

# 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

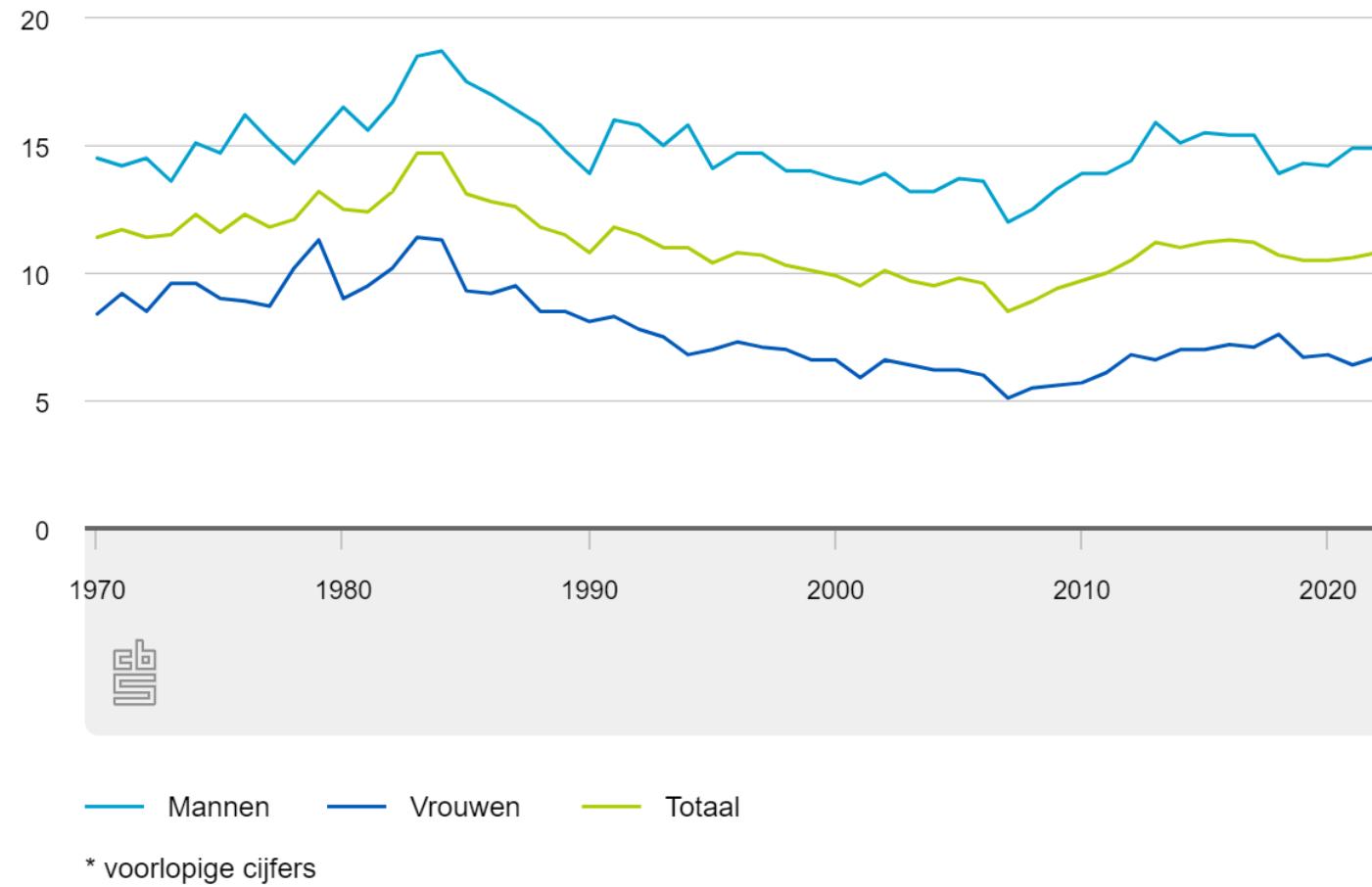
In my job, I interact with individuals who are experiencing suicidal thoughts or feelings



