



MEMORANDUM 2025 SUICIDE PREVENTION

7 strategies for better suicide prevention in Belgium. Together, let's act to prevent further tragedies !



Centre de Prévention du Suicide

Helpline : 0800 32 123

Contact : cps@preventionsuicide.be - 0476 53 00 84
www.preventionsuicide.be

Dominique Nothomb, Director of the Centre de Prévention du Suicide :
dominique.nothomb@preventionsuicide.be
0478 78 12 71

This document is a publication from the Centre de Prévention du Suicide (CPS) addressed to political parties, governments, and political representatives.

The Centre de Prévention du Suicide aims, through the various strategies presented in this document, to highlight necessary actions to improve suicide prevention in the Brussels-Capital region and among French-speaking individuals in Belgium.

The memorandum, when referring to a male plural, encompasses all concerned individuals, including women.

Agréé par la COCOF



Introduction

In 2014, the World Health Organization (WHO) stated that suicide was a *"a global public health problem that needs to be tackled imperatively."*¹

Margaret Chan, then General-Director of the organization, clarified: *"The burden of suicide does not weigh solely on the health sector; it has multiple impacts on many sectors and on society as a whole."*²

These remarks are still valid today, ten years later: we are still facing a major public health issue, one that demands our full attention and, of course, multi-sectoral and multidimensional cooperation.

Over 800,000 people commit suicide worldwide each year.

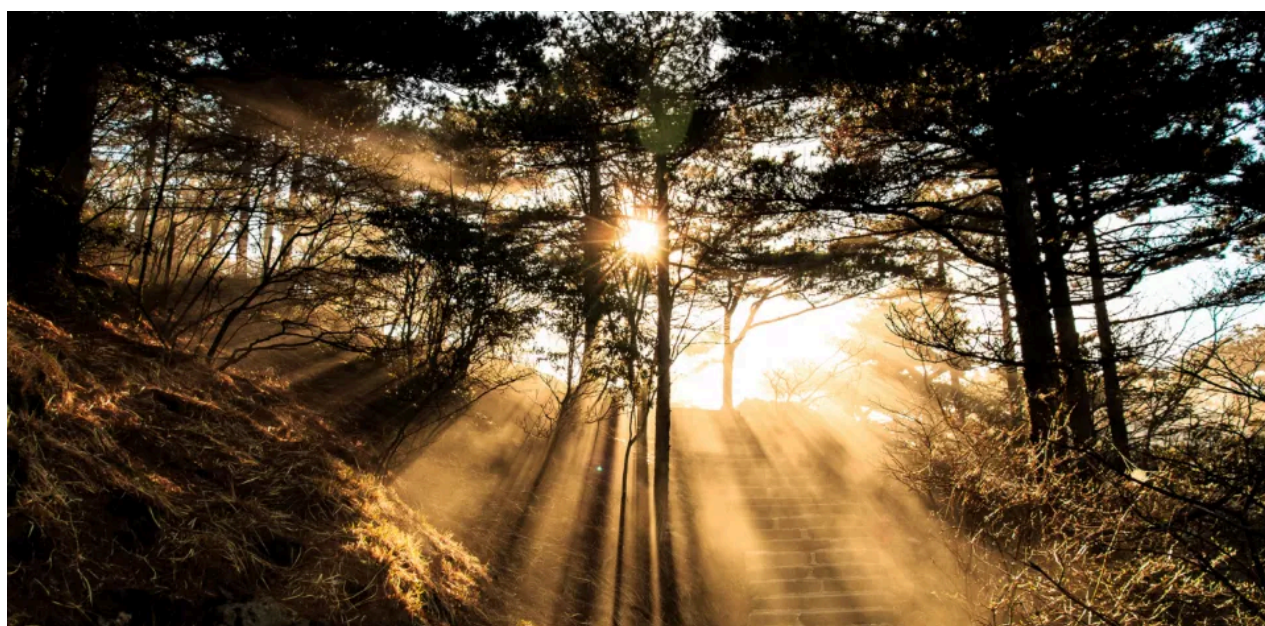
For each completed suicide, there are a significant number of suicide attempts.

The human, social, and economic costs are enormous.

In Belgium, these costs have never been estimated.

In France, a study for the first time assessed the economic impact of suicide and suicide attempts for the year 2019, before the COVID-19 health crisis: the annual economic impact of suicides and suicide attempts amounts to 24 billion euros.

The study was conducted with the FondaMental Foundation and supported by Janssen Pharmaceuticals ("The cost of illness and burden of suicide and suicide attempts in France").^{3a}



[1] + [2] World Health Organization, (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

[3 a-b] Segar, L.B., Laidi, C., Godin, O. et al. The cost of illness and burden of suicide and suicide attempts in France. BMC Psychiatry 24, 215 (2024). <https://doi.org/10.1186/s12888-024-05632-3>

The study presents the French costs of suicides and suicide attempts:



In Belgium, 1,735 deaths by suicide were recorded in 2020, including 141 in Brussels. This number is certainly significantly underestimated, particularly due to the many unreported suicide attempts and deaths by suicide.

The question to ask in light of these figures is: how can we stabilize and then reduce these suicides and suicide attempts?

How can we prevent suicide at both the individual and societal levels?

This memorandum focuses on seven key areas aimed at strengthening suicide prevention specifically in the Brussels region, where the Centre de Prévention du Suicide has been active for nearly 55 years, but also in French-speaking Belgium, and even at the national level!

These include:

1. Establishing a bilingual regional suicide prevention policy;
2. Training front-line staff and those who can alert;
3. Improving factual data related to suicides;
4. Promoting mental health through field actions and large-scale awareness campaigns;
5. Strengthening support and services for the population;
6. Targeted preventive actions (benefiting young people and their loved ones, etc.);
7. Postvention, community interventions after a suicidal act.

