



Community-based suicide surveillance system: A case study from northern Thailand

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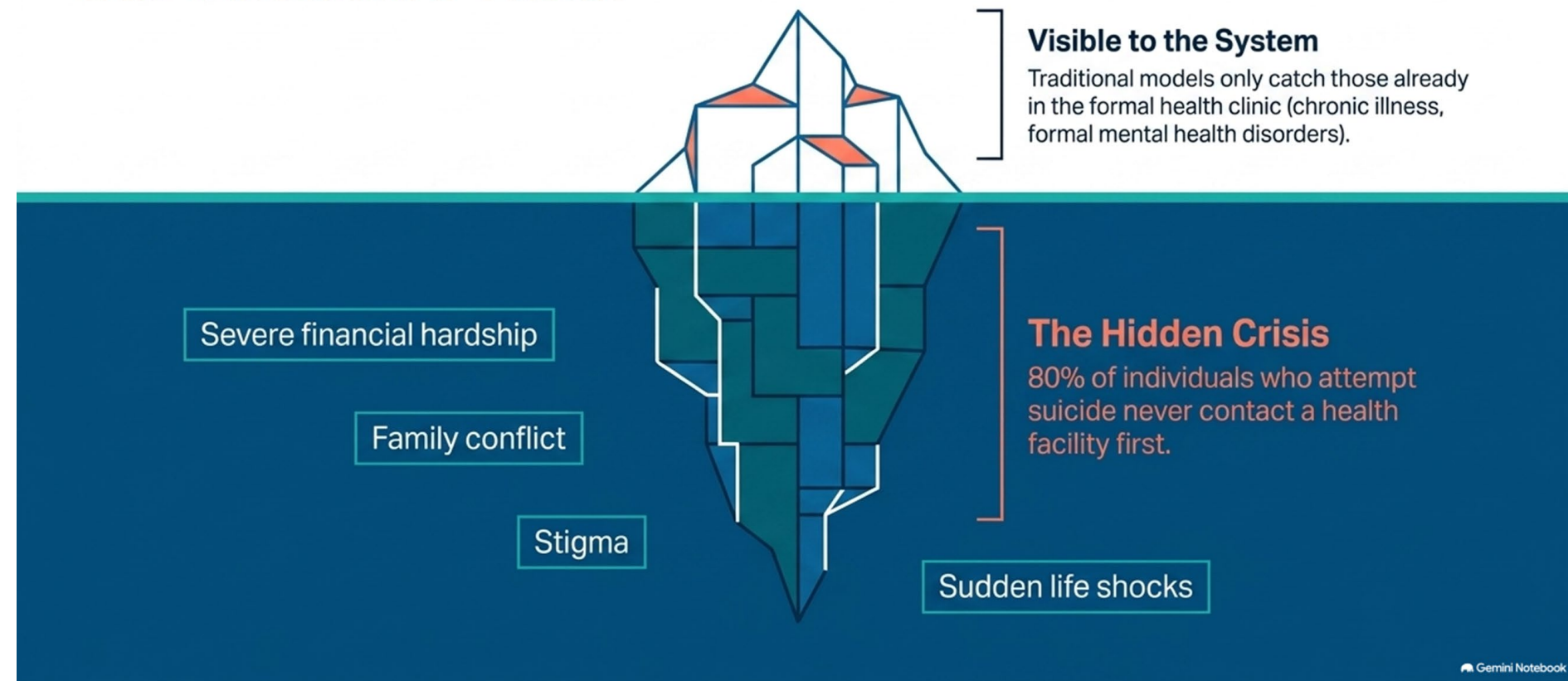


6th International
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Introduction

The Problem: Suicide is a major public health concern in Thailand, with the national rate rising to 11.8 per 100,000 in 2020.
Local Context: Lamphun Province has consistently recorded the highest suicide rate in the country.

The Core Gap: Why passive healthcare surveillance fails.



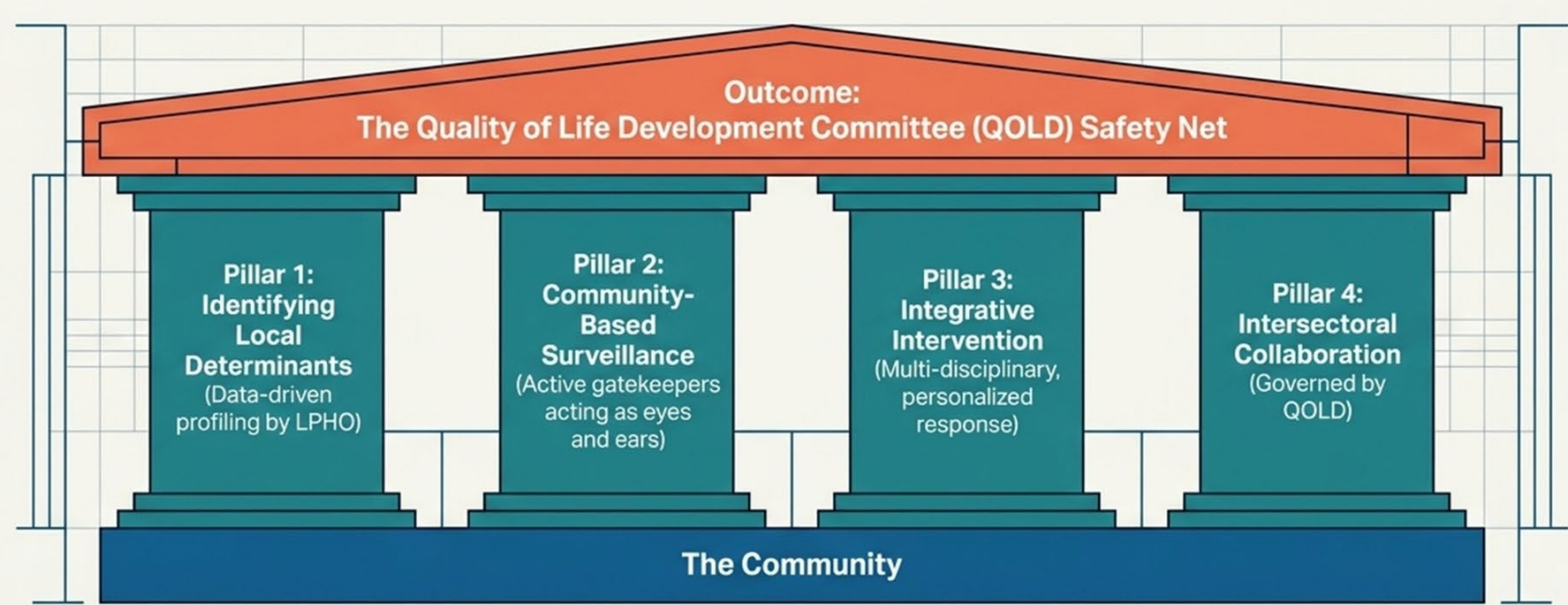
The Gap: National strategies are primarily healthcare-oriented, failing to reach individuals outside the formal health system.

