrists. Construct validity was examined using Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). Internal consistency was assessed using Cronbach's alpha and McDonald's omega coefficients, and test–retest reliability was evaluated over a four-week interval. Criterion-related validity was examined using the Literacy of Suicide Scale and the Stigma of Suicide Scale.

Results: EFA and CFA supported a three-factor structure for the Attitudes Toward Working with Suicidal Behavior Scale (26 items; Attitudes toward Working, Attitudes toward Treatment, and Attitudes toward the Suicidal Client) and a single-factor structure for the Perceived Competence in Working with Suicidal Behavior Scale (15 items). Both models demonstrated satisfactory fit indices (CFI > .95, RMSEA < .07). Internal consistency was good to excellent (α/ω = .87–.88 for the attitudes scale; .90/.88 for the competence scale), with strong test–retest reliability (r = .86 and .79). Criterion-related validity was supported by positive associations between perceived competence and suicide literacy, and by associations between negative attitudes and suicide stigma.

Conclusions: The findings suggest that both scales are valid and reliable tools for assessing mental health professionals' attitudes and perceived competence in working with suicidal behavior, with potential applications in research and clinical training.

PS37. Rethinking Care for Young People at Risk of Suicide

Innovating Care for Parents of Youth with Suicidal Behavior: Implementing and Evaluating a Non-Violent Resistance Training for Parents

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Introduction: Suicidal behavior among youth continues to rise, representing the leading cause of death in this age group. Individuals struggling with suicidality often experience disconnection from their social network, which contributes to feelings of hopelessness and loneliness. Parents, despite often feeling powerless and overwhelmed by the persistent threat to their child's life, can play a meaningful role in addressing their child's suicidality. To reduce parents' feelings of powerlessness and strengthen the parent-child relationship, an innovative parent-training was developed in close collaboration with parent- and youth representatives. This 12-session group training combines elements from Non-Violent Resistance and Dialectical Behavior Therapy. This project aims to implement and evaluate the parent-training across eight mental health institutions in the Netherlands.

Methods: The evaluation follows a mixed-methods pre–post design to assess the feasibility and effectiveness of the parent training. Data are collected primarily through qualitative interviews with parents, adolescents, and therapists to capture multiple perspectives, complemented by quantitative measures. The program is delivered by trained systemic therapists across participating institutions, with each institution offering the training twice. Groups consist of 3–6 parent dyads. Observations of sessions assess protocol adherence and parent–trainer interactions. In addition, regular learning sessions with project partners are held to reflect on interim findings and iteratively refine the program during implementation.

Results: Expected outcomes include reduced feelings of hopelessness and helplessness for parents, alongside increased feelings of agency, parental presence, connection with their child, and confidence in setting firm but supportive boundaries around harmful behavior. Parents are also expected to demonstrate improved communication skills and increased engagement with their social support networks. Ultimately, the intervention aims to contribute to a reduction in suicidal behavior among youth.

Conclusion: With this innovative research project, we support wider dissemination of the parent training and contribute to innovating evidence-based suicide prevention practices.

Rethinking Youth Suicide Prevention: Standardizing Mental Health Safety Planning in Hospital Care

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Introduction: Suicide is a major contributor to adolescent mortality worldwide, yet the evidence base for effective prevention interventions remains incomplete. Mental health safety planning is recognized as an evidence-based practice for adults, but evidence of effectiveness for youth is limited and mixed. A recent meta-analysis in JAMA Pediatrics (Albaum et. al., 2025) found that stand-alone safety planning interventions were not significantly associated with reductions in suicidal ideation, attempts, or re-presentations to care among youth, underscoring the need to rethink how safety planning is implemented with youth. Existing literature has emphasized the importance of developmental factors, caregiver inclusion, and staff education.

Method: At a Canadian children's hospital, we addressed gaps in documentation and caregiver involvement by embedding a dynamic standardized Mental Health Safety Plan (MHSP) into the electronic health record that is easy to access and update. Co-designed with clinicians, caregivers, and youth, it involves identifying warning signs, coping strategies, means restriction, reasons for living, and crisis resources using youth friendly language. Implementation was supported through education sessions and youth and caregiver-focused resources.

Results: By October 2025, 805 youth had documented MHSPs using the standardized tool, and over 200 staff participated in training to optimize adoption and reinforce the importance of a collaborative approach and caregiver engagement with the launch of an updated tool in November 2025. Early feedback suggests improved clarity, continuity of care, and family engagement.

Conclusion: Rethinking safety planning means moving beyond static, narrowly focused interventions toward approaches that improve youth experience, foster collaboration and support system level learning. Standardization reduces variability and creates opportunities for robust evaluation and research, for example, inclusion in Precision Health models identifying which youth benefit from MHSPs and which components are most beneficial. It is also important to determine whether embedding MHSPs into digital systems improves equitable access to care.

SParcours, a card-based toolkit supporting clinicians to facilitate conversations about suicidal ideation and behaviour with children and adolescents: A usability and implementation study

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Introduction: Research indicates that asking about suicidality does not increase suicidal thoughts or behaviours but rather reduces risk, partly by breaking taboos, validating emotions, and strengthening social support. However, clinicians frequently report a need for practical, age-specific methods to initiate and facilitate conversations about suicidal ideation and behaviour with children and adolescents. SParcours, a set of creative materials, was co-created with young people with lived experience and professionals in youth mental health care to support such conversations about suicidal ideation and behaviour. This study evaluates the usability and implementation outcomes of SParcours in routine care.

Methods: A pragmatic evaluation study is conducted with a target sample of 160 mental health professionals working with children and young people (developmental age ≥10 years) who may experience suicidal ideation. Recruitment occurs via a suicide prevention website, social media, and newsletters. After completing a brief online registration form asking about demographics, work context, and experience with suicidal clients, participants can use SParcours in their professional context for 2–3 months. SParcours is a card-based toolkit offering three flexible pathways (talking, drawing, and walking) selected according to preferences and context. The materials support clinicians in introducing and exploring suicidal ideation, severity, and behaviour, identifying risk and protective factors and support resources, formulating risk and care needs, and generating inputs for an individualized safety plan. Participants complete a post-use online questionnaire assessing engagement, perceived usability and feasibility, acceptability, and implementation outcomes.

Results: Data collection is ongoing. Analyses will describe usage, user experience, and implementation outcomes including barriers and facilitators. Results will be presented at the ESSSB 21 conference.

Conclusions: Findings will inform iterative optimisation of SParcours and support implementation planning in child and adolescent mental health care settings.

CATCH-HARMS: A Co-designed Approach for Identifying Self-Harm and Suicidal Behaviours in Children

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This presentation describes the co-design development of an innovative assessment tool – the Co-designed Assessment Tool of Child Self-Harm and Suicidal Behaviours (CATCH-HARMS) – designed to identify and assess self-harm and suicidal behaviours in children aged 12 years and under.

We assembled a group of adults with lived experience of childhood self-harm and/or suicidal behaviours to formulate an assessment to identify and assess self-harm and suicidal behaviours in children. Adults in the group consisted of those with lived experience from their own childhood (<12 years of age), parents/carers of children with lived experience of childhood self-harm, and clinicians/academics with expertise in developmental and clinical psychology. Guided by a co-design approach, we utilised literature reviews, collaborative meetings, online bulletin boards, and a modified Delphi-informed approach to co-design an assessment tool that seeks to identify and understand the early indicators, experiences and related factors behind these behaviours in children.

Outcome: A novel 28-item assessment tool was developed to identify and assess self-harm and suicidal behaviours, as well as associated risk factors, with the intention of informing early intervention. Utilising a co-design process increased the capacity for creative solutions and supports the practical utility and acceptance of the assessment in real-world contexts.

Does Pediatric Suicide Screening Work? A Cascade-and-Equity Framework for Evaluating Universal Screening in Emergency and Primary Care Settings

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Background: Universal suicide risk screening is increasingly recommended in pediatric healthcare, yet the question, "does screening work?" remains difficult to answer, in part because screening is only the first step in a multistage process.1 Conceptualizing suicide screening within a cascade-of-care framework offers a structured approach to defining success, identifying where breakdowns occur, and specifying measurable outcomes.2,3

Objective: To propose a practical, evidence-grounded framework that evaluates pediatric suicide screening using a suicide-specific care cascade, with explicit attention to equity.

Approach: Guided by existing literature, we organize evidence and gaps into a cascade-of-care model encompassing: (1) screening feasibility, (2) detection and risk stratification, (3) brief assessment and disposition, (4) safety planning and referral, (5) follow-up engagement, and (6) patient outcomes, including suicidal thoughts, behaviors, and mortality, emphasizing equity-stratified cascade measurement by race/ethnicity, language, and other social indicators.2

Key Findings: Evidence consistently supports the feasibility and acceptability of validated screening tools to improve risk detection beyond chief complaint-driven evaluation in both ED and primary care settings, but downstream cascade completion is more variable and context-dependent.4–6 Clinicians report time constraints, limited training, lack of standardized workflows, inadequate electronic health record decision support, and constrained referral resources as barriers to acting on positive screens.7 Downstream effectiveness further depends on the fidelity of post-screen interventions, such as safety planning, and on successful linkage to specialty mental health care, steps frequently hindered by workforce shortages, insurance barriers, and fragmented referral pathways.3,8–10 Structural inequities in access to mental and behavioral health care underscore the need for equity-sensitive cascade evaluation to avoid widening disparities.11,12

Conclusions: Pediatric suicide screening should be evaluated as a cascade, not a single intervention. This framework clarifies what "working" means, identifies where evidence is strongest (detection) versus where more evidence is needed (mortality), and prioritizes equity-stratified cascade metrics as targets for implementation and assessment.

PS38. Suicide Risk and Prevention in Higher Education

The COMPAS Suicide Prevention Program: Outcomes and Updates

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Findings from international studies show that 1 in 3 university students report thoughts of suicide, that these thoughts persist through university, and are associated with significant drop out and mental illness. This work laid the foundation for the development of COMPAS, a novel screening tool with an inbuilt algorithm that can identify students at risk of suicide 5 times more accurately than current risk assessments. Our team have trained 100 clinical students in talking about suicide and conducting safety planning, to proactively reach out to at-risk students. Our research shows that this is associated with a 41.7% reduction in odds of suicidal behaviour one year later, and doubles rates of help-seeking which is maintained over one year.

In this presentation I will provide an update on how COMPAS is being implemented across Australia, in partnership with Beyond Blue, headspace, and Lifeline WA. I will provide a breakdown of engagement and outcomes according to: Indigenous status, domestic/international students, enrolment status (e.g. PT/FT), gender, and enrolled Faculty. Initial results suggest that fewer men are engaging with the survey, but rates are higher among students studying online or part time. Both international students and First Nations students are strongly represented. I will also present the lived experience perspective on COMPAS from interviews we have conducted with both students and COMPAS clinicians. COMPAS has been well received with students noting the importance of pro-active outreach, stating they would not otherwise have sought support. Clinicians benefit from the exposure COMPAS affords in working with distressed students and report increased confidence in safety planning and talking about suicide.

ELLIPSE Resilience Enhancement (ERE): A Multidisciplinary Approach of Suicide Prevention Training for Higher Education

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Suicide prevention remains a critical public health priority, yet higher education lacks comprehensive training to equip students and staff with the skills to manage mental stress and prevent suicide. The ELLIPSE Resilience Enhancement (ERE) project addresses this gap by developing a scalable, evidence-based online curriculum designed to strengthen academic resilience and integrate suicide prevention into university programs and policies.

The project combines a large-scale needs assessment with innovative e-learning resources, including communication strategies, risk scenarios, and a digital "12 Steps Safety Plan for Academia." It also promotes cross-national collaboration, notably with Ukrainian institutions, fostering inclusivity and resilience in challenging contexts.

Expected outcomes include a tailored online course offered as an open educational resource, a robust evaluation framework, and policy recommendations for curriculum integration. The initiative will also deliver the European Training Week for Education in Suicidology and establish an alumni network to sustain knowledge exchange.

ERE is implemented through five interdependent work packages covering project management, needs assessment, course development, testing, and impact evaluation. Led by Karlstads universitet (Sweden), the consortium brings together partners from six European countries. By embedding suicide prevention into academic structures and leveraging digital tools, ERE aims to create lasting improvements in student mental health and institutional resilience. The approach is cost-effective, with an estimated return of €31 for every €1 invested.

This project demonstrates how multidisciplinary collaboration and digital innovation can address a pressing educational and public health challenge, offering a model for sustainable integration of suicide prevention in higher education across Europe.

Help-seeking intentions, behaviours, and barriers among university students experiencing mental health disorder and suicidal thoughts and behaviours in New Zealand

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Background: Despite the high prevalence of mental disorders and suicidal thoughts and behaviours in university students, relatively few students engage with support services. Understanding who is less likely to seek help as well as the individual-level perceived barriers that prevent them from engaging with treatment is critical to meet this unmet need.

Methods: As part of New Zealand's contribution to the World Mental Health International College Surveys (WMH-ICS) initiative, 3,702 first year students completed online self-report surveys. The survey assessed for common mental disorders and suicidal thoughts and behaviours, asked whether respondents had received treatment for their distress in the past 12 months, and explored they perceived any barriers to accessing treatment.

Results: Among students who reported having made a suicide attempt in the past 12 months, only two-thirds (65.0%) had received any formal treatment. Even fewer students reported engagement with treatment services if they had made a suicide plan (46.7%) or experienced suicidal thoughts (32.0%). In unadjusted models, suicide-related outcomes were associated with two-to-four times the odds of seeking help but, after adjusting for demographics variables and experiences of common mental disorders were no more likely to seek help than students with not suicidal thoughts and behaviours. Instead, differences in treatment engagement were explained by demographic characteristics. Similarly, in the fully adjusted models, experiences of suicidal thoughts and behaviours were not found to be associated with any of the assessed barriers to treatment.

Conclusions: Our findings demonstrate that there is a large unmet treatment need for psychological distress among university students in New Zealand and that demographic factors rather than experiences of mental disorder or suicide-related outcomes may account for these differences. Student support services need to account for the group-level differences and individual-level barriers to ensure that the most vulnerable students receive the care and support they need.

Understanding university student's beliefs about suicide prevention myths in Aotearoa New Zealand

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Introduction: Debunking suicide prevention myths is a common approach within suicide prevention. However, there is little evidence related to the endorsement of these myths among university students in New Zealand.

Methods: Using a convenience sample of undergraduate students (n = 427), we evaluated student's agreement with seven suicide prevention myths and considered whether they differ between demographic groups and those with lived experience of suicidal thoughts, behaviours, and bereavement.

Results: The most commonly endorsed myth was "there is a risk that asking someone about suicide will make them start thinking about it" (40.7%) while almost all of the respondents did not endorse the myth that "if a person wants to kill themselves, we should not interfere" (1.6%). Being Asian, having experiences of suicide bereavement, and a history of a previous suicide attempt were associated with greater odds of endorsing some suicide prevention myths. Additionally, while history of making a suicide plan was associated with reduced odds of endorsing some suicide prevention myths.

Discussion: Overall, our study helps to understand university students' perceptions about suicide prevention myths and demonstrates that some myths were more likely to be endorsed by specific groups, thereby highlighting areas to targeted debunking initiatives.

Mind the Curriculum Gap: The Higher Education Multidisciplinary Suicide Prevention Curriculum and Capacity Building (HESP-CCB) Survey – preliminary findings from Slovenia

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Introduction: Suicide prevention training for future gatekeepers in higher education remains poorly mapped. Within the international HESP-CCB collaboration, we present preliminary Slovenian findings on students' exposure to suicide prevention education, perceived competence and training needs.

Methods: We conducted a cross-sectional convenience-sample online survey among undergraduate and postgraduate students in health, social care, psychology and education-related programmes at Slovenian higher-education institutions, using an online survey platform. We analysed responses from 485 participants (84.1% women; mean age 22.76 years). The 52-item instrument, adapted from the HESP-CCB questionnaire, covers demographics, personal and professional skills, attitudes towards suicide prevention and curriculum-based training.

Results: Overall, 34.3% reported some formal suicide-prevention education; 39.0% were first-year students, who have had fewer opportunities to receive curricular training. Among higher-year students, training exposure varied by discipline (psychology 76.7%, nursing/health sciences 46.3%, education/pedagogy 38.9%, other programmes 17.2%). Among trained students (n=141), most reported limited exposure (four hours or less: 55.3%) and only 11.3% felt adequately prepared to assess/manage suicide risk. Among students without prior training (n=288), 60.8% indicated they would be likely or very likely to enrol in a dedicated course. Perceived curriculum need was high: among 242 students rating the need at their current level, 79.6% reported quite/very high need. Training exposure was associated with more favourable attitudes towards suicide prevention compared with no exposure (ATTS; lower scores indicate more favourable attitudes: 2.08 vs 2.43; t-test $p<.001$; Cohen's $d \approx 0.78$), and the training group also reported higher perceived preventability (approximately 68% vs 57%; Mann–Whitney $p<.001$); findings were similar when excluding first-year students.

Conclusions: Preliminary findings indicate substantial gaps in suicide prevention training, even more so in non-clinical disciplines, but also strong motivation for learning and limited confidence among trained students. They highlight the need for more systematic, skills-focused suicide prevention education in Slovenian higher-education.

PS39. Suicide in Justice Settings

Moderating effects of the efficiency of behavioral interventions to prevent suicide in prison settings. A systematic review and meta-analysis

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Introduction: Individuals in correctional facilities are at ten times greater risk of engaging in suicidal behavior than their counterparts in general population (Bukten et al., 2022; Favril et al, 2022; Fazel et al., 2016; Mundt et al., 2024). Preventive behavioral interventions have proven to be effective in reducing rates of suicide in prison settings (Carter et al., 2022). However, it remains unclear who benefits most from each type of intervention, as effects vary across subgroups of incarcerated individuals and types of prison settings. Assessing which variables drive variation in treatment effects can improve our understanding of intervention effectiveness.

Methods: Following PRISMA 2020 guidelines, 14 studies were selected from a search conducted across EBSCOHost, ScienceDirect, PubMed and ProQuest between 1990 and 2026. Using a meta-analytic approach, relevant data were extracted including bibliometric, methodological and suicide-related features, as well as individual, prison typology and contextual potential moderators.

Results: From 19,398 records, 14 studies were eligible, comprising 18,597 participants (mean age 29.74 years, SD = 7.74). Behavioral interventions evaluated in the current literature showed a significant overall size effect Hedges' g = 0.39, CI95 = [0.00, 0.77], Z = 1.98, $p < .05$, in favor of suicide and self-harm reduction. High heterogeneity between the effect size estimates, I2 = 74.6%, supported the moderation analysis, which revealed a significantly wider effect of the interventions on death by suicide outcome in comparison to the other outcomes, g = 1.72, $p < .01$; and a greater reduction with interventions delivered collectively or combining individual and group modules, g = 0.81, $p < .01$.

Conclusions: Behavioral interventions with specific preventive components have been proven to be effective in reducing suicide risk in prison settings. Delivering psychoeducational intervention, together with group-based modalities appear to play the most significant role in lowering this risk.

Development and validation of tailored suicide prevention tools for detention settings

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Introduction: People in prison face a suicide risk five times higher than the general population, driven by individual vulnerabilities and detention-specific stressors. Multifactorial programs, including gatekeeper training and continuous risk formulation, show promise but often fail to address the unique context of detention. This study describes the adaptation and validation of three tailored suicide prevention tools: (1) an e-learning module for prison staff, (2) a guideline for discussing suicidal ideation and behaviour and formulating risk, and (3) practical advice on safety planning within detention settings.

Methods: The e-learning module was evaluated in a pilot pre-post study (N = 151) measuring attitudes towards suicide and gatekeeper self-efficacy. Perceived usability was assessed at post-test. The guideline and safety planning advice were developed and refined through a co-creation process involving incarcerated individuals (N=8) and prison professionals (N=13) using semi-structured interviews of up to 60 minutes.

Results: After completing the e-learning, participants showed significant improved attitudes and self-efficacy regarding suicide prevention. Participants rated the module as relevant and applicable to daily practice. The co-creation process generated concrete, context-specific recommendations for initiating conversations about suicide ideation and behaviour, documenting and updating risk formulations, and safety planning, ensuring alignment with the realities of detention settings.

Conclusion: Tailored interventions can effectively integrate suicide prevention into the challenging prison environment. Adapting tools to the specific needs and context of detention is essential for improving feasibility and impact. These findings underscore the importance of participatory approaches in developing effective suicide prevention strategies for high-risk settings.

Working in Prison: Does Exposure to Suicidal Behavior Matter?

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Correctional work is widely recognized as one of the most stressful and demanding occupational environments. Among numerous stressors, exposure to suicidal and self-harming behavior is particularly concerning. Such exposure is expected to have both short- and long-term consequences for prison staff; however, most existing studies are qualitative in nature (Fontao et al., 2024). This quantitative study aims to evaluate the relationships between exposure to suicidal and self-harming behavior and indicators of prison staff's psychological functioning.

A convenience sample of 252 prison staff members who directly interact with inmates across all Lithuanian prisons participated. Respondents completed anonymous questionnaires in their work environment. The sample consisted of 85 men and 163 women, with a mean age of 41.5 years (SD = 9.98). Within the past year, 132 participants reported at least one suicide in their prison, 153 reported suicide attempts, and 209 reported incidents of self-harm. Measures included well-being, stress, depression, anxiety, coping strategies, work engagement, burnout, and related constructs.

Self-harm was identified as the most impactful event (21% of staff), followed by suicide (15.9%) and suicide attempts (7.9%). One-way ANOVA revealed significantly higher levels of depression, stress, and exhaustion among staff who witnessed suicidal behavior compared to those who had not, with effect sizes ranging from medium to large (up to $\eta^2 = .17$). Distress attributed to suicidal or self-harm events, measured by IES-R, was associated with other mental health indicators and explained up to 13% of variance in anxiety.

While prison work involves numerous stressors, exposure to suicidal or self-harming behavior represents an important risk factor for staff well-being. Recognizing the impact of these potentially traumatic experiences is essential for developing targeted interventions to support mental health and resilience among correctional personnel.

The study is funded by the Research Council of Lithuania (P-MIP-24-240).

Mental Health Outcomes Among Incarcerated Individuals Exposed to Suicidal Behavior in Prisons

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Introduction: Exposure to suicidal behaviour is associated with adverse mental health outcomes, including post-traumatic stress symptoms and maladaptive coping strategies (Brough et al., 2022), as well as increased levels of depression and anxiety (Hales et al., 2014). Incarceration itself also significantly increases the likelihood of encountering others' suicidal behaviour. This is particularly important in Lithuanian prisons, where incarcerated individuals reside in community-based facilities. However, there has been limited research focusing on the effects of such exposure on offenders' mental health. Therefore, the present study seeks to examine offenders's mental health following direct exposure to the suicidal behaviour of others in prison settings.

Methods: A non-probability quota sample of 449 adult incarcerated individuals (age 18-82 years, M=38.62 SD=11.13, 91.1% male), stratified by type of imprisonment and detention, was recruited, representing approximately 10% of the incarcerated population in Lithuania. Participants completed self-report measures assessing exposure to suicidal behaviour and mental health outcomes, including psychological well-being, stress, depression, anxiety, post-traumatic stress symptoms, coping, and suicidality. Independent-samples t-tests were conducted to compare group means, and binary logistic regression analyses were conducted to identify psychological variables differentiating participants exposed versus not exposed to suicidal behaviour.

Results: The main results showed that participants exposed to suicidal behaviour (n=294, 65.5%) had significantly poorer psychological well-being and coping, as well as significantly higher levels of stress, depression, anxiety, post-traumatic stress symptoms, and suicidality compared with non-exposed participants (all $p<.05$; Cohen's d=0.27–0.54). Higher levels/scores of stress (OR=3.30, 95% CI [1.17, 9.33], p=.02) and depression (OR=0.32, 95% CI [0.12, 0.89], p=.03) were associated with increased odds of exposure to suicidal behaviour.

Conclusions: The results of the study indicate that exposure to suicidal behaviour is associated with poorer mental health outcomes among incarcerated individuals. Accordingly, potential improvements to the prison system are suggested to enhance suicide postvention efforts.

Rethinking Suicide Prevention for People on Probation: A Realist Review of Contexts and Mechanisms for Change

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People on probation experience an elevated risk of suicide, yet evidence on effective prevention within community justice settings remains sparse. Suicide prevention strategies often fail to account for the intersecting health, social and structural disadvantages experienced by this group. This study presents findings from a realist review exploring how, why, and in what contexts suicide prevention approaches work (or fail) for people on probation, drawing on evidence from the probation setting alongside individuals experiencing homelessness and accessing substance use services. Using realist methods, 22 papers were analysed to develop and refine programme theories explaining the mechanisms that enable or inhibit suicide prevention. Three meta-themes were generated. The first, an integrated and targeted system wide service offer is essential. Services fragmented by narrow eligibility criteria and disjointed referral pathways create exclusion, discourage help-seeking and can exacerbate crisis. In contrast, multi-disciplinary, evidence led service models that address co-occurring needs, including psychological support alongside substance use, and housing and financial instability enables earlier identification and timely intervention. Second, skilled and supported staff are critical. Many probation practitioners feel ill-equipped to identify suicide risk, particularly ideation. Access to specialist advice, comprehensive screening tools, and context-specific suicide prevention training enhances staff confidence, accuracy of assessment, and the capacity to intervene early. Third, a person-centred, trauma-informed approach strengthens engagement. Trust, relational continuity and shared decision-making increase disclosure of suicidal thoughts, promote agency, and reduce psychological distress. These relational mechanisms are protective, yet are often constrained by system pressures, high caseloads, and inconsistent supervision arrangements. The refined programme theory demonstrates that effective suicide prevention in probation requires a whole-system response: integrated services, skilled and supported practitioners, and relationally grounded practice. Rethinking suicide prevention through a realist, system-lens highlights not only what needs to change, but how change can generate meaningful safety and support for people on probation.

PS40. Psychological Mechanisms and Models of Suicidality

Suicide-Specific Rumination as a Cognitive Mechanism in the Escalation and Persistence of Suicidality

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Introduction: The predictive performance of suicide risk factors remains limited, and there is growing recognition that underlying cognitive mechanisms may play a central role in suicidal processes. Suicide-specific rumination (SSR), the repetitive, intrusive preoccupation with one's own suicidal thoughts, has been proposed as a potential driver of both the escalation and the persistence of suicidality. This presentation synthesizes findings from three empirical studies examining the role of SSR across acute and chronic manifestations of suicidality.

Methods: The first study investigated whether SSR predicts suicide planning, suicidal intent, and suicide attempts in N = 637 adult outpatients, including a follow-up after twelve therapy sessions. A second study compared in- and outpatients with one (n = 101) versus multiple (n = 80) suicide attempts to test whether SSR contributes to chronic suicidal behavior beyond clinical covariates. Study 3 focused on analyzing cognitive mechanisms underlying persistent suicidal ideation (PSI) in N = 466 outpatients. Therefore, individuals with PSI versus non-PSI were compared with regard to SSR and comfort from suicidal thoughts (CST). It was further tested whether SSR and CST predict PSI beyond other known suicide-related correlates.

Results: In Study 1, SSR significantly differentiated suicide attempters from ideators, and prospectively predicted both suicide planning and intent. In Study 2, multiple attempters showed higher SSR, but this difference disappeared after adjustment for demographic and clinical variables. Study 3 found that patients with PSI displayed higher levels of SSR and CST; both factors significantly determined the presence of PSI even when controlling for age, sex, depression, anxiety, and stress.

Conclusions: Overall, the findings show that SSR plays a consistent role in the progression from suicidal ideation to severe and chronic forms of suicidality. As a potentially modifiable intrapersonal mechanism, SSR may represent a promising clinical target.

Trapped in My Mental Cage: A Risk Factor Network Comparison of Suicidal and Non- Suicidal Self-Harm Patients within the Integrated Motivational–Volitional (IMV) Model Framework

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Self-harm is a strong predictor of suicide, yet it remains unclear whether self-harm with and without suicidal intent represent distinct behaviors or points along a continuum. To clarify this, we examined how psychological risk factors, mainly from the motivational phase of the Integrated Motivational–Volitional (IMV) model, are organized following self-harm with or without suicidal intent. We applied network analysis to cross-sectional data from 474 participants recruited from two Scottish hospitals shortly after an episode of self-harm. Participants were categorized into suicide attempt (SA; n = 314) and non-suicidal self-injury (NSSI; n = 160) groups based on the presence of suicidal intent during their self-harm episode. Risk factors are analyzed at two levels: one that includes all risk factors and another that focuses solely on motivational-phase factors. At both levels, internal entrapment showed significantly more connections in the NSSI network than in the SA network. In the motivational-phase subgroup comparison, the overall pattern of associations among risk factors differed significantly between groups. Moreover, internal entrapment showed a significantly stronger association with perceived burdensomeness in the NSSI subgroup network than in the SA subgroup network. This suggests that internal entrapment may underlie unresolved distress following NSSI, potentially escalating into suicidal ideation over time.

Motivational dynamics of suicide-related cognitive accessibility in everyday life and its relevance to clinical practice: The Cognitive Accessibility of Suicide (CAS) model

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This paper presents an innovative theoretical perspective on the mechanisms underlying suicide thought accessibility - the Cognitive Accessibility of Suicide (CAS) model. While the model was initially developed to better understand the levers of suicide thought accessibility in the general population, this talk will focus on its relevance for clinicians. Distinguishing suicide thought accessibility from suicidal ideation, the CAS model outlines the motivational mechanisms that increase the cognitive accessibility of suicide-related thoughts. Integrating the principles of social cognition to the study of suicide-related phenomena, it posits that experiences of failure motivate individuals to avoid self-awareness. This motivation, in turn, heightens the accessibility of suicide as a way to escape this aversive state. Several contextual and dispositional moderators, likely to strengthen the link between failure and the motivation to avoid self-awareness and backed by empirical findings, are considered. The potential functions of increased suicide thought accessibility are explored, such as emotion regulation and distress signaling that might trigger responses that often prevent suicide. It is suggested that future research should investigate the conditions that facilitate the progression from mere accessibility under specific conditions, which might be inoffensive in the general population, to chronic accessibility and more elaborate suicidal ideation, which is a serious risk factor for suicide attempts. Theoretical implications will be discussed, as well as practical implications for interventions that could reduce suicide-related thought accessibility, such as favoring challenge rather than threat appraisal, as well as possible interventions on the components of self-compassion. It is argued that clinical practice can benefit from the CAS model by acting on suicide thought accessibility even before the individual is at elevated risk of suicide.

A scoping review of literature describing the concept and measurement of the cognitive availability of suicide and implications for suicide prevention

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Introduction: Restricting access to the physical means of suicide is the suicide prevention intervention supported by the strongest evidence. The concept of cognitive availability of suicide, and of specific suicide methods (also known as psychological distance from suicide methods), have been described as important influences on suicide risk. To clarify their meaning and application we conducted a conceptual review of the literature describing their definitions, mechanisms, measurement and implications for intervention development.

Methods: We pre-registered our search strategy and searched three databases (PsycINFO, EMBASE, MEDLINE) from inception to January 2025, screened 100% of references independently and charted data setting out definitions, mechanisms, and interventional implications, presenting a narrative review.

Results: We identified 21 eligible publications (8 non-empirical; 13 empirical). Cognitive availability of suicide was defined as "the awareness of suicide as an option and knowledge of possible means of suicide" including "knowledge of technical aspects of the method". Mechanisms were described at three levels: population (e.g. media influences; social-cultural norms), interpersonal (e.g. exposure to peer suicidal behaviour; interpersonal communications about suicide) and individual (e.g. past suicide attempts; imagery of past attempts). We identified one validated measure of the psychological distance from suicide methods. We described the relationship of the cognitive availability of suicide to three models of suicidal behaviour, and summarised interventional approaches at three levels: population (e.g. media guidelines), interpersonal (e.g. modified lethal means counselling) and individual (e.g. imagery rescripting).

Conclusion: The cognitive availability of suicide, and of specific methods, are valuable concepts, offering explanations for the development and progression of suicidal ideation. Their application to the design of cognitive restriction interventions offers potential to operate upstream of (and complement) physical restriction interventions, balancing safety and acceptability issues. Further development of such approaches at the population and individual levels is indicated.

Cascade to Crisis: A scoping review of the Narrative Crisis Model of Suicide

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Intro: Narrative Crisis Model (NCM) is a recently developed stepwise multi-stage stress-diathesis model to explain suicide behaviour. Recent studies suggest that this model demonstrates promise in predicting suicidal behaviour and has led to the introduction of a suicide-specific diagnosis, the Suicide Crisis Syndrome (SCS).

Method: A scoping review was conducted using the Prisma - ScR guidelines to systematically review and outline the extant evidence on NCM. Electronic databases and supplementary sources were systematically searched, yielding a total of 12 studies for inclusion in the review. All included studies employed quantitative designs. The screening and extraction process was conducted by two reviewers independently. The quality of the articles was assessed using the JBI Quality Appraisal Tools.

Results: The review showed that only one study had tested the entire model while five studies have tested parts of the model. The included studies indicate that the NCM shows utility in predicting prospective suicidal behaviour, with the SCS receiving the strongest and most consistent empirical support across the reviewed literature.

Conclusion: The review highlights opportunities to further develop the model. Some differences remain between the model's conceptual definition and how it has been tested in research. Clearer definition and measurement of the model's components would help address this gap. In addition, further research is needed to clarify the activating role of stressful life events. Given the model's focus on personal narrative, qualitative research approaches may be especially useful for improving understanding of how the model operates in practice. Overall, this review suggests that the NCM offers a detailed and potentially useful framework with emerging empirical support; however, further research is needed to clarify its conceptual boundaries and to strengthen and refine the evidence base.

Understanding Cognitive-Motivational Mechanism of Self-Harm Behaviour in Young People: an experimental investigation

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Background: Mechanisms of repetitive self-harm remain poorly understood, hindering the development of targeted interventions. Recent evidence highlights similarities between self-harm and addiction at a phenomenological level (Witcher et al., 2025) and biases in reward processing (Carenys & Adan, 2025).

Our experimental project "IMAGINE" investigates if differences in cognitive-motivational processes relevant to addictive behaviours are also present in young people with repetitive self-harm. We have shown that young people with self-harm tend to avoid self-harm cues compared to controls, and suggested this may represent ambivalence towards engaging in the behaviour (Rodrigues et al., 2023). In a series of follow-up studies we tested a motivational paradigm, the approach/avoidance task (AAT, Rinck and Becker, 2007), and if the above attention biases are also present under conditions of social exclusion.

Methods: Young people (age 16-25) with >1 lifetime SH episode and healthy controls completed an approach/avoidance task (AAT, Rinck and Becker, 2007) modified to include self-harm cues (N=40/group); and a Self-Harm Dot Probe task (Rodrigues et al., 2023) after an ostracism manipulation (Cyberball game) (N=70/group). Self-report measures of affect, emotion regulation, impulsivity and mental imagery were also collected.

Results: We found no significant between-group differences in approach/avoidance tendencies towards self-harm cues ($p>.1$). We found that unlike in our previous study, after a social exclusion game there were no differences in attention towards self-harm stimuli between young people with self-harm and controls ($p>.1$). Recency of self-harm was correlated with difficulty to disengage from self-harm cues at 2 seconds ($p=.039$). This suggests that individuals who self-harm may lose the automatic tendency to avoid self-harm stimuli under conditions of interpersonal distress.

Conclusions: It remains unclear if cognitive-motivational processes similar to those characterising addiction (such as attentional biases) may also underpin self-harm. Larger studies are needed taking into account individual differences in self-harm motives and affective states.

PS41. Self-Harm in Young People

Associations between Perceived Effectiveness of NSSI, Suicide Intent, and Ability to Resist Suicide in Daily Life

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While most engage in NSSI to regulate distress (Kuehn et al., 2022), some report using it to avoid attempting suicide (Kraus et al., 2020). Prior cross-sectional work found that those reporting greater perceived effectiveness of NSSI in achieving these functions were more likely to have attempted suicide (Brausch & Muehlenkamp, 2018). It is unclear how perceived effectiveness of NSSI behavior affects suicide risk in the short-term.

