

113 Suicideprevention

Marleen Smit van Prooijen
Lotte Scholten

113 zelfmoord
preventie



Program

1. Facts and figures
2. About our organisation
3. New legislation
4. Recommendations to municipalities

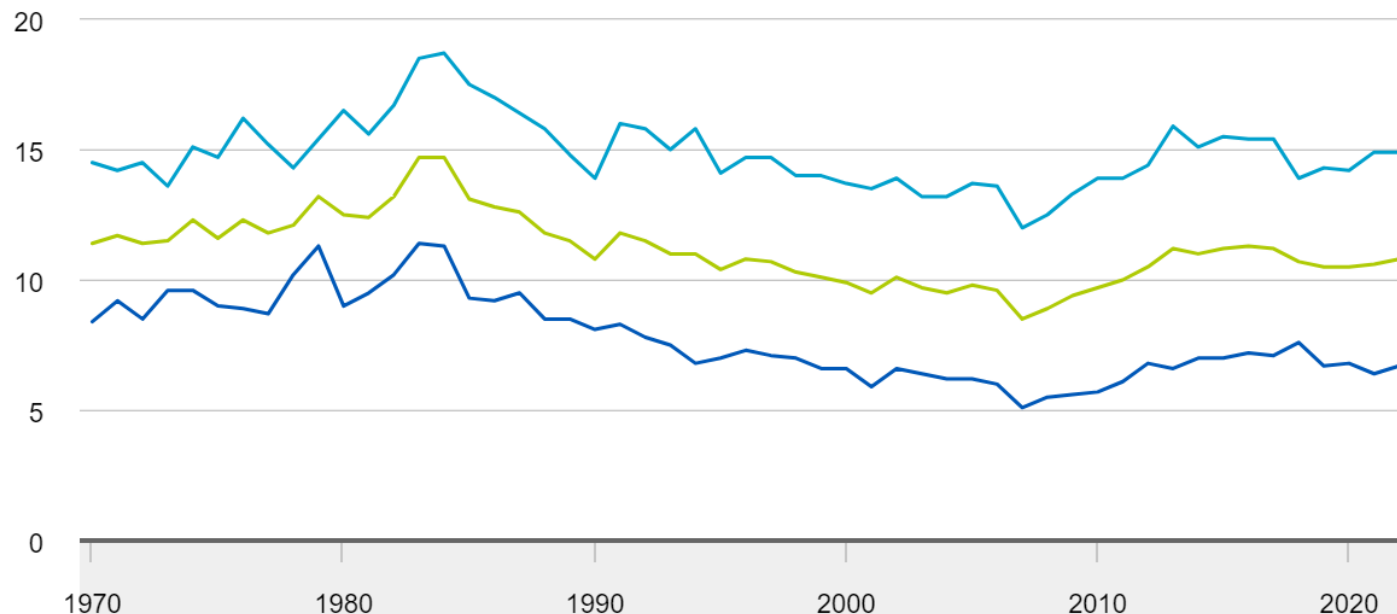
In my job, I interact
with individuals who
are experiencing
suicidal thoughts of
feelings



1. Facts and figures

Suicides

Per 100.000 residents



— Mannen — Vrouwen — Totaal

* voorlopige cijfers

1.849

suicides in 2024

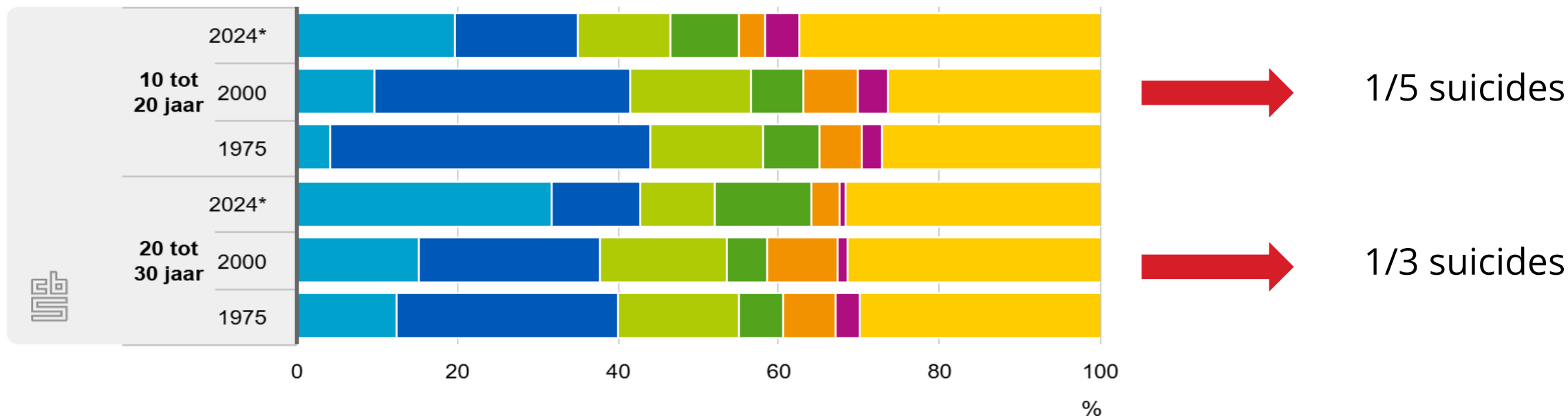
(Source: CANS)