1. Establishing a regional policy in the Brussels-Capital Region

The population of the Brussels-Capital Region is characterized by many particularities. This reality requires the establishment of a specific regional suicide prevention plan for Brussels.

This plan must take into account criteria such as the following:

- Significant multiculturalism;
- International population;
- A 'youth' population, with a school level potentially lower than that of the other two regions / higher unemployment rate;
- Strong income disparity, greater poverty, cost of living, and housing;
- Greater isolation issues (especially among the elderly);
- Weaker social ties in urban environments, etc.

The CPS is the essential key player on which political leaders are encouraged to rely for the development of a regional suicide prevention plan for Brussels.

1. Establishing a regional policy in the Brussels-Capital Region



The CPS has been an expert in suicide prevention for nearly 55 years and works to support individuals in suicidal crisis by offering a range of complementary 360° services.

The services provided by the CPS are:

- The anonymous and free helpline 0800 32 123, active 24/7, for individuals in suicidal crisis and their loved ones. Volunteers are trained and supervised by professionals, including clinical psychologists.
- An online forum for suicide prevention, free, anonymous, and moderated by psychologists from CPS.
- A psychotherapeutic support service for suicidal individuals. The therapists are clinical psychologists.
- A psychotherapeutic support service for those grieving a loss by suicide. The therapists are clinical psychologists.
- A training and awareness service for professionals in the psycho-social field, among others.
- A "postvention" service that intervenes in communities following a suicidal act.
- A communications service that organizes and runs awareness campaigns and media actions.

The Centre de Prévention du Suicide has implemented a system for monitoring results achieved through its activities.

Between 2019 and the end of 2024, several quantitative and qualitative indicators reflect the outcomes achieved by the CPS professional teams, as well as by the volunteers on the 0800 32 123 helpline. Below are some data that attest to the strengthening of services offered to the population.

Evolution

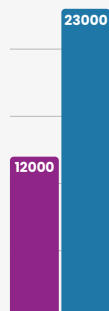
2019

2020

October 2024

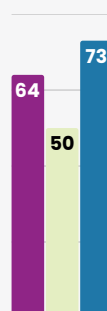
Helpline

Calls answered on
the helpline
0800 32 123



-> Increase of
91,6%

Active volunteers
per year



-> Increase of
14%

Psychological Consultations

Consultations



-> Increase of
14,2%

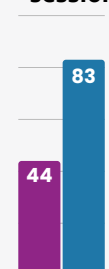
New patients (on a total
of 290 patients
accompanied in one
year)



-> Increase of
14%

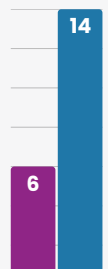
Trainings and postventions

Trainings and
Awareness
sessions



-> Increase of
88,6%

Collective
interventions
(postventions)



-> Increase of
133,3%

1. Establishing a regional policy in the Brussels-Capital Region

The regional policy plan would focus on several areas of focus and actions with a preventive aim:

1. Establishing a bilingual regional suicide prevention policy;
2. Training front-line staff and those who can alert;
3. Improving factual data related to suicides;
4. Promoting mental health through field actions and large-scale awareness campaigns;
5. Strengthening support and services for the population;
6. Targeted preventive actions (benefiting young people and their loved ones, etc.);
7. Postvention, community interventions after a suicidal act.

This plan should contribute to first stabilizing and then reducing the suicide rate and the number of suicide attempts in the Brussels-Capital Region.

Mental health is one of the priorities that should be carried out by the future Brussels government throughout the current legislature.

In line with the initial contacts made in 2020 during the Covid crisis by the CPS in collaboration with its Flemish counterparts from the VGC and the CPZ (helpline dedicated to Dutch-speaking suicidal individuals), it is important to establish **the first bilingual Brussels' suicide prevention plan**.

Since 2020, the deterioration of the population's mental health has significantly worsened. It is therefore essential to first conduct an assessment to identify the priorities for the first plan.

The plan must be developed based on consultations with French-speaking and Dutch-speaking stakeholders in outpatient sectors, as well as in hospital settings (emergency services, psychiatric services and emergency care, etc.), the nursing home sector and the governance bodies of the Brussels-Capital Region and its key/significant components, as well as Brussels' health and mental health governance bodies.

1. Establishing a regional policy in the Brussels-Capital Region

It should also involve representatives of the population (such as patient associations, the Mental Health League, etc.) and the research and academic communities. Collaboration with the King Baudouin Foundation and the Mental Health Research Foundation could contribute to the reflection process, if applicable. Additionally, the field personnel active in various areas of health and the patients consulting the Centre de Prévention du Suicide should not be overlooked.

FIRST BRUSSELS SUICIDE PREVENTION PLAN: DEPLOYMENT AGENDA

1. YEAR 1 – Analysis and Networking

a. What are the impacts of the particularities of the Brussels population?

- Multiculturalism of the region;
- Higher percentage of 'young' population compared to the other two regions;
- Higher youth unemployment rate compared to the other two regions;
- Socio-economic indicators: greater precariousness; more single parents;...
- Youth without a CESS (Secondary school diploma);
- Long-term unemployed individuals.

b. State of the Art

Existing plans:

- 2020 survey conducted by the CPS, adapted, updated, and disseminated;
- Analysis and lessons learned – strengths and barriers – from Dutch-speaking suicide prevention plans (focus on impacts on Dutch-speaking Brussels residents);
- Identification of best practices/results from suicide prevention plans in Flanders and Wallonia.

Research on the topic of suicide:

- Research point in Belgium;
- European and international research point (Québec).