This study examined how perceived NSSI effectiveness relates to same- and next-day ability to resist suicide and suicide intent. Participants included 130 young adults (Mage = 19.46, SD = 1.43; 70% female) with a past-month history of both NSSI and suicide ideation who completed a 28-day daily diary protocol (Nsurveys=3,126; Compliance = 85.9%). Dynamic Structural Equation Modeling with Bayesian estimation (McNeish & Hamaker, 2020) was used.

NSSI acts were associated with a same-day increase in suicide intent (β = 0.29; 95%Crl = 0.24, 0.34) and decreased efficacy to resist suicide (β = -0.15; 95%Crl = -0.21,-0.09). However, greater perceived NSSI effectiveness was linked to a same-day increase in the ability to resist suicide (β = 0.09; 95%Crl = 0.02, 0.17). NSSI acts were negatively associated with next-day suicide intent (β = -0.08; 95%Crl = -0.14, -0.01), but prior-day effectiveness was not related to next-day suicide intent or ability to resist suicide. Individuals who reported greater mean effectiveness of NSSI also reported higher intensity of suicide intent over the 28 days (β=1.37; 95%Crl = 0.83, 1.98).

Our findings indicate that when acts of NSSI are perceived as more effective, one's short-term efficacy to resist attempting suicide may also be enhanced, even though greater effectiveness was associated with higher suicide intent over time. These results suggest momentary decreases in perceived effectiveness of NSSI may signal increased suicide risk and should be monitored.

The experience of goals and rewards in young people who self-harm: a qualitative exploration

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Background. Self-harm is a heterogeneous behaviour with a lifetime prevalence of around 20% in young people aged 16-25 years old. Recent neurobiological evidence suggests that for some individuals, self-harm is associated with biases in motivational processes such as reward anticipation and goal pursuit. These may represent so-far neglected theraputic targets. However, our knowledge of young people's subjective experience of rewards and goals attainment in relation to self-harm behaviour remains limited.

This study aimed to explore how young people who self-harm anticipate and experience rewards, set goals and experience goal-achievement. We also aimed to explore how young people use mental imagery to simulate rewards and goals, as mental imagery is a key cognitive process supporting motivation

Methods. We conducted two parallel focus groups online (total of N=12) with young people aged 16-25 with a past-year history of self-harm behaviour. Qualitative data was analysed using inductive thematic analysis. Two young people with lived experience of self-harm informed the topic guide and data interpretation.

Results. There were six themes: rewards need deserving, high self-standards, keeping control, trapped into long-term goals, unhelpful mental imagery and self-harm alters the experience and anticipation of rewards and goal attainment. Most young people reported enjoying conditional rewards and working towards long-term goals that tend to be unattainable and beyond their control. Most also did not find imagining goal achievement a motivational tool, but rather an unhelpful escapism. For all young people, periods of self-harm thwarted enjoyment and goal achievement, shifted the preference to short-term immediate gratification, including from self-harm behaviour, and devalued long-term goals.

Conclusions. Our findings indicate an intricate relationship between reward and motivational biases and self-harm behaviour in young people. Helping individuals develop more adaptive rewards and goals, including via the use of motivational mental imagery, could represent a valued support for young people with self-harm.

PsiloIMAGINE: Investigating the acceptability and societal barriers to the implementation of psychedelic-augmented therapy in young people with self-harming behaviour

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Approximately 20% of young people (YP) aged 16-25 have self-harmed in their lives. Current treatments are long, costly, and do not suit all YP. Current research focuses on low doses of the psychedelic psilocybin to augment a therapeutic intervention for YP who self-harm. Although societal attitudes are cautiously favourable toward psychedelic therapeutics (Davis et al., 2021), there is no research on YP's attitudes and knowledge of psychedelics and their therapeutic use. This study aims to explore the beliefs, attitudes, and acceptability of a psychedelic-augmented-therapy for YP who self-harm.

Three online YP focus groups (FGs) were conducted (age 16-25). Inclusion criteria included: minimum 2 lifetime self-harm episodes, 1 in the past year, none in the past 3 months. Previous psychedelic experience was not mandatory. FGs were recorded and transcribed. Thematic analysis was performed.

We screened N=207 individuals, N=58 were eligible, and Ntotal=15 took part in the FGs. The majority of participants were female (N=12), white-British (N=9), LGBTQIA+ (N=10), and students (N=11). Three people reported previous psychedelic experience. Our themes were 'Limited knowledge/misconceptions around psychedelics', 'Stigma around psychedelics' and 'Cautiously open to psychedelics use in therapy'.

This is the first of its kind study to investigate YP's (who self-harm) views, attitudes and knowledge on psychedelic therapeutics. Our findings suggest that psychedelic education should be the first step in implementing potential psychedelic-assisted interventions in this population. Our sample size was small and not representative of the population. We will conduct one more FG, aiming for a more inclusive sample regarding gender, ethnicity and psychedelic use. Moving forward, we will combine our findings with findings from interviews with clinicians on their views, attitudes, and knowledge on psychedelic therapeutics for YP who self-harm, hoping for a more rounded approach in the implementation of this intervention.

Funding was provided by the Economic & Social Research Council.

"Re-IMAGINE": an Imagery Re-Scripting experimental manipulation of self-harm mental imagery in young people with self-harm behaviour

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Introduction: Self-harm (SH) is a maladaptive behaviour with increasing prevalence in young people that lacks accessible and scalable interventions. Mental imagery of SH has recently emerged as a proximal mechanism driving SH that could be targeted by Imagery Re-Scripting (ImRS) intervention techniques. However, it remains unclear how ImRS may work. This study tested the hypothesis that an ImRS-based manipulation changes emotions and beliefs associated with SH mental imagery.

Methods: Young people (aged 16-25) who SH underwent a single ImRS experimental manipulation. Participants were exposed to their SH mental image and then guided to switch to a more adaptive "antidote" mental image over 3 rounds. Vividness, emotional intensity and believability of associated cognitions for both SH and "antidote" mental images were rated after each round. Cognitions were mapped onto Early Maladaptive Schemas (EMS).

Results: There was a significant reduction in vividness of the SH image and believability of associated cognitions overall but not in emotional intensity. Cognitions believability significantly decreased for four of the five maladaptive schema domains. The antidote image's vividness, positive emotional intensity and believability of associated cognitions overall significantly increased throughout the experimental manipulation.

Conclusion: A single ImRS manipulation may target SH by weakening maladaptive schemas encapsulated in SH mental imagery and by generating alternative imagery eliciting adaptive emotions and beliefs. ImRs offers a promising novel approach to the treatment of SH in young people. Future investigations should test whether this may translate to long-term changes in SH behaviour and its underlying mechanisms including EMS.

Social Connection, Self-harm and Suicidal Ideation in Real-time: The Right Here, Right Now Experience Sampling Method Study

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Introduction: Despite decades of investments, rates of youth self-harm appear to be rising, while suicide remains a leading cause of death of young people. Empirical data and theory-based research has continually demonstrated that self-harm and suicidal ideation are dynamic and interactive phenomena, where risk can escalate rapidly. However, significant gaps remain in our understanding of their real-time (i.e., hour-to-hour) fluctuation in young people. The aims of this study were to measure young people's self-harm and suicidal ideation in real-time while also investigating the influence of proximal variables relating to social connection, and burdensomeness.

Method: Utilising the experience sampling method, self-harm and suicidal ideation were measured among young Australians (aged 18-25) who reported self-harm and/or suicidal ideation in the past two weeks. Proximal variables of belongingness, burdensomeness, and social media use were also measured among other predictors of risk. Participants were recruited from the community and received 10 surveys a day for a six-day period.

Results: In total 81 participants completed their six-day study period. Survey compliance was recorded as 72.38%, with 24 instances of participants being flagged as high (n=22) or very high (n=2) risk, primarily due to not being sure that they could keep themselves safe. This presentation will also report on a range of generalized linear mixed models and standard linear mixed-effects models that were used to investigate concurrent and lagged associations between variables of social connection, burdensomeness, and social media use, with outcomes of self-harm and suicidal ideation.

Conclusions: This presentation will share quantitative findings of this study, emphasising the importance between social predictors of risk (burdensomeness, belongingness) and the real-time fluctuation of young people's self-harm and suicidal ideation. The unique needs and considerations of working with young people currently managing suicidal distress will be discussed, including safety and feasibility implications for future studies.

Investigating the daily lives of young people exposed to non-fatal suicide attempts: Insights from the SCOUT-Community study

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Background: Exposure to suicide and suicide attempts is a major risk factor for suicide attempts and death in others. Understanding the daily life experiences of those recently exposed to non-fatal attempts could shed light on why exposure increases suicide risk. However, this is also a highly sensitive period and understanding participant experiences in ESM research on suicide attempt exposure is crucial to determining feasibility, and ensuring the safe and ethical conduct of this research. To our knowledge, the SCOUT-Community study is the only ESM study to date of suicide attempt exposure.

Methods: N=22 young adults aged 18 – 25, who had been exposed to a friend's non-fatal suicide attempt in the past ~4 weeks were recruited for a 3 x six-day ESM study with 10 beeps per day. ESM periods were completed immediately, then one- and three-months following baseline. Follow-up telephone interviews were conducted with all participants after each ESM period, and participants also completed self-report questionnaires and ESM items assessing participant experience and reactivity.

Results: One participant dropped out of the study. A further two participants experienced the subsequent re-attempt and suicide death of their friend, and they chose to continue with the study. Interview, questionnaire, and ESM data regarding participant experience are currently being analysed.

Conclusions: Findings from the SCOUT-Community study will shed light on the general and momentary participation experiences of young adults taking part in ESM research on exposure to suicide attempts. These insights will help shape future research with this neglected, yet highly vulnerable group.

PS42. Online and Digital Media in Suicide Risk and Prevention

Self-harm and suicide-related social media exposure and engagement among LGBTQ+ young Australians: A national survey

Cooper, Charlie[1,2,3]; La Sala, Louise[2,3]; Patlamazoglou, Lefteris[1]; Patrick, Pamela[1]; Kenny, Bridget[2,3]; Lamblin, Michelle[2,3]; Robinson, Jo[2,3]

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Background: Self-harm and suicide appear to be increasing in young people, with social media cited as a contributing factor. LGBTQ+ youth are disproportionately affected by self-harm and suicide, and they report higher social media engagement than their cisgender, heterosexual peers. However, limited research has examined the self-harm and suicide-related social media experiences of LGBTQ+ youth. This study examined patterns of engagement with such content among LGBTQ+ Australians, perceived impacts on wellbeing, and views on improving platform safety.

Methods: A national cross-sectional survey (January-March 2024) measured demographics, psychological distress (K10), exposure to and creation of self-harm and suicide-related content, perceived impacts on wellbeing, help-seeking behaviours, and views on platform safety. Descriptive statistics examined exposure, engagement, perceived impacts, and support-seeking. Logistic regression models assessed associations between LGBTQ+ identity, lived experience of self-harm or suicide, and engagement with self-harm and suicide-related content. Subgroup analyses explored differences across LGBTQ+ cohorts.

Results: Of 3,539 respondents, 554 identified as LGBTQ+ (all ages), including 212 aged 16–25. Among LGBTQ+ youth, 42 identified as trans or gender diverse. LGBTQ+ participants had twice the odds of exposure to self-harm or suicide-related content compared to non-LGBTQ+ participants (AOR = 2.00, 95% CI 1.58–2.53). Among them, 92% had been exposed (vs. 71% of non-LGBTQ+ youth), 19% had created such content (vs. 7%), and 40% had intentionally searched for it (vs. 14%). LGBTQ+ participants had more than twice the odds of using social media to seek support for self-harm or suicide compared to their cisgender, heterosexual counterparts (AOR = 2.64, 95% CI 1.98–3.51).

Conclusion: Findings highlight social media's dual role for LGBTQ+ youth as both a source of support and potential harm. Their higher engagement with self-harm and suicide-related content highlights the need for targeted suicide prevention interventions and platform policies that reduce risk while preserving opportunities for connection and support.

Suicide and Self-Harm Prevention on Social Media: A Systematic Review of Interventions and User Practices (2014–2025)

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Background: Rates of youth self-harm and suicide appear to be increasing, with social media often cited as a potential contributor. While extensive research has examined associations between social media use and suicide-related outcomes, less attention has been given to the role of social media in suicide prevention. This review updates Robinson et al.'s 2016 review, evaluating current evidence on social media's role in suicide prevention.

Methods: A pre-registered systematic search of five electronic databases identified studies published after April 2014. Data extracted included study design, intervention type, outcomes, limitations, and implications. A narrative synthesis was conducted to qualitatively integrate findings.

Results: From 16,476 records, 75 studies met inclusion criteria, covering universal, selective, and indicated interventions. Studies were classified as reporting: intervention development; intervention evaluation; qualitative user experiences; or social media content analysis.

Key activities identified include safe-communication guidelines, awareness campaigns, peer support communities, in-platform brief interventions, and AI-supported risk detection paired with crisis intervention.

Many individuals disclose suicidal thoughts on social media, particularly when facing barriers to offline support. Results support the feasibility and safety of some social media interventions. Benefits included enhancing help-seeking, enabling crisis support, and promoting safer online communication. Many users benefit from social connection, coping strategies, and peer support. Social media users were often motivated to intervene online but lacked the skills to do so safely. Exposure to harmful content, inadequate moderation, and hostile interactions can heighten distress or facilitate imitative behaviors. Study quality varied, with small samples limiting generalizability.

Conclusions: This review reveals a range of user-led suicide prevention activities alongside a growing number of platform-based suicide prevention interventions already being implemented in real-world settings. However, limited evidence of effectiveness constrains our understanding of benefits, risks, and optimal implementation. Rigorous longitudinal and experimental research is needed to guide safe, evidence-informed practice and platform policy.

How do LGBTQ+ Australian social media users experience self-harm and suicide-related content? A qualitative study

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Background: Self-harm and suicide appear to be increasing in young people, and social media has been identified as a potential contributing factor. LGBTQ+ youth are disproportionately affected and report higher levels of social media engagement than their cisgender, heterosexual peers. However, limited research has examined the self-harm and suicide-related social media experiences of LGBTQ+ young people. This qualitative study examined how LGBTQ+ young people experience exposure to self-harm and suicide-related content, how they communicate about and seek support for these experiences, and how these online experiences impact wellbeing.

Methods: Semi-structured interviews were conducted with 13 LGBTQ+ young Australians aged 15–25 years who had previously participated in a national survey on self-harm and suicide-related social media use. Participants were purposively sampled based on recent experience engaging with self-harm or suicide-related content. Online interviews explored experiences of exposure, posting, and support-seeking on social media, perceived impacts on wellbeing, and views on platform moderation and safety features. Interviews were analysed using reflexive thematic analysis.

Results: Preliminary analysis has identified three themes. First, participants described high and often unavoidable exposure to self-harm and suicide-related content. Second, social media was commonly described as a key setting for disclosure, connection, and support-seeking when barriers to offline support existed. Third, LGBTQ+-focused online communities were described as fostering belonging and emotional support during crises, while also generating unintended harms, including emotional burden from supporting distressed peers, repeated exposure to others' distress which in some cases led to imitative behaviours.

Conclusion: Social media serves as both a source of support and a site of risk for LGBTQ+ young people communicating about self-harm and suicide. These findings highlight the need for multifaceted suicide prevention strategies and platform policies that are culturally responsive, informed by lived experience, and attentive to both the benefits and harms of online communication for LGBTQ+ communities.

Post-media campaign changes in attitudes to suicide and help-seeking in the indigenous Sami and majority Norwegian population in North-Norway

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Background: In summer 2024, a suicide prevention media campaign was carried out in the North-Norway region, which has a sizable indigenous Sami minority. International research shows that help-seeking for suicide thoughts is lower in indigenous peoples than in the majority ethnic population. The present study aims to compare the attitudes to suicide and help-seeking in the Sami group and the majority Norwegian group.

Methods: Through an online survey completed before and after the campaign, 31 attitudes to suicide, mental illness, and help-seeking were assessed in 1 031 individuals (mean age 50.7 [SD 16.4] years, 50.4% males, 49.6% females) sampled from the general population. Among these respondents, 93 individuals identified as Sami. Campaign material in the Norwegian and Sami languages was spread across digital and print media for six weeks.

Results: In the Sami group, there were no significant changes in attitudes to suicide or help-seeking after the campaign. Moreover, significantly more Sami participants had been bereaved by suicide, reported recurrent suicide thoughts, or had attempted suicide once. In the majority Norwegian group, there was post-campaign increased knowledge about where to seek help, agreement with social norms to seek help, and trust in the health care services to provide help for suicide thoughts. However, the effect sizes were small.

Conclusion: The media campaign did not change attitudes to suicide or help-seeking in the Sami group, whereas small changes in the positive direction were found in the Norwegian group. There was a higher frequency of suicide bereavement and suicidal behaviour in the Sami sample, which may have impacted the possibility of attitude change. These results underscore first the need for exploration of sub-groups of this sample, and then for suicide prevention interventions tailored to the specific needs of the Sami population in North-Norway.

Identifying Important Content and Design Characteristics of Helpful Suicide Prevention Websites: Qualitative Evidence from Key Stakeholders

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Introduction: Educative websites have been increasingly used in suicide prevention in the last few decades, but content and design features vary widely between these websites. There is a lack of research about stakeholder perspectives regarding how such websites should be designed in order to elicit preventive effects.

Methods: This study aimed to identify website features that would be most helpful for users who (1) are experiencing suicidal distress, (2) have lost a family member or friend to suicide, or (3) are concerned about someone with suicidal thoughts. A total of 30 individuals from Austria participated in nine German-language focus groups—three each with individuals with lived experience of suicidal ideation (n = 10), experts in suicide prevention (n = 9), and media professionals (n = 12)—to discuss relevant content and design features of suicide prevention websites. The audio-recorded data was transcribed and analyzed with a thematic analysis approach.

Results: All groups agreed that effective suicide prevention websites should prioritize authentic stories of hope and recovery from individuals with lived experience and diverse backgrounds, complemented by epidemiological and expert information, tailored recommendations for different target groups, and a clear overview of help services with an explicit call to seek help. Regarding design, participants emphasized concise content, easy navigation, clearly labeled sections for specific audiences, and a modern, intuitive layout with high-quality, hopeful visuals and mixed media formats, including professionally produced videos.

Conclusions: This study highlights features considered important for suicide prevention websites to be effective according to the perspectives of individuals with lived experience as well as media and mental health professionals. The insights provided can guide public institutions and NGOs in planning or updating web content related to suicide prevention.

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PS43. Crisis Helplines and Chat-Based Support Services

Use of suicide prevention helpline services by first-time, frequent, and daily callers: follow-up on a national cohort study

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The object was to assess whether the proportion of answered calls to the national helpline for suicide prevention in Denmark improved following an expansion with a second venue and to examine whether this was reflected in the proportion of calls from first-time callers being answered relative to calls from frequent and daily callers. Furthermore, to assess national call rates to the helpline.

A cohort design was applied to complete data on records of all calls placed to the Danish helpline for suicide prevention, from January 1st, 2020, to December 31st, 2025. Call records were provided with anonymised identification codes to mark individual phone numbers. To evaluate the impact of a second call centre, call data was compared between 2020-2022 and 2023-2025.

A total of 1,236,620 calls were placed to the helpline between January 1st, 2020, and December 31st, 2025. A total of 265 individuals were categorized as frequent and 25 as daily callers. The overall response rate was 11.7% and the unique call response rate 47.9%. A total of 132,777 unique calls were placed and 64,311 calls answered in 2020-2022, increasing to 166,454 unique calls placed and 79,144 calls answered in 2023-2025. Compared to 2020-2022, odds of being answered were significantly higher for first-time callers (OR 1.04; 95% CI 1.00-1.07) and significantly lower for frequent and daily callers (ORs of 0.80; 95% CI 0.77-0.82 and 0.78; 95% CI 0.73-0.83, respectively) in 2023-2025.

While an increase in answered calls was observed after the opening of a new call centre, an equivalent increase in number of incoming calls to the helpline was registered. In the years following the opening of a new call centre, we observed slight improvements in response around work shift hours in the primary call centre and better chances for first-time callers of having their call answered.

Evaluation of the impact of a chat-based crisis service on caller crisis level and suicidality

Vande Gaer, Eva[1]; Vandenbussche, Lies[1]; Deron, Tomas[1]; Bellaert, Lore[2]; **Versluys, Chiara**[1]; De Jaegere, Eva[2]; **Versluys, Chiara**[1]; Portzky, Gwendolyn[2]

[1]Suicide Prevention Centre, Belgium; [2]Flemish Centre of Expertise in Suicide Prevention

Introduction: Suicide prevention helplines are widely recognized as essential components of comprehensive suicide prevention strategies. While a growing body of research has examined the effectiveness of telephone-based crisis interventions, empirical evidence regarding the immediate effects of online chat-based services remains comparatively limited. This gap is noteworthy given the increasing use of chat modalities, particularly among individuals who may be reluctant to seek help via telephone. The present study examines immediate changes in users' self-reported crisis levels and suicidality before and after a chat interaction with the Flemish suicide-specific online chat service Zelfmoordlijn1813. In addition, users' satisfaction with the chat intervention is assessed. Results of a previous, methodologically similar evaluation of telephone-based interventions conducted by the same crisis service will allow for an exploratory comparison between chat- and telephone-based modalities.

Methods: A pre–post evaluation design was embedded directly within the chat platform. Users were invited to complete brief self-report measures immediately before and after their chat conversation. Crisis and suicidality were operationalized using five indicators: hopelessness, feelings of entrapment, perceived controllability, suicidal intent, and perceived social support. Following the chat interaction, users were also asked to evaluate their satisfaction with the support received.

Results: The results of this evaluation will be presented, focusing on pre–post changes in crisis-related indicators and suicidal ideation among chat users and comparison to results from a previous telephone-based research.

Conclusions: This study aims to contribute to the growing evidence base on the effectiveness of online chat-based crisis services.

From Crisis Call to Continued Care: Follow-Up Calls for Suicidal Callers at a National Hotline

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Introduction: Many suicide-specific helplines excel at immediate crisis intervention, but offer no support beyond a single contact. The immediate crisis intervention may lower the acute suicidal distress and increase the feelings of safety but there is a lack of follow-up support or a clear pathway for long-term care. For some callers, this first contact is their only link to help. In response to this challenge, the Flemish suicide- specific helpline (Zelfmoordlijn 1813) developed a structured, fully anonymous follow-up model which reinforces its role as a low-threshold crisis service without providing therapy. This model focuses on short-term safety, the use of self-help tools, and reducing barriers to engaging with professional care.

Methods: A select group of trained helpline responders invite adult callers in acute suicidal crisis to take part in a brief follow-up trajectory (maximum 3 conversations). Callers who consent are offered one to three scheduled telephone contacts. Focus of these conversations are immediate short-term safety, safety planning & coping tools and enhancing continuity of care. A qualitative pilot study with interviews and focus groups among callers (n=20-30), helpline responders (n=26) and staff (n=3) is used to examine acceptance, perceived feasibility and the perceived added value of the model for safety, coping with suicidal thoughts, and building bridges toward professional help.

Results: Preliminary results will be presented, focusing on the callers' experiences and the perceptions of volunteers and staff on the structured, time-limited follow-up model.

Conclusions: The results will help to clarify whether an anonymous, structured follow-up model is acceptable and feasible within a suicide-specific helpline and whether it has the potential to strengthen safety, coping, and engagement with professional care. Further work will refine the protocol and prepare larger-scale evaluations of outcomes related to safety, help-seeking, and the integration of follow-up within broader suicide prevention strategies.

An Evaluation of Samaritans' Online Chat: Understanding Digital Emotional Support in Practice

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Purpose: Engagement with crisis support services is changing. Samaritans' online chat is emerging as our fastest-growing service, with children 14 times more likely to use chat than our helpline, highlighting the need to understand and improve this service. The evaluation aimed to:

- Gather insights from people who had/may seek support from the service
- Identify volunteer support, quality and operational needs for safe and sustainable service scale up
- Embed lived experience in the evaluation through ensuring peer researcher involvement in the design, interpretation and dissemination of findings
- Methods
- We used a mixed-methods approach to triangulate findings, and capture breadth and depth of experiences. Data sources included:
- Caller/potential caller focus groups (n=40)
- Lived experience panel survey (n= 57)
- Volunteer survey (n=435)
- Pre and post-chat distress scores
- Operational service data

Results: Online Chat offers a distinct form of support, often chosen for privacy, accessibility, or when callers are too distressed to speak. Samaritans volunteers reported challenges with managing longer, more intense chats, and uncertainty around ending conversations supportively.

Quantitative analysis showed a significant reduction in distress post-chat (average improvement of 3.07 points, 0-10 point scale). This is comparable to reductions in distress observed for the helpline (Samaritans, 2020). Impact was greatest for longer chats, female users and those experiencing bereavement or work-related stress. Age was not a significant factor. Overall, 87% of respondents reported reduced distress following the chat, and 94% would use the service again.

Scaling is constrained by volunteer availability, with waiting times emerging as a critical issue for user experience and trust. Concerns regarding data handling and safeguarding were also highlighted.

Conclusion: Online Chat is effective in reducing distress, complementing Samaritans' telephone service, contributing to the evidence base on digital emotional support (Mokkenstorm et al, 2017; Gould et al, 2021). Key priorities include enhancing volunteer training, accessibility and wait times.

9-8-8: Suicide Crisis Helpline's Safety and Wellbeing Framework: A Systematic Approach to Supporting Responder Wellbeing in the Suicide Prevention Crisis Line Context

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9-8-8: Suicide Crisis Helpline (9-8-8) is available for anyone is Canada who is thinking about suicide or worried about someone they know. To support the staff and volunteers providing this crucial service, 9-8-8 is committed to providing training and supports that attend to responder wellbeing and prevent against cumulative stress and burnout.

The 9-8-8 Safety and Wellbeing Framework was developed to ensure a comprehensive and systematic approach for education, training and organizational support for 9-8-8 personnel. The framework addresses three levels of support and highlights key areas of focus aligned with evidence and best practices:

1. Supportive foundations and a culture of wellbeing
2. Responder-level initiatives
3. Supervision, support and debriefing

This presentation will provide an overview of several initiatives being rolled out across the 9-8-8 network of 38 partner organizations, at each level of the framework. Supportive foundations (Level 1) include organizational processes that support wellbeing (e.g., standard operating procedures); training and competency development; and networks of support (e.g., communities of practice). Responder-level initiatives (Level 2) include engagement in competency self-assessment and reflective practice, and support for responders to implement strategies to cope and mitigate stressors. Supervision, support and debriefing (Level 3) initiatives include training supervisors in a newly developed 9-8-8 responder debriefing model; a supervisor community of practice; and access to critical incident debriefing for all personnel. All education and training initiatives are systematically evaluated to inform continuous quality improvement.

We will also describe our approach to the structured assessment of responder wellbeing. As part of a commitment to promoting a culture of wellbeing (Level 1), 9-8-8 held journey mapping, digital storytelling and listening sessions with responders to gain a comprehensive understanding of responders' experiences in their 9-8-8 roles and the factors that support wellbeing. Some findings from 9-8-8 evaluations will be shared during the presentation.

PS44. Suicide Prevention Policy and National Strategies

Danish national action plan for prevention of suicidal behaviour

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A Danish national plan for prevention of suicidal behaviour has been developed in Danish Health Agency and it was endorsed by the ministry of health and funded with 10 million EUROS each year from 2024 and onwards.

The distinction between universal, selective and indicated prevention was used for development of the plan, and the main focus was on indicated prevention.

Proposed interventions in the action plan were supported by a thorough mapping of risk groups and risk situations. Register-based studies have helped us to identify risk groups. Further reductions in suicide could be achieved through targeted interventions for selected risk groups. Most importantly risk groups include people at imminent risk of suicidal behaviour such as people calling help-lines because of suicidal thoughts, people recently discharged from psychiatric hospital or sent home from psychiatric emergency, and people who were treated after suicide attempt. Analyses of suicide rates following hospital contacts with deliberate self-harm have consistently shown increased risk of suicide. Especially the first months after deliberate self-harm is associated with very high risk. Programs for bringing down this high risk inspired our recommendations.

A professional telephone line will be established in 2026, and this line can formally refer callers to emergency services and collaborate with already existing services about individual callers. Psychiatric emergency outreach is planned to be disseminated all over Denmark. LifeLine in Denmark will get a higher level of permanent state funding.

The exact implementation of the plan was decided in spring 2024. The plan will be monitored by a national surveillance council. Monitoring will include suicides and suicide attempts first weeks after discharge, proportion with contact to mental health services shortly after discharge and shortly after hospital treated suicide attempt. Results from 2024 will be presented

Evidence and Lived/Living-Experience Inclusion: A Critical Policy Analysis of Wales, Scotland, England and Northern Ireland's National Suicide Prevention Policies

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Introduction: Lived/living-experience is increasingly prioritised in suicide prevention. Government policies are a key arena where knowledge and evidence inform national approaches to suicide. Conventionally, quantitative data and clinical research have been prioritised as evidence in these policies. Using Carol Bacchi's post-structuralist 'What's The Problem Represented To Be' (WPR) approach, we build upon previous work to critically analyse the UK's four current national suicide prevention policies to examine their use of evidence, whether/how lived/living-experience is included, and their resulting constructions of 'prevention'.

Methods: Using the qualitative WPR approach, we conducted in-depth readings of the four national suicide prevention policies and action plans using the analytic questions established by Bacchi – notably 'How has this representation of the problem come about?', and 'What effects are produced by this representation?'

Results: While a shift towards lived/living-experience inclusion has occurred in some national policies, it has been uneven. Northern Ireland's policy remains reliant upon epidemiological data and clinical research, recognising lived/living-experience only in relation to bereaved people. Although England consulted lived/living-experience, associated actions retain a prioritisation on surveillance and clinical research. Wales and Scotland, however, show a shift in action: Wales proposes a lived-experience advisory group alongside surveillance, while Scotland prioritises its Lived/Living-Experience Panel and Youth Advisory Group.

Conclusion: There has been a shift in the evidence base of suicide prevention policy in the UK. Where epidemiological and clinical evidence dominate, suicide prevention continues to be addressed through detection, monitoring, and medical intervention. This limits the ability of policy to make meaningful change to the lives of those experiencing or at risk of suicidality. In Scotland and Wales, we identify greater lived-experience inclusion. However, inclusion is limited – often consulted over local action and branding, but with limited agenda setting power. Further work is needed to understand the role of lived/living-experience in policy making.

Designing Suicide Countermeasures as Social Policy — A Social-System-Building Approach in Japan —

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The World Health Organization has emphasized that responses to suicide must go beyond individual-level prevention and be advanced as a whole-of-society approach encompassing social systems, public policy, and communities. Japan represents a distinctive international case in which suicide countermeasures are promoted as comprehensive societal action grounded in a legal framework.

In Japan, the Basic Act on Suicide Countermeasures was enacted in 2006, redefining suicide not as an individual issue but as a social problem shaped by factors such as employment, education, family relationships, social isolation, and access to support. Based on this Act, comprehensive suicide countermeasures have been developed through a "three-level interconnected model" that links individual-level support, municipality-based cross-sectoral implementation, and national-level policy coordination. This framework has evolved through major legislative revisions in 2016 and 2025. The 2016 revision strengthened the responsibilities and implementation capacity of local governments in formulating and executing suicide countermeasure plans, institutionalizing accountability and cross-sectoral collaboration at the municipal level. The 2025 revision further expanded the framework, placing particular emphasis on strengthening countermeasures for students suicide and responding to emerging social environments, including the use of generative AI.

In the early 2000s, Japan recorded more than 30,000 suicide deaths annually. While causal attribution must be approached with caution, suicide deaths have declined substantially as comprehensive, three-level suicide countermeasures have been implemented, and it has become certain that the number will fall below 20,000 for the first time in 2025. This long-term downward trend suggests that system-oriented social policy approaches may play an important role in reducing suicide risk at the population level.

This presentation examines how suicide countermeasures in Japan have been designed, governed, and implemented as an integrated social system. The Japanese case offers transferable insights into how legal frameworks and multi-level governance can be mobilized to advance suicide countermeasures as social policy.

Building a mixed-methods National Suicide Prevention Outcomes Framework: what we've learned so far

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In 2025, Australia's National Suicide Prevention Office (NSPO) and the Australian Government launched the National Suicide Prevention Strategy, outlining a model of an effective suicide prevention system. The National Suicide Prevention Outcomes Framework (Outcomes Framework) will use this model to measure progress in suicide prevention, improving understanding of whether suicide prevention efforts are safe and effective. The Outcomes Framework seeks to leverage the strengths and insights from both qualitative and quantitative data by adopting a mixed-methods approach.

In an exciting collaboration between government and academia, the NSPO and the Australian Institute of Health and Welfare (AIHW) have partnered with the University of New England (UNE) to establish the mixed-methods approach for the Outcomes Framework. With the AIHW tasked with leading the quantitative arm, the research team from UNE is developing a robust, transparent, and replicable approach to sourcing and utilising qualitative data to inform the Outcomes Framework. The approach, underpinned by person-centred and trauma-informed principles, will ensure that the voices of people disproportionately impacted by suicide are included and that the Outcomes Framework is relevant and meaningful.

This presentation will outline the qualitative approach adopted for the Outcomes Framework and share preliminary insights from the lessons learnt so far. This will include the development of our CoLab, a group of 14 highly specialised individuals with lived and living experiences of those disproportionally impacted by suicide and qualitative methods, the development and testing of concepts in the National Suicide Prevention Strategy within existing large qualitative data sets for understanding change in relation to routinely collected national quantitative data and emerging frameworks for qualitative data custodianship.

Do national suicide prevention strategies work?

Arensman, Ella

University College Cork & National Suicide Research Foundation, Ireland

Introduction: Currently, 47 countries are known to have a national suicide prevention strategy. However, the number of countries with a completed evaluation of the effectiveness of a national suicide prevention strategy or action plan is limited. The aim of this presentation is to provide an update of national suicide prevention strategies and outcomes of available evaluations.

Method: A scoping review was conducted, involving both primary studies and systematic reviews conducted between 2000 and June 2025.

Results: Evaluations of national suicide prevention strategies reveal mixed outcomes in terms of impacts on suicide and non-fatal self-harm. In terms of explaining the variable outcomes of strategy evaluations, it may take longer than anticipated to show an effect, or to identify an effect only in certain subgroups, including intensity and consolidation of actions and interventions. Despite the variation in components, no statistically significant associations were found between specific aspects/components of national suicide prevention strategies and changes in suicide mortality, and more likely point in the direction of synergistic effects, and implementation research was often lacking. Whilst a country's suicide rate represents a key indicator to guide suicide prevention priorities and to determine impacts of suicide prevention programmes, many countries face the challenge of delays relating to officially published suicide figures and underreporting.

Conclusion: In addition to reductions in suicide, other outcome indicators need to be considered, such as secondary or in intermediate outcome indicators, including non-fatal self-harm, awareness of suicide risk factors, access to quality health care, access to lethal means of suicide, and numbers of people hospitalized after an act of self-harm. Lack of information as to whether specific actions and interventions had been implemented or, if implemented, the quality, scale, intensity, completeness, and timing of the implementation process should also be considered.

The Effectiveness of Key Interventions Commonly Implemented in National Suicide Prevention Strategies: An Umbrella Review

Szaszkó, Bence[1]; Wyllie, Jessica[2]; Etherson, Marianne[2]; O'Connor, Rory[2]; Niederkrotenthaler, Thomas[1]; Zortea, Tiago[3,4]; Jamieson, Maggie[2]; Bondieck, Ole[1]; Platt, Stephen[5]

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Introduction: Suicidal behaviour remains a major public health challenge worldwide, prompting the implementation of national suicide prevention strategies that combine multiple interventions across public, clinical, and policy domains. However, evidence regarding the effectiveness of these commonly implemented interventions remains fragmented. The present umbrella review systematically synthesises evidence from existing reviews and meta-analyses to evaluate the effectiveness of interventions frequently included in national suicide prevention strategies, and to identify the mechanisms through which these interventions exert their effects.

Methods: We systematically searched MEDLINE, Embase, PsycINFO, CINAHL, Scopus, Web of Science, Cochrane Database of Systematic Reviews, Epistemonikos, and Google Scholar (2015–2025) for umbrella reviews, systematic reviews, rapid reviews, integrative reviews, and meta-analyses evaluating interventions commonly implemented in national suicide prevention strategies aimed at reducing suicide, attempted suicide, or self-harm. Quality was assessed with AMSTAR-2, with findings narratively synthesised.

