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HAUTE ÉCOLE DE TRAVAIL SOCIAL Fribourg
HOCHSCHULE FÜR SOZIALE ARBEIT Freiburg

Hes·SO

EXTERNAL EVALUATION:

PGV-SUICIDE PREVENTION PROJECTS

Ipsilon Research Meeting, Bern

24 November 2025

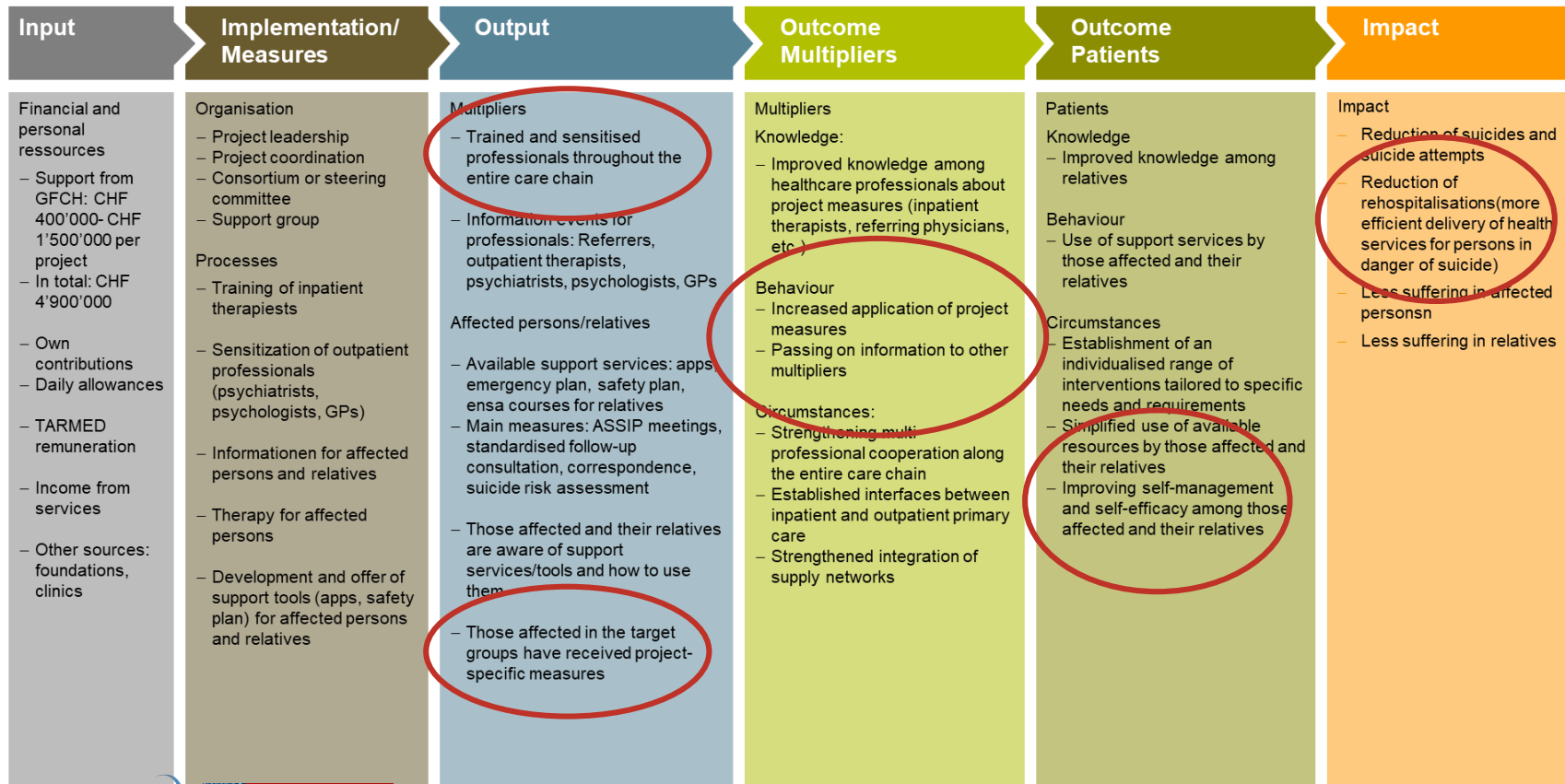
PGV Suicide Prevention Projects 2021-2025



