euregenas

European Regions Enforcing Actions Against Suicide

Analysis of Available Technology-Based Suicide Prevention Programmes

WP 5

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The Euregenas Project has received funding from the European Union under the Public Health Programme 2008-2013.

Contents

Introduction

The Euregenas Project

Suicide is a serious public health problem worldwide. In Europe, the overall average suicide rate is 13,9 per 100.000 population [1]. The **'European Regions Enforcing Actions against Suicide' (Euregenas) project** (Grant Agreement N°20101203), financed by the Executive Agency for Health and Consumers (EAHC) of the European Commission**, aims at contributing to the prevention of suicidality** (suicidal ideation, suicide attempts and suicide) in Europe through the development and implementation of strategies for suicide prevention at regional level which can be of use to the European Community as examples of good practice (see www.euregenas.eu).

The project brings together **15 European partners**, representing 10 European Regions with diverse experiences in suicide prevention:

1. University Hospital Verona (**AOUI-VR**) - Italy
2. Flemish Agency for Care and Health (**VAZG**) - Belgium
3. Region Västra Götaland (**VGR**) - Sweden
4. Romtens Foundation (**ROMTENS**) - Romania
5. National Institute for Health and Welfare (**THL**) - Finland
6. Unit for Suicide Research, University Ghent (**UGENT**) - Belgium
7. Fundación Intras (**INTRAS**) - Spain
8. Servicio Andaluz de Salud (**SAS**) - Spain
9. Fundacion Publica Andaluza Progreso Y Salud (**FPS**) - Spain
10. Mikkeli University of Applied Sciences (**MAMK**) - Finland
11. Technische Universität Dresden (**TUD**) - Germany
12. Regional Public Health Institut Maribor (**RPHI MB**) - Slovenia
13. West Sweden (**WS**) - Sweden
14. De Leo Fund (**DeLeoFund**) - Italy
15. Cumbria County Council (**CCC**) - United Kingdom

In line with the ***Second Programme of Community action in the field of public health (2008-2013)***, the project promotes the use of regional cluster management as innovative method to improve the existing services.

By encouraging regional interventions and campaigns dedicated to both target groups and non-health stakeholders, **the project aims to implement the Mental Health Pact** in relation to:

1) Prevention of suicide

2) De-stigmatisation of mental health disorders

3) Promoting health in youth

The **specific objectives** of Euregenas Project are the following:

1. To identify and catalogue good practices of existing actions and strategies on suicide prevention at a regional and local level;
2. To carry out a stakeholders` needs analysis;
3. To develop and disseminate guidelines and toolkits on suicide prevention and awareness raising strategies;
4. To develop the technical specifications for an integrated model for e-mental healthcare oriented at suicide prevention;
5. To improve knowledge and capabilities among local and regional professionals (i.e. psychologists, psychiatrists, GPs).

The project aims to meet its specific objectives by **a series of Work Packages (WP)**, which are structured as follows: Three horizontal work packages:

WP1 - Coordination of the project (AOUI-VR)

- **Actions undertaken to** manage the project and to make sure that it is implemented as planned.

WP2 - Dissemination of the project (WS)

- **Actions undertaken to** ensure that the results and deliverables of the project will be made available to the target groups.

WP3 - Evaluation of the project (Romtens)

- **Actions undertaken to** verify if the project is being implemented as planned and reaches the objectives.

And five vertical work packages:

WP 4 : On-Line Library and Assessment of Needs (TUD)

Aim: to develop an On-Line Library and provide an "Assessment of needs" of key stakeholders. These activities constitute the basis for WPs 5,6,7 & 8.

WP 5: Development of E-conceptual Model (VAZG)

Aim: to provide all necessary information to be able to create an integrated support and intervention mainframe for e-mental health, directed at the prevention of suicide, which can be adapted to local needs in all European regions and regional health care organisations.

WP 6: Development of Prevention Guidelines and Toolkits (UGent)

Aim: to develop general guidelines for suicide prevention strategies as well as specific prevention packages (toolkits) for the awareness raising on suicide prevention for the identified target groups.

WP 7: Development and Piloting of Training Module (AOUI-VR)

Aim: to develop a training package targeting GPs and to pilot the training package in 5 selected regions. The main goal is to provide GPs with relevant information related to the early detection and referral of suicide risk .

WP 8: Development and Piloting of evaluation tool for efficacy of support group (AOUI-VR)

Aim: to develop a toolbox for facilitators of survivors support groups. Moreover a catalogue aiming at providing information for the bereaved of suicide (including a list of groups/services available) will be compiled.

The Analysis of the Available TBSP Programmes for Work Package 5

In order to identify the availability and characteristics of TBSP programmes in the Euregenas regions, **an analysis of the available TBSP programmes** was carried out in the framework of Work Package 5 (WP 5) 'Development of an e-conceptual model'. The aim of WP 5 is to provide all information necessary for developing an integrated support and intervention mainframe for E-mental Health, directed at the prevention of suicide. WP 5 thus aims at developing an e-conceptual model, which can be adapted to local needs in regional health care organizations in all European regions. The 'analysis of the available TBSP programmes' will be used as a basis for the development of an e-conceptual model for suicide prevention. The main goal is to provide an overview of the existing TBSP programmes in the Euregenas regions together with their characteristics such as usability and accessibility.

Method

Two different sources are used for the analysis of the available TBSP programmes:

1) data from the 'needs assessment' of WP 4, in particular the section on 'Technology-based suicide prevention' (see appendix 1). The method in which the data of the 'needs assessment' of WP 4 is collected, is described in the 'Needs assessment report' [2].
2) data from the instrument 'Overview of the available TBSP programmes in the Euregenas countries and their characteristics' developed by the WP 5 leader (see appendix 2). The data is collected by e-mailing the instrument to all the Associated partners (AP's) of the Euregenas-project and asking them to fill it in (see appendix 2). When the name of a TBSP programme is given as an answer on question one of the TBSP section of the Needs assessment report (see appendix 1), the TBSP programme is included in the 'overview of the available TBSP programmes'.

Table 1 gives an overview of which data was used per Euregenas country. Data is received from all Euregenas countries except for Finland, Romania, and the United Kingdom. There is no data available for the United Kingdom since the Cumbria Council was not yet an official partner of the Euregenas-project at the time of the data collection. Note that for the analysis the data will be described by Euregenas country and not by Euregenas regions since TBSP programmes do not stop at regional borders, and thus TBSP programmes are identical in different regions from the same country.

The analysis was conducted using SPSS 22. Given the nature of the data, the analysis is descriptive, i.e. describing frequencies and averages within and between Euregenas countries.

Country	Associated partner	Data from 'Needs assessment'	Data from 'Overview of TBSP programmes'
Belgium	• Flemish Agency for Care and Health (**VAZG**) • Unit for Suicide Research, University Ghent (**UGENT**)	Yes	Yes
Finland	• National Institute for Health and Welfare (**THL**) • Mikkeli University of Applied Sciences (**MAMK**)	Yes	No
Germany	• Technische Universität Dresden (**TUD**)	Yes	Yes
Italy	• University Hospital Verona (**AOUI-VR**) • De Leo Fund (**DeLeoFund**)	Yes	Yes
Slovenia	• Regional Public Health Institut Maribor (**RPHI MB**)	Yes	Yes
Romania	• Romtens Foundation (**ROMTENS**)	Yes	No
Spain	• Servicio Andaluz de Salud (**SAS**) • Fundacion Publica Andaluza Progreso Y Salud (**FPS**) • Fundación Intras (**INTRAS**)	Yes	Yes
Sweden	• Region Västra Götaland (**VGR**) • West Sweden (**WS**)	Yes	Yes
United Kingdom	• Cumbria County Council (**CCC**)	No	No

Table 1. Overview the data received per Euregenas country

Results

1. Number of Available TBSP Programmes

In total 67 programmes are identified as TBSP programmes for 7 out of the 9 Euregenas countries. There was no data available for the United Kingdom and Romania.
Table 1 gives an overview of the number of TBSP programmes in the different Euregenas countries. Belgium has the largest amount of TBSP programmes. This might be because all TBSP programmes in Dutch were included therefore also the ones from the Netherlands (n= 10). Italy and Sweden have the lowest amount of TBSP programmes.

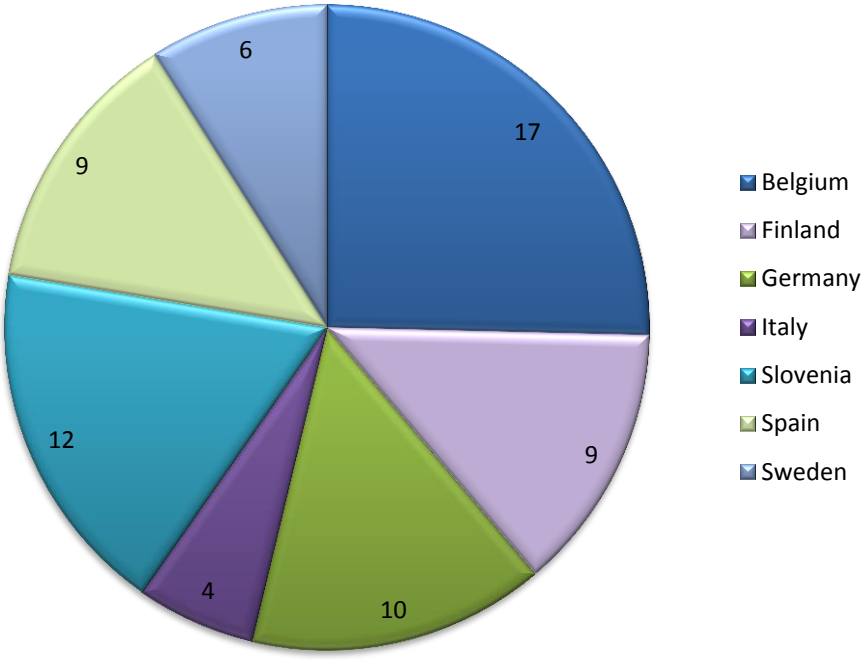


Figure 1. Number of available TBSP programmes by Euregenas country

2. Format

A TBSP programme can consist of different technological formats. Almost all available TBSP programmes are websites. More than half have an e-mail service and one fifth works with social networks. Only one TBSP programme was reported to have an App (see figure 5).

