Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 7 (Conference Room C)

Oral 7

[O-7-01]

Maternal suicidality in Pakistan: Developing a critical feminist grounded theory to inform suicide prevention programs

*Gul Aimen Saeed[1], Sidra Mumtaz[2], Javeria Tanveer[2], Erum Hamid[2], Sidra Jehan[2], Maria Atiq[2], Maria Kanwal[2], Siham Sikander[2,3], Ashley Hagaman[1] (1. Yale University (United States of America), 2. Global Institute of Human Development (Pakistan), 3. University of Liverpool (UK))

[O-7-02]

Current Practices and Challenges in Suicide Prevention across Colleges and Universities in Taiwan: A National Survey

*Chen-Ting Chang[1], I-Ting Hwang[2], Wei-Chih Hsu[1], Shu-Sen Chang[1] (1. National Taiwan Univ. (Taiwan), 2. National Cheng Kung Univ. (Taiwan))

[O-7-03]

Understanding Suicidal Behaviors Among Adolescents in Indonesia: An Analysis of Risk and Protective Factors

*Aulia Rizka Fadilla[1] (1. University of Indonesia (Indonesia))

[O-7-04]

No One Is to Blame: Understanding Suicide Loss - Helping the Bereaved and Reducing Stigma in Clinical Practice

*Rachel Gibbons[1] (1. Royal College of Psychiatrists (UK))

Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 7 (Conference Room C)

Oral 7

[O-7-01] Maternal suicidality in Pakistan: Developing a critical feminist grounded theory to inform suicide prevention programs

*Gul Aimen Saeed[1], Sidra Mumtaz[2], Javeria Tanveer[2], Erum Hamid[2], Sidra Jehan[2], Maria Atiq[2], Maria Kanwal[2], Siham Sikander[2,3], Ashley Hagaman[1] (1. Yale University (United States of America), 2. Global Institute of Human Development (Pakistan), 3. University of Liverpool (UK))

Keywords：Culturally grounded suicide prevention research、Grounded theory、Maternal health、Global mental health、Pakistan

Background: South Asia has the highest rate of suicide fatalities globally. Evidence from Pakistan suggests that suicide has been on the rise since 2016, particularly among women of reproductive age. However, the underlying factors contributing to suicidal behavior among women in Pakistan remain underexplored. This study aimed to decolonize existing western-based theories of suicide and generate a theory informed by women in Pakistan's lived experiences of suicide.

Methods: We employed a decolonized form of grounded theory, informed by critical feminist theory and Pakistani feminist scholarship, to explore the experiences of suicide among 12 women with a chronic history of suicidality in Punjab, Pakistan. Data were collected using in-depth interviews and analyzed in Urdu by female Pakistani scholars.

Results: We generated a grounded theory of suicide among women in Pakistan. Women's suicidal thoughts and behaviors were largely influenced by their positionality within their husbands' households and relationship dynamics, which were characterized by emotional and physical abuse, neglect from their husbands, and invalidation from their in-laws. Resulting from these dynamics, in the context of women grieving their loss of agency and natal-home lives, were feelings of abandonment, resentment, and helplessness, which reduced women's threshold for maintaining patience, a key moral protective role identified by most women. While anger and desire to escape abuse prompted suicide attempts, suicidal death threatened women's relationship with Allah and peace in their afterlife. Among women's reasons for living, trust in Allah's plan was the strongest reason followed by a unique duty for their children.

Conclusion: This study challenges Western interpersonal theories of suicide and provides insights into the complex and context-specific factors that influence suicide among women in Pakistan. Our findings can guide the development of culturally appropriate suicide prevention interventions sensitive to Pakistan's unique sociocultural and religious context and ultimately, reduce the national burden of suicide.

Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 7 (Conference Room C)

Oral 7

[O-7-02] Current Practices and Challenges in Suicide Prevention across Colleges and Universities in Taiwan: A National Survey

*Chen-Ting Chang[1], I-Ting Hwang[2], Wei-Chih Hsu[1], Shu-Sen Chang[1] (1. National Taiwan Univ. (Taiwan), 2. National Cheng Kung Univ. (Taiwan))

Keywords：Campus-based strategies、Higher education、Mental health、Self-harm、Youth suicide prevention

Purpose: With recent concerns over rising youth suicide rates in several Asia Pacific countries, higher education institutions have become a critical setting for suicide prevention. This study aimed to examine the current practices and challenges of suicide prevention across Taiwan's colleges and universities to inform more effective campus-based strategies.

Methods: A nationwide survey was conducted targeting all 162 colleges and universities in Taiwan. Respondents provided information on the implementation and perceived importance of 55 suicide prevention measures, as well as 61 potential challenges. A total of 147 institutions responded, yielding a 91% response rate.