The Solution: The Lamphun Provincial Health Office (LPHO) developed the “Four Pillars” strategy, shifting from passive surveillance to an active, community-owned system.

The Four Pillars Strategy Model

- Pillar 1: Identifying Local Determinants:** Analyzing psychological autopsies to identify indicators like chronic illness, financial hardship, and substance use.
- Pillar 2: Community-Based Surveillance:** Establishing a gatekeeper network (community leaders, monks, street vendors) trained to recognize behavioral signals.
- Pillar 3: Integrative Intervention:** Developing individualized support plans via multisectoral teams (religion, finance, education, and health).
- Pillar 4: Intersectoral Collaboration:** Coordinating resources and monitoring data through the Quality of Life Development Committee (QOLD) at the district level.

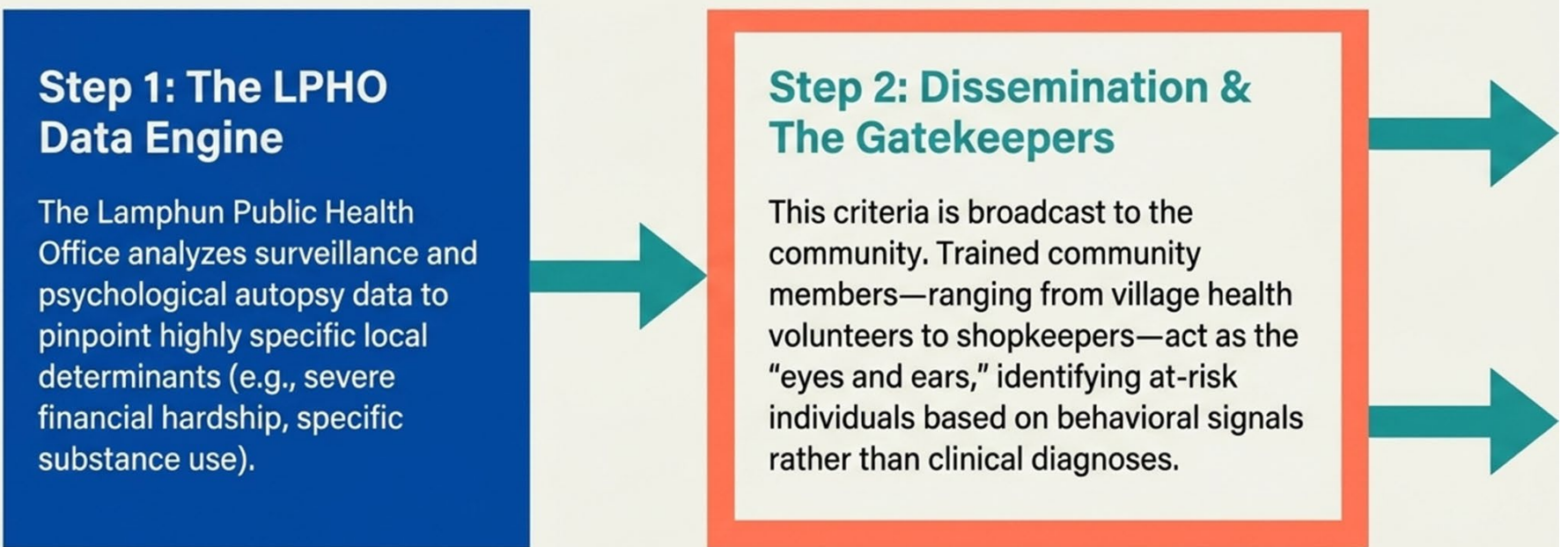
The Paradigm Shift: Engineering a community safety net.



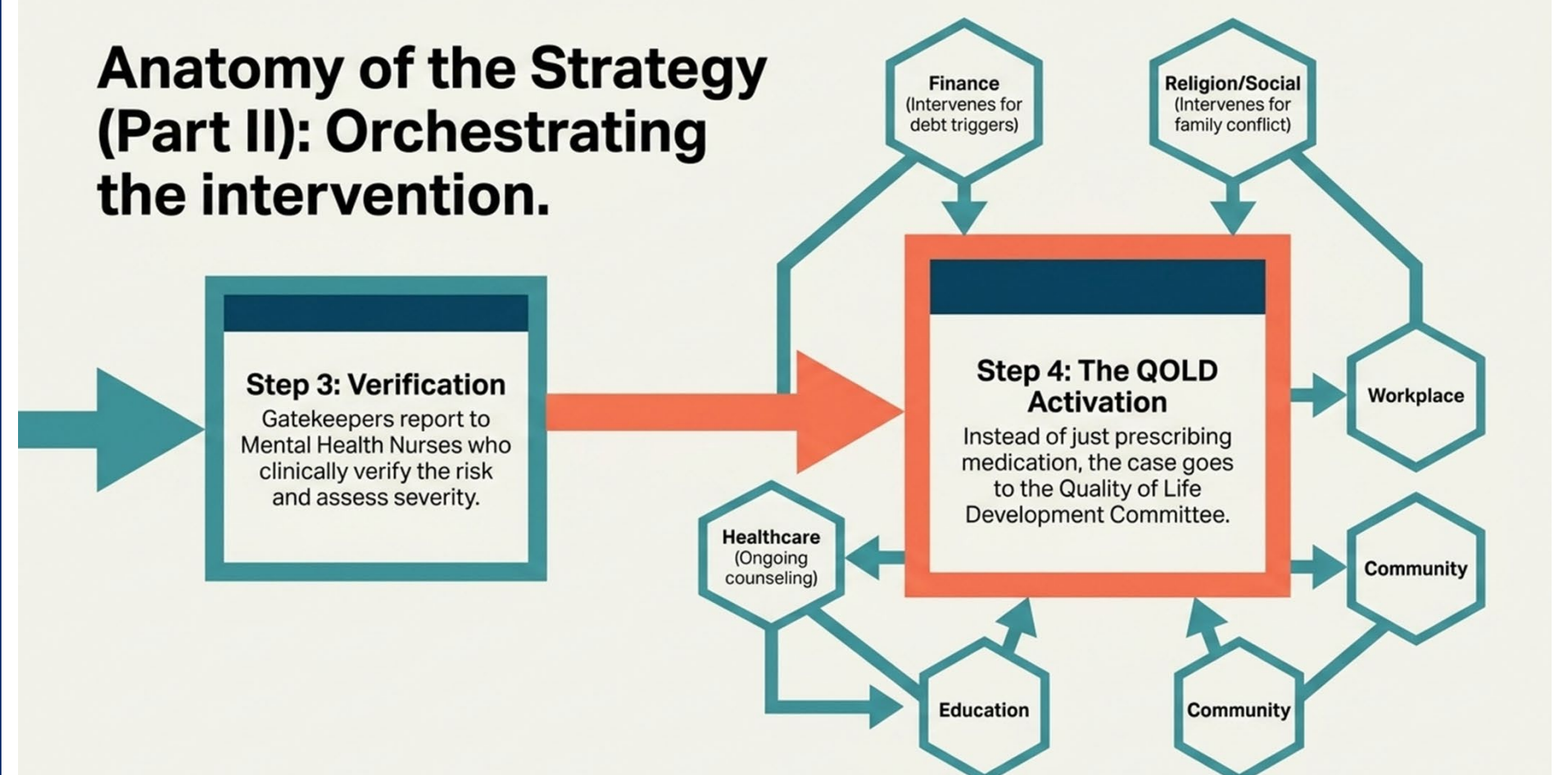
Suicide prevention is transformed from a purely clinical duty into a collective, community-engineered architecture.