40.000

Estimate of the
number of suicide
attempts per year

Youth | Due to the significant decline in traffic fatalities and the low general mortality rate, suicide is now the leading cause of death among young people.

Causes of death of people 10-30 years old



- Zelfdodingen
- Kanker (nieuwwormingen)
- Hart- en vaatziekten
- Anders
- Verkeersongevallen
- Psychische stoornissen en ziekten van het zenuwstelsel
- Ziekten van de ademhalingsorganen

Traffic fatalities vs. suicides



Traffic fatalities



Suicides

Bron: CBS

Per 100.000

30

25

20

15

10

5

0

1950

1960

1970

1980

1990

2000

2010

2022

2,5x

more traffic fatalities
than suicides

Suicide internationally

Suicide rates vary from 1,6 tot 17,9 per 100.000 residents

There is a 16% decline in Europe between 2015 en 2021

The suicide rate in the Netherlands is average. Eastern Europe has higher rates, Southern Europe had lower rates

Explore the Data

Research & Writing

All Charts

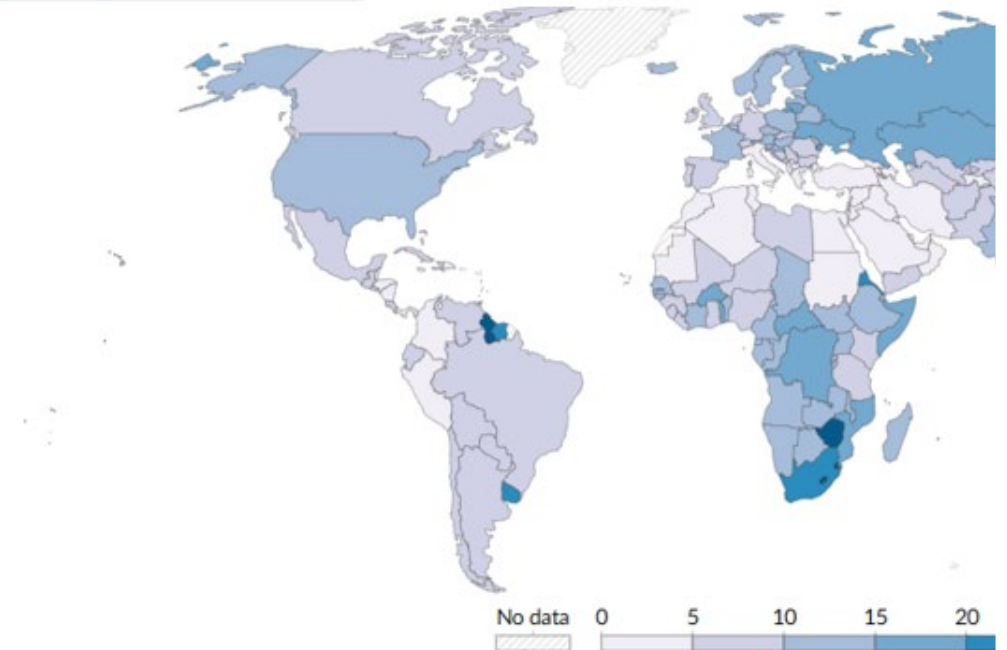
Sources & Processing

Reuse This

Suicide rate, 2021

Estimated annual number of suicides per 100,000 people. Suicide deaths are underreported in many countries (includes modeling based on global suicide patterns, and includes adjustments and extrapolations that aim to ac

Table Map Line Slope



Data source: World Health Organization (2024) - [Learn more about this data](#)

Note: To allow for comparisons between countries and over time, this metric is age-standardized.

OurWorldinData.org/suicide | CC BY

What stands out to you the most about these figures?





2. About our organisation

The mission of 113

A country where no one dies by
suicide feeling lonely or desperate



The research centre.

