

**The IASR 2013 World Congress on Suicide
Abstract Book**

**Le congrès mondial de l'IASR 2013
Livre des résumés**

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Symposia

Monday, June 10 / Lundi le 10 juin

11:35-12:15

Responsable du symposium: Marjolaine Landry, inf., Ph.D.

Affiliation : Centre hospitalier universitaire de Sherbrooke (CHUS), Programme-clientèle santé mentale

Titre du symposium: Développement d'un guide de prévention et gestion des conduites suicidaires à l'intention des infirmières œuvrant dans le continuum de soins et de services en santé au Québec

Résumé du Symposium: Objectifs Améliorer et uniformiser les pratiques infirmières en 1ère, 2e et 3e ligne en regard de la prévention et la gestion des conduites suicidaires Outiller les infirmières au niveau du dépistage, de l'évaluation, des interventions et de l'orientation sécuritaire des personnes vulnérables au suicide. Méthode Un comité de travail inter établissements, regroupant notamment des conseillères cliniciennes provenant de la 1ère, 2e et 3e ligne, a été mis sur pied afin de réviser un document sur la prévention et gestion des conduites suicidaires en milieu hospitalier psychiatrique (Beauvais et al., 2006). En collaboration avec Suicide-Action Montréal et l'Association québécoise de prévention du suicide, la révision et le développement d'outils cliniques, de même que les formations s'y rattachant, font partie des stratégies retenues. Un premier sous-projet vise à outiller les infirmières de l'urgence psychiatrique du CHUS à intervenir plus efficacement à l'aide d'une structure d'intervention exportable et d'outils développés avec le CSSS-IUGS. Un appui financier du RQRS et de la FRESIQ a rendu possible la formation avancée de 14 infirmières dont le sentiment d'efficacité a été mesuré. Puis, un deuxième sous-projet, mené à l'Institut universitaire en santé mentale Douglas, vise à augmenter les connaissances et le jugement clinique d'infirmières et de membres du personnel soignant en regard du suicide. Ce projet clinique, mené sur 3 unités, utilise une approche réflexive et une approche orientée sur les solutions dans le cadre de groupes de discussion. Les résultats de ces sous-projets touchant la 1ère, 2e et 3e ligne contribueront en outre à l'atteinte des objectifs ci-haut mentionnés. Résultats À venir Conclusions À venir Retombées Le présent projet favorisera un meilleur arrimage dans les pratiques infirmières en regard de la prévention du suicide et optimisera l'efficacité au niveau du dépistage de personnes suicidaires et des interventions relatives. De plus, une meilleure fluidité entre les services de 1ère, 2e et 3e ligne favorisera l'accessibilité aux soins et aux services au bon moment en regard du niveau de risque suicidaire ou de dangerosité d'un passage à l'acte. Enfin, considérant que le cadre de référence sur la qualité des soins et des services sociaux stipule l'importance de travailler ensemble dans le réseau en vue de prendre les meilleures décisions et de rendre les meilleurs services à la population, le guide qui émergera du présent projet pourrait ultimement devenir une référence nationale en prévention et gestion des conduites suicidaires et être intégré dans les curriculums de formation.

Présentateurs et Affiliations : Lise Laberge (Institut universitaire en santé mentale de Québec) et Louise Beauvais (Centre hospitalier de St. Mary)

Titre du présentation : Groupe de travail interétablissement pour l'élaboration du « Guide de prévention et gestion des conduites suicidaires à l'intention des infirmières »

Résumé du présentation : Objectifs : Les objectifs poursuivis par l'élaboration de ce guide sont : d'améliorer et d'uniformiser les pratiques des infirmières œuvrant dans les différents milieux de pratique; de proposer des outils cliniques en vue de la détection, du dépistage, de l'évaluation, des interventions et de l'orientation sécuritaire des personnes présentant une vulnérabilité au suicide; de préciser la contribution des membres de l'équipe de soins et d'assurer une collaboration interprofessionnelle cohérente; de développer des stratégies pour la diffusion du guide et la formation de l'ensemble des infirmières du réseau à l'aide des technologies informatiques. **Méthode :** En juin 2012, un groupe de travail, constitué de conseillères cliniciennes provenant de la 1^{ère}, 2^e et 3^e ligne, a été mis sur pied afin d'adapter le document *Prévention et gestion des conduites suicidaires en milieu hospitalier psychiatrique* (Beauvais et al., 2006) en cohérence avec le *Guide de bonnes pratiques à l'intention des intervenants des Centres de santé et de services sociaux* (Gouvernement du Québec, 2010). Il s'agit d'une initiative des directrices des soins infirmiers des cinq établissements psychiatriques, soit l'Institut universitaire en santé mentale de Québec, l'Institut universitaire en santé mentale Douglas, l'Institut universitaire en santé mentale de Montréal, l'Hôpital Rivière-des-Prairies et l'Institut Philippe-Pinel. Pour réaliser son mandat, le groupe de travail s'est adjoint des représentants de Suicide-Action Montréal, de l'Association québécoise de prévention du suicide et de l'Ordre des infirmières et infirmiers du Québec. **Résultats :** À venir. **Conclusions :** Il s'agit d'un chantier d'envergure qui favorisera une meilleure fluidité entre les services de 1^{ère}, 2^e et 3^e ligne de même que l'accessibilité aux soins et aux services au bon moment en regard du niveau de risque suicidaire ou de dangerosité d'un passage à l'acte.

Présentateur: Marjolaine Landry, inf., Ph.D.

Affiliation : Centre hospitalier universitaire de Sherbrooke (CHUS), Programme-clientèle santé mentale

Titre du présentation : Développement et implantation d'une structure d'intervention infirmière à l'urgence santé mentale axée sur les bonnes pratiques auprès d'une personne suicidaire

Résumé du présentation : Objectifs : Le principal objectif du projet vise à outiller les infirmières de l'urgence santé mentale à intervenir efficacement auprès des personnes suicidaires soit en lien avec le niveau d'urgence suicidaire évalué et d'interventions reliées aux bonnes pratiques. De plus, le projet vise aussi à arrimer la pratique infirmière à l'urgence santé mentale aux bonnes pratiques du réseau en prévention du suicide (MSSS, 2010) soit en développant et en implantant une structure d'intervention avancée. **Méthode :** En ce qui a trait au 1^{er} objectif, une formation développée par l'Association

québécoise en prévention sur le suicide (AQPS) a été dispensée aux infirmières de l'urgence psychiatrique du Centre hospitalier universitaire de Sherbrooke (CHUS) avec le soutien du centre de prévention sur le suicide JEVI-estrie. En ce qui a trait au 2^e objectif, le cadre de référence sur la qualité des soins et des services en Estrie (Agence de la santé et des services sociaux de l'Estrie, 2011) stipule l'importance de travailler ensemble dans le réseau en vue de prendre les meilleures décisions et de rendre les meilleurs services à la population. À cet effet, un algorithme d'intervention auprès de la personne suicidaire à l'aide de bonnes pratiques à l'urgence santé mentale du CHUS se construit avec le partenariat de la 1^{ère} ligne (CSSS-IUGS) et de différents organismes communautaires. **Résultats** : Quatorze (n = 14) infirmières ont participé à la formation et il s'avère que cette formation contribue à favoriser le sentiment de compétence lors d'interventions auprès de personnes suicidaires. Le développement de la structure d'interventions répond non seulement à un besoin du personnel infirmier de l'urgence psychiatrique du CHUS mais suscite aussi l'intérêt de la 1^{ère} ligne à produire un outil similaire. **Conclusion** : La formation infirmière et l'implantation des outils proposés contribueront à favoriser la fluidité et l'accessibilité aux soins et aux services entre les services communautaires, les services de première et de deuxième ligne et ce, en regard du niveau de risque suicidaire.

Présentateur: Marjorie Montreuil

Affiliation : Institut universitaire en santé mentale Douglas

Titre du présentation : Soutenir la pratique infirmière en prévention du suicide par l'approche réflexive

Résumé du présentation : **Objectifs** : La Direction des soins infirmiers de l'Institut universitaire en santé mentale Douglas mène un projet clinique soutenu par le RQRS-FRESIQ visant à augmenter les connaissances et le jugement clinique d'infirmières et de membres du personnel soignant par rapport au suicide. **Méthode** : Ce projet de transfert de connaissances utilise une approche réflexive dans le cadre de groupes de discussion hebdomadaires entre des conseillers spécialisés et le personnel. Les informations partagées lors de ces séances (8 au total pour chaque quart de travail) se basent sur les meilleures pratiques en prévention du suicide et incluent des notions inspirées de l'approche orientée sur les solutions et du modèle McGill en soins infirmiers. Un questionnaire de type pré-test/post-test a été développé pour évaluer les connaissances et le jugement clinique des participants par rapport aux problématiques suicidaires. **Résultats** : À date, dans le cadre du projet pilote, 25 personnes ont participé à ces rencontres pour un total prévu de 60 participants. Le taux de satisfaction des participants est très élevé et il y a eu une amélioration significative des connaissances et du jugement clinique par rapport au suicide. **Conclusions** : Le recours à des groupes de discussion basés sur l'approche réflexive est un moyen efficace de rehausser les soins infirmiers par rapport à la prévention du suicide.

