

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).

\* \* \* \* \*

## FACTORS OF EFFECTIVE CARE FOR SELF-HARM AND SUICIDE

*Olga Kalashnikova*

*A.K. Yeramishantsev City Hospital № 20 of Moscow, Moscow, Russia*

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.

BPD psychotherapy requires the inclusion into the system of care of some elements that before have existed singly in the other psychotherapy approaches. The following things turned up to be vitally important for the changes in chronically deviant behavior: a long, phased and repetitive principles of psychotherapy; a verified educative system and personal psychotherapy for psychotherapists themselves; a coalition of specialists of different profiles in permanent teams; some supervisions and interventions for the prevention of burnout; a permanent work to prevent dropping out early a withdrawal of psychotherapy; a need for patients of individual, group, psycho-educational format and 24-hourround-the-clock phone telephone coaching.

\* \* \* \* \*

## AUTODESTRUCTIVE ACTIONS OF JUVENILE SUICIDES

Elena Shkityr & Natalia Aleksandrova

*V. Serbsky National Medical Research Center for Psychiatry and Narcology, Moscow, Russia*

**Introduction:** "Suicide is a unique case in which the subject and the object of the crime coincide in one person" (Paperno 1999). Suicide is one of the most tragic and harsh events that can hit people's destinies. This especially applies to suicides in adolescence. Suicide is a topic at the junction of many different disciplines: psychiatry with its narrow suicidology, psychology, neurology, thanatology, anthropology in its various forms, jurisprudence, etc. But their essence is, in the end, only one, to allow foreseeing in advance signs and conducting preventive measures to prevent tragedy.

**Methods:** In our Center in the period 2011-2017 were conducted on 167 post-mortem examinations. The age scale in the retrospective analysis at the time of committing suicide of minors was between 9 and 18 years (the average age was 13.5 years).

**Results:** For gender differences, 63% of suicides were males, 37% were female. The number of completed suicides in males is 1.8 times higher than the number of suicides in girls (by comparison, in Russia, male juveniles commit suicide 5.9 times more often), however, according to statistical data, the latter have a 3.4-fold increase in the number incomplete suicide attempts. Among the mechanisms of suicide (taking into account urbanization, as well as opportunities in childhood and adolescence), the first place for minors falls from a height of 61%, followed by self-promotion - 29%, injuries from railway accidents - 8%; poisoning - 1% and gunshot wounds - 1%. When investigating the motivation for committing suicide, juveniles receive conflictual relationships within the family - 64%, in the second place - unseparated feelings - 24%, in the third place are intra- and interpersonal problems (including problems of gender identity), as well as the presence of various mental disorders in minors - 12%. When analyzing the documents submitted to the disposal of experts (criminal case, medical records, diary entries, correspondence in social networks, messengers, drawings, photographs, video), it was revealed that in 78% of all cases examined, juvenile suicides, thoughts, tendencies and some even repeated incomplete (for various reasons) actions. Juveniles mentioned the possibility of suicide in an educational institution (information from the testimony of classmates, teachers) - 33%; reported suicide to parents - 6%; revealed this in verses, personal records and drawings - 13%, shared experiences through correspondence in social networks and videos on video sharing "YouTube" (48%); not only with friends, loved ones (32%), but even with unfamiliar people (17%). At the same time, autodestruction in the form of self-harm was recorded in 29% of cases, extreme activities (roofing, base jumping) - in 10%, reception of psychoactive substances (9%). With a careful study of the information provided (suicide notes, maintenance of diary entries, drawings and sketches, correspondence in social networks and through various messengers), only 40% of suicides were identified with the transformation of suicidal intent from simple thinking (lasting from several days to several weeks and even years) before its immediate implementation.

**Conclusion:** The need to study the main risk factors for the development of suicidal behavior of minors is extremely important. In this situation, only the development of close cooperation between various services, structures and scientific directions will contribute to the implementation of preventive measures: social, pedagogical, clinico-psychological and directly medical (psychiatric) in the mental health of minors, to provide timely cover for psychological maladjustment of the adolescent.