

AMERICAN ASSOCIATION OF SUICIDOLOGY'S
59TH ANNUAL CONFERENCE

MOVING FORWARD TOGETHER: ADVANCING SUICIDE PREVENTION THROUGH SCIENCE & LIVED EXPERIENCE

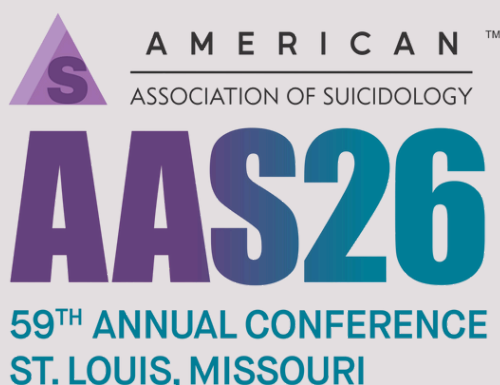
May 18-22, 2026
St. Louis, Missouri

CALL FOR SUBMISSIONS

OPEN: 11.13.2025

DEADLINE: 12.16.2025 at 4:59 PM **EST**

[Link to Submit A Proposal](#)



FROM THE AAS BOARD CHAIR

Dear Colleagues,

On behalf of the Board of Directors of the American Association of Suicidology (AAS), I extend our sincere gratitude for your commitment to this year's Annual Conference. For more than 57 years – since its founding in 1968 by Edwin S. Shneidman – AAS has served as one of the nation's oldest and largest membership-based organizations, with the vision to build a world where people know how to prevent suicide and find hope and healing.

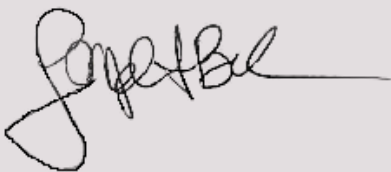
Our annual conference is an essential gathering space where researchers, clinicians, public health practitioners, advocates, survivors, and others come together with a shared goal: to advance the science of suicidology, improve prevention efforts, and build a more compassionate, connected community of care.

In an era when the need for meaningful connection, innovative practices, and courageous scholarship is greater than ever, your participation is vital. This conference brings ideas to life. It provides space to transform research into action, fosters healing, and encourages collaboration that can reach every part of our field. It is a place where every voice, perspective, and lived or professional experience enriches our collective ability to prevent loss and promote lives worth living.

We look forward to engaging in your ideas, hearing your insights, and welcoming you into our community of changemakers.

See you in 2026!

Warm regards,



Jenna Mehnert, DPA, MSW
President
Board of Directors

AAS26 SUBMISSIONS

AAS is looking for submissions
in each of the following categories:



AAS TALKS

This submission type is TED-style talk, which is a concise and powerful presentation designed to share transformative ideas, innovative practices, or lived experience insights in suicide prevention.

These talks are limited to 10–12 minutes and focus on inspiring audiences through storytelling, creativity, and thought-provoking perspectives that challenge conventional approaches within the field. Presentations may highlight emerging research, lessons learned, or bold visions for advancing suicide prevention, intervention, or postvention. AAS Talks are intended to ignite reflection and action rather than present comprehensive data or program descriptions.



HEALING AFTER SUICIDE LOSS

A Healing After Suicide Loss (HASL) Workshop is a 60-minute session scheduled during the Healing After Suicide Loss Summit on May 22nd. These workshops are designed to support suicide loss survivors and those who walk alongside them, including support group facilitators, LOSS team members, clinicians, faith leaders, and other caregivers.

HASL workshops may focus on personal healing, creative or reflective practices, peer or community support, or professional strategies for supporting those who have experienced a suicide loss. Presentations should foster connection, understanding, and hope, offering participants practical tools, shared wisdom, or spaces for reflection and growth. Workshops may include interactive components, experiential exercises, or facilitated discussions that encourage engagement and community among attendees.



PANELS

A panel discussion is comprised of three to four separate speakers who present several perspectives about a topic within suicidology. These speakers may report on original research based on the methodical collection and analysis of data or on the application or testing of theory.

Panel discussions will be scheduled for 60 minutes. Panel discussions do not require the explicit presentation of scientific data, although this is encouraged if it fits with the overall purpose and intent of the panel. Panels may also primarily focus on the presentation of research methodology and results. Examples of panel discussions include descriptions of program initiatives, clinical case presentations or demonstrations, and updates on the status and progress of research projects currently underway. First authors will serve as panel moderators and should devote time in the presentation for audience questions. Panels are accepted as submitted and any edits or revisions must be approved through the program committee.



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PAPERS

Papers report on original research based on the methodical collection and analysis of data, the application or testing of theory, or a review and synthesis of research. Papers that present new and innovative findings, directly or conceptually replicate past findings, and/or include implications for practice are encouraged.

