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**MENTAL HEALTH OF EUROPEAN YOUTH AND SCIENTIFIC EVIDENCE FOR SUICIDE TREATMENT
AND PREVENTION**

ABSTRACT

There is a critical need for scientific-based approaches in the treatment and prevention of suicide and suicidal behaviours, particularly, among youth. In the EU funded European multi-centre study called Saving and Empowering Young Lives in Europe (SEYLE), possible suicide preventive interventions in schools were studied [1]. The programme comprised of three active interventions directed towards gatekeepers (teachers and school staff) and referred to as QPR (Question, Persuade & Refer), awareness training on mental health promotion for adolescents (Awareness) and screening for at-risk behaviours and mental health problems in adolescents by health professionals (ProfScreen). 12,395 pupils recruited from randomized schools in 11 European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, with Sweden serving as the coordinating centre, were enrolled into three intervention arms and one control arm.

Data analyses concerning risk behaviours and mental health problems identified three distinct groups of adolescents. Fifty eight percent of pupils showed low or very low frequency of risk-behaviours; the second group comprised 13% of pupils with very high frequency of all risk-behaviours, such as excessive alcohol use, illegal drug use, heavy smoking, poor diet, etc. In the third group, 29% of pupils who showed risk-behaviours, such as high media use, sedentary behaviour and reduced hours of sleep were identified. The behaviours in the latter group, which we called the invisible risk group, are often overlooked by external observers, due to the perception that these behaviours are not dangerous. Alarming results showed that pupils in the invisible group, in comparison with the high risk group, had similar prevalence of suicidal thoughts (42.2% vs. 44%), anxiety (8% vs. 9.2%), sub-threshold depression (33.2% vs. 34%) and depression (13.4% vs. 14.7%). Prevalence of suicide attempts was 5.9% in the invisible group, 10.1% in the high risk group and 1.7% in the low risk group. Prevalence of all risk-behaviours increased with age and was significantly more frequent among boys. Girls were significantly more frequently affected by psychiatric symptoms. Professional screening identified approximately 12% of pupils as having severe mental health problems that required mental healthcare. The above-mentioned results underscore the need for both treatment and prevention activities.

The European Psychiatric Association (EPA) guidance on suicide treatment and prevention [2] article summarizes existing evidence, which supports the efficacy of pharmacological treatment and cognitive behavioural therapy (CBT) in preventing suicidal behaviour. Some other psychological treatments are promising, but the supporting evidence is currently insufficient. Antidepressant treatment decreases the risk for suicidality among depressed patients; however, treatment with

antidepressants of children and adolescents should be given under supervision of a specialist. Long-term treatment with lithium has been shown to be effective in preventing both suicide and attempted suicide in persons with unipolar and bipolar depression.

Multidisciplinary treatment teams including psychiatrists and other professionals such as psychologists, social workers, and occupational therapists are always preferable, as integration of pharmacological, psychological and social rehabilitation is recommended, especially for patients with chronic suicidality. Moreover, the suicidal person, independent of age, should always be motivated to involve family in the treatment. Psychosocial treatment and support is recommended, as the majority of suicidal patients have problems with relationships, work, school and lack functioning social networks.

The preliminary results of the SEYLE study also showed the effectiveness of two educational activities, namely, the QPR intervention, directed towards school gatekeepers and the Awareness intervention, directed towards pupils. Both interventions significantly prevented attempted suicide among ordinary school pupils.

REFERENCES

1. Wasserman, D., et al., *Saving and empowering young lives in Europe (SEYLE): a randomized controlled trial*. BMC Public Health, 2010. **10**: p. 192.
2. Wasserman, D., et al., *The European Psychiatric Association (EPA) guidance on suicide treatment and prevention*. European Psychiatry: The Journal of the Association of European Psychiatrists, 2012. **27**(2): p. 129-41.

Short CV: Professor Danuta Wasserman

Professor in Psychiatry and Suicidology at Karolinska Institutet (KI), Danuta Wasserman is the Founding Head of the National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at KI, Stockholm, Sweden since 1993. She is also the Director of the WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention, and expert advisor to the WHO Office in Copenhagen and Genève since 1995. Professor Wasserman is President of the European Psychiatric Association (EPA) since 1 January 2013. She is a former President of the International Academy of Suicide Research (IASR) and is also Honorary President of the Swedish-Estonian Institute of Suicidology.

On a National and Nordic level, Professor Wasserman has built up a National Centre for Suicide Research and the Prevention of Mental Ill-Health and a strong Nordic research network on the prevention of mental disorders. In 1995, she was the first in Europe to receive a Professorship in Psychiatry and Suicidology at Karolinska Institutet.

Professor Wasserman has received several significant Research Awards, such as the Stengel Award for outstanding contributions in the field of suicide research and prevention (1993); American Foundation for Suicide Research: Distinguished Research Award(2005); Hans-Rost-Prize, German Association for Suicide Prevention(2005); and the Nordic Public Health Prize by the Nordic Council of Ministers of Health (2008). She was also funded by the Nobel Assembly of the Karolinska Institutet, which awards the Nobel Prize in Physiology and Medicine, to organise the 2009 Nobel Conference in



Stockholm, Sweden: on “The Role of Genetics in Promoting Suicide Prevention and the Mental Health of the Population”.

Professor Wasserman presently leads two EU FP7 funded projects: SEYLE (Saving and Empowering Young Lives in Europe), WE-STAY (Working in Europe to Stop Truancy Among Youth) and a Genetic Investigation of Suicide Attempt and Suicide (GISS).

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Main Fields of Interest:

- Preventative Interventions in Suicide
- Gene-environment Interaction in Suicidal Behaviour