## 1. Facts and figures

## Suicides

Per 100.000 residents



1.849

suïcides in 2024

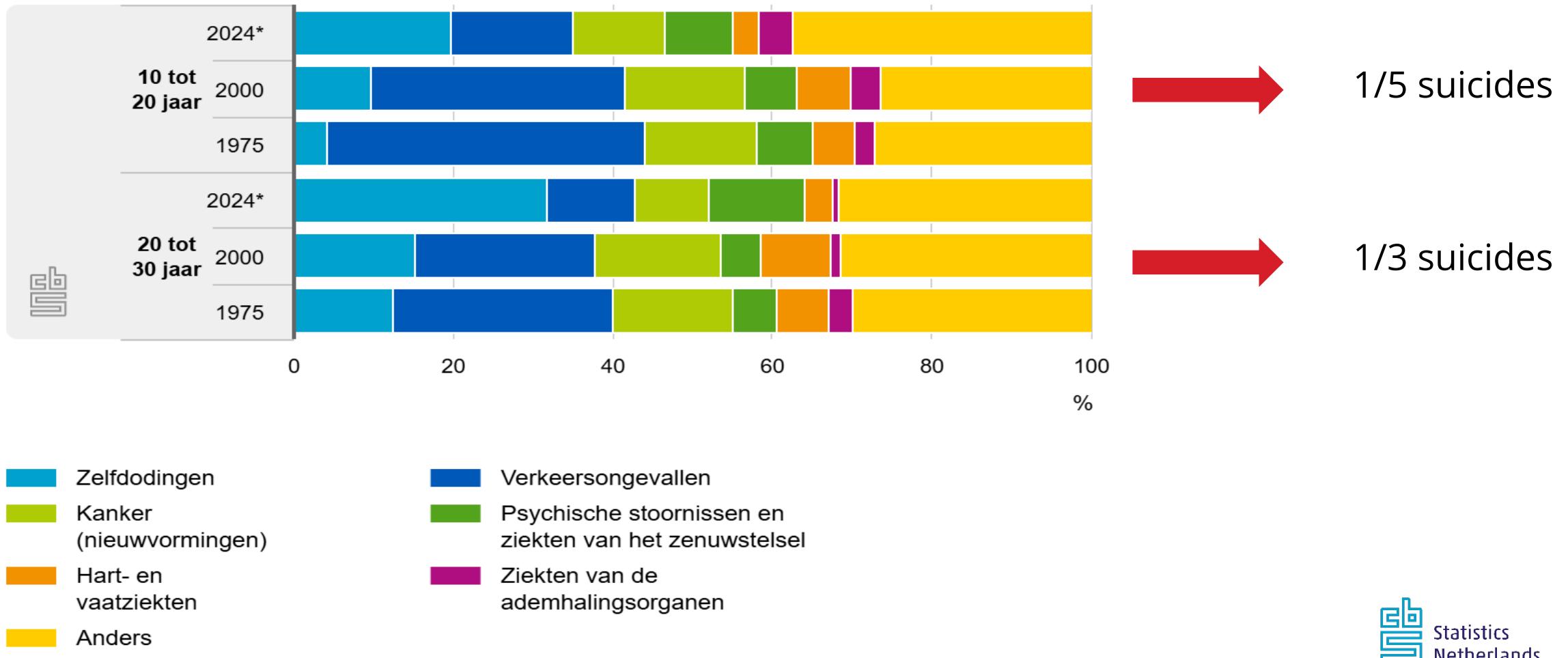
(Source: CANS)