113 suicideprevention



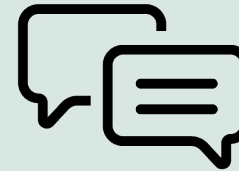
Helpline



Research



Academy



Campaigns



National Agenda
Suicide Prevention

Working together on suicideprevention at 113

202 employees

17 interns

39 volunteers

38 professionals in Suriname

50 trainers

**Financed bij the Ministry of
Health, Welfare and Sport**



In 2025 more than
650
calls for help
per day

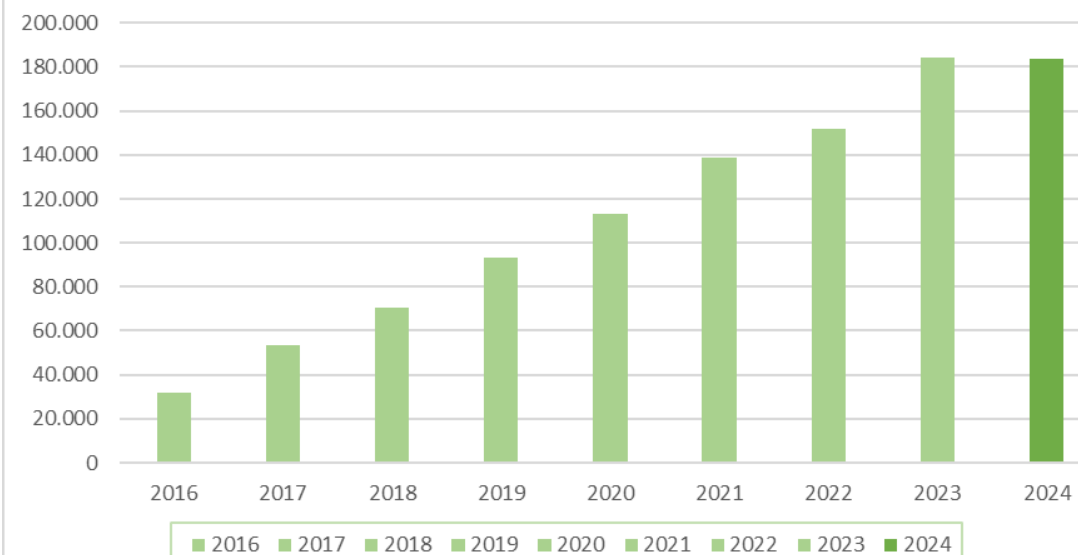


186.320

Hulplijngesprekken
(telefoon en chat)



Hulplijngesprekken 2016-2024





Nooit meer hetzelfde

Denk je aan zelfdoding? Bel 0800-0113 of chat op 113.nl

113
• • •

Nooit meer hetzelfde

Denk je aan zelfdoding? Bel 0800-0113 of chat op 113.nl

113
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What do these
pictures evoke for
you?



3. New legislation will take effect on January 1, 2026

What will legislation bring?

With this legislative proposal, suicide prevention will go:

- From optional to self-evident: 86% of municipalities still lack a suicide prevention policy.
- From agenda-setting to implementation: a proven, effective, and feasible model is ready.
- From temporary to structural financing: stop-and-go policies cannot prevent suicides.

**Without structural funding,
the law has no impact**

Finances

- Institutional subsidy for 113: already provided (but still excluding periodic adjustments for the growing demand for help)
- The law requires structural funding of:

€ 10 million for municipalities

€ 6,5 million for the National Agenda and others

€ 16,5 million (wage and price level of 2023)



National level

Ministers are developing policies to prevent suicides and suicide attempts.



Municipal levels

Municipalities are developing policies to prevent suicides and suicide attempts.



Individual level

A free and anonymous helpline will be available 24/7.

60%

Of the people who
die by suicide do
not receive mental
health care

4. Recommendations to municipalities

Preventing suicides locally can only be achieved together

RESTRICT ACCESS TO MEANS

PUBLIC CAMPAIGN

Break the taboo surrounding discussions of suicide and encourage inquiries about suicidal thoughts. Establish media guidelines.

GATEKEEPER TRAINING

Equip key figures in the network to recognize warning signs, engage in conversations about them, and guide individuals toward help.

AT-RISK GROUPS

Early identification and outreach to groups at higher risk of suicide.

NETWORK-WIDE COLLABORATION

Create collaboration agreements to ensure that all local partners, both within and outside of healthcare, fulfill their roles.

*Source: *European Alliance Against Depression (EAAD)*

113 supports municipalities and Public Health Services:

- in cooperation with national organizations like Association of Netherlands Municipalities (VNG) and the umbrella organization for the Municipal Health Services (GGD GHOR Nederland);
- Webinars, campaigns, toolkits, website, national network of professionals, online and live meetings, online community platform;
- We advise municipalities and public health services on policy and implementation;
- We offer education and training.

Questions?