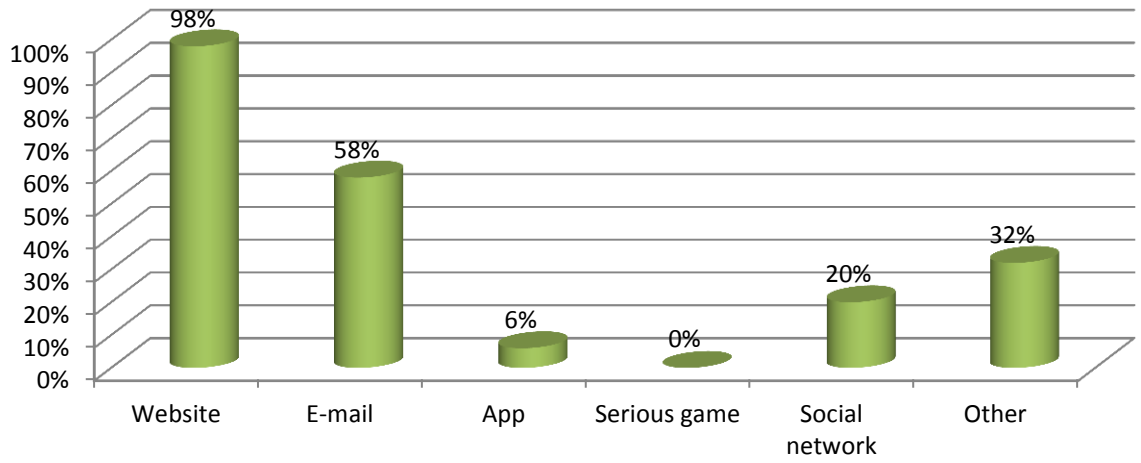


Figure 5. Frequency of different formats for TBSP programmes

The average use scores of the different formats of TBSP programmes is overall relatively high (see table 5). TBSP programmes in the form of websites or e-mail have the highest use scores. Social networks, web-based videos and serious games are considered to be used less. Overall, the stakeholders in Slovenia and Romania use or consider using the different formats the most. In Germany and Italy the least.

Country	Website	E-mail	Chat	App	Web-based video	Social network	Serious game	Total
Belgium	4,37	3,47	3,24	2,93	2,84	2,60	2,95	**3,20**
Finland	3,73	2,81	2,71	3,31	2,59	2,39	2,81	**2,91**
Germany	3,54	2,76	2,58	1,84	1,80	2,00	1,88	**2,34**
Italy	3,25	2,89	2,61	2,64	2,96	2,48	2,00	**2,69**
Romania	4,23	3,80	3,90	3,82	3,52	3,28	3,25	**3,69**
Slovenia	4,43	4,13	3,47	3,63	3,37	2,93	3,97	**3,70**
Spain	3,57	3,12	2,82	2,76	2,88	2,93	3,18	**3,04**
Sweden	3,88	3,25	2,21	3,00	2,58	2,57	2,50	**2,86**
Total	**3,86**	**3,24**	**2,95**	**3,0**	**2,83**	**2,69**	**2,85**	**3,06**

Table 5. Mean use of different formats of TBSP programmes according to Euregenas country (1 = not at all; 5 = all the time)

3. Use or Recommendation of TBSP Programmes

The Needs Assessment Report of WP 4 [2] describes how often the stakeholders use or recommend TBSP programmes. Almost half of the respondents report to use or recommend a TBSP programme. More than 10% uses a TBSP programmes regularly or often (see figure 1).

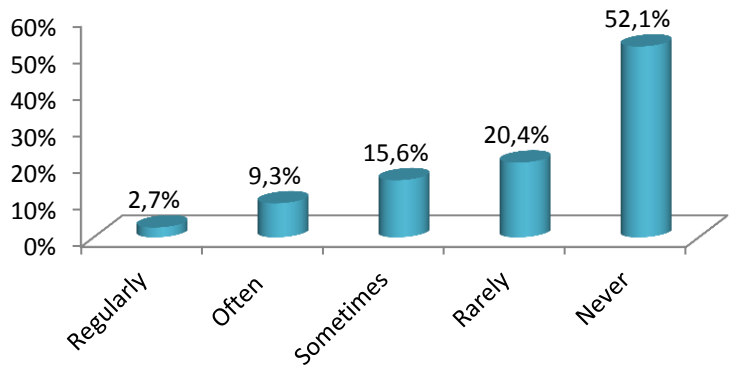


Figure 2. Use/recommendation of TBSP programmes

Table 2 shows the valid percentages of use or recommendation of TBSP programmes by Euregenas country.
In Belgium TBSP programmes are most often used. 66,0% of the Belgian respondents uses them sometimes to regularly. In Solvenia, Romenia and Sweden this is still relatively high with respectively 40,1%, 31,2%, and 31,0%.
Italy, Finland and Spain have the highest amount of stakeholders who never use or recommend a TBSP programme.

Country	Regularly	Often	Sometimes	Rarely	Never
Belgium	4,3	29,8	31,9	12,8	21,3
Finland	0,0	7,3	9,1	18,2	65,5
Germany	3,4	3,4	20,7	27,6	44,8
Italy	3,8	0,0	7,7	11,5	76,9
Romania	3,1	12,5	15,6	34,4	34,4
Slovenia	6,7	6,7	26,7	6,7	53,3
Spain	1,2	2,3	8,1	23,3	65,1
Sweden	3,4	13,8	13,8	27,6	41,4

Table 2. Valid percentage of usage/recommendation of TBSP programmes by Euregenas country

4. Usability of the Available TBSP Programmes

The available TBSP programmes received a score on their usability from 1 (not usable) to 5 (very usable). Most TBSP programmes are perceived as usable. More than one quarter is even believed to be very usable (see figure 3).

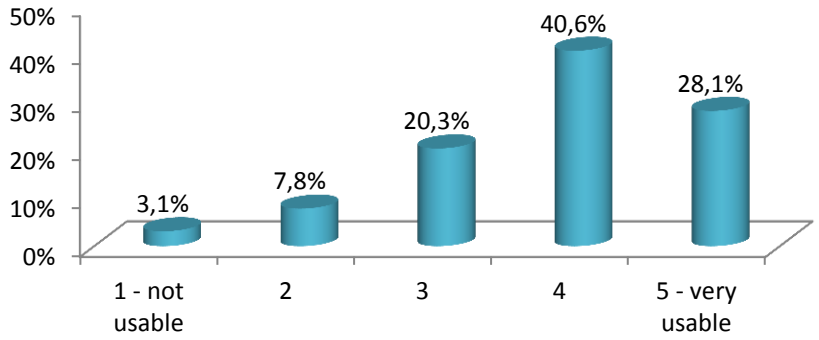


Figure 3. Overall usability of available TBSP programmes

Most available TBPS programmes are perceived as being usable. TBSP programmes in Finland and Spain seem to have the highest usability. Only in Germany and Belgium there are TBSP programmes that are regarded as not usable. (see table 3).

Country	1 – not usable	2	3	4	5 – very usable
Belgium	6,7	26,7	20,0	33,3	13,3
Finland	0,0	0,0	0,0	44,4	55,6
Germany	10,0	10,0	20,0	50,0	10,0
Italy	0,0	0,0	33,3	66,7	0,0
Slovenia	0,0	0,0	33,3	33,3	33,3
Spain	0,0	0,0	0,0	66,7	33,3
Sweden	0,0	0,0	50,0	0,0	50,0

Table 3. Valid percentage of usability of available TBSP programmes by Euregenas country

5. Target Group

The associated partners were asked to specify the target group of the TBSP programme. The target group is recoded into three categories, i.e. adolescents, adults, and both adolescents and adults. As can be seen in figure 4, more than one quarter of the available TBSP programmes are designed for adolescents in particular and a small proportion for adults only. Two thirds are developed for both adolescents and adults.

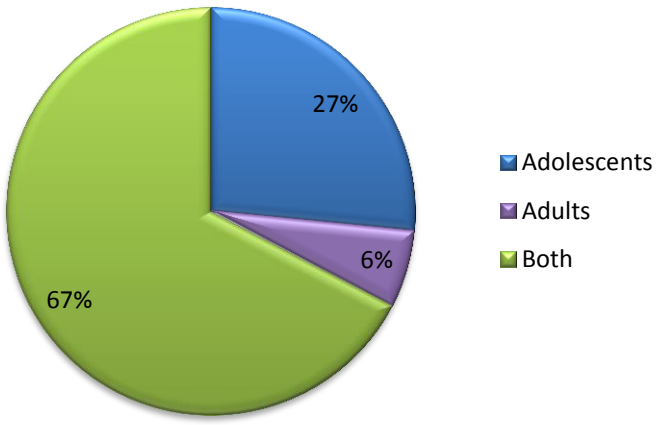


Figure 4. Frequency of available TBSP programmes by target group

Table 4 describes the amount of available TBSP programmes by Euregenas country and target group. In Italy and Spain all TBSP programmes are designed for both adolescents and adults. In Slovenia, Germany and Belgium about one quarter to 40% of the TBSP programmes are targeted at adolescents only.