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





## Traffic fatalities vs. suicides



Traffic fatalities



Suicides

Per 100.000

30

25

20

15

10

5

0

1950

1960

1970

1980

1990

2000

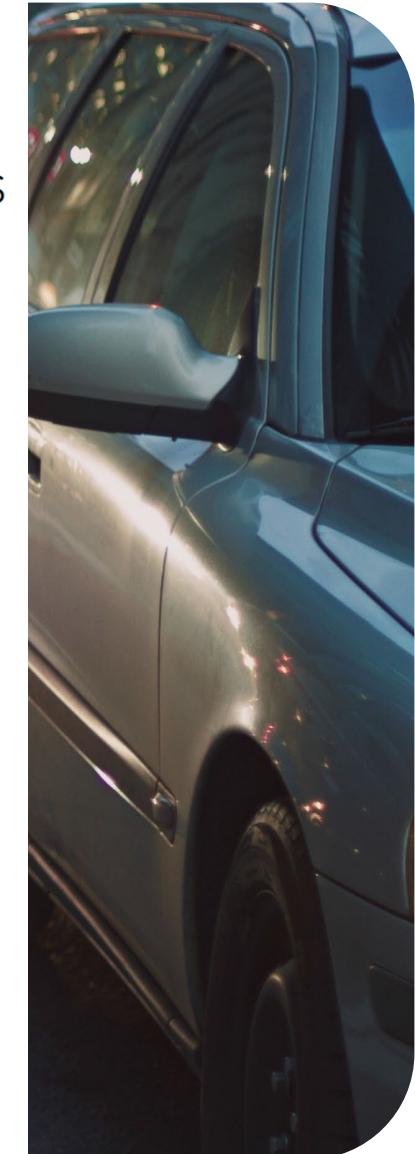
2010

2022

2,5x

more traffic fatalities  
than suicides

Bron: CBS



# 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

## Suicide rate, 2021

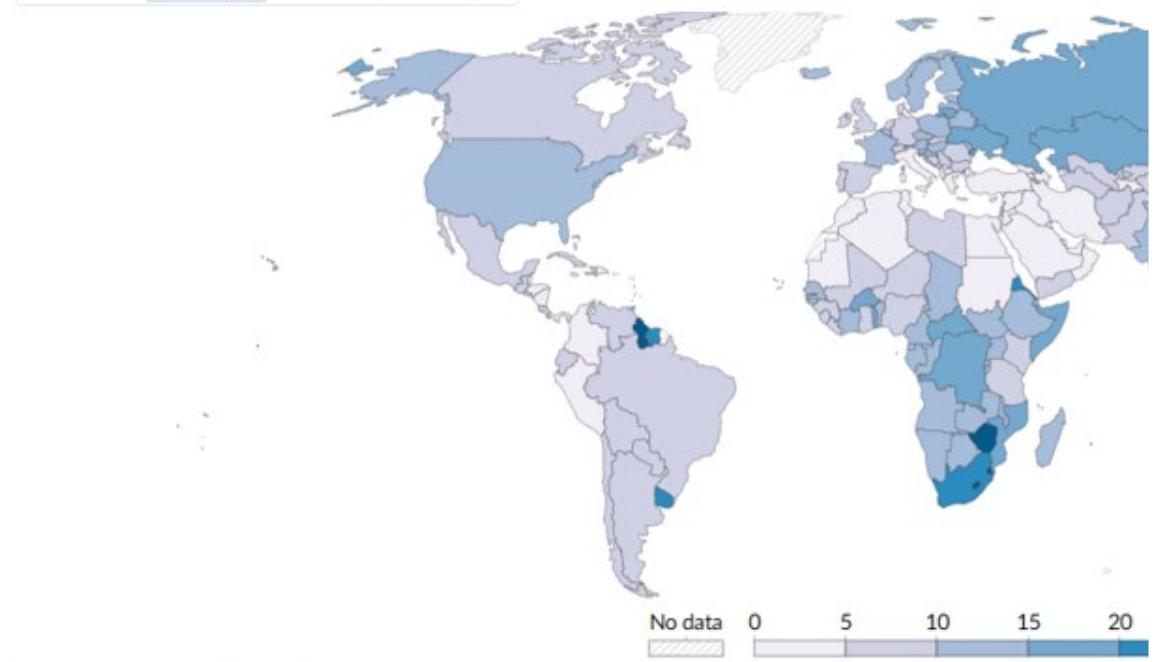
Estimated annual number of suicides per 100,000 people. Suicide deaths are underreported in many countries (includes modeling based on global suicide patterns, and includes adjustments and extrapolations that aim to account for underreporting).

Table

Map

Line

Slope



▶ Play time-lapse 2000

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?



# 113

zelfmoord  
• • • o  
preventie

## 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



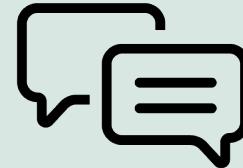
Helpline



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

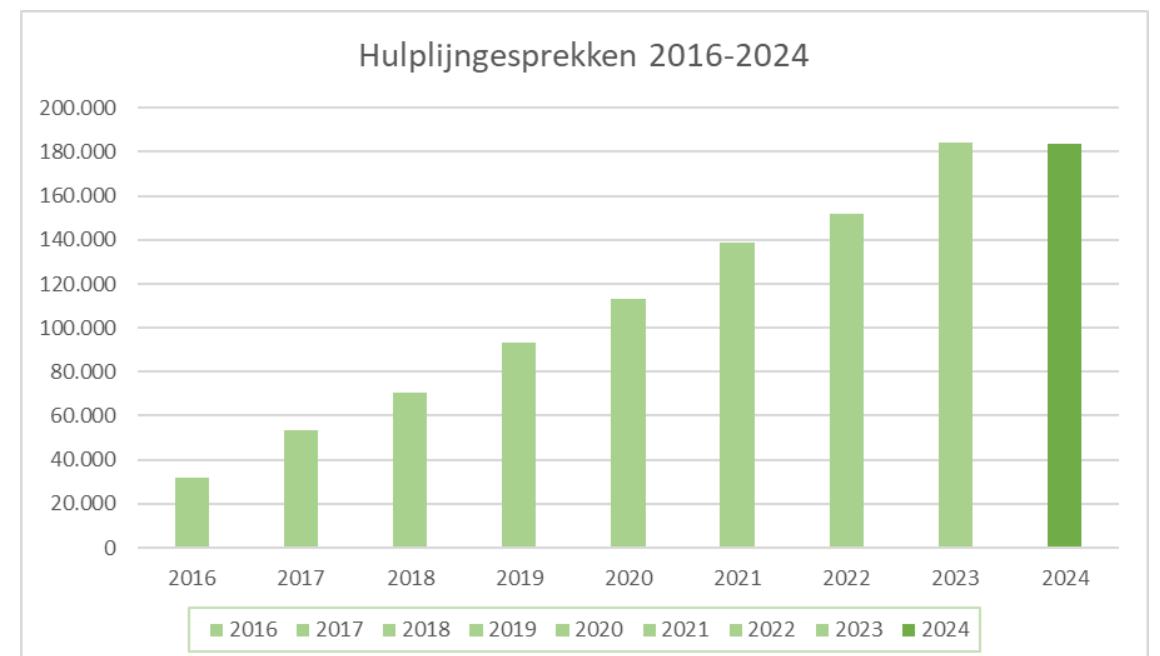


In 2025 more than  
**650**  
calls for help  
per day



**186.320**

Hulplijngesprekken  
(telefoon en chat)





# 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  
• • •

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.



## National level

Ministers are developing policies to prevent suicides and suicide attempts.



## Municipal levels

Municipalities are developing policies to prevent suicides and suicide attempts.