13:15-14:45

Présentateur : Anne Edan

Titre de la présentation : La crise suicidaire, quels facteurs protecteurs ?

Résumé de la présentation : Le mouvement suicidaire de l'adolescent interroge sur les facteurs de risque que nous devons connaître et les facteurs protecteurs du soin à développer. A partir du constat qu'un antécédent de tentative de suicide est le 1er facteur de risque d'une nouvelle tentative de suicide, l'unité de crise pour adolescents à Genève (HUG-Fondation Children action) développe un soin particulier sur trois aspects de la prise en charge : l'accueil, les différents temps de la rencontre et l'engagement dans le soin. Dans cette présentation, nous détaillerons sur quoi repose notre orientation et en quoi notre positionnement éthique est un facteur protecteur en tant qu'il permet au jeune sujet d'assumer ses paroles et ses actes.

Présentateur: Nathalie Schmid Nichols

Affiliation :

Psychologue spécialiste en psychothérapie FSP, responsable du Centre d'Etude et de Prévention du Suicide

Unité de Crise (UC) pour adolescents- Fondation Children Action

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Titre de la présentation: Présentation d'un dispositif de prévention du suicide au service de l'adolescence.

Résumé de la présentation: En amont et en aval de l'urgence, le fil rouge du Centre d'Etudes et de Prévention du Suicide (CEPS) de Genève est de prévenir la rupture et de travailler la crise, en réseau, à travers une rencontre qui fasse trace.

Le CEPS c'est : une ligne téléphonique, une répondeur sur internet, des cafés parents, des groupes d'ados, des stands d'information, des échanges avec les médias, etc. Et plus récemment, le développement d'un réseau au service de cette crise existentielle que mobilise l'adolescence.

C'est ce dispositif que nous vous présenterons ainsi que ce qui nous tient à cœur : restituer au jeune et à ses proches qui nous interpellent que nous prenons au sérieux cette crise existentielle inhérente au

passage vers la vie adulte et transformer, ce qui parfois s'apparente plus à une demande de solution, en un lien qui ouvre sur la réflexivité.

L'écoute est un soin lorsqu'elle s'inscrit dans un réseau de liens qui laisse place à la différenciation et qui permette au sujet de trouver sa place en présence. C'est là une autre valeur qui nous est essentielle : que les dispositifs de répondeur à distance (téléphone, internet) ne se substituent pas à la rencontre en présence.

Dans cette perspective, nous présenterons quelques fondamentaux d'une dynamique de réseau conjuguant flexibilité et continuité, afin de permettre au jeune de retrouver le fil de son histoire

Responsable du symposium: Monique Séguin

Affiliation : Université du Québec en Outaouais, Groupe McGill d'étude sur le suicide, Réseau québécois de recherche sur le suicide

Auteurs : Dolores Angela Castelli Dransart, avec collaborateurs : Jean-Luc Heeb, Alida Gulfi, Elisabeth Gutjahr

Affiliation : Haute École fribourgeoise de Travail social, Suisse (University of Applied Sciences and Art Western Switzerland, Fribourg)

Présentateur: Marc-Simon Drouin

Affiliation : Université du Québec en Outaouais

Présentateur: Jean-Jacques Chavagnat

Affiliation : Centre Hospitalier Henri Laborit

Titre du symposium: Réactions des professionnels de santé mentale à la suite du suicide d'un patient

Résumé du Symposium: Réactions des professionnels de santé mentale à la suite du suicide d'un patient
Conférenciers : Dolores Angela Castelli-Dransart, Haute école fribourgeoise de Travail social, Suisse Monique Séguin, UQO et Groupe McGill d'étude sur le suicide, Marc-Simon Drouin, UQAM Dr Jean-Jacques Chavagnat, France
Objectif : Ce symposium s'adresse à tous les cliniciens travaillant avec une clientèle vulnérable, en particulier à risque suicidaire. Il va donner des éléments de réponse à la question : quelles sont les réactions des professionnels suite au suicide d'un patient?

Méthode : Pr Castelli-Dransart présentera les résultats de plusieurs études menées en Suisse auprès de 862 professionnels ayant vécu le suicide d'un patient. Dans la littérature, les résultats concernant l'impact traumatique du suicide d'un patient-e/client-e sur les professionnel-les du social et de la santé sont disparates aussi bien pour ce qui concerne la sévérité des symptômes de stress (pouvant aller jusqu'au stress post-traumatique) que pour le pourcentage de professionnels concernés par un seuil clinique. Afin de cerner les sous-groupes de professionnel-les selon divers niveaux d'impact, des analyses en clusters ont été menées. La communication présentera les profils de quelques-uns de ces

sous-groupes et suggérera des pistes pour l'encadrement et le soutien des professionnel-les.

Pr Monique Séguin présentera les résultats d'une étude réalisée au Québec auprès de professionnels ayant également vécu le suicide d'un patient. Résultats : Les résultats de ces deux études indiquent que le suicide d'un patient a un impact aussi bien au niveau personnel (émotionnel, voire traumatique) que sur les pratiques professionnelles, notamment en questionnant les cliniciens quant à leur sentiment de compétence. Ceci est susceptible d'avoir un impact sur leurs pratiques cliniques ultérieures.

Pr Marc-Simon Drouin et Dr Chavagnant, aborderont des réflexions quant à l'impact du suicide d'un patient sur la perception et l'élaboration de l'alliance thérapeutique avec d'autres patients à risque. L'expérience de perte d'un patient par suicide peut parfois être vécue comme une occasion de maturation professionnelle mais elle peut également mener à une forme de stagnation ou de régression du sentiment de compétence. Ces enjeux seront abordés et discutés lors du symposium. Conclusion : Ce symposium permettra un lieu d'échange quant aux modalités de soutien institutionnels et de supervision clinique qui permettraient aux cliniciens qui vivent ce type d'évènements professionnels d'être encadrés lors de cette période qui peut fragiliser la capacité de créer des alliances thérapeutiques avec d'autres patients suicidaires.

Symposium Chair: Elizabeth Saewyc

Affiliation: Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC), School of Nursing, University of British Columbia, Vancouver, BC, Canada

Symposium Title: Intersections of gender and adolescent suicidality: Populations at risk, protective factors, and promising interventions across the gender spectrum

Symposium Abstract: Although suicide is the second leading cause of death among youth in Canada, not all young people are equally at risk for suicidal ideation and attempts. Research has documented different risk across genders, sexual orientation groups, and among Indigenous youth, as well as some of the possible reasons for that greater risk. However, even among vulnerable groups, there are protective factors that appear to buffer the risk factors for suicidal involvement, and promising interventions that may reduce the odds of suicide for at-risk populations. These four presentations document the results of our various studies around the intersections of gender, development, risk and protective factors for suicidal ideation and attempts among young people in Canada. The symposium is sponsored by the Institute of Gender and Health of the Canadian Institutes for Health Research.

Presenter: Yuko Homma

Affiliation: SARAVYC, School of Nursing, University of British Columbia, Vancouver, BC, Canada

Presentation Title: Population Interventions to Reduce Suicidality among Sexual Minority Youth

Presentation Abstract: Objectives: To examine the relationships between school-district or school-level interventions - explicit anti-homophobic school policies and Gay-Straight Alliances (GSAs) – and suicidality among both sexual lesbian, gay, and bisexual (LGB) adolescents and heterosexual adolescents in secondary schools across British Columbia (BC), Canada.

Method: We analyzed the 2008 BC Adolescent Health Survey, with a province-wide random cluster-stratified sample of students. The sample in this study consisted of those who identified themselves as 100% heterosexual (weighted n = 10,408 for boys, weighted n = 10,577 for girls) and LGB (weighted n = 359 for boys; weighted n = 364 for girls). Using multinomial logistic regressions, we compared suicidal ideation and suicide attempts in the past year among students in schools with GSAs or policies implemented at least 3 years, and less than 3 years, with those in schools without GSAs or anti-homophobia policies. Analyses were conducted separately by sexual orientation and gender.