1. Establishing a regional policy in the Brussels-Capital Region

c. Exchanges with the management and teams of different institutions

- How can we strengthen knowledge in suicidology based on the field experience of both the experts at the Centre de Prévention du Suicide and other stakeholders?
- What are the realities faced by those who welcome and assist individuals who have attempted suicide or those who have died by suicide: what do they hear? What do they observe? How can they help individuals and professionals in a preventive manner and after a suicidal act?
- What is the experience of the parents and family members of suicidal individuals or those who have lost a loved one to suicide?
- What is the experience of suicidal patients? How are they received by caregivers and support staff: strengths and areas for improvement? Through an analytical and multifactorial approach to the triggers of suicidal crises and the act itself.

d. Establishment of focus groups (or adapted alternative approaches)

- These focus groups will be composed of representatives from hospital settings, mobile teams, mental health services, actors from accredited nursing homes, patients and/or citizens confronted with suicidal issues, individuals representing children and adolescents, the LGBTQIA+ community, the elderly, people with disabilities, and cultural sector stakeholders offering suicide prevention tools (e.g., theater performances, etc.).
- Presentation of suicide prevention tools developed by the CPS;
- Listening to requests and needs in order to establish the conditions for collaboration, set priorities, and define quantitative and qualitative indicators for monitoring and results.



1. Establishing a regional policy in the Brussels-Capital Region

2. YEAR 2 – Writing the suicide prevention plan, human and financial resources, validation by partners

- General Objective: to contribute to stabilizing and then reducing the number of suicide deaths in the Brussels-Capital Region by 2035.
 - Plan 1: 2026-2030
 - Plan 2: 2030-2035
- Specific Objectives (to be defined according to the priorities identified by the focus groups, the actions decided jointly, and the results to be achieved):
 - 1.1 IN SUPPORT OF THE POPULATION
 - 1.1.1 General suicide prevention;
 - 1.1.2 Prevention for at-risk individuals, including youth;
 - 1.1.3 Support for suicidal individuals;
 - 1.1.4 Intervention for individuals in suicidal crisis;
 - 1.1.5 Support for individuals bereaved by suicide.
 - 1.2 IN SUPPORT OF COMMUNITIES
 - 1.2.1 In hospital settings;
 - 1.2.2 In schools, youth aid settings, etc.;
 - 1.2.3 In nursing homes;
 - 1.2.4 In outpatient sectors;
 - 1.2.5 In non-profit sector federations;
 - 1.2.6 In so-called commercial environments and communities.

3. YEAR 3, 4 AND 5

- Mission of Support and Monitoring of Activities (cf. 1.1 and 1.2 above);
- Monitoring of activities;
- Establishment of data collection systems;
- Definition of result indicators and mid-term evaluation;
- Adaptation of the suicide prevention plan based on feedback and results.

4. YEAR 5

- Elaboration of a report outlining the progress and obstacles encountered in the first suicide prevention plan (Plan 1);
- Organization of a conference to present the results;
- Development of the second suicide prevention plan (Plan 2), taking into account the results and conclusions from Plan 1.

2. Training of front-line staff and persons who can alert



2. Training of front-line staff and persons who can alert

Training of Front-line staff

According to the WHO, *"Education and training of health workers, with a focus on emergency care staff, is needed (...)."*⁴

This includes general healthcare professionals (doctors, emergency responders), mental health professionals (psychologists, psychiatrists), but also police officers, firefighters, social workers, human resources staff, etc.

The 'External Training' service at the Centre de Prévention du Suicide is dedicated to this first objective. The implementation of the objective below and the strengthening of this service are required.

Establishment and Management of an Alert Network

*"Individuals at risk of suicide rarely seek help. Nevertheless, they may exhibit risk factors and behaviours that identify them as vulnerable."*⁵

The goal is to identify at-risk individuals, assess the level of risk, and then take action —by referring, guiding, etc. It is crucial to provide persons who can alert with solid training, define the limits and modalities of interventions, and offer ongoing support, as this role involves psychological aspects and complex responsibilities.

In-person contact is essential for establishing the alert network.

The CPS recommends tailored training adapted to the realities of both citizens and professionals, taking into account their own vulnerabilities.

The CPS also advises developing and managing a network based on its experience with CPS volunteers.

Additional resources required are described in the conclusion.

[4] + [5] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

3. Improving Factual Data on Suicide

Suicide prevention actions must be carried out alongside effective data collection and analysis.

*"Suicide rates tend to be underreported owing to weak surveillance systems, a misattribution of suicide to accidental deaths, as well as its criminalization in some countries."*⁶

It is also crucial to monitor the methods used in suicides and suicide attempts in order to identify ways to limit the means of suicide, which is a key aspect of suicide prevention. This allows, as the WHO suggests, for reflection on what individuals in suicidal crises are about to do and *"for the crisis to pass."*⁷

Moreover, by strengthening research, it will be possible to more accurately identify the populations at highest risk and thus adapt preventive actions for the most vulnerable groups.

The WHO also recommends the creation of a permanent task force, *"that is specifically responsible for monitoring and improving the quality of suicide-related data as an integral component of the overall suicide prevention effort."*⁸

[6] Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO
[7] + [8] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

3. Improving Factual Data on Suicide

At the initiative of the mental health research foundation created by the King Baudouin Foundation in 2023, a study conducted by Leiden University entitled "Belgian mental health research published between 2018 and 2021: Results" compares the situation in Belgium to that of the 27 European Union countries, as well as the global context.

The analysis of the document clearly highlights that one of the most underrepresented themes in the global thematic analysis is the issue of suicide. In contrast, the theme of self-harm, which has a significant prevalence in Europe, is more prominently studied.