Country	Adolescents only		Adults only		Adolescents and adults	
	N	%	N	%	N	%
Belgium	6	35,5	3	17,6	8	47,1
Finland	0	0,0	0	0,0	0	0,0
Germany	4	40,0	0	0,0	1	10,0
Italy	0	0,0	0	0,0	4	100
Slovenia	3	25,0	0	0,0	8	66,7
Spain	0	0,0	0	0,0	9	100
Sweden	0	0,0	0	0,0	3	50,0

Table 4. Available TBSP programmes by country and target group

6. Content

6.1. Essential Content

The stakeholders of the WP 4 Needs assessment regard all content of a TBSP programme for suicidal persons as essential to very essential (see figure 6). Information on warning signs, risk factors and protective factors, referral to a professional (organisation), links to suicide prevention helplines, crisis plan present in case a person is highly suicidal, information on suicide prevention, and professional supervision are rated as the most important items that should be available in a TBSP programme. As was expected, the catch-question on information on suicide methods is rated the most as inessential (23,6%). However, this percentage is still relatively high considering that describing suicide methods can have a harmful effect, i.e. increasing the risk of suicidal behaviour [3].

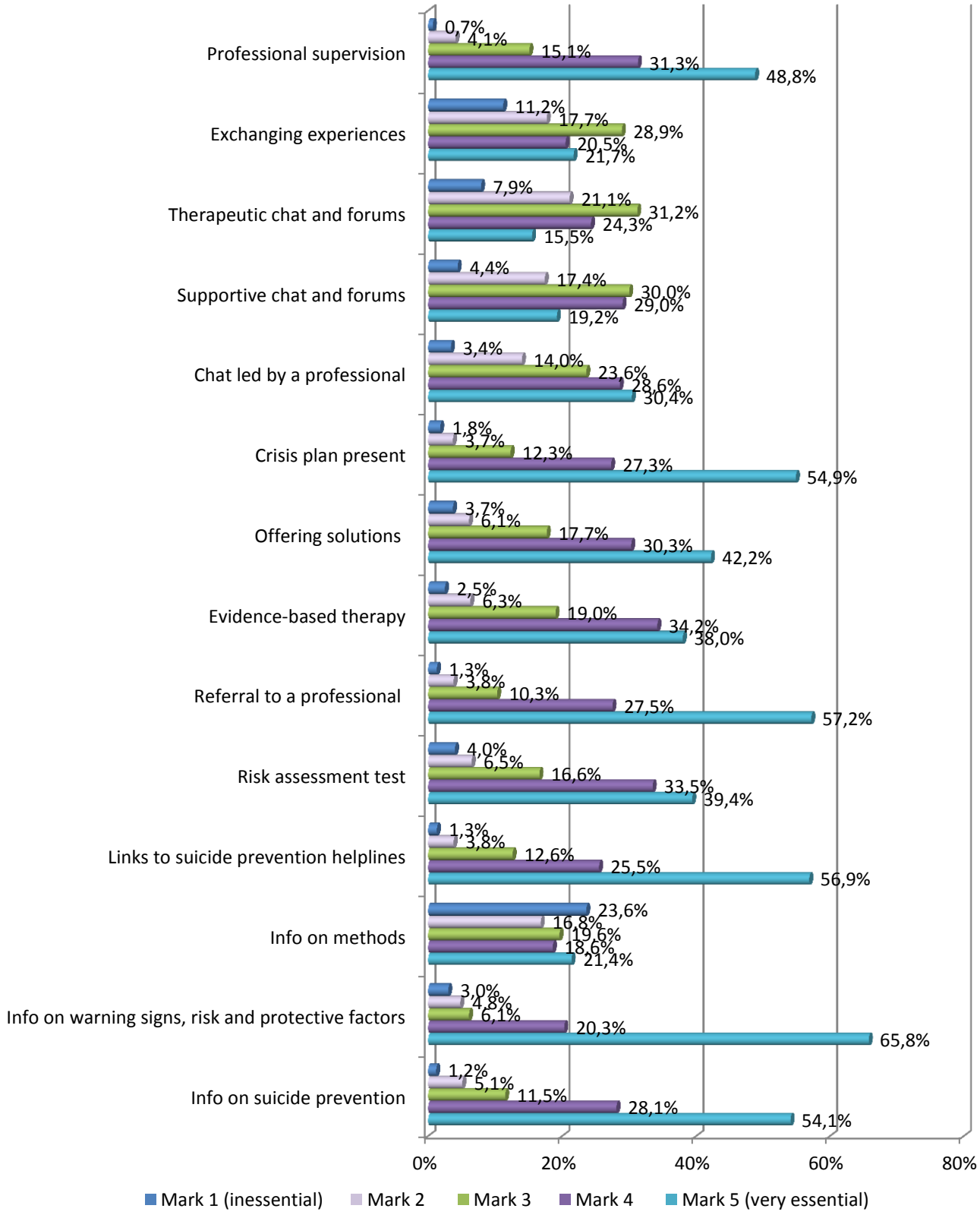


Figure 6. Valid percentage of relevancy of content in a TBSP program for suicidal persons

Table 6 gives an overview of the average relevance of content for a TBSP programme per Euregenas country. On average, "information on warning signs, risk factors and protective factors" is considered as the most important content for TBSP programmes in Germany, Spain and Sweden. In Belgium and Slovenia it is "links to suicide prevention helplines". "Information on suicide prevention" is regarded as most relevant content for TBSP programmes in Finland and in Romania it is "referral to a professional". In Italy "professional supervision" was thought to be the most essential.

In half the countries (i.e., Belgium, Romania, Slovenia, and Spain) "information on methods" is viewed as the least necessary content for a TBSP programme. In Finland and Sweden "therapeutic chat and forums" and in Italy "supportive chat and forums" are considered the least relevant content for TBSP programmes. "Exchanging experiences between suicidal people" is regarded as the least important in Germany.

Content	Belgium	Finland	Germany	Italy	Romania	Slovenia	Spain	Sweden
Info on suicide prevention	4,09	4,53	4,48	3,93	4,58	4,37	4,07	4,54
Info on warning signs, risk and protective factors	4,51	4,07	4,79	3,21	4,61	4,8	4,57	4,68
Info on methods	2,16	3,34	2,92	3,25	3,24	3,07	2,86	3,29
Links to suicide prevention helplines	4,84	4,52	4,28	3,89	4,48	4,90	3,79	4,46
Risk assessment test	4,04	4,49	3,58	3,72	4,41	4,33	3,52	4,04
Referral to a professional	4,76	4,00	4,28	4,00	4,68	4,70	4,26	4,36
Evidence-based therapy	4,25	3,57	3,88	4,03	4,48	4,30	3,81	4,07
Offering solutions	3,53	4,25	3,46	3,87	4,42	4,57	4,12	3,59
Crisis plan present	4,58	4,16	4,33	3,50	4,34	4,72	4,39	4,18
Chat led by a professional	3,89	3,60	3,50	3,17	4,03	4,43	3,37	4,00
Supportive chat and forums	3,47	3,38	3,12	2,83	3,82	4,00	3,31	3,58
Therapeutic chat and forums	2,93	2,87	3,08	3,21	3,55	4,17	3,10	3,04
Exchanging experiences	2,23	3,40	2,65	3,82	3,38	4,00	3,31	3,30
Professional supervision	4,42	4,26	4,27	4,18	4,59	4,37	4,05	3,85

Table 6. Mean relevance of content in a TBSP program for suicidal persons by country (1 = inessential, 5 = very essential)

6.2. Available Types of Content in TBSP Programmes

Most TBSP programmes have a passive component in that they psycho-educate the user. Nearly half of the TBSP programmes have a forum or a self-help module. More interactive forms of TBSP programmes, such as chat or e-therapy, are only available in about one third of the TBSP programmes (see figure 7).

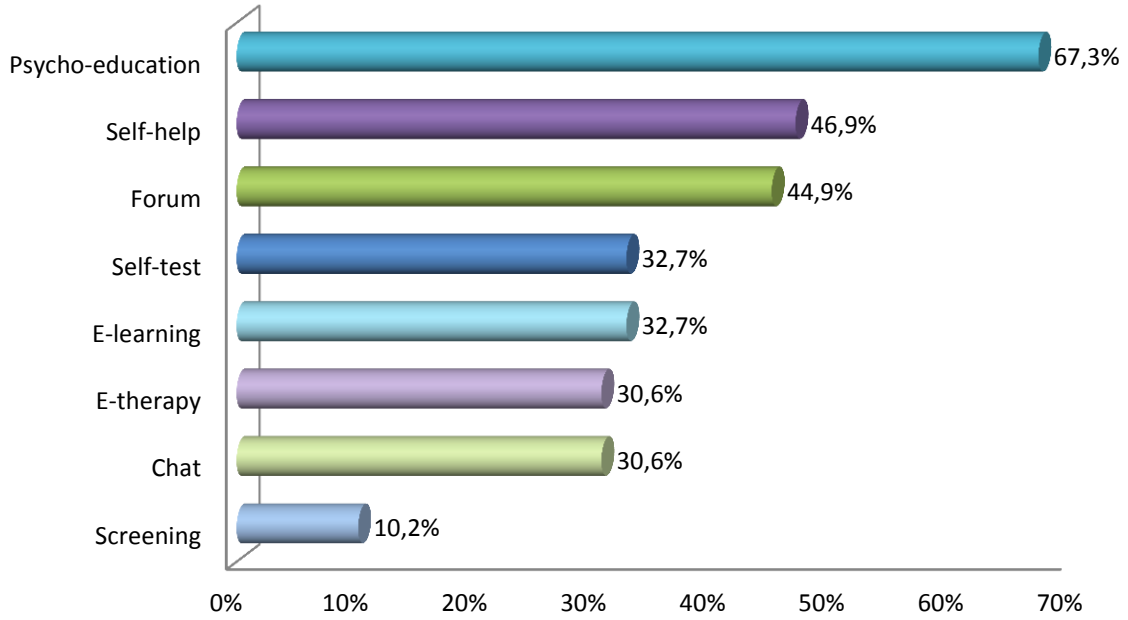


Figure 7. Available content in the existing TBSP programmes

Table 7 shows per Euregenas country the amount of TBPS programmes that have a certain type of content. Because of the high amount of missing information in some countries, these numbers should be interpreted with caution.