Results: Preliminary mapping of reviews suggests beneficial effects for a range of interventions commonly included in national suicide prevention strategies, including means restriction approaches (e.g., barriers at hotspots; restricting access to toxic substances) and clinical/aftercare interventions (e.g., CBT/DBT; brief post-discharge contact). Across other strategy components (e.g., public awareness activities, media guideline initiatives, telephone-based services), review findings are often heterogeneous and context-dependent, with effects varying by outcome, setting, and study design. Findings are preliminary and will be updated following completion of our review in Summer 2026.

Conclusions: Taken together, the last decade of review-level evidence suggests that national strategies draw on components with varying degrees of empirical support, with promising signals for a subset of structural and care-continuity interventions and more heterogeneous findings for several widely implemented programmatic components. These patterns can support policymakers in prioritising scalable interventions and targeting future evaluation toward strategy elements with uncertain or inconsistent evidence base.

ORAL PRESENTATIONS (FLASH TALKS)



FT01. Flash Talks 1

Suicide Prevention in the Workplace

Rewari, Nitika

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Since many people spend a significant portion of their lives at work, workplaces play a crucial role in suicide prevention. Meaningful conversations about suicide need to take place to provide support, resources, and hope to someone who may be struggling with thoughts of suicide.

Suicide Prevention in the Workplace is a recently refreshed universal guide for workplaces, created through engagement with experts and people with lived and living experience. It offers information to support worker mental health and suicide prevention and postvention, organized into sections tailored for employers, managers, co-workers, workers, and workers who engage with the public.

You CAN ask that: findings from four years exploring the appropriateness of outcome measures in suicide postvention

Jackson, Bess

University of New England, Australia

Having spent the last four years exploring the appropriateness of implementing outcome measures in suicide postvention support, I have reached three conclusions: (1) most outcome measures are appropriate, providing that (2) they are approached skilfully and compassionately by service providers and (3) that the information garnered by the outcome measure meaningfully informs the individual's support. This flash talk will provide a 5-minute summary of my recently submitted PhD thesis, overviewing the four-part mixed-methods research project and the journey taken to arrive at these conclusions. Audience members will be encouraged to rethink preconceived notions about outcome measurement in suicide postvention.

Facing Suicidal Ideation Through Video Art: An Audience Reception Study

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Department of Psychology, Health and Technology, University of Twente, Netherlands

As part of an artistic PhD, this qualitative study explores audience experiences of a video installation on facing suicidal thoughts and imagery throughout the suicidal process. Created by the presenting author and based on her lived experience with suicidal ideation, the work was shown in seven small-scale test screenings with 27 participants, followed by group and individual interviews. Preliminary insights show that participants responded to the work on emotional, aesthetic, ethical, and meaning-making dimensions, indicating how visual and narrative representations of navigating suicidality are received by various audiences. Note: The video-installation will be presented during ESSSB21.

From I Should to I Did: Can Message Framing Mobilise Lay Gatekeepers to Help?

Bogolin, Aljaž[1]; Kerman, Katja[2,3]; Roškar, Saška[1]

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Behavioural economics approaches (e.g., nudges, message framing) are rarely explicitly theorised in gatekeeper-focused suicide prevention interventions, even though prompts, simplification, and friction-reduction features are used under other labels. Building on Prospect Theory and behaviour-change frameworks, we will examine how message design can mobilise lay gatekeepers, such as family members, partners, and friends, who may be the only support contact and may influence pathways to formal care. We will conduct a series of controlled randomized online experiments testing public-facing suicide-prevention messages (e.g., gain/loss framing). Outcomes include self-efficacy, behavioural intention, and click-through (behavioural proxy), examining hope and anxiety as mediators.

The ghosts that haunt intergenerational suicide stories

Stewart, Kelly

University of Edinburgh, United Kingdom

This paper draws from my PhD (integrating narrative inquiry with writing as inquiry) to examine the ghosts that haunt the intergenerational suicide stories of my collaborators (participants). I think with Derrida's deconstruction to examine the absent presences that irrupt out of and destabilise the well-rehearsed stories that often follow suicide; well-rehearsed thin descriptions, such as they were depressed. To illustrate this, I plug deconstruction into my collaborators' stories to examine the moments that disrupt or unsettle what was said or remembered before. What is the story not being told? What are the ghosts that seem to haunt intergenerational suicide stories?

Development of the PRINTQUAL-web tool for assessing the quality of online news reporting of suicide: adaptation of the PRINTQUAL tool for newspaper reporting

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International suicide prevention strategies recommend responsible media reporting to reduce population-level harms, yet existing tools do not capture harmful features unique to online reporting. We adapted PRINTQUAL (a suicide reporting assessment tool for newspapers) for online news. Content analysis of 342 articles on the 2020 suicide of a British television celebrity identified features of poor- and good-quality reporting. Expert consensus determined items and weightings for negative and positive subscales, resulting in a new tool; the PRINTQUAL-web. PRINTQUAL-web enables systematic quality assessment of online suicide reporting and direct comparison to PRINTQUAL scores, comparing journalistic practice across online and print reporting.

'Healing Our Youth Home:' Reimagining Upstream Youth Suicide Prevention through Métis Youth Voices

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Youth suicide is a complex issue in Canada, with First Nations, Métis, and Inuit youth disproportionately affected. This doctoral research explores how Métis understandings of life promotion can inform upstream youth suicide prevention. Through three objectives: (1) co-create shared conceptualizations of life promotion; (2) identify equity-oriented, systems-focused indicators to evaluate life promotion; and (3) generate recommendations for upstream suicide prevention. Grounded in my worldview as a Métis youth, this presentation will share the methodology and initial findings from the Healing our Youth Home study, a youth-led, participatory, metaphor-inspired Indigenous research approach rooted in Métis knowledges, community relationships, and equity science.

Sense of Community and Suicide Risk in Lithuanian Men: The Mediating Role of Defeat and Entrapment

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Suicide Research Centre, Institute of Psychology, Faculty of Philosophy, Vilnius University

Lithuania has among the highest male suicide rates globally. Understanding male suicidality requires examining community contexts that shape masculinity. This study examined whether Sense of Community (SOC) predicts suicide risk directly and indirectly through defeat and entrapment in Lithuanian men. Using structural equation modelling (n = 510), family SOC was associated with lower suicide risk directly ($\beta = -0.27$; $p = 0.005$) and indirectly via defeat and entrapment ($\beta = -0.21$; $p < 0.001$), whereas friends` SOC showed no significant effects. Results underscore the protective role of family community in male suicidality in Lithuanian context.

Funding: Lithuanian Research Council (S-MIP-24-77)

FT02. Flash Talks 2

Expectations of "Intensive Motherhood" and Young Women's Suicide

Townsend, Harriet

Macquarie University, Australia

Suicide is a leading cause of death among young women and perinatal mothers. In this paper, I explore how expectations of motherhood played a role in young women's deaths by suicide. Through analysis of 31 young Australian mothers who died by suicide, I unpack how the notion that motherhood is a "protective" factor against suicide undermined women experiencing suicidality. Using the concept of "intensive motherhood," I interrogate how expectations of mothers became fatal. Three key themes are explored, centered upon the theme of "failing motherhood": mothering without a father, mothering with mental illness, and the loss of care of children.

"Drama queens" and "attention seekers": Characterizations of Femininity and Responses to Women Who Communicated their Intent to Suicide

Townsend, Harriet

Macquarie University, Australia

Historically, women experiencing distress and suicidality have been pathologized and trivialized. Despite high rates of suicidality among women, the role of gender and femininity continue to be overlooked in suicide research. I perform a qualitative "sociological autopsy" on 17 coronial cases of young Australian women who communicated intent before their deaths by suicide but were dismissed or ignored. Two tropes of suicidal femininity were identified and will be explored: "drama queens" and "attention seekers." This paper highlights how gendered assumptions about, and interpretations of, women's emotions and suicidality can be dangerous, even fatal.

Association between metabolic variability and intentional self-harm: A nationwide population-based retrospective cohort study

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Metabolic variability has emerged as risk factor for adverse outcomes, yet its link to intentional self-harm is unclear. A retrospective cohort study included 2,352,832 adults with ≥3 measurements of waist circumference, fasting glucose, blood pressure, HDL, and triglyceride from 2009–2014. Cox regression hazards models were used to estimate HR after adjusting for potential confounders. Highest variability in waist circumference, DBP, and HDL was associated with increased intentional self-harm (HR 1.32, 95% CI 1.02–1.70; HR 1.42, 95% CI 1.09–1.85; HR 1.33, 95% CI 1.03–1.73). These findings suggest that the highest metabolic variability may represent a potential target for suicide prevention.

Consequences of Digital, Mail-Based Suicide Prevention Counseling for Those Seeking Help

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DFG-Research Training Group „Consequences of Social Services", University of Siegen, Germany

Objective: The present PhD project examines consequences of digital, mail-based suicide prevention counseling for help-seekers, using MANO (mail-based, anonymous online counseling) as a case study. Drawing on consequences research, the data is analyzed to reconstruct crisis trajectories, coping and prevention and the meaning of counseling for help-seekers.

Method: The study centers on counseling transcripts, supplemented by an online questionnaire and interviews.

Results: Initial findings suggest that mail-based counseling facilitates specific processing experiences, operating less through direct intervention than through holding, witnessing, and responsivity.

Conclusion: The findings may contribute to the further development of digital counseling for adults experiencing suicidal thoughts.

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

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Responsible media reporting of suicide is a key strategy for suicide prevention, yet little is known about implementation in low- and middle-income countries (LMICs). Between July 2025 and February 2026, semi-structured interviews were conducted with 25 experts from 14 LMICs, including psychiatrists, psychologists, and other stakeholders involved in media engagement efforts. Discussions covered experiences leading initiatives, barriers and facilitators, evaluation practices, and collaborative strategies. Deductive and inductive thematic analysis identified five themes: engagement efforts, global guidelines and local adaptation, barriers, monitoring and evidence gaps, and future directions. Findings inform context-sensitive strategies and sustainable interventions to improve media reporting of suicide.

Non-suicidal self-injury among adolescents in contact with child protection and juvenile justice services in Spain.

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Despite its prevalence, research on non-suicidal self-injury (NSSI) within child protection and juvenile justice systems remains under researched.

This study examined NSSI among 4,918 adolescents in Spain's child protection and juvenile justice systems (2024–2025), reported by professionals in Berriztu association.

Results showed a 7.2% prevalence (196 incidents), increasing at age 16 with higher frequency in females. Intrapersonal functions—specifically emotion regulation—motivated 80% of cases (skin cutting being the primary method). 90% of incidents occurred without prior communication, reflecting low help-seeking.

These findings highlight the urgent need for early detection and therapeutic strategies focused on emotional regulation within this high-risk population.

Can gender-affirming medical care aid in suicide prevention? Developing a psychosocial autopsy interview for transgender and gender-diverse people

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Suicide rates in transgender and gender-diverse (TGD) individuals are high. At the time of suicide some still receive gender-affirming medical care (GAMC) which could contribute to suicide prevention e.g. by more systematic risk-assessment and integrated care. The psychosocial autopsy interview with close ones of people who died by suicide can provide insights into risk factors.

We identified themes in medical files of deceased (former) clients of a gender clinic. Besides known risk factors like affective and personality disorders, dissatisfaction with GAMC and gender minority stress emerged. These themes were used to further develop a semi-structured psychosocial autopsy interview in TGD people.

Trajectory Foreclosure: Applying Viability Theory to Formalize Suicidal Entrapment

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While the IMV model (O'Connor & Kirtley, 2018) acknowledges structural factors in suicidality, a formal mechanism linking environmental constraints to entrapment remains unspecified. We apply viability theory (Aubin, 1991) to model this process. Within this framework, entrapment is modelled as trajectory foreclosure: the progressive contraction of the set of states permitting sustainable life trajectories, under rigid structural constraints (e.g., institutional rigidity, systemic exclusion). As this set contracts, the model predicts approach toward a cusp catastrophe with hysteresis (Bryan & Rudd, 2018; De Beurs et al., 2021), aligning with computational advances in suicide risk modelling (Lu et al., 2026).

FT03. Flash Talks 3

A Curriculum Review of Suicide Risk Training in Postgraduate Psychology Programs

Lethbridge, Melissa[1]; Newton-John, Toby[1]; Hronis, Anastasia[1]; Shand, Fiona[2]

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Suicide remains one of the leading causes of death in Australia. Psychologists can play a pivotal role through evidence-based risk assessment and intervention, making postgraduate training essential. The current study involved a curriculum review of publicly available unit handbooks from 94 Australian postgraduate psychology programs. Eighteen per cent did not explicitly reference teaching risk assessment or management. Of those that did, 41% covered both, 49% covered risk assessment only, and 10% covered risk management only. Findings indicate a stronger emphasis on risk assessment than risk management, underscoring the need to strengthen training in suicide prevention practices for trainee psychologists.

From intention to action: do men who plan to seek help actually do so, and does it matter for suicidal ideation?

Scotti Requena, Simone[1]; Arya, Vikas[1]; Le, Long[2]; Pirkis, Jane[1]

[1]Centre for Mental Health and Community Wellbeing, University of Melbourne, Australia; [2]School of Public Health and Preventive Medicine, Monash University, Australia

We examine longitudinal associations between help-seeking intentions, enacted help-seeking, and later suicidal ideation among Australian men. Using Waves 2 to 4 of Ten to Men, we will assess whether Wave 2 intentions (General Help Seeking Questionnaire) are associated with Wave 3 help-seeking, and whether Wave 3 help-seeking is associated with Wave 4 suicidal ideation (PHQ-9 item 9), among men reporting a personal, emotional, or behavioural problem at Wave 3. We will compare informal-only versus any formal help and estimate adjusted risk ratios using log-link models informed by directed acyclic graphs. Preliminary findings will be presented.

From Parental Powerlessness to Agency: Implementation and Evaluation of a Non-Violent Resistance Training for Parents of Suicidal Youth

de Niet, Merel Laura[1]; Krabbendam, Anne[1]; van Dongen, Kathelijne[2]; Vermeiren, Robert[1]; Nooteboom, Laura[1]

[1]LUMC (Curium), Netherlands, The; [2]Healinq, Netherlands, The

Suicidality among adolescents continues to rise, with parental powerlessness being a critical factor undermining effective support and child mental health outcomes. Strengthening parents' sense of agency may therefore be a key mechanism in suicide prevention. An innovative 12-session parent training was developed in close collaboration with parents and youth, integrating elements of Non-Violent Resistance and Dialectical Behavior Therapy. Using a mixed-methods pre–post design, the training is implemented across eight mental health institutions and evaluated through interviews, questionnaires, and session observations. The program aims to reduce parental powerlessness, enhance parent–child connection, and ultimately improve youth wellbeing and reduce suicidal behavior.

Do media reporting guidelines improve suicide reporting quality and reduce suicides?

Scotti Requena, Simone[1]; Arya, Vikas[1]; Niederkrotenthaler, Thomas[2]; Sinyor, Mark[3,4]; Ueda, Michiko[5,6]; Spittal, Matthew[1]; Pirkis, Jane[1]

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Media reporting can shape suicidal behaviour, so many countries use suicide reporting guidelines. We reviewed whether these guidelines improve reporting quality and reduce suicides. We searched the literature up to November 2025 and included 15 studies from 11 countries. Reporting quality improved after guideline release, particularly for recommendations most relevant to reducing harmful contagion effects, such as educating the public and avoiding detailed method descriptions. Far fewer studies examined suicide rates, but available evidence suggests guidelines cause no harm and may offer benefits through better reporting. More research is urgently needed to better quantify their impact on suicide rates.

Insecure attachment and suicidal ideation in young people: a longitudinal mediation study

Wang, Xingyu; Pratt, Daniel; Berry, Katherine

University of Manchester

Evidence suggests that insecure attachment is associated with suicidal thoughts in young people, yet the underlying processes remain unclear. This ongoing study tests whether insecure attachment (avoidant, anxious, and disorganised attachment) influences suicidal ideation over time, and whether self-worth, emotion regulation, and interpersonal difficulties mediate these associations. Young people aged 18-24 complete online self-report surveys at three time points. Data will be analysed using longitudinal mediation model. Preliminary findings will be presented at the conference. The study aims to identify potential pathways to suicidal ideation and inform attachment-related early prevention strategies for youth suicide.

Suicide in Response to Social Change An Investigation into the Chefchaouen Region of Morocco

Hayouh, Fouzia

the International Graduate Center for the Study of Culture Justus-Liebig University Giessen, Germany, Germany

The study explores suicide as a social phenomenon in the Chefchaouen region of Morocco. Despite the prevalence of suicide in the country, existing studies have not adequately considered the contributing socio-economic factors. In this study, I investigate suicide in rural villages of the Chefchaouen region in northern Morocco, focusing on social changes linked to cannabis cultivation.

The study employs a qualitative fieldwork method, which includes interviews and observations, to investigate how cannabis cultivation negatively affects social bonds, community trust, and moral meanings, and how these transformations lead to anomie and distress, which increases the risk of suicidal behavior.

Features of Obsessive-Compulsive Personality Disorder as a Risk factor for Suicidality among Individuals with Anxiety and Mood Disorders

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This study examined the association between obsessive-compulsive personality disorder (OCPD) and suicidality risk in individuals with anxiety and mood disorders (AMD). A total of 227 participants with AMD (78.1% women; mean age 40.0±11.6) were assessed. Mental disorders and suicidality risk were evaluated using the Mini International Neuropsychiatric Interview, while OCPD traits were measured with the Compulsive Personality Assessment Scale. Suicidality risk was significantly higher in individuals with comorbid OCPD compared to those with AMD alone (59.2% vs. 42.1%). Comorbid OCPD more than doubled the risk of suicidality in individuals with AMD (odds ratio = 2.14, 95% CI 1.08–4.24; p=0.029).

Supporting Students Bereaved by Suicide in Secondary Schools: A Scoping Review of Support Practices, Student Needs, and Staff Preparedness

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University College Dublin, Ireland

Background: Suicide bereavement during adolescence is associated with significant psychological, social, and educational impacts. While research has examined postvention following peer deaths, little is known about support for students bereaved by family or community suicides, or students‘ experiences of such support.

Objectives: This scoping review maps school-based postvention practices for secondary school students bereaved by suicide, examining practices, student experiences, and staff preparedness.

Methods: Following JBI and PRISMA-ScR guidelines, peer-reviewed and grey literature were systematically searched. Two reviewers independently screened studies and extracted data.

Expected Outcomes: Findings will identify gaps and inform practice in supporting suicide-bereaved students in secondary schools.

POSTERS



POST1: POSTER SESSION 1

Developing and Initially Validating a Desire to Hasten Death Scale for Older Adults (DHD-OA)

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Background: Older adults have high rates of morbidity and mortality, including by suicide. Legislation exists in Canada and many nations worldwide regarding assisted dying; efforts are needed to enhance identification and understanding of factors that contribute to the Desire to Hasten Death (DHD) among older adults. Existing DHD scales were not designed explicitly for use with older adults, and are unidimensional in orientation. We designed the present study to further enhance detection and understanding of DHD among older adults.

Objectives: To summarize preliminary findings of a multi-phase, mixed-methods study to iteratively develop and initially validate a multidimensional Desire to Hasten Death Scale for Older Adults (DHD-OA).

Methods: Scale development efforts involve: 1) Qualitative interviews identifying factors associated with DHD among older adults receiving palliative care; 2) Item feedback from experts in palliative care, psychometrics, and aging and mental health; 3) Focus groups of caregivers of older adults receiving palliative care; 4) Testing item content in a "think out loud" procedure; 5) Assessing the factor structure, reliability, and validity of the DHD-OA with older adults. Phases 1-2 are now complete, and phase 3 is currently underway.

Results: Participants identified themes relevant to end-of-life considerations, including hastening death. Expert feedback was positive, and supported the face validity and multidimensional content of the initial DHD-OA items. Focus group and initial validation findings will be available for discussion. We anticipate the DHD-OA to be multidimensional, have acceptable internal consistency, and demonstrate construct validity via positive associations with depression, anxiety, and pain, and negative associations with meaning in life, satisfaction with life, and social support.

Conclusions: The rapid growth of the older adult population and increasing access to assisted dying necessitate understanding of factors that contribute to DHD to further enhance sensitive end-of-life care for older adults. The DHD-OA was designed to serve that need.

The Australian Way - The shift of mental health & suicide prevention conversations in Australia & what caused it

Phillip-Weir, Sean

THE SHAKA PROJECT, Australia

Over the past decade, Australia has experienced a significant shift in how mental health and suicide prevention are discussed, understood, and addressed. Where silence, stigma, and crisis-led responses once dominated, conversations have increasingly moved toward openness, prevention, and shared responsibility. This presentation explores what caused this cultural shift and what can be learned from it.

Using the real stories of individuals who have lived through the transition from silence to open conversation, this session centres lived experience as a catalyst for change. These narratives reflect how people, families, and communities have been impacted by evolving attitudes, increased visibility of mental health discussions, and more accessible pathways to support. Through storytelling, the presentation illustrates how cultural permission to speak openly has reduced isolation and encouraged earlier help-seeking.

The session also examines the broader drivers behind this shift, including national awareness campaigns, high-profile public conversations, grassroots initiatives, and the growing influence of peer-led and community-based models. Particular attention is given to the role of language, relatability, and culturally grounded approaches in reshaping public understanding beyond traditional clinical frameworks.

While progress has been made, this presentation does not shy away from the ongoing challenges and limitations within the system. It highlights the importance of meaningful engagement over performative awareness.

By exploring "The Australian Way" through lived experience and community insight, this session offers practical, transferable lessons for suicide prevention efforts internationally, particularly for those seeking to create cultural change that moves people from silence to connection.

Talking About Suicide: Rethinking suicide risk assessment to focus on person-centred, narrative approaches

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Suicide is a critical global health issue, with more than 720,000 people dying by suicide every year. Primary care providers are ideally positioned to engage with individuals experiencing thoughts of suicide and to provide, or link them to, potentially life-saving support and resources.

Traditional suicide risk assessment models often focus on predictive categorization rather than prioritizing person-centred dialogue. Talking About Suicide is an online self-directed training for healthcare providers that offers practical insights for engaging in open, supportive conversations about suicide.

Methods: The training was co-developed by individuals with lived experience and emphasizes:

Building trust by creating a safe space, demonstrating empathy and compassion, and seeking to understand the client's unique experience.

Person-centred suicide risk assessment strategies that prioritize a narrative approach and recognize the client's autonomy.

Directly asking about suicide in a caring and non-judgmental manner.

Responding appropriately with meaningfully collaborative safety planning that focuses on the client's strengths and personal responsibility.

Results: The Talking About Suicide training moves beyond checklist-driven risk assessments, focusing instead on creating a culture and language of hope through meaningful client engagement. This presentation will explore pre- and post-course evaluations that show significant increases in healthcare providers' confidence in building trust with clients at risk of suicide and talking openly about suicide with their clients. Data analysis also indicates a doubling of healthcare providers' confidence in responding to suicide risk among clients and offering appropriate support. Qualitative data will also be shared to demonstrate the positive impact of rethinking suicide risk assessment to focus on a person-centred narrative approach.

Conclusion: Talking About Suicide empowers healthcare providers to promote life and foster resilience with clients experiencing thoughts of suicide. It helps people regain confidence in themselves and see hope in a possible future.

Impact of Applied Suicide Intervention Skills Training (ASIST) in post-secondary nursing education

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Introduction: Suicide remains a major public health issue in Canada, with post-secondary students experiencing heightened vulnerability to mental health crises. Education is recognized as a best practice for suicide prevention, with Applied Suicide Intervention Skills Training (ASIST) considered the gold standard and has been widely implemented and evaluated internationally. ASIST was introduced within the University of Calgary's Faculty of Nursing to examine its impact on students, staff, and faculty. The training aimed to equip participants with essential skills to support individuals experiencing suicidal ideation.

Methods: Over 400 students, staff, and faculty members in the Faculty of Nursing completed the ASIST workshop, with approximately 280 participating in the research study. Quantitative and qualitative survey data were collected pre-workshop, post-workshop, and at three- and six-month follow-up intervals. Standardized survey questions developed by the Centre for Suicide Prevention were used to assess participant's preparedness, confidence, and perceived skills in intervening with individuals at risk of suicide. Additional questions explored participants' experiences of the ASIST workshop from the perspective of a nursing student or nursing professional as well as overall workshop satisfaction and acceptability.

Results: The majority of participants were undergraduate students, followed by graduate students, staff, and faculty members. Results indicated strong support for integrating suicide intervention education into nursing curricula. Participants reported increased confidence, preparedness, and understanding of suicide-related issues following the training, with gains sustained at follow-up. The training empowered learners to apply suicide intervention skills both professionally, when caring for patients, and personally, when supporting peers, friends, and family members.

Conclusions: ASIST demonstrated significant potential to enhance nursing students' competence in suicide prevention and intervention, with strong support for its sustained integration into nursing curriculum. Post-secondary institutions can enrich student learning and preparedness by embedding ASIST workshops into their academic programs.

"I had no safe space." Painful childhood experiences in the lives of men who are suicidal: A qualitative thematic analysis

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Introduction: In almost every country, more men die by suicide than women. While early-life adversity is a well-established suicide risk factor, much existing research is derived from female-dominated samples and based on quantitative work. This study addresses a critical gap in the literature by examining the relationship between childhood harms and long-term suicide risk in men.

Participants and Setting: 710 men worldwide who reported suicidal ideation or attempts in the past week or year.

Methods: Using a qualitative thematic analysis of open-text survey responses, participants described childhood experiences that negatively shaped their adult lives.

Results: Findings suggest that men experience a diverse range of childhood challenges including bullying, sexual abuse, emotional neglect, as well as underexplored challenges including isolation, neurodiversity, body-image, witnessing abuse, sibling abuse, and structural challenges such as community violence, poverty, and gender discrimination. We propose that these early-life experiences may similarly disrupt men's sense of psychological safety, leading to insecure attachments to self and others.

Conclusions: These findings highlight overlooked forms of childhood adversity relevant to safeguarding boys and suggest the importance of early intervention and gender-sensitive approaches that attend to attachment processes and the impact of restrictive masculine norms.

"No One to Lose – Workplace: A Brief Training to increase Employees' Confidence in Responding to Suicide Risk"

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Background: Workplaces can play a crucial role in suicide prevention — colleagues are often the first to notice when something's off. "No One to Lose – Workplace" is a short, team-based training program developed to increase the employees' confidence in responding to possible suicide risk. The program mixes short films with guided group discussions. Organizations receive some initial guidance by phone but run the sessions themselves, making it a flexible option that fits into everyday work routines.

Method: A total of 20 organizations with approximately 800 employees were offered the training. The employees were invited to participate in anonymous online surveys before and after the training, and N=399 and N=197 responded to the pre- and post-tests, respectively. Participants rated their confidence (on a 1–10 scale) on recognizing suicide risk, talking directly and offering support to a person with suicidal thoughts. We compared confidence levels before and after the training, using independent samples t-tests. Additionally, implementation was assessed in terms of completion rates, teamwork, and leadership involvement.

Results: Most participants completed the training, joined the discussions, and many managers took part. Overall, scores increased towards higher confidence in the posttest, and most markedly with regards to talking openly about suicide and knowing how to offer support. Qualitative feedback was overwhelmingly positive — participants highlighted the program's relevance, practicality, and impact on reducing stigma. Some wanted more time, clearer crisis routines, and extra tools. Many also expressed interests in further training.

Conclusion: A short team-based program can strengthen employees' confidence in responding to suicide risk — especially by encouraging open dialogue and supportive action. Manager participation and collective reflection seem to boost the effect. While self-report data and the lack of a control group limit causal conclusions, the findings suggest that simple, discussion-based training can make workplaces more prepared to prevent suicide.

1411 - National Suicide Prevention Line

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Suicide prevention helplines are recommended by the World Health Organization (WHO, 2018) as a best practice. In Portugal, existing helplines have historically been mainly volunteer-based, often staffed by non–health professionals and aligned with the principles of the Samaritans. In response to a citizens' petition, a national suicide prevention helpline was created and inaugurated on September 10, 2025. Integrated into SNS24, the helpline operates 24 hours a day, 7 days a week, and is free of charge. It is staffed by health professionals (psychologists and mental health nurses) with training in suicidology.

The helpline has an approximate response rate of 80%, comparable to similar international initiatives (Erlangsen et al., 2025), and has received more than 8500 calls. Callers are mostly female (60%), aged between 18 and 29 years (41.5%). Approximately half of callers choose to remain anonymous. Reasons for seeking help include the caller's own suicidal ideation, as well as concerns related to suicidal ideation or suicide among people known to them, allowing for both preventive and postventive brief interventions. Additional reasons include anxiety-related symptoms, family conflicts, and relationship breakdowns. Calls also involve individuals experiencing an initial crisis and those with prior mental health diagnoses who are already under professional care.

Approximately 3% of calls are referred to pre-hospital emergency services due to imminent risk. Having been in operation for only four months, it is not yet possible to establish a robust caller profile or fully assess the effectiveness of the interventions. Nevertheless, the 1411 helpline has been able to respond to requests, contributing evidence to support more thorough future evaluations.

Cascade to Crisis: A scoping review of the Narrative Crisis Model of Suicide

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Intro: Narrative Crisis Model (NCM) is a recently developed stepwise multi-stage stress-diathesis model to explain suicide behaviour. Recent studies suggest that this model demonstrates promise in predicting suicidal behaviour and has led to the introduction of a suicide-specific diagnosis, the Suicide Crisis Syndrome (SCS).

Method: A scoping review was conducted using the Prisma - ScR guidelines to systematically review and outline the extant evidence on NCM. Electronic databases and supplementary sources were systematically searched, yielding a total of 12 studies for inclusion in the review. All included studies employed quantitative designs. The screening and extraction process was conducted by two reviewers independently. The quality of the articles was assessed using the JBI Quality Appraisal Tools.

Results: The review showed that only one study had tested the entire model while five studies have tested parts of the model. The included studies indicate that the NCM shows utility in predicting prospective suicidal behaviour, with the SCS receiving the strongest and most consistent empirical support across the reviewed literature.

Conclusion: The review highlights opportunities to further develop the model. Some differences remain between the model's conceptual definition and how it has been tested in research. Clearer definition and measurement of the model's components would help address this gap. In addition, further research is needed to clarify the activating role of stressful life events. Given the model's focus on personal narrative, qualitative research approaches may be especially useful for improving understanding of how the model operates in practice. Overall, this review suggests that the NCM offers a detailed and potentially useful framework with emerging empirical support; however, further research is needed to clarify its conceptual boundaries and to strengthen and refine the evidence base.

Complete Cotard's Syndrome Developed Following a Non-Fatal Medication Overdose Suicide Attempt in an 88-Year-Old Patient

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Background: Cotard's syndrome is a rare psychopathological condition marked by nihilistic delusions concerning one's own existence, body, or vital functions. It most often occurs in the context of severe depression, psychotic disorders, or organic brain pathology, particularly in older adults. The complete form is especially rare and associated with high suicide risk.

Objective: To present a case of acute-onset complete Cotard's syndrome developing after a non-fatal medication overdose suicide attempt in late life.

Case Presentation: An 88-year-old man was admitted to the Intensive Care Unit following a severe suicide attempt involving large doses of antihypertensive and hypnotic medications. After somatic stabilization, prominent psychotic symptoms emerged. The patient persistently claimed that he was dead, cremated, deprived of bodily organs, and that his spouse had died. Consciousness showed an oneiroid, dream-like quality with partially preserved autopsychic and allopsychic orientation and impaired temporal orientation. The clinical picture met criteria for complete Cotard's syndrome. Laboratory findings (hypokalemia, microcytic anemia, elevated inflammatory markers) suggested an organic contribution. MMPI-2 revealed elevations related to psychotic perception, derealization, depressive affect, and suicidal ideation. Cognitive testing indicated mild cognitive impairment (ACE: 83/100), while CT imaging demonstrated frontotemporal-predominant atrophy without focal lesions. During a 14-day gerontopsychiatric hospitalization, symptoms improved with antipsychotic (risperidone) and antidepressant (mirtazapine) treatment combined with psychotherapeutic intervention.

Conclusion: This case highlights that in late life, acute physical decompensation and psychosocial distress may precipitate rare, but severe nihilistic psychotic states. In addition to identifiable psychosocial stressors, organic factors (onset of cognitive decline, fronto-temporal atrophy, condition requiring intensive care following suicide attempt, temporary episodes of confusion) may also play a significant role. Early recognition of Cotard's syndrome is crucial due to its high suicide risk and the potential reversibility of underlying organic and affective factors with appropriate treatment.

Burden and Temporal Trends of Emergency Department Visit Due to Self-harm and Suicide Attempts in Korea to Utilize Smart Emergency Medical Resource: Nationwide community-based study, 2015-2023

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Backgrounds: Suicide attempts and self-harm (SA/SH) are well-established risk factors for complete suicide. This study aimed to investigate the temporal trends and characteristics of patients with severe injuries related to SA/SH, stratified by sex, in South Korea

Methods: This retrospective observational study utilized a nationwide community-based injury database in Korea. We included all patients treated by emergency medical services (EMS) for severe injuries related to SA/SH between 2015 and 2023. The exposure variables were sex and age (in 10-year groups). We analyzed annual case numbers and incidence rates per 100,000 population, stratified by sex and age. Patient characteristics and mortality predictors were examined using multivariable logistic regression

Results: Of 350,586 severe injury patients transferred by EMS over 9 years, 83,912 (23.9%) were SA/SH-related. Females accounted for 53.8%. The most common mechanisms were poisoning (68.0%), hanging (15.4%), and jumping (8.8%). Overall mortality was 21.6%, significantly higher in males (29.2%) than females (15.1%) ($p<0.01$). The sex- and age-specific incidence rates per 100,000 population have been rising since 2017, with a more pronounced increase observed in females starting in 2020 (from 20.7 in 2020 to 24.4 in 2023). By age group, the most significant increase occurred among individuals in their 20s, particularly females (from 12.3 in 2015 to 28.6 in 2023). Among mortality cases, 62.4% were male, with hanging (50.0%) and jumping (25.2%) being the predominant mechanisms. Male sex, older age (compared to 20–29 years), and mechanisms involving hanging or jumping (compared to poisoning) were significantly associated with mortality.

Conclusion: Severe injuries related to SA/SH are increasing across all demographics in South Korea, with a particularly alarming surge among young women in their 20s. These findings highlight an urgent need for targeted public health interventions and support programs specifically tailored to identify and protect vulnerable young female populations at risk of SA/SH crises.

Bridging the Gaps: Coordinating Suicide Prevention, Crisis Response, and Postvention Services in Rural Communities

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Introduction: Rural communities face unique challenges across the suicide prevention continuum, including limited behavioral health resources, geographic isolation, workforce shortages, and cultural barriers to seeking help. Therefore, it is vital for communities to work together to reduce gaps in service, utilizing cross-sector collaboration to develop a comprehensive model of care which focuses on suicide prevention, intervention, and postvention.

Aim: The aim of this project was to design and implement a community-based suicide prevention, crisis intervention, and postvention program in rural areas of Arizona, integrating schools, behavioral health, tribal leaders, peer support, and crisis responders. An emphasis of the project was to develop such a program by establishing partnerships with schools, community stakeholders, crisis teams, and first responders, and by utilizing individuals with lived experience to provide sustainable program services.

Methods: Through a grant from the State of Arizona, this project engaged mental health providers, first responders, crisis teams, Survivors of Suicide Loss, and school staff to establish a comprehensive model of care, which included community-based suicide prevention trainings, school-based postvention workshops, Survivors of Suicide (SOS) support groups, and crisis mobile services, including involvement with Local Outreach to Suicide Survivors (LOSS) Teams.

Results: A comprehensive suicide prevention and postvention program was launched in eight rural towns in Arizona, utilizing community members with lived experience to deliver services such as facilitating SOS support groups, educating collaborating schools on suicide prevention and postvention, and establishing new partnerships with first responders/crisis response teams for effective postvention outreach and intervention.