Results: LGB boys and girls had higher rates of suicidal ideation and suicide attempts than their heterosexual peers. LGB students from schools with GSAs and anti-homophobic bullying policies were less likely than LGB students from schools without GSAs or policies to report suicidal ideation and suicide attempts, but only when GSAs and policies had been in place for 3 or more years. Heterosexual boys had lower odds of suicidality when they were in schools with longer-established anti-homophobic policies and GSAs. No associations between suicidality and the existence of or length of time since implementation of GSAs/policies were found among heterosexual girls.

Conclusions: Given the higher risk for suicidality among LGB adolescents, GSAs and anti-homophobic bullying policies appear to be important school-based interventions for suicide prevention among LGB adolescents, and also having some benefits for heterosexual boys.

Presenter: Jake Pyne

Affiliation: Trans PULSE Project, Ontario, Canada

Presentation Title: Trans Youth and Suicidality: Findings from the Trans PULSE Project

Presentation Abstract: Objectives: High rates of suicidality have been reported among transgender (trans) populations, yet these studies have largely relied on convenience samples. Exploring the impact of social exclusion on the health of trans people in Ontario, Canada, Trans PULSE is the first large-scale Canadian probability-based sample of trans people (N=433). This presentation reports on findings related to trans youth and suicidality.

Methods: Respondent-driven sampling was used to collect survey data from transgender (trans) people (N=433) in Ontario, Canada. Serious consideration of suicide and suicide attempts were compared between trans youth age 16-24 (N=123) and trans adults age 25 and over (N=310). Among those trans youth who were 'out' to their parents (N=84), youth's self-reported level of parental support for their gender identity was used to assess the degree to which this support impacted on their positive and

negative health and life conditions such as overall satisfaction with life, self-assessed physical and mental health, self-esteem, depression, and suicidality.

Results: As compared to trans adults, trans youth were nearly twice as likely to have seriously considered suicide within the past year, and nearly three times as likely to have attempted suicide within the past year. Trans youth who had strong parental support for their gender identity were found to have higher self-esteem, higher life satisfaction and lower rates of depression. When trans youth had strong parental support for their gender identity, they were more likely to report good mental health, and adequate housing. Strong parental support was associated with a 93% reduction in reported suicide attempts among trans youth.

Conclusions: Multiple studies have reported high rates of suicidality among trans populations, however these findings point to the special vulnerability of trans youth. Training is needed for professionals working in schools, child welfare agencies and mental health services. The strength of the association between trans youth's health and life conditions, and the level of parental support for their gender identity, indicates that it is crucial to develop interventions which foster parental acceptance.

Presenter: Elizabeth Saewyc

Affiliation: SARAVYC, School of Nursing, University of British Columbia, and McCreary Centre Society, Vancouver, BC, Canada

Presentation Title: Risk and Protective Factors for Suicide Attempt among Aboriginal Adolescents in British Columbia

Presentation Abstract: Objectives: Indigenous or Aboriginal youth in Canada—First Nations, Inuit and Métis youth—have consistently documented higher rates of suicidal ideation, suicide attempts, and suicide completion compared to the general population. Yet these rates are not universally high among Aboriginal youth, and other aspects of identity and context intersect to help explain some of that risk. The purpose of this study was to document the differential risks and protective factors for suicide attempt among a province-wide population-based sample of Aboriginal adolescents attending public schools in British Columbia, Canada (BC).

Methods: Analysis of the subset of the 3,461 students self-identifying as Aboriginal in the 2008 BC Adolescent Health Survey, a cluster-stratified random survey of students in classrooms in grades 7-12 across 50 of the 59 school districts in BC. 52% were female, 31% from rural and small town areas, and 13% were currently living on reserve. We used an Indigenous-engaged participatory epidemiology approach for analyzing data, with Aboriginal researchers, an Aboriginal advisory group, and post-hoc community forums with elders, adults and youth about the results. Analyses include prevalence by gender and other intersections, estimated using Complex samples, as well as bivariate logistic regressions to identify significant risk and protective factors for suicide, conducted separately by gender. These were followed by multivariate analyses with combined risk and protective factors to derive probability profiles for suicide attempt for various combinations of the top risk and protective factors.

Results: Aboriginal girls were more likely than boys to report a suicide attempt in the past year (22% vs. 13%), as were youth living on reserve compared to those off-reserve. A number of risk factors were

linked to higher odds of suicide attempts; the top risk factors for boys were family member suicide, and extreme despair in the past 30 days, and for girls they were extreme despair, a history of physical abuse, and identifying as lesbian or bisexual. The strongest protective factors for boys were high levels of family connectedness and perceived school safety, while for girls it was family connectedness, school connectedness, and school safety. When boys had both top risks and low protective factors, they had a 48% probability of suicide attempt, while if they had neither risk and both protective factors, the probability was only 1%. Even with both risk factors, if they had high levels of both protective factors, the probability of attempt was reduced by more than half. Similar, but even more striking results were found for girls.

Conclusions: Aboriginal boys and girls face significant risks that help explain their higher suicide attempt rates, but supportive relationships in their families, and supportive relationships and safe environments at school, appear to buffer the risks and reduce the odds of suicidal involvement. Communities should foster better school engagement and support Aboriginal family relationships as two strategies for reducing suicidal ideation and attempt among Aboriginal youth in Canada.

Presenter: Marlene Moretti

Affiliation: Simon Fraser University, Burnaby, BC, Canada

Presentation Title: Translating Research into Health Promotion and Risk Reduction

Presentation Abstract: Objectives: Young people are more likely to experience mental health problems, including suicidality, than any other age group, yet they have the least access and utilization of mental health care. Among youth aged 15 to 24, up to 75% experience obstacles in accessing age-specific services. Of children already receiving treatment, only 20-25% successfully transition to adolescent services. Despite numerous of evidence-based treatments available, the mental health needs of youth are not met due to a lack of accessibility of these programs. Drawing on implementation science, this talk will identify key challenges in translating research into practice. Risk and protective factors, an implementation strategy, and evidence for an attachment-based program will be presented.

Method: Risk and protective factors, notably parent-teen attachment, were assessed in 174 Canadian at-risk teens. Building on evidence demonstrating that attachment security is a robust protective factor for teens, an attachment based parenting program (Connect) was developed. The program was designed to increase attachment security between high-risk teens and their caregivers; maximize implementation across diverse service delivery sectors; and to track implementation and penetration in rural and urban communities.

Results: Attachment anxiety and avoidance were significantly related to higher levels of suicidal ideation. Connect has been implemented broadly to over 3,500 families across British Columbia. Evaluation in Canada and in a randomized control trial in Sweden showed good treatment outcomes with two year sustainability. In a sample of 601 parents, there were no significant differences in

outcomes for those who reported that their teen had threatened suicide within the past six months (n=200) and those who did not. There were no gender differences in outcomes.

Conclusions: For programs to be effective in improving teen mental health they must address key risk and protective factors. Evidence of efficacy is not enough; to be effective programs must be amenable to broad implementation, accessibility and sustainability in diverse communities. Programs that strengthen protective factors, such as attachment security, are particularly important.

Impact: Promoting mental health in youth requires strategic health initiatives that strengthen protective factors and reduce risk. Programs are ineffective unless they can be implemented broadly and sustained. Parenting programs are only part of the solution. Multiple interventions may be required, to address family and individual factors for some teens. Programs should be tailored to issues of diversity, such as gender and culture, where needed.

Symposium Chair: Teodor T. Postolache

Affiliation: University of Maryland School of Medicine, Baltimore, MD

Symposium Title: Environment and suicidal self-directed violence: A focus on youth

Symposium Abstract: Suicide is a major cause of death in young people. The objective of this symposium is to introduce for further discussion, a diverse and comprehensive view on environment (natural, social, economic & cultural) in relationship to risk for suicidal self-directed violence (SSDV), with a particular focus on youth. The first talk (Postolache) will present an overview on elements of the natural environment (physical and biological) and SSDV, with particular focus on light, allergens and pathogens, and interfacing with anatomical structures and physiological processes. Shifting towards the psychosocial, the next presentation (Wilcox), will introduce new research findings on childhood adversity (e.g., childhood trauma exposure and parental psychiatric impairment) and possible mediation by HPA-axis function and inflammatory and epigenetic markers in relation to SSDV in offspring of parents enrolled in the Genetics of Recurrent Early-Onset Depression (GenRED) study. The third presentation (Woo) will discuss seasonal peaks in SSDV and their mediators, and also focus on SSDV risk factors in Korean youth. The fourth presentation (Sarchiapone) will report a highly significant positive association between the Paykel Suicidal Scale scores and sleep duration in 11,788 from 11 European countries enrolled in the Saving and Empowering Young Lives in Europe (SEYLE) project. This finding suggests that reduced sleep duration could mediate associations between stress, psychiatric psychopathology and SSDV. Finally, a panel/ audience discussion will focus on mechanisms connecting environmental factors to brain structures implicated in SSDV and discuss potential impact and feasibility of environmental risk-modifying interventions.

