

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.

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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.