Content	Belgium		Germany		Italy		Slovenia		Spain		Sweden	
	N	%	N	%	N	%	N	%	N	%	N	%
Psycho-education	14	*82,4*	3	*50,0*	0	*0,0*	10	*90,9*	6	*66,7*	0	*0,0*
Chat	7	*41,2*	2	*33,3*	1	*33,3*	3	*27,3*	2	*22,2*	0	*0,0*
E-therapy	4	*23,5*	0	*0,0*	2	*66,7*	0	*0,0*	4	*44,4*	1	*33,3*
Forum	5	*29,4*	3	*50,0*	2	*66,7*	7	*63,6*	5	*55,6*	0	*0,0*
E-learning	5	*29,4*	2	*33,3*	2	*66,7*	1	*9,1*	3	*33,3*	3	*100*
Self-help	6	*35,3*	3	*50,0*	3	*100*	1	*9,1*	8	*88,9*	2	*66,7*
Self-test	8	*47,1*	3	*50,0*	0	*0,0*	2	*18,2*	3	*33,3*	0	*0,0*
Screening	3	*17,6*	0	*0,0*	2	*50,0*	0	*0,0*	0	*0,0*	0	*0,0*
Total	**17**	***100***	**6**	***100***	**3**	***100***	**11**	***100***	**9**	***100***	**3**	***100***

Table 7. Types of content in the existing TBSP programmes by country

7. Encouraging Factors and Hindering Factors in Using TBSP Programmes

7.1. Encouraging Factors for Using TBSP Programmes

TBSP programmes that are easily accessible, free of charge, and guaranteed anonymity will encourage someone the most to start using them. More automated applications and more information through newsletters will least encourage the use of TBSP. (see figure 8)

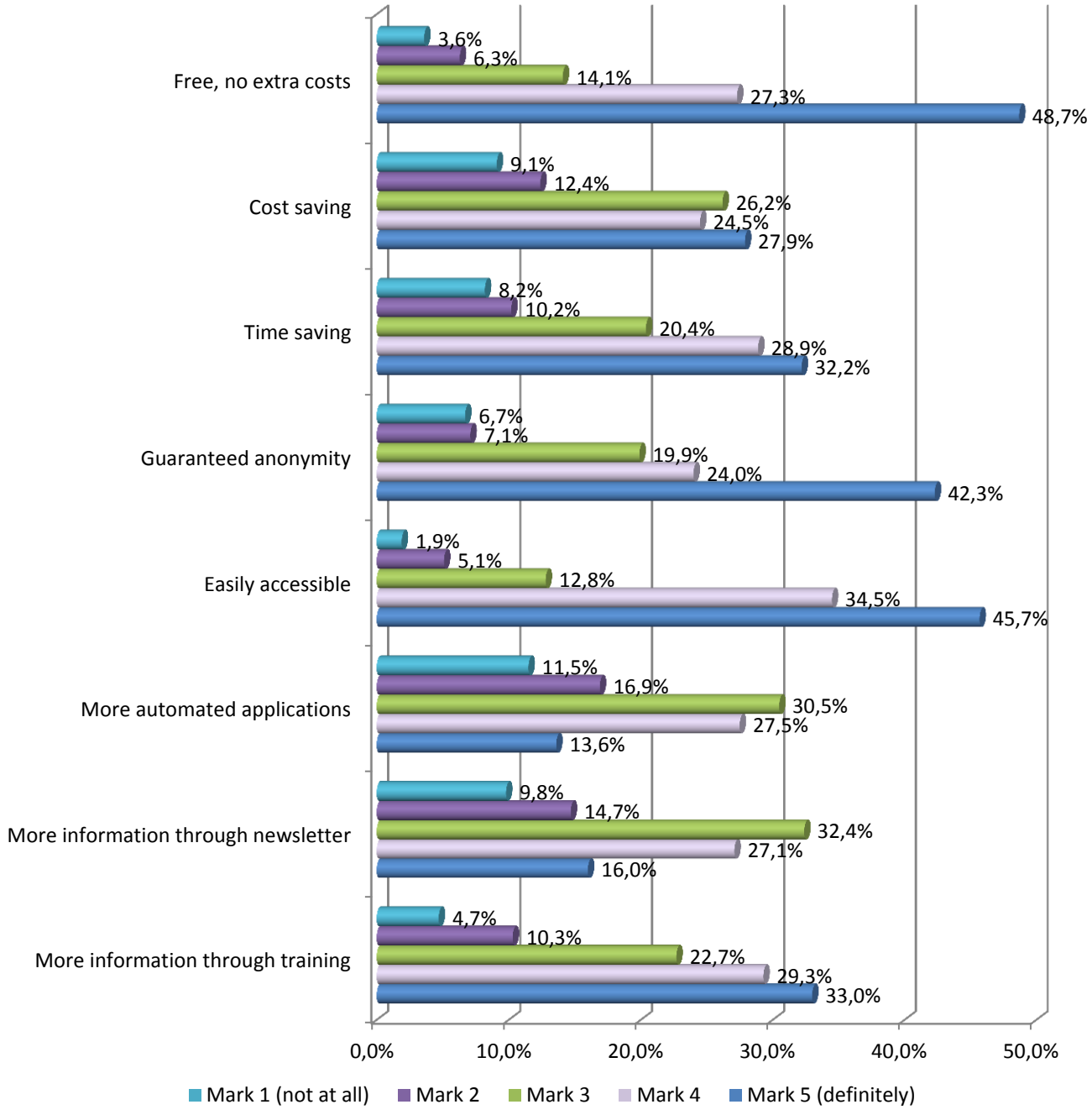


Figure 8. Encouraging factors for using TBSP programmes

In half of the countries (i.e., Belgium, Romania, Spain, and Sweden) 'easily accessible' is seen, on average, as the most encouraging factor. In the other half of the countries (i.e., Finland, Germany, Italy, and Slovenia) a TBSP programmes that is free of charge is seen as the most encouraging factor. In most countries 'more automated applications' is perceived as least important for encouraging the use of TBSP programmes, except for Italy and Spain where it is 'more information through newsletter', and Belgium where a cost saving TBSP programme is seen as least important.

Encouraging factors	Belgium	Finland	Germany	Italy	Romania	Slovenia	Spain	Sweden
Easily accessible	4,42	3,92	3,96	3,70	4,65	4,04	4,20	4,39
Free, no costs	3,95	3,96	4,15	3,89	4,35	4,57	4,11	4,08
Guaranteed anonymity	3,90	3,67	4,11	3,74	4,13	4,33	3,79	3,70
More info via training	3,61	3,78	3,31	3,39	4,28	4,07	3,69	4,00
Time saving	3,79	3,28	3,48	3,59	4,17	4,11	3,65	3,48
Cost saving	3,21	3,10	3,37	3,58	4,00	4,15	3,63	3,13
More info via newsletter	3,29	3,50	2,65	2,46	3,40	3,89	3,19	3,37
More automated applications	3,38	3,00	2,38	2,83	3,38	3,69	3,32	2,77

Table 8. Mean scores of encouraging factors for using TBSP programmes by country
(1 = Not at all, 5 = Definitely)

7.2. Hindering Factors in Using TBSP Programmes

'No knowledge about TBSP programmes or about the evidence of the usefulness of TBSP programmes' were reported as the most important factors to keep someone from using the TBSP programmes. Moreover, 'no interest in TBSP programmes' or 'TBSP programmes being too expensive' were less frequently perceived as factors that have an influence on the usage of a TBSP programme (see figure 9).