Presenter: Teodor T. Postolache (Coauthors Dan Rujescu, Preben Mortensen, Thomas Cook, Ping Qin, Lena Brundin, Patricia Langenberg)

Affiliation: University of Maryland School of Medicine, Baltimore, MD

Presentation Title: The natural environment and suicidal self directed violence (SSDV)

Presentation Abstract: Objectives: To review known associations between physical and biological correlates of suicide and suicide risk factors and to present data on associations with SSDV of neuroimmune mediated factors.

Method: We will summarize results in our collaborations on epidemiological studies in Denmark, clinical studies in Sweden and Germany, and mediating intermediate personality phenotypes in relationship to pathogens (using the FAF and TCI scales).

Results: New data on gender/ age group specific associations in healthy individuals between *T. Gondii* seropositivity on aggression, decreased anticipatory worry and increased exploratory excitability will be presented. In postmenopausal women *T. Gondii* seropositivity is positively associated with aggression, in particular reactive aggression and self aggression ($p < 0.05$), while in younger males *T. Gondii* is associated with decreased harm avoidance ($p = 0.01$) in particular decreased anticipatory worry ($p = 0.007$) and increase in exploratory excitability ($p = 0.01$).

Conclusion: The environment may play a major role in contributing to vulnerabilities and triggers for suicide. Many of these vulnerabilities and triggers may have a neuroimmune, hormonal, and circadian mediation.

Impact: With additional research, preventative and therapeutic interventions could be developed to avoid or moderate the effect of certain risk elevating factors from the natural environment.

Presenter: Holly Wilcox

Affiliation: Johns Hopkins School of Medicine, Baltimore, MD

Presentation Title: Childhood adversity, HPA-axis function, and suicide attempts in offspring of parents with early-onset recurrent depression

Presentation Abstract: This talk will present new research findings on childhood adversity (e.g., childhood trauma exposure and parental psychiatric impairment) and possible mediation by HPA-axis function and inflammatory and epigenetic markers in relation to suicide attempt in offspring of parents enrolled in the Genetics of Recurrent Early-Onset Depression (GenRED) study. This work aims to elucidate the mechanisms along the pathway to suicide attempt among offspring at-risk for Major Depression.

Presenter: Jong-Min Woo

Affiliation: Inje University, Department of Psychiatry, South Korea

Presentation Title: Seasonality of Suicide and Self-Directed Violence

Presentation Abstract: Objectives: A seasonal suicide peak in spring is highly replicated, but its specific cause is unknown. We review the literature on suicide risk factors which can be associated with seasonal variation of suicide rates.

Method: We assessed published articles from 1979 to 2011.

Results: Seasonal variation of suicide rates with the most common peak occurring in late spring or summer are one of the most consistent themes from environment-suicide research.

Conclusion: Comprehensive evaluation of risk factors which could be linked to the seasonal variation in suicide is important in preventing suicide.

In addition, I used the data of suicide rates of the Korea national statistical office from 2001 to 2010 and calculated the standardized suicide rates. We divided into two regions according to the regional suicide rate. We analyzed the relationship between regional suicide rate and socio-environmental / individual variables. In the top 25% suicide rate regions, there were more single-parent households, higher level of household education, and more basic living security received people than in the lower 25% suicide rate regions. Old age, low ratio of simple labor workers, low academic performance, and few lifetime drinking experience were relate to high regional suicide rate.

Impact: There were some regional differences in risk factors of suicide among Korean adolescent. To manage of these risk factors may be important role for adolescent suicide prevention.

Presenter: Marco Sarchiapone (coauthors: M. Sarchiapone, L. Mandelli, M. Iosue, V. Carli, C. Wasserman, C. Hoven, D. Wasserman and the SEYLE research consortium)

Affiliation: University of Molise, Italy

Presentation Title: Association between reduction of sleep hours, psychiatric symptoms and suicidal ideation among adolescents

Presentation Abstract:

Objectives. Anxiety and problems in daily life may result in sleep problems and consistent evidence suggests that inadequate sleep has several negative consequences on cognitive performance, physical activity and health. The aim of this study was to evaluate the association between mean hours of sleep per night, psychological distress and behavioral problems.

Method. A cross-sectional analysis of the correlation between number of hours of sleep per night by the Zung Self-rating Anxiety Scale (Z-SAS), the Paykel suicidal Scale (PSS) and the Strengths and difficulties questionnaire (SDQ) was performed on 11,788 students (mean age: 14.9±0.9 M/F: 5181/6552) from 11

different European countries enrolled in the *Saving and Empowering Young Lives in Europe* (SEYLE) project.

Results. Pupils reported to sleep 7.7 ± 1.3 per night, with significant differences across countries ($p < 0.0001$). Females reported to sleep on average less than males (7.55 ± 1.26 vs. 7.80 ± 1.39) ($p < 0.0001$). Reduced sleep was associated to more emotional and behavioral problems (SDQ) ($p < 0.0001$), and correlated with high Z-SAS ($p < 0.0001$) and PSS scores ($p < 0.0001$). The effect of reduced sleep was significantly associated to suicidal ideation ($p < 0.0001$), independently from anxiety and total difficulties.

Conclusion The present study supports the evidence that reduced sleep is potentially associated with problematic psychosocial adjustment of youth. Because sleep problems are common among adolescents, in part due to maturational processes and changes in sleep patterns, those dealing with young people, as well as parents and adolescents themselves, should pay more attention to their sleep patterns and implement interventions, as needed.

Symposium Chair: Kelly Posner

Symposium Title: Dissemination of a Suicide Risk Assessment Tool, the Columbia Suicide Severity Rating Scale, Across Numerous Branches of National and International Militaries and VAs

Presenters: Millard Brown, Adam Walsh, Bella Schanzer

Symposium Abstract: In response to the rising rates of suicide throughout the military in recent years and thus the urgent, international need for a comprehensive suicide prevention strategy, individual military branches have embraced the Columbia Suicide Severity Rating Scale (C-SSRS) as a key component of this strategy -- enabling better prediction of suicidal risk, more efficient allocation of limited healthcare resources, and targeted safety planning. This panel brings together military strategists from various military branches, including the Marine Corps, the Army, and the VA systems on the frontlines of this work. Dr. Posner will present an overview of the C-SSRS, discussing its feasibility and efficacy, its predictive properties, and its presence and integration in international militaries (e.g., from the U.S. Army to the Israeli Defense Forces). The C-SSRS use in the Army behavioral health data platform, as well as implementation of the C-SSRS and triaging of clinical response protocols, streamlining dissemination initiatives as well as community integration will be discussed. The panel will also outline efforts made by the Headquarters Marine Corps to initiate a total-force roll-out of the C-SSRS, including use by all support workers (e.g., family advocacy workers, substance abuse specialists, victim advocates, attorneys, and chaplains), its mandated use in the Marine Corps Defense Services, and its facilitation of the transition from risk assessment to safety planning. Also discussed will be the use and training by the National Guard Psychological Health Program, Navy primary care, and inclusion of the C-SSRS in the Air Force Guide for the Management of Suicidal Behaviors. Panelists will additionally present the system-wide implementation and safety planning efforts of a large VA system. In summation, the panelists will describe a prospective plan to track implementation and outcomes to determine the overall impact of the C-SSRS on veterans' health.

14:50-15:30

Titre du symposium: Témoignage sur le suicide

Présentateur(s): Michèle Brochu, Université de Montréal

Marie-Eve Richard, CEGEP du Vieux-Montréal

Guillaume Lapierre et Marie Bolduc, Collège Durocher St-Lambert

Résumé du Symposium: Maxime, dernier d'une famille de 4 enfants, enfant aimé, bons résultats scolaires, joueur de basket sélectionné pour l'équipe école, musicien talentueux. Il a quitté l'école le 28 février 2012. Des lettres d'adieu sont retrouvées dans son casier à l'école et dans sa chambre (au total 18). école, amis, communauté le cherchent pendant 33 jours. Son corps inanimé est retrouvé le 1er avril dans un boisé à 90km de son domicile, site qu'il avait identifié 4 mois plus tôt. Pourquoi ce site? Pourquoi la famille et les amis n'ont pu prévenir son suicide? Chaque suicide est unique, les causes et les conséquences sont multiples. Malgré tout, ce cas permet de comprendre, en partie, la souffrance qui conduit au suicide, la douleur que vivent les proches du suicidé, le rôle des intervenants (enseignant(e), psychologue, infirmier(ère), médecin, entraîneur (e)) et des médias (traditionnels et sociaux). De plus, il permet de se questionner sur les stratégies utilisées pour la prévention du suicide et la sensibilisation aux maladies mentales. Ce symposium vise à apporter une réflexion sur la fragilité du diagnostic et du suivi médical, sur les personnes ciblées lors des campagnes de sensibilisation, sur les tabous au sujet des maladies mentales et du suicide. À partir de témoignages, de lecture de lettres et d'échange avec les participants, on tentera de trouver de nouvelles voies de prévention du suicide.