To illustrate this, below is a diagram extracted from the results of this study, which is annexed to this memorandum:

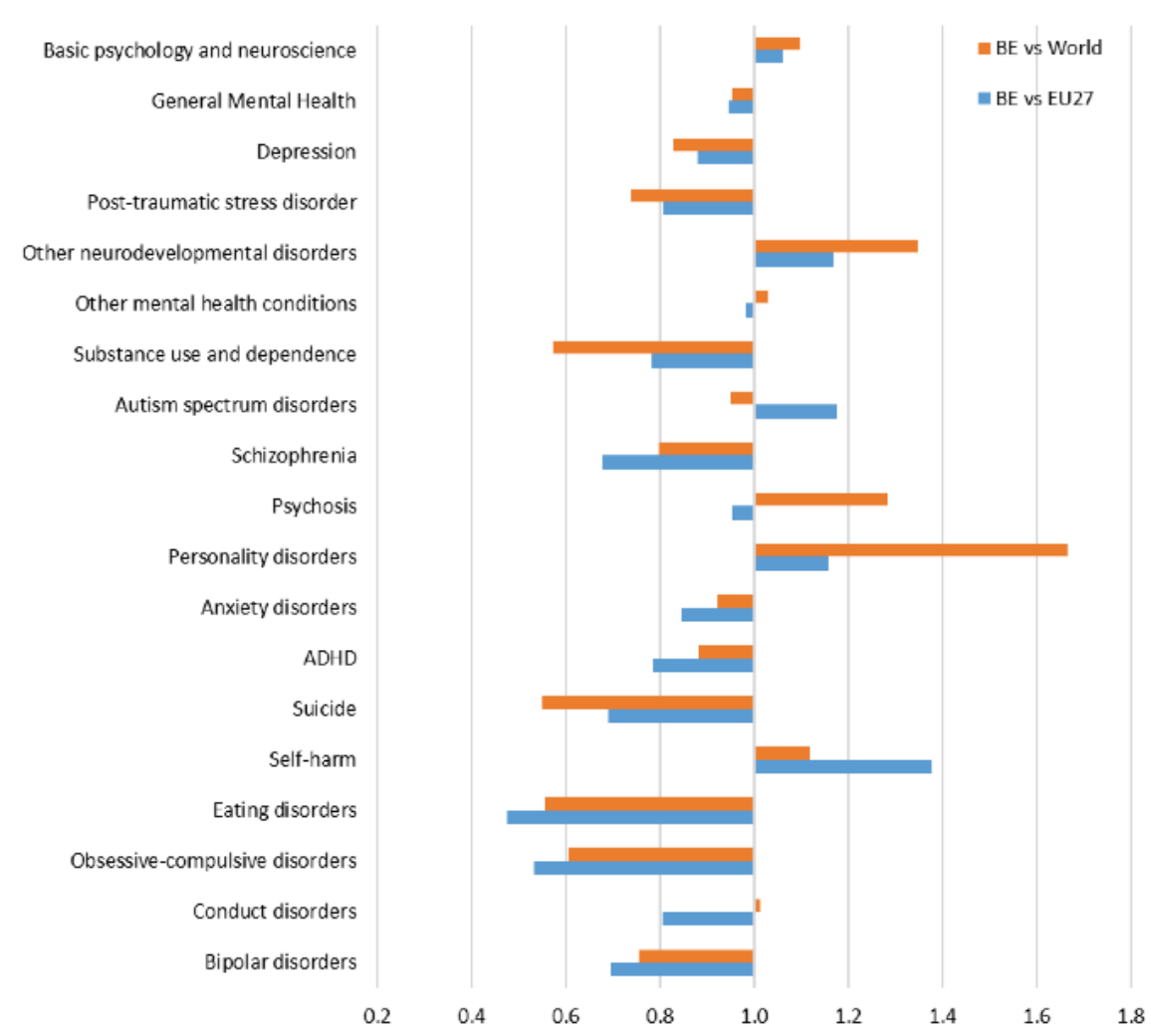


Figure 8. Research specialisation by research category

3. Improving Factual Data on Suicide

It is also noted in the analysis that French-speaking universities are underrepresented in mental health publications.

Table 1. Main organisations by number of publications Rank	Organisation	Publications	% Publications
1	Katholieke Universiteit Leuven	1856	38.2%
2	Ghent University	1163	23.9%
3	Université Catholique de Louvain	454	9.3%
4	University of Antwerp	345	7.1%
5	Vrije Universiteit Brussel	280	5.8%
6	University of Liège	279	5.7%
7	Université Libre de Bruxelles	231	4.8%
8	UZ Gent	117	2.4%
9	Hasselt University	56	1.2%
10	Janssen	54	1.1%

The Centre de Prévention du Suicide's Director is a member of the Steering Committee of the Mental Health Research Foundation and a volunteer member of the jury at the F.N.R.S. concerning doctoral projects submitted to the FRESH fund (socially-oriented projects).

Through these intermediaries, along with the CPS teams, the Centre de Prévention du Suicide will seek to establish collaboration with universities.

4. Promotion of Mental Health through Large-Scale Awareness Campaigns

4. Promotion of Mental Health through Large-Scale Awareness Campaigns

"Stigma plays a key role in the resistance to change and implementation of suicide prevention responses."

9

While social and cultural communities play a role in suicide prevention, it is even more crucial to combat stigma within these communities.

Messages with strong social and individual impacts must be disseminated to the population. The primary message is that suicide can be prevented and that individuals experiencing suicidal thoughts should have access to social support and resources when they need it.

Hot spots

Strengthening suicide prevention signs highlighting available resources (0800 32 123 for French speakers and 1813 for Dutch speakers) should be considered in high-risk locations, known as "hot spots," where suicides are common or where they could potentially occur. It is particularly recommended to implement this reinforcement at the ends of train station platforms across the country.