Conclusion: The project demonstrates the power of community-driven suicide prevention, crisis intervention, and postvention services. By aligning crisis systems with collaborative prevention and referral networks, this project was able to close service gaps, enhance collaboration across care levels, and build sustainable culturally anchored pathways to wellness and suicide prevention in rural communities.

Suicide, Self-harm, Mental Disorders and Substance Misuse in the Criminal Justice System

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Background: Research has consistently shown that people in contact with the criminal justice system (CJS) experience a disproportionate risk of various forms of adversities, including suicide, self-harm, mental disorders (MDs) and substance misuse. Despite this, some of these issues remain under-scrutinised, especially among the probation population. Furthermore, systemic fragmentation between healthcare and justice data persists, which hinders the development of integrated and effective prevention of suicide and self-harm.

Rationale: This project addresses a critical evidence gap by providing a longitudinal investigation of these adversities, specifically including the under-researched probation population alongside prisoners. By bridging previously siloed healthcare and justice data, we address two primary questions: (1) What is the longitudinal prevalence and trend of suicide, self-harm, MDs, and substance misuse among prisoners and probationers? (2) How do MDs and substance misuse influence suicide and self-harm risk, and how does this risk evolve following entry into custody or probation?

Method: This project utilises and links routinely collected administrative data in Wales through the SAIL databank. We integrate criminal justice records with NHS healthcare data, substance misuse services, and ONS mortality records. The analysis comprises a descriptive study estimating the annual prevalence or incidence rates of the adversities, and a longitudinal cohort study investigating the association between MDs and substance misuse and the risk of suicide and self-harm. We will quantify high-risk windows using survival analysis and recurrent event analysis.

Impact: This research will establish the first longitudinal, linked evidence base for the justice-involved population in Wales to identify unmet clinical needs and risk for suicide and self-harm. We will disseminate these results to key stakeholders, including HMPPS, Public Health Wales, and the NHS. Ultimately, this project rethinks suicide and self-harm prevention as a cross-agency mandate, and provides actionable insights for integrated monitoring and intervention.

Between Reality and Despair: Suicidality in Psychosis – A Literature Review

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Suicidality in psychosis remains a critical research and clinical priority, with markedly elevated rates driven by multifactorial mechanisms. Contemporary evidence indicates that suicidal thoughts and behaviors are particularly prevalent during the early stages of psychotic illness, including the prodromal phase and first-episode psychosis. Recent longitudinal and population-based data further demonstrate that even subclinical psychotic experiences independently predict future suicidal ideation, suicide attempts, and suicide death, underscoring the importance of early identification.

This narrative review synthesizes current literature on suicidality in psychosis, examining neurobiological, cognitive, and psychosocial determinants, as well as emerging preventive strategies. Evidence suggests that suicidality is shaped by a complex interplay of dopaminergic and serotonergic dysregulation, affective comorbidity, hopelessness, perceived entrapment, self-referential delusions, and stigma-related distress. Adolescents and young adults at clinical high risk for psychosis exhibit particularly high rates of suicidal ideation (up to 67%) and suicide attempts (up to 29%), highlighting a critical developmental window for intervention.

Recent meta-analytic findings indicate that Early Intervention Programs integrating pharmacotherapy, psychotherapy, psychosocial interventions, and case management are associated with a one-third reduction in both suicide deaths and suicide attempts. Clozapine demonstrates established anti-suicidal efficacy, while cognitive-behavioral and dialectical behavior therapies show promising outcomes in high-risk populations.

Protective factors, including strong family support, a stable therapeutic alliance, and community engagement, appear to mitigate suicidal risk. However, the paradoxical role of insight—potentially increasing risk through self-stigma while also enabling adaptive coping—requires further empirical investigation.

Overall, suicidality constitutes a core clinical dimension of psychotic disorders, particularly in their early stages. Integrated, developmentally sensitive, and multidimensional interventions are essential to reduce suicide risk and improve long-term outcomes in this vulnerable population.

Effects of ketamine and esketamine on suicidal behaviour and suicidal ideation in psychiatric disorders: A systematic review and meta-analysis

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Introduction: Ketamine and esketamine have been claimed to possess anti-suicidal effects and potentially to transform suicide prevention. This study provides an updated overview of evidence from clinical trials to establish whether ketamine or esketamine reduces suicide ideation and suicidal behavior among people with psychiatric disorders.

Methods: Systematic review and meta-analysis of randomised controlled trials. Data were synthesised with meta-analysis, including methods for double-zero events. The protocol was registered with PROSPERO (CRD42023364156).

Results (preliminary): We included 73 trials with a total of 5671 participants. The majority of trials examined ketamine and a single dose was used in 35 trials. Rates of suicides and suicide attempts combined were 1.63% for ketamine/esketamine and 1.72% for placebo, with the 95% credible interval including the null-effect, OR = 0.98 [0.58 to 1.60]. Ketamine/esketamine significantly reduced suicide ideation up to 4 weeks (standardized mean differences [SMD] at 12h to 24h of -0.31 [-0.45 to -0.18], I2 = 26%), but effects were small after 24 hours. Subgroup analysis for suicide ideation revealed that effects of esketamine were close to zero after 24 hours whereas effects for ketamine were small to medium for the first 4 weeks. Repeated dosings were not superior to single doses. Quality assessment revealed unreliable blinding, selective reporting and - especially for suicidal behavior - imprecision, leading to low or very low certainty ratings for suicidal behavior and low or moderate certainty ratings for suicide ideation.

Conclusions: There is insufficient evidence for a preventive effect of ketamine/esketamine for suicidal behavior. The observed immediate but short-term effect on suicide ideation may be overestimated due to unblinding bias. Our review is the most comprehensive on suicidality to date, however, more evidence is needed to draw conclusions on suicidal behavior.

A Pilot Study on the Effectiveness of Safety Planning Intervention Training in Universities

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Background: Safety Planning Intervention (SPI) is a brief, structured, and personalised intervention shown in previous studies to be effective for reducing self-harm and suicide risk. However, the application of SPI in higher educational contexts remains limited, given the recent concerns about increasing mental health challenges and suicide rates in university students in Taiwan. This pilot study aimed to evaluate the feasibility and preliminary effectiveness of an SPI training program for mental health workers based in higher education institutions.

Methods: This pilot study evaluated an SPI training workshop for university-based mental health workers. Data were collected via self-administered questionnaires pre- and post-workshop. Participants' SPI knowledge, attitude, perceived behavioural control, and intention to use SPI were assessed at both time points. A paired-samples t-test was used to examine the pre-post changes.

Results: Eighty participants joined the training; 75 completed the pre-test, and of them, 67 completed the post-test. Most of the 75 participants were female (85.3%, n=64) and licensed counselling psychologists (80.0%, n=60). Paired-samples t-tests based on the 67 participants with pre- and post-training data showed evidence for a change on the following constructs (pre vs post mean scores, t and p values, Cohen's d): reduced positive attitude toward SPI (35.8 vs 34.7, $t(66)=-2.96$, $p=0.004$, Cohen's $d=-0.36$); reduced intention to use SPI (35.5 vs 34.8, $t(66)=-2.08$, $p=0.042$, Cohen's $d=-0.25$); increased perceived behavioral control (28.2 vs 29.6, $t(66)=2.92$, $p=0.005$, Cohen's $d=0.36$); and increased knowledge (8.8 vs 10.6, $t(66)=10.98$, $p<0.001$, Cohen's $d=1.34$).

Conclusion: SPI training effectively enhanced participants' SPI knowledge and perceived behavioural control, while the reductions in attitude and intention require further investigation. These findings may reflect a more realistic understanding of SPI's complexities and/or highlight potential barriers to immediate integration post-training among participants.

Codeveloping an Online Resource for People Affected by Suicide in Northern Ireland: A Research Protocol

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Aim: The aim of this study is to develop and evaluate an evidence-based, adaptive and digital resource to support people affected by suicide in Northern Ireland, using co-operative and mixed-methods approaches.

Method: The development and evaluation will be supported by a scoping review of the usage and perceived pros and cons of existing digital resources for people affected by suicide, an umbrella review of the needs and expectations of people affected by suicide towards postvention provision, and a co-design session to co-develop the evidence-based high- fidelity prototype and evaluate its usability. The updated MRC framework for complex interventions will be adopted to guide this study. The review will be underpinned by the JBI framework. Santin's six-step co-design method will guide the design and evaluation phases.

Expected results: 30 people affected by suicide and 8-12 professionals working in the field of suicide postvention will attend the study. We will host 3–5 co-design workshops and 2 rounds of usability testing with people affected by suicide, as well as 2 additional co-design workshops and 2 focus groups for usability testing with the advisory panel. An digital resource will be developed by Figma and the mean system usability score and users' attitudinal data will be collected.

Expected conclusion: The use of a mixed methods and co-operative design will allow us to develop and implement an need-targeted, context-appropriate and evidence-based digital resource for people affected by suicide in Northern Ireland.

From Entrapment to Trajectory Foreclosure: Testable Predictions from a Formal Complexity Model of Suicidality

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Current network models of suicidality primarily use psychological variables as nodes, leaving the precise formal mechanism by which structural constraints (e.g., systemic exclusion, institutional rigidity) generate entrapment unspecified. We propose that viability theory (Aubin, 1991) can formalize this process. In this framework, entrapment is modelled as trajectory foreclosure: the progressive contraction of the set of states permitting sustainable life trajectories. When rigid environmental and structural constraints compress this set to zero, the region of stable equilibria vanishes and the system is forced across a bifurcation point, producing the sudden, discontinuous transition characteristic of a cusp catastrophe (Thom, 1972). The resulting suicidal state is predicted to exhibit hysteresis (Bryan & Rudd, 2018; De Beurs et al., 2021): merely restoring prior conditions is insufficient for recovery; the system requires active expansion of the viable set beyond the original threshold. Recent work confirms the tractability of this mathematical bridge, both computationally for modelling suicidal trajectories (Lu et al., 2026) and in adjacent psychopathology through the modelling of addiction recovery as a viable set (Kepner, 2026).

This formalization yields testable predictions and demands a shift in methodology. As structural constraints tighten, individuals should exhibit critical slowing down as an early warning signal before the catastrophic shift. We propose using Ecological Momentary Assessment (EMA) to detect this signal in mood and stress dynamics. Because hysteresis renders symptom-targeted interventions alone insufficient, the system must be structurally expanded. We hypothesize that environments which actively expand the viable set by relaxing structural constraints will reduce entrapment more effectively than traditional care. We propose youth-led third spaces (peer-led, low-threshold drop-in settings without formal intake or waiting lists) as candidate environments, and present an empirical design utilizing EMA time-series data to test whether such environments measurably expand the viable set and reduce entrapment.

Leveraging Search Engine Data for National Suicide Surveillance: A Machine Learning Study from Poland

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Background: Suicide and suicide attempts remain a major public health challenge across all age groups. Digital epidemiology offers new opportunities for near–real-time monitoring of suicide risk. This study aimed to develop and compare machine learning (ML) models predicting monthly suicide attempts in Poland in the general population, adults, and adolescents using Google Trends data.

Methods: Monthly suicide attempt data from the Polish National Police (2013–2023) were analysed alongside relative search volumes (RSVs) for 40 suicide- and mental health–related search terms. Pearson correlation coefficients (PCC) were used to identify the strongest predictors for each age group. Based on selected terms, several ML models were trained and evaluated, including Linear Regression, Random Forest Regression, Support Vector Regression (SVR), and XGBoost. Model performance was assessed using PCC and error metrics (MAE, RMSE, and MAPE).

Results: Random Forest Regression consistently outperformed other models across all populations. In the general population, the model achieved a PCC of 0.909 and a MAPE of 6.78%, while in adults it reached a PCC of 0.853 and a MAPE of 7.21%. In the paediatric population, it also showed the highest predictive accuracy (PCC = 0.953, MAPE = 20.12%). Key predictive search terms based on feature importance analysis of ML model included anxiety disorder and psychiatrist for general population. Abovementioned terms, antidepressants and burnout were key searches in the paediatric population model. Anxiety disorder, psychiatrist and social isolation emerged as important predictors in adults .

Conclusions: Machine learning models based on Google Trends data demonstrate promising utility for short-term prediction of suicide attempts at the national level in both adult and paediatric populations. These findings support the potential role of search engine data as a complementary tool for real-time suicide surveillance and for informing targeted prevention strategies.

Rethinking the Prevention Narrative: Integrating Survivor-Led Art and Qualitative Epistemology into Suicide Prevention Policy

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Background: Suicide prevention policies are often top-down and data-driven, frequently overlooking the lived experiences of those who have survived a crisis. This study proposes rethinking „evidence“ by integrating survivor-led art and narratives into the policy-making process, moving from a purely medical model to a socio-cultural understanding of suicide.

Methods: We conducted a participatory research project involving 30 suicide survivors. Participants were invited to express their experiences through various media, including photography and creative writing, followed by in-depth qualitative interviews. This „art-based evidence“ was then presented to a panel of policy makers and clinicians to evaluate its impact on their understanding of service gaps and patient needs.

Results: The art-based narratives revealed critical „blind spots“ in current protocols, such as the traumatizing nature of certain emergency interventions and the profound impact of financial insecurity on recovery. Policy makers reported that engaging with these artistic expressions led to a significant shift in their priorities, emphasizing the need for peer-led support systems and „low-barrier“ community spaces over traditional clinical settings.

Conclusion: Rethinking the prevention narrative requires a shift in power—from the expert to the survivor. By valuing art and lived experience as rigorous forms of evidence, we can create policies that are not only scientifically sound but also deeply human and responsive. This interdisciplinary approach aligns with the ESSSB21 goal of a „fresh look“ at how we respond to suicide.

Adolescent alcohol use patterns and self-harm risk: preliminary findings from Communities That Care (CTC) in Brazil

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Research consistently shows a strong link between teenage drug and alcohol use and self-harm. Little is known about the complex alcohol use pattern on self-harm development. The present study examined the relationship between the profile of alcohol use and self-harm (both non-suicidal self-injury [NSSI] or suicide behavior) among a sample of 1,614 Brazilian adolescents (49% female; age range = 12-19, median = 15 years old). Following a set of sociodemographic questions, participants individually completed a battery of self-administered instruments, including the Suicidal Behaviors Questionnaire-Revised (SBQ-R) and the Deliberate Self-Harm Inventory (DSHI). Additionally, the Communities That Care Youth Survey (CTCYS) provided data on alcohol use patterns, specifically measuring lifetime prevalence, age of onset, 30-day use frequency, and binge drinking. To identify distinct subgroups of alcohol use within the population, Latent Profile Analysis (LPA) was employed. Profile-specific patterns were assessed in terms of NSSI and suicide risk. As a result, the LPA model revealed a better fit to data for the 5-class model for girls and the 4-cluster model for boys. Our analysis revealed a significant relationship between different alcohol use profiles and self-harm risk.In this regard, the High-intensity/Early-onset (5.4% of the female sample; 12.2% of the male sample) and Frequent/Binge-drinking (9.2% of the female sample; 23.3% of the male sample) profiles were the primary drivers of clinical vulnerability. These high-risk groups exhibited significantly elevated scores on both scales (DSHI and SBQ-R, $p < .05$). Despite slight variations in drinking patterns between genders, the link between the complex patterns featured by early initiation, heavy episodic consumption, and severe psychological distress remained consistently related with self-harm. Preliminary findings suggest that alcohol intensity and onset age are predictors of adolescent suicidal behaviors, supporting the development of targeted prevention strategies in Brazil.

Who Dies Without Warning Signs? Characteristics of Suicide Deaths Among Young Adults Aged 20–39 Years in South Korea

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Background: Korea has one of the highest suicide rates worldwide, with a particularly increasing burden among young adults. Although recognizing suicide warning signs is critical for suicide prevention, such signs are often overlooked, and subtle patterns may be difficult to detect even for trained professionals. Empirical evidence on suicide deaths without observable warning signs remains limited.

Aims: This study compared the characteristics of suicide deaths among young adults aged 20–39 years according to the presence of observed warning signs, using data from the Korea National Investigation of Suicide Victims Study.

Methods: This secondary data analysis included all suicide deaths among adults aged 20–39 years in Korea, between 2013 and 2020 (N = 23,995). Cases were classified as deaths without observed warning signs (n = 3,640) or with warning signs (n = 20,355). Descriptive analyses and logistic regression analyses were conducted. Unadjusted and adjusted odds ratios with 95% confidence intervals were estimated, with adjustment for year of death, age, and sex.

Results: Suicide deaths without observed warning signs were more common among men and employed individuals. Compared with less lethal drug-related deaths, cases without warning signs showed higher odds of death by asphyxiation, chemical methods, and self-inflicted injury. Financial problems were more strongly associated with suicide deaths without warning signs than work-related issues, whereas health-related and interpersonal problems were associated with lower odds. Individuals without warning signs were more likely to leave a suicide note. In contrast, a history of suicide attempts or self-harm, the presence of psychiatric symptoms, and engagement in psychiatric treatment were associated with lower odds.

Conclusions: Suicide deaths without common warning signs remain insufficiently addressed within current prevention frameworks. These findings highlight the limitations of relying solely on common warning signs and underscore the need for population-specific, structural suicide prevention strategies and targeted professional training.

Current Status and Issues of Providers Supporting Suicide Loss Survivors: A Scoping Review

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Background and Objectives: „Suicide bereavement“ refers to the period of grief and adjustment experienced by family, friends, and others affected by a suicide death, who are commonly described as „suicide loss survivors“ (Pitman et al., 2014). Studies have shown that they experience higher levels of rejection, shame, and stigma compared to other bereaved individuals, and may be at increased risk for mental health issues (Sveen & Walby, 2008). Furthermore, survivors face a wide range of issues beyond mental health problems, including administrative procedures, legal and financial challenges, and social stigma (JSCP, 2024). Therefore, support tailored to the specific needs of survivors is essential.

To enhance support quality, it is crucial for providers to possess specific competencies. Furthermore, identifying and resolving the difficulties experienced by providers is vital. This scoping review aims to synthesize the required competencies and challenges faced by providers engaged in suicide postvention. The findings are expected to inform the development of effective training programs and propose necessary adjustments to support systems.

Methods: The protocol for this review is registered and available on the Open Science Framework (OSF) (https://osf.io/user/tpdj3).

Eligibility Criteria: Based on the PCC framework, the following inclusion criteria were established: (A) studies involving suicide prevention and postvention providers as participants; (B) empirical studies (e.g., interviews, surveys, interventions) reporting original data; (C) studies written in English; and (D) peer-reviewed studies.

Procedure: Studies search and screening were conducted using the databases and strategies detailed in the OSF protocol. Two reviewers independently performed the screening and data extraction processes.

Results and Discussion: We present the results of the search strategy and the key contents of the included studies. Furthermore, we address the challenges encountered during the process and suggest improvements for the review protocol.

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Evaluation of a Suicide Prevention E-Learning Program: Qualitative Review and Stratified RCT

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Suicide prevention training for healthcare professionals encompasses a wide spectrum of competency domains. These include knowledge-based, observational, communicative, and action-oriented skills, as well as awareness of support resources, the ability to establish effective structures, and self-care. Learning objectives include cognitive, affective, and action-oriented dimensions.

The e-learning program "Basic course suicide prevention in the health system" is developed through an iterative, consensus-based process involving approximately 50 experts from diverse professional backgrounds.

The approach introduced in the present study integrates a qualitative formative evaluation with a randomised controlled trial (RCT) to assess program effectiveness.

In the first evaluation phase, approximately 30 participants review learning-unit themes as well as selected finalised program components including texts and videos. In group discussions and structured interviews, their perceptions of practical feasibility, relevance to professional practice and anticipated learning outcomes are explored. Participants are selected following a purposive sampling strategy, serving as knowledgeable representatives of their respective healthcare sectors without aiming for statistical representativeness. Data is analysed inductively with a Grounded Theory-informed qualitative content analysis.

The program's effectiveness will be further evaluated in a three-group between-subjects RCT with approximately 500 healthcare professionals. Stratified randomisation will ensure balanced allocation to an intervention group, an active control group, and a waitlist control group. Subjective knowledge gain after program completion will be the primary outcome. Secondary outcomes will include self-efficacy, attitudes toward suicide prevention, and behavioural intentions related both to the application of acquired knowledge and to appropriate responses to individuals at risk of suicide. Assessments will be conducted before and immediately after the intervention, as well as six months later to examine sustained effects. The waitlist group will receive access to the program after study completion.

Overall, the qualitative review and planned RCT aim to ensure a transparent and methodologically robust evaluation of the program.

From adolescence to adulthood: Protective factors for suicidality

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Experiencing suicidal ideations (SI) and/or suicide attempts (SA) during adolescence is associated with negative outcomes later in life. While risk factors have been widely examined, less is known about protective factors. This thesis investigated protective factors for suicidality from adolescence into adulthood. To our knowledge, no previous study has examined protective factors prospectively using population-based cohort data while also integrating retrospective qualitative insights from the same cohort.

Data stem from the longitudinal Youth and Mental Health Study (YAMHS) in central Norway. Self-report data were collected in 1998 from 2,464 adolescents (T1: mean age 13.7, SD = 0.6), with follow-up in 1999 (T2: n = 2,432, mean age 14.9, SD = 0.6). In 2012, 1,266 participants took part in a young adult follow-up (T4: mean age 27.2, SD = 0.6), enabling analyses across a twelve-year period. Study I examined associations between protective factors at T1 and suicidality at T2; study II assessed long-term associations from T2 to T4; and study III involved interviews in 2024 with 14 adults (seven women, seven men) aged 38–40 who had reported SI and/or SA at T2.

Positive self-perceptions (global self-worth, physical appearance, social competence) were associated with reduced suicidality. During early adolescence, global self-worth was a stronger protective factor for SI in females, while social competence showed a trend toward stronger protection for SA for males. School connectedness and physical activity were protective for both sexes. From adolescence to young adulthood, higher parental attachment and family functioning reduced SI among females only. Lower emotion-oriented coping reduced SI, while task-oriented and avoidant coping did not. Qualitative study themes included: meaningful relationships, external support, positive contextual changes, and acceptance/enhanced understanding.

Findings of this thesis highlights that protective factors are multifacited, may reduce suicidality short and long term, vary by sex and evolve from adolescence to adulthood.

Implications of evidence in suicide research: Findings from the new German S3 guideline on the management of suicidality

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Introduction: S-3 guidelines are important instruments for quality assurance in healthcare and represent the highest level of evidence. They are systematically developed recommendations that reflect the current state of scientific knowledge to support healthcare professionals professionals, patients, and the public in informed decision-making. In contrast to other countries, Germany does not yet have a guideline for the management of suicidal behavior. In 2020, the Federal Joint Committee funded the development of the S-3 guideline „Management of Suicidality" according to the AWMF Guidance manual (registration number 038-028). The guideline is based on systematic literature searches, critical appraisal of evidence, and careful consideration of benefits and harms of alternative interventions.

Methods: Key questions in key areas (assessment, risk factors, universal, selective, indicated prevention, psychotherapy, pharmacotherapy, treatment, postvention, assisted suicide) were defined through interdisciplinary consensus. Systematic literature searches were conducted, followed by evidence appraisal using GRADE and AMSTAR-2. In areas with insufficient or inconclusive evidence, structured expert consensus was employed to formulate statements and to identify priorities for future research. Recommendations for the management of suicidality were developed, presented and adopted in consensus conferences.

Results: The guideline development process identified substantial high-quality evidence across most key domains. However, significant evidence gaps persist, especially in recent research questions, particularly regarding assessment instruments, specific risk factors, preventive strategies, psychotherapeutic interventions, emerging biological treatments, healthcare structures, and postvention approaches

Conclusion: The German S3 guideline underscores clinically relevant gaps in the evidence base across the full spectrum of suicide prevention and care. Addressing these gaps through rigorous, context-sensitive research is essential to improve risk assessment, optimize interventions, and strengthen comprehensive suicide prevention systems in Germany and internationally.

Mental health problems, suicide ideation and suicidal behaviours among mental health nurses: a systematic review

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Introduction: Nurses, particularly female nurses, are at increased risk of suicide compared to the general population and other occupational groups. Contributory factors include mental health problems, substance use, physical ill-health, and occupational and interpersonal stress. However, it is not known whether occurrence of mental health problems, suicidal thoughts and behaviours, and contributory factors differ by speciality. To move towards an understanding of potential differences, we conducted a systematic review of research investigating suicidality and mental health problems among mental health nurses (MHNs).

Methods: Narrative synthesis was used. MEDLINE, PsycINFO, CINAHL and the British Nursing Index were searched in May 2024 for primary research on mental health problems and suicidality among MHNs published in English language between 2014 and 2024. 15,320 articles were screened for eligibility. Data extraction and quality assessment were carried out prior to synthesis and ongoing hand searching was undertaken. The review was registered on PROSPERO (CRD42024530075).

Results: 64 low to moderate quality predominantly cross-sectional studies were identified investigating mental health problems, psychological distress, trauma, harmful alcohol use, suicide, self-harm, and associated interventions among MHNs. Work-related stress was associated with all these domains. This comprised patient aggression/assault, shift work, collegial conflict and lack of support. Additional factors included family conflict, financial strain, maladaptive coping strategies and low self-efficacy. Protective factors were adaptive coping strategies, resilience, self-efficacy, work engagement, good working relationships and management support. Mindfulness-based interventions, biofeedback and resilience training had some preliminary positive outcomes. Limitations included poor recording of ethnicity, selection bias, and absence of longitudinal research.

Discussion: Lack of longitudinal studies and scant qualitative inquiry limits a comprehensive understanding of mental health problems and suicidality among MHNs, however, this review has identified some key areas for attention regarding preventive strategies. These can be considered using the Integrated Volitional Motivational Theory to highlight important timepoints for interventions.

Parental Experiences of Their Adolescent Children's Suicide-Related Behaviors: A Phenomenological Study

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Background: While extensive research has focused on families bereaved by suicide, parents of adolescents who engage in suicide-related behaviors without fatal outcomes remain in a relative blind spot of academic inquiry. Given the profound impact of adolescents' suicide-related behaviors on their parents, further in-depth qualitative research is warranted to explore the essence of these parental experiences.

Objective: The purpose of this study was to explore the lived experiences of parents with adolescent children exhibiting suicide-related behaviors and to identify the essential structure and meaning of these experiences.

Method: This qualitative study was conducted using a descriptive phenomenological approach. The participants were eight parents who had experienced suicide-related behaviors of their adolescent children within the past three years. Data were collected through 15 semi-structured in-depth interviews (1–2 sessions per participant) from September 2024 to September 2025. The collected data were analyzed using Giorgi's phenomenological method.

Results: The analysis revealed five essential themes describing the parental experience: (1) The sudden collapse of daily life and an endless struggle; (2) Prioritizing parenting and loss of self; (3) Left alone in societal blind spots; (4) Reframing the child's suffering; and (5) Transformed family dynamics and parental identity.

Conclusion: Parents of adolescents with suicide-related behaviors are significantly affected by their children's crises and demonstrate a critical need for psychological and institutional support. The findings provide a foundational basis for developing targeted intervention programs and support systems for these parents. Ultimately, understanding these parental perspectives contributes to establishing more effective prevention and intervention strategies for both adolescents and their families.

Relapse Status in Patients with Borderline Personality Disorder and Suicidal Episodes: One year Follow Up Study

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Background: Borderline personality disorder (BPD) is usually associated with suicidal behavior (SB) and high relapse rates. Lifetime psychiatric comorbidity (substance use, psychotic, mood and anxiety/stress-related disorders) may modulate BPD and SB risk, but its prognostic impact together with depressive severity remains insufficiently defined. We examined socio-demographic, clinical, ICD-10 comorbidity and survival predictors of one-year suicidal relapse in a BPD sample recruited in Madrid (Spain).

Methods: A total of 257 individuals diagnosed with BPD features and a recent suicidal episode were followed for 12 months and classified as non-relapsers (n=191) or relapsers (n=76). We used chi-square tests and analysis of variance (ANOVA), Cox multivariable survival model (N=200; 56 events) with time to suicidal relapse as the outcome included current activity, Insomnia Severity Index (ISI), lifetime ICD-10 comorbidity, Index Depression Severity (IDS) and EuroQol 5-Dimension 5-Level (EQ-5D-5L) index.

Results: Socio-demographic variables were not significantly associated with suicidal relapse (all p>.10). Depressive symptoms were higher among relapsers (IDS: $F1,265=9.58$, $p < .01$). Insomnia severity, EQ-5D-5L, and BPD screening did not differ between groups. In univariable survival analyses, lifetime anxiety/stress-related and somatoform disorders showed a strong association with relapse (HR=12.04, 95% CI 2.93–49.38, p=.001). Higher IDS scores increased risk (HR per point=1.04, 95% CI 1.02–1.07, p=.001). In the multivariable Cox model, only anxiety/stress-related and somatoform disorders (HR=13.15, 95% CI 3.12–55.36, p<.001) and IDS (HR=1.05 per point, 95% CI 1.02–1.09, p=.004) remained independent predictors of time to suicidal relapse. Model performance was acceptable (concordance=.765, SE=0.028; likelihood ratio $\chi^2=53.05$, df=13, p<.001; $R^2=.233$).

Conclusions: In this Madrid BPD cohort, one-year suicidal relapse was not explained by socio-demographic or global health variables, but higher baseline depressive burden and lifetime anxiety, stress-related and somatoform conditions seem to increase relapse hazard. These findings support depression-focused and suicide-specific follow-up for BPD patients with elevated depressive scores and anxiety comorbidity.

Risk of deliberate self-harm and suicide in children bereaved from parental death by specific natural and external causes – A national study

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Introduction: Losing a parent in childhood can significantly impact the child, yet little research examines how cause of parental death may affect children differently. This study aims to investigate risks of deliberate self-harm (DSH) and suicide in bereaved children by parental cause of death.

Methods: Data from Norwegian population registers were interlinked to investigate exposure to parental death from specific causes and risks of DSH and suicide via a nested case-control design. Children under the age of 35 who were treated for DSH (n = 20,180) or died by suicide (n = 5039) constituted the cases and were compared with population controls of 20 per case matched by gender and age. Conditional logistic regression models were used to assess the risk.

Results: In the study population, 9.7 % of the DSH cases and 13.1 % of the suicide cases lost a parent. The risk of DSH was increased for bereaved children [OR = 1.54, 95 %CI 1.46–1.62], with the highest risk associated with parental death caused by mental diseases [2.84, 2.34–3.44], followed by accidental poisoning and suicide. The risk of suicide was significantly increased for bereaved children after parental death [1.28, 1.17–1.40], with the highest risk associated with parental death caused by homicide [4.68, 2.18–10.02], followed by suicide and accidental poisoning. No gender interactions or gender-of-deceased interactions was detected.

Conclusions: Parental-bereaved children are at significantly increased risk of DSH and suicide in early life, but the risk differ by parental cause of death. This underscores the importance of psychosocial and familial support for children following a parental loss.

Seasonal Patterns and Long-Term Trends in Suicide Actions in Bulgaria: a comparison between the periods 1929-1945 and 2009-2022

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Background: Suicide is a significant public health problem in Bulgaria, and historically, seasonal variations in its frequency have been identified. Our study analyses the number of suicide actions (suicide attempts and completed suicides) on a monthly basis, comparing data for two periods – 1929-1945 and 2009-2022 – to determine whether there are lasting seasonal trends in suicidality or differences in the suicide actions rate over time.

Material and Methods: Descriptive statistical methods and time-series analysis were used to examine temporal trends in the frequency of suicide actions in Bulgaria across two periods: 1929-1945 and 2009-2022. Seasonal variation was assessed using a multiplicative time-series decomposition model and standard seasonality measures. Correlation analysis was used to assess temporal associations, while two-way analysis of variance was employed to evaluate differences across periods and months.

Results: The mean number of suicide actions per month is markedly higher for the contemporary period 2009-2022 (208.4 ± 54.940) compared to 1929-1945 one (72.1 ± 25.036). Both periods demonstrate similar seasonal pattern, with indices exceeding 100% for seven consecutive months from March to September. The 1929-1945 period shows more pronounced seasonality, peaking at 139.1% in May, whereas the 2009-2022 period shows a more moderate maximum of 118.0% in July. Overall, while the seasonal structure remains stable across periods, the intensity of seasonal fluctuations is notably lower in the more recent period.

Conclusion: Both the seasonal period (spring-summer) and some particular months within the period exert a statistically significant influence on the number of suicide actions ($F=59.495$, $p<0.001$), with the season having stronger effect ($F=1253.919$, $p<0.001$, Partial Eta Squared = 0.783) than the specific months ($F=9.787$, $p<0.001$, Partial Eta Squared=0.236). The lack of interaction between period and month indicates that the seasonal pattern remains relatively stable over time, despite the significant quantitative differences between the two periods ($F=0.889$, $p=0.552$).

Sleep and Self-Harm in Young People: A Co-Designed Ecological Momentary Assessment Study

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Introduction: Sleep disturbances are a significant risk factor for self-harm, defined as deliberate self-inflicted injury regardless of suicidal intent, in young people. The fluctuating nature of both sleep and self-harm makes them challenging to accurately capture using retrospective or cross-sectional methods. Ecological Momentary Assessment (EMA) enables repeated real-time measurement in daily life and offers a promising approach to examining these processes. This study aims to assess the relationship between sleep and self-harm by implementing a co-designed EMA protocol developed with young people with lived experience of self-harm.

Methods: This ongoing study is recruiting a target sample of 30 young people aged 18-24 with past-year self-harm. Participants complete a 14-day EMA protocol delivered via a smartphone app, with three surveys per day assessing sleep, mood, contextual factors and self-harm thoughts and behaviours. Survey schedules are personalised around individual sleep patterns and daily routines. Follow-up interviews explore participant experiences, suitability of safety and support mechanisms and acceptability of the protocol.

Results: To date, five participants have completed the EMA protocol, with 100% retention and a mean response rate of 72%. Planned quantitative analyses will use multilevel models to examine within- and between-person associations between daily sleep parameters and self-harm thoughts and behaviours. Preliminary qualitative findings from follow-up interviews indicate that the frequency and timing of prompts were largely acceptable, with disruptions to survey completion noted when participants deviated from their usual routines. The onboarding call, well-being plan and ongoing support were considered helpful and appropriate. Participants commented on positive experiences from increased self-reflection throughout the day.

Conclusions: This study will provide novel insights into the dynamic associations between sleep and self-harm thoughts and behaviours in young people. The findings will offer methodological guidance for conducting intensive longitudinal research with young people and help inform the development of timely intervention and prevention efforts.

Spatial Assesment of Suicide Sites and Related Determinants in Castilla-La Mancha, Spain (2020-2024): a Forensic-Public Health Perspective

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Suicide remains a major public health challenge worldwide, and understanding its geographical distribution is essential for developing targeted preventive actions. This retrospective analysis examines 421 suicide cases registered between 2020 and 2024 in the provinces of Toledo and Albacete (Castilla-La Mancha, Spain), based on data obtained from the Institutes of Legal Medicine and Forensic Sciences. Locations were categorized as critical or non-critical depending on frequency of occurrence and degree of public access.

Men accounted for 82% of the cases (male-to-female ratio 5:1, exceeding the national average), with a mean age of 56.6 years. Hanging was the most frequently used method (56.1%). While the majority of deaths occurred in private environments, only one location fulfilled the criteria established for a critical site. These findings indicate that geographical concentration has a limited impact on the overall regional suicide burden. Preventive strategies should therefore prioritize early identification of individuals at risk and restriction of access to lethal means within private contexts, while also addressing isolated incidents in public areas.

The study underscores the importance of systematically integrating spatial data into forensic documentation systems in order to strengthen regional monitoring and support the development of context-sensitive and evidence-based prevention policies.

Students' Needs and Expectations for Suicide Prevention Training: The Lithuanian Contribution to an International Study

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Introduction: International initiatives help unite professionals and researchers, foster, and support the development of effective suicide prevention strategies. Vilnius University is participating in an international initiative and collecting data through the Multidisciplinary Suicide Prevention Training Curriculum in Higher Education survey to gain insights into students' needs and inform future curriculum development.

Methods: The questionnaire, available in English and Lithuanian, targets undergraduate and postgraduate students. It consists of 55 items divided into six domains: Demographic Information, Personal Experience, Personal Skills, Professional Skills, Attitudes Toward Suicide Prevention, and Training in Suicide Prevention Curriculum.