15:45-17:15

Responsable du symposium : Johanne Renaud M.D., M.Sc. FRCPC

Affiliation : Centre Standard Life pour les avancées en prévention de la dépression et du suicide chez les jeunes, Institut universitaire en santé mentale Douglas, Groupe McGill d'Études sur le Suicide, Réseau Québécois de Recherche sur le Suicide (RQRS).

Titre du symposium : Facteurs de protection et interventions prometteuses pour l'avenir de nos jeunes suicidaires

Résumé du Symposium : Sous la présidence du Dr Johanne Renaud pédopsychiatre, Dr Marie-Claude Geffroy psychologue présentera les résultats d'une étude longitudinale portant sur les facteurs de risque prédicteurs de suicide dans une cohorte de 16 740 participants, suivis sur une période allant de 1958 à 2009, provenant de la Grande-Bretagne. Dr Jean-Jacques Breton pédopsychiatre et Dr Réal Labelle psychologue présenteront les résultats d'une étude portant sur les facteurs de protection en prévention du suicide chez les jeunes et d'une nouvelle application mobile pour prévenir la crise suicidaire. Dr Valentin Mbekou psychologue et Dr Johanne Renaud pédopsychiatre présenteront les résultats d'une

étude sur les interventions dialectiques comportementales individuelles et de groupe avec les familles chez les jeunes suicidaires présentant des composantes impulsives et dépressives. Dr Darren Courtney pédopsychiatre présentera les résultats d'une étude portant sur la réaction des jeunes au diagnostic de trouble de personnalité limite.

Présentateur : Marie-Claude Geoffroy Ph.D.

Affiliation : Centre Standard Life pour les avancées en prévention de la dépression et du suicide chez les jeunes, Institut universitaire en santé mentale Douglas, Groupe McGill d'Études sur le Suicide et Université du Québec à Montréal. MRC Center of Epidemiology for Child Health, Center for Pediatric Epidemiology and Biostatistics, Institute of Child Health, University College London, London, United Kingdom.

Titre de la présentation : Comprendre les antécédents du suicide pendant la petite enfance pour mieux prévenir: résultats longitudinaux de la cohorte de naissances britannique de 1958

Résumé de la présentation : Objectifs : Le suicide est l'une des principales causes de décès chez les jeunes adultes dans le monde. Malgré l'identification de nombreux facteurs de risque proximaux, les antécédents précoces du suicide ne sont pas encore bien compris. La présente étude adopte une perspective épidémiologique afin d'élucider les facteurs dans la petite enfance pouvant être reliés au suicide à l'âge adulte dans le but de faciliter la prévention.

Méthode : 16, 470 participants recrutés pour la cohorte des naissances britannique de 1958 ont été suivis pendant plus de 50 ans. Les suicides (n= 44 hommes, âge médian=40 ans et n=7 femmes, âge médian =39 ans) survenus depuis le 31 mai 2009 ont été identifiés au moyen de la classification internationale des maladies (CIM). Nous avons utilisé l'information collectée à la naissance ainsi qu'à l'âge de 7 ans auprès des médecins, parents, enseignants et infirmières à domicile concernant une vingtaine de facteurs de risque potentiels.

Résultats : L'analyse de régression multiple selon le modèle de Cox sur 12, 399 participants (n=44 suicides) avec données complètes a révélé que les facteurs de risque précoce du suicide étaient : un rang de naissance élevé, le jeune âge de la mère, un poids faible à la naissance, les comportements externalisés (hommes) et un environnement adverse (décès d'un parent, apparence négligée, tension domestique, placement en institution, contact avec les services sociaux, divorce/séparation des parents et victimisation).

Conclusions : Les facteurs de risque autour de la naissance et pendant la petite enfance peuvent avoir une influence sur la mortalité par suicide.

Retombées : Les facteurs de risque précoces reliés au suicide que nous avons identifiés sont aussi associés à plusieurs autres conséquences négatives. Ceci suggère que les interventions permettant d'atténuer ces facteurs de risque peuvent avoir des effets positifs étendus. Certains facteurs de risque

peuvent être contrôlés par une intervention, mais pour d'autres une meilleure compréhension des mécanismes causaux est nécessaire pour guider les approches de prévention du suicide.

Présentateurs : Jean-Jacques Breton M.D., M.Sc. FRCPC, Réal Labelle Ph.D.

Affiliation : Université de Montréal, Université du Québec à Montréal.

Titre de la présentation : Gérer et prévenir l'agir suicidaire : pratiques actuelles et perspectives d'avenir.

Résumé de la présentation : Une expérience clinique. Le Plan de sécurité pour crise suicidaire a été mis en œuvre à la Clinique des troubles de l'humeur de l'hôpital Rivière-des-Prairies conformément aux recommandations de la littérature et à l'orientation de la clinique où facteurs de risque et facteurs de protection sont intégrés dans l'évaluation et le traitement. Le plan comprend trois parties : une description du processus suicidaire du jeune, des stratégies à utiliser et un soutien social accessible lors de la crise si les stratégies échouent. Une étude auprès de 88 adolescents (20 garçons et 68 filles) de 13 à 17 ans a été réalisée. Les principaux résultats des analyses descriptives et univariées selon le sexe, l'âge et la présence ou non de traits de personnalité pathologique seront présentés. L'expérience clinique acquise avec le Plan de sécurité sera partagée.

Une nouvelle technologie. Le téléphone intelligent est sur le point de devenir un allié du thérapeute et un outil secourable du suicidaire. L'application @Psy ASSISTANCE développée par Labelle et coll. combine diverses fonctions, dont le Plan de sécurité pour crise suicidaire. Cette communication présentera le plan de sécurité ainsi que les résultats d'une enquête évaluant sa pertinence. Un total de 147 professionnels de la santé mentale ($M = 43$ ans; 76% de femmes) répondent au sondage après une présentation de l'application. Les résultats montrent des moyennes de 7.17/10 ($É.T.=1.19$) sur la clarté de l'application, de 7.26/10 ($É.T.=1.47$) sur la pertinence en clinique, de 7.95/10 ($É.T.=1.06$) sur la pertinence en recherche et de 7.45/10 ($É.T.=1.24$) sur l'appréciation globale. Dans l'ensemble, l'application connaît un très bon accueil. Soulignons que l'application entre aujourd'hui dans sa phase de validation.

Présentateurs : Valentin Mbékou Ph.D., Johanne Renaud M.D., M.Sc., FRCPC

Affiliation : Centre Standard Life pour les avancées en prévention de la dépression et du suicide chez les jeunes, Institut universitaire en santé mentale Douglas, Réseau Québécois de Recherche sur le Suicide, Groupe McGill d'Études sur le Suicide, Université du Québec à Montréal.

Titre de la présentation : Une approche prometteuse de type dialectique comportementale auprès des adolescents suicidaires et leurs familles : implantation et résultats cliniques

Résumé de la présentation : Objectifs : La prise en charge clinique des jeunes déprimés ayant des conduites suicidaires constitue un défi de taille pour les cliniciens qui ont à faire avec cette clientèle

difficile et particulièrement à risque. La présence d'un risque suicidaire chronique associé à la difficulté à pouvoir engager et maintenir ces jeunes et leurs familles en traitement constitue un obstacle majeur à une évolution favorable et durable de leur condition. Depuis quelques années, divers auteurs (Miller et al. 2007) ont entrepris d'adapter et de valider un programme d'intervention initialement destiné à une clientèle adulte chroniquement suicidaire ou parasuicidaire (Linehan), soit la Thérapie Comportementale Dialectique (TCD) auprès de ces jeunes.

Méthode : Depuis près de dix ans, un programme adapté de 1 an et demi incluant toutes les composantes de cette approche (par exemple la psychothérapie individuelle auprès des adolescents; une thérapie de groupe de 20 semaines auprès des adolescents et leurs parents de type multifamilial avec entraînement aux habiletés sociales; le coaching téléphonique, le support et la supervision clinique auprès des thérapeutes) a été implanté et annuellement suivi par diverses cohortes de jeunes suicidaires et leurs familles à l'Institut Douglas.