**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)



## 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.

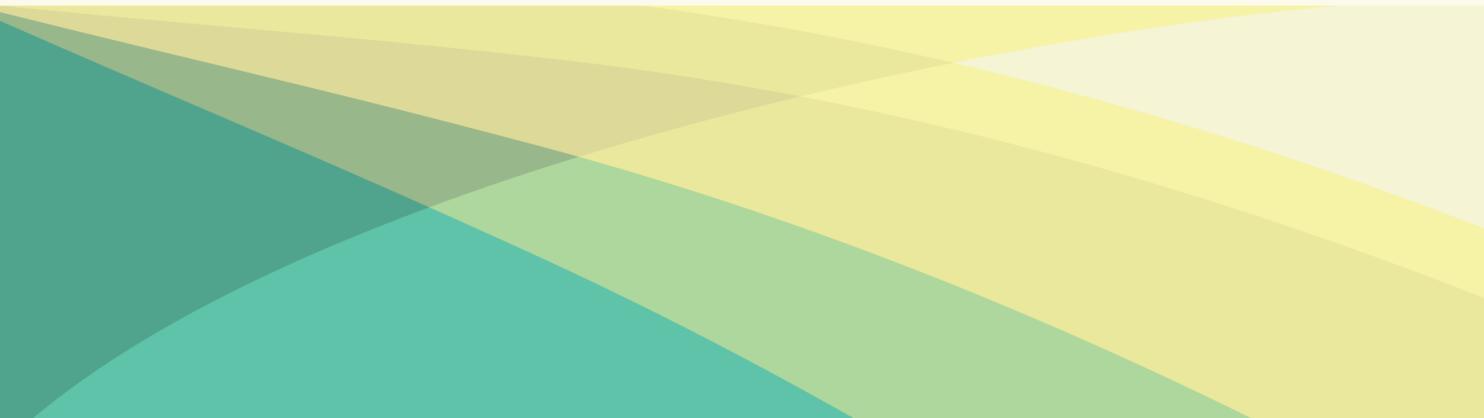
Questions?





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# Workshop 2: Recovery

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Jules  
Deelderzaal

# Collaboratively learning about Recovery Colleges by exchanging experiences and



## Short presentation

Marloes van Wezel  
[mwezel@trimbos.nl](mailto:mwezel@trimbos.nl)

26/11/2025

# Once upon a time...



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

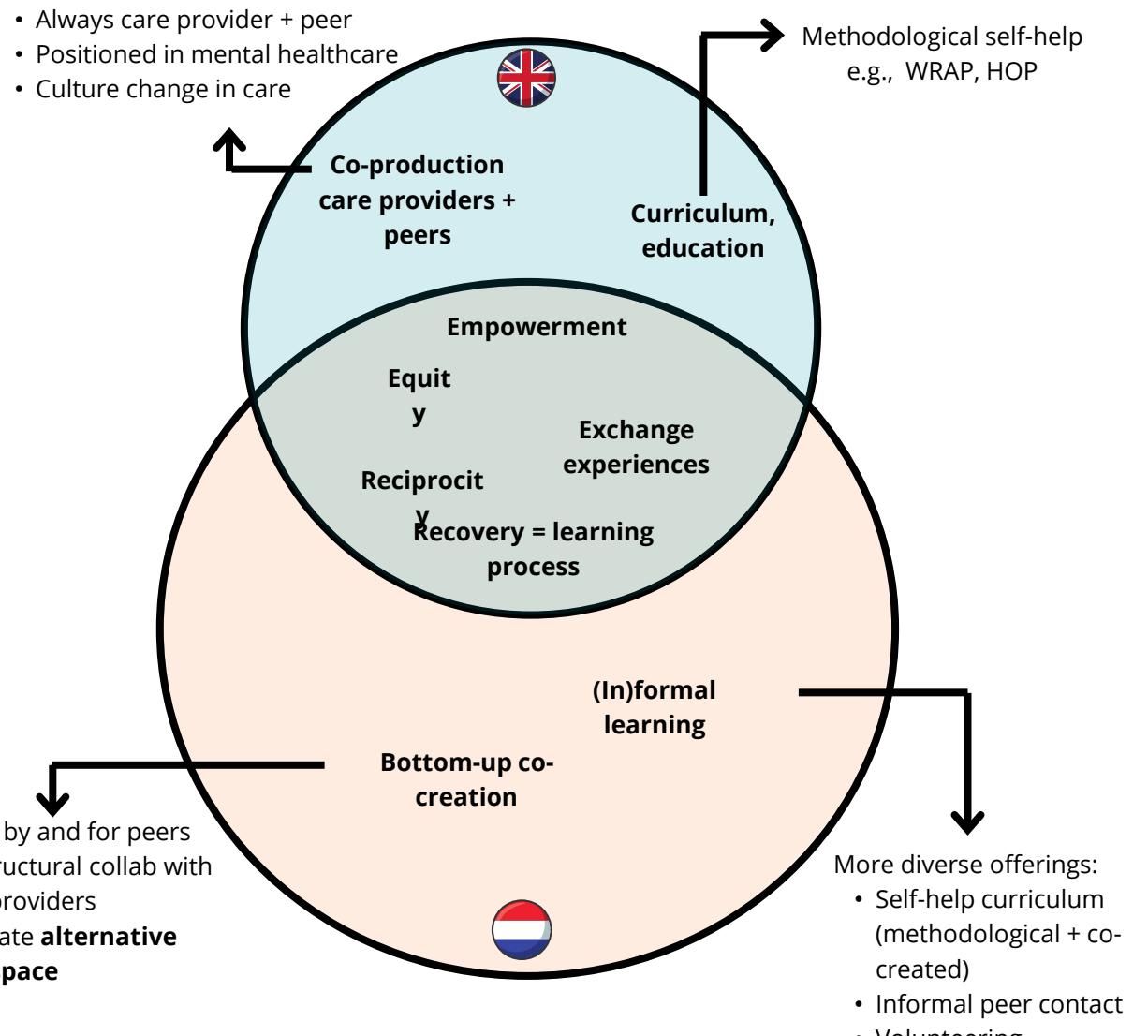
- Redistribution of power
- Promotion of equity, empowerment, agency
- Acknowledgment of lived experiences and experiential knowledge
- Consumer-run organizations
- Redefinition of recovery