Results: 114 students participated (85 women, 26 men, 3 non-binary; ages 18–32). The majority of students were studying medicine – 101 (88.6%) and first-year students – 38 (33.3%). 33 students (28.9%) reported that their mental health difficulties make studying more challenging. 74 (64.9%) had no education in suicide prevention at the university; among those who had received training, the most common format was attending a single seminar - 19 (47.5%). Most students—79 (69.3%)—believed that a suicide-prevention module should be compulsory for future healthcare professionals, while 1 student (0.8%) indicated that such training is unnecessary and expressed a low likelihood of attending a course. The most preferred training format was practice in a hospital - 59 (51.8%), followed by practice in a crisis center or helpline - 57 (50.0%). Most students—59 (51.8 %)—indicated that the training should take place during the middle years of their studies. The most common preferred training duration was 8–16 hours - 74 (64.9 %).

Conclusion: This study may serve as a guide for developing suicide prevention modules for students, helping to identify their needs and manage expectations. The Lithuanian data will contribute to cross-national understanding of student needs and support the development of interventions that strengthen future professionals' competencies in suicide prevention.

Suicide and suicidal behaviors after involuntary psychiatric care: a systematic review

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Background: In cases of suicidal crisis where treatment is refused against a background of severe mental illness, involuntary psychiatric care (IPC) could be a life-saving intervention. However, information regarding suicide risk following the termination of IPC is generally lacking, and even basic descriptions of patients' characteristics upon discharge at the conclusion of IPCs are absent. Given that these patients typically present with more severe conditions than those admitted voluntarily and require substantial medical and legal resources, this represents a significant clinical knowledge gap.

Objective: We clarify the risk of suicide and suicidal behaviors after involuntary psychiatric care against controls.

Methods: We conducted a systematic review of randomized and observational studies involving individuals receiving involuntary psychiatric care. Psychiatric patient care involving involuntary treatment was considered exposure or intervention, with non-involuntary psychiatric care or other relevant conditions as comparators. Case reports, case series, commentaries, and reviews without original data were excluded. Studies from all countries and languages were eligible. The databases to be searched are CINAHL, Embase, MEDLINE, and PsycINFO.

Results: We identified 87 articles from MEDLINE and EMBASE, 21 from CHINAHL, and 62 from PsycINFO. We identified 106 articles after deleting duplicates. 58 articles were identified as eligible after title, abstract, and manuscripts were reviewed. We revealed the characteristics and variations of studies on suicide and suicidal behaviors after involuntary psychiatric care across the country.

Conclusion: This systematic review presents the current overviews and issues of research on suicide and suicidal behaviors after involuntary psychiatric care and identifies research issues.

Suicide Prevention Among Children and Adolescents: The Role of Mental Health Services at Karoliniškės Polyclinic

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Introduction: Suicide prevention in children and adolescents remains a significant public health concern worldwide. Early detection and timely intervention by mental health professionals are crucial to reducing self-harm and suicide risk in young populations. Karoliniškės Polyclinic, one of the largest primary care institutions in the Vilnius region, operates a specialized Mental Health Center serving approximately 18,100 children and adolescents. The center provides a comprehensive network of preventive and treatment services to support young people's mental well-being.

Methods: This study presents a descriptive analysis of suicide prevention activities implemented at the Karoliniškės Polyclinic Mental Health Center over two years. Service data from 2024 and 2025 were reviewed to assess the number of new case managements initiated for suicide risk.

Results: In 2024, case management was initiated for 31 adolescents who experienced a suicidal crisis. By 2025, this number had increased to 48, indicating a growing demand for suicide prevention interventions. Most adolescents in crisis were identified while receiving psychological counseling or services from child and adolescent psychiatry. At the Mental Health Center, these adolescents had access to a variety of support services, including daycare services, consultations with psychologists, care from child and adolescent psychiatrists, and assistance from social workers. The establishment of a Youth Center within the Mental Health Center has further improved early detection of suicide risk, allowing young people to seek anonymous psychological assistance.

Conclusions: The Mental Health Center of Karoliniškės Polyclinic plays a vital role in suicide prevention among children and adolescents by providing easily accessible, multidimensional mental health care. The observed increase in case management highlights both growing needs and improved identification of at-risk youth. Future development should focus on enhancing data monitoring, strengthening intersectoral collaboration with schools and community services, and expanding preventive outreach initiatives.

The Consequences of Being Seen and Being There for Those Seeking Help: An Empirical Study on Digital, Mail-Based Suicide Prevention Counseling

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Objective: Many people with suicidal thoughts either lack support networks or feel socially isolated despite having existing support networks and professional help. Some are unable or unwilling to express their feelings and suicidal thoughts to those around them, fearing rejection, misunderstanding, or involuntary hospitalization. Institutional help (e.g., therapy) is often inaccessible or experienced as inadequate: help-seekers describe feeling misunderstood, struggling to verbalize thoughts and emotions or having had traumatizing experiences within the mental health system. Low-threshold services such as the suicide prevention counseling service MANO (mail-based, anonymous counseling) offer an anonymous, mail-based alternative that can lower these barriers.

Method: Drawing on consequences research, the present study analyzes counseling transcripts from MANO using qualitative content analysis, supplemented by an online questionnaire, as well as interviews with counselors and help-seekers. The analysis focuses on the consequences of digital counseling for crisis trajectories, coping and prevention, as well as the subjective meaning of counseling for help-seekers.

Results: Initial findings suggest that the text-based, anonymous format enables help-seekers to articulate and reflect on experiences and emotions at a self-regulated distance without the immediacy of face-to-face confrontation. This facilitates emotional relief, self-clarification and the renegotiation of underlying assumptions through counselor input. Notably, help-seekers often express thoughts and feelings in writing that they are unable to voice elsewhere. It seems that two key functions are central to a beneficial counseling relationship: the continuous presence of counselors (being there) and the experience of being recognized as a person (being seen). Digital counseling thus often fills a dual role: complementing existing support networks or offering a gateway into the help system.

Conclusion: The initial findings highlight the specific potential of text-based digital counseling for individuals with suicidal ideation and may contribute to the further development and strengthening of digital suicide prevention counseling.

The Influence of Emotional Intelligence Training on Nurses' Attitudes Toward Suicidal Patients: Preliminary Results from a Randomized Clinical Trial

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Background: Suicide is a major global public health concern. Nursing professionals play a key role in caring for patients with suicidal behavior; however, their attitudes and emotional preparedness may influence the quality of care. Emotional intelligence (EI) has been associated with improved interpersonal skills and professional performance. This study aimed to evaluate the influence of an educational intervention on suicidal behavior combined with emotional intelligence training on nurses' attitudes toward suicidal patients.

Methods: This randomized clinical trial was conducted in a private hospital in São Paulo, Brazil. Nursing professionals (n=67) were allocated into three groups: control (CG), suicidal behavior intervention (SBG), and suicidal behavior plus emotional intelligence intervention (SB+EI). Attitudes were assessed using the Questionnaire of Attitudes Toward Suicidal Behavior (QACS), and emotional intelligence was measured using the Schutte Self-Report Emotional Intelligence Test (SSEIT). Data were collected at baseline and post-intervention, and statistical analyses were performed to compare outcomes across groups.

Results: Preliminary findings showed no significant differences between groups in most emotional intelligence domains or attitudes ($p>0.05$). However, a statistically significant difference was observed in the "use of emotions" domain, with higher scores in the SB+EI group compared to the control group ($p=0.026$). Groups were comparable in sociodemographic characteristics.

Conclusions: Combining suicide education with emotional intelligence training may enhance specific emotional competencies in nursing professionals. Although no significant changes were observed in overall attitudes, these preliminary findings highlight the potential of emotionally focused interventions to improve care for patients with suicidal behavior.

Therapist's experiences with provision of digital therapy: a qualitative study on delivering Internet-based Emotion Regulation Individual Therapy for Adolescents (IERITA)

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Background: Non-suicidal self-injury (NSSI) is a widespread phenomenon, especially in clinical populations. It is also an important risk factor for suicidal behavior, highlighting the importance of early intervention. The IERITA intervention (Internet-based Emotion Regulation Individual Therapy for Adolescents) have shown promising results in a large Swedish RCT, and is currently being investigated in a large, Danish RCT. While the experiences of participating adolescents and parents have been investigated, no studies have thus far investigated the experiences of the therapists, who provide this novel, digital treatment.

Data and methods: During 2026, we will conduct focus group interviews with IERITA-therapists. Therapists must have provided IERITA to a minimum of 10 adolescents and their families, ensuring experience with the provision. A semi-structured interview guide will be developed, which will focus on subjects such as the challenges and advantages of working digitally, the format and platform, therapeutic alliance, caseload, flexibility and availability. Discussions will be facilitated using reflective exercises.

Results: All interviews and workshops will be audiotaped and transcribed using software approved by the Capital Region of Denmark. Five hierarchical steps will serve as data management and reflexive analyses. 1) proofread and structuring of the transcript, 2) inductive thematic coding and recoding of transcripts, 3) construct and reconstruct of themes, 4) consensus validating and proof of themes among members of the research team, 5) final reflexive thematic refinement including considerations of presentation and potential illustrations. Early, preliminary results is expected available in time for the conference.

Conclusion: Increasing interest is seen in digital innovation and provision of digital therapy in Mental Health Services. This study will provide perspectives from therapists' with experience in working digitally, informing future adaptations to the intervention and giving valuable insights necessary for recruitment and retainment of digital therapists.

Longer-term impact of pesticide bans on suicide in South Korea

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Introduction: Pesticide self-poisoning accounts for 14%-20% of global suicides. South Korea banned paraquat and eight insecticides commonly involved in suicide in 2011-2012. We investigated the longer-term (2013-2019) impact of the pesticide bans on reducing suicides in South Korea.

Methods: Suicide data by sex, age, area, and method amongst people aged 15 years or above were extracted from registered death data (1997-2019). Data for suicide by self-poisoning using different categories of pesticides (herbicides and fungicides; insecticides; rodenticides and other pesticides; and unspecified pesticides) were also extracted. Segmented regression analyses were used to estimate level (step) changes in pesticide suicide rate in 2012 (i.e., the intervention period) and 2013-2019 (i.e., the post-intervention period) as well as the slope (trend) changes in pesticide suicide trends in 2013-2019 (vs the 2003-2011 pre-intervention period).

Results: The bans on paraquat and eight insecticides (2011-2012) were followed by a 15% reduction in pesticide suicide rates in 2012 and a further 36% reduction in 2013, accompanied by an additional 6% annual decline in trend in 2013-2019 vs 2003-2011, with an estimated 8,353 pesticide suicides averted (2012-2019). The reduction was mainly found in males, older people aged 65+, and rural populations. The greatest impact was found in suicides involving herbicides and fungicides (including paraquat) and insecticides across the categories of pesticides. No evidence was found for a shift to other poisoning suicides or an impact on agricultural yields of the pesticide bans.

Conclusion: South Korea's pesticide bans in 2011-2012 were followed by a sustained decrease in pesticide suicides in the seven-year period (2013-2019) after their implementation. National policies restricting or banning highly hazardous pesticides commonly involved in self-poisoning can prevent many suicide deaths over a sustained period. Additional regulatory efforts could further reduce these unnecessary premature deaths.

A Century of Suicide-Related Research in the Nordic Region: A Bibliometric Analysis of Research Collaborations & Trends

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Introduction: Suicide accounts for a substantial proportion of preventable deaths globally and remains a public health challenge in the Nordic countries. Systematic collaboration across the region can leverage shared infrastructures, address research gaps, and enhance global relevance. However, comprehensive mapping of the Nordic research landscape remains limited, potentially constraining shared learning and cross-border collaboration. This study examines the structure and development of suicide-related research across Denmark, Finland, Iceland, Norway, Sweden, and the autonomous territories Greenland, the Faroe Islands, and the Aaland Islands between 1974 and 2024.

Methods: A bibliometric analysis of suicide research output in the Nordic region was conducted. Bibliometric metadata were retrieved from Web of Science on 9 May 2025 using a comprehensive search query incorporating suicide-related terms, geographic context, and exclusion terms. Publications were excluded if they lacked Nordic-affiliated authors or did not address suicidal behavior, including self-harm and injury-related outcomes. Descriptive analyses assessed publication outputs and sources; collaboration networks; keyword co-occurrence; and research impact assessed were analyzed.

Results: Between 1974 and 2024, Nordic suicide research output increased steadily, with notable acceleration after 1994. Sweden accounted for the largest share of publications, followed by Finland, Denmark, Norway. International collaboration was substantial with frequent co-authorships involving collaborators outside the Nordic region, particularly the United States. Institutional collaboration network analysis identified three nationally defined clusters dominated by Swedish, Danish, and Finnish institutions, each characterized by strong clinical-academic integration. Thematic analyses revealed psychiatric and clinical emphases with a focus on social determinants, a strong reliance on register-based methodologies, and citation patterns indicating both local resonance and global visibility.

Conclusion: Nordic suicide research demonstrates strong register-based traditions and high international visibility. However, gaps remain in research on commercial determinants, neurobiological and personality-based factors, and indicated interventions. Strengthening regional synergies could address these gaps and improve use of existing resources.

Shame, indebtedness and gambling-related suicide: gendered and cultural pathways to distress and help-seeking

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Gambling constitutes a common activity in many countries around the globe. Over the past two decades, there has been a rapid proliferation of gambling products that encourage easy access and mass consumption, alongside industry efforts to destigmatise and promote gambling as a mainstream leisure activity. The prevalence of problematic gambling and gambling-related harms has also shown sustained increases, such that these harms are now recognised as a significant public health concern, associated with an elevated risk of suicide.

At the same time, concepts such as shame and indebtedness have gained increasing attention within the suicide literature. Shame is positioned as both an emotional and social driver of suicidality, shaping selfhood, identity, and belonging. From a public health perspective, shame further acts as a barrier to prevention and intervention by functioning as a silencing mechanism, preventing individuals from seeking support, particularly in cultural contexts where suicide, mental illness, or addiction are stigmatised.

Significantly, shame also intersects with other gambling-related harms that are closely connected to suicide. For example, financial indebtedness has been directly associated with depression, anxiety, and suicidal thoughts. Researchers also increasingly recognise that intersecting factors, including gender, are central to understanding the nature of suicide and, in particular, willingness to engage in help-seeking when suicidal levels of distress are experienced.

This presentation draws on the findings of this UKRI ambitious scoping rapid review to examine how shame and financial indebtedness operate as interconnected drivers of gambling-related suicide and as key barriers to help-seeking. By foregrounding gendered and cultural contexts, the presentation demonstrates how these dynamics shape experiences of distress and influence willingness to seek support. In doing so, it provides insights into public health practice and the development of culturally and gender-sensitive responses to gambling-related harms and offers recommendations for future suicide prevention research in this area.

POST2: POSTER SESSION 2

Characteristics of callers to a regional telephone helpline for people in need of acute psychiatric care

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Introduction: In September 2022, a reorganization of telephone contacts for acute psychiatric care was initiated in the Capital Region of Denmark. Since then, calls have been forwarded to a telephone helpline where psychiatric nurses provide counselling, make referrals (e.g., to acute teams), and facilitate communication with the patients' treatment teams or general practitioner. Our aim was to evaluate characteristics, types of contacts and suicidal behavior of callers.

Methods: Data on calls to the regional telephone helpline were obtained from the telephone company for the period July 2023 – June 2025. Information on diagnoses and type of contacts was retrieved from patients' medical records from January 2020 – June 2025. Further, individual-level linkage to register data on suicide attempts and death by suicide will allow us to follow callers after calling the helpline.

Results: A total of 114,323 incoming calls were recorded. Most calls came from people experiencing own crisis (51%) and relatives (21%), while the remaining were from general practitioners, staff at somatic hospital departments, the police etc. Median length of conversations was 4 minutes (interquartile range [IQR]=1.5-10.0) for adult patients and 6.6 minutes (IQR=2.4-14.1) for patients

Conclusion: Most calls to the helpline came from the target group, i.e. patients and relatives. Many callers had recently been in contact with psychiatric hospital.

Temporal patterns of suicide warning signs prior to death: a nationwide population-based study using police records in South Korea

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Background: Timely detection of suicide warning signs is important for suicide surveillance and prevention, but little is known about how these signs are distributed across pre-death time periods at the population level.

Objective: This study aimed to characterize the temporal distribution of suicide warning signs prior to death and to examine how the types of warning signs vary across different pre-death time periods.

Methods: We retrospectively analyzed 102,888 suicide decedents aged ≥10 years using the Korean National Investigations of Suicide Victims Through Police Records (2013–2020). Warning signs were classified into verbal, behavioral, and emotional domains. For temporal analyses, we included decedents with at least one documented warning sign and non-missing timing information. Timing was grouped into six intervals from within 1 week to over 1 year before death.

Results: Warning signs showed marked temporal clustering, especially within 1 week before death and more than 1 year before death. Within 1 week of death, warning signs were predominantly verbal (55.0%), most commonly references to suicide or death (23.5%). More than 1 year before death, warning signs were more often emotional (40.7%), particularly depressed mood (24.2%), and behavioral signs such as self-harm, prior suicide attempts, or substance use (16.8%).

Conclusions: Suicide warning signs showed distinct temporal patterns before death, with differences in the prominence of verbal, behavioral, and emotional signs across time. These findings highlight the importance of considering temporal dynamics in suicide warning signs and may inform more time-sensitive approaches to surveillance and prevention.

Spirituality and self-harm resilience among Filipino youth (a quantitative/ qualitative nationwide survey)

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The nationwide survey on spirituality was undertaken in preparation for the 500-year anniversary of the Roman Catholicism in the Philippines. With this, local and global scenarios change the landscape of what life used to be. Protective factors of religious ways underscored the preciousness of life. For the 2,100 youth, there were approximately two out of three females than males. The age ranged from 14 to 41 years old. The religions the youth belonged to were Roman Catholicism, other Christian denominations, Filipino religions, Buddhism, and Islam. Guided decisions from prayers, religion influencing interpersonal relationships with others, listening to others in need, leveling up achievements, trusting the goodness in others, and values of promoting equality in society significantly promoted enduring life than ending it. For the qualitative responses, attitudes on the preciousness of life were related to meaning of life in areas such as family, God and interpersonal relations. Furthermore, qualitative answers on coping with life's uncertainties such as religious practice, self-compassion and faith and trust in God correlated with the quantitative attitude on seeing life as a gift from God. In addition, age, attending worship service, caring for creation and self, with listening and cheering up others assumed a linear relationship in the regression analysis of life is a gift from God and youth are to keep life precious. These results point to strengthening the presence and efforts beyond religious practices of any church organization on the Filipino youth to remind them of the beauty and preciousness of life. These are promoting Bible studies and conducting prayer meetings on a regular basis beyond the weekly worship service. Furthermore, the quantitative survey with a Cronbach alpha reliability coefficient of .973 may be transformed as a scale to identify youth who are beginning to disengage from life.

Basic Course on Suicide Prevention in German Healthcare (suiLearning): Design, Implementation, and International Dissemination

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The e-learning program "Basic Course on Suicide Prevention in Healthcare" (suiLearning), funded by the German Federal Ministry of Health, equips healthcare professionals to recognize people experiencing suicidality, understand their experiences, and respond appropriately. Suicide and suicidality pose complex challenges in care settings because they touch on existential issues, require interprofessional collaboration, and involve decision-making under uncertainty. Developed in collaboration with experts in suicide prevention, adult education, psychology, and media design, the program has more than 21 learning units featuring educational films, animations, and explanatory videos, designed to convey practical, action-oriented knowledge.

The curriculum covers foundational knowledge, communication skills, structured risk assessment (including warning signs), safety planning with crisis contacts, documentation, team communication, and self-care and support structures for professionals. Learners complete short micro-lessons, reflect on case vignettes, and receive direct feedback on key decisions.

The programme will first be piloted in Germany, where professionals who have direct contact with individuals at risk of suicide will be trained to act as effective "gatekeepers". To maximize reach, the course follows a low-threshold model with free access and barrier-reduced, responsive design for multiple devices. Continuous evaluation accompanies development and implementation: pre/post measurements assess knowledge gains, attitudes, and self-efficacy; usage data inform targeted design refinements; and qualitative feedback from diverse healthcare professions strengthens everyday fit. Iterative revisions ensure relevance, usability, and impact. While initially tested in Germany, the program is designed for cultural adaptation and potential scaling to other health systems.

Learning Objective: Participants will understand the key principles of suicide prevention and be able to recognise individuals at risk of suicide. They will also be able to apply the communication, risk assessment, safety planning, documentation and referral skills they have acquired in their professional contexts.

Evaluating the Reasons for Living-Suicide Resiliency Scale (RFL-SR) among Middle-Aged and Older Male Military Veterans and First-Responders

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Background: Suicide risk is elevated among middle-aged and older men in high-stress occupations. Yet, few investigators have investigated the psychometric properties of measures designed to assess suicide resiliency in middle-aged and older men. This study aims to help fill this gap by evaluating the measurement characteristics of a brief Reasons for Living (RFL) scale among military veterans and first-responders (VFR).

Methods: We recruited a sample of men, 50 years and older, into an online RCT of Meaning-Centered Men's Groups (MCMG; Heisel et al., 2020), 12-session, upstream groups designed to enhance camaraderie and psychological well-being among VFR facing career transition. Participants completed a 9-item Reasons for Living-Suicide Resiliency scale (RFL-SR; Wadhwa & Heisel, 2020) at study eligibility, derived from Edelstein and colleague's (2009) RFL scale for Older Adults.

Results: Thus far, 62 participants have completed eligibility assessments. A majority endorsed most RFLs as being at least "quite important" reasons for not ending one's life even when facing adversity or contemplating suicide (M= 5.0-5.6 on a 6-point scale). The RFL-SR demonstrated strong internal consistency (Cronbach's alpha = .88; mean inter-item correlation = .48), that would not be enhanced by deleting any of its items. RFL-SR scores were significantly positively associated with self-rated quality of life (r=.38, p=.002), mental health (r=.28, p=.028), life satisfaction (r=.48, p

Conclusions: Findings indicate strong psychometric properties for the RFL-SR with middle-aged and older male VFR facing a challenging life transition, including strong response characteristics, internal consistency, and construct validity. Discussion will additionally focus on the role of upstream interventions in enhancing psychological resiliency and well-being among potentially at-risk demographics.

A Curriculum Review of Suicide Risk Training in Postgraduate Psychology Programs

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Suicide remains one of the leading causes of death in Australia, highlighting the public health imperative for effective prevention strategies. Psychologists can play a pivotal role in this endeavour by delivering evidence-based risk assessment and intervention for those at risk of suicide. High-quality postgraduate training is therefore essential to ensure early career psychologists are well equipped to work with suicidal clients upon entering the workforce.

In Australia, provisional psychologists (i.e., trainees) typically complete Master's or Doctorate programs accredited by the Australian Psychology Accreditation Council (APAC), which specifies core competencies including knowledge and skills in risk assessment and management. This study examined the extent to which these competencies are explicitly addressed within postgraduate psychology programs.

A curriculum review of publicly available unit handbooks from 94 Australian postgraduate psychology programs was conducted. Unit content was identified using suicide-related search terms (e.g., "risk", "suicid*") and coded to determine whether programs addressed risk assessment, risk management, or both.

The main finding revealed that 18% of programs did not explicitly reference teaching risk assessment or management. Of the remaining programs, 41% covered both risk assessment and management, 49% covered risk assessment only, and 10% covered risk management only.

Overall, the findings showed that most programs include some coverage of risk-related content, with a stronger emphasis on teaching risk assessment than risk management. While competence in risk assessment is essential for identifying individuals at risk of suicide, skills in risk management which could include evidence-based intervention are arguably equally, if not more, critical for suicide prevention. A follow-up study will survey unit coordinators to examine the approaches to risk assessment being taught (e.g., predictive model vs. risk formulation) and whether evidence-based suicide prevention interventions (e.g., safety plans, CBT) are incorporated into postgraduate training curriculum.

A Delphi Study Helps Create the World's First Suicide Prevention Online Safety Standards

Reidenberg, Daniel

Mental Health Coalition

The news has been filled with concerns about the impact of social media on people's mental health, in particular youth's mental health. According to the American Academy of Child and Adolescent Psychiatrists, 90% of teens 13-17 use or have social media. According to data from several cross-sectional, longitudinal, and empirical research, smartphone and social media use among teenagers relates to an increase in mental distress, self-harming behaviors, and suicidality (https://pmc.ncbi.nlm.nih.gov/articles/PMC10476631). On May 23rd, 2023 the US Surgeon General issued an Advisory about social media. The Advisory specifically addressed the need to "develop age-appropriate health and safety standards for technology platforms (Social Media and Youth Mental Health, The U.S. Surgeon General's Advisory 2023, p. 15). The American Psychological Association also issued a Health Advisory on Social Media Use in Adolescence (https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use).

To-date, there are no standards to guide young people's online social media experience, specifically related to mental health, well-being, suicide and self-harm content, yet there has been a recent widespread consensus that usage guidelines would make tech safer and a near universal demand for tools to help people navigate their online use of technology. This poster will present how the Delphi study was designed and conducted following approval of an International IRB using 30 experts and multiple rounds. The results will be presented including number of subjects, results from Ruonds 1 and 2 that led to defnining the standards, ranking of priority and scoring thresholds.

Between Connectedness and Autonomy: Patient Perspectives on Family Involvement in the Treatment of Suicidality

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Background: Joiner identifies feelings of being a burden and disconnection as risk factors for suicidality. Guidelines for treating suicidality emphasize the importance of involving loved ones to support suicide prevention. Strengthening connections with loved ones is beneficial, as they remain involved for a lifetime, unlike caregivers who are often involved for shorter periods in patient's life. Since risks lie in transitions and loved ones are the continuous factor when patients fall out of sight of caregivers, their involvement is crucial. However, motivating patients to involve loved ones in treatment is challenging.

Aim: This study explores the considerations of patients with suicidality when deciding whether to involve their loved ones in treatment for suicidality in order to gain a better understanding of factors that influence their decisions. The findings will contribute to interventions to promote collaboration within the triad (patient-loved ones-caregivers).

Method: Qualitative phenomenological research. Data is collected through interviews with 11 adult suicidal patients at a mental health institution. Recruitment is done via caregivers from Intensive Home Treatment (IHT) teams and an outpatient geriatric psychiatry team. Analysis followed the Colaizzi method which provides systematic insights, as described by Sosha.

Results, Conclusion, and Discussion: Patients evaluate the anticipated costs and benefits of involving family, shaped by expectations about relatives' responses, informed by prior experiences, and grounded in beliefs about themselves and others. Considerations of autonomy, connectedness, and perceived competencies further influence this assessment. Patients move through a sequence beginning with loneliness, followed by disclosure of suicidality, and subsequently deliberation on family involvement. Outcomes vary: some refrain from involvement, others choose to inform relatives, and a subset actively engages them in the treatment process.

Acoustic and Linguistic Markers in Speech for Screening and Monitoring of Suicide Risk in Patients with Mood Disorders

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Background: Suicide risk assessment in psychiatric patients often relies on self-disclosure and interviewer expertise. This study investigated acoustic and linguistic features of speech to improve risk assessment.

Methods: We collected voice recordings from patients with mood disorders (N=104, 76.0% female) during clinical interviews at baseline and at follow-ups for up to a year. Suicidal ideation and behaviors were evaluated using Beck's Scale for Suicidal Ideation and the Columbia Suicide Severity Rating Scale. Using automatic speech recognition, 217 speech features were extracted, and speech patterns were compared between suicidal and non-suicidal patients, adjusting for covariates including age and sex. Gradient Boosting classifier was trained to detect individuals at high suicide risk and to identify those with increased risk over time. Different feature combinations were compared by modality, and fivefold cross-validation was used for internal validation. External validation was performed using voice recordings from independent timepoints

Results: We identified robust differences in speech patterns in suicidal patients, including lower mean sentiment scores, higher use of predicative endings, and death-related words. Acoustic and linguistic markers of suicidality varied by sex. The between-person classifier detected high-risk individuals with an area under the receiver operating characteristic curve (AUC) of 0.73, while the within-person classifier identified increases in suicidality within individuals with an AUC of 0.67 on external sets.

Conclusions: Automated voice analysis is a potentially reliable real-time diagnostic tool for suicide risk screening and monitoring.

Age and time reshape the relationship between suicide deaths and reported attempts: a population-level analysis in a low-sensitivity reporting system

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Background: Suicide attempts occur far more frequently than suicide deaths, while deaths are generally reported with much higher accuracy in suicide surveillance systems. Consequently, population-level monitoring of suicidality often relies predominantly on suicide deaths, whereas reported attempts remain substantially underrepresented. This imbalance complicates interpretation of trends, particularly across age groups and over time.

Aim: To establish a framework for interpreting systemic limitations in suicide surveillance by examining age- and time-dependent changes in the relationship between reported suicide attempts and suicide deaths.

Methods: Population-level administrative data on suicide deaths (S) and reported suicide attempts (SA) in Poland from 2017 to June 2023 were analyzed. The relationship between deaths and attempts was quantified using the indicator $q = S / (S + SA)$. Age-specific values of q were calculated with 95% confidence intervals. Temporal trends in q were examined using monthly, age-stratified binomial GLM with a logit link. Suicide deaths and reported attempts were additionally analyzed separately using quarterly aggregates to identify drivers of observed changes. Analyses focused on relative patterns and trends rather than absolute levels due to known underreporting of attempts.

Results: The proportion of suicide deaths among recorded suicidal behaviors increased monotonically with age. Across all age groups, q declined over the study period, indicating an increasing contribution of reported suicide attempts relative to deaths. This pattern was driven by rising numbers of reported attempts, while suicide deaths remained stable or declined. The direction of trends was consistent across age groups, although the magnitude of change varied.

Conclusions: The balance between suicide deaths and reported attempts varies systematically by age and over time. In low-sensitivity reporting systems, reliance on suicide deaths alone may therefore misrepresent underlying changes in suicidality. Even when underreported, reported suicide attempts provide interpretable information when analyzed in relation to deaths, allowing surveillance data to be used more cautiously and informatively.

Analyzing the association of gender-based violence on national suicide rates – a multinational ecological study

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Background: Gender-based violence (GBV) is a highly relevant issue that affects women worldwide. Globally, one in three women experience physical and/or sexual violence during her life. These experiences increase the risk of developing psychiatric disorders and increase the risk for suicidal behavior. However, no transnational studies on this topic have yet been published. The aim was to investigate the relationship between the extent of GBV and suicide rates in a multinational study.

Methods: The relationship between the extent of GBV — measured using the Violence against Women Index (VAWI) — and national female suicide rates in 37 European countries and Israel was examined using cross-sectional regression models. The VAWI covers four sub-dimensions of violence: sexual, psychological, physical, and economic violence. Regression models were created for the overall VAWI index and all sub-dimensional indices. Multiple covariates relevant to the analysis were included in the models.

Results: The analyses revealed a significant U-shaped association between the VAWI and female suicide rates (p=0.0072): In the lower VAWI ranges (0–0.16), a negative association with female suicide rates was observed, which reversed after an inflection point (~0.17) to a positive association. Interestingly, no significant correlations with female suicide rates were found for the respective models investigating VAWI-subdomains.

Discussion: Present study revealed a significant association between the extent of GBV and female suicide rates. The observed U-shaped correlation suggests a complex relationship, where the positive correlation observed in the higher VAWI ranges reflects a phenomenon previously known only at the individual person level and now, for the first time, demonstrated on a multinational level. The negative association in the lower VAWI ranges, however, is presumably influenced by factors not considered in our model. The quality of data on GBV remains a key challenge, and more precise data collection is needed to better understand its psychosocial impacts.

When the Past Shapes the Present: The Influence of Suicidal History on the Experience and Temporal Course of Suicidal Ambivalence

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Suicidal ambivalence (SA) – the internal conflict between the wish to live and wish to die – is reported by the majority of individuals during the suicidal process. Current theories about suicidal thoughts and behavior (STB) increasingly focus SA and conceptualize it as a fluctuating state and a potential target point for psychotherapy. Although previous research indicates that ambivalence is prospectively associated with STB, it remains unclear to what extent the individual suicidal history is related to the extent and variability of SA over time. Therefore, this study examined the association between the number of lifetime suicide attempts and the type of the recent attempt with the extent and variability of SA during a one-year-period.

Using data of a large multicenter project, N=154 psychiatric inpatients (59.7% female; age M=37.57, SD=14.32), who were treated after a suicide attempt or an acute suicidal crisis and assessed at four time points within one year after hospital admissions, was analyzed. Lifetime suicide attempts were assessed using structural clinical interviews; SA was calculated from the wish-to-live- and the wish-to-die-item of the Beck-Scale for Suicide Ideation, yielding possible scores ranging from -2 to 2.

Current SA was positively correlated with the number of lifetime suicide attempts (r=.317, p=<.001). Individuals with multiple suicide attempts reported M=0.595 units higher ambivalence-scores than first-attempters (95%-CI [-1.03, -.15]), t(147)=-2.66, p=.009). Intraclass correlation coefficients (ICCs) indicated low temporal stability of SA. First-attempters (ICC=.32) showed lower within-person-variability than re-attempters (ICC=.15). Furthermore, individuals with an actual suicide attempt (ICC=.26) showed less intraindividual fluctuation of SA than those with aborted (ICC=.14) or interrupted attempts (ICC=.22).

Suicidal history appears to be associated with both the current level and temporal intraindividual variability of suicidal ambivalence. These findings underscore the clinical relevance of continuously assessing SA and tailoring therapeutic interventions to ambivalencerelated processes – particularly for individuals with repeated suicide attempts.

Early Psychosocial Profiles and Subsequent Risk of Suicidal Ideation and Attempts in Adolescence

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Introduction: Suicide is a leading cause of death among adolescents worldwide, underscoring the urgency of understanding its developmental origins across earlier stages of development. However, little is known about how different configurations of vulnerabilities co-occur within individuals forming distinct profiles, and how these are associated with suicidal ideation and attempts in adolescence.

Aims: This study aims to identify distinct profiles of childhood psychosocial vulnerabilities at age 11 and to examine their associations with suicidal ideation and suicide attempts at age 18.

Methods: A total of 28046 children aged 11-years were included. Data was obtained from the Danish National Birth Cohorts and nationwide register data, and linked to information on suicidality at age 18 based on self-reports and register-based data. Latent Class Analysis was applied to identify the distinct profiles of childhood psychosocial vulnerabilities across multiple socio-ecological domains (individual, socia, and school), and their prospective associations with lifetime reported suicidal ideation and suicide attempts at age 18.

Results: Preliminary results showed four latent classes: Stress vulnerability (6.4%), Family vulnerability (9.7%), Physical vulnerability (24.7%) and Low-vulnerability (59.2%). Children in the Low-vulnerability class showed the lowest probabilities of vulnerabilities across all indicators. The Family vulnerability group showed high probabilities for family adversity indicators, including child psychiatric diagnosis, parents not living together, and parental unemployment. The Physical vulnerability group was characterised by high probabilities of pain and sleep problems. Finally, the Stress-vulnerability class was characterised by elevated probabilities of bullying, stress, peer relations difficulties and low well-being.

Additionally, this poster will present the risk of suicidal ideation and suicide attempts at age 18 across the identified latent classes.

Conclusions: These preliminary findings suggest that distinct profiles of childhood psychosocial vulnerabilities can be identified as early as age 11 and may be differentially associated with suicidal ideation and suicide attempts in late adolescence.

Psychological mechanisms linking chronic pain and suicidality: a scoping review of an underexplored pathway to suicide risk

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Background: Chronic pain is increasingly recognised as an important risk factor for suicidality, including suicidal ideation, self-harm, and suicide attempts. Despite epidemiological evidence demonstrating elevated suicide risk in this population, the psychological mechanisms underpinning this association remain poorly understood and underexplored. Existing research is often fragmented, with limited integration of suicidality outcomes within chronic pain studies. A comprehensive mapping of literature is therefore needed to identify key psychological mechanisms linking chronic pain and suicidality.

Aim: To map the existing literature base to understand the relationship between chronic pain and suicidality, with specific focus on identifying and synthesising underlying psychological mechanisms.