Résultats : Dans ce symposium, nous présentons d'une part les principaux enjeux de l'implantation d'un tel programme en milieu pédopsychiatrique, et d'autre part nous examinerons certains résultats d'analyses préliminaires des données avant le traitement par comparaison aux données après le traitement.

Conclusions : Il existe encore peu d'études ouvertes portant sur l'application de la Thérapie Comportementale Dialectique auprès des jeunes adolescents suicidaires et leurs familles, toutefois les premiers résultats sont favorables en termes de satisfaction de la part des jeunes et de leurs familles, soutenant des effets thérapeutiques positifs probables. Des études cliniques randomisées sont encore à faire pour confirmer ces résultats.

Retombées : Les premiers résultats montrent une tendance encourageante concernant l'acceptabilité et l'efficacité de l'approche de Thérapie Comportementale Dialectique auprès des adolescents suicidaires et de leurs familles dans notre institution.

Présentateurs: Darren Courtney M.D., FRCPC

Affiliation : Royal Ottawa Mental Health Centre, Université d'Ottawa.

Titre de la présentation : L'impact de l'échelle diagnostique pour les caractéristiques de personnalité borderline à l'adolescence

Résumé de la présentation : Objectifs : La présentation portera sur la validité du diagnostic de personnalité borderline à l'adolescence, sur les enjeux du diagnostic chez les adolescents et leurs familles et sur les évidences supportant cette utilisation.

Méthode : Une description de l'échelle de 10 items sur la personnalité borderline utilisée auprès d'un échantillon clinique d'adolescents sera présentée.

Résultats : Les résultats préliminaires d'une étude pilote portant sur 15 sujets adolescents ayant complété cette échelle seront discutés.

Conclusions : Les participants seront appelés à discuter des impacts du diagnostic quant aux options thérapeutiques, à échanger sur le milieu de soins à privilégier auprès des jeunes ayant des caractéristiques de personnalité borderline, sur la recherche de sens et de compréhension de la nature des difficultés tant pour le jeune que pour sa famille, en lien avec l'annonce du diagnostic.

Retombées : Il ressort que l'utilisation de critères diagnostiques valides peut permettre aux adolescents et à leurs familles de mieux comprendre leur problématique et faire avancer le traitement de ces jeunes à risque de suicide et autres comportements autodestructeurs.

Responsable du symposium: Philippe Courtet

Affiliation : Professeur des Universités €" Praticien Hospitalier, Vice-Président du Réseau Suicide du European College of NeuroPsychopharmacology, CHU Montpellier

Titre du symposium: Un système qui veille après la TS : la philosophie, les dispositifs testés, l'efficacité

Résumé du Symposium: Un système de santé doit-il avoir le souci de l'autre ? N'est-ce pas dépasser son rôle ? Faut-il veiller sur une crise suicidaire dès lors qu'un sujet a été rencontré au décours d'une tentative de suicide ? La philosophie peut nous aider à mettre en perspective ce débat. Michel Walter reprendra certaines de ses thèses et nous emmènera de Martin Heidegger et Michel Cornu, en passant par l'éthique de l'inquiétude se déclinant en sollicitude accaparante et sollicitude prévenante, jusqu'à ce que nos voisins belges dénomment « clinique du souci » Mais peut-on veiller sur une crise suicidaire sans envahir l'existence du sujet ou se substituer au système de soin ? Catherine Pichene nous proposera la synthèse des différentes modalités de recontacts imaginés et testés à travers le monde : une carte de crise en Grande-Bretagne, des lettres courtes aux USA, des cartes postales en Australie et en Nouvelle Zélande, des appels téléphoniques dans le Nord de la France ou en Scandinavie, des textos en Bretagne, Enfin, est-ce efficace de veiller sur une crise suicidaire ? Guillaume Vaiva présentera les tous premiers résultats d'ALGOS, un essai randomisé comparatif testant un algorithme de veille après une tentative de suicide. En France, 24 centres de tous horizons (CHU, CHG, PSPH, en milieu urbain ou semi-rural) ont inclus plus de 1.000 suicidants. Seront présentés des résultats à 6 mois de suivi en terme de récurrence suicidaire ou d'idéation suicidaire, et le suivi de la mortalité dans la cohorte (7/1 décès par suicide, aujourd'hui très en faveur d'un système veille).

Présentateur: Michel Walter

Affiliation : Professeur des Universités €" Praticien Hospitalier, Président GEPS, Hôpital/Institution : Centre Hospitalier Universitaire de Brest

Titre de la présentation: Le souci de l'autre comme prévention du suicide

Résumé de la présentation: La notion d'«éthique de l'inquiétude» (Cornu, 2000) nous semble rendre compte de la posture relationnelle que différentes interventions de prévention impliquent. Si l'on se réfère à l'étymologie du mot inquiétude, à savoir « absence de repos », cette éthique de l'inquiétude se traduit par une absence de repos vis-à-vis de l'autre, c'est-à-dire par le souci de l'autre. Cette position subjective de sollicitude se retrouve dans les pratiques par le fait d'aller au-devant de la demande qui s'applique aussi bien en prévention primaire, en prévention secondaire qu'en prévention tertiaire. C'est ce fil du souci de l'autre qui semble donner leur pertinence à certaines interventions.

Ainsi, en prévention tertiaire, les systèmes de veille (remise d'une carte d'urgence, envoi d'un courrier plus ou moins personnalisé par le service des Urgences ou par le médecin qui a rencontré le patient, recontact téléphonique à type d'entretien de soutien) ont pour point commun de proposer, dans les suites du passage à l'acte, de garder un lien personnalisé et précoce avec le sujet sans envahir son existence ou se substituer au système de soins, tout en indiquant des ressources valides en cas de besoin. Ceci relève d'une sollicitude, qu'à la suite de M. Heidegger, il est possible de qualifier de prévenante ou devançante au sens où elle vise à délivrer autrui jusqu'à lui-même, c'es-à-dire l'aider à porter son fardeau en témoignant du souci sans prendre sa place, sollicitude bien différente de la sollicitude accaparante ou substitutive souvent à l'œuvre dans notre médecine paternaliste.

Mots-clés : philosophie, éthique de l'inquiétude, sollicitude, souci de l'autre.

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Présentateur: Catherine Pichène

Affiliation : Praticien Hospitalier, membre du CA du GEPS, CHU Nancy

Titre de la présentation: Les dispositifs de « rester en contact » à travers le monde

Résumé de la présentation: Est-il efficace de veiller sur un suicidant après un passage à l'acte ? Toutes sortes de dispositifs thérapeutiques ont été mis en place sans montrer de différence significative en termes de récurrences. Pourtant, la clinique nous incite à penser que le souci de l'autre, le sentiment pour le sujet de « rester en contact » avec le dispositif de soins, ont un impact réel.

L'auteur propose une synthèse des différents dispositifs de « recontacts » imaginés et testés à travers le monde : des lettres aux USA, des cartes postales en Australie et en Nouvelle Zélande, des appels téléphoniques dans le Nord de la France ou en Scandinavie, des textos en Bretagne ou une carte de crise selon l'équipe de Bristol...

Seules ont été retenues les études randomisées contrôlées. De nombreuses limites, comme l'hétérogénéité des populations concernées, la faible reproductibilité de certaines techniques sont à

prendre en compte dans l'étude de la bibliographie. Toutefois, une tendance se dégage nettement en faveur de l'efficacité de ces dispositifs de veille.

Mots clés : attempted suicide – suicide prevention – self harm - self poisoning – randomized controlled trials

Présentateur: Guillaume Vaiva

Affiliation : Professeur des Universités €“ Praticien Hospitalier, Vice-Président du GEPS, Hôpital/Institution : CHRU de Lille

Titre de la présentation: ALGOS : intérêt d'un algorithme de veille après une tentative de suicide. Premiers résultats à 6 mois

Résumé de la présentation: Introduction. Faut-il veiller sur une crise suicidaire dès lors qu'un sujet a été rencontré au décours d'une tentative de suicide ? Nous prôtons l'éthique de l'Inquiétude, jusqu'à ce que nos voisins belges dénomment « clinique du souci », le souci de l'autre en somme... Mais, est-ce efficace de veiller sur une crise suicidaire ? Plusieurs dispositifs ont été imaginés et testés, sans qu'aucun à lui seul ne se montre satisfaisant pour une majorité de suicidants en population générale. D'où l'idée d'un algorithme simple qui pourrait allier les qualités de certains des dispositifs proposés : une carte de crise remise aux primosuicidants, l'appel téléphonique à 15 jours pour les sujets récidivistes, l'envoi de quelques cartes postales aux sujets injoignables ou trouvés en difficulté à l'appel téléphonique...