*"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

Showing and expressing yourself

Feeling heard and seen

Co-creating things

Building self-confidence and esteem

Building positive identity

Being accepted and valued for who you are

Experiencing empowerment

*Finding hope, inspiration, perspective*

Being recognized and acknowledged

Increasing compassion for self and others

Finding belonging and connectedness

Contributing meaningfully to process of others

Acquiring insights: understanding self



# 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

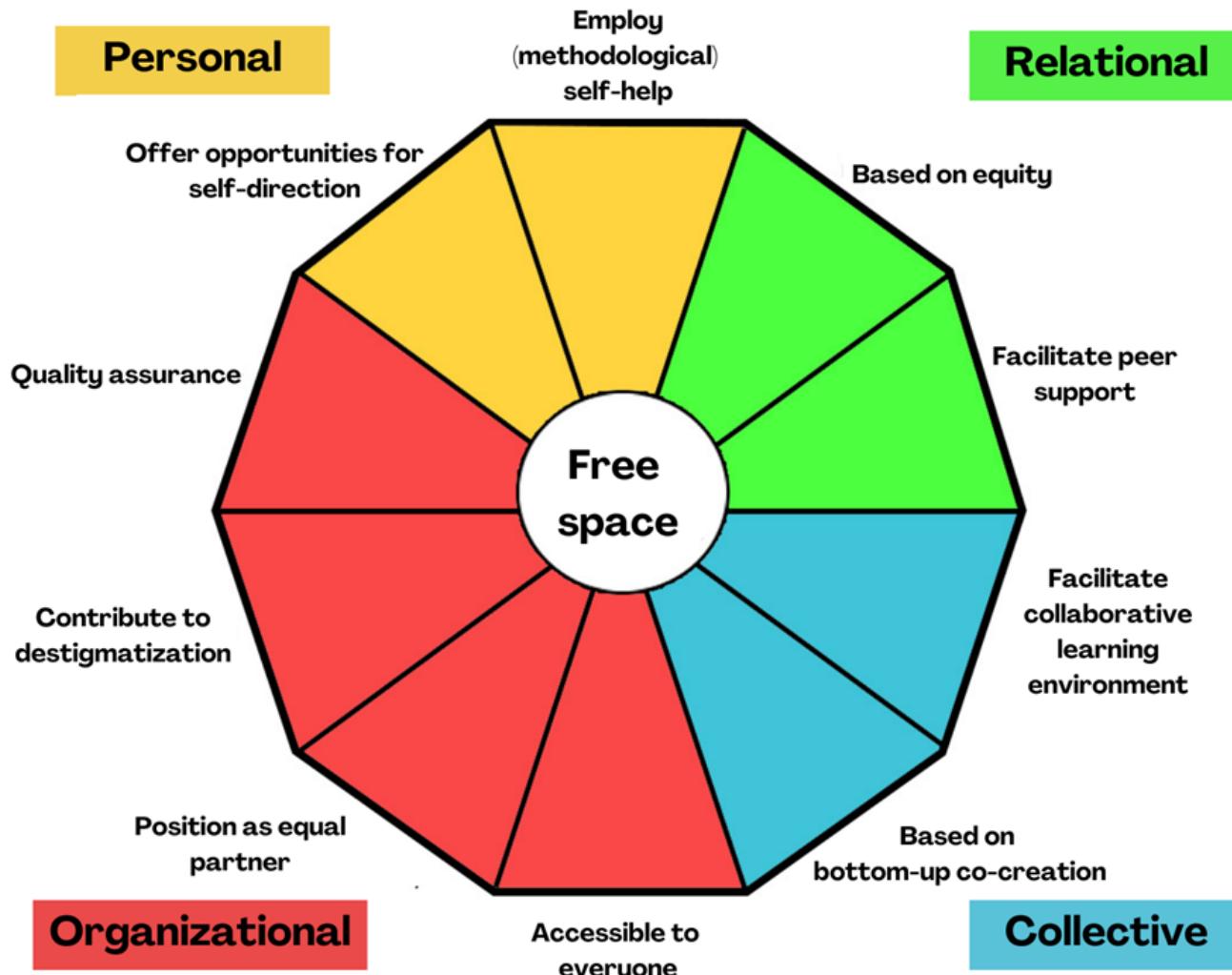
- Low-threshold accessibility (diagnoses-free, freedom of choice)
- Bottom-up co-creation (by and for peers)