Workshop 2: Recovery

**Jules
Deelderzaal**

Collaboratively learning about Recovery Colleges by exchanging experiences and



Short presentation

Marloes van Wezel
mwezel@trimbos.nl

26/11/2025

Once upon a time...



... there was a consumer (ex-patient/survivor) movement in psychiatry ('60s+)

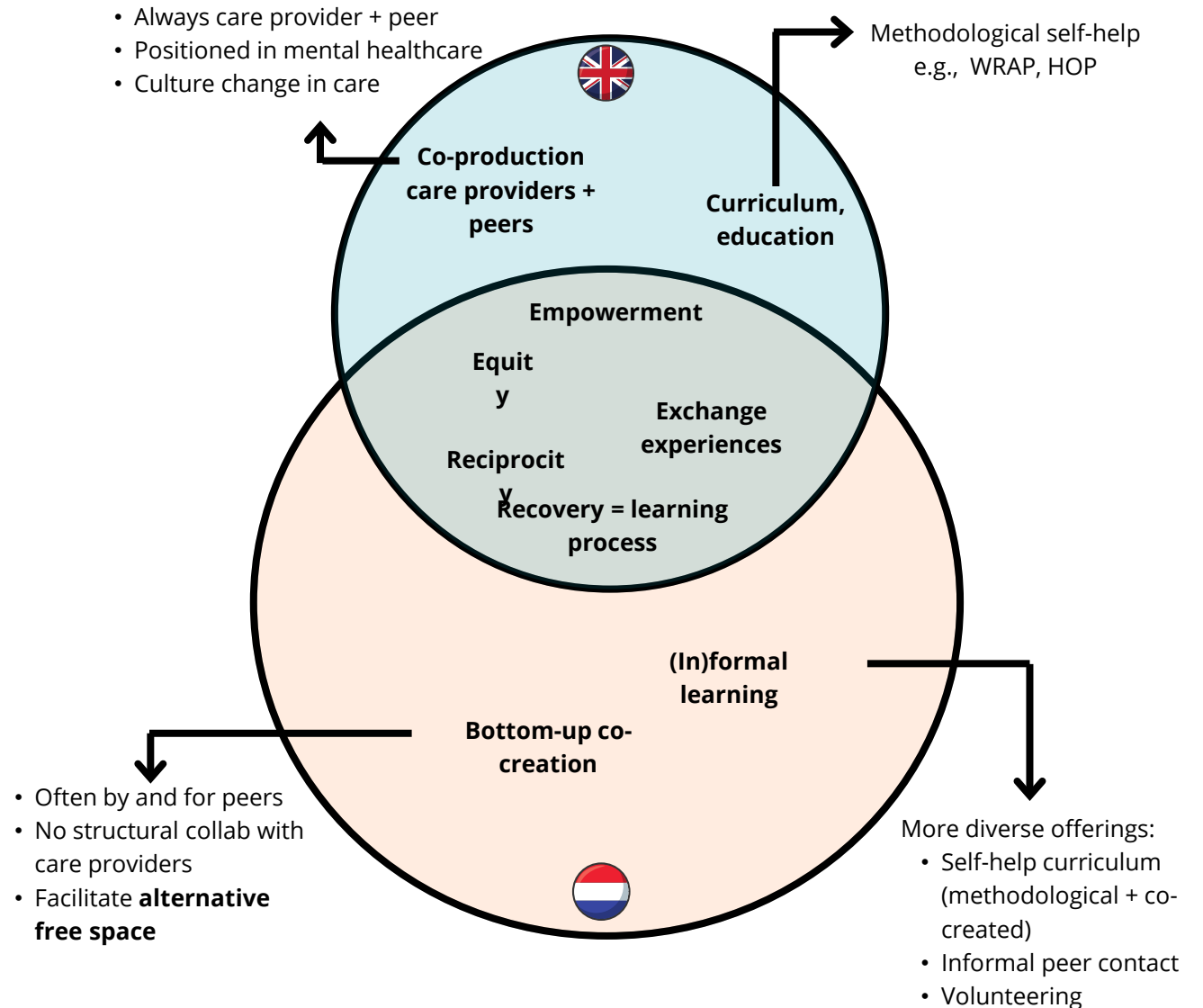
- Redistribution of power
- Promotion of equity, empowerment, agency
- Acknowledgment of lived experiences and experiential knowledge
- Consumer-run organizations
- Redefinition of recovery

"A personal learning processes of (re)developing identity, agency, and meaning in life"
~Anthony, 1993

"Occurs by virtue of interactions between individuals, their relations and situated (social) contexts"
~Price-Robertson et al., 2017