Matériel et Méthode. Essai thérapeutique randomisé comparatif en deux groupes parallèles (ClinicalTrials.gov: NCT01123174). L'objectif principal était la réduction des conduites suicidaires à 6 mois (nombre de décès par suicide, de sujets récidivistes, de conduites à risque et de perdus de vue), en comparaison d'un groupe contrôle sans intervention spécifique. Les sujets suicidants signaient un consentement éclairé à l'entrée dans l'étude. L'analyse statistique a été menée en *intention de traiter* et en *per protocole*, cad dans le détail des éléments déployés de l'algorithme. Pour obtenir une puissance de 90% au risque de 5%, 450 sujets étaient nécessaires dans chaque bras.

Résultats. 23 centres d'Urgence français de tous horizons (CHU, CHG, PSPH) ont inclus 1.055 suicidants dans l'essai. La randomisation était réussie sur les variables essentielles que sont le sexe, l'âge moyen, le nombre de TS antérieures, la psychopathologie associée, etc... A 6 mois, nous observions dans le groupe ALGOS, une diminution des décès par suicide (N=2 versus 9 dans le groupe témoin, $p=0.065$), une diminution du nombre de sujets récidivistes (6,7% versus 10,9%, $p=0.027$), une diminution des conduites à risque (8,1% versus 12,5%, $p=0.045$), un nombre de perdus de vue comparable dans les deux bras (9,9% versus 13,8%, $p=0.15$). L'analyse en ITT était positive (16,3% versus 23,4% *adverses outcomes*, $p=0.005$, NNT 14).

Discussion et perspectives. Ce programme montre pour la première fois l'efficacité d'un dispositif de veille à 6 mois ; ce genre de dispositif se montrerait peu onéreux à mettre en place et facilement

généralisable sur un territoire, pouvant donc apporter une innovation importante en Santé Publique à partir des dispositifs d'Urgence.

Mots Clés : Tentative de suicide, recontact, veille sanitaire, essai randomisé contrôlé

Vaiva G, Walter M, Said Al Arab A, Courtet P, Bellivier F, Demarty AL, Duhem S, Ducrocq F, Goldstein P, Libersa C. ALGOS: the development of a randomized controlled trial testing a case management algorithm designed to reduce suicide risk among suicide attempters. *BMC Psychiatry* 2011, 11:1

Symposium Chair: Erkki Isometsä

Affiliation: University of Helsinki, Finland

Symposium Title: Suicide risk in mood disorders

Symposium Abstract: 1. Risk factors for suicide in people with depression: a systematic review by Keith Hawton, Centre for Suicide Research, University of Oxford, UK. In a systematic review of the international literature cohort and case-control studies of people with depression in which suicide was an outcome were identified, and a meta-analysis of risk factors conducted. Nineteen studies (28 publications) were included. The factors significantly associated with completed suicide were male gender, family history of psychiatric disorder, previous suicide attempts, more severe depression, hopelessness and comorbid disorders, including anxiety and misuse of alcohol and drugs. Further large-scale studies are required to identify other relevant factors. 2. Variation in risk for suicide attempts over time by Erkki Isometsä, Department of Psychiatry, University of Helsinki, Finland. Temporal variations in risk states and time spent in them are likely important determinants of cumulative overall risk for suicidal acts. However, longitudinal studies combining life-chart methodology with timing of attempts are scarce. In longitudinal studies of depression and bipolar I and II disorder, we investigated the incidence of suicide attempts over time across variable mood states. The incidence rate varied strongly with time, and was highly dependent on the illness phase, being 65-fold during bipolar mixed episodes, 25-fold in major depressive episodes and nearly 5-fold during sub-threshold depression compared to euthymic phases. In our recent study of depression in primary care, risk of suicidal acts was found almost exclusively confined to major depressive episodes, with or without concurrent active substance abuse. 3. Neuroinflammation, Glucocorticoids, and Suicide Risk by Maria A. Oquendo, Department of Psychiatry, Columbia University & New York State Psychiatric Institute, USA. Studies of the role of glucocorticoids in suicidal behavior suggests the hypothalamic pituitary adrenal (HPA)-axis to function abnormally at several levels. Corticotropin releasing hormone receptors (CRHR1 and CRHR2) are downregulated, but not enough to dampen the CRH-ACTH-cortisol pathway. Enhanced function of this pathway leads to plasma cortisol elevations, and may lead to low basal cortisol levels or tone and dexamethasone suppression test (DST) non-suppression. Only in the last decade have the interactions between the HPA axis and the immune system been appreciated, and links between neuroinflammation and suicidal behavior explored. In postmortem studies, suicides exhibit altered levels of cytokines, e.g.

increased frontopolar cortex interleukin (IL)-1, IL-6, and TNF- α in teen suicide victims, increased orbitofrontal cortex IL-4 mRNA in female and IL-13 in male suicide victims, as well as microgliosis, another marker of neuroinflammation.

Presenter: Maria A. Oquendo

Affiliation: Department of Psychiatry, Columbia University & New York State Psychiatric Institute, USA.

Presentation Title: Neuroinflammation, Glucocorticoids, and Suicide Risk

Presentation Abstract:

Interest in the role of glucocorticoids in suicidal behavior has generated studies that suggest that the hypothalamic pituitary adrenal (HPA) axis functions abnormally at several levels in these individuals. For example, corticotropin releasing hormone receptor 1 (CRHR1) and CRHR2 are downregulated, possibly to compensate for higher levels of CRH, but not enough to dampen the CRH-adrenocorticotropin hormone (ACTH)-cortisol pathway. Enhanced function of the CRH-ACTH-cortisol pathway leads to plasma cortisol elevations, which may in turn lead to low basal cortisol levels or tone. It also may lead to dexamethasone suppression test (DST) non-suppression reflecting downregulated mineralocorticoid receptors and glucocorticoid receptors respectively, and potentially decreased glucocorticoid sensitivity. Only in the last decade or so have the interactions between the HPA axis and the immune system been appreciated. As such, links between neuroinflammation and suicidal behavior have recently been explored. In postmortem studies, suicides with a variety of diagnoses exhibit altered levels of cytokines. For instance, there are reports of increased frontopolar cortex interleukin (IL)-1, IL-6, and tumor necrosis factor (TNF)- α has been noted in teen suicide victims, increased orbitofrontal cortex IL-4 mRNA in female and IL-13 in male suicide victims, as well as microgliosis, another marker of neuroinflammation, compared with normal controls. As more data becomes available, we may be able to elucidate how these converging pathways work lead to suicide as an outcome.

Presenter: Keith Hawton

Affiliation: Centre for Suicide Research, University of Oxford, UK

Presentation Title: Risk factors for suicide in people with depression: a systematic review

Presentation Abstract:

Background: Depression is the most common psychiatric disorder in people who die by suicide. Awareness of risk factors for suicide in depression is important for clinicians.

Method: We conducted a systematic review of the international literature we identified cohort and case-control studies of people with depression in which suicide was an outcome, and performed meta-analyses of potential risk factors.

Results: Nineteen studies (28 publications) were included. Factors significantly associated with suicide were: male gender (OR=1.76, 95% CI = 1.08 to 2.86), family history of psychiatric disorder (OR=1.41, 95% CI=1.00 to 1.97), previous attempted suicide (OR=4.84, 95% CI = 3.26 to 7.20), more severe depression (OR=2.20, 95% CI = 1.05 to 4.60), hopelessness (OR=2.20, 95% CI = 1.49 to 3.23) and comorbid disorders, including anxiety (OR=1.59, 95% CI=1.03 to 2.45) and misuse of alcohol and drugs (OR=2.17, 95% CI = 1.77 to 2.66).

Conclusions: There were fewer studies than suspected. Interdependence between risk factors could not be examined. However, the factors identified should be included in clinical assessment of risk in depressed patients. Further large-scale studies are required to identify other relevant factors.

Presenter: Erkki Isometsä

Affiliation: University of Helsinki, Finland

Presentation Title: Variation in risk for suicide attempts over time in mood disorders

Presentation Abstract:

Background: Temporal variations in risk states and time spent in them are likely important determinants of cumulative overall risk for suicidal acts. However, longitudinal studies combining life-chart methodology with timing of attempts are scarce.

Method: In longitudinal studies of depression (Vantaa Depression Study, VDS) and bipolar I and II disorder (Jorvi Bipolar Study, JoBS), we investigated the incidence of suicide attempts over time across variable mood states. A similar analysis based on life charts was conducted in our recent five-year study of depression in primary care (Vantaa Primary Care Depression Study, PC-VDS).