Methods: A scoping review was conducted following PRISMA-ScR guidelines. Searches were performed across multiple electronic databases like PubMed and PsycINFO to identify studies reporting chronic pain and suicidality outcomes, including suicidal ideation, self-harm, and suicide attempts. Eligible studies were screened to capture study characteristics, populations, suicidality and pain outcomes, and reported psychological mechanisms.

Preliminary Findings: Preliminary screening (n = 12 studies) indicates that suicidality is inconsistently assessed and measured within chronic pain research. Emerging evidence highlights the role of transdiagnostic psychological mechanisms, including hopelessness, pain catastrophizing, and impaired future-oriented thinking, as potential mechanisms linking chronic pain and suicidal behaviour. However, the literature remains fragmented, with variability in measurement of both pain and suicidality outcomes limiting comparability and synthesis across studies.

Implications: This review identifies critical gaps in integration of suicidality within chronic pain research and highlights the need for robust, mechanism-focused studies. Improved understanding of shared psychological mechanisms may inform the development of targeted interventions to reduce suicide risk in individuals living with chronic pain. These findings have important implications for both clinical practice and future research.

Belongingness, Burdensomeness, and Suicide Risk: Psychometric Validation of the French INQ-15

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Background: Perceived burdensomeness and thwarted belongingness are well-established interpersonal determinants of suicidal ideation. The 15-item Interpersonal Needs Questionnaire (INQ-15) is a validated instrument grounded in the interpersonal theory of suicide, designed to assess these core psychological processes. Despite its widespread international use, the INQ-15 has not previously been psychometrically validated in French. This study aimed to develop a French version of the INQ-15 and evaluate its psychometric properties in a French-speaking adult population.

Methods: The INQ-15 was translated into French using forward–back translation with expert committee review. A two-wave online study included 1,470 participants aged 18 to 86 years, with a 30-day retest subsample (n = 281). Participants completed the INQ-15 along with the PHQ-9, SIDAS, and K6. Factor analyses were conducted, and internal consistency, test–retest reliability, convergent validity, and multigroup invariance were examined.

Results: A two-factor structure emerged, with excellent internal consistency for the burdensomeness (ω = .93, 95% CI [.93, .94]) and belongingness (ω = .87, 95% CI [.86, .88]) subscales. The INQ-15 demonstrated strong 30-day test–retest reliability at the subscale level (ρ = .63-.74, p < .001), along with robust convergent validity with suicidality, depression, and psychological distress. Evidence supported metric and scalar invariance across gender, age, and suicidal risk, with particularly strong support for the Burdensomeness subscale.

Conclusions: The French INQ-15 shows strong validity and reliability for assessing core interpersonal needs linked to suicidal ideation. Invariance findings support comparisons across gender (men vs women) and age (18-24 vs 25+) for both subscales. Comparisons across suicidal risk (low-moderate vs moderate-high) were clearly supported for the Burdensomeness subscale, whereas evidence for the Belongingness subscale was more limited, potentially due to the smaller size of the higher-risk group. Overall, the INQ-15 appears well suited for both research and clinical applications in French-speaking populations.

Early implementation of the 9-8-8 Education Framework: Evaluation of competency development in a suicide prevention helpline setting

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Introduction: In November 2023, Canada launched 9-8-8: Suicide Crisis Helpline, a national suicide crisis helpline offering trauma-informed and culturally affirming support. To enable service delivery personnel (i.e., responders, supervisors, etc.) to effectively support callers/texters, 9-8-8 has implemented scaffolded learning, including an e-learning course focused on the 9-8-8 Suicide Assessment and Safety Planning (SASP) Model and Communities of Practice (CoPs) focused on core competencies of crisis line service delivery, among other training. This poster presents the evaluation framework and early implementation findings.

Methods: The 9-8-8 Education Evaluation Framework builds on Kirkpatrick's Four Levels of Training Evaluation and Moore's Expanded Outcomes Framework, adapted to reflect the unique context of learners in a network helpline setting, including promotion of service provider wellbeing.

The framework informs evaluation across the SASP Model e-learning course and CoPs. Pre- and post-participation surveys assess learner satisfaction, and self-rated knowledge, confidence, and core competencies and role-based competencies (communicator, professional, lifelong learner, and advocate).

Results: Over 1,000 helpline service delivery personnel have participated in pre- and post-evaluation activities related to 9-8-8 training offerings. Preliminary analyses indicate increases in self-rated knowledge, confidence, and competence across all core competency domains following both the SASP Model course training and CoP participation. Participants reported high levels of satisfaction with trainings. The majority of respondents identified as women, White–North American, and from the 20–35 age group.

Conclusion: Early implementation suggests that the 9-8-8 Education Evaluation Framework is feasible, acceptable, and effective for strengthening helpline service delivery personnel education within a national suicide prevention service delivered. These results provide early evidence that the training approach is achieving its intended educational outcomes and demonstrates how structured evaluation can support ongoing service delivery personnel learning and development. Strengthening competence in suicide risk assessment, safety planning, and supportive intervention is essential to delivering an effective suicide prevention helpline service.

Cognitive Contributors to the Chronification of Suicidal Ideation: The Role of Suicide-Specific Rumination and Comfort from Suicidal Thoughts

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Background: Chronic suicidal ideation is common in clinical practice. However, little is known about cognitive factors contributing to the persistence of suicidal ideation. Results from previous studies suggest that comfort from suicidal thoughts (CST) and suicide-specific rumination (SSR) are two constructs in this field that warrant further investigation. The purpose of the present study was to investigate cognitive factors involved in the chronification of suicidal ideation by examining differences between patients with persistent suicidal ideation and patients with suicidal ideation, but without persistent suicidal ideation.

Method: A total of N = 466 patients (65.0% female, 35.0% male; Mage = 35.93, SDage = 13.13, range: 18 - 79 years) who started therapy at an outpatient clinic participated in the study. They were asked to complete measures on suicidal thoughts and behavior, CST, SSR, depression, anxiety and stress. Of all patients included n = 103 (22.1%) reported being affected by persistent suicidal ideation.

Results: Patients with persistent suicidal ideation reported higher levels of depression, anxiety and stress than patients without persistent suicide ideation or no suicidal ideation at all. Moreover, persistent suicide ideators exhibited significantly higher levels of SSR and CST compared to patients with non-persistent suicidal ideation. They also reported a higher number of lifetime suicide attempts and higher frequency of suicidal ideation. Finally, CST and SSR significantly determined the presence of persistent suicidal ideation, even when controlling for age, sex, depression, anxiety and stress.

Conclusion: The results hint that CST and SSR may contribute to the persistence of suicidal ideation.

Associations Between Linguistic Features of Self-Efficacy Memory Narratives and Changes in Suicide-Related Outcomes

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Introduction: Self-efficacy, the belief in one's ability to cope, has been proposed as a protective factor against suicidal thoughts and behaviors. Autobiographical memories of self-efficacy experiences can be used to strengthen this association and improve other psychological outcomes, such as feelings of hopelessness and negative affect. Nevertheless, changes in self-efficacy following autobiographical self-efficacy training vary substantially across individuals. In this study, we examine whether linguistic features of self-efficacy memory narratives, such as thematic content and narrative style, are associated with changes in self-efficacy and suicide-related outcomes, namely perceived burdensomeness and thwarted belongingness, in accordance with the interpersonal theory of suicide.

Methods: We will analyse audio recordings and transcripts from two studies with healthy participants. Study 1 included a self-efficacy memory training group and a neutral memory training control group, whereas Study 2 included only the self-efficacy memory training. We will extract linguistic features from self-efficacy memory recalls across both studies (n=55) to examine changes in self-efficacy. Using data from both Study 1 groups (n=57), we will further examine associations with perceived burdensomeness and thwarted belongingness. Features include narrative themes, emotional tone, analytic style, and paralinguistic markers. We will test each feature as a moderator of change and explore predictive value using LASSO-regression.

Results: For the self-efficacy analysis, participants were on average 25.2 years of age; 40 participants (72.7%) were female. For the analysis of suicide-related outcomes, the average age was 23.7 years; 46 participants (80.7%) were female. Analysis is ongoing.

Conclusions: Linguistic features of self-efficacy memory recalls may provide fine-grained indicators of how individuals construct and interpret self-efficacy experiences. Identifying features associated with greater improvements may inform more specific guidance on which types of memories to elicit and how they should be recalled. In the longer term, such linguistic markers could support the development of adaptive or personalized interventions.

Incidence of Suicide and Self- harmed behavior among children in Singapore: A Descriptive Research Report

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The suicide rate amongst young people represents a major public health concern for Singapore. Whilst the existence of suicidal behaviours amongst young people is not new, limited research has focused on children below the age of 14 in Singapore (under the Children and Young Persons Act, „child" refers to a person under 14 years old). This study examined the prevalence of suicidal ideation and self-harm behaviour amongst children aged under 14 during 2024 and 2025.

Quantitative data were sourced from referral cases of children below 14 made by the Singapore Police Force to the Institute of Mental Health (IMH) for suicidal ideation or self-harm behaviours. Suicide risk was assessed using the Columbia-Suicide Severity Rating Scale to determine low, moderate, or high risk levels. Data were retrieved from records and analysed using descriptive statistics.

A total of 127 cases (58.7% female; 41.3% male) involving children under 14 who had attempted suicide or engaged in self-harm behaviour were reported in 2024, rising to 247 cases (63.6% female; 36.4% male) in 2025. In 2024, 89 cases were assessed as moderate-to-high risk, with 81 subsequently referred to restructured hospitals or IMH for intervention and the remainder returned to parental or police care. In 2025, 182 cases were similarly classified, with 171 referred for treatment and the remainder returned to parental or police care. Across both years, the youngest children reported were 8 years of age, whilst 13-year-olds consistently accounted for the largest proportion of moderate-to-high risk cases.

The findings demonstrate a significant increase in reported cases from 2024 to 2025. This suggests either rising prevalence of suicidal ideation and self-harm behaviour amongst children or improved detection and reporting mechanisms. A high proportion of cases required clinical intervention. These results highlight the urgent need for prevention, early identification, and intervention for at-risk children.

Emergency department disposition for self-harm and suicide attempts before and after the 2017 Mental Health Law revision in South Korea: a nationwide interrupted time-series study using NEDIS

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Background: Discharge against medical advice (DAMA) from emergency departments (EDs) poses substantial risks to patient safety, particularly among individuals with mental and behavioral conditions. In South Korea, the Mental Health Act was revised in 2017 to strengthen legal safeguards around involuntary admission and patient autonomy. However, the population-level impact of this reform on ED disposition patterns remains unclear. This study evaluated changes in DAMA rates following the legislative revision using national ED visit data.

Methods: We conducted a quasi-experimental interrupted time-series analysis using monthly ED visit data from January 2014 to December 2019. The intervention point was defined as June 2017, corresponding to implementation of the revised Mental Health Act. The primary outcome was the monthly DAMA rate per 1,000 ED visits. Segmented regression models estimated immediate level changes and post-intervention slope changes, adjusting for autocorrelation using Newey–West standard errors. Analyses were conducted at the aggregate level.

Results: Across the full study period, the mean DAMA rate was approximately 250 per 1,000 ED visits before the intervention and 195 per 1,000 visits after implementation. The interrupted time-series model demonstrated a significant immediate decrease in DAMA rates at the intervention point (level change: −55.4 per 1,000 visits; 95% CI −82.9 to −28.0). However, this was followed by a significant upward trend in DAMA rates post-intervention (slope change: +1.22 per 1,000 visits per month; 95% CI 0.64 to 1.79), partially offsetting the initial reduction over time.

Conclusions: The 2017 Mental Health Act revision was associated with an abrupt reduction in DAMA from EDs, suggesting an immediate policy effect on discharge practices. However, the subsequent increasing trend indicates potential adaptation, system-level constraints, or unintended consequences following implementation. These findings highlight that legal reform alone may be insufficient to sustain improvements in emergency care continuity, underscoring the need for complementary clinical and system-level interventions.

Evidence to Action: How Evidence-Based Guidelines Support Coordinated Suicide Prevention Across Universal, Selective, and Indicated Levels

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Introduction: Suicide prevention encompasses universal, selective, and indicated strategies targeting populations, risk groups, and individuals with suicidal behavior. Suicidality arises from a complex interplay of societal, psychological, biological, and contextual factors and affects not only individuals but also families, communities, and societies. Given limited resources, effective suicide prevention requires the systematic identification of high-risk groups, the prioritization of evidence-based interventions, and the coordinated implementation of sensitive and context-adapted measures across healthcare and societal sectors. In order to achieve the greatest possible prevention effect, it is necessary to know evidence-based and other sensible suicide prevention measures, structures and high-risk groups. The question of whether and to what extent clinical and public health guidelines can effectively support suicide prevention constitutes an important and ongoing scientific and practical debate.

Methods: Evidence-based guidelines are developed through a structured methodological framework. This includes the formulation of key questions, comprehensive systematic literature searches, critical appraisal of the available evidence, and explicit consideration of the benefits and harms of alternative interventions. Structured interdisciplinary consensus procedures are employed to integrate scientific evidence with clinical and public health expertise, particularly in areas characterized by limited or inconclusive empirical data.

Results: Guideline development results in structured and graded recommendations for the management of suicidal behavior, which are discussed, refined, and formally adopted in consensus conferences. Guidelines clearly present graded recommendations based on high evidence, but also for measures based on expert consensus across the full spectrum of suicide prevention strategies

Conclusion: Guidelines translate complex and heterogeneous evidence into actionable recommendations for suicide prevention. They facilitate the identification of high-risk populations, support early detection and intervention, and promote coherence across universal, selective, and indicated prevention strategies, clinical care, and postvention. As such, guidelines represent a key instrument for systematic, coordinated, and evidence-informed suicide prevention within healthcare systems and beyond.

Highlighting domestic violence (victimisation and perpetration) as a major antecedent to suicide by analysing Real Time Suicide Surveillance data

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Introduction: Domestic violence (DV) related suicides are a global public health concern and yet there is a lack of published data about their prevalence, and limited understanding about the gender and age profile of the individuals dying in such circumstances.

Methods: This study examines six years of Real Time Suicide Surveillance (RTSS) data from a large local authority in England to highlight the prevalence of domestic violence as a major antecedent to suicide.

It produces descriptive statistics to understand more about the people dying in domestic violence related suicides including age, gender, ethnicity and other factors such as whether they also had financial difficulties or misused substances.

Results: 822 deaths by suicide were examined in total, of which a third had been impacted by domestic violence, either as a victim or as a perpetrator.

The poster will share the gender and age profiles of the individuals who died in DV related suicides, as well as comparing these to the profiles of people who died by suicide that hadn't been impacted by DV.

Finally, this study also highlights that many of the people dying by suicide were known to the Police as both a victim and a perpetrator of domestic violence before they died. The poster will use the RTSS data to explore whether these are primarily perpetrators making malicious and false accusations of being a victim, or whether these individuals are primarily victims who are using violent methods to resist and defend themselves and their children.

Conclusions: This study makes an important contribution to the global understanding of the prevalence and nature of domestic violence related suicides. In particular, it highlights that people known as both victims and perpetrators of domestic violence are dying in much greater numbers than previously thought.

Is Consumption of Violent Media Associated with Suicidal Ideation and Behavior? Findings from a Clinical Sample

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Background: In Germany, print, broadcast, and digital media occupy several hours of daily life, during which violent content is regularly consumed. The potential impact of such content on self- and other-directed violence remains socially debated but has rarely been examined systematically in clinical high-risk samples. This study investigates whether the extent of violent media consumption is associated with suicidal ideation and behavior among psychiatric inpatients.

Research questions: We examined whether the duration of violent media consumption is associated with the intensity of suicidal ideation, past suicidal behavior, and capability for suicide. In addition, the study explored associations between capability for suicide and suicidal behavior and a potential mediating effect of capability for suicide on the relationship between violent media use and suicidal behavior.

Methods: Data were drawn from the multicenter project APOS, which examines risk factors for suicidal ideation and behavior after psychiatric hospitalization. The preliminary sample comprised 165 inpatients (mean age = 37.81 years, SD =14.38) admitted due to an acute suicidal crisis (59.4%) or following a suicide attempt (40.6%). Data were collected through self-report questionnaires and structured interviews during hospitalization. Correlation analyses, binary logistic regressions, and a mediation analysis were conducted to test the hypotheses.

Results: In the preliminary sample, no significant associations emerged between violent media consumption, suicidal ideation, suicidal behavior, or capability for suicide. These findings are based on preliminary analyses; the full dataset and updated analyses will be available at the time of the conference.

Conclusions: These null effects must be interpreted in light of methodological limitations such as sample size, timing of measurement, and cross-sectional design. Despite the absence of significant associations, the findings suggest that media use may represent an individual contextual factor rather than a central risk factor. Future longitudinal studies should examine under what conditions violent media use contributes to suicidal thoughts and behaviors.

Occupational differences in suicide attempts: A nationwide Danish cohort study

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Background: Suicide attempts represent an individual, familiar, and societal health challenge, occurring far more frequently than suicide deaths and strongly predicting future suicidal behaviour and mortality. While occupational differences in suicide mortality have been reported, less is known about the distribution of non-fatal suicidal behaviour across occupational groups.

Aim: To examine occupational differences in the occurrence and burden of suicide attempts in the Danish working-age population, variations in methods used across occupational groups, and these patterns across sex and age groups.

Methods: We conduct a nationwide register-based cohort study including all individuals aged 30–67 years residing in Denmark between 2010 and 2024. Occupational group is classified according to the Danish version of the International Standard Classification of Occupations DISCO-08) and modelled as a time-varying exposure using annually updated employment information. Hospital-recorded suicide attempts, including both first and recurrent events, are identified using ICD-10–based codes in national health registers.

Person-time is structured using Lexis expansion, allowing individuals to contribute to multiple occupational groups as employment changes during follow-up. Incidence rates and incidence rate ratios are estimated using Poisson regression, accounting for recurrent events and within-individual correlation. Analyses are stratified by sex and age group.

Results: Analyses follow a prespecified and preregistered protocol. Data preparation and model specification are complete, and results will be available prior to the conference. Results will include occupational incidence rate ratios for the whole sample and stratified by sex and age group. We will further present the distribution of methods of suicide attempt across occupational groups.

Conclusions: This study provides population-wide evidence on occupational differences in suicide attempts. By extending the focus beyond suicide mortality, the findings may inform more targeted suicide prevention strategies.

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

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

Methods: Between July 2025 and February 2026, semi-structured qualitative interviews were conducted with 25 participants from 14 LMICs. Participants were recruited via professional networks, targeted outreach, and snowball sampling, and included psychiatrists, psychologists, and other stakeholders with experience in media engagement efforts. Interviews followed a discussion guide covering participants' experiences in leading media engagement initiatives, barriers and facilitators to changing media reporting practices, assessment and evaluation practices, and collaborative strategies. Interviews were audio-recorded, transcribed, and analysed using a combined deductive and inductive thematic approach in NVivo 15. A subset of transcripts (20%) was double-coded to ensure coding reliability and refine the thematic framework.

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

Conclusions: The study provides insights into the complex processes of implementing responsible media reporting initiatives in LMICs. Findings can inform context-sensitive strategies, enhance collaborations between media and suicide prevention experts, and support the development of sustainable interventions to improve media reporting of suicide.

Rethinking Social Isolation: Digital Phenotyping as a Tool for Detecting Suicidal Vulnerability in the Hyper-Connected Era

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Background: While traditional suicide prevention focuses on clinical symptoms, social isolation is a primary yet difficult-to-measure driver of suicidal behavior. In our rethink of „connectedness," we propose using digital phenotyping—the continuous, passive sensing of interaction patterns via smartphones—to redefine and quantify social isolation as a dynamic risk factor for suicide.

Methods: This longitudinal study tracked 150 individuals with a history of suicidal ideation over six months. We collected anonymized data on „digital mobility" (GPS patterns), communication frequency (call/text logs), and app usage. This „digital footprint" was analyzed using machine learning to identify shifts in social entropy—the randomness and richness of social interactions—which were then correlated with self-reported suicidal urges.

Results: Our findings revealed that a contraction in digital mobility and a sudden decrease in social entropy preceded suicidal crises by an average of 72 hours. Interestingly, many participants remained „digitally active" but „socially withdrawn," interacting only with non-human interfaces. This rethink of isolation suggests that the „quality" of digital movement is more predictive of risk than a total absence of activity.

Conclusion: Rethinking social isolation through digital phenotyping allows for a proactive, rather than reactive, approach to suicide prevention. By identifying the „digital signature" of withdrawal, we can deploy targeted interventions before a crisis escalates. This study highlights the potential of merging data science with sociology to save lives in an increasingly digital world.

SAVE study; Implementation of the Digital Safety Planning in Psychiatric Inpatient Care:

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Introduction: The period following discharge from a psychiatric inpatient unit is associated with a markedly elevated risk of suicide. Safety planning—a personalized plan identifying warning signs, coping strategies, and sources of support—has been shown to reduce this risk and is recommended in the Dutch multidisciplinary guideline for suicide prevention. However, paper-based safety plans have limitations in accessibility and real-time use during acute vulnerability. Digital safety planning interventions (dSPI) may improve availability and usability, but successful implementation depends on contextual, organizational, professional, and patient-related factors. Systematic evaluation of these determinants is needed to support sustainable integration into inpatient care.

Objective: The SAVE study examines the early implementation of dSPI on psychiatric inpatient wards, with specific attention to inpatient healthcare professionals (HCPs), whose clinical roles expand as the intervention becomes part of routine nursing practice. This phase focuses on changes in normalisation, attitudes, and satisfaction among HCPs between baseline (T0) and mid-implementation (T3), and explores variation across wards and employee- and patient-related characteristics.

Methods: Implementation followed the Knowledge-to-Action framework, supported by the Consolidated Framework for Implementation Research and the RE-AIM model. A mixed-methods design combined quantitative measures (NoMAD, EBPAS, CSQ-8) with qualitative data from focus groups and semi-structured interviews.

Results: Across 11 wards, n = 321 stakeholders were included. Baseline data provided insight into levels of normalisation, professional attitudes, satisfaction, organisational readiness, and key barriers and facilitators.

Discussion: These findings identify determinants influencing early integration of dSPI into routine inpatient care and reflect the central role of HCPs in delivering and sustaining the intervention.

Self-harm incidence among older adults 2019-2023: time series analysis from a national registry study

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Introduction: Social isolation and loneliness amongst older adults have increased in recent years. Older adults have one of the highest suicide rates globally. Following the COVID-19 pandemic, inequalities in health outcomes including self-harm are likely to have widened amongst older adults. We aimed to examine trends in self-harm incidence among older adults aged 60 years and older between January 2019 and December 2023.

Methods: Time series analysis of all incident episodes of hospital presenting self-harm among older adults aged 60 years and older using data from the National Self-Harm Registry of Ireland (NSHRI). Four time periods were selected: pre-pandemic phase (January 2019-February 2020), pandemic phase 1 (March 2020-December 2021), pandemic phase 2 (January-December 2022), post-pandemic (January-December 2023). Incident rate ratios (IRRs) by sex and age group using negative binomial regression.

Results: There were 3497 hospital self-harm presentations, involving 2719 older adults from 2019-2023. Over the study period, females had 26% higher incidence rates (per 100,000) when compared to males and older adults aged 80+ had the lowest incidence rates in both males and females. Rates of self-harm increased significantly by 20% in pandemic phase 2 and by 14% in the post-pandemic period when compared to the pre pandemic phase. Greatest increases were observed in females and older adults aged 60-69 years.

Conclusion: Hospital-presenting self-harm among older adults increased from 2022 onwards, with the most pronounced rise in 2022. Findings suggest possible delayed and sustained impacts of the pandemic on older adults' mental health, particularly among older women, though this would need to be confirmed with research examining further years. Continued monitoring and targeted prevention strategies are needed to address potential inequalities in later-life self-harm. Further research is needed to understand these changes in self-harm presentations, and whether these are reflected into self-harm occurring within community settings.

Sociodemographic and clinical characteristics of suicide methods in Denmark: a nationwide registry-based study of suicides during 2010-2020

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Background: Suicide mortality is influenced by the lethality of the method used, making the identification of method-specific risk factors essential for prevention. This study investigates whether suicide methods in Denmark (2010–2020) vary according to sociodemographic and clinical characteristics.

Methods: Data on suicide deaths and population background were obtained from Danish national health registers. Multinomial logistic regression analyses were used to examine associations between individual characteristics and suicide methods.

Results: Hanging (reference) was most common among individuals with affective disorders and family or partner-related issues. Jumping and sharp-object suicides were associated with psychotic disorders, while firearms suicides were linked to somatic diseases and stressful life events, often in individuals without prior psychiatric history. Drug-related self-poisoning was associated with substance use treatment, prior attempts, and affective or personality disorders; other substance self-poisonings were more frequent among individuals without known health conditions. Diagnoses of OCD, cancer, and traumatic brain injury were linked to violent methods such as jumping, firearms, and drowning. Certain occupations were associated with firearms and self-poisoning suicides.

Conclusions: Suicide by hanging, drowning, or jumping remains particularly difficult to prevent due to the high accessibility of these methods. The findings highlight the importance of sex, relationship status, access to means, and non-help-seeking behavior as key predictors of violent suicide. However, the study also identifies opportunities for prevention, as individuals who employ less immediately lethal methods are more likely to be engaged with the healthcare system. These insights underscore the need for targeted suicide risk assessments and interventions, particularly among individuals with severe somatic or psychiatric conditions.

Spatial Distribution and Contextual Factors Associated with Suicide Risk by Age Group in Spain (2018–2022)

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Suicide has traditionally been studied from an individual perspective. However, research has increasingly highlighted the influence of community-level factors on suicide risk. Some studies have focused on the spatial distribution of suicide, recognizing its potential to reveal geographic patterns and associated risk factors. This study examined suicide deaths in the Iberian Peninsula from 2018 to 2022 (N=19,381). Cases were classified into three age groups: young individuals (<30 years; 7.5%), adults (30- 64 years; 47.3%), and older adults (≥65 years; 37,2%). The analysis considered compositional (population density, immigrant population, one-person households, aging index), economic (unemployment rates, GDP per capita, and healthcare expenditure), and environmental factors (temperature). A hierarchical Bayesian spatial regression model was applied to assess suicide risk, incorporating two spatial components: a structured spatial effect to account for spatial autocorrelation and an unstructured spatial effect to control for overdispersion, following the CAR model. The findings revealed a similar spatial distribution of suicide risk across the age groups, with higher risks in the northern regions and lower risks in central and southwestern areas. However, adults and older adults also exhibited an increased risk in the southern regions, a pattern not observed among young individuals. Regarding the covariates, lower population density and a higher aging index were consistently linked to an increased risk of suicide across all age groups. Immigration and one-person households were associated with suicide risk, specifically among young individuals. Additionally, higher healthcare expenditure was correlated with increased suicide risk in adults and older adults, but not in young individuals, while GDP was found to be related to suicide risk in older adults. These results emphasize the need for regionally tailored suicide prevention strategies, particularly in high-risk areas. Policymakers could incorporate spatial data into suicide prevention frameworks, addressing contextual socioeconomic vulnerabilities, and strengthen public health surveillance in affected regions.

Suicidality stigma and access to care in adolescents and young adults: collecting first-hand accounts in Switzerland and Japan

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Introduction: Suicidality stigma is a major barrier in suicide prevention among adolescents and young adults and leads to lower help-seeking, increasing isolation and delayed access to care. However, suicidality and stigma are shaped by historical, social, and cultural factors, and existing literature highlights the need for culturally grounded evidence. Few qualitative analyses are available and they rarely include individuals with lived experience. This study explores suicidality stigma and access to care in Switzerland and Japan through qualitative methods.

Method: The study took place in Switzerland and Japan. To enhance ecological validity, the interview guide was co-developed with local experts (psychiatrists, psychologists, nurses) in both countries. Translation, back-translation and cultural adaptation were carried out for the Japanese version. To ensure safe participation of vulnerable participants, risk-mitigation measures were implemented, such as ensuring voluntary participation, clinical stability, clear reference pathways and metacommunication throughout interviews. Data collection included 6 months of participant observation in each country, in clinical settings and in the public sphere, and 21 semi-structured interviews with suicide-prevention professionals, caregivers, and individuals with a lived experience.

Results: Preliminary results should be interpreted with some degree of caution as the analytic process is iterative and ongoing. Emerging themes highlighted uneven suicide-prevention resources and regional disparities. Professionals reported discomfort and uncertainty when addressing suicidality, while young people described difficulties disclosing suicidal thoughts unless directly asked. Loneliness, future-related anxiety, ambivalence towards social relationships, and social-media influences were also mentioned.

Discussion: Inclusion of first-hand accounts is essential for developing relevant suicide-prevention interventions. Local adaptations facilitated cultural acceptance of the research, and documenting these steps contributes to highlight regional differences, important for understanding structural stigma. Comparing Switzerland and Japan, two highly developed countries yet characterized by profound cultural differences, offers a valuable perspective for understanding how contexts shape the manifestations and perceptions of suicidality stigma.

Suicide mortality and associated risk factors in a national cohort of cancer patients

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Background: It has been suggested that patients with cancer diagnoses are at a higher risk for suicide than the general population. However, previous research had been inconclusive regarding the specific factors that define the at-risk subgroups. This population-based study aimed to quantify the suicide risk in cancer patients according to sex, tumour type, tumour stage, age at initial diagnosis and time since initial diagnosis.

Methods: Data from the Austrian National Cancer Registry and Austrian Death Registry, including 720,417 cancer patients diagnosed between 2000 and 2020, were used to calculate standardised mortality ratios (SMRs) for suicide in a longitudinal analysis.

Results: Overall, an increased SMR due to suicide was observed in cancer patients (1.55; 95%CI:1.48–1.62). SMRs were higher in males than in females, with the highest SMRs observed in patients with a poor prognosis. The risk for suicide mortality peaked in the first year after initial diagnosis and in the age group between 45–49 years. Notably, while the risk for suicide mortality remained elevated, no previously postulated "secondary peak" was identified.

Conclusion: Cancer patients are at an increased risk of dying by suicide compared to the general population. The suicide risk varied by sex, age, diagnosis, tumour stage and time since diagnosis. These findings underscore the importance of early, targeted suicide prevention and long-term supportive care. Future research should focus on identifying modifiable risk factors to reduce mortality due to premature death in this vulnerable population.

Suicide Risk Characteristics in Suicide Attempts; A Preliminary Study in Singapore

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It is known that suicide is a serious public health problem, necessitating a public heath response. While the link between suicide and mental health disorders is well-established, many suicides happen impulsively in moments of crises as well, such as financial or relationship stressors and illness.

Previous suicide attempt is a significant risk factor for completed suicide. There are subtypes within suicide behaviours: actual, interrupted, and aborted attempts. Studies on attempted suicides also reveal that there are few clinically meaningful differences between those actual suicide attempts, and interrupted/aborted suicide attempts.

This current study aims to investigate the rates of actual, interrupted and aborted attempts, and analyse sociodemographic and clinical characteristics. This study uses a national psychiatric database from Singapore's Crisis Response Team from 2025, whereby police activation was involved in suicidal cases. In my preliminary sample of 68 suicide attempt cases in the first half of January 2025, there were 12 aborted attempts (17.6%), 23 interrupted attempts (33.8%), 24 actual attempts (35.3%) and 9 unknown cases (13.2%; attempts that could not be identified due to limited information). 55.9% of the 68 cases were female, and 45% of the 68 cases were Chinese. 28 cases (41.2%) were brought to a nearby restructured hospital's emergency room, and 37 (54.4%) were brought to Institute of Mental Health's emergency room. 20 of the 68 cases (29.4%) were assessed to be not amounting to a mental health disorder; while 37 (54.4%) were diagnosed with a mental health disorder either prior or during their emergency room visit. These preliminary findings depict that suicide attempts can occur even momentarily without a prior mental health disorder, highlighting the need to identify acute stressors and intervene before further escalations.

The development and feasibility of a low-intensity intervention for suicide prevention

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Yearly, in the United Kingdom (UK), around 5000 people die from suicide. 50% of those who die have seen a professional about their mental health in the month before their death. Unfortunately, waitlists for mental health services are long, potentially up to 2 years. It is important that support is available. Low-intensity interventions require little-to-no clinician involvement, are more accessible, and have the potential to help people.

Reviews of interventions for suicide behaviour, which focus on challenging negative thoughts and developing distraction techniques, have found they are not helpful, especially in the long-term as suicidal thoughts return at stressful times. Positive psychology, the study of what makes life meaningful, has developed our understanding of what factors help individuals to engage with life, the opposite of suicide behaviour.

This PhD project aims to develop a low-intensity, positive psychology intervention for suicide.

A review of current low-intensity positive psychology interventions for suicide will make clear which intervention components are working. Then, a series of workshops with people with a history of experiencing suicidal thoughts will determine what can be useful based on what they have used and what they would like to see in a new intervention. The findings from these two studies will then be used to develop the new intervention which will be tested in a group of around 20 people. These people will be asked about their suicide behaviour, before and after taking part in the intervention, and will also be asked how they found the intervention, to determine its usefulness to them.

The new intervention should reduce distressing thoughts and behaviours and increase meaning in life. It may be enough to relieve individuals of their difficulties, reducing numbers on waitlists, for others it may help to keep them alive longer, whilst they await access to more intense therapies.

The Language of Suicide: Conceptual Change and Framing in the German Bundestag Debates (1949–2022)

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The public and political discourse on suicide in Germany is strongly shaped by the terminology used. Terms such as „Selbstmord", „Freitod", „Suizid", and „Selbsttötung" carry distinct historical, normative, and emotional connotations that influence how suicidal behavior is perceived and evaluated. Empirical research has shown that specific terms activate cognitive and emotional frames, thereby shaping attitudes, interpretations, and potential courses of action (Arendt et al., 2018) . Against the backdrop of ongoing political debates on assisted suicide and the absence of a nationwide suicide prevention strategy in Germany, examining linguistic shifts has particular societal relevance.

This study examines whether and how terminology related to suicide has changed in the plenary debates of the German Parliament between 1949 and 2022. The analysis is based on the comprehensive OPEN DISCOURSE dataset, which contains every spoken word in all parliamentary sessions since 1949.

A multimethod approach is applied:

First, a quantitative analysis: Frequency analyses and time-series evaluations of suicide-related terms reveal long-term trends and shifts in linguistic usage.

Second, a qualitative analysis: A detailed content analysis, informed by Grounded Theory, examines semantic contexts, argumentative patterns, and the framing processes in which the terms are embedded . This allows for reconstruction of how language constructs meaning and reflects changing societal and political orientations.

The expected findings will show to what extent the conceptual framing of suicide-related terminology has transformed within parliamentary discourse in Germany, and how these shifts relate to broader political debates and societal understandings of suicide. The study contributes to a deeper understanding of linguistic framing in the context of suicidality and underscores the importance of precise, non-stigmatizing terminology as a key element of effective suicide prevention communication.

Trends in age of onset of self-harm in young people in Ireland (2015-2019): A national registry study

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Background: Self-harm is a significant public health problem which disproportionately affects young people. Evidence suggests that the age of onset of self-harm during adolescence may be decreasing. The objective of this study was to provide a national estimate of the age of onset of self-harm operationalised as first hospital presentation and to explore changes in rates of onset self-harm over time.

Methods: Data on consecutive cases of first presentations to emergency departments following self-harm were obtained from the National Self-Harm Registry Ireland over a 5-year period (2015–2019). Annual rates of self-harm per 100,000 were calculated by age and gender for individuals aged 10-24 years. Poisson regression models examined changes in rates over time and incidence rate ratios were calculated to examine annual changes in rates.

Results: The incidence rate of first hospital presentation with self-harm was 296 per 100,000 population (n=13,614 first presentations). The highest frequency of first hospital presentations occurred among individuals aged 17 years for the total study period. The rate of onset self-harm increased by 23% in 10–14-year-olds, this increase was more pronounced for males in this age group (52%). A significant increase was observed in first hospital presentations involving self-cutting (14%) and attempted drowning (48%) between 2015-2019.

Conclusion: The age of onset of self-harm was older compared to previous research. However, the increase in rates in younger individuals aged 10-14 years warrants significant attention. The substantial rise in attempted drowning necessitates further in-depth exploration, including consideration of relevant policy implications aimed at prevention and intervention.