Operation

Anatomy of the Strategy (Part I): From data to detection



Anatomy of the Strategy (Part II): Orchestrating the intervention.

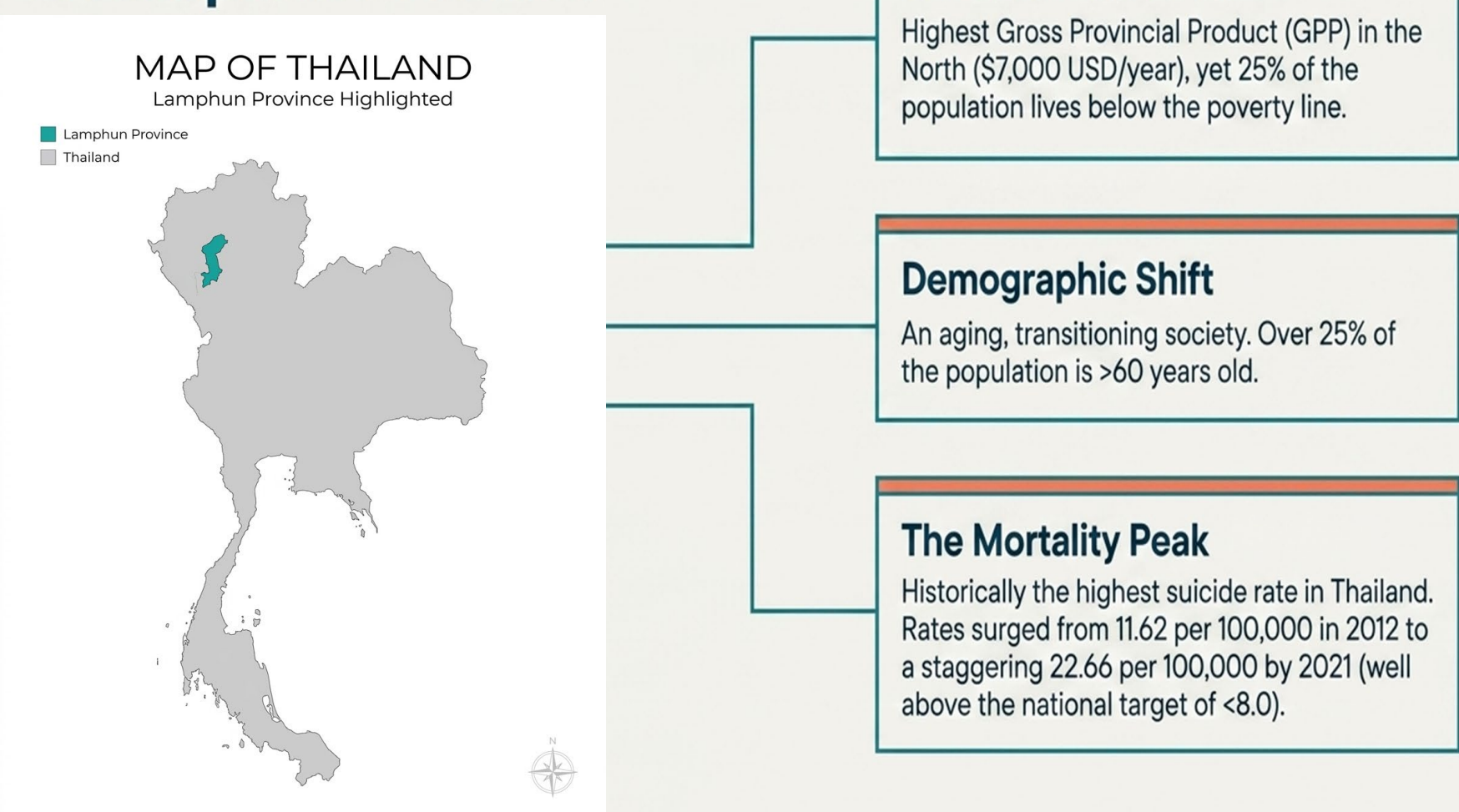


Methods

Study Design: A convergent parallel mixed-methods study.
Participants: 600 community members for surveys and 57 key informants for qualitative interviews/focus groups.
Evaluation Dimensions: Reach, Effectiveness, Adoption,

