

THE WAYS AND METHODS OF MAINTAINING SPIRITUAL AND MORAL VALUES AMONG YOUNG PEOPLE AS THE MAIN ANTISUICIDAL FACTOR

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Suicide is one of the current problems of modern society and especially among young people. The problem of suicidal behavior is not limited only to psychiatric science, but affecting the sphere of education, law and order, social and spiritual life. The main thing to prevent suicide is the strengthening of the life position in the mind of a teenager, that is directly connected with the formation of spiritual values. Plans for interdepartmental cooperation were drawn up and implemented. In 2015-2017 in the municipality of Novorossiysk to implement effective prevention of suicide among teenagers. Plans of cooperation were agreed between the health and education services, the Ministry of Internal Affairs, the media and the Novorossiysk diocese. As a part of this program, the psychiatric service conducts joint suicide prevention activities and actively interacts with the Novorossiysk diocese in several ways. 1) Giving lectures on the territory of the temple, for all comers (about the risks of crisis and suicidal behavior, the prevention of mental disorders, the problems of upbringing children, conflictology).

2. Participation in the events "Lesson of legal knowledge", where law enforcement officers, education, social service employees provide information on the prevention of crime and alternative leisure activities, employees of the psychiatric service inform about the availability of psychiatric care, about the service "helpline", and the clergy representatives tell about the spiritual foundations of life.

3. Project "Spiritual and moral problems of modern society». These are conferences in which young people take part aimed at addressing current spiritual and moral problems of society (different specialists talk about problems of passions, dependent behavior).

4. Psychiatrist annually takes part in the Spiritual-educational Sergeyev readings-giving lectures for clergy on symptoms of mental disorders and their prevention.

5. Counseling parishioners (in accordance with the Law of the Russian Federation "On psychiatric care to the citizens and their rights of its provision") and guiding psychoneurological dispensary patients to the temple in order to heal their souls. 6. Employees of the psycho-neurological dispensary conduct "round tables", trainings for teenagers and their parents to strengthen antisocial factors, to search for resources at overcoming difficult life situations. As a result of the work the ways and methods to maintain spiritual and moral values among young people as the main antisuicidal factor, the possibility of wide coverage and involvement of specialists from neighboring services in the suicide prevention system were found, ways of interaction between psychiatry service and the Russian Orthodox Church were shown.

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SUICIDES IN PATIENTS OF PSYCHIATRIC HOSPITAL

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The questions of prevention of suicides remain relevant for psychiatrists. The discharge from a psychiatric hospital of such patient is always serious and crucial decision of the attending physician. Especially it concerns those cases when patients are hospitalized for the first time in life or, as in our research, with suicide behavior.

Publications on a subject of hospital suicides are not enough; it is even less researches of suicides in early period after discharge from a psychiatric hospital. According to the data from various sources, about a half of the contingent of suicides asked for mental health services shortly before death. According to the expert opinion, the suicide risk was estimated only at 2% of cases as high that indicates lack of criteria of his assessment and insufficient training of specialists.

The research has been conducted on the psychiatric hospitals. Cases of the suicide committed within two weeks after discharge from a psychiatric hospital were analyzed.

45 episodes of suicide behavior from which - 7 suicides were studied. Middle age of patients was 35.3±13.2 years. 46% of cases of suicide behavior were registered directly in a hospital, 4% - during the medical holiday, 30% - on treatment in a day hospital and 20% - within 7 days after discharge. The analysis of a temporary factor, two critical moments for realization of suicide intentions: the first week of hospitalization (23%) and hospitalization period in hospital more than 60 days (62%). The analysis of the pharmacotherapy appointed to suicidents showed the following negative tendencies: absence or rare correc-

tion of drug treatment in 80% of cases; sharp cancellation of medicines of sedative action on the eve of suicide activity - 50% of cases; prescription of antidepressants of the stimulating action in the doses exceeding traditional therapeutic doses in 47% of cases from which, in 75% of cases was followed by simultaneous cancellation of sedative antipsychotic therapy without any justification in the history of a disease.

A third part of patients had suicide attempts in the anamnesis, half of the lost were on stationary psychiatric treatment earlier and a third part from them in a week was discharged a week ago.

Before the discharge of the patient it is necessary to tack a decision of a possibility of treatment in out-patient conditions, or such intermediate option as a "day" hospital is chosen.

During the preparation of the patient for discharge much attention must be paid to carrying out psychosocial work with involvement of the medical psychologist and the psychotherapist.

The attending physician together with the patient makes a detailed plan of further treatment and observation, resolves an issue of psychotherapeutic and, as necessary, of social support. These actions will provide continuity of kuration and continuity of psychopharmacotherapy. The best option of kuration after the discharge from a hospital is transference of the patient to suicidal care.

Conclusions: Special attention should be paid to the characteristics of patients before the discharge a psychiatric hospital: lonely or widowed persons; disharmonious or disintegrated families (conflicts and the abuse of alcohol in the family, subordinated situation); preservation of depressive symptomatology or instability of mood; insoluble of social problems, lack of adequate out-patient mental health services. Suicides in a psychiatric hospital are the indicator of quality of mental health services. An important role in prevention of suicide acts in a psychiatric hospital is played by supervision of patients, observance of measures for prevention of self-damages, control of reception and tolerance of medicines, intensity of the polyprofessional help (the psychiatrist, the psychotherapist, the psychologist, the social worker).

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FACTORS OF EFFECTIVE CARE FOR SELF-HARM AND SUICIDE

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Chronically suicidal and self-harm patients are still complicated for psychiatrists. Multiple suicide attempts are trademark of a borderline personality disorder (BPD). Nowadays the National Institute for Clinical Excellence (NICE) mainly recommends special psychotherapy of BPD patients instead of medicine and hospitalization.

Dialectical behavior therapy (DBT) is evidence-based effective. It is characterized not only by common desire of medical professionals to change the patient's behavior, but also by true acceptance. Dialectical balance of the opposite strategies makes the process of psychotherapy more flexible and resilient. Such a synthesis trains mental and behavioral flexibility of BPD patients as well as the ability to accept themselves, other people and Reality.

DBT main points:

- DBT sees the deviant behavior of a person as a failed way to satisfy innermost needs.
- The diagnosis BPD is not averdict, since biological causes of BPD are perceived only as a part of an interaction system of patient and of an environment.
- Also the problems of BPD patients are analyzed in the dynamics of their formation. The styles of cooperation with people and of realization innermost needs can be considered as some special lifetime composed skills. In contrast with sports or training education, the skills are laid down in early childhood spontaneously.
- The rejection or inability of parents in taking into account the child's right to his/her own feelings and personal opinions can be considered as the factor that hampers the skills formation of self-regulation by emotions, behavior and even by thinking mind.
- Whilst BPD the skills are not effective and interfere with perceiving, recognizing, regulating the emotions and correlating their own actions with the others' ones. That is why the focus of DBT is on the training the skills of the self-adjustment, first of all - the emotional one. DBT offers a clear unique simulation system for this necessary psychological process. This coincides with the latest trends of putting a premium on the emotional intelligence (IE), which deeply affects all the social interactions.
- The present day, DBT is an evidence-based effective in the treatment of eating disorders and substance use disorders, of suicidal behavior of adolescents and recurrent depression in the elderly, whilst bipolar affective disorders and antisocial behavior.