Unseen signals: distinct profiles of suicide deaths and attempts in Korean adolescents

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Objective: Suicide is a leading cause of adolescent mortality worldwide and has been the leading cause of death among adolescents in South Korea since 2011. Although suicidal behavior is often conceptualized as a continuum, growing evidence suggests that suicide attempts and suicide deaths reflect distinct, though sometimes overlapping, psychosocial patterns. Few large-scale studies have directly compared adolescents who attempt suicide with those who die by suicide using population-based data.

Methods: We analyzed a school-based dataset of adolescents who died by suicide in South Korea between 2017 and 2019 (n=398; mean age 16.0 years; 49% female) and adolescents who attempted suicide during the same period (n=2,345; 15.1 years; 72% female). Psychosocial and behavioral characteristics were assessed using teacher-reported measures, including the Strengths and Difficulties Questionnaire (SDQ), school functioning, and self-harm-related indicators. Group differences were examined in the full sample and in a 1:1 propensity score-matched sample based on demographic characteristics. Latent Class Analysis (LCA) was conducted to identify heterogeneous psychosocial and behavioral profiles within and across groups.

Results: Compared with adolescents who attempted suicide, those who died by suicide exhibited more favorable school functioning, fewer observable emotional and behavioral difficulties, and fewer prior suicide attempts or non-suicidal self-injury, while being more likely to use highly lethal methods ($p<0.05$). Across both analytic samples, LCA consistently identified a low observed problems profile characterized by minimal observable emotional behavioral, and school-related problems that was disproportionately represented among adolescents who died by suicide.

Conclusion: These findings indicate that a meaningful proportion of adolescent suicide deaths may occur in the absence of overt distress or prior suicidal behavior. This highlights the need to move beyond prevention strategies centered on visible psychopathology or prior attempts toward greater sensitivity to less visible forms of suicide risk.

Spatio-temporal dynamics of suicide-related emergency 112 calls: An 11-Year Study in the Valencian Community (Spain)

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Suicide is a complex public health issue influenced by a range of factors. Previous research has shown that, beyond individual psychosocial characteristics, environmental variables are also associated with suicide. Particularly relevant are deprivation and social fragmentation as community-level determinants. Models that incorporate spatial and temporal patterns can more robustly capture these processes; therefore, adopting a spatio-temporal approach enables a more comprehensive analysis.

Geocoded data on 112 suicide-related calls (N = 82,816) from the Valencian Community, Spain, between 2013 and 2023 were provided by the Valencian Regional Government. Previous analyses have typically relied on suicide deaths as an indicator of suicidality. However, suicide-related calls broaden the study of suicide, as they include a range of situations reported either by the individuals themselves or by bystanders, encompassing suicidal ideation, suicide attempts, and suicide deaths.

Two separate spatio-temporal models were estimated for males and females in crisis, respectively. Bayesian spatio-temporal Poisson regression models were fitted using integrated nested Laplace approximation (INLA) to identify the spatial and temporal distribution of suicide-related calls.

Overall, the study revealed a higher incidence of suicide-related calls in urban areas with a lower ageing index, greater residential instability, and a higher proportion of one-person households. A clear seasonal pattern emerged, with the fewest calls occurring in the winter months, particularly in February, and the highest numbers observed from May to September. Gender-specific differences are also explored in this work.

Taken together, these findings underscore the importance of incorporating both spatial and temporal dimensions into the analysis of suicide-related behaviours. The identification of high-risk areas, seasonal peaks, and associated sociodemographic factors provides valuable evidence to inform targeted, context-sensitive suicide prevention strategies and to optimise emergency response systems.

Suicide Prevention in Substance Use Services: A Scoping Review

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Introduction: Adults in treatment for drug or alcohol use experience a significantly greater risk of dying by suicide than the general population, with several studies reporting a risk of 10 or more times higher. Despite the heightened vulnerability of this population, evidence on what good suicide prevention looks like in substance use services remains scarce. This scoping review maps the nature and effectiveness of suicide prevention activity delivered in adult substance use services.

Methods: This scoping review followed Arksey and O'Malley's scoping review framework. We searched Medline, EMCARE, EMBASE and TRIP (August-September 2025), and supplemented these searches with citation tracking and grey literature searches. We included studies that reported on suicide prevention interventions delivered by or within community-based substance use services for adults, published since 2005. Screening was completed by two independent reviewers. Data were extracted on intervention type, delivery, outcomes, and effectiveness.

Results: 11 publications met the inclusion criteria, with interventions categorised into four main areas: staff training, patient educational interventions, therapeutic interventions and treatment guidelines. Most studies originated from the USA. Staff training and educational interventions improved knowledge, attitudes, and self-efficacy, but evidence of impact on suicidal behaviour or help-seeking was limited. Therapeutic interventions showed limited effectiveness in reducing suicidal ideation or behaviours among substance use service users.

Conclusions: There is limited evidence on effective interventions to support suicide prevention in substance use services, despite the vulnerability of this population. There is a need for robust, context-sensitive research to develop and evaluate suicide prevention approaches that reflect the complexity of substance use, trauma, and co-occurring mental health needs. Strengthening suicide prevention in substance use services represents an important opportunity to reduce premature mortality in this high-risk population.

Enhancing soft skills for suicide prevention in medical education and practice

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The aim of our project was to draw attention to the role of soft skills i.e. psycho-social skills – an important but often marginalized element of medical education – in the context of suicide prevention among medical students, academic staff and healthcare workers. The aim was also to identify key psychosocial skills that promote mental health and prevent suicidal behavior.

The study was conducted as online survey between 2 and 16 February 2024. Standardized psychometric tools: Depression, Anxiety and Stress Scale (DASS-21), the Patient Health Questionnaire (PHQ-9) and the Beck Hopelessness Scale (BHS) were used.

In Polish population, 87 people of both sexes participated in the study, including medical students (72%) and healthcare workers (28%). We observed significant psychological burden in the studied groups. DASS-21 revealed that 31% of participants reported at least mild symptoms of stress, 40% at least mild symptoms of anxiety, and 38% reported at least mild symptoms of depression. PHQ9 indicated that only 9% of respondents did not experience significant symptoms of depression, while 25%, 26%, 28% and 12% of respondents experienced mild, moderate, severe and very severe symptoms of depression, respectively. In addition, 24% of respondents reported having suicidal thoughts at least several times in the last 3 weeks. BHS demonstrated that 68% of respondents indicated at least mild level of hopelessness (including 22% with mild level, 16% with moderate and 30% with severe level).

In conclusion, it seems reasonable to implement targeted interventions among students and healthcare workers, including stress management, development of effective coping strategies – in particular based on problem solving and emotion control – as well as the strengthening of social support networks. It is also important to promote healthy habits and health education, with particular emphasis on mental health, as well as activities aimed at reducing the risk of burnout.

POST3: POSTER SESSION 3

Recruitment into Volunteering for a suicide-specific crisisline

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Introduction: Many suicide prevention helplines depend largely on trained volunteers to provide accessible, low-threshold support to individuals experiencing suicidal ideation. Ensuring both service quality and volunteer wellbeing requires a structured and evidence-informed recruitment and selection process. The Flemish Suicide Prevention Centre operates the Flemish suicide-specific helpline Zelfmoordlijn 1813, which is primarily staffed by volunteers. This contribution describes the organisations' multi-stage recruitment and selection procedure, designed to balance accessibility with suitability for this emotionally demanding role.

Methods: Volunteer recruitment is promoted via social media and other communication channels. Interested individuals register online and are invited to an information session outlining the role, expectations, and training trajectory. Applicants then complete two questionnaires: a self-report questionnaire assessing demographic characteristics, motivation, and relevant personal experiences, and a Dutch adaption of the SIRI-II (VROS), a scientifically validated instrument assessing typical responses to suicidal expressions. Questionnaires are screened by trained staff using predefined criteria. Applicants who meet these criteria are invited to an online alignment interview to assess mutual expectations and role fit. Accepted candidates complete a structured training program consisting of a theoretical training day, nine practical sessions, individual evaluation by trained staff, and a final technical session, followed by a mentored entry phase.

Results: This multi-method selection process facilitates early identification of candidates whose motivations, interpersonal responses, and coping styles align with suicide-specific helpline work. Alignment interviews further support shared decision-making between candidates and the organization. One notable challenge is the substantial attrition observed throughout the selection process, attributable to the stringency of the procedures applied.

Conclusions: Combining outreach, psychoeducation, a validated assessment instrument, and dialogue-based screening enhances volunteer suitability and sustainable helpline functioning.

Mental Health, Suicidal Ideation and Self-Harm among Student Nurses in England: An Exploratory Survey

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Introduction: Longstanding concerns exist regarding suicidality and mental health problems among nursing students, particularly given awareness of elevated rates of suicide in qualified nurses (especially females). However, little is known about the current context of mental health, suicidal ideation, and self-harm among student nurses in England. Increasing this knowledge can inform the development of initiatives to support wellbeing and prevent suicide within this group.

Methods: An exploratory online survey was developed in collaboration with a coproduction group of qualified and student nurses with lived experience of suicidal ideation or self-harm. Broadly, the survey examined mental health difficulties, suicidal ideation, and self-harm before and since entering nursing training, receipt of mental health support, and perceived helpfulness of potential interventions. Study invitations were disseminated across universities in England, alongside relevant nursing forums. Quantitative and qualitative data were collected and analysed using statistical and framework analysis.

Results: Among individuals reporting suicidal ideation or self-harm as a student nurse, mental health problems, loneliness, and problems with training placements were commonly indicated as contributory. Specific placement-related issues included feeling unsupported, negative interactions with staff, and the impact of shift patterns on sleep. Many participants reported experiencing barriers to help-seeking, including fear of being perceived as unfit to practice. Interventions perceived as potentially helpful included training and support regarding exposure to traumatic events during training, availability of mental health support both within and independent of universities and including nurses with relevant lived experience in delivery of nursing curriculum.

Conclusions: Results of this study highlight the difficulties experienced by student nurses, and challenges related to accessing and receiving appropriate support. Implications for potential interventions were identified and will be explored in further detail using qualitative methods with students with lived experience, and staff members within universities and nursing workplaces.

The Role of Child Maltreatment in Childhood Suicidal Behaviour

Townsend, Michelle

Macquarie University, Australia

Suicide is one of the leading causes of death in children aged 14 years and under, and child maltreatment is consistently identified as an antecedent. Despite this, not enough is known about the pathways from child maltreatment to suicidal behaviour, hampering prevention efforts. This presentation examines the association between (1) various types of childhood maltreatment, and (2) the presence of mental disorders, and subsequent suicidal behaviours in children aged 14 years and under. We present a conceptual model of childhood suicidal behaviours which incorporates both direct and indirect mechanisms by which maltreatment (and other risk factors) exert an influence. Bodily intrusive maltreatment, especially sexual and physical abuse, significantly increases the risk of suicidal behaviours in childhood. Other forms of maltreatment, such as neglect and emotional abuse, may also contribute. While the presence of a mental disorder is another prominent risk factor for suicidal behaviours in adolescents and adults, there is less evidence of this association in childhood. Efforts to prevent child maltreatment can support suicide prevention efforts in children and other age groups. Additionally, screening for suicidal behaviours and targeted interventions should be prioritised for populations at increased risk, particularly children with a history of maltreatment and their families.

"Perspectives of regional stakeholders on suicide prevention: A qualitative study in the German federal state Saxony-Anhalt" (ISA-SuPrä-Stakeholder)

Perner, Andrea; **Rösemeier, Susann**; Junne, Florian; Geue, Kristina

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Introduction: Suicidality remains a major public health concern in Germany, with the federal region Saxony-Anhalt persistently exhibiting one of the highest suicide rates nationwide. Saxony-Anhalt, a federal state in the eastern part of Germany, faces several structural determinants that may exacerbate vulnerability to suicidality, including the nation's highest average population age, pronounced socioeconomic disadvantage, high rates of substance use, and underprovision of health and social services in rural regions. Despite the relevance of regional specific prevention structures, little is known about how stakeholders in suicide prevention from Saxony-Anhalt perceive existing measures, implementation needs, and context-specific barriers. Understanding these perspectives is essential for strengthening universal primary suicide prevention strategies.

Methods: This qualitative study explores the views, attitudes, and requirements of stakeholders involved in suicide prevention in Saxony-Anhalt. Guided by the Consolidated Framework for Implementation Research (CFIR), stakeholder groups were mapped by implementation-relevant roles (mid-level leaders, opinion leaders, implementation facilitators and innovation delivers). Four focus groups will be conducted from January to March 2026. Data collection follows a semi-structured interview guideline aligned with CFIR constructs. Verbatim manuscripts will be analysed using Mayring's qualitative content analysis with the software MaxQDA, combining deductive CFIR-based categories with inductive category development.

Results: The first focus group (n=8) will be held with mid-level leaders. Invitations to the other focus groups have been sent out. This study will provide an overview of existing suicide prevention structures and perceived responsibilities of regional organizations and stakeholders. It will further identify implementation needs, preferred preventive measures, facilitators of successful implementation, and perceived barriers within the regional context. First results are expected to be ready for the congress.

Conclusions: By systematically capturing stakeholder perspectives in an early implementation phase, the findings will inform the development of a state-level suicide prevention strategy and contribute to evidence-based implementation processes in universal primary suicide prevention.

Gatekeeper Training for Suicide Prevention within Spain's First Action Plan: Comparative Evaluation of Professional Groups and Longitudinal Follow-up in a Regional Community-Based Intervention.

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This communication presents the design and evaluation of a gatekeeper training program for suicide prevention developed within Spain's First National Action Plan for Suicide Prevention. The intervention will be implemented in one autonomous community starting in February 2026 and aims to strengthen prevention capacity across key professional sectors.

The program targets five professional groups: two mental health teams (adult and child–adolescent services); professionals working with older adults (residential care facilities, senior centers, municipal social services and home care services); professionals supporting vulnerable children and adolescents; and third-sector professionals working with people experiencing addictions, social exclusion and within correctional settings.

A controlled trial with a waitlist control group will be conducted, including pre- and post-training assessments and a non-equivalent control group. Outcomes will be evaluated across three main domains: suicide literacy, stigma and attitudes, and gatekeeper self-efficacy and intervention behaviors. Suicide literacy will be assessed using the short form of the Literacy of Suicide Scale (LOSS-SF), while stigma-related beliefs will be measured with the short form of the Stigma of Suicide Scale (SOSS-SF). Gatekeeper self-efficacy and preventive behaviors will be evaluated through purpose-built instruments tailored to the professional contexts involved.

In addition to immediate post-intervention effects, a longitudinal follow-up will be conducted to examine the sustainability of training outcomes over time. This approach will allow for comparisons of effectiveness across professional groups and for the identification of differential learning needs, contextual barriers and facilitators to implementation.

By combining validated psychometric tools with context-sensitive behavioral measures, this study aims to generate applied evidence on how structured gatekeeper training can enhance early detection, appropriate response and referral in suicide risk situations. The findings will support the development of targeted training strategies within health, social care and community systems, contributing to a coordinated and evidence-informed suicide prevention framework aligned with national public health priorities.

Time Is Mind: Transforming Crisis Behavioral Health Systems Through Regulatory Innovation and Rapid Intervention

Warrington, Heidi

Warrington Solutions Inc., United States of America

The United States is undergoing a fundamental transformation in behavioral health crisis response, driven by federal investment, evolving regulation, and the recognition that delayed intervention costs lives. This poster examines American crisis systems through the lens of regulatory compliance, workforce development, and the emerging „Time Is Mind" paradigm — a framework that applies the urgency principles that revolutionized stroke care to psychiatric crisis intervention.

Informed by frontline work advising state behavioral health agencies on Crisis Stabilization Unit (CSU) implementation, the analysis maps the regulatory landscape shaping crisis services nationwide: the 988 Suicide and Crisis Lifeline, Certified Community Behavioral Health Clinics, and state efforts to establish crisis-receiving and stabilization standards that balance accessibility with clinical safety.

A critical finding is the jurisdictional gap between state health departments and licensing authorities. These gaps create clinical risk and obstruct timely intervention — with direct implications for international efforts to standardize crisis care.

Comparative timelines illustrate how stroke care evolved from fragmented emergency response into coordinated systems with defined intervention windows, and argue that behavioral health must undergo a parallel transformation. Evidence shows that rapid, appropriate crisis intervention prevents hospitalization, reduces suicide attempts, and improves long-term outcomes — yet regulatory structures frequently impede rather than enable timely care.

The poster presents emerging state policy approaches, workforce development strategies for crisis nursing specialization, and a regulatory framework model adaptable to international contexts. It challenges researchers, clinicians, and policymakers to consider how prevention efforts can inform — and be informed by — the regulatory infrastructure that determines whether individuals in crisis receive intervention within minutes or hours.

A multilevel study of individual-level ethnicity, neighbourhood ethnic density, and self-harm repetition risk

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Background: Ethnic disparities in the risk of self-harm and suicide have been documented in many countries, including the UK. While some studies have reported the "ethnic density effect," which suggests protective mental health benefits when individuals live among others of the same ethnicity, little is known about the relationship between neighbourhood ethnic density and the self-harm repetition risk. This study investigates whether individual-level ethnicity and neighbourhood ethnic density are associated with the risk of self-harm repetition in Manchester, a highly diverse urban setting in the UK, and whether the pattern has changed over time, comparing the results in 1998-2005 vs 2007-2015.

Methods: We analysed 12,774 index self-harm episodes residing in 258 neighbourhoods recorded from 1998 to 2005 and 2007 to 2015 in the Manchester Self-Harm Project. Multilevel logistic regression models were used to estimate associations between individual ethnicity, neighbourhood ethnic density, and 12-month self-harm repetition, after adjusting for individual- and area-level covariates.

Results: Repetition of self-harm occurred in 14.5% (1998-2005) and 17.1% (2007-2015) of cases. White ethnicity, unemployment, being single, use of self-injurious methods, and prior psychiatric treatment were associated with increased repetition risk. By contrast, there was no consistent evidence for an association with neighbourhood ethnic density or any of neighbourhood-level characteristics investigated.

Conclusions: Our findings highlight the dominant role of individual-level characteristics over neighbourhood-level ethnic density in predicting self-harm repetition. Interventions may need to prioritise individual-level factors rather than focusing on the ethnic composition of communities. Further research is needed to explore how social and structural factors contribute to self-harm risk across ethnic groups.

A Multi-Site Evaluation of QPR Gatekeeper Suicide Prevention Training Efficacy, Feasibility, Accessibility and Scalability in Hospital-Based Healthcare Leaders

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Introduction: Healthcare professionals and support staff face a disproportionately high risk of suicide compared to the general population. While QPR Gatekeeper suicide prevention training is a validated intervention for increasing suicide prevention knowledge and efficacy, its impact on healthcare leadership working in hospital settings remains under-researched.

Purpose/Aim: To address this, a collaborative research study across three Colorado, U.S. hospitals evaluated the efficacy, feasibility, accessibility and scalability of Question, Persuade, Refer (QPR) Gatekeeper suicide prevention training specifically for healthcare and support staff leadership.

Methods: Delivered by Registered Nurses certified as QPR Gatekeeper Instructors, the 1.25-hour evidence-based curriculum focused on recognizing and appropriately referring colleagues, patients, and loved ones demonstrating signs of risk for suicide. These trainings were delivered in-person and online. Using a quasi-experimental pre-test/post-test design (N=98), the study assessed whether QPR's established efficacy in other sectors would replicate in a hospital-based healthcare leadership cohort.

Results: Findings demonstrated a significant shift in competency: leaders reporting „high" knowledge of suicide prevention resources rose from 22% pre-training to 80% post-training. Notably, 98% of participants reported increased intervention confidence pre-training to post-training. Unexpectedly, 20% of leaders—1 in 5—reported a personal decision to seek help based on the resources provided. Participants completing the training in-person (N=45) and participants completing the training online (N=53) demonstrated similar effects.

Discussion/Conclusion: These findings suggest that QPR Gatekeeper suicide prevention training is not only an effective, feasible, accessible and scalable tool for organizational safety, but a vital intervention for the well-being of hospital-based healthcare leaders themselves.

A novel approach to suicide neurobiology: proteinopathy and epigenetic modifications

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Suicide is a major public health concern, accounting for nearly one million deaths annually. There is a growing need to understand the biological basis of suicide. While genetic factors may account for up to 40% of suicide risk, epigenetic mechanisms of gene regulation are increasingly explored, as they mediate the interaction between genes and environmental influences. Novel findings indicate that chronic psychiatric disorders, including major depressive disorder, may involve protein aggregation, analogous to neurodegenerative disorders. However, the role of protein aggregation in suicidality and its epigenetic regulation remains unexplored. To address this, we adopted an interdisciplinary approach to investigate suicidality within the framework of proteinopathies.

In our study, we aim to investigate genetic and epigenetic alterations and their potential associations with pathological protein aggregation in the brains of individuals who died by suicide. In 60 male subjects aged 18-65 years, postmortem tissue samples of various brain regions will be collected, including Brodmann areas 9, 10, 46, 23, 32, insula, hippocampus, and amygdala. The suicide group will consist of individuals who died by hanging, and the control group will include individuals who died from sudden cardiac death. DNA, RNA, and proteins will be isolated from brain tissue. DNA methylation, gene expression, and genetic variants will be analyzed using bisulfite sequencing, RT-qPCR, and long-read sequencing, respectively. Additionally, Western blotting and mass spectrometry will be performed on insoluble protein fractions.

By examining pathological protein aggregation and its (epi)genetic regulation, we aim to provide a comprehensive insight into the molecular mechanisms of suicidality. Given the high suicide burden in the Slovenian population, our findings may support the identification of biomarkers for improved suicide risk assessment and prevention.

This work was supported by the Slovenian Research and Innovation Agency (ARIS), program grant no. P1-030, project N3-0349 and young researcher grant to JŠ.

Development and effects of Mobile Application for Management of Depressive emotion in University Students Based on Cognitive Behavior Model.

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Purpose: This study aimed to develop a mobile application based on the Cognitive Behavioral Model (CBM) for college students experiencing depressive symptoms and to evaluate its effectiveness.

Methods: A cognitive behavioral program was developed through a review of previous studies and relevant domestic and international literature, along with expert consultation. Based on this program, a CBM-based mobile application was designed and developed. The application included scenario-based modules, cognitive behavioral worksheets, quizzes, and a practice checklist. The researcher created the storyboard and finalized the application through iterative revisions with the development company, followed by a pilot test. The mobile cognitive behavioral program ‚Mind-log' was designed for daily use, guiding users to (1) assess their daily mood, (2) record emotions and thoughts in response to specific events or situations, (3) restructure thoughts, and (4) checking the changed emotions. To verify the effect, 30 university students were recruited to access ‚Mind-log' every day for 10 days to record it on their own, and the effect was measured through a pre-post questionnaire.

Results: Following completion of the 10-session mobile cognitive behavioral intervention over 10 consecutive days, all 30 participants showed a significant decrease in ‚depression' and 'Test of Negative Social Exchange(TENSE)', and a significant increase in 'Cognitive Emotion Regulation Questionnaire(CERQ)'.

Digital Platform for the Prevention of Suicidal Behaviour and Non-Suicidal Self-Injuries in Adolescents: The SmartCrisis-Teen Study

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Background: Suicidal behavior and Non-Suicidal Self-Injuries (NSSIs) are a major health problem in the adolescent population. New technologies can contribute to the development of innovative interventions in suicide prevention. Here, we present the pilot results of participants enrolled in the SmartCrisis-Teen project.

Methods: The SmartCrisis-Teen project consists of a randomized clinical trial which aims to evaluate the effectiveness of a digital safety plan to prevent suicidal behavior and NSSIs in adolescents. This is a multicentric study conducted among the adolescent population. The intervention group received an Ecological Momentary Intervention (EMI) consisting of a digital safety plan on their mobile phone. All participants received their Treatment As Usual (TAU). Participants underwent telephone and face-to-face visits over the follow-up. Participants were assessed using traditional questionnaires as well as Ecological Momentary Assessment (EMA). Participants also completed two satisfaction surveys, one qualitative and one quantitative, measuring the acceptability of the intervention.

Results: As part of the preliminary results, we describe the baseline and final socres in traditional questionnaires, as well as the graphics of the EMA-measured sucidial ideation over follow-up. We also show the results of the two satisfaction surveys.

Discussion: This study provides a novel, scalable digital intervention for preventing suicidal behavior and NSSIs in adolescents, which could contribute to improving adolescent mental health outcomes globally.

Suicide and Place: exploring connections between local area and suicidality; a work-in-progress creative digital map of LS12, Leeds, England

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Suicide is a serious social issue. Understanding how social realities become unliveable is a fundamental question for suicide prevention. Durkheim's social study of suicide observed differences across social groups, geographical areas, and developed a theory of social integration. Resonating today, highly integrated and fragmented areas relate to suicidality. Across systematic reviews, area-level deprivation is consistently associated with suicide. Chandler's rapid qualitative review highlighted how emotions of shame and personal responsibility for socio-economic position can affect suicidality. Evidence syntheses consistently show psychological effects of urban built environments (e.g. housing quality, green space, upkeep). Rural areas are also linked to suicide, with farmers identified as a high-risk group. These reviews and meta-analyses indicate a connection between local area and suicidality. Despite this, there are opportunities for methodological development, with limited qualitative research exploring the spatial aspects of suicidality and embodied experiences place.

Suicide and Place is an interdisciplinary PhD project exploring the connection between local-area and suicidality. In study 1, a meta-ethnography explores how local-area characteristics can affect suicidality, identifying potential mechanisms and concepts. Study 2 uses embodied research with walking interviews in an area of Leeds, Yorkshire (north of England), with high reported suicide rates. Community members lead an immersive walking tour to explore the emotional experiences of place that affect mental wellbeing. Triangulating interview transcripts, photographs, and GPS to form a creative digital map. Study 3 explores the map with people directly affected by suicidality to understand the connection between suicide and place.

This work in progress map explores the spatial dimensions of suicidality, illustrating physical, social ,and emotional aspects of place. Reflecting on the methodological approaches, this poster evaluates embodied approaches and digital creativity in suicide prevention research. This PhD contributes to a social understanding of suicide, offering a methodological contribution, and experiential evidence for local suicide prevention.

The Role of Contextual Determinants in Implementation of Complex Suicide Prevention Interventions: An Application of the Exploration, Preparation, Implementation and Sustainment (EPIS) Framework

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Introduction: Prevention of suicidal behaviour is complex, and a host of effective interventions have now been recognised in addressing this concern. However, adoption, delivery, and sustainment of these interventions within real-life settings is challenging; and the translation process, often overlooked. Examining the impact of context is necessary to explain how implementation outcomes are achieved and aid generalisability of findings. This study aims to explore factors influencing implementation outcomes (contextual determinants) across the implementation lifecycle of complex suicide prevention interventions.

Methods: A qualitative design was adopted. Semi structured interviews were conducted with 16 stakeholders (leaders, project managers/implementors, lived experience advocates) involved in implementation of complex suicide prevention interventions across the world. A purposive and snowball sampling approach was used to identify participants with requisite experiences. An understanding of determinants was deduced from participant narratives. These were mapped using the Exploration, Preparation, Implementation and Sustainment (EPIS) framework.

Results: Across different phases of implementation, outer context barriers were predominantly reported and pertained to service environmental factors, pre-existing dynamics, and engaging leadership. Several inner context barriers including individual characteristics, staffing and resources, and challenges in maintaining fidelity were reported during the implementation phase. Bridging factors (such as interrelationships and partnerships) were identified as important facilitators throughout different phases of implementation and levels of context. Implementation strategies related to stakeholder relationship building were prioritised across different phases of implementation.

Conclusion: This study helps expand the notion of an evidence-base for complex suicide prevention interventions. Determinants salient across different levels of the social-ecology and phases of implementation address questions related to what works and under what circumstances.

Contact patterns in health care before and after first registered suicide attempt or self-harm

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This study aimed to identify possible missed opportunities for suicide prevention by investigating health care utilization two years before and after the first recorded suicide attempt or self-harm (SA/SH). The SA/SH group was identified in 2010–2021 and was matched 1:10 with a reference group using risk set sampling on sex, birth year, and time of SA/SH diagnosis. Incidence rates for contacts to general practitioner, somatic hospital, or psychiatric hospital were estimated within quarters (i.e. three-month intervals). Negative binomial regression was used to determine incidence rate ratios for contact patterns in the SA/SH group compared to the two years prior to their first event. Underlying causes for health care contacts were also examined. The SA/SH group included 29,439 individuals. Contact to health care facilities changed markedly in the three months before SA/ SH. The underlying causes for these encounters were often related to poisoning, injuries, abnormal or unspecific causes influencing health status, or neurotic, stress-related and somatoform disorders. This study provides health care professionals with useful insight into changing health care contact patterns among individuals with SA/SH.

Exploring posttraumatic growth in individuals bereaved by suicide: A secondary data analysis of a national survey.

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This research explores the concept of posttraumatic growth (PTG) in individuals bereaved by suicide. The study employed an exploratory approach to examine secondary data from a national survey. A sample of 2369 (n = 2369) responses were examined. Various instruments were utilized to assess grief experiences, social support, and personal growth. Descriptive statistics, correlational analysis and a hierarchical regression model were used to examine the relationship between the variables in this study. Hierarchical regression analysis revealed six independent predictors of PTG: social and formal support, time since loss, grief experiences, gender and multiple losses. The study highlighted the potential for growth in the aftermath of suicide bereavement, emphasizing the critical role of social support and the importance of time in promoting PTG. Despite some limitations, the present findings provide novel insight into the underlying mechanisms of PTG in suicide-bereaved individuals

Suicide Prevention Training Needs Gap in Spanish Higher Education: Results from the IASP SIG Multidisciplinary Survey Research

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Suicide prevention is a critical public health priority, and the preparedness of future professionals is essential for early identification and effective intervention. University students, particularly those in health and social fields, are likely to encounter suicidal behaviour in their future professional roles. Understanding their level of training, competencies, attitudes, and acceptance toward suicide is fundamental for designing educational strategies that strengthen prevention efforts.

Objectives: 1) To determine the proportion of university students who have received training in suicide prevention. 2) To compare training rates between undergraduate and postgraduate students. 3) To analyse differences in suicide acceptance, competencies, and attitudes according to qualification level and academic field.

Methods: The Multidisciplinary IASP Education and Training in Suicide Prevention Special Interest Group survey was cross-sectionally implemented on 615 university students (80.66% female; M=21.35 years, SD=3.63; 87.5% were undergraduates and 66.23% students of Biomedical Sciences fields) from a Spanish University. The survey included validated instruments assessing previous training, competencies in suicide prevention, attitudes toward suicide, and suicide acceptance.

Results: Although 98.4% of students expressed interest in receiving suicide-prevention training, only 26.63% (95% CI: 23%–31%) reported having received such training. Significant differences were found by qualification level: 22.4% of undergraduates versus 54.2% of postgraduates, $\chi^2(1)= 30.66$, p< .01. No differences emerged in suicide acceptance between qualification levels or academic fields. Students from Social Sciences showed higher competence levels than those from Biomedical Sciences, t(469)= 3.99, p < .01. Regarding attitudes toward suicide, undergraduates reported higher acceptance than postgraduates, t(455)= 2.79, p < .01.

Conclusions: Findings reveal a substantial gap between students' strong interest in suicide-prevention training and the limited training received. Differences related to qualification level and academic field highlight the need to incorporate structured, evidence-based suicide-prevention training across university curricula to enhance future professional preparedness and support effective prevention practices.

Implementing a guide for care of patients in somatic units after self-harm or suicide attempts

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Background: Patients hospitalized in somatic units after self-harm and suicide attempts are at high risk for later suicide (1). Despite this knowledge there has been a lack of systematic work to improve the treatment offered to this patient group in somatic units in Norway. South-Eastern Norway Regional Health Authority (SENRHA) therefore initiated a guide (2).

Aim: The aim of the guide was to give knowledge and clear advice about care and treatment and affect attitudes towards patients in need of treatment after self-harm or suicide attempts. Building competence among employees is an important intervention in the guide.

Method: The guide was developed in collaboration with the Network of Suicide Prevention, with senior advisors from the 11 health trusts and hospitals in the region. A literature search of psychological and medical databases was conducted, in 2021. The implementation of the guide started out in a few of the health trusts to begin with, to test and evaluate the guide and the process.

Results: The guide is about to be implemented in the hospitals in SENRHA through management embedding. While progress is being made, further efforts are needed to ensure full integration and adherence to the guide.

Conclusion: Local ownership and engagement are crucial for successful implementation of the guide.

Further work Educational material is now being developed to improve implementation of the guidel in somatic units.

A Scalable Brief Group Intervention (BRAVA) for Youth with Suicidal Ideation and their Caregivers – Evidence from a RCT and Subsequent Implementations

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Introduction: Suicide is the second leading cause of mortality among Canadian youth aged 15-24 years. Prompt service response to youth with mild to moderate suicidal ideation (SI) is challenged by a large volume of need and an overburdened mental health (MH) system. Building Resilience and Attachment in Vulnerable Adolescents (BRAVA) is a 6-week intervention designed to fill a gap in a stepped model of care. Separate manualized adolescent and caregiver modules and rolling entry permit prompt access and flexible delivery. Treatment efficacy and participant engagement/satisfaction were evaluated in a virtual clinical trial with subsequent implementations in the community and hospital settings.

Method: 99 youth (13-17.5 years) with mild to moderate SI and their caregivers were randomized to BRAVA (n=50) or a control group (n=49). Adolescent SI, depression/anxiety, perceived stress, and caregiver perceived stress were assessed before and following treatment. Satisfaction was evaluated following treatment. The youth modules were subsequently adapted for in-person delivery at a community treatment program, and the caregiver modules were delivered virtually in hospital acute MH services. Participant and provider satisfaction were evaluated.

Results: BRAVA was associated with greater improvement in adolescent SI, depression/anxiety, and perceived stress relative to the control group and caregiver perceived stress also improved. BRAVA participants presented to the emergency department for MH-related concerns significantly less frequently than control group participants during study participation. For the clinical trial and across implementations, BRAVA treatment was associated with moderate to high participant satisfaction and high staff satisfaction.

Conclusions: BRAVA can be delivered promptly in varied settings and works well with in-person or virtual delivery. Brief group interventions play an important role in a stepped care model for adolescents struggling with SI. Quick access to care prevents emergency department visits and reduces the risk of escalating SI and the need for more intensive MH services

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

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Background: United Nations' goal of a 33% reduction in suicide mortality by 2030 motivated the Danish Parliament to pass a national suicide prevention plan. An updated surveyance system can support these efforts by identifying high-risk groups and monitoring on-going efforts. The goal of this project was to describe the set-up and findings from the monitoring system FORSAM (www.forsam.dk).

Data and methods: National register data for all individuals living in Denmark between January 1st 2010 and December 31st 2024 were obtained. The outcomes of interest were suicide, suicide attempt, bereaved by suicide and affected by suicide attempt. Incidence rates per 100,000 person-years were calculated by sex, age group, calendar year, socio-demographic, health-related factors and recent stressors, and presented across four geographical levels (national, regional, health cluster, municipal).

Results: The national suicide rate decreased from 12.0 to 11.1 per 100,000 person-years between 2015-2021; equivalent of a 7.7% decrease. Across socio-economic groups, suicide rates were highest among recipients of disability pensions, while the largest proportion of suicides occurred among retirees. Approximately 27% of those who died by suicide received psychiatric treatment within 6 months of death. In all, 30.6 (n=20,809) individuals per 100,000 person-years were bereaved by the suicide of a close relative. Of those, 24% were below 30 years of age. Most lost a partner (36%). A total of 91,5 (n=62,263) individuals per 100,000 person-years experienced a suicide attempt of a close relative. Of those, 48% were below 30 years of age at the time. It was most frequently a sister (27%) or a daughter (18%) who had a suicide attempt.

Conclusion: Having updated data on suicidal outcomes and individuals affected available on multiple geographical levels facilitates informed conversations, for instance, with stakeholders about suicide preventive efforts. Further, identification of high-risk groups will help the development of interventions.