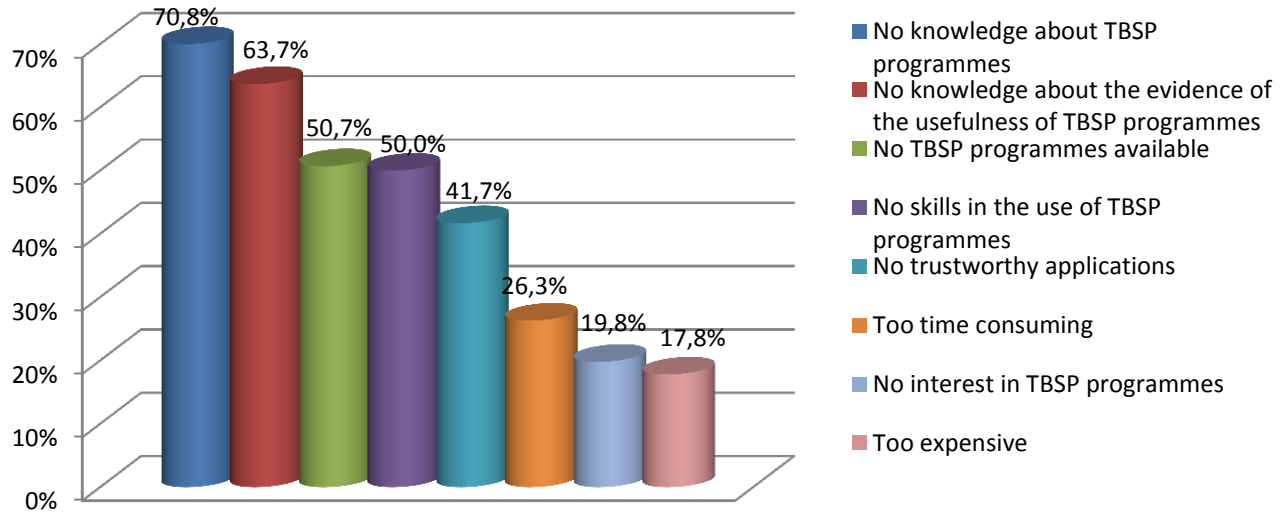


Figure 9. Hindering factors for using TBSP programmes (in valid percentage)

In half of the countries (i.e., Belgium, Finland, Italy, and Slovenia) 'no knowledge about TBSP programmes' is reported most frequently as a hindering factor in using TBSP programmes. In Germany, Spain, and Sweden this is 'no knowledge about the evidence of the usefulness of TBSP programmes'. Only in Romania the most frequently reported factor that keeps someone from using TBSP programmes, is 'no TBSP programmes available'.
In Belgium and Italy 'too time consuming', in Romania, Spain and Sweden 'no interest in TBSP programmes' and in Finland, Germany and Slovenia 'too expensive' are reported the least frequently as reasons for not using TBSP programmes (see table 9).

Hindering factors	Belgium	Finland	Germany	Italy	Romania	Slovenia	Spain	Sweden
No knowledge about TBSP programmes	63,2	89,3	60,9	81,8	60,7	85,7	67,1	70,8
No knowledge about the evidence of the usefulness of TBSP programmes	62,9	33,3	86,4	68,8	55,6	48,1	76,1	71,4
No TBSP programmes available	33,3	50,0	59,1	42,9	67,9	42,9	58,1	50,0
No skills in the use of TBSP programmes	45,7	62,9	54,5	66,7	61,5	28,6	37,7	57,9
No trustworthy applications	33,3	40,7	66,7	54,5	48,0	18,5	47,5	40,0
Too time consuming	13,9	27,6	26,3	16,7	34,8	26,9	30,0	35,0
No interest in TBSP programmes	17,6	14,3	28,6	46,7	26,1	17,9	15,7	5,9
Too expensive	25,0	0,0	11,1	23,1	27,3	11,1	25,0	17,6

Table 9. Hindering factors for using TBSP programmes by country (in valid percentage)

8. Evidence base of TBSP Programmes

8.1. TBSP Programme Supported by Evidence-based Research

More than half of the TBSP programmes in the Euregenas countries are supported by evidence-based research. However, for almost one third of the TBSP programmes it is unknown whether or not they are based on evidence-based research (see figure 10).

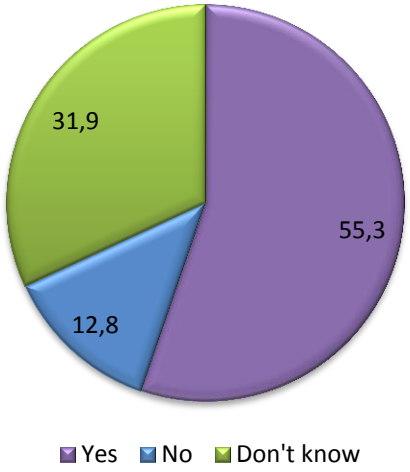


Figure 10. Valid percentage of TBSP programmes supported by evidence-based research

Table 10 describes the number of TBSP programmes which are based on evidence-based research per Euregenas country. In Belgium more than $^{3}/_{4}$ and in Slovenia $^{2}/_{3}$ of the TBSP programmes is supported by evidence-based research. For almost all TBSP programmes in Spain it is unclear whether or not the programme is based on evidence-based research. In Sweden half of the available TBSP programmes have no scientific base.

Supported by evidence-based research	Belgium		Germany		Italy		Slovenia		Spain		Sweden	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	13	*76,5*	3	*30,0*	0	*0,0*	8	*66,7*	2	*22,2*	0	*0,0*
No	2	*11,8*	1	*10,0*	0	*0,0*	0	*0,0*	0	*0,0*	3	*50,0*
Don't know	3	*11,8*	2	*20,0*	1	*25*	3	*25,0*	7	*77,8*	0	*0,0*
Total	**17**	***100***	**6**	***60,0***	**1**	***25***	**11**	***91,7***	**9**	***100***	**3**	***50,0***

Table 10. Percentage of TBSP programmes supported by evidence-based research by country

8.2. Cost-effectiveness Research on TBSP Programmes

In only a small percentage (6,1%) of the TBSP programmes the cost-effectiveness was studied. However, for more than 2/3 of the TBSP programmes is was unclear whether or not a cost-effectiveness research took place (see figure 11).

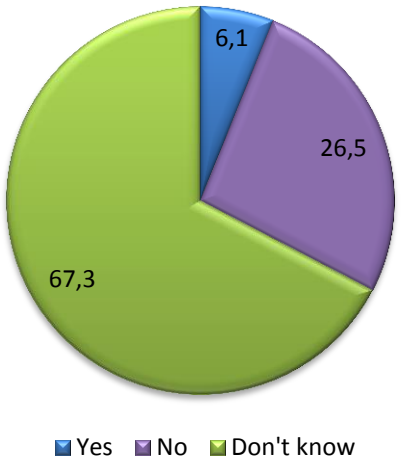


Figure 11. Valid percentage of cost-effectiveness research on TBSP programmes

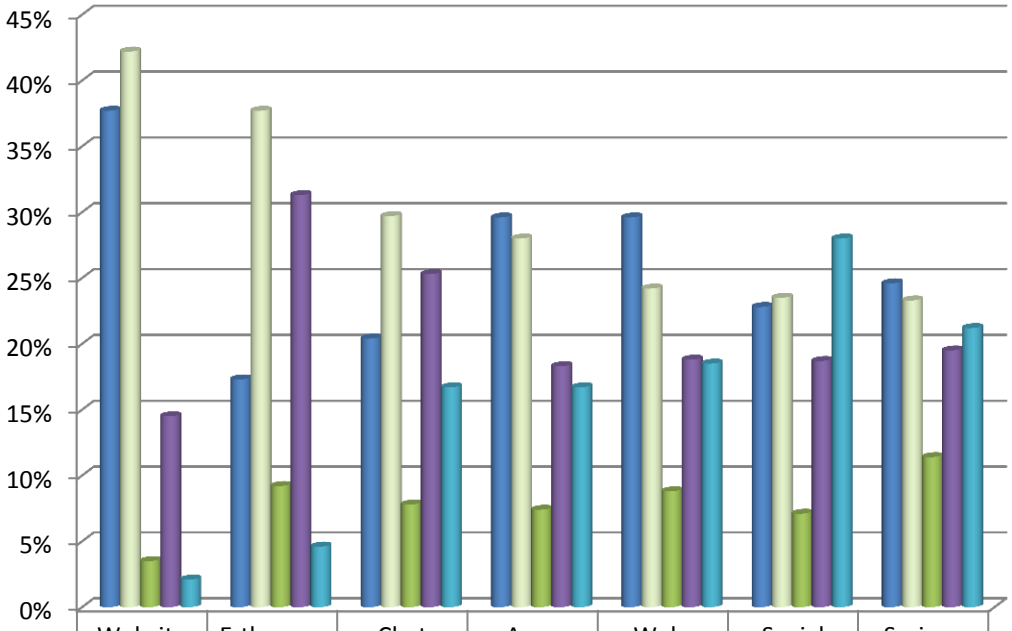
Table 11 shows that in only two countries, i.e. Belgium and Germany, the cost-effectiveness was studied and this only for about one tenth of the TBSP programmes. For most of the TBSP programmes in the Euregenas it was unclear if there was research done on the cost-effectiveness of the programmes.