Accepted paper submissions will be scheduled as oral presentations and will be co-scheduled with one other paper presentation focused on a related topic. Each paper will be allotted 30 minutes (within a 60 minute session), inclusive of presentation and questions. We encourage all authors to prepare a presentation of no longer than 28 minutes, to allow for the timing of logistics. The program committee reserves the right to assign a submitted paper as a poster presentation at their discretion.



POSTERS

Posters report on original research based on the methodical collection and analysis of data, the application or testing of theory, or a review and synthesis of research. Posters that present new and innovative findings, directly or conceptually replicate past work, and/or include implications, for practice are encouraged.

Posters will be presented in the context of a 60-minute poster session reception, with up to 50 submissions present. The poster session provides a lively forum for discussions among colleagues and interested conference attendees. Presenters are responsible for preparing and presenting their posters, which must include essential contents of the project, such as the abstract, a short narrative, enlarged pictures or graphics, and a brief discussion.



WORKSHOPS

A workshop is a one (1) hour session scheduled during core conference days. Workshops have a practice focus and often describe innovative or best practices in communities, schools, or other settings representing demographics impacted by suicide.

Workshops must include evaluation findings which may include underlying theory or research, case studies, and lessons learned. It is paramount that workshop submissions are grounded in empirical findings or be presented clearly as projects in progress, which will invite peer-to-peer learning. Workshops are instructional and interactive, with time for questions and discussion. The program committee may request workshops to share the one (1) hour time slot with another submission similar in topic.

AAS26 SUBMISSION TRACKS

All accepted submissions will be assigned to one of the tracks described below.

Clinical/Clinicians:

Clinical practices, therapeutic interventions, mental health services, and clinical training aimed at preventing suicide and supporting those at risk.

Topics could include:

- Reporting on collaboration among mental health professionals
 - Policy and ethical considerations
 - Tailored strategies for working with specific populations.
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Crisis Services:

Operations, evidence-based practices, and innovations within crisis centers and crisis services.

Topics could include:

- Crisis intervention techniques
 - Volunteer and staff management
 - Integration of technology
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Lived Experience/Loss Survivors:

Personal experiences and peer support initiatives that provide insight and foster resilience.

Topics could include:

- The impact of lived experience on mental health
- The role of support groups
- Ways to leverage personal narratives to influence policy and drive community awareness.

Public Health:

Community-based programs, grassroots initiatives, and public health approaches to suicide prevention and support.

Topics could include:

- Community coalition building
 - Community engagement, partnerships, culturally responsive approaches, evaluation, sustainability and impact
 - The role of community leaders in fostering mental health resilience.
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Research & Innovation:

Cutting-edge research and advancements, novel methodologies, and innovative technologies.

Topics could include:

- Data-driven approaches
 - Interdisciplinary studies
 - Translating scientific findings into practical applications and policy recommendations.
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Trending Discussions:

The most pressing and influential topics in suicide prevention today.

Topics could include:

- New insights
 - Strategies to make a meaningful impact in communities and beyond
 - Ethical considerations for AI use
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Workplace:

Research, advancements, policies, and programs specifically centered on suicide prevention, response, and postvention in the workplace.

Topics could include:

- Active-duty military and/or veteran focused initiatives
- Debriefing strategies and practices for first responders
- Training curriculum for specific industries, such as construction workers

AAS26 SUBMISSION REQUIREMENTS

[Link to Submit A Proposal](#)

Speaker(s)/presenter(s) information:

- Full name
- Primary job title and affiliation
- Professional address
- Primary email address
- Credentials/degrees (if applicable)
- Headshot in JPEG or PNG format
- Bio
- CV
- Presenter agreements
- Presenter/author disclosures

Abstract

Learning Objectives (if applicable)

Keywords, Intended Audience

Reference List/Works Cited (if applicable)

Speaker Agreement

Keywords:

Each submission must include three (3) action takeaways that are clear, measurable, and achievable using three (3) to five (5) of the key words or phrases below:

- Accessibility of Care
- Access
- BIPOC
- Clinical
- Co-occurring
- Crisis Continuum
- Crisis Services
- Cultural Considerations
- Disparities
- Elementary/Middle/High School
- Emerging Behavioral Health Threats
- Evidence-Supported
- Faith
- First Responder
- Healing Modalities
- Impacted Family and Friends
- Inclusive Excellence
- Innovation
- LGBTQIA
- Lived Experience
- Loss Survivors
- Peer
- Policy
- Postvention
- Prevention
- Public Health
- Recovery
- Research
- Service Members, Veterans, and Families (SMVF)
- Substance Use
- Technology
- Trust
- University
- Youth
- Zero Suicide