PREVENTS – Targeting Suicidal Behavior After Suicide Attempt: Protocol of a Multicenter Randomized Controlled Trial

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Suicidal behavior is a major global health concern, with ~700,000 deaths annually and substantially higher rates of suicide attempts. Studies indicate that therapists often feel uncertain in managing suicidal crisis as well as providing care for individuals following a suicide attempt. This stands in stark contrast to the perspective of patients who consistently report a need for empathetic, explicitly suicide-focused care. This is particularly relevant given the markedly elevated suicide risk following psychiatric discharge. Thus, targeted interventions addressing suicidal behavior are essential to improve suicide prevention.

Based on promising pilot data, this multicenter randomized controlled trial aims to evaluate the efficacy of RISE, a transdiagnostic suicide-specific psychotherapy program for individuals following a suicide attempt. 350 suicide attempters will be randomly assigned to RISE or treatment as usual (TAU). The primary outcome is the proportion of participants with at least one suicide attempt or suicide during 12-months follow-up. Secondary outcomes include suicidal ideations, changes in clinical symptoms, perceived self-efficacy, quality of life, use of healthcare services and dropout-rate. This trial will contribute to the evidence base for the suicide-specific intervention. It is funded by the German GBA Innovation Fund.

Assessment of attitudes towards suicide in Romanian suicide crisis line volunteers versus medical students

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Introduction. Attitudes towards suicide and suicidal persons cover a wide spectrum, from incomprehensibility, non-communication, tabooing, resignation to preventability and preparedness to prevent. Their assessment is relevant because attitudes shape behaviours of help-offering, help-seeking and inclusion towards suicidal persons and towards oneself if suicidal. Crisis line volunteers train to interact with, and provide support to people who are struggling, hence the relevance of their suicide-related attitudes. Undergraduate medical curriculum does not include specific training for suicide management.

Aim. To comparatively assess the attitudes towards suicide in a Romanian population of suicide crisis line volunteers, and medical students, respectively.

Methods. The authors included a sample of volunteers of the Romanian suicide crisis line Telefonul Verde Antisuicid of the Romanian Alliance for Suicide Prevention, and a sample of medical students from the University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj – Napoca, Romania. The authors used the Attitudes towards Suicide (ATTS) scale with 34 items and 10 factors to measure attitudes towards suicide in the study population.

Results. Authors assessed the differences between samples for each category of attitudes about suicide from ATTS. Age, gender, previous interactions with suicidal persons, and previous exposure to trauma were also assessed. We found significant differences between samples in some types of attitudes, and similarities in other types of attitudes. The types of attitudes where samples differ may represent issues to address in the future medical training curriculum. The types of attitudes which are similar may reflect strengths the samples share.

Discussions and conclusions. Crisis line volunteers represent a population group with the most elevated level of motivation and training available in Romania regarding suicide prevention and intervention. Prospective assessment of burnout, motivation, post-traumatic stress symptoms and potential suicidal behaviours may provide a wider outlook on the issue.

Attention Prior to Suicide Reporting vs. Surprise Following the Reporting: An Analysis of the Relationship Between Wikipedia Page Views, Newspaper Coverage, and the Werther Effect in Japan

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The „Werther effect“ describes an increased number of suicides following media reports of suicides, especially those of celebrities. Previous studies suggest high media volume amplifies this effect. However, research has not distinguished between a celebrity's existing fame and the „surprise effect“ of their death. We define the „surprise effect“ as the surge in public attention after suicide reporting that exceeds expectations based on pre-existing fame. This study examines how pre-reporting attention, post-reporting surprise, and the Werther effect relate to each other.

We analyzed daily suicide data in Japan from January 2017 to December 2024. We identified 15 celebrities whose deaths were reported in major newspapers. For each case, we collected Wikipedia page views and newspaper article counts for one year before and 14 days after the initial report. We calculated a „Surprise Index“ by regressing post-reporting attention against pre-reporting values. Generalized additive models estimated the Incidence Rate Ratio (IRR) of daily suicides during the 14-day post-reporting period.

Results showed that celebrities with high Wikipedia page views before death reports triggered significantly higher suicide rates than those with lower pre-reporting views. In contrast, newspaper article volume and the Surprise Index (for both Wikipedia and newspapers) showed no significant relationship with IRR. These findings suggest that pre-reporting attention, which reflects established fame through active information-seeking behavior, predicts the Werther effect better than post-reporting media coverage intensity or the surprise caused by the death announcement.

Our study highlights the importance of considering pre-existing public interest when assessing potential suicide contagion risks from media reporting.

Daily users of a national telephone helpline for suicide prevention: An qualitative study of needs and motivation for daily contact

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Background: Telephone-based helplines are a key component of national suicide prevention strategies. Approximately half of all callers report experiencing suicidal ideation. A small subgroup of callers, so-called daily users, accounts for a disproportionately large number of calls. In Denmark, approximately one third of the counselling time is spent speaking with the daily callers, who are fewer than 20 individuals. The aim of this study was to explore the needs and motives of daily users for calling the Danish telephone helpline for suicide prevention.

Methods: A qualitative design was used. Semi-structured interviews were conducted with daily helpline users via telephone. Further, focus group interviews will be conducted with volunteer counsellors at the helpline. A thematic analysis was applied to identify patterns and themes.

Findings: Our preliminary findings indicate that some daily users live in protected, community-based setting and may have limited means and options of participating in social interactions. The helpline might constitute a 'safe', agreeable, and reliable support option for social interaction. This aligns with international findings suggesting that that frequent callers are often socially isolated and experience complex mental and physical health challenges. We anticipate that the final results will be available at the time of the conference.

Implications: A more nuanced understanding of daily users may inform development of alternative service models, which better meet their needs. This could, for instance, be a dedicated support via phone and web, provided in a semi-anonymised format. Findings may also serve to identify gaps in existing mental health care services, especially regarding this vulnerable group of individuals.

Epidemiology of suicide and suicide attempts in Poland (2024–2025): stability in overall trends, structural shifts in age profiles, and implications for prevention

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Background: National suicide surveillance increasingly highlights the need to move beyond aggregate mortality rates toward demographic and structural patterns. Poland's recent data provide a basis for understanding both stability and change in suicide epidemiology within a national monitoring system.

Aims: To describe recent trends in suicide deaths and suicide attempts in Poland, focusing on age, sex, and temporal dynamics, and to discuss implications for targeted prevention strategies.

Methods:

We analysed nationwide police registry data on suicide deaths and suicide attempts for full-year 2024 and provisional January–November 2025. Descriptive analyses included overall counts, monthly distributions, and demographic structure by age and sex.

Results: In 2024, 4 843 suicide deaths were recorded. Between January and November 2025, 4 366 deaths were registered, representing a 1.8% decrease compared with the same period in 2024. Monthly patterns showed marked variability, with a 2025 peak in March (477 deaths). Suicide mortality remained highly gendered: in 2024, men accounted for 82.8% of deaths (male-to-female ratio 4.8:1). The highest burden was among adults aged 30–49, comprising over 40% of all suicide deaths.

In contrast, suicide attempts disproportionately affected younger people. In January–November 2025, 9 291 suicide attempts were reported, with 1 284 among adolescent girls aged 13–18, more than three times the number in adolescent boys. In the 7–24 age group, 3 140 attempts and 407 suicide deaths were recorded, indicating a high attempt-to-death ratio among youth.

Conclusions: Although overall suicide mortality in Poland is relatively stable, significant age and sex differences highlight the need for demographic targeting in prevention. Adult men remain the highest-risk group for suicide deaths, while adolescents—particularly girls—represent a priority group for early intervention. Shifting emphasis from national averages to targeted strategies can support more effective prevention planning.

Family caregivers perspectives on the caring nomenclature in the context of suicidality

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Introduction: Family carers are vital in the support of people who live with suicidal thoughts and behaviours. However, research has shown that too often this population feels unsupported and excluded from care. One reason for this might be differing understandings and perspectives regarding the informal carer role.

Methods: Semi structured interviews with 15 family caregivers of adults considered to be at risk of suicide were carried out as part of a wider mixed methods study investigating the experiences and support needs of this population. Interviews included a question asking participants how they understood their caring role. Reflexive thematic analysis identified ambiguity regarding 'carer' in this context.

Results: Participants did not relate to their interpretations of the informal carer role, which they saw as pertaining to active caring acts specific to conditions such as dementia or physical disability. They considered caring to be part of their primary relationship, despite the changes that occurred within their usual relationship dynamic due to the need to provide care. Moreover, caring for someone with suicidal thoughts and behaviours often involved presence, availability and recognising signs, rather than tangible interventions. In some cases, these caring acts were carried out at a distance. Social and financial support for family caregivers was often not provided based on external judgements that they were managing well with their situations and did not meet the definition of carer. Where support was available, the limited understanding of family members' experiences meant tailored support was lacking.

Conclusions: Existing health and social care descriptors of informal caring do not adequately reflect the nuanced support family members provide for adults at risk of suicide. To ensure this population is recognised and supported the caring nomenclature requires reviewing to achieve a coproduced consensus of terminology.

Ideological influences on suicide prevention in prisons: Comparing England's neoliberal model and Norway's social democratic approach.

Donnell, Andrew

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Suicide in custody remains one of the most persistent and unequal harms within contemporary penal systems. England records some of the highest suicide rates in Europe, while Norway, often celebrated for humane and normalised imprisonment, still reports disproportionately elevated deaths among remand and foreign-national prisoners. Researchers have mapped risk factors in detail, but they rarely examine how ideological frameworks shape suicide-prevention policy and practice. This poster presents the conceptual and early empirical foundations of a comparative doctoral study investigating how political ideologies, specifically neoliberal and social-democratic welfare-penal logics, inform the framing, implementation and lived experience of suicide prevention in English and Norwegian prisons.

Drawing on Freeden's morphology of ideology, Esping-Andersen's welfare typologies and recent debates on penal governance, the study develops a radical pluralist analytical framework that foregrounds contestation, actor agency and institutional fragmentation. This theoretical approach emphasises how competing ideological claims are mediated through policy networks, frontline discretion and organisational cultures, making it particularly suited to understanding complex practices such as England's ACCT system and Norway's normalisation principle.

Methodologically, the project employs a most-different systems design, combining comparative policy analysis, documentary review, and ongoing elite interviews with policymakers, practitioners, inspectors, and NGO actors across both jurisdictions. Early findings highlight key divergences in problem framing, responsibility allocation and the moral language of prevention. England's system appears shaped by managerial logics that emphasise risk categorisation, documentation, and accountability. At the same time, Norway situates prevention within broader commitments to normality, relational care, and the moral duties of the welfare state.

The poster outlines the emerging conceptual framework, presents preliminary cross-case insights and identifies avenues for examining equity implications, particularly for foreign-national and remand populations. It also reflects on the methodological and ethical challenges of researching vulnerability, ideology and institutional practice in high-risk environments.

Lifetime Prevalence of Suicide Ideation and Attemptsin Denmark

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Background: International lifetime prevalence of suicidal ideation, plans, and attempts are respectively 9.2%, 3.1%, and 2.7%. These figures do not include data from Denmark. Hence, there is a need for updated, national information, including on 12-months prevalence rates. Moreover, there is a lack of evidence regarding help-seeking. The aim of this study was to assess the 12-months and lifetime prevalence of suicidal ideation, plans, and attempts in the Danish adult population and to identify help-seeking following suicidal behaviour.

Methods: An online survey was conducted by the Danish opinion polling company, Epinion, which maintains a population-based survey panel consisting of randomly picked representatives of the general population. Following questions regarding suicidality were asked "Have you ever had a suicide attempt" and "How old were you the first time you had suicidal thoughts". Weights were applied to ensure representativeness to the general Danish population with respect to age, sex, region of residence, educational level, and contact to psychiatric hospitals. Prevalences were calculated as percentages.

Results: The questionnaire was pilot tested through personal interviews with random representatives of the general population (n=8) and circulated online to members of the survey panel (n=110). The online survey will be conducted among 5000 panel members during ultimo January 2026. Preliminary findings from the pilot test revealed that 31 % (n=110) of respondents acknowledged a lifetime experience of suicidal ideation. The results will be available at the time of the conference in August 2026.

Conclusions: Estimates of lifetime and 12- month prevalences of suicidal ideation, plans, and attempts are lacking in Denmark. Collecting updated figures will help inform national efforts of suicide prevention.

Out of sight, out of mind? Intersession experiences as protective and risk indicators of suicidal ideation in the context of outpatient treatment

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Objective: Suicidal ideation is a central clinical risk in psychotherapy. Patients' engagement with therapy between sessions, captured by intersession processes (ISP), may be particularly informative for understanding risk and resilience. This study examined associations between ISP and suicidal ideation, distinguishing between-person vulnerabilities from within-person crisis dynamics.

Method: We analyzed routine outpatient data (N = 73, 2,586 total sessions), including an eight-item short version of the Intersession Experiences Questionnaire (IEQ-S) and the PHQ-9 suicidal ideation item. Multilevel logistic mixed-effects models treated suicidal ideation as a binary outcome, disaggregated between- and within-person effects, and included linear, quadratic, and cubic terms.

Results: At the between-person level, more frequent problem-focused application of therapeutic insights was associated with a lower likelihood, whereas higher levels of negative emotional ISP were linked to a higher likelihood of reporting suicidal ideation, following nonlinear trajectories. At the within-person level, increases in positive emotional engagement and problem-focused application co-occurred with a lower likelihood, whereas increases in imagining therapeutic dialogue and negative emotions were related to a higher likelihood of reporting suicidal ideation.

Conclusion: ISP reflect the internalized therapeutic alliance and clinically meaningful cognitive–affective processes, signaling crisis escalation, but also pointing to mechanisms of change. ISP may be valuable monitoring targets.

Psychological and Psychiatric Risk Factors for Suicidal Behavior: Comprehensive and Up-to-Date Meta-Analytic Evidence from the German S3 Guideline

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Introduction: Suicidal behavior is a complex, multifactorial phenomenon influenced by a wide range of psychiatric, psychological and other conditions. Mental disorders are well established as major risk factors for suicidal ideation, suicide attempts, and suicide. As part of the development of the German S3 guideline "Management of Suicidality," an extensive and up-to-date synthesis of the international evidence was conducted. This work aimed to systematically identify, appraise, and summarize the highest available meta-analytic evidence on psychological and psychiatric risk factors across all stages of suicidal behavior and across mental and physical illnesses, covering the literature up to December, 2025.

Methods: A multi-stage, systematic literature search was conducted covering publications from 1990 to the present across four major databases (PubMed, PubPsych, Web of Science, PsycInfo). Priority was given to aggregated evidence, including existing guidelines, systematic reviews, and meta-analyses, followed by randomized controlled trials and individual observational studies where necessary. Evidence quality was independently assessed by two reviewers using GRADE and AMSTAR-2. The resulting evidence was discussed and formally agreed upon by a broad interdisciplinary panel of scientific societies and healthcare experts.

Results: The guideline identifies a broad range of psychological and psychiatric risk factors associated with suicidal ideation, suicide attempts, and suicide. Meta-analytic evidence indicates markedly elevated risks across several psychiatric disorders, particularly affective disorders, as well as more recent findings for ADHD (restricted to suicidal ideation), autism spectrum disorders and substance use (disorders). Additional risk-enhancing factors include hopelessness, sleep disturbances, impulsivity, recent hospital admission or discharge, and social stressors.

Conclusion: This comprehensive and methodologically rigorous synthesis provides an up-to-date overview of the strongest available evidence on psychological and psychiatric risk factors for suicidal behavior. Important gaps remain, particularly regarding multifactorial risk constellations, comorbidity between mental and somatic conditions, and differential risks associated with psychotropic substance use across suicidal outcomes.

Rethinking the Clinician's Gaze: A Multi-disciplinary Approach to Reducing Stigma Against Suicide Attempters

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Background: Suicide attempters often perceive a „stigma of care" in the ED, which can deter future help-seeking. This study rethinks the clinician-patient dynamic by integrating perspectives from sociology, philosophy, and the arts into medical training, aiming to transform how clinicians understand and respond to suicidal behavior.

Methods: We implemented a „narrative medicine" workshop for emergency physicians and nurses. Participants engaged with the life stories and artworks of suicide survivors, shifting the focus from „treating a pathology" to „understanding a human crisis." We used a pre- and post-intervention survey to measure empathy levels, implicit bias, and burnout. The study also analyzed patient satisfaction scores before and after the training.

Results: Following the intervention, clinicians showed a significant shift in their perception—from viewing suicidal patients as „resource-intensive" to seeing them as individuals in profound distress. Empathy scores increased by 28%, and patient satisfaction with ED care improved significantly. Clinicians reported that the interdisciplinary approach helped them find more meaning in their work, reducing burnout.

Conclusion: Rethinking suicide prevention requires rethinking the culture of the hospital. By humanizing the „clinician's gaze" through interdisciplinary education, we can create a more compassionate and effective system. This study highlights the essential role of the humanities in improving clinical outcomes in emergency medicine.

School stressors and risk of suicide attempt

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Introduction: A marked increase in adolescents suicide attempt rate have been reported after the millenium. Parallel to this, an increase in the number of students who report feeling pressured by schoolwork have also occurred. As suggested by the "Educational stressors hypothesis", the increased emphasis on the importance of a high education for improving ones' chances in life, adds pressure on adolescents. In this study we aim to examine different aspects of shool stressors and their association with youth suicide attempt.

Methods: We have access to nationwide Danish register data on school grades (since 2002) and self-reported wellbeing in the classroom (since 2015). The data can be linked on individual level for each school student to register information on hospital records for suicide attempt and other relevant registerbased information. We will investigate these school measures/ stressors independent association with suicide attempt in logistic regression analyses adjusted for relevant confounders such as psychiatric disorders as well as parental socio-demographics. Further, we will examine whether school grades increasingly over time explain a higher part of the variance associated with SA, when taking into account individual social and mental health factors to test the Educational stressors hypothesis. Analysis will be made in the spring and ready for presentation at the conference.

Self-harm, non-suicidal self-harm, and help-seeking preferences among Taiwanese adolescents aged 17-19: a national birth cohort study

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Background: Suicide is the third leading cause of death among individuals aged 15–29 worldwide. Taiwan has seen a recent rise in youth suicide. Non-suicidal self-harm (NSSH) is common in adolescence and has been found to be associated with increased risk of suicide attempts and deaths. However, most adolescents with NSSH seek only informal support and seldom access professional services, highlighting the need to understand help-seeking pathways and enhance early intervention.

Objective: To explore reasons for non-suicidal self-harm and help-seeking preferences and associated sociodemographic factors among adolescents.

Method: Participants included 16,040 adolescents from the Taiwan Birth Cohort Study (TBCS), a nationally representative cohort of children born in Taiwan in 2005. Past-year self-harm and help-seeking preferences when facing emotional challenges were each assessed using a single-item measure in three subsamples at ages 17 (n=3,819), 18 (n=4,076), and 19 (n=8,145). NSSH, along with reported reasons for NSSH, was assessed only at age 19. Chi-square tests were used to examine associations between self-harm, help-seeking preferences, and sociodemographic characteristics.

Result: Past-year self-harm prevalence declined from ages 17 to 19 (7.0%, 5.0%, and 3.0%), with consistently higher rates among females. At age 19, the prevalence of past-year NSSH is 2.2%, more common in females. Of adolescents who reported lifetime self-harm, 80.3% engaged in NSSH. Emotional regulation (52.9%) was the primary reason for NSSH. When asked about coping strategies for emotional challenges, the most preferred approach was self-reliance (77.5-81.7%), followed by seeking support from friends (54.8-61.3%) and family (32.0-35.8%), whilst professional help-seeking remained rare (0.9-1.5%). Self-harm prevalence showed no clear socioeconomic or regional differences, whereas help-seeking preferences varied by sex and family socioeconomic characteristics.

Discussion: These findings highlight the urgent need for strategies that normalize help-seeking, address sex and socioeconomic disparities, and improve adolescents' access to timely professional mental health support.

Social Support as a Moderator of Bullying's Impact on Suicide Risk and NSSI in Spanish Adolescents

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Objective: This study investigates the relationship between social support, suicide risk, and non-suicidal self-injury (NSSI) among Spanish adolescents, specifically examining how social support acts as a moderator in the context of bullying victimization.

Method: A sample of 1,526 Spanish adolescents aged 12–16 was assessed to evaluate their experiences with peer victimization, perceived levels of social support, and history of self-harming behaviors and suicidal ideation. Statistical analyses focused on the interaction effects between bullying and social support on psychological outcomes.

Results: Findings indicate that bullying victimization is significantly associated with increased suicide risk and a higher prevalence of NSSI. However, social support emerged as a crucial protective factor. The data reveals a significant moderation effect: the impact of bullying on suicide risk and NSSI is significantly attenuated in adolescents who perceive high levels of support from their family, peers, or teachers. Conversely, victims with low social support exhibited the highest levels of vulnerability and self-harming behaviors.

Conclusions: These results highlight that social support serves as a key buffer against the most severe psychological consequences of bullying (suicide risk and NSSI). The study underscores the necessity of implementing school-based interventions that not only address peer aggression but also focus on strengthening the social fabric and support systems surrounding at-risk adolescents. Cultivating supportive environments may be a key strategy in reducing suicide risk and NSSI among victimized Spanish adolescents.

Suicide among youth and young adults in Canada: bereaved parents' perspectives on the systems of care

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Suicide is the second leading cause of death among youth and young adults aged 15–24 in Canada. Emergency departments often serve as the first point of contact for identifying suicide risk. Nearly half of youth who die by suicide visit an emergency department in the year preceding their death, and up to 90% have untreated mental health concerns. Studies have found that parents describe youth mental health services as fragmented, inaccessible, and inadequate in meeting their youth's needs. Significant gaps remain in our understanding of systems of care for youth who die by suicide, and parents are uniquely positioned to provide insights. The aim of this qualitative study was to explore parents' perspectives on the systems of care that interacted with their youth who died by suicide.

Participants were eligible if they were Ontario-based parents or caregivers of a youth or young adult under the age of 30 who died by suicide within the past five years. Recruitment was conducted through bereavement centres, and virtual interviews were conducted. Data were analyzed using thematic analysis.

The sample included 17 participants (11 mothers and 6 fathers). Eight themes emerged, including: (1) barriers in accessing services; (2) gaps in continuity and coordination of care; (3) absence of guidelines for assessment, treatment, and safety planning; (4) inconsistent quality of care; (5) inadequate training and education for service providers; (6) insufficient involvement of parents and caregivers; (7) limited psychoeducation for youth and families; and (8) experiences of bullying, racism, and discrimination.

This study highlighted how the needs of youth who died by suicide were not met by systems of care, emphasizing the importance of improving access to services, enhancing quality of care, ensuring the use of evidence-based practices, strengthening coordination between emergency and community mental health services, and improving family involvement in services.

Suicide myths and preparedness to help among staff at home care and long-term care facilities in Sweden: A quantitative questionnaire-based study

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Background: Suicide rates are highest among adults aged 65 and older. Given that many older adults receive home care (HC) or reside in long-term care facilities (LTCFs), staff in these settings play a crucial role in suicide prevention. This study assessed the prevalence of suicide myth endorsement by HC and LTCF staff and examined the relationship between such myths and preparedness to help in a suicidal crisis.

Methods: A total of 735 HC and LTCF staff in Västra Götaland County, Sweden, completed an anonymous questionnaire that included the Attitudes Toward Suicide Questionnaire. Data were collected between November 2023 and September 2025. Preparedness to help was defined as "I am prepared to help a person in a suicidal crisis by making contact and talking with him/her". Logistic regression was used to examine associations between suicide myth endorsement and preparedness to help.

Results: About one-third of participants endorsed myths such as suicide attempts are impulsive, threats are rarely acted upon, and suicide occurs without warning. Although participants' answers showed that they were unsure about several myths, four in five felt prepared to help someone in a suicidal crisis. Greater myth endorsement was significantly associated with two-fold lower odds of being prepared to help, even after adjusting for demographic factors and professional background.

Conclusions: Suicide myths are not uncommon among HC and LTCF staff and are linked to lower self-reported preparedness to help in suicidal crises. With one in five staff members feeling unprepared, our findings highlight the need for targeted staff training in suicide prevention within care settings for older adults.

The association between suicidal ideation and negative affect: A 6-month ecological momentary assessment study

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Introduction: Suicide remains a major global public health concern, accounting for more than 700,000 deaths worldwide each year. Traditional assessment methods fail to capture the dynamic and fluctuating nature of suicidal ideation. Ecological Momentary Assessment (EMA) offers an approach to overcome these limitations by enabling real-time measurement of psychological states. This study aimed to examine the association between suicidal ideation and psychosocial variables assessed in real time using EMA.

Methods: This observational prospective study was embedded within the SmartCrisis 2.0 clinical trial (ClinicalTrials.govID:NCT04775160). The sample included adult psychiatric outpatients who had experienced suicidal behavior within the previous month. Baseline suicidality was assessed using the Columbia Suicide Severity Rating-Scale, and psychological pain was measured with visual analog scales. EMA data were collected via a smartphone application, with daily morning prompts assessing suicidal ideation, non-suicidal self-injury, negative affect, interpersonal experiences, and related constructs over a six-month follow-up. Intra-individual means and variability were calculated, with variability assessed using the root mean square of successive differences. Mixed-effects models evaluated within-person variability, temporal trends, and associations between EMA variables and suicidal ideation. Multiple linear regression examined whether baseline psychological distress predicted mean levels and variability of suicidal ideation.

Results: Ninety-nine participants were included (mean age 39.5 years; 62.6% female), providing 13,900 EMA responses, of which 5,638 assessed suicidal ideation. High within-person variability was observed across all EMA variables. Higher baseline psychological pain predicted persistently elevated suicidal ideation and negative affect over time. Negative affect and interpersonal difficulties were independently and positively associated with suicidal ideation in real time.

Conclusions: Negative affect and interpersonal difficulties emerged as key real-time correlates of suicidal ideation in high-risk psychiatric outpatients. These findings align with previous evidence and the Interpersonal Theory of Suicide. The dynamic interplay between affective and interpersonal factors underscores the value of personalised, real-time monitoring strategies for suicide prevention.

The Effectiveness of Suicide Prevention Programs for Parents of Adolescents: A Systematic Review

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Background: Adolescent suicide remains a leading cause of death globally. Despite parents serving as a primary protective influence on adolescents, evidence regarding the effectiveness of suicide prevention programs for parents of adolescents is limited.

Objective: This systematic review aimed to investigate suicide prevention programs for parents and evaluate their effectiveness in improving parental and adolescent outcomes.

Method: This review followed PRISMA guidelines. Literature searches were conducted across six databases (EMBASE, Ovid MEDLINE, PubMed, Cochrane, PsycINFO, and CINAHL) for studies published in English up to October 2025. Included studies targeted parents, caregivers or guardians of adolescents (aged 10-24 years). Interventions were organized into four conceptual domains: (1) Suicide Prevention Competency, (2) Parent-Adolescent Relationship, (3) Environment Management, and (4) Parental Mental Health.

Results: Of 32,579 identified reports, 11 studies (12 reports) met the inclusion criteria. All included studies were conducted in high-income Western countries (United States, Canada, Australia, and United Kingdom). Prevention programs demonstrated substantial heterogeneity in content, delivery format, duration and frequency. Suicide Prevention Competency was the most frequently targeted domain (n=8), while Parent-Adolescent Relationship, Environment Management, and Parental Mental Health were equally addressed (n=5 each). While most studies targeting other domains measured corresponding outcomes, few studies focusing on Suicide Prevention Competency measured outcomes specific to that domain. Interventions resulted in overall improvement across all four domain outcomes, as well as a reduction in adolescent suicidality.

Conclusion: This review provides evidence supporting the effectiveness of suicide prevention programs for parents and establishes an empirical foundation for the development of future parent-targeted interventions aimed at reducing adolescent suicide risk. The four conceptual domains identified in this review establish a structured framework for developing and evaluating parent-targeted suicide prevention programs. Future research requires integrated interventions that address these domains comprehensively and assess outcomes across all targeted areas to validate program effectiveness.

The power of perceptions: Cusp model insights about stress and mood perceptions among adults with history of suicidal ideation or attempt (SISA) during psychosocial stress activation.

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Introduction: Suicide is a leading cause of death in the United States. Suicide risk represents a dynamic temporal construct (i.e., Fluid Vulnerability Model) among individuals with existing predispositions and risk-activating events (e.g., history of suicidal ideation and/or attempt [SISA]; Suicide Mode). Additionally, psychosocial stress commonly precedes death by suicide (e.g., divorce, criminal/legal problems). Perceptions of stress and affect (i.e., positive and negative) have associated with suicide risk. This study utilized a cusp model simulation to understand the role of stress and affect (as a system) among participants with history of SISA. We hypothesized that positive affect would regulate system state, negative affect regulated shifts in state, and perceived stress regulated aggressiveness in state shifts.

Methods: Self-report data were drawn from participants with SISA who completed the Trier Social Stress Test. Data were aggregated, standardized, and properties carried forward to data simulation (i.e., mean, variance, skewness, kurtosis, and correlation matrix). The simulated data set resulted in 1,000 observations that matched raw data properties; these simulated data were used in the cusp model.

Results: Findings indicated that the cusp model provided a better fit to system data than linear or logistic/non-linear comparative models (CuspAIC = 2066.215 vs. Linear = 2467.199 or Logistic 2464.167; CuspBIC = 2066.300 vs. Linear = 2467.227 or Logistic 2464.239). Additionally, coefficients were statistically significant for each system parameter as specified providing support for notions that: positive affect regulates system state placement (e.g., low/high), negative affect affects switching between states, and perceived stress affects how aggressively state switches occur.

Discussion: Findings underscore the function of perceived stress and affect among participants with history of SISA. These simulation findings, though preliminary, provide support for interventions that facilitate patient skill development for mood and stress regulation. Additionally, this model provides preliminary insight about the contribution of perceptions toward non-linear suicide risk.

What lies beneath thought and action: Investigating the overlapping genetic risk across the suicidal spectrum using polygenic risk scores

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Background: Suicide is a heritable phenotype, with a significant polygenic contribution. Suicidal ideation (SI) and suicide attempt (SA) are interconnected but distinct forms of suicidal behaviour with heterogeneous relationships between these phenotypes. There is no conclusive information on to what extent predisposition to suicide attempt overlaps with predisposition to suicidal ideation.

The aim of our study was to examine the relationship between genetic liability for suicide attempt and suicidal ideation. We investigated if polygenic risk scores for SA are associated with SI, and if this link is influenced by childhood adversities or present life stress.

Methods: PRS-s for SA (PRS-SA) were constructed using GWAS summary statistics from International Psychiatric Genomics Consortium studies. In an independent target sample (NewMood) we analysed the effects of PRS-SA on SI using linear regression models. SI was defined as a phenotype composed of three items of the Brief Symptom Inventory (BSI) capturing thoughts of death, hopelessness, and thoughts of killing oneself. We conducted additional analyses to investigate the effects of interactions between PRS-SA and childhood adversity, and PRS-SA and current stress on suicidal ideation.

Results: PRS-SA exhibited a small but significant effect on SI (β=0.049, p=0.040). Childhood adversity demonstrated a strong and highly significant main effect on SI (β=0.36, $p<2\times10^{-16}$). Interactions between PRS-SA and childhood adversity (β=0.04, p=0.08) and between PRS-SA and current stress (β=0.04, p=0.13) had no significant effect on SI, although in case of childhood adversity there was a strong trend.

Conclusions: Our findings support that suicide attempt-related genetic liability can be captured at the level of suicidal ideations. Adverse experiences during childhood and current stress did not moderate the genetic effect of SA on SI. These findings emphasize the heterogeneity of suicidal behavior and contribute to current studies on disentangling the complex genetic and environmental architecture of suicidal phenotypes.

Trends and Background Factors of Self-Harm Among School-Aged Youth Aged 7 to 18 Years in Japan: An Analysis of National Ambulance Transport Data, 2016–2023

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Background: Suicide remains the leading cause of death among youth, with rates for school aged children showing an alarming upward trend in Japan. Self-harm is a critical risk factor, estimated to occur at least 20 times for each suicide death. Therefore, identifying the factors behind self-harm is essential for effective prevention.

Objective: This study analyzed national ambulance transport records to identify self-harm trends and factors among youth aged 7–18.

Methods: We utilized national ambulance transport data from the Fire and Disaster Management Agency concerning individuals aged 7–18 who were transported to medical facilities due to self-harm between 2016 and 2023. Using national population estimates, transport rates per 100,000 population were calculated. The 8-year period was divided into two phases: the first half (2016–2019) and the second half (2020–2023). Incidence rate ratios (IRR) and 95% confidence intervals (CI) were calculated to compare these phases by age, gender, region, incident location, transport time, season, and severity.

Results: Self-harm transports increased annually, from 1806 to 4260 cases in the observed period. Female transport rates were consistently over double those of males. Those aged 16–18 showed the highest rate of increase, followed by those aged 13-15 and those aged 7–12. Data analysis comparing the first and the second periods is currently in progress. The detailed results and their implications will be presented at the conference.

Conclusion: Self-harm among Japanese youth has critically escalated. The findings emphasize the urgent need for suicide prevention measures to mitigate the suicide risk among youth.

Association Between Rejection experience and Depression, Anxiety, and Suicidal ideation in Transgender and gender-diverse Young Adults in South Korea: A Multicenter study

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Backgrounds: Social rejection is a common experience for transgender and gender-diverse (TGD) individuals. This aimed to assess the prevalence of social rejection experience and to examine its association with depression, anxiety, and suicidal ideation using a large cohort data of TGD individuals in South Korea

Methods: A multicenter cross-sectional survey was conducted from January to October 2024 at eight medical institutions in Korea. The study population was young adult aged 18~34 TGD individuals who were receiving gender-affirming hormone therapy or surgery. Participants were asked about experiences of social rejection due to their TGD identity in the lifetime and past 12 months across six domains: from a partner, religious community, ethnic community, friends, at school or work, and from family. Experiencing one or more domains was defined as having rejection experience. Multivariable logistic regression was used to examine the association between social rejection and mental health outcome.

Results: Among the 663 participants (median age 26), the lifetime prevalence of social rejection was 85.7%, and the past-12-month prevalence was 55.4%. Nearly half experienced rejection from partner (52.2%), friends (53.2%), ethnic community (51.3%), and family (49.5%) rejection in their lifetime. After adjusting for covariates, experiencing rejection in the past 12 months was significantly associated with higher odds of depression (adjusted odds ratio; 95% confidence interval, 2.62; 1.80–3.83), anxiety (1.90; 1.24–2.90), and suicidal ideation (2.24; 1.57–3.18).

Conclusion: More than half of TGD individuals experienced social rejection in the past 12 months and it is associated with suicidal ideation. This study provides empirical evidence that interventions aimed at mitigating social stigma and protecting TGD individuals from social rejection are urgently required to improve mental health outcomes of them.

A novel digital intervention for young people who self-harm

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Introduction: Globally ~16% of young people report having self-harmed. Accessing specialist services to receive psychological therapies can be difficult. Digital mental health interventions may increase accessibility to more treatment options. Most that currently exist require a smartphone or the internet and are based on Cognitive Behavioural Therapy. Solution-focused therapy is one approach used with individuals who self-harm that is not currently applied in an autonomous digital intervention. Using the Medical Research Council's Complex Intervention Development guidance we developed a novel digital intervention based in solution-focused therapy designed with and for young people who self-harm. We aimed to test its usability and acceptability.

Methods: Development and testing was iterative with two final testing phases. The first used a think aloud procedure. Five participants with lived self-harm experience verbalised their thoughts whilst engaging with the intervention. The intervention was updated as a result of their feedback and re-tested in phase two. Twenty-three clinicians across four workshops took part and nine young people with lived self-harm experience tested the intervention over one-week. Primarily we collected feedback as qualitative data, analysed using framework analysis, and user engagement metrics.

Results: Overall the intervention was positively received. Participants liked its accessibility and the solution-focused approach. There were technical problems such as delays, some confusing questions, and 8% of user messages were interpreted incorrectly by the intervention. Engagement was fairly low with a third of the solution-focused messages engaged with. Participants felt with improvement it could be a helpful option for support and could complement existing services.

Conclusions: Overall our novel digital intervention shows promise. The next steps will be to improve the programming and delivery to address the issues identified before further testing. The reliance on convenience sampling means overall impressions may be biased to individuals who view digital interventions more favourably.

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