Recovery Colleges emerged

- Peer-supported learning communities (educational approach)
- No predefined pathways, referrals, diagnoses
- Space for people experiencing mental disruption (peers) to engage in their recovery process at their own pace, in their own unique way
- **Peers are experts of their own and themselves shape their recovery**



Processes within Recovery Colleges

Passive patients --> active co-creators



Recovery Colleges facilitate a learning

- Reflective dialogues through exchange of experiences
- Space to experiment (with roles and skills, most importantly: expert of my own)



You are encouraged to rely more on your own strengths and responsibility. [...] Here, they assume a sense of wholeness, not necessarily focusing on illness [...] Nobody says 'You are a care avoider', when I leave. They assume that I do what is good for me"

Recovery Colleges facilitate a social

- Sense of belonging
- Social safety (laissez-faire)



"We are all here with a certain vulnerability, and being at Enik, we are also willing to open up, to dare to show it. I do feel a sense of connectedness in that"

"Within the RC, every partaker is engaged with their own garden, removing their own weeds, nourishing their own garden (i.e., self-help and self-love). [...] Because everyone stands in their own garden, it is very safe"

Recovery Colleges facilitate an

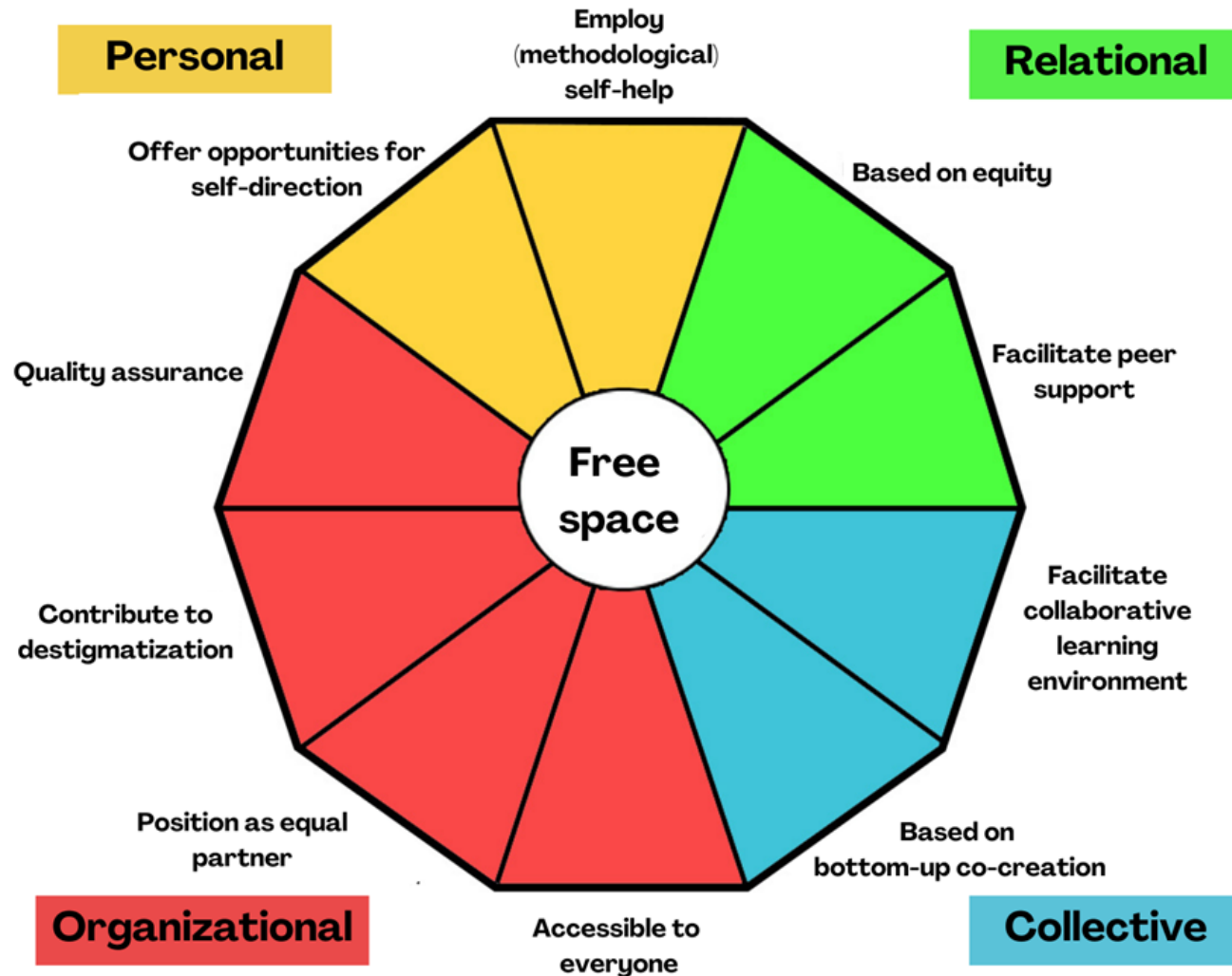
- Low-threshold accessibility (diagnoses-free, freedom of choice)
- Bottom-up co-creation (by and for peers)