*"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?**

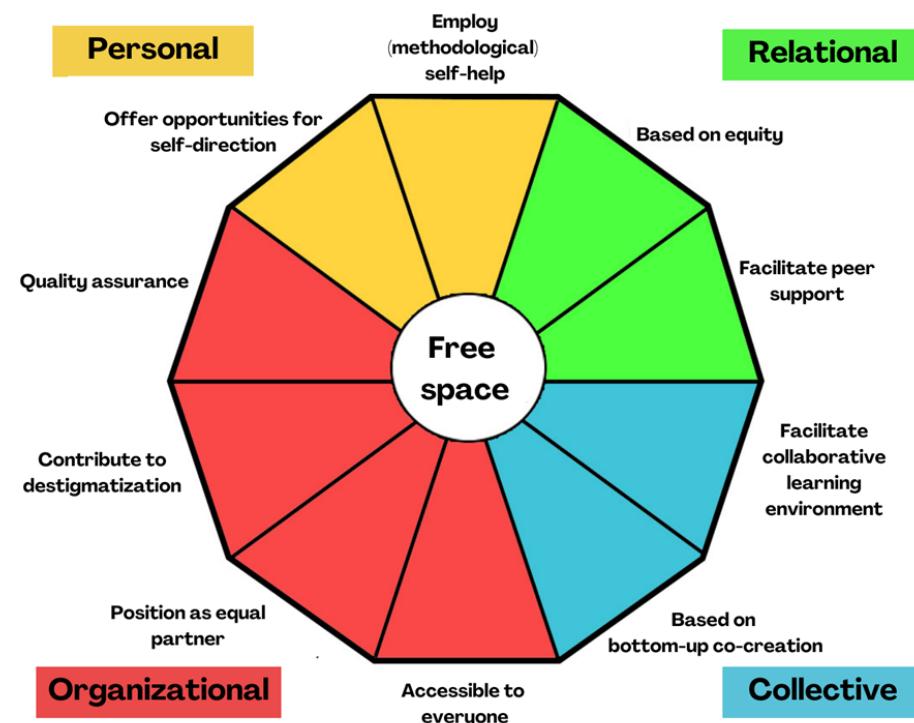
## Practical choices:

- 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?**



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# Workshop 3: MHIAP

The background of the slide features a large, abstract graphic element in the lower-left corner. It consists of several overlapping triangles in shades of teal, light green, and yellow, creating a dynamic, layered effect.

Innovation room



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

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?

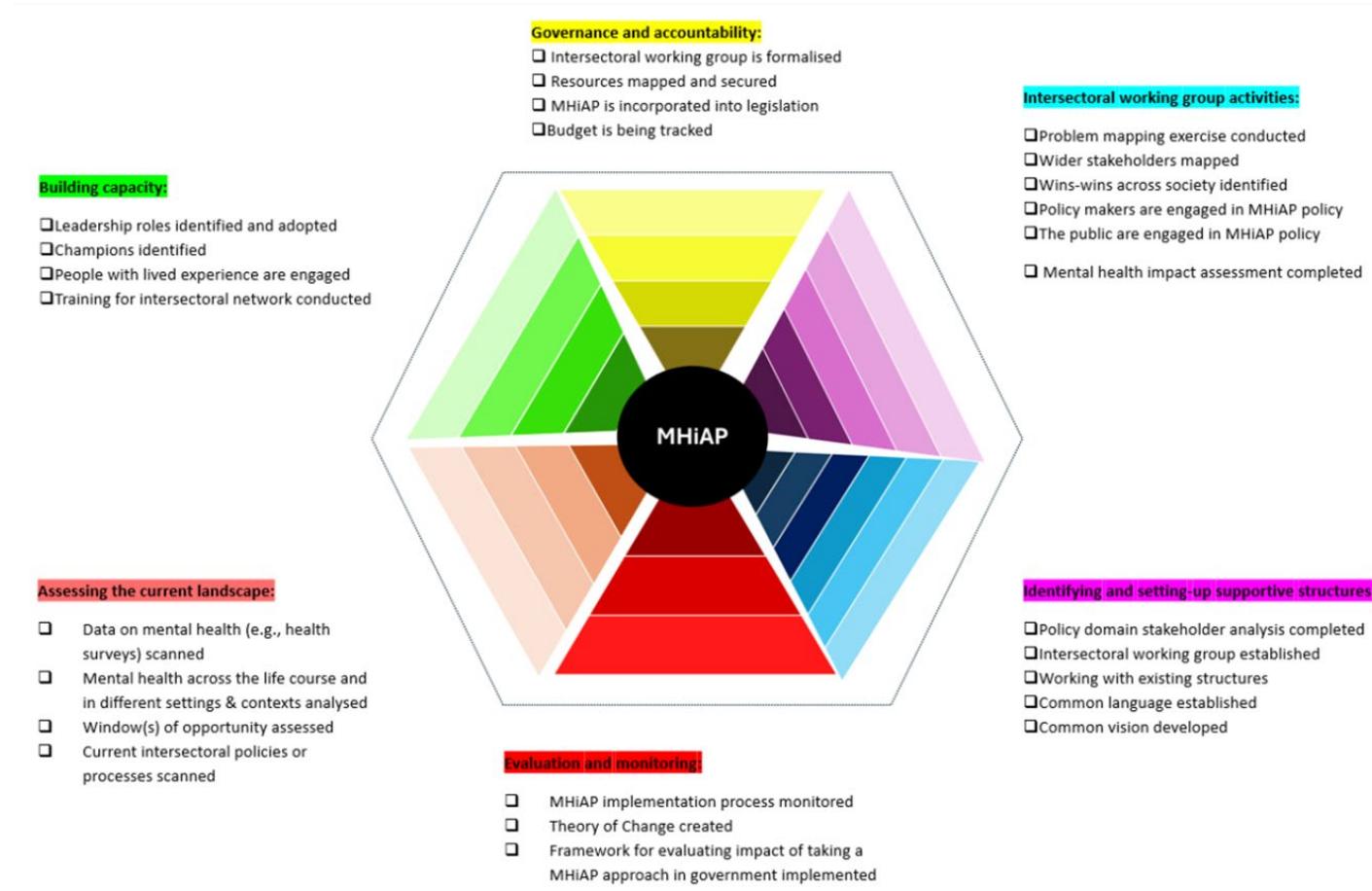
- The social economic determinants of mental health
- Learn how to move upstream and influence public mental health at the policy level through the Mental Health in All Policies approach
- Get hands-on with a new practical tool designed to help you advance Mental Health in All Policies in your country

