Suicide Prevention

Purpose

Equip individuals, including professional actors, volunteers or community workers, with knowledge and skills assess suicide risk and respond in ways that are supportive, and effective.

Briefly about

Training in suicide prevention is designed to support organizations working with populations living in adversity, strengthening their ability to respond to elevated risks of suicide and suicidal ideation among the people they serve. The training can be provided to staff, managers, volunteers, and community members, and is combined with guidance on strengthening organizational protocols.

Capacity building emphasizes practical tools that enable staff to feel confident in having difficult conversations, making timely referrals, and linking individuals to the appropriate level of care. All activities are adapted to the needs of partners and context, informed byIFRC's guideline on Suicide Prevention, WHO's implementation guide for suicide prevention in countries and the IASC guideline for addressing suicide in humanitarian settings.

Target Groups

Supporting staff & volunteers

The direct target group for capacity building are managers, staff, volunteers and associated community workers that have a supporting role for vulnerable persons at risk of suicide. The capacity building equips participants to respond appropriately.

Persons at risk of committing suicide

Suicide risk is elevated among people experiencing adversity, where stressors such as poverty, loss of resources, violence, abuse, and social isolation are common. At the same time, protective factors like family support and access to appropriate mental health care may be limited, and stigma around mental health can prevent help-seeking.

Strengthening the capacity of organizations and communities to identify risk, respond effectively, and facilitate access to support is therefore an essential component of suicide prevention.

Outcomes

Supporting staff and volunteers will experience the following change:

- Enhanced knowledge and skills on how to assess suicide risk and respond appropriately.
- Enhanced knowledge on implementing context-appropriate community awareness activities related to suicide prevention

Beneficiaries will likely experience the following change:

- Receive timely and appropriate support, including structured follow-up, safety planning, and referral to relevant resources — reducing risks associated with suicidal ideation.

Monitoring and Evaluation

DIGNITY assist partners in monitoring the outcomes of suicide-prevention capacity building through brief pre- and post-training assessments that measure changes in participants' knowledge, confidence, and skills in identifying and responding to suicide risk. Measurement tools are selected or adapted to the local context in dialogue with partners.

Where feasible, DIGNITY encourages partner organizations to conduct short follow-up checks to understand how participants apply the skills in practice and whether organizational procedures such as referral pathways or safety protocols have been strengthened.

Key considerations

A good understanding the risk factors for suicide in the specific context is needed for effective prevention and response measures.

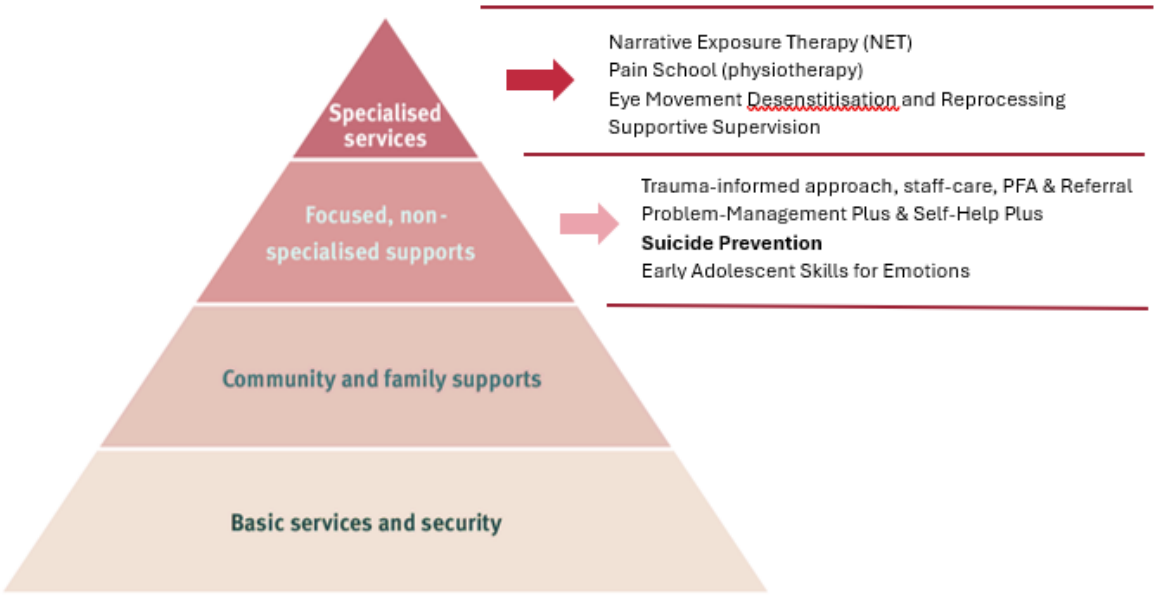
Addressing risks of suicide requires structured response and follow-up. Hence, it is not enough that individuals are trained in immediate responses. Efforts must be invested in organisational measures, such as protocols and pre-agreed referral pathways.