[9] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131801>

5. Reinforcement of Human Support and Services to the Population

The services provided by the CPS have been increasingly in demand since 2020. Specifically, these include:

- The anonymous and free helpline 0800 32 123, where responders are trained volunteers supervised by professionals.
- The crisis intervention and suicide prevention unit, as well as support for people bereaved by suicide.

Starting in 2025, to maintain and further develop these services in support of the population, additional resources must be allocated.

The working hours of clinical psychologists who train and support 73 volunteers amount to 2 full-time equivalents (FTEs), in addition to 1 FTE for secretarial work. This is the same workforce as it was 10 years ago, despite the fact that the activities have doubled.

Regarding clinical support, the working time of clinical psychologists who follow suicidal patients and families bereaved by suicide at the therapeutic level is equivalent to 2 FTEs. For the entire French-speaking population of Brussels, this is clearly insufficient.

The CPS is requesting:

- Reinforcement of the anonymous and free helpline 0800 32 123 for the recruitment and support of volunteers.
- Reinforcement of the suicide crisis and prevention team, as well as the support unit for people in suicidal crisis.

The needs are outlined in the conclusions below.

6. Preventive Actions for Specific Target Groups (Youth, etc.)

An essential component of suicide prevention is identifying the most vulnerable groups.

Youth

In Belgium, youth are a priority target group. Suicide is the leading cause of death among young people. In the 15-24 age group, more than one in four deaths is due to suicide.¹⁰

*"These unexpected deaths – that predominantly occur in young and middle-aged adults – result in a huge economic, social and psychological burden for individuals, families, communities and countries."*¹¹

We propose raising awareness from an early stage in schools and providing support to these communities in the event of a completed suicide to prevent a contagion effect. As with any individual, the level of maturity and openness of young people to the topic must be assessed. A tailored prevention approach should be developed.

[10] Sciensano. Santé mentale : Comportements suicidaires, Health Status Report, 24 avr 2024, Bruxelles, Belgique, <https://www.belgiqueenbonnesante.be/fr/etat-de-sante/sante-mentale/comportements-suicidaires>
[11] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

6. Preventive Actions for Specific Target Groups (Youth, etc.)

A structured collaboration will be redeployed with cultural actors working in the school environment. Two collaborations are already being planned:

- Play “Le Pont”: After performances in schools, CPS experts will answer questions from secondary school students;
- Compagnie des Renards, play “Tadam”: this play features a suicidal father having a conversation with his child.

“Suicide prevention is an important priority. Many people who attempt suicide come from vulnerable and marginalized groups. Moreover, young people and the elderly are among the most susceptible age groups to suicidal ideation and self-harm.”¹²

Suicide Prevention Forum

The free and anonymous CPS forum is moderated by members of its staff. For young people, especially those who prefer using apps and online tools or find it difficult to speak on the phone, this forum is particularly helpful and should be emphasized.

Other Groups to Support

Other groups that could be supported include people with disabilities, elderly individuals, and others who are particularly vulnerable due to issues related to identity, etc.

The confirmation of support needs and prioritization of actions will be defined either through specific studies or during the development of the Brussels Suicide Prevention Plan.

Specific actions have been implemented at the Centre de Prévention du Suicide, particularly since 2020, through targeted support and project calls.

Targeted actions can be intensified to provide strong and close support for at-risk groups, complementing more general public actions (demystification).

The needs are defined in the conclusions below.

[12] Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

7. Postvention: Interventions in Communities After a Suicidal Act

7. Postvention: Interventions in Communities After a Suicidal Act

A postvention is a community intervention following a suicidal act (suicide attempt and death by suicide). Postventions aim to recognize the crisis situation and create a space where those affected, directly or indirectly, can express their feelings.

*"In addition, prioritizing preventive interventions among vulnerable populations, including those who have previously attempted suicide, have also proved helpful. As a result, "postvention" has been identified as an important component of suicide prevention; bereaved families and friends of people who have died by suicide also require care and support."*¹³

It is important, following a suicidal act (suicide attempt or death by suicide) in a school, association, or business, to be present not only for the bereaved but also for the staff, who have many questions and are in distress. Reducing despair by allowing everyone to express themselves and find a compassionate listener is essential.

Actions have been carried out at the Centre de Prévention du Suicide, especially since 2022, through specific support or calls for projects. The intensification of targeted actions must continue to support both non-profit and commercial sectors in a focused and close manner.

The needs are defined in the conclusion.

[13] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

Request for Additional Means

"Every single life lost to suicide is one too many. The way forward is to act together, and the time to act is now." ¹⁴

Contributing to the reduction of the suicide rate in Brussels and decreasing the rates of suicide attempts requires actions to be taken simultaneously. These actions demand a multisectoral approach.

For the person considering suicide, the process leading to it is seen as the ultimate 'solution' to end unbearable suffering. They do not want to die per se, but to end their pain.

The team at the Centre de Prévention du Suicide allows, at a given moment and to the extent possible, the existence of 'possibilities' that may not have been perceived or imagined, in order to help overcome the suicidal crisis. Depending on the moment and individual preference, the CPS offers several complementary approaches: an anonymous helpline for those who wish to speak, therapeutic support from clinical psychologists, and a forum where anonymity is guaranteed for those who prefer writing.

The Centre de Prévention du Suicide in Brussels is known for the quality of its expertise. In addition, its 'results' and services are an added value insofar as the services are truly 360°. Moreover, the people who seek its help—French-speaking Walloon callers, patients, and professionals—also come from beyond the Brussels borders.

The CPS is accredited by COCOF as a helpline center. The new 2024 ambulatory decree provides a supplementary 0.5 FTE (50K/year) to the CPS.