	Belgium		**Germany**		**Italy**		**Slovenia**		**Spain**		**Sweden**	
	N	*%*	N	*%*	N	*%*	N	*%*	N	*%*	N	*%*
Yes	5	*11,8*	1	*10,0*	0	*0,0*	0	*0,0*	0	*0,0*	0	*0,0*
No	2	*29,4*	4	*40,0*	1	*25,0*	0	*0,0*	0	*0,0*	3	*50,0*
Don't know	10	*58,8*	1	*10,0*	2	*50,0*	11	*91,7*	9	*100*	0	*0,0*
Total	**15**	***100***	**6**	***60,0***	**3**	***75,0***	**11**	***91,7***	**9**	***100***	**3**	***50,0***

Table 11. Percentage of cost-effectiveness research on TBSP programmes

9. Financing & Supervision

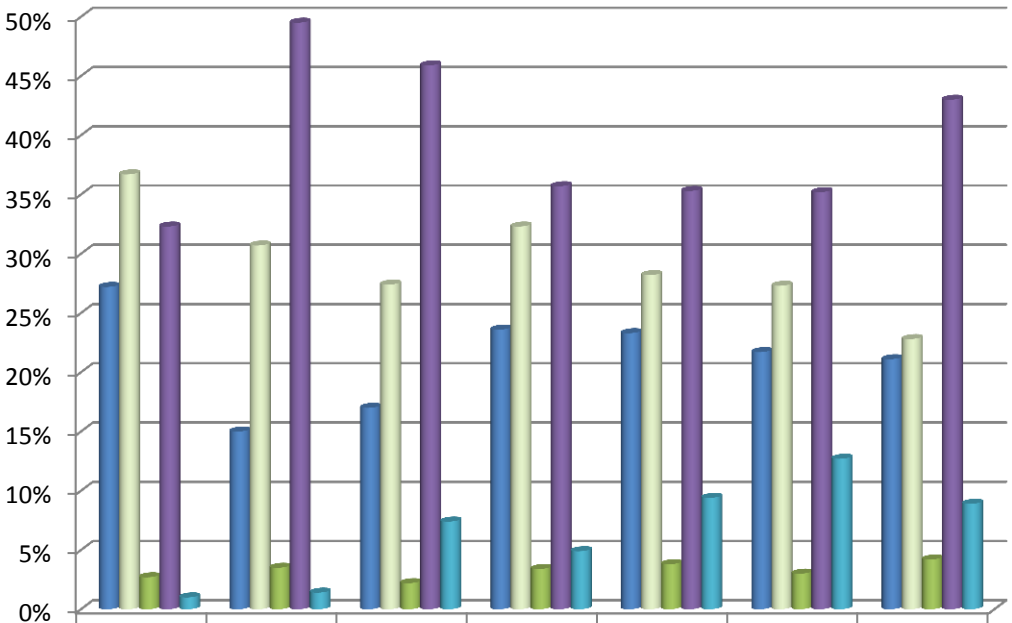
The majority of the stakeholders agree that the TBSP programmes should be paid for by national or regional government/health authorities and when the TBSP programmes involves more interactive forms such as e-therapy or chat, also by the mental health institutes. The end-user is expected to contribute to the TBSP programmes when it has a social network or serious game feature (see figure 12).



	Website	E-therapy	Chat	Apps	Web-based video	Social network	Serious games
National government	37,7%	17,3%	20,4%	29,6%	29,6%	22,8%	24,6%
Regional government/health authorithies	42,2%	37,7%	29,7%	28,0%	24,2%	23,5%	23,3%
Insurance compagnies	3,5%	9,2%	7,8%	7,4%	8,8%	7,1%	11,4%
Mental health institutes	14,5%	31,3%	25,3%	18,3%	18,8%	18,7%	19,5%
End user	2,1%	4,6%	16,7%	16,7%	18,5%	28,0%	21,2%

Figure 12. Financing of certain types of TBSP programmes

When it comes to supervising of the TBSP programmes, most stakeholders expect the TBSP programmes to be supervised by the mental health institutes, regional government/health authorities and to a lesser extent, in particular for e-therapy and chat, by the national government (see figure 13).



	Website	E-therapy	Chat	Apps	Web-based video	Social network	Serious games
National government	27,2%	15,0%	17,0%	23,6%	23,3%	21,7%	21,1%
Regional government/health authorithies	36,7%	30,7%	27,4%	32,3%	28,2%	27,3%	22,8%
Insurance compagnies	2,7%	3,5%	2,2%	3,4%	3,8%	3,0%	4,2%
Mental health institutes	32,3%	49,5%	45,9%	35,7%	35,3%	35,2%	43,0%
End user	1,0%	1,4%	7,4%	4,9%	9,4%	12,7%	8,9%

Figure 13. Supervising of certain types of TBSP programmes

Given that countries deal with financing and supervising issues in very different ways, table 12-19 gives an overview of the financing and supervising of certain types of TBSP programmes per Euregenas country.

In Belgium the regional government or health authorities are considered as the primary source of financing for the different types of TBSP programmes. Mental health institutes, on the other hand, are regarded as the most important supervisor (see table 12).

Belgium	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	38,5	15,0	26,3	5,0	25,0	5,1	35,3	8,3	30,3	6,3	25,7	8,8	31,6	14,7
Regional government/ health authorities	59,0	25,0	47,4	15,0	61,1	15,4	50,0	22,2	51,5	21,9	42,9	20,6	60,5	23,5
Insurance companies	0,0	2,5	2,6	2,5	0,0	2,6	0,0	2,8	0,0	6,3	0,0	2,9	0,0	2,9
Mental health institutes	0,0	55,0	23,7	75,0	11,1	74,4	8,8	63,9	9,1	62,5	14,3	61,8	0,0	55,9
End user	2,6	2,5	0,0	2,5	2,8	2,6	5,9	2,8	9,1	3,1	17,1	5,9	7,9	2,9

Table 12. Financing (F) and supervising (S) of certain types of TBSP programmes, Belgium

In Finland the financer of a TBSP programme changes considerably according to the type of the TBSP programme. The end user is considered to be an important financer in certain TBSP programmes, i.e. chat, web-based video, social network, and serious games. In general, the supervision of the TBSP programmes lies with the national government, the regional government/health authorities, and mental health institutes. The end user is also allowed to contribute to the supervision of TBSP programmes which focus on chat and web-based (see table 13).

Finland	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	38,0	38,5	16,0	23,1	30,6	28,9	32,6	31,3	19,1	26,5	12,8	19,1	15,6	25,7
Regional government/ health authorities	34,0	30,8	36,0	30,8	12,2	20,0	26,1	33,3	19,1	20,4	17,0	23,4	12,5	25,7
Insurance companies	2,0	3,8	8,0	9,6	4,1	4,4	4,3	4,2	2,1	2,0	6,4	4,3	12,5	2,9
Mental health institutes	24,0	26,9	36,0	34,6	28,6	26,7	26,1	25,0	31,9	30,6	34,0	36,2	28,1	31,4
End user	2,0	0,0	4,0	1,9	24,5	20,0	10,9	6,3	27,7	20,4	29,8	17,0	31,3	14,3

Table 13. Financing (F) and supervising (S) of certain types of TBSP programmes, Finland

In Germany the national government is regarded as the main financer for TBSP programmes. In addition, the regional government/health authorities, the mental health institutes, and the insurance companies can play a role in the financing of TBSP programmes. The end user is also expected to finance TBSP programmes especially the ones that focus on social networks or serious games. On the other hand, the supervision of the TBSP programmes is considered to be in the hands of the national government, the regional government/health authorities and the mental health institutes but not the insurance companies and the end user.

Germany	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	43,5	36,4	30,4	23,8	33,3	30,0	42,1	44,4	50,0	47,4	31,6	50,0	26,3	41,2
Regional government/ health authorities	26,1	31,8	17,4	33,3	23,8	35,0	15,8	33,3	11,1	31,6	10,5	22,2	5,3	23,5
Insurance companies	13,0	4,5	26,1	0,0	23,8	0,0	15,8	0,0	22,2	0,0	21,1	0,0	26,3	5,9
Mental health institutes	17,4	22,7	26,1	42,9	14,3	35,0	10,5	16,7	5,6	15,8	5,3	16,7	10,5	23,5
End user	0,0	4,5	0,0	0,0	4,8	0,0	15,8	5,6	11,1	5,3	31,6	11,1	31,6	5,9

Table 14. Financing (F) and supervising (S) of certain types of TBSP programmes, Germany

In Italy the regional government/health authorities is considered to be the most important supervisor for all TBSP programmes and financer for almost all TBSP programmes, except for e-therapy, chat and serious games. The insurance companies play a small role in the financing of the TBSP programmes but no role in the supervision (see table 15).

Italy	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	12,0	7,4	8,0	0,0	17,4	13,0	28,6	18,2	26,1	17,4	12,5	16,0	28,6	25,0
Regional government/ health authorities	52,0	70,4	36,0	58,3	21,7	47,8	33,3	59,1	30,4	56,5	58,3	64,0	28,6	62,5
Insurance companies	4,0	0,0	4,0	0,0	17,4	0,0	4,8	0,0	4,3	0,0	4,2	0,0	14,3	0,0
Mental health institutes	28,0	22,2	40,0	41,7	30,4	30,4	14,3	13,6	17,4	17,4	8,3	16,0	0,0	12,5
End user	4,0	0,0	12,0	0,0	13,0	8,7	19,0	9,1	21,7	8,7	16,7	4,0	28,6	0,0

Table 15. Financing (F) and supervising (S) of certain types of TBSP programmes, Italy

Mental health institutes are regarded to be the most important financer and supervisor of all types of TBSP programmes in Romania. The regional government/health authorities are also considered to play a significant part in the financing and supervision of TBSP programmes. For web-based video's and serious games insurance companies are expected to contribute and the national government for TBSP programmes that make use of social networks. The end user should play a substantial part in the supervision of serious games (see table 16).