Check questions

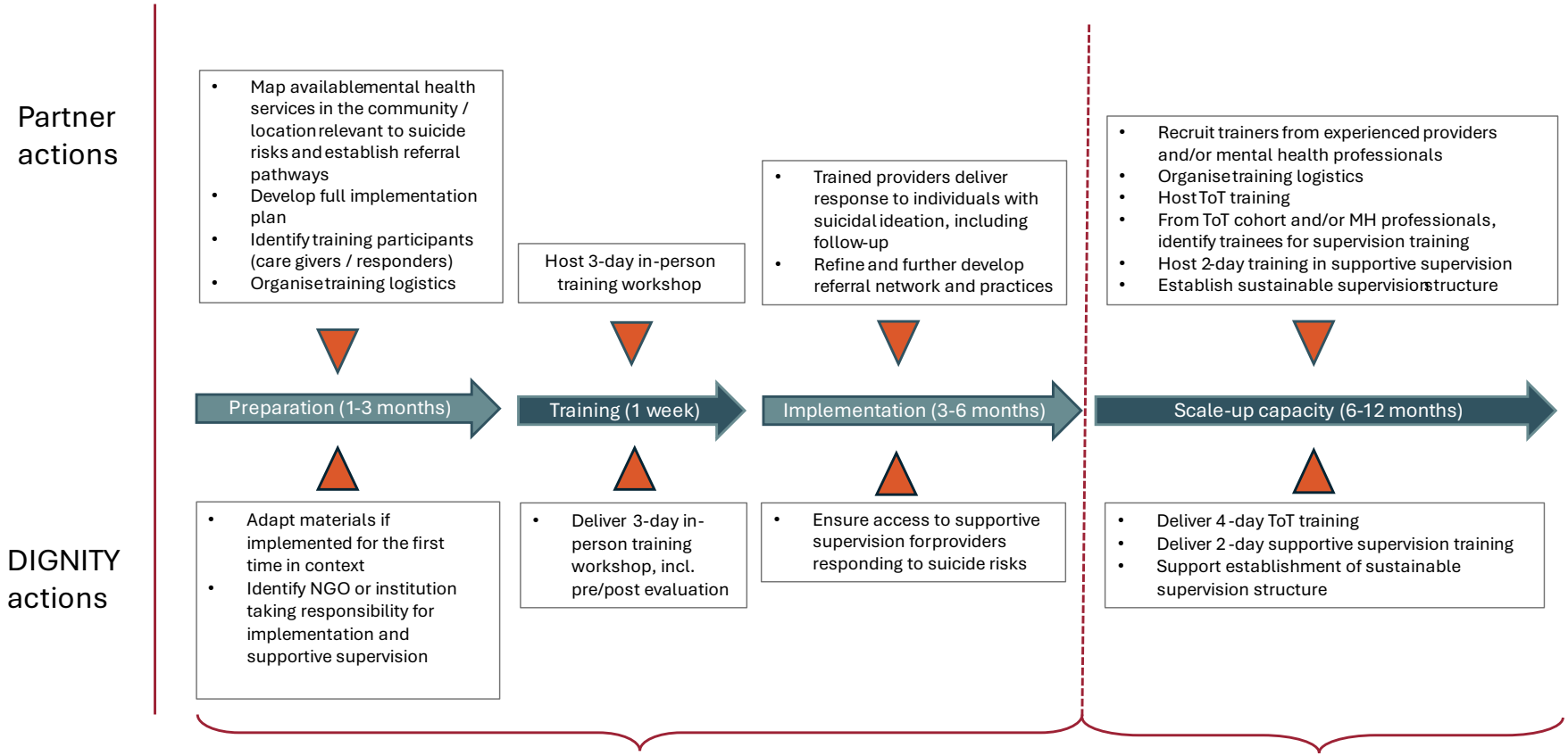
- ☐ In my organisation, we need knowledge, skills and structured methods to respond to suicide risks and cases of suicidal ideation.
- ☐ We can recruit and train facilitators who are comfortable in addressing risks of suicide
- ☐ My organisation can ensure appropriate supervision of staff and is committed to establishing and implementing structured follow-up measures.

Type of intervention

Suicide Prevention is a focused, non-specialised intervention



Implementation overview: Suicide Prevention



Phase I: first cohort of 15-20 care givers / responders trained => capacity to mitigate suicide risks and address cases in a crisis affected population

Phase II: ToT cohort trained and supervision structure established => capacity to reach larger population in sustaibale structure