

**S41 Adolescent suicide: research, prevention and care****ADOLESCENT SUICIDE : RESEARCH, PREVENTION, AND CARE**

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Adolescent suicide is a major public health problem, yet the knowledge in the field is still very limited

In this Symposium updated data on epidemiology (M. Tomori), treatment (A. Apter, J. Ottino) and prevention (M. Perret) will be presented.

The discussion should aim at establishing efficient prevention strategies in the field of adolescent suicide.

**S41 Adolescent suicide: research, prevention and care****Suicide and prevention: the difficulties and the pitfalls**

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Suicide prevention among young people is considered as a necessity, but it seems that very few methods are really efficient. Talking about suicide still leads to discussions about the possible negative side effects of the preventive actions.

In this paper we would like to pinpoint some of the difficulties of preventive work in the field of suicidology. Most methods are based on the following principle: a better knowledge about a health problem should lead to a better primary and secondary prevention. Nevertheless our knowledge on suicide being so narrow, is it possible to develop suicide prevention programs ?

Is it possible to ask parents, teachers, adolescents themselves to identify the problem when professionals most often don't share a common definition of suicide and suicidal attempts ? These questions have lead us to develop a specific prevention program (that we shall present in this symposium), in close cooperation with the in-patient Unit for suicidal adolescents and young adults whose therapeutic aims will also be presented during the symposium

**S41 Adolescent suicide: research, prevention and care****A residential program for young suicide attempters**

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Research shows us that most suicide attempters will, if they are not treated, attempt suicide again.

Long term treatment of psychic disorders is the only form of secondary prevention known to be efficient regarding to the suicide related problems. Unfortunately, most adolescents don't comply with the therapeutic recommendations they receive in the emergency room after their suicide attempt. Therefore it is an important challenge to succeed in increasing the proportion of adolescents who will comply with the proposed treatments.

In-patient psychiatric treatment after a suicide attempt is probably the missing link between the psychic problems having promoted suicide and the possibility to work through the patients' difficulties. Geneva is the third European city to launch such a Unit whose functioning and goals will be described during the symposium

**S41 Adolescent suicide: research, prevention and care****A FOLLOW UP STUDY OF ADOLESCENT ATTEMPTED SUICIDE IN ISRAEL AND THE EFFECTS OF MANDATORY GENERAL HOSPITAL ADMISSION**

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**Objectives :** 1. To compare subjects who made a suicide attempt before age 16 with matched controls on psychological and psychometric screening tests for military service at age 16, and on their outcome during military service between ages 18 and 21.

2. To compare the prognosis of those attempters who received intensive psychiatric evaluation in a general hospital with those who received emergency room treatment only.

**Methods** The computerized military records of 217 adolescents who had been treated for attempted suicide in a general hospital emergency before the age of 16 were evaluated for scores on tests for cognitive/educational performance and psychosocial adaptation for psychiatric and psychical health diagnoses and for performance during their military service

**Results** Although female attempters had slightly more problems in the military than controls their overall prognosis was surprisingly good. Male suicide attempters did very poorly in their subsequent military service. There was no long term advantage for psychiatric evaluation in hospital than for brief emergency room evaluation.

**Conclusions :** there may be marked sex differences in the significance and indications for intervention in attempted suicide and policies of mandatory general hospitalization for suicide attempters may need reevaluation.