Results: There was a strong correlation between the implementation and perceived importance of suicide prevention measures (Pearson's $r = 0.80$, $p < 0.001$). Universally implemented measures included high-risk student screening and support, case management, mental health assessments for new students, on-campus counseling services, mentorship systems, and mental health workshops or seminars for students. However, several measures viewed as important were under-implemented (adopted by <50% of institutions), such as regular student mental health surveys, suicide crisis response training for campus security staff, subsidies for off-campus psychiatric care, and provision of mental health leave for students. Notably, 85% of institutions reported using no-suicide contracts, despite limited evidence of effectiveness and concerns about coercion. Key challenges included the inability to mandate treatment or hospitalization for high-risk students, student and parental reluctance toward psychiatric care, refusal of follow-up care by students after self-harm, and the absence of warning signs and insufficient help-seeking prior to suicide.

Conclusions: This national survey highlights the current practices and critical gaps in suicide prevention across Taiwan's higher education institutions. Findings underscore the need for policy-level support and resource allocation to scale up under-implemented but potentially effective strategies and to address systemic and attitudinal barriers to care.

Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 7 (Conference Room C)

Oral 7

[O-7-03] Understanding Suicidal Behaviors Among Adolescents in Indonesia: An Analysis of Risk and Protective Factors

*Aulia Rizka Fadilla[1] (1. University of Indonesia (Indonesia))

Keywords：adolescent、suicide risk factors、suicide protective factors、Indonesia

Suicide is a global public health issue and a leading cause of death among adolescents. Based on secondary data from the 2015 Global School-based Student Health Survey (GSHS; *N* = 8.889; 43% male and 57% female), around 5% of adolescents had suicidal ideation and made suicide plans, while around 2.5% had attempted suicide. This research aims to examine the risk and protective factors associated with suicidal ideation, plans, and attempts among Indonesian adolescents aged 10–17 years. This research data was collected throughout Indonesia, including Sumatra, Java, Kalimantan, and other islands.

The findings indicate that risk factors for suicidal behaviors include experiencing loneliness, being in early adolescence, being male, being physically attacked, being involved in physical fights, being physically bullied, and having initiated alcohol use at an earlier age. Protective factors include having close friends, perceiving peers as kind and helpful, and feeling understood by parents.

In addition, several moderation models were also investigated. Moderation analyses were conducted using all identified risk variables, with age and gender specified as moderators. The results showed that only age significantly moderated the relationship between several risk factors and suicidal behavior. Specifically, the relationship between being physically attacked and attempting suicide was stronger among older adolescents. In contrast, the association between physical fighting and suicidal ideation, as well as between early alcohol initiation and suicidal ideation, suicide plans, and suicide attempts, were weaker among older adolescents compared to younger one. These findings indicate that early alcohol use has a stronger effect on younger adolescents. This study emphasises the importance of tailored prevention strategies considering demographic, behavioural, and psychosocial factors to reduce suicidal behaviour among adolescents in Indonesia.

Oral

Thu. Sep 25, 2025 6:00 PM - 7:00 PM JST | Thu. Sep 25, 2025 9:00 AM - 10:00 AM UTC Session Room 7 (Conference Room C)

Oral 7

[O-7-04] No One Is to Blame: Understanding Suicide Loss - Helping the Bereaved and Reducing Stigma in Clinical Practice

*Rachel Gibbons[1] (1. Royal College of Psychiatrists (UK))
Keywords：Suicide、Suicide loss、Bereavement、Trauma、Blame

Presenter: Dr. Rachel Gibbons, Royal College of Psychiatrists, London, UK

Learning Objective:
To equip clinicians with strategies to support those bereaved by suicide and reduce stigma, enhancing clinical engagement with affected families.

Abstract:
Suicide bereavement profoundly impacts individuals, triggering intense emotional turmoil, guilt, and a pervasive sense of blame. Despite its prevalence, suicide loss remains underexplored, leaving gaps in understanding and support. Clinicians play a vital role in mitigating this distress, addressing the stigma surrounding suicide, and fostering recovery among the bereaved.Drawing on my experience working with over 1,500 cases of suicide bereavement and insights from my paper, *"Someone is to Blame: The Impact of Suicide on the Mind of the Bereaved (Including Clinicians)"*, this presentation examines the psychodynamics of suicide loss. It combines clinical observations, support group findings, and research to offer an integrated understanding of how delusional narratives of blame affect those left behind.The analysis reveals a recurring pattern of self-blame and perceived responsibility among the bereaved, significantly affecting their mental health and increasing the risk of suicidality. These narratives not only exacerbate psychological pain but also hinder recovery and perpetuate stigma.This session will outline practical, evidence-based strategies for clinicians to address these harmful narratives, support bereaved individuals, and promote psychological resilience. Emphasis will be placed on open, compassionate engagement and the psychodynamic underpinnings of these responses.By fostering a clinical culture that reinforces the understanding that no one is to blame for another's suicide, we can help the bereaved heal, reduce stigma, and improve care outcomes.

Ref: Gibbons, R., 2024. Someone is to blame: the impact of suicide on the mind of the bereaved (including clinicians). BJPsych bulletin, pp.1-5.