Romania	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	28,1	21,9	13,3	13,8	14,3	10,7	16,7	7,1	14,8	7,4	17,9	10,7	17,9	11,1
Regional government/ health authorities	31,3	21,9	23,3	13,8	28,6	17,9	26,7	21,4	14,8	14,8	14,3	10,7	7,1	3,7
Insurance companies	0,0	0,0	13,3	6,9	10,7	3,6	6,7	3,6	18,5	3,7	10,7	3,6	21,4	7,4
Mental health institutes	40,6	56,3	46,7	65,5	39,3	67,9	43,3	67,9	44,4	70,4	42,9	67,9	42,9	63,0
End user	0,0	0,0	3,3	0,0	7,1	0,0	6,7	0,0	7,4	3,7	14,3	7,1	10,7	14,8

Table 16. Financing (F) and supervising (S) of certain types of TBSP programmes, Romania

In Slovenia the national government is considered to be the most important financer for all types of TBSP programmes. The insurance companies are expected to play a significant role in the financing of e-therapy and the end user in apps, web-based video, social networks, and serious games. The supervision of the TBSP programmes, except websites, for the most part should be done by mental health institutes (see table 17).

Slovenia	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	63,3	43,3	33,3	26,7	33,3	30,0	37,9	34,5	39,3	24,1	42,9	27,6	35,7	25,0
Regional government/ health authorities	16,7	13,3	16,7	13,3	22,2	10,0	13,8	13,8	10,7	13,8	7,1	6,9	7,1	3,6
Insurance companies	13,3	10,0	30,0	0,0	14,8	0,0	13,8	6,9	17,9	6,9	3,6	3,4	17,9	7,1
Mental health institutes	6,7	33,3	13,3	60,0	18,5	53,3	13,8	44,8	7,1	41,4	3,6	37,9	17,9	60,7
End user	0,0	0,0	6,7	0,0	11,1	6,7	20,7	0,0	25,0	13,8	42,9	24,1	21,4	3,6

Table 17. Financing (F) and supervising (S) of certain types of TBSP programmes, Slovenia

The financing of the different types of TBSP programmes in Spain is divided into two main financers, depending on the type of TBSP programme. Websites, e-therapy, and chats are considered to be mainly financed by the regional government/health authorities and Apps, web-based video, social networks, and serious games by the national government. The supervision of all but one type of TBSP programme, i.e. websites, lie with the mental health institutes (see table 18).

Spain	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	37,7	43,3	8,8	26,7	6,2	30,0	37,9	34,5	39,3	24,1	42,9	27,6	35,7	25,0
Regional government/ health authorities	53,6	13,3	50,0	13,3	36,9	10,0	13,8	13,8	10,7	13,8	7,1	6,9	7,1	3,6
Insurance companies	1,4	10,0	0,0	0,0	4,6	0,0	13,8	6,9	17,9	6,9	3,6	3,4	17,9	7,1
Mental health institutes	2,9	33,3	35,3	60,0	27,7	53,3	13,8	44,8	7,1	41,4	3,6	37,9	17,9	60,7
End user	4,3	0,0	5,9	0,0	24,6	6,7	20,7	0,0	25,0	13,8	42,9	24,1	21,4	3,6

Table 18. Financing (F) and supervising (S) of certain types of TBSP programmes, Spain

In Sweden, the main financer of websites, e-therapy, and web-based video is considered to be the regional government/health authorities. For chats, apps, social networks and serious games this is the end-user. The supervision of apps, web-based video, social networks and serious games, on the other hand, should mainly be done by the national government. Websites and e-therapy should be supervised, in essence, by the regional government/health authorities and only chats by the mental health institutes (see table 19).

Sweden	Website		E-therapy		Chat		Apps		Web-based video		Social network		Serious games	
	F	S	F	S	F	S	F	S	F	S	F	S	F	S
National government	38,1	40,0	10,0	22,7	15,0	25,0	20,0	38,1	25,0	38,1	18,2	40,0	35,0	38,1
Regional government/ health authorities	52,4	45,0	60,0	45,5	20,0	20,0	25,0	19,0	30,0	23,8	13,6	15,0	15,0	14,3
Insurance companies	0,0	0,0	5,0	4,5	0,0	0,0	0,0	0,0	5,0	0,0	4,5	0,0	0,0	0,0
Mental health institutes	9,5	15,0	20,0	22,7	30,0	35,0	25,0	23,8	20,0	23,8	22,7	20,0	15,0	23,8
End user	0,0	0,0	5,0	4,5	35,0	20,0	30,0	19,0	20,0	14,3	40,9	25,0	35,0	23,8

Table 19. Financing (F) and supervising (S) of certain types of TBSP programmes, Sweden

Summary

This report describes the existing TBSP programmes in the Euregenas countries and their features. In total, 67 TBSP programmes are available. The majority of these programmes consist of passive or active forms of TBSP programmes. About half of the stakeholders uses or recommends the use of the TBSP programmes. Most TBSP programmes are regarded to be usable, especially in the form of websites. Thus, there seems to be a lot of room for growth for this kind of programmes.
The essential content for TBSP programmes differs slightly between Euregenas countries but overall the content is in accordance with each other.
Stakeholders tend to use the TBSP programmes when they are free, accessible, and anonymous. Some of these aspects have been taken into account in the Ethical guidelines for TBSP programmes [4]. Stakeholders certainly do not use TBSP programmes because they are not interested in them but rather because they feel that they do not know enough about them. Stakeholders need to be informed more properly about the TBSP programmes and their use. Unfortunately, it is unclear for a large amount of the TBSP programmes whether or not they are developed using evidence-based research and if the cost-effectiveness of the programmes is studied. This might influence the way in which people view the TBSP programmes, whether or not they feel as if they can trust and rely on the TBSP programmes.
The financing and supervision of TBSP programmes differs greatly between Euregenas countries. These regional differences should be taken into account when developing TBSP programmes for a certain region or country.

This analysis is limited due to the large amount of missing data which may have biased some of the results.

Overall, it can be concluded that there is a lot of interest in TBSP programmes in the different Euregenas countries and that there is need for reliable TBSP programmes.

References

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Appendix 1

Needs assessment of WP 4, section 'Technology-based suicide prevention'

Technology-Based Suicide Prevention

The questions below are all about "technology-based suicide prevention". Technology-based suicide prevention is a form of e-mental health aimed at suicide prevention, making use of information and computer technology.

There are many forms of technology-based suicide prevention. Here you can find some examples of what we mean by technology-based suicide prevention:

- **a.** ***informative websites*** (i.e. websites that offer information on suicide, e.g. warning signs, risk factors, what to do when someone is suicidal, etc.)
- **b.** ***online self-help interventions*** (i.e. online interventions that aim at helping (mild to moderate) suicidal people at decreasing their symptoms through self-help)
- **c.** ***e-therapy interventions*** (i.e. online interventions in which a suicidal person is being guided by a counselor either through a form of self-help in which the counselor is there when needed, or through online and maybe face-to-face therapy)
- **d.** ***chat websites*** (i.e. online discussion in a chat room aimed at e.g. helping suicidal people through a crisis)
- **e.** ***Internet forums*** on suicide and suicide prevention in which suicidal and non-suicidal people share their thoughts
- **f.** ***social networking websites*** on suicide prevention (e.g. Facebook, Twitter)
- **g.** ***Apps*** (i.e. applications from the iTunes or Android store on suicide prevention)

1. **Please write down in the table below the names *of technology-based suicide prevention methods* that you know and how useful you consider each of them.**

	Not useful				Very useful
	1	2	3	4	5
1.	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐
5.	☐	☐	☐	☐	☐
6.	☐	☐	☐	☐	☐
7.	☐	☐	☐	☐	☐
☐ None					

2. How often do you use/recommend technology-based suicide prevention programs?

☐ Regularly	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

3. What would encourage you to use/recommend technology-based suicide prevention programs?

Please score the following topics on a scale from 1 (not at all) to 5 (definitely).

	Not at all				Definitely
	1	2	3	4	5
More information on the subject through training	☐	☐	☐	☐	☐
More information on the subject through newsletter	☐	☐	☐	☐	☐
More automated applications (i.e. applications in which there is no need for a person to supervise all the time since the applications run automatically)	☐	☐	☐	☐	☐
Easily accessible	☐	☐	☐	☐	☐
Guaranteed anonymity	☐	☐	☐	☐	☐
Time saving	☐	☐	☐	☐	☐
Cost saving	☐	☐	☐	☐	☐
Free, no extra costs (freeware)	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

4. What keeps you from using/recommending technology-based suicide prevention programs?

	Yes	No
No technology-based suicide prevention programs available	☐	☐
Too expensive	☐	☐
Too time consuming	☐	☐
No trustworthy applications	☐	☐
No knowledge about the evidence of the usefulness of technology-based suicide prevention programs	☐	☐
No interest in technology-based suicide prevention programs	☐	☐
No skills in the use of technology-based suicide prevention programs	☐	☐
No knowledge about technology-based suicide prevention programs	☐	☐
Other:	☐	☐

5. What would you consider essential in the contents of a technology-based suicide prevention program for suicidal persons?

Please score the following topics on a scale from 1 (inessential) to 5 (very essential).

	Inessential				Very essential
	1	2	3	4	5
Information on prevention of suicide	☐	☐	☐	☐	☐
Information on warning signs, risk factors and protective factors	☐	☐	☐	☐	☐
Information on suicide methods	☐	☐	☐	☐	☐
Links to suicide prevention helplines	☐	☐	☐	☐	☐
Risk assessment test	☐	☐	☐	☐	☐
Referral to a professional (organization)	☐	☐	☐	☐	☐
Evidence based therapy	☐	☐	☐	☐	☐
Offering solutions to the problems of a suicidal person	☐	☐	☐	☐	☐
Crisis plan present in case person is highly suicidal	☐	☐	☐	☐	☐
Chats led by a professional	☐	☐	☐	☐	☐
Chats and internet forums serve as a support	☐	☐	☐	☐	☐
Chats and internet forums should be therapeutic	☐	☐	☐	☐	☐
Exchanging experiences between suicidal people	☐	☐	☐	☐	☐
Supervised by a professional	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

6. What technology-based suicide prevention service do you use/would you consider using for suicidal persons?

Please score the following topics on a scale from 1 (not at all) to 5 (all the time).