The four projects

Title	Project lead	Target groups	Cantons
SERO Suizidprävention: Einheitlich Regional Organisiert	Psychiatry, Luzern (LUPS)	Suicidal persons and their families	LU, NW, OW
ASSIP flex	University Clinic of Psychiatry and Psychotherapy, Bern	Patients who have attempted suicide and their families Adults: 18 and older	BE, NE, VD, ZH
Ado ASSIP Prevention of Suicide attempts and suicides in adolescents	University Clinic of Psychiatry, Zurich	Patients who have attempted suicide and their families Adolescents and young adults	BL, BS, BE, GE, LU, SG, TG, VD, ZH, NW, OW, AR, AI
ASSIP Suisse Romande Applying the ASSIP method in the French part of CH	Centre for Psychiatry, Neuchatel CHUV, Lausanne	Patients who have attempted suicide Adults: 18 and older	BE, GE, NE, VD

Logical framework





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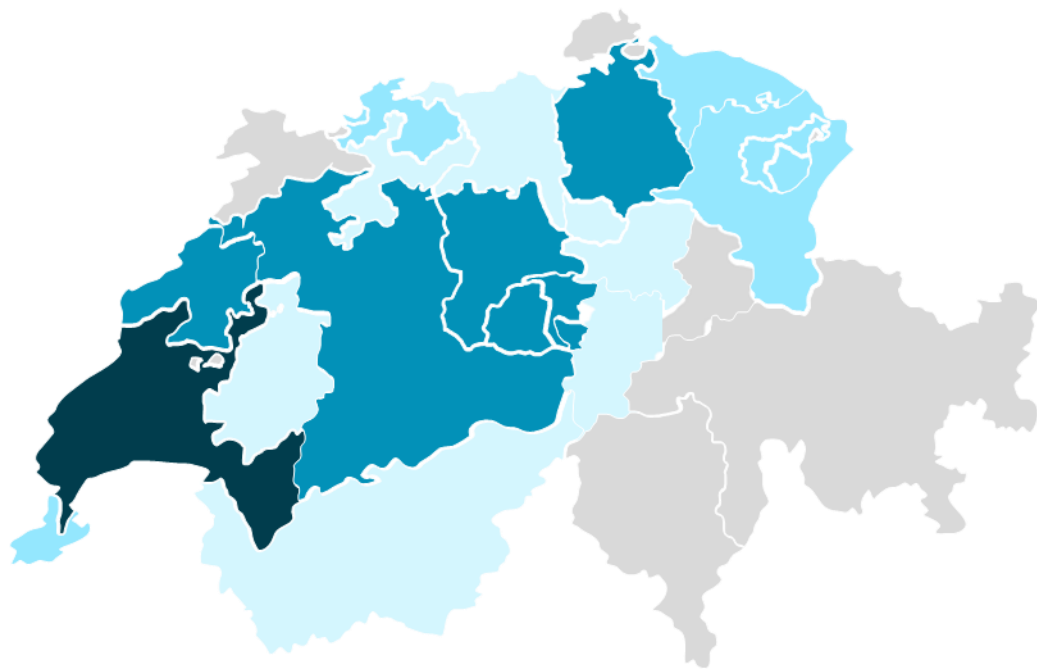
Concept and Implementation

Geographical coverage of projects

Concept

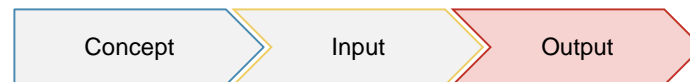
Input

Output



- covered by 3 projects
- covered by 2 projects
- covered by 1 project
- subsequently or additionally included in a project

Overview of the target groups reached by each project



	AdoASSIP	ASSIP flex	ASSIP Suisse Romande	SERO
Affected persons	- 328 youth (initial target size: 850)	- 598 patients approached (initial target size: 1257) - 261 patients treated (initial target size: 459, corrected to 298)	- 285 patients (initial target size: 520)	<i>No target size defined</i>
Relatives	<i>No target size defined</i>	- 117 relatives/ caregivers informed (initial target size: 900)	NA	163 relatives took the course (initial target size: 564)
Professionals	- 47 Ado ASSIP therapists trained (initial target size: 24)	- 11 ASSIP flex/Home therapists trained (initial target size: 5-10)	- 33 ASSIP therapists trained (initial target size: 16) - 2 supervisors trained (initial target size: 4)	- 1658 professionals trained in PRISM-S application (initial target size: 490) - 21 trained as PRISM-S trainers



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Outcome I: Multipliers

Outcome I – Multipliers

Knowledge

Behaviour

Circumstances

Practical application

- Multipliers actively implemented methods (e.g. safety plan, PRISM-S).
- Standardised tools (e.g. risk assessments, final consultations) were regularly integrated into workflows.
- Cooperation with general practitioners, Spitex or psychosocial services was more targeted and binding.

➤ Lack of time, lack of resources and unclear responsibilities made integration difficult.