"It's not conditional in that sense. There's no treatment relationship, no out-of-pocket costs, no questionnaires, [...] feeling pressured that it has to produce some kind of result, [...] or that I have to do it right"

"People come here because they want to, and not because they have to"

Reflection Tool



Designed as tool for Recovery Colleges to (continue to) reflect about their form, together with participants.

Are we succeeding in doing what we consider important?

What can we develop further?

Practical choices:

- Program offerings
- Program scope
- Co-created partnerships
- Types of locations

Today's workshop

Goal: Learn more about Recovery College values and practices and reflect on how that relates to your own work as care provider

How: Collaborative learning through reflective dialogues and exchange of experiences ;)



What can I learn from Recovery Colleges?


What can I learn from my colleagues' reflections on that question?



Workshop 3: MHIAP

Innovation room

Mental Health in All Policies: what, why and how?

A stylized dragonfly graphic in the top right corner, composed of light blue and white outlines.

PROMENS workshop 26th November 2025

Workshop by: Nina Bos (Trimbos-institute)



Co-funded by
the European Union

What is mental health in all policies?

Mental Health in All Policies (MHiAP) is **an approach to promote population mental health and wellbeing** by initiating and facilitating action within **different non-health public policy areas**.

MHiAP emphasises the impacts of public policies on mental health determinants, **strives to reduce mental health inequalities**, aims to highlight the **opportunities offered by mental health to different policy areas**, and **reinforces the accountability of policy-makers for mental health impact**.



Do you want to discover how to transform public mental health?

- The social economic determinants of mental health
- Learn how to move upstream and influence public mental health at the policy level through the Mental Health in All Policies approach
- Get hands-on with a new practical tool designed to help you advance Mental Health in All Policies in your country