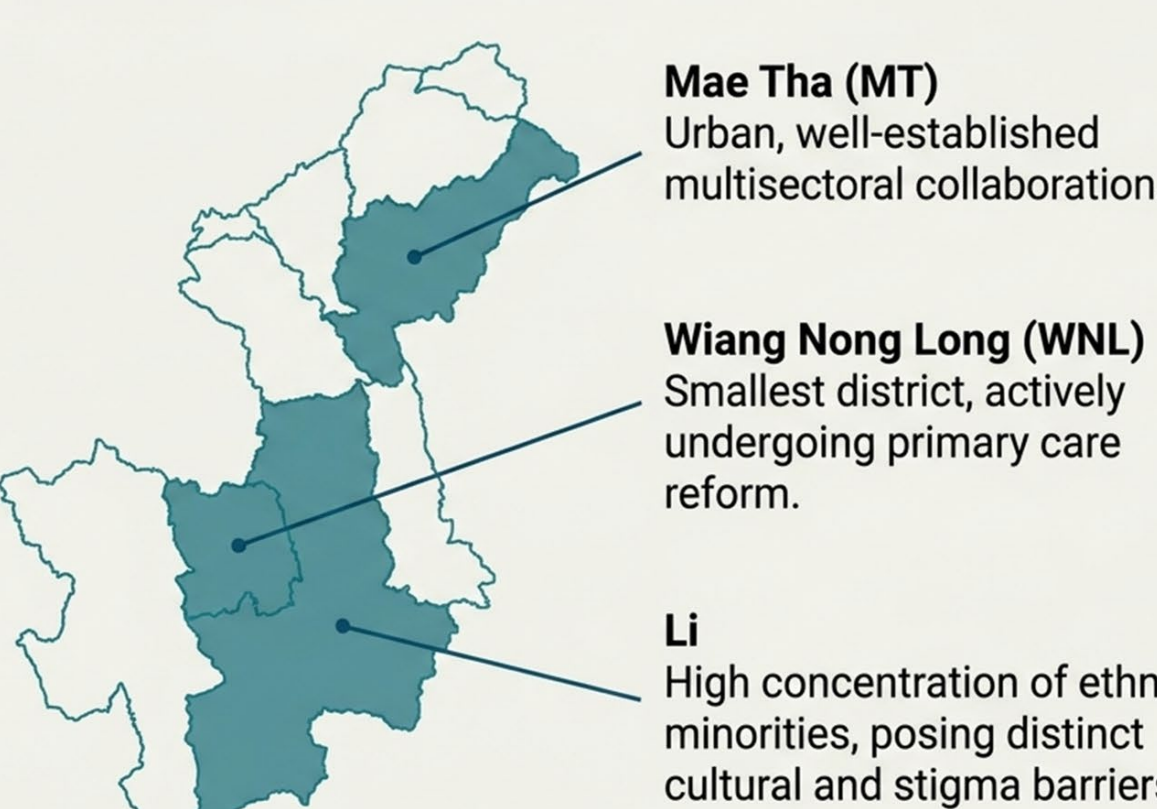
Settings

The Epicenter: The paradox of Lamphun Province



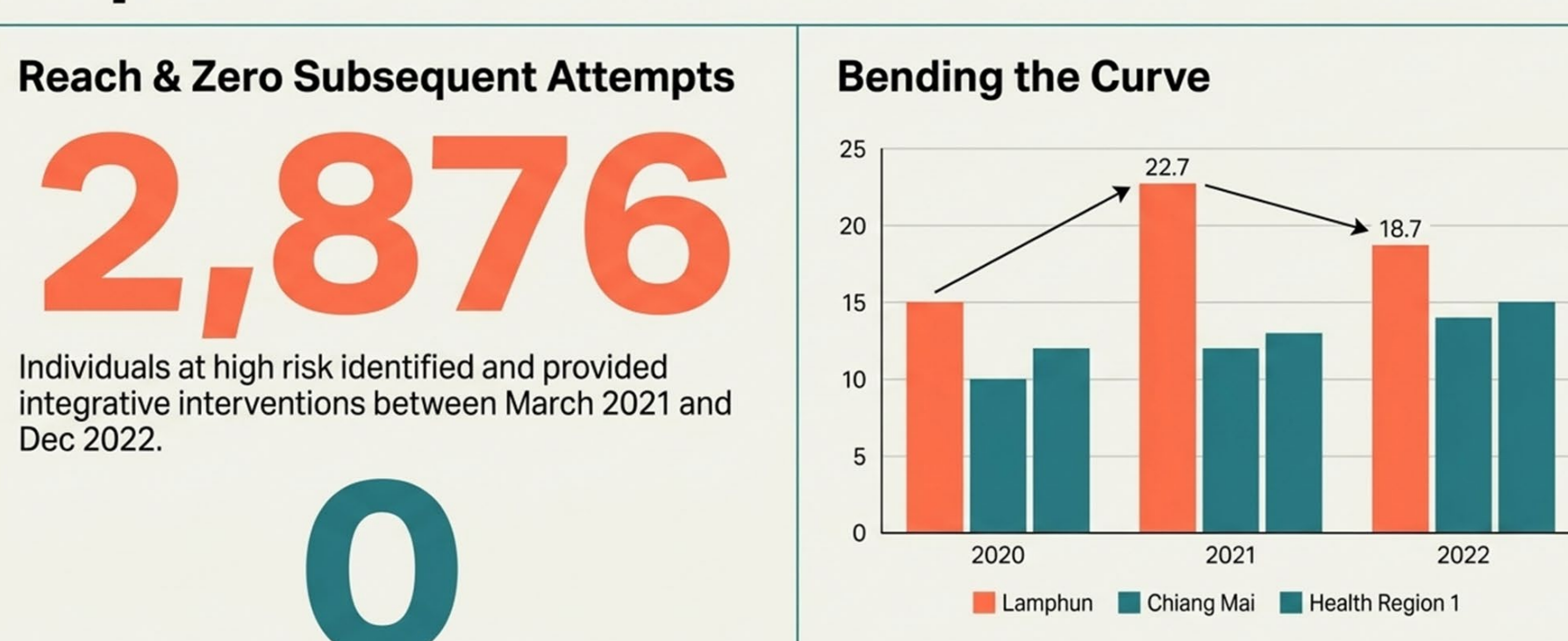
A rigorous convergent parallel mixed-methods study evaluated the model eighteen months post-launch across five dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Evaluating the Architecture: The RE-AIM Framework.

