

### South East Asia Workshop Report

In February 2024, Partnerships for Life (PfL) held its first South East Asian training workshop. The two-day workshop was led by Dr Anish Cherian and Dr Vikas Menon, regional co-coordinators. Professor Lakshmi Vijayakumar (regional coordinator) supervised the proceedings and guided the discussions. There were 20 attendees from nine countries (i.e., Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Myanmar, and Australia).

There were two overarching aims of the workshop:

- To discuss the status of suicide prevention strategies in respective countries.
- To identify key challenges, priority areas for action, and brainstorm for possible solutions and collaborations.

The following three workshop objectives helped to achieve these aims:

- Foster collaboration and knowledge exchange among diverse stakeholders.
- Strengthen networking and relationship-building by facilitating opportunities for participants to form strategic partnerships.
- Learn more about PfL, a flagship five-year initiative of the International Association for Suicide Prevention (IASP).

Ten key priority areas were identified at the workshop:

1. Decriminalisation of suicide.
2. Increasing awareness of mental illness in the community and reducing stigma.
3. To have a dedicated national helpline to support distressed and potentially suicidal individuals.
4. To have a national suicide registry.
5. Multisectoral collaboration to boost prevention efforts.
6. Have a national suicide prevention strategy that is separate from a mental health strategy.
7. More funding for suicide prevention efforts, including research and addressing gaps in human resources.
8. Focus on vulnerable subgroups who may need greater support, such as pregnant women, older adults, LGBTQIA+, persons with disabilities, and other socially marginalised groups.
9. To have postvention support groups.
10. Involving people with lived experience when designing interventions.

The country profiles of India, Bangladesh, Bhutan, Sri Lanka, Nepal, Maldives, Indonesia, and Myanmar were presented, forming the basis for potential short- and long-term publications. In addition to the country profiles, challenges, opportunities, and possible solutions to help reduce suicide rates were discussed. Finally, decisions were made with action items and future steps recorded.

### Country-Specific Challenges

Bhutan - Resistance by non-mental health professionals to share tasks as they do not perceive it to be part of their duty.

Sri Lanka – The government is cash-poor with other priorities at present. Further, there are no psychiatrists either in the mental health directorate or the Ministry of Health, which may be contributing to the low priority and budget for mental health.

Nepal – Mental health is a low priority, and deaths by suicide are rising. There is high variability in documentation and police registries are the main source of data. The draft national suicide prevention strategy was ready in February 2023 but is yet to be commissioned for reasons that are unclear.

### **Opportunities for the Region and Countries**

It was noted that a robust primary health care system with a well-oiled referral process that is also subsidised across social classes is paramount for countries to advance care for suicidal individuals. Encouragingly, some countries (e.g., Bhutan) have integrated traditional and allopathic medicines, increasing the acceptability and uptake of services.

In Sri Lanka, legislative sanctions against the sale of pesticides have helped reduce suicide rates. Therefore, this is a learning opportunity for other countries where poisoning with pesticides remains an issue, so they can also consider how to best influence legislation changes regarding pesticides. Further, in Sri Lanka, psychiatry is a separate subject in undergraduate medical schools. This increases its importance and acceptance. Other countries may also learn from this.

Nepal has a World Health Organization (WHO)-funded national suicide prevention helpline for many years now. This was identified as a priority area, and other countries can learn from this initiative and replicate in their setting. In Nepal, the Mental Health Gap Action Programme (mhGAP) modules for training non-specialist healthcare workers to provide mental health services is a part of the Anganwadi (i.e., centre providing care for mothers and young children in rural areas in South East Asia) curriculum.

### **Possible Solutions**

Whilst acknowledging the challenge of preventing suicide, attendees discussed strategies that included both top-down (e.g., political advocacy) and bottom-up (e.g., community-driven) ideas. It was noted that fostering contacts among policymakers and influencing strategic political advocacy are needed to drive change. In turn, this can help with developing suicide registries and sharing data collection strategies and policies. Further, political will may help build capacity through two avenues: first, funding for training and inclusive mental health sensitive curricula from schools to universities; and second, use of digital and/or social media for awareness public health campaigns. Additional advocacy prospects include non-government organisations that could potentially help with implementation of programmes and/or health service provision by reducing barriers. Attendees also stressed the importance of involving people with lived experience and incorporating their perspectives in suicide prevention strategies. Similarly, fostering regional networks and collaborations (e.g., Pfl) to pitch, exchange, and adapt ideas was identified as vital for developing approaches that are cost-effective and best practice for the region.

### **Decisions, Next Steps, and Actions**

Workshop attendees agreed to work together on the ten identified key priorities. This collaborative effort will be facilitated through engagement via (in)formal channels, such as an active WhatsApp group, emails, and a meeting at the IASP Asia Pacific conference in Thailand, June 2024. Other

seminars, symposia, and workshops to be held at appropriate conferences will also be targeted. The following action items were decided and assigned:

- Prepare a meeting report for the IASP team within two weeks - Anish and Vikas (this is the report).
- Draft a joint commentary paper based on key country priorities within one month - Vikas and Anish.
- Create a joint SEAR situation analysis paper for possible publication within the next three to four months - Vikas and Anish.
- Each country to identify two activities for priority action within six months and follow up on them – Anish and Vikas



We want to acknowledge, and express our most sincere gratitude to, our workshop attendees. Their efforts in preparing and delivering presentations, as well as participating in the editing of this document, are appreciated.



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