	Not at all				All the time
	1	2	3	4	5
Website	☐	☐	☐	☐	☐
E-mail	☐	☐	☐	☐	☐
Chat	☐	☐	☐	☐	☐
Apps	☐	☐	☐	☐	☐
Web-based video (e.g. YouTube)	☐	☐	☐	☐	☐
Social networking (e.g. Facebook)	☐	☐	☐	☐	☐
Serious gaming (i.e. computer or web-based games aimed at improving certain skills)	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

7. Which ethical guidelines concerning technology-based suicide prevention programs are you familiar with?

	☐ None (Please continue with no. 39)

8. Do you use them?

☐ Yes	☐ No

9. If 'No', why not?

10. Which quality criteria concerning technology-based suicide prevention would you find essential?

	☐ None

11. In your opinion, who should be responsible for *financing* the service in your region? Please indicate your preference for every form of technology-based suicide prevention. (please choose one option per each service)

	National government	Regional government/ health authorities	Insurance companies	Mental health institutes	End user
Website	☐	☐	☐	☐	☐
E-therapy	☐	☐	☐	☐	☐
Chat	☐	☐	☐	☐	☐
Apps	☐	☐	☐	☐	☐
Web-based video (e.g. YouTube)	☐	☐	☐	☐	☐
Social networking (e.g. Facebook)	☐	☐	☐	☐	☐
Serious gaming (i.e. computer or web-based games aimed at improving certain skills)	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

12. In your opinion who should be responsible for *supervising (hosting, technical support, storage of data etc.)* the service in your region? Please indicate your preference for every form of technology-based suicide prevention. (please choose one option per each service)

	National government	Regional government/ health authorities	Insurance companies	Mental health institutes	End user
Website	☐	☐	☐	☐	☐
E-therapy	☐	☐	☐	☐	☐
Chat	☐	☐	☐	☐	☐
Apps	☐	☐	☐	☐	☐
Web-based video (e.g. YouTube)	☐	☐	☐	☐	☐
Social networking (e.g. Facebook)	☐	☐	☐	☐	☐
Serious gaming (i.e. computer or web-based games aimed at improving certain skills)	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

Appendix 2

Instrument 'Overview of the available TBSP programmes in the Euregenas-countries and their characteristics'

Directions for filling in the 'overview TBSP programmes' form	
Step 1.	Start by filling in the available TBSP programmes that you know in your country/region and try to fill in as much information as possible about the every TBSP programme
Step 2.	Translate the words/sentences **'suicide'**, **'commit suicide'** & **'I want to die' in the language of your country/region**
Step 3.	Carry out three Google searches **in the Google search engine of your country** (e.g. Google.es, Google.it, Google.se) for the three words/sentences that you translated
Step 4.	Check if the first 10 hits of each Google search give you other TBSP programmes than the ones that you already filled in. If so, please fill in the TBSP programmes and try to fill in as much information as possible about the TBSP programmes
Step 5.	Please send this form back to eva.dejaegere@ugent.be by **5 August**. Thank you!

Name of TBSP programme	Format of TBSP programme							Developer		Owner and/or provider	
Please provide the name of the TBSP programme and if possible, the web address	*Please mark with 'x' if applicable. More than one answer is possible.*							*Please mark with 'x' if applicable. More than one answer is possible.*		*Please mark with 'x' if applicable. More than one answer is possible.*	
	Website	**E-mail**	**App**	**Serious game**	**Social network**	**Other** Please specify		**Govern mental**	**Non-govern mental**	**Govern mental**	**Non-govern mental**

Content of TBSP programme											Target group	Moderated
Please mark with 'x' if applicable. More than one answer is possible.											*Please specify*	*Is the TBSP program moderated/supervised? Please mark with'Yes/No/Don't know'*
Psycho-education	**Chat**	**E-therapy**	**Forum**	**E-learning**	**Self-help**	**Self-test**	**Screening**	**Other** Please specify				

Evidence-based research	Cost effectiveness research	Paying service	Financer		Reach	Usability
Is the TBSP programme suported by evidence-based research? Please mark with'Yes/No/Don't know'. If possible, please provide	*Is the cost-effectiveness of the TBSP programme studied? Please mark with'Yes/No/Don't know'. If possible, please provide a reference*	*Does the user have to pay for the TBSP-programme? Please mark with'Yes/No/Don't know'.*	*Please mark with 'x' if applicable. More than one answer is possible.*	**Governemental**	*How many unique hits does the program have in a year?*	*Please provide a score from 1 (not usable) to 5 (very usable)*
				Non-governmental		

Appendix 3

Available TBSP programmes in the Euregenas-countries

Belgium:

1. www.stopzelfdoding.be
2. www.ontrackagain.be
3. pratenonline.nl
4. www.noknok.be
5. www.gripopjedip.nl
6. www.mentaalvitaal.nl
7. www.psyfit.nl
8. www.113online.nl
9. www.zelfmoord.nl
10. www.suicidepreventievlaanderen.be
11. www.levenondercontrole.nl
12. www.fitinjehoofd.be
13. www.preventiezelfdoding.be
14. www.sensoor.nl
15. www.ivonnevandevenstichting.nl
16. www.werkgroepverder.be
17. www.mindyourownlife.nl/je-gevoel/zelfmoord

Finland:

1. SELMA Self help programme on line to help people to overcome traumatic crisis
2. Surunauha for suicide survivors
3. Time Out
4. Tukinetnet
5. Addictionlink wwwpaihdelinkkifi
6. Chat SUOMI24fi keywords suicide
7. Portal for early intervention and crisis support
8. The Central Association for Mental Health
9. e-mielenterveys (e-mental health), mielenterveysseura (Finnish Mental Health Association)

Italy:

1. Servizio per la prevenzione del Suicidio - http://www.prevenireilsuicidio.it/sps/index.php?option=com_content&view=featured&Itemid=101
2. De Leo Fund
3. SOPRoxi - http://www.soproxi.it/
4. Samaritan Onlus Italia - http://www.samaritansonlus.org/suicidio.php

Germany:

1. AGUS-Forum, wwwagus-selbsthilfede
2. wwwneuhlandde
3. DGS
4. Naspro
5. Hoffnungsschimmerforum - https://suizid-forum.com/index.html
6. Kidkit - http://www.kidkit.de/psychische-erkrankung.html
7. Freunde fürs Leben (Friends for life) - http://ww.frnd.de/check/
8. Online Jugendberatung im Arbeitskreis Leben - http://www.youth-lifeline.de/onlineberatung/faq.html
9. [U25] http://www.u25-freiburg.de/
10. Stiftung Deutsche Depressionshilfe/ Deutsches Bündnis gegen Depression e.V. - http://www.buendnis-depression.de/depression/selbsttest.php - http://www.deutsche-depressionshilfe.de/forum-depression/

Slovenia:

1. Institute Andrej Marušiè
2. to sem jaz - http://www.tosemjaz.net/si/forum/
3. TOM telephone for children and adolescents - http://www.e-tom.si/
4. MIC - counselling of youth information center http://www.mic.si/svetovalnica/spletno-svetovanje/psiholosko-svetovanje
5. Društvo SOS telefon - for women and children who are victims of violence - http://www.drustvo-sos.si/
6. Samomor-razmišljanja o življenju in smrti - http://www.samomor.si/
7. med.over.net - http://med.over.net/forum5/index.php?264
8. Viva - http://www.viva.si/Skupina/Depresija
9. Vizita - http://vizita.si/clanek/leksikon/depresija.html
10. Društvo DAM - help for people with depression and anxiety disorder http://www.nebojse.si/Forum/
11. Psihiatrija - http://www.psihiater-leser.com/557/29101.html
12. Posvet - http://zrcalo1.zrc-sazu.si/dh/

Spain:

1. Programas formativos en Atención Primaria - http://www.prevencionsuicidio.com/index.php?option=com_content&view=article&id=127&Itemid=158
2. Ayuda Psicológica - http://www.ayuda-psicologia.org/2013/01/como-prevenir-el-suicidio.html
3. Google y Teléfono de la Esperanza: Servicio "Intervención en Crisis"
4. Plan Prevención Suicidio. Ensanche Derecho - www.suicidioprevencion.com
5. Depresion.org - http://www.depresion.org/phorum/readt/3/2873/2873/quiero-morirme
6. Red AIPIS. Asociación de Investigación, Prevención e Intervención del Suicidio - http://www.redaipis.org/
7. Consejo Psicológico Online (CPO). Plan Prevención - http://www.consejopsicologicoonline.com/cpo/autoayuda/monografias/suicidio/plan-de-prevencion.html
8. Forumclínic. Programa interactivo para pacientes - http://www.forumclinic.org/es/depresi%C3%B3n/reportajes/10-de-septiembre-del-2011-d%C3%ADa-mundial-de-prevenci%C3%B3n-del-suicidio
9. Cepvi. Psicología, medicina, Salud y Terapias alternativas - http://www.cepvi.com/articulos/suicidio.shtml

Sweden:

1. Suicide Prevention Western Sweden and Livlinan
2. sjalvmordsupplysningense
3. Spes.se
4. NASP
5. The National Helpline
6. Curch helpline Gothenburg