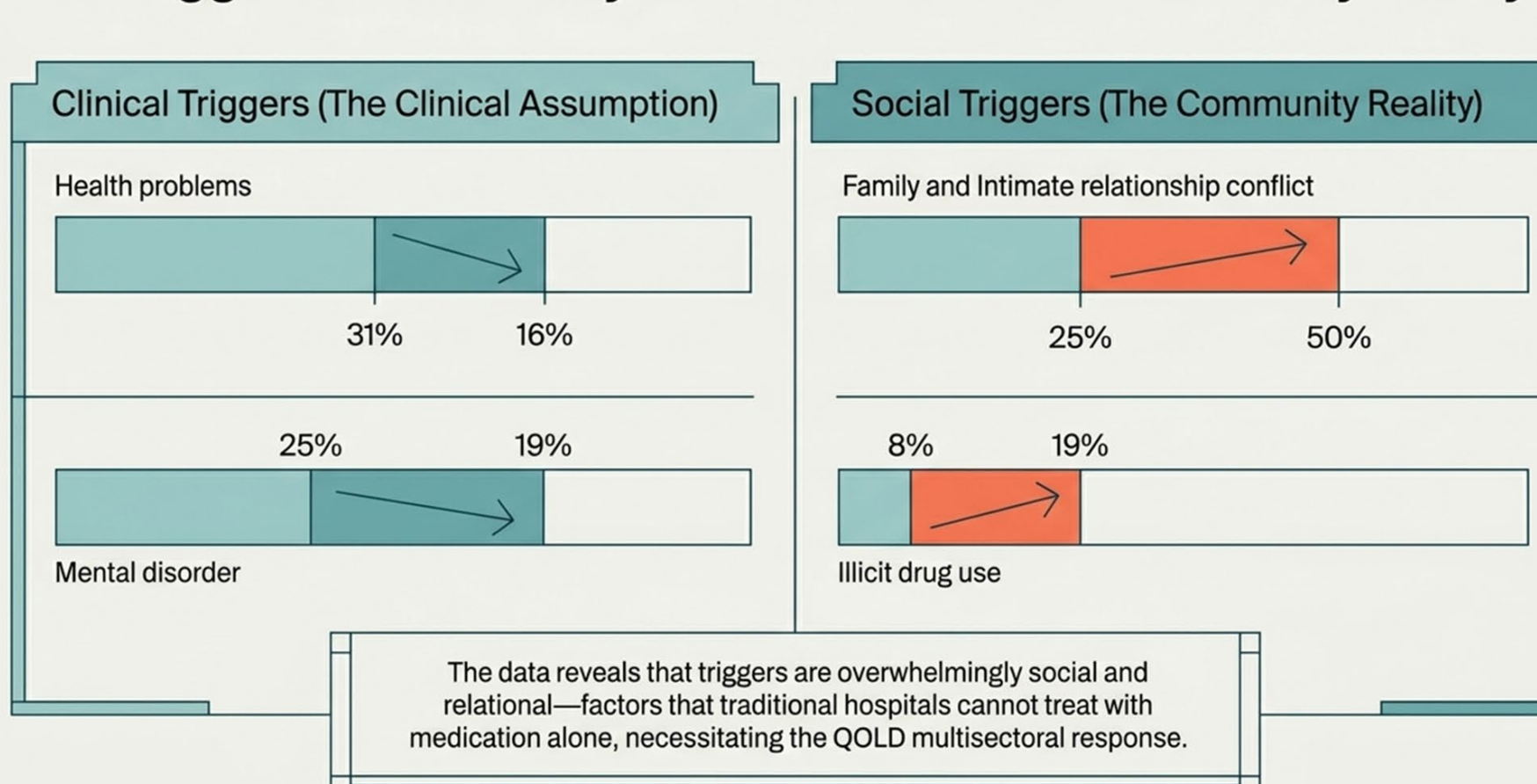


Results

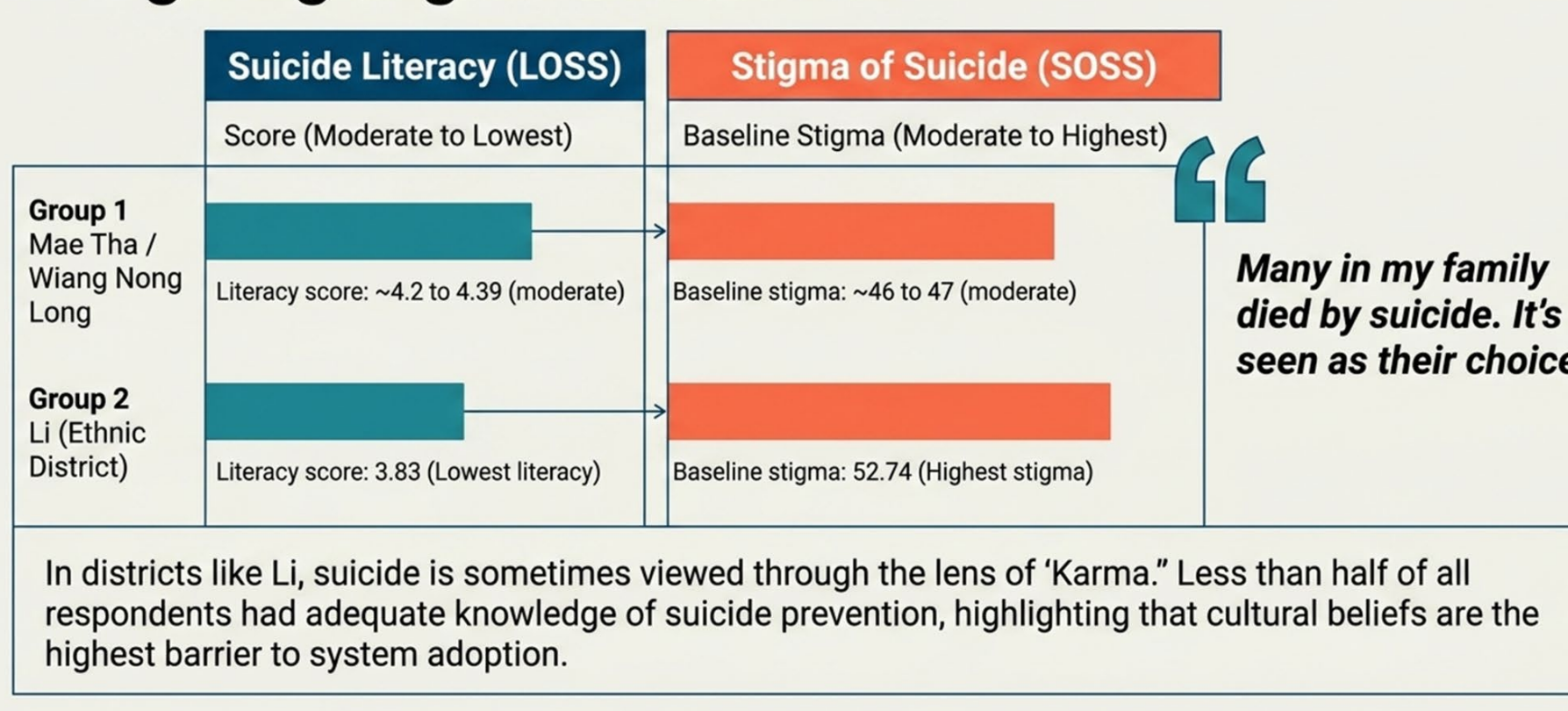
Impact Dashboard: Reach & Effectiveness



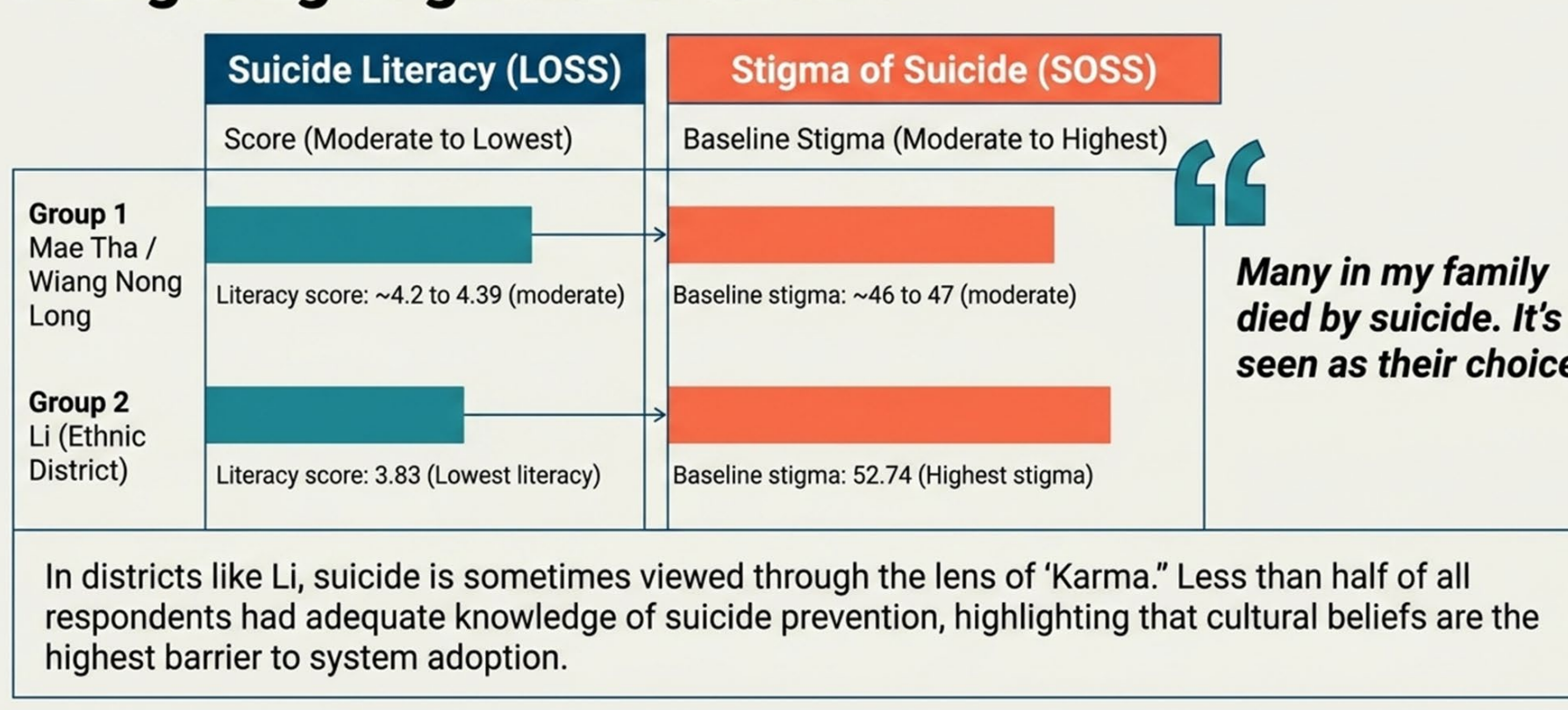
The Triggers: What the system looks for vs. Community reality



The Friction of Adoption: Navigating stigma and culture.