As you will read in point 7, in order for the CPS to maintain its service level and further develop it, given the current needs of the population, it would be essential to double the existing team.

The current team at the CPS accomplishes significant work, both quantitatively and qualitatively evaluated. To maintain—and more importantly, expand—the activities, it is necessary to reinforce human resources first and foremost.

[14] World Health Organization. (2014). Preventing suicide: a global imperative. World Health Organization. <https://iris.who.int/handle/10665/131056>

The doubling of human resources at the CPS would be required due to the scale of the suicide issue and the consideration of this topic as a priority by the WHO. It is easy to understand that a team of fewer than 20 people (13 FTE) is insufficient to maintain and expand the activities being carried out.

Unless the Brussels-Capital Region decides to invest massively in supporting the CPS (by addressing all the identified needs), the topic of suicide prevention does not fall under the responsibility of a single institutional entity. Therefore, the deployment will be outlined below by political entity.

The project's philosophy aligns with the WHO's recommendations. It consists of translating these recommendations into practice by creating a network across the territory to prevent suicide and avoid the contagion effect after a suicide attempt.

I. IN THE BRUSSELS REGION (COCOF and COCOM)

The CPS is one of the two Brussels' telephone listening centers, exclusively accredited by COCOF. This Brussels-based presence is essential.

Since 2020, in accordance with procedures, COCOF has recognized two new additional missions for CPS that were not previously accredited:

- the training mission (50K/year), and
- the mission of supporting vulnerable individuals (and their families) (50K/year starting in 2025). In addition, various discretionary grants have been obtained. By nature, these are temporary, while the demands from the population continue to increase.

In addition to the outstanding results presented in the various activity reports, it should be emphasized that CPS has maintained its operations without any closure days (including during the COVID period).

An analysis of the CPS needs for the current legislative term is presented below.

I. IN THE BRUSSELS REGION (COCOF and COCOM)

I.1 Implementation of a Regional Suicide Prevention Policy in the Brussels-Capital Region

The engagement of one person (1 FTE).

Profile: A collaborator with a Master's degree (in public health).

An excellent knowledge of the Brussels environment is required for the design and implementation of the Brussels Suicide Prevention Plan.

The ability to collaborate with experts in the field is essential.

The experience and expertise of each member of the CPS field team will be valuable.

Ideally, this collaborator should be bilingual in French/Dutch to closely engage with our Flemish partners: particularly CPZ and VGC.

However, knowledge of health networks, as well as the different French-speaking and Dutch-speaking bodies, is crucial in approaching various stakeholders (especially the hospital sectors that are essential to our approach).

**Budget (total costs excluding subsidies and reductions in employer charges):
95K/year**

I.2 Training of Front-line Personnel and Alert Networks

- Training of front-line Personnel
- Establishment and management of an alert network.

One person (**1 FTE**) should be dedicated to training, establishing, and managing a network of people who can alert when someone is at risk of suicide.

Profile: A dynamic personality capable of managing a large-scale project. More than just a person with a degree, the recruitment of a reliable, mature, and 'self-made' individual is an option. Another option is a person with a Master's degree in psychology, sociology, or criminology.

This person should collaborate with members of the CPS 'external training and awareness' unit.

**Budget (total costs excluding subsidies and reductions in employer charges):
70K/year**

I. IN THE BRUSSELS REGION (COCOF and COCOM)

I.3 Improvement of Factual Data Related to Suicides

The person hired to implement the Brussels Suicide Prevention Plan (point 1) and the CPS management will contribute to intensifying suicidology research according to the priorities defined for 2025 and the following years.

No additional cost for the Brussels axis.

I.4 Promotion of Mental Health: Large-Scale Awareness Campaigns

This point should not be solely the responsibility of the Brussels-Capital Region in the future. A communication plan of around 40K/year is being developed for 2024-2025. It could be integrated into a 5-year plan (the length of the legislative term).

This plan could be supported by the federal government. Bilingual actions (French/Dutch) in consultation, notably with the CPS and VGC, could be relaunched.

I.5 Strengthening Human Support and Services to the Population

The core activities of the CPS directly benefit the population:

- 5.1 The helpline 0800 32 123, staffed by volunteers.
- 5.2 Psychotherapeutic consultations for suicidal individuals and families bereaved by suicide. Consultations can currently be conducted in French, English, Spanish, and Arabic.

As explained above,

5.1 Helpline

- With the number of volunteers having doubled in the past 10 years, it would be necessary to double the number of clinical psychologists responsible for training and supervising the volunteers.
- Specifically, the hiring of 2 additional FTEs.
- Profile: Master's degree in clinical psychology.

**Budget (total costs excluding subsidies and employer charge reductions):
160K/year**

5.2 Consultations

- The number of consultations has skyrocketed since 2020.
- Specifically, the need to hire 2 additional FTEs.
- Profile: Master's degree in clinical psychology.

**Budget (total costs excluding subsidies and employer charge reductions):
160K/year**

I. IN THE BRUSSELS REGION (COCOF and COCOM)

I.6 Preventive Actions for Specific Target Groups (Youth, etc.)

One staff member (1 FTE) will be tasked with reinforcing actions aimed at young people, including in the COCOF educational network, as well as in other networks within the Fédération Wallonie-Bruxelles.

This person will work alongside the communication officer to create a multiplier effect in terms of results and visibility of 'com' actions.

In a second phase, other target groups will be addressed.

Profile: Master's degree in educational psychology.

**Budget (total costs excluding subsidies and employer charge reductions):
80K/year**

I.7 Postventions, Interventions in the Community after a Suicidal act

Strengthening close contacts, particularly with Brussels hospital environments and the creation of tailor-made suicide prevention protocols, will contribute to intensifying suicide prevention efforts.