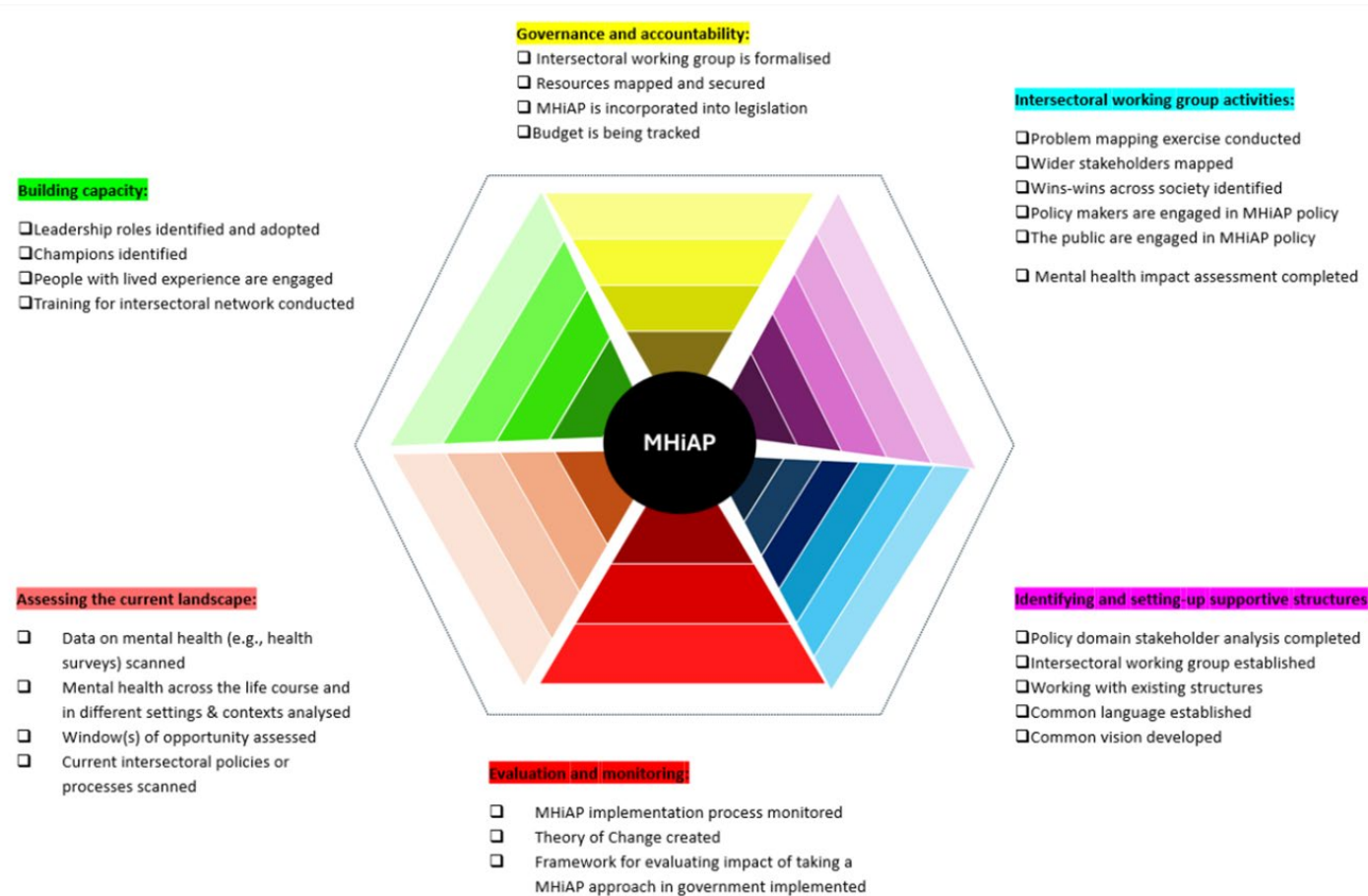


What we will cover:

1. The social and economic determinants of mental health: a brief overview
2. Why Mental Health in All Policies is a good solution moving forward
3. Breaking it down:
 1. How to get started with Mental Health In All Policies
 2. How to get going with Mental Health in All Policies
4. The Mental Health in All Policies Target Tool: time to get to work!