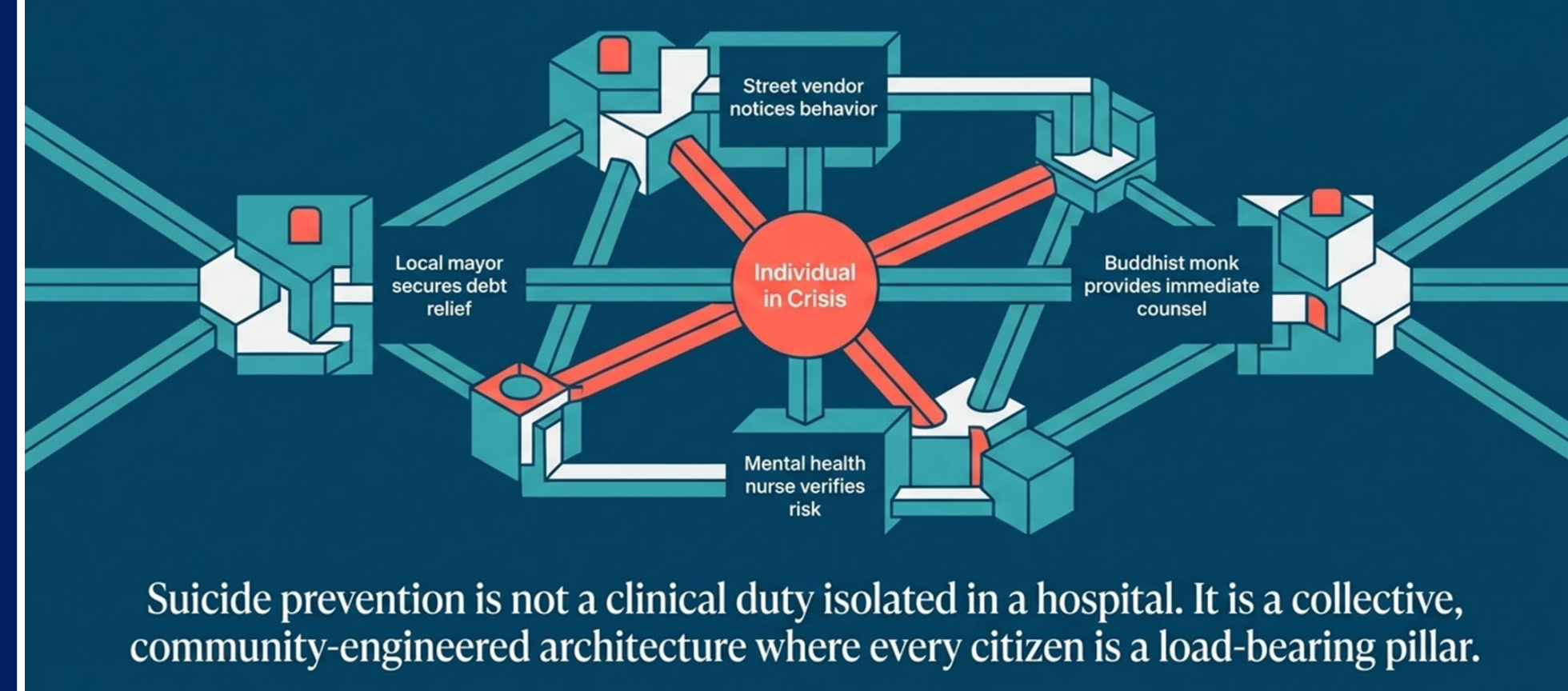


The Friction of Adoption: Navigating stigma and culture.