The organization of conferences in professional environments, as well as HR networks, will support this axis.

Profile: Bachelor's or Master's degree (HR, psychology, management, etc.)

Additional cost at the Brussels level: 75K/year

Possibility of transfer to the federal budget (for example, through the crisis management path).

For the hiring of a minimum of 8 FTEs, the annual additional envelope as presented here is 680K/year.

Given the cost of suicide attempts and completed suicides, the CPS assumes that this is a relatively low amount/percentage.

For all of these needs (1 to 7), proportional operating costs are to be expected. A first estimate of the envelope is 100 to 150K/year.

II. OTHER POLITICAL ENTITIES

Given the scope of the CPS's actions and activities, it is important to consider entities beyond the Brussels-Capital Region. Therefore, we have decided to outline the CPS's needs by level of government according to their respective "competences":

As a reminder, at the Brussels-Capital Region level, we promote a bi-community approach by expanding the CPS's French-speaking presence to Dutch-speaking networks and counterparts.

Other federated entities could be involved in the CPS's activities, provided we adhere to the institutional competences of each entity.

Firstly, **the Walloon Region**

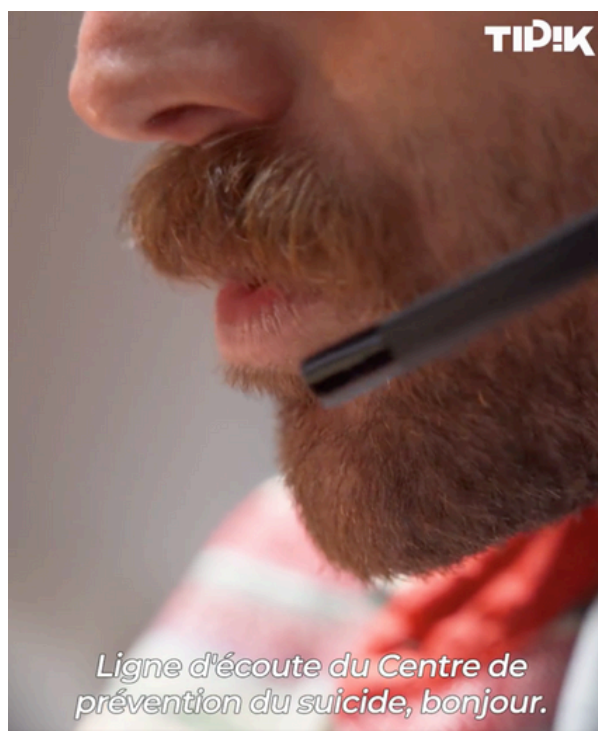
Secondly, **the Federation Wallonia-Brussels and the German-speaking Community**

Finally, **the Federal Government,**

Not forgetting the European level.

Why? How? Our responses are outlined below.

For various reasons (reliability, recognition of expertise, reputation, individual freedom of choice, as well as practical reasons such as employment in Brussels), the CPS believes that some of its activities benefit Walloon and/or French-speaking citizens to the extent of 30-40%.



II.1 In the Walloon Region

In the context of "strengthening human support and services to the population," it is proposed to establish a second operational base for the CPS in the Walloon Region for two types of actions:

- **Helpline 0800 32 123**

Specifically, the anonymous and free helpline 0800 32 123 is the only free, 24/7 line dedicated to suicide prevention in French-speaking Belgium.

It is used by French-speaking individuals beyond the "Brussels borders." Although anonymous, several elements in the exchanges between the caller and the volunteer allow for a concrete assessment to be made.

As of 2024, 73 volunteers are active on the helpline, more than double the number from 10 years ago. However, it is the same team that conducts the training and supervision of these volunteers.

It thus seems logical to seek specific funding from the Walloon Region to strengthen the recruitment and training of volunteers working on the 0800 32 123 helpline.

Coherent Budget :

- Human resources: 2 additional full-time equivalents (FTE) - clinical psychologists, totaling 160K per year. In this scenario, point 5.1 could be covered exclusively by the Walloon Region, rather than the Brussels-Capital Region;
- Operating costs for renting and running a second operational base, potentially located in Ottignies-Louvain-la-Neuve (or elsewhere).

- **Support for Individuals in Suicidal Crisis and Families Bereaved by Suicide**

The Walloon Region faces the need to organize the enhancement of support for individuals bereaved by suicide in two stages:

- Psychotherapeutic consultations with experienced clinical psychologists for a minimum of 6 months after the bereavement,
- Group therapy participation for patients in dedicated support groups.

The CPS has specific expertise in multicultural support. The proposed support can currently be provided in French, English, Spanish, and Arabic.

Additionally, several Walloon citizen-based organizations are already providing some form of support to individuals prior to the CPS's intervention. These organizations operate independently.

The CPS proposes to establish a synergy with one or more peer-support organizations. It envisions the creation of an operational base, for example, in Ottignies-Louvain-la-Neuve, where it would align with the regulatory framework of the Walloon government if they provide support. The CPS could ensure the multicultural approach, scientific rigor, and administrative and financial responsibility.

Coherent Budget :

- Human resources: 2 additional full-time equivalents (FTE) - clinical psychologists, totaling 160K per year. In this scenario, point 5.2 would not fall under the Brussels-Capital Region but would instead be covered by the Walloon Region;
- Operating costs for renting and running a second operational base, potentially located in Ottignies-Louvain-la-Neuve (or elsewhere).

II.2 The Federation Wallonie-Bruxelles

- Specifically for the "Preventive actions for certain target groups - youth, children, and adolescents," as indicated in point 6.1.

At least one person would be active in the networks of the Federation Wallonie-Bruxelles.