# 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!



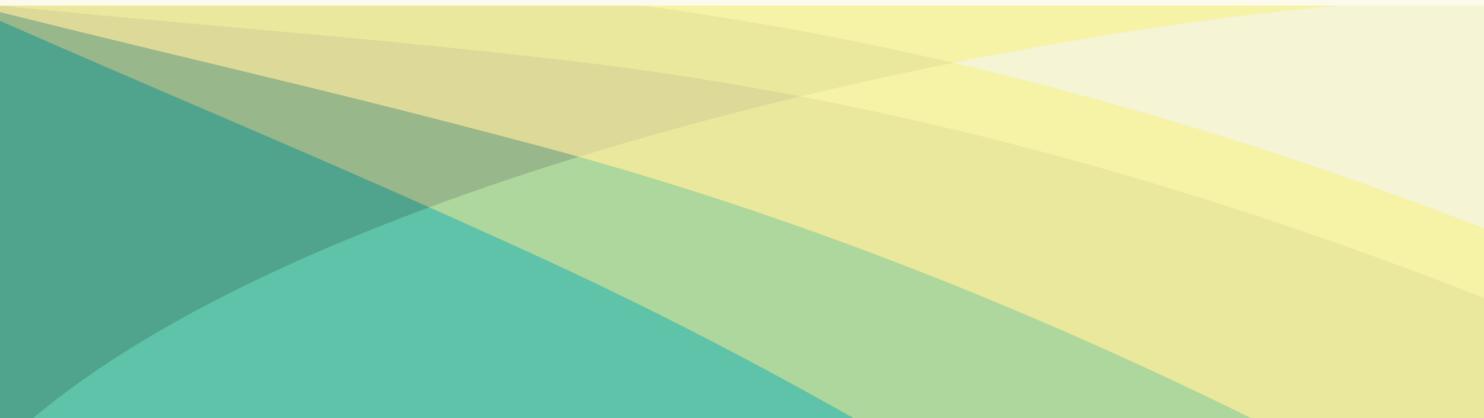
# Sneak peek



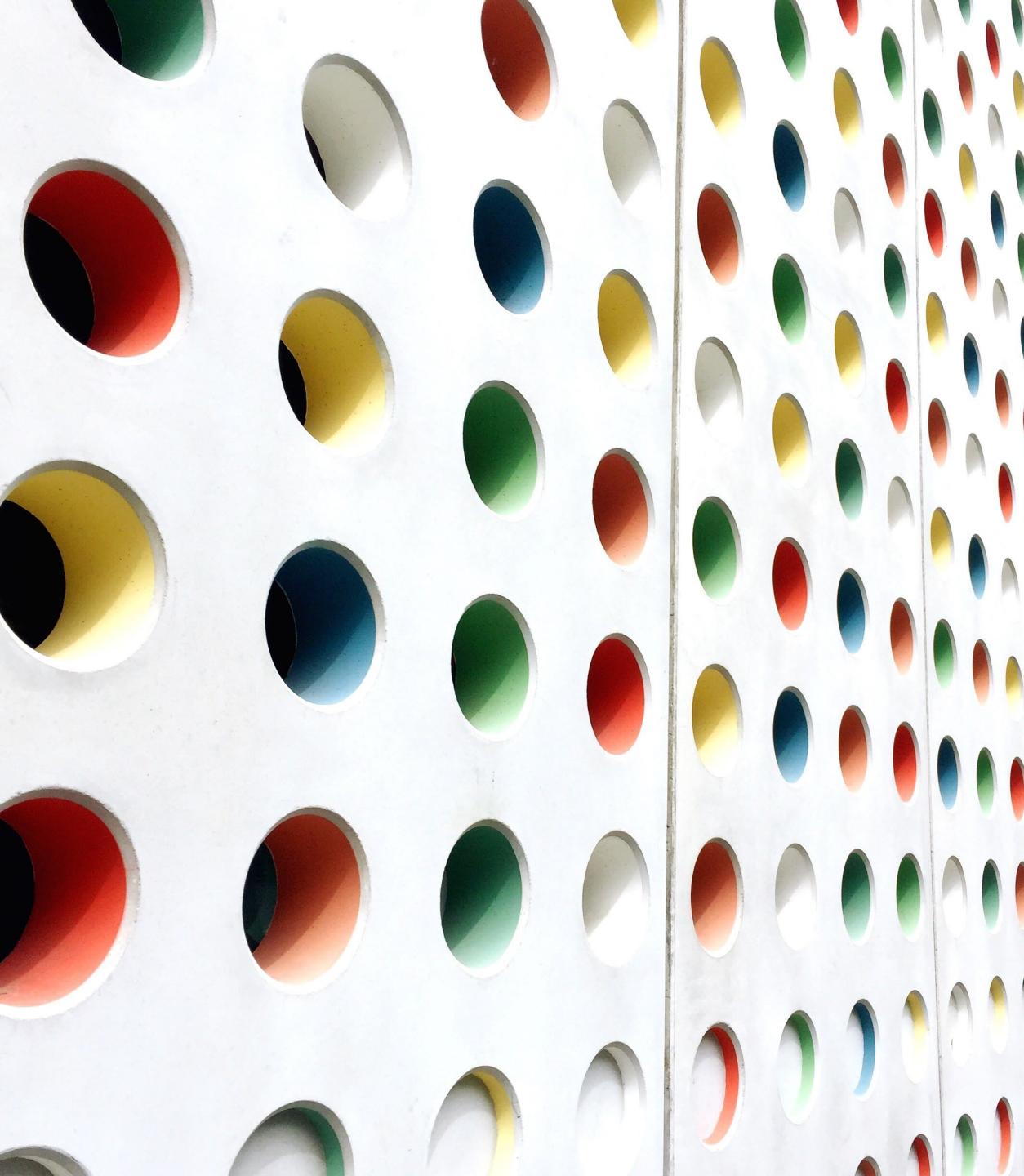


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# Workshop 4: ToC

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Fre Domissezaal