Outcome I – Multipliers

Knowledge

Behaviour

Circumstances

Multiplication & dissemination

- Methods such as PRISM-S, safety plans and ASSIP guidelines were presented to colleagues and communicated internally.
- Individual elements (e.g. assessment instruments) were integrated into internal processes and training courses.
- Multipliers actively recommended programmes to other professionals – often through personal networks or in the context of case discussions.

- Internal dissemination depends on individual motivation – no systematic multiplication in all settings

Outcome I – Multipliers

Knowledge

Behaviour

Circumstances

Collaboration & network activation

- Intensification of interprofessional cooperation.
 - Interventions led to initial contacts and role clarity between professional groups that had previously been less well connected.
 - Tools such as safety plans and final meetings promoted exchange and coordination.
-
- Cooperation with professional groups that are not familiar with psychiatry can be difficult in some cases (e.g. legal representatives).
 - Communication problems at interfaces (e.g. with general practitioners).



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Outcome II: Affected persons and their relatives

Interviews: Appreciated elements

- **Overall**, the projects were **rated positively** by the respondents (those affected/relatives) at the time of the interview.

«Everything was really good. (...) I couldn't possibly single out one thing from everything we wrote down. Everything makes sense and is useful to me.» (ID 411 AP)

- **Collaborative processing and understanding of the suicidal crisis (ASSIP Projects)**

«Writing the story and summarising everything wasn't easy, but it was still good (...). Asking questions brought things back to mind that I wouldn't otherwise have thought of. I had my whole past laid out before me again – I could look at it – that was good.» (ID 315 AP)

Interviews: Appreciated elements

- The **relationship with the therapist** (ASSIP intervention): a cornerstone
«He took me seriously. He also took my feelings seriously. He didn't downplay anything, and I think that's very important because it happens very often.» (ID 313 AP)
- Communication in the social environment through **psychoeducation**: a significant contribution
«I was taken more seriously because I had a paper explaining what suicide is. I gave it to everyone to read, the youth welfare office, my friends, because I encounter a lot of misunderstanding around me.» (ID 229 AP)

Interviews: Potential for Improvement

- Recognising individual warning signs and implementing measures developed: a goal that has only been partially achieved
 - The vast majority: can identify warning signs
 - $\frac{1}{4}$ - $\frac{1}{2}$ of respondents (ASSIP): have difficulty applying strategies and resorting to support systems.

«I think the questions are good, and I spent several days thinking about how I could summarise my thoughts. I focused primarily on the question, 'How do you deal with impulsive behaviour?' In other words, how can you recognise it in advance?» (ID 103 AP)

- **Project structure:** Desire for additional meetings and more personalised outreach support

«The first letter didn't come at the right time (...). I had finally started to see land again and feel better. And then receiving a letter from ASSIP set me back a bit to what had happened.» (ID218 AP)

Interviews: Potential for Improvement

- **Communication** between professionals and **follow-up care needs**: important starting points for improving projects

«That you then recommend a suitable therapy. Not that you do that and then simply have nothing (...) that you get a therapy recommendation or something similar. I would find that helpful.» (ID 339 AP)

- **Participation of relatives**: existing demand and significant potential for further development of the projects

«I always felt that my parents would benefit from support and a therapist or a place where they could talk about these things. They were aware of what was going on (...) but they had nowhere to talk about it, discuss their problems or ask questions.» (ID 328 AP)

«What about people who have no relatives, or people who are at odds with each other, who don't care if their brother has a psychiatrist? I always wonder what happens to these people.» (ID400 RE)