This person would work alongside the communications officer to create a multiplier effect in terms of results and visibility of the "com" actions. Other themes related, fully or partially, to suicide would also be addressed: bullying, self-harm, identity and "differences" issues, isolation, etc.

Profile of the new hire? Master's in Educational Psychology

Budget (total costs excluding subsidies and reduction of employer contributions): 80K per year

In this scenario, point 6.1 would not be the responsibility of the Brussels-Capital Region but would fall under the Federation Wallonie-Bruxelles.

- Psychologists and practitioners training

Two people (2 ETP) should intervene with student psychologists and practitioners in order to organize conferences, continuing training and supervision specific to suicide and bereavement after suicide.

Profile of the new hires? Master's in Clinical Psychology

Budget (total costs excluding subsidies and employer contribution reductions):

160K/year + operating costs

II.3 The German-speaking Community

The German-speaking population in Belgium should not be overlooked. A specific needs analysis will be conducted with representatives of the government of the German-speaking Community, as well as local mental health actors.

II.4 The Federal Entity

- **National Suicide Prevention Plan**

The development of a national suicide prevention plan that complements the Brussels suicide prevention plan could be set up under the aegis of the Centre de Prévention du Suicide, bridging the French-speaking and Dutch-speaking communities, at the heart of the country's and Europe's capital.

To this end, the hiring of one person (1 FTE) who will work alongside the person responsible for the creation and implementation of the Brussels suicide prevention plan is necessary.

Profile? Master's in Health Policy/Public Policy

Budget (total costs excluding subsidies and employer contribution reductions):

95K/year

Operating costs should be added.

- **Bilingual Public Communication Actions**

As mentioned in point I.4, 40K/year throughout the legislature.

- **Training for Psychologists and Healthcare Practitioners**

Two people (2 FTE) should be involved in working with psychologists and healthcare practitioners (with INAMI numbers) to organize conferences, continuing education, and supervision specifically related to suicide and post-suicide bereavement.

Profile of the new hires? Master's in Clinical Psychology

Budget (total costs excluding subsidies and employer contribution reductions):

160K/year + operating costs



II.5 Europe

With the support of the governments of the federated entities, as well as the federal government, some projects could be co-financed by European structural funds.

This final level of coherence would have a beneficial multiplier effect by generating substantial additional resources.

Furthermore, given the requirements for administrative and financial management by European institutions, the Centre de Prévention du Suicide would need to strengthen its tools and resources in order to comply with these guidelines. The issue of pre-financing also arises.

A substantial project will be considered if the political will of Belgium and the federated entities clearly manifests in favor of supporting suicide prevention in line with the identified needs.



Summary

IIN THE BRUSSELS REGION (COCOF and COCOM)

- **Implementation of a Regional Suicide Prevention Policy in the Brussels-Capital Region**

Engagement: 1 FTE

Budget: 95K/year

- **Training of Front-line Personnel and Gatekeepers**

Engagement : 1FTE

Budget : 70K/year

- **Promotion of Mental Health**

Budget: 40K/year

- **Reinforcement of the 0800 32 123 Helpline**

Engagement : 2 FTEs

Budget: 160K/year

- **Strengthening Psychologists for Suicide Crisis Intervention and Post-Suicide Bereavement Support**

Engagement : 2 FTEs

Budget: 160K/year

- **Preventive actions for targeted populations (Youth)**

Engagement : 1FTE

Budget: 80K/year

- **Postventions, Community Interventions after a Suicidal Act**

Engagement : 1FTE

Budget: 75K/year – potential for transfer to federal budget

-> Estimated Budget for Minimum 8 FTE Engagements: 680K/year

Summary

IN THE WALLOON REGION

- **Helpline 0800 32 123**

Engagement : 2 FTEs

Budget : 160K/year

- **Strengthening Psychologists for Suicide Crisis Intervention and Post-Suicide Bereavement Support**

Engagement : 2 FTEs

Budget: 160K/year

IN THE GERMAN SPEAKING COMMUNITY

The German-speaking population of Belgium should not be forgotten. A specific needs analysis will be conducted with representatives from the government of the German-speaking Community, as well as local mental health stakeholders.

IN THE FRENCH COMMUNITY OF BELGIUM (Fédération Wallonie-Bruxelles)

- **Preventive Actions for Targeted Populations (Youth)**

Engagement : 1 FTE

Budget: 80K/year

- **Training of psychologists and future healthcare practitioners**

Engagement : 2 FTEs

Budget: 160K/year

FEDERAL ENTITY

- **National Suicide Prevention Plan**

Engagement : 1 FTE

Budget: 95K/year

- **Bilingual public communication actions**

Budget: 40K/year

- **Training of psychologists and future healthcare practitioners**

Engagement : 2FTEs

Budget: 160K/year



Conclusions

In the absence of additional resources, if austerity policies are applied to suicide prevention, the CPS will likely be forced to scale back its activities.

The population will be directly impacted.



Centre de Prévention du Suicide

Helpline : 0800 32 123

Contact : cps@preventionsuicide.be - 0476 53 00 84
www.preventionsuicide.be

Dominique Nothomb, Director of the Centre de Prévention du Suicide :
dominique.nothomb@preventionsuicide.be
0478 78 12 71

This document is a publication from the Centre de Prévention du Suicide (CPS) addressed to political parties, governments, and political representatives.

The Centre de Prévention du Suicide aims, through the various strategies presented in this document, to highlight necessary actions to improve suicide prevention in the Brussels-Capital region and among French-speaking individuals in Belgium.

The memorandum, when referring to a male plural, encompasses all concerned individuals, including women.

Editorial Manager: Dominique Nothomb
© Centre de Prévention du Suicide - 2025

Agréé par la COCOF