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

FAITH THOMPSON  
TRIMBOS INSTITUUT  
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?

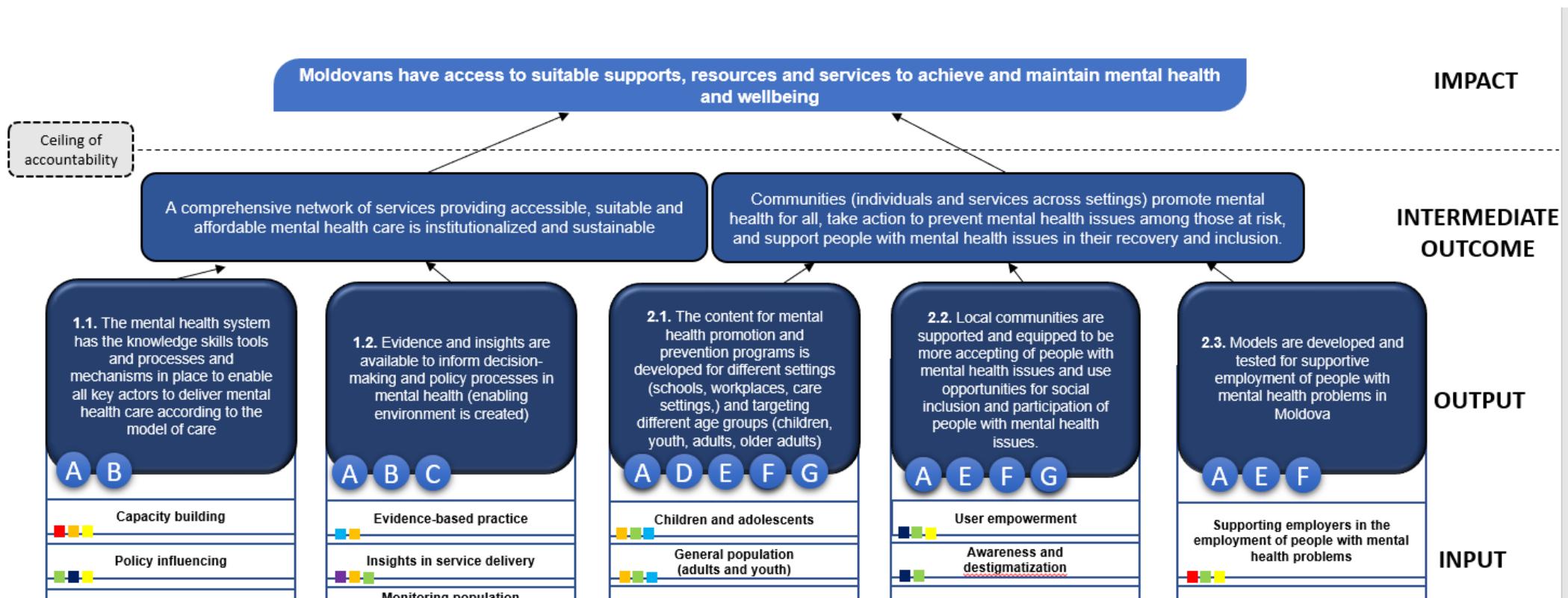


Looking to find a framework that sets the stage for both implementation and also evaluation?



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