Rehospitalisations SERO

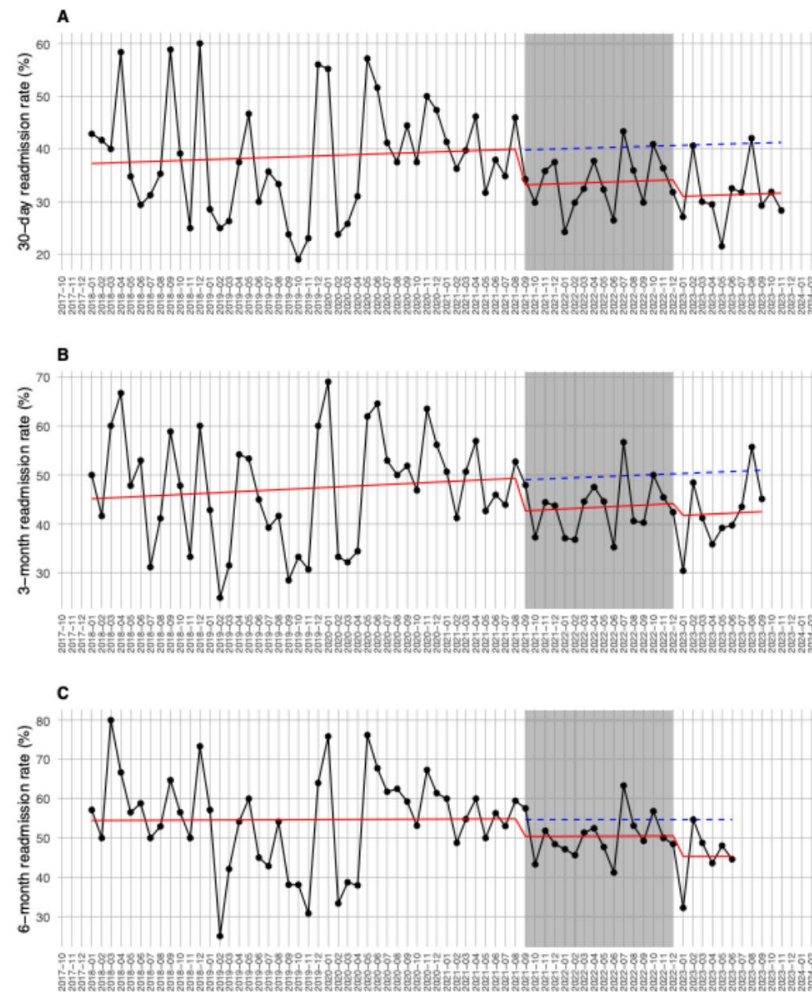
Rehospitalisation rates within

- 30 days (A):
- 3 months (B)
- 6 months (C)

after discharge in patients with an increased risk of suicide
before, during (grey) and after the
introduction of the SERO intervention
package

Werdin, S., Fink, G., Rajkumar, S., Durrer, M., Gurtner, C., Harbauer, G., Warnke, I., & Wyss, K. (2025). Impact of four integrated self-management interventions on psychiatric readmissions in patients at suicide risk: An interrupted time series analysis in Switzerland. *Journal of Affective Disorders*, 388, 119604.

<https://doi.org/https://doi.org/10.1016/j.jad.2025.119604>





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Conclusions and
recommendations

Potential for synergies

Recommendations

- Publicity activities:
 - Joint communication concept
 - Information events for specialists
 - Conference participation
 - Public relations, Newsletter, Social media work
- Merge websites
- Digital applications/safety plans
- Training/further education
- Ensure sustainability
 - Clarity about which services are financed and which are not

Findings across projects

- An increased focus on family members is desirable
- Systemic approaches are promising.
- Offer a more flexible and context-specific approach to ASSIP intervention, e.g.
 - Option for further sessions
 - Adapt outreach element as needed
 - Practise using aids
- Further strengthen communication and cooperation between professionals
 - More external referrals
 - Guaranteed follow-up treatment

Publications

- [Schlussbericht](#) (DE) der übergreifenden Evaluation der PGV-Suizidpräventionsprojekte
- [Management Summary](#) (DE | FR) de l'évaluation transversale des projets de prévention du suicide
- [Faktenblatt](#) (DE | FR) zur übergreifenden Evaluation der PGV-Suizidpräventionsprojekte
- DE: [Themenseite](#) Suizidprävention innerhalb der PGV | FR: [Site thématique](#) prévention du suicide au sein de la PDS

Accessible on the Health Promotion CH website

[Publikationen | Gesundheitsförderung Schweiz](#)

Next steps

Initiierung

- Bedingung: Bewilligter Antrag
- 4 Jahre
- Maximal 75% Finanzierung durch GFCH

Stichworte:

- Pilotierung
- Vorbereitung

Initialisation

- Condition : demande approuvée
- 4 ans
- Max. 75% financement par PSCH

Mots clés :

- Pilotage
- Préparation

Übergang

- Bedingungen:
 - Validierter Projekt- und Evaluationsschlussbericht
 - Antragstellung auf Einladung von GFCH
 - Bewilligter Antrag
- ≤ 4 Jahre
- Weniger als 75% Finanzierung durch GFCH

Stichworte:

- Verbreitung
- Etablierung

Angebot (ab 2029)

Verstetigung
im Gesundheits-
system

Transition

- Conditions :
 - Rapport final validé et rapport d'évaluation validé
 - Soumission sur invitation de PSCH
 - Demande approuvée
- ≤ 4 ans
- Moins de 75% financement par PSCH

Mots clés :

- Diffusion
- Mise en place

Implémentation (à partir de 2029)

Pérennisation
dans le système
de santé

Current implementation phase: initialisation and transition

Quelle: Konzept der Projektförderung PGV 2025-2028 | Source: Concept du soutien de projets PDS 2025-2028



Thank you for your attention

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Dolores Angela Castelli Dransart, Ramona Patt