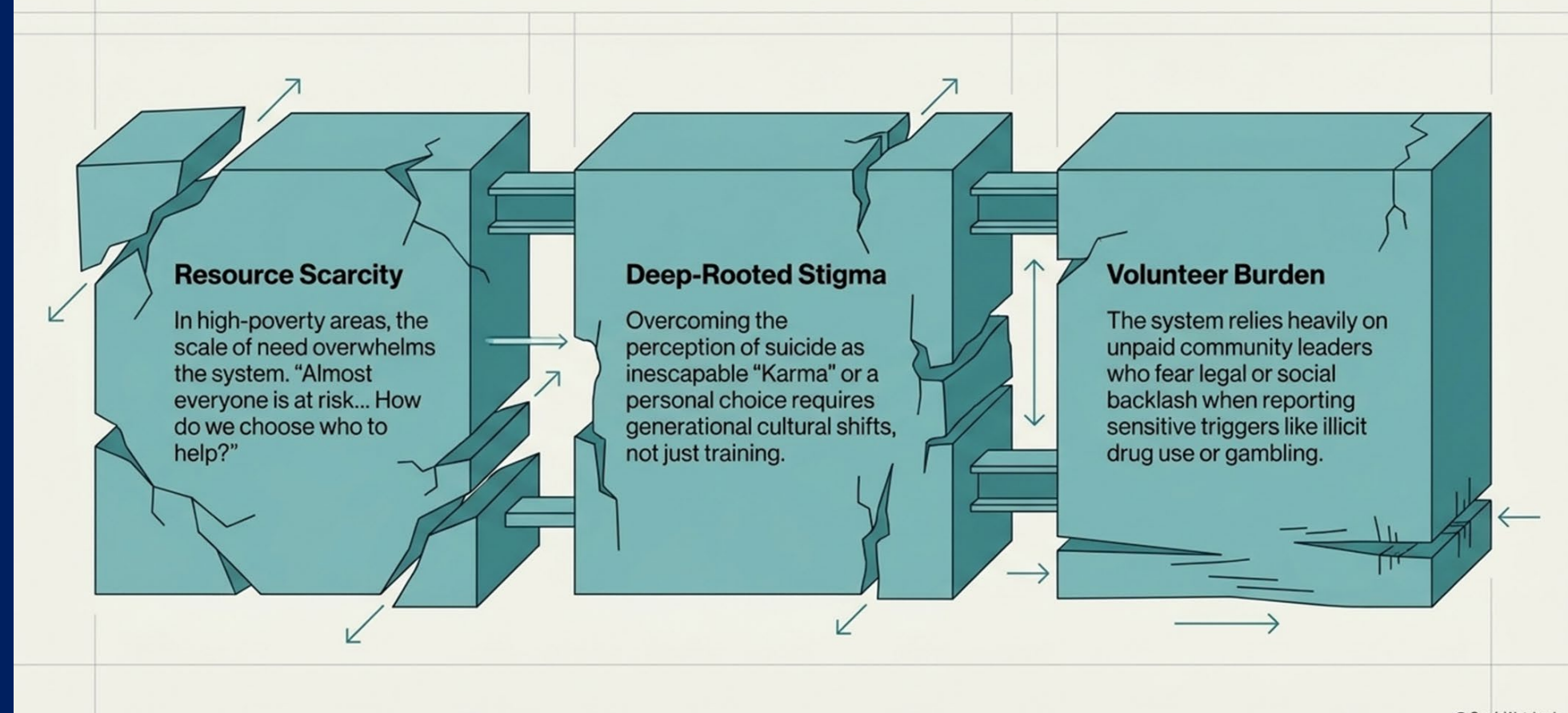


Contextual Factors

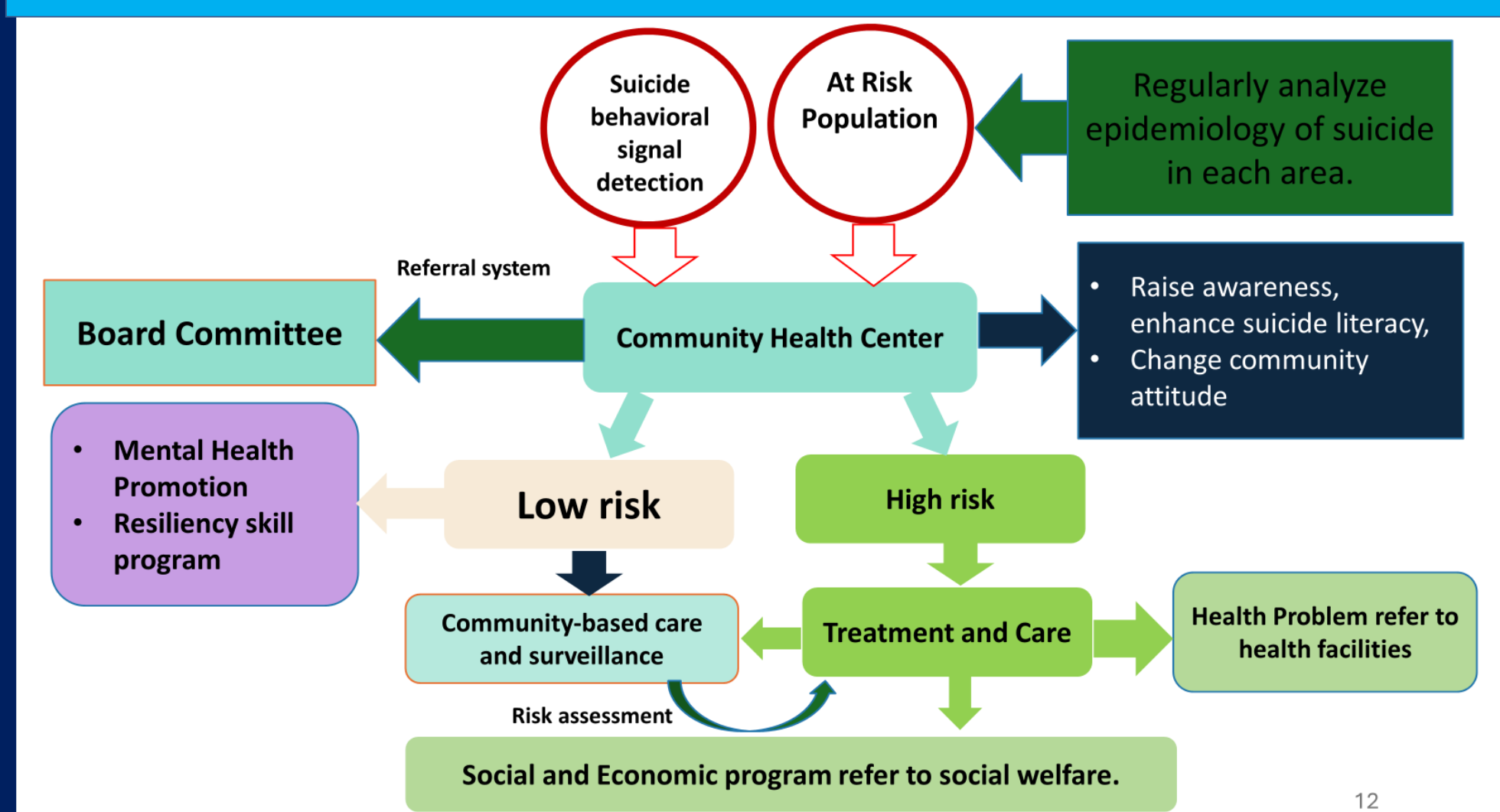
Synthesis: The Gatekeeper Ecosystem



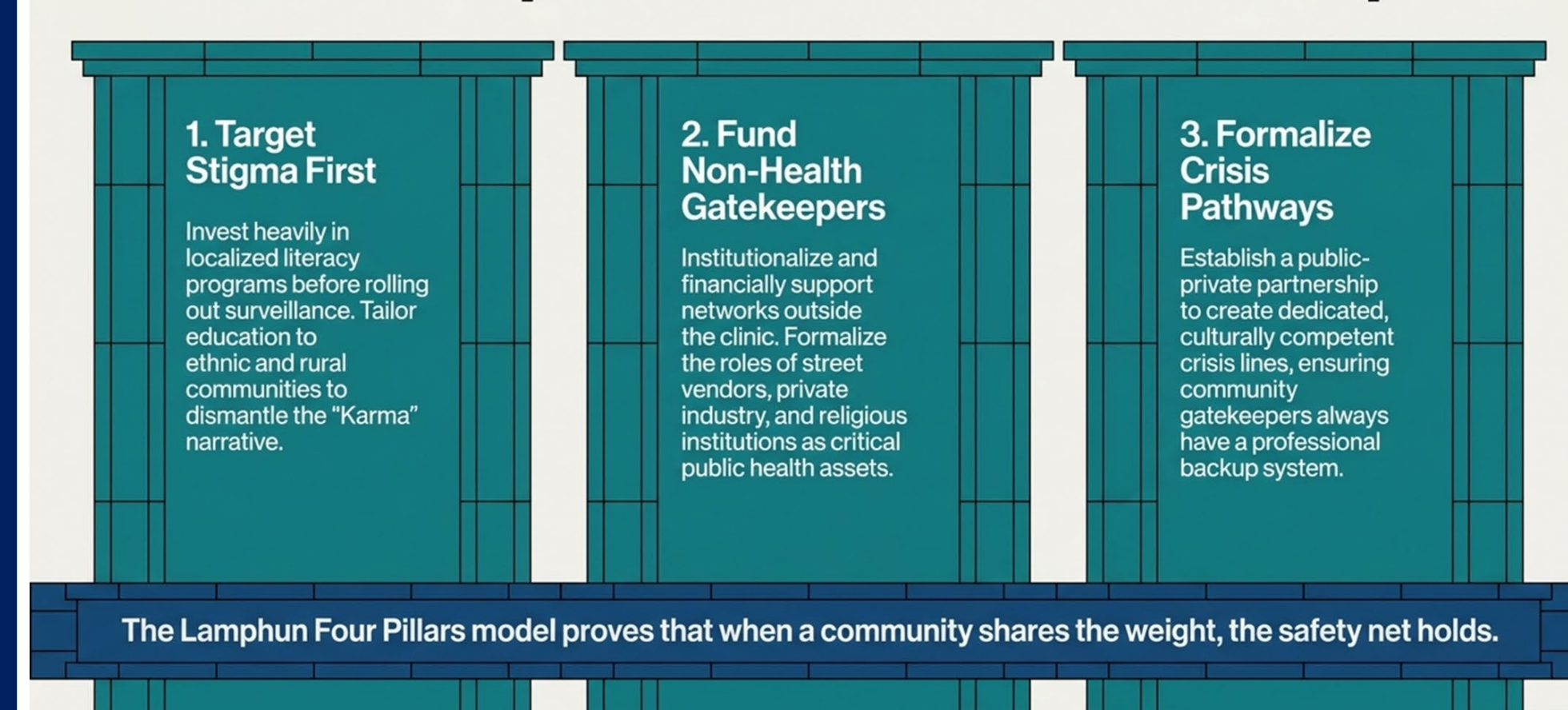
Structural Vulnerabilities: Challenges to the model



Conclusion



The Blueprint for National Scale-Up



Acknowledgements

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