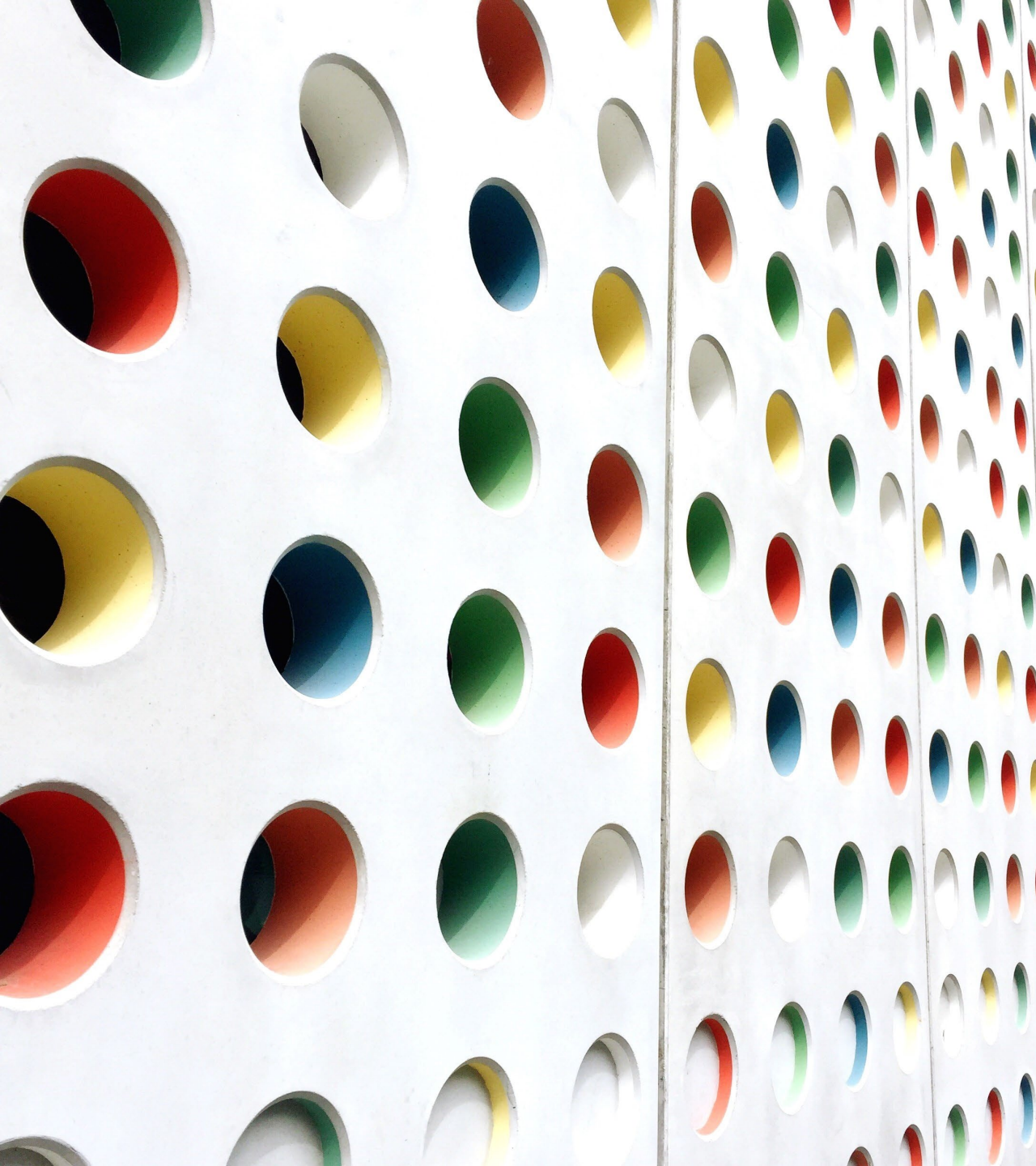
Sneak peek





Workshop 4: ToC

Fre Domissezaal



Using the Theory of Change for implementation and evaluation in the field of mental health

FAITH THOMPSON
TRIMBOS INSTITUTE
NOVEMBER 26
PROMENS

Are you...



Looking for a framework to help implement a complex intervention(s) policy or programme?



Struggling to tell the story of your intervention, policy or programme in a way that policy makers understand and can see the impact of your work?



Wanting to link your everyday activities with a higher meaning such as outcomes?

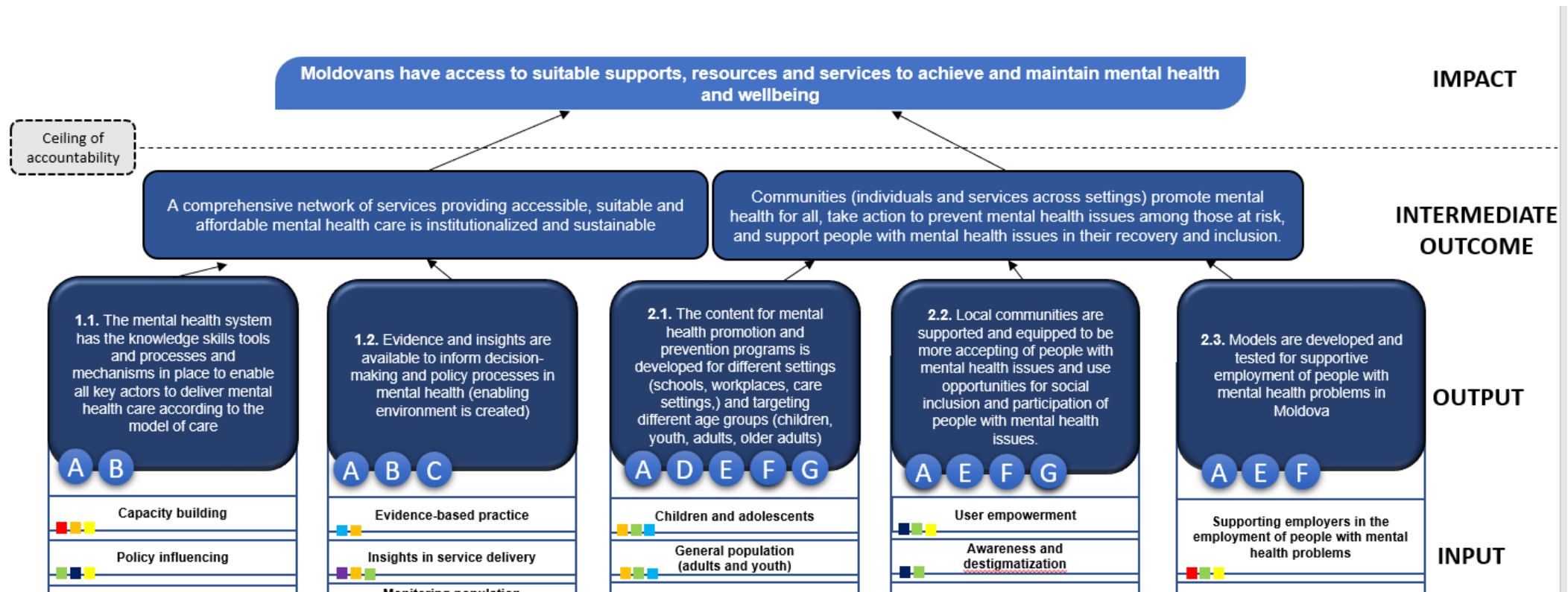


Looking to find a framework that sets the stage for both implementation and also evaluation?



Hoping to create a visual approach to implementation that is also co-created and well recognised?

Then the Theory of Change workshop is for you!



What are we going to do today

