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# Plenary

## Mental Health Policy: Plenary Lecture: Preventing Suicide

PL001

### Preventing suicide

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In this presentation we will describe a model of suicidal behavior with environmental, psychopathologic, cognitive and biologic components that interact with the environment. Then we will consider what is known to work in suicide prevention. Methods with replicated evidence for preventing suicidal behavior include: training primary care physicians in the diagnosis and treatment of episodes of major depression, educating high school students about mental illness, means restriction, and specific forms of psychotherapy like cognitive behavior therapy and dialectical behavior therapy. No other individual types of psychotherapy, no group therapy and the combination of psychotropic medication and psychotherapy have replicated proof of efficacy. Psychotropic medications such as lithium, perhaps anticonvulsant or new generation antipsychotic mood stabilizers and antidepressants may have anti-suicidal behavior benefits. Promising new approaches include internet-based screening tools and even interventions, improved gate keeper screening and new fast-acting medication like ketamine. The future of suicide prevention will be based on these new opportunities and ideas presented for how these future opportunities can become accessible to clinicians and countries with both developed and developing economies.
*Disclosure of interest*.– The authors have not supplied a conflict of interest statement.

## Clinical/Therapeutic: Plenary Lecture: Talking to Your Voices Might Help: the Use of Avatars in the Treatment of Psychosis

PL002

### Talking to your voices might help: the use of Avatars in the treatment of psychosis

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*Plenary Lecture*.– Talking to your voices might help: the use of Avatars in the treatment of distressing voices.
Until recently, it was widely accepted that it was not helpful to 'engage with voices' through talking with them and listening to them. Recommended non pharmacological therapeutic approaches typically avoided direct engagement with the voices, and included distraction, anxiety management and cognitive behavioural therapy, the latter involving a range of strategies, but generally including some restructuring beliefs about the power and malevolence of the voices. These approaches, though helpful, have been found to have small-moderate effects, and tend to involve quite lengthy treatments. Further and more effective treatments for voices are needed. In the past decade, a new group of approaches, positively promoting dialogue with one's voices, has emerged. AVATAR therapy is one such approach. Additionally, AVATAR therapy forms part of the digital revolution in healthcare, in that it uses novel technology to create a digital representation of the 'voice entity', both a voice and a face. The therapist's voice is digitally transformed so that the therapist is enabled realistically to voice the Avatar. Therapy proceeds as a trialogue between the voice hearer, the Avatar and the therapist, and through dialogue, aims to change the relationship which the voice hearer has with their voice, reducing the voice's power. The overall aim is to reduce the distress and frequency of the voices. The therapy will be described, with audiovisual presentation of some clinical examples and methods used. Characteristics of the voice which are related to greater engagement in dialogue will be discussed. The results of a randomised controlled trial for people with psychosis and persistent distressing voices (Craig et al., 2018) will be presented. Finally unanswered questions and next steps for research in AVATAR therapy will be considered.
*Disclosure of interest*.– The authors have not supplied a conflict of interest statement.

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