Results: In the pooled VDS and JoBS data, the incidence rate varied strongly with time, and was highly dependent on the illness phase, being 65-fold during bipolar mixed episodes, 25-fold in major depressive episodes and nearly 5-fold during sub-threshold depression compared to euthymic phases. In the PC-VDS primary care data, risk of suicidal acts was found almost exclusively confined to major depressive episodes, with or without concurrent active substance abuse.

Conclusions: Among patients with mood disorders in both primary and psychiatric care, risk of suicidal acts is largely confined to major depressive episodes or mixed episodes of bipolar disorder. Time spent in these high-risk states is likely a major determinant of total cumulative risk. Reducing time at high risk, i.e. effective acute treatment and preventing recurrence of mood disorders episodes are credible preventive interventions.

Symposium Chair: Katalin Szanto, M.D.

Affiliation: University of Pittsburgh

Symposium Title: Vulnerability to suicide in old age

Symposium Abstract:

Stephane Richard-Devantoy

Cognitive deficits, in relation to ventral and dorsal prefrontal cortex dysfunctions, have been associated with suicidal acts in young adult patients. We assessed alterations in cognitive inhibition in suicidal depressed elderly people, and reviewed the literature on cognitive inhibition in elderly suicidal behaviour. We found that suicidal depressed elderly people showed significant impairments in all three domains of cognitive inhibition (access to relevant information, suppression of no longer relevant information, and restraint of cognitive resources to relevant information) in comparison to the affective and healthy control groups. Cognitive inhibition deficits appear to be part of a series of cognitive deficits and may impair the patient's capacity to respond adequately to stressful situations, which could lead to an increased risk of suicidal behaviour.

Katalin Szanto

There is accumulating evidence that the suicide diathesis involves cognitive deficits and maladaptive decision-making. Our data indicate that deficits in cognitive control and social processing are related to serious, determined suicidal behavior. First, we found cognitive control deficits in high-lethality suicide attempters (HL), and these deficits are linked to limited improvements following feedback during reward/punishment-based learning. Second, using an economic bargaining game we found that HL, when presented with unfair offers, inflicted social punishment without regard for its cost. This may indicate that social emotions interfere with optimal decision-making in HL and cause them to respond maladaptively to social conflict.

Alexandre Y. Dombrovski

Suicidal behavior has long been linked to impulsivity. Recent behavioral and brain imaging studies provide new insights into the facets of behavioral impulsivity prominent in suicide attempters, their relationship with objective characteristics of suicidal behavior such as planning and lethality, and their neural substrates. The two key facets are (1) an excessive focus on the present at the expense of the future, putatively related to basal ganglia abnormalities and (2) a neglect of key information while making decisions, putatively related to disrupted reward signals in the paralimbic cortex.

Yeates Conwell

Health care delivery innovations that may result from implementation of the Affordable Care Act (ACA) offer promise for reducing the morbidity and mortality resulting from suicidal behavior in later life. The talk will consider factors that we know place older adults at increased risk for suicide and aspects of the ACA that may help mitigate the impending public crisis of suicide in old age.

Presenter: Stephane Richard-Devantoy

Affiliation:

Presentation Title: COGNITIVE INHIBITION IN ELDERLY SUICIDAL BEHAVIOUR

Presentation Abstract: Objective: Cognitive deficits, in relation to ventral and dorsal prefrontal cortex dysfunctions, have been associated with a higher risk of suicidal acts in young adult patients. Although a serious public health concern, very little is known about the neurocognitive basis of suicidal behaviour in the elderly. Here we aimed 1) at assessing alterations in cognitive inhibition in suicidal depressed elderly people, and 2) to review the literature on cognitive inhibition in elderly suicidal behaviour. Methods: First, we compared 20 currently depressed patients, aged 65 and older who had recently attempted suicide to 20 elderly subjects with a current depression but no personal history of suicide attempts and 20 elderly controls. Using an extensive neuropsychological battery, we specifically examined different aspects of cognitive inhibition: access to relevant information (using the Reading with distraction task), suppression of no longer relevant information (Trail Making Test, Rule Shift Cards), and restraint of cognitive resources to relevant information (Stroop test, Hayling Sentence Completion test, Go/No-Go task). Second, systematic Medline literature search was performed on neurocognitive deficits in suicidal behaviour. References from our research group's online database were also selected (<http://www.bdsuicide.disten.com>).

Results: After adjustment for age, depression intensity, Mini-Mental Status Examination score and speed of information processing, suicidal depressed elderly people showed significant impairments in all 3 domains of cognitive inhibition in comparison to the affective and healthy control groups. Moreover, the results of a meta-analysis study will also be presented.

Conclusion: Cognitive inhibition deficits appear to be part of a series of cognitive deficits and may impair the patient's capacity to respond adequately to stressful situations, which could subsequently lead to an increased risk of suicidal behaviour during late-life depression. Suicide prevention interventions may be developed to specifically target cognitive impairment in depressed elderly people.

Key words: Suicide, elderly, cognitive inhibition, depression

Presenter: Katalin Szanto

Affiliation: University of Pittsburgh

Presentation Title: Decision-making deficits in high-lethality older suicide attempters

Presentation Abstract: Suicide follows an altered decision process. Our data indicate that older adults, even those who carry out high lethality attempt, regret their suicide attempt. There is accumulating laboratory evidence that decision making deficits distinguish suicide attempters from non-suicidal individuals with similar co-morbid disorders. Our research indicate that deficits in cognitive control and social processing are related to serious, determined suicidal behavior in late-life, and while these attempters are low in measures of impulsivity they respond maladaptively to social conflicts. Economic bargaining games can model social influences on decision-making.

Using an economic bargaining game (the Ultimatum game), we found that high lethality attempters when presented with unfair offers were insensitive to expected reward when making their decisions, instead deciding solely on the basis of fairness. This tendency selectively distinguished them from non-psychiatric controls, depressed non-suicidal patients, and low-lethality attempters, whose decisions were sensitive to expected reward. We ascertained that this disadvantageous tendency in high-lethality attempters was not due to poor cognitive control or impulsivity. It was also evident in a condition when no actual rewards were delivered, suggesting that high-lethality attempters' behavior is due to the specific effects of social emotions and not to a general insensitivity to any rewards. We propose that only some of the decision-making deficits observed in suicide attempters fall into the category of impulsivity, while others result from the failure of high-level effortful processing (cognitive control) or from impaired social reasoning.

Presenter: Alexandre Y. Dombrovski

Affiliation: University of Pittsburgh

Presentation Title: Short-sighted and negligent decisions, cortico-limbic circuits, and suicidal behavior in old age.

Presentation Abstract:

Objectives: Suicidal behavior, complex and multi-determined, emerges as stressors interact with the individual diathesis. Although factors like lifelong interpersonal dysfunction, enduring hopelessness, and aggression may escalate one's propensity to commit suicide in old age, they explain only a fraction of the individual liability. The mechanisms of propensity that precipitate the decision to commit suicide remain largely underspecified. Our aim is to investigate the decision biases implicated in suicidal behavior and in this way to advance our understanding of the suicidal diathesis. Specifically, our research sheds light on the mechanisms that may explain associations between trait impulsivity and suicidal behavior.

Method: Case-control behavioral, structural, and functional neuroimaging studies of decision-making in attempted suicide in old age.

Results:

1 – Myopic time preference. Individuals who had made low-lethality attempts displayed an exaggerated preference for immediate rewards. Those who had carried out high-lethality suicide attempts were more willing to delay future rewards. Better planned suicide attempts were also associated with willingness to wait for larger rewards. The history of attempted suicide and the preference for immediate rewards were associated with structural alterations in the striatum.

2 – Neglect of vital information. Suicide attempters neglected information about odds and changes in reward contingency while making decisions. This tendency was related to the failure of the paralimbic cortical reward circuit to track expected reward, suggesting impaired integration of reward-relevant

inputs. Weaker paralimbic signals were related to trait impulsivity and poor planning of suicide attempts.

Conclusions: There may be at least two distinct pathways to suicidal behavior, involving impulsive decision-making. The first is characterized by short-sighted, present-focused decisions and striatal alterations. The second involves a failure to integrate decision-relevant information in the cortico-limbic reward circuit.

Impact: The knowledge of distinct decisional biases and neural anomalies that underlie them informs a new dimensional classification of suicidal behavior grounded in animal models. Decisional biases are a new category of target symptoms for therapeutic interventions.

Presenter: Yeates Conwell

Affiliation: University of Rochester Medical Center

Presentation Title: Vulnerability to Suicide in Later Life – A Health Service System Response

Presentation Abstract:

Background: Promising progress has been made in the elucidation of mechanisms underlying vulnerability to suicide in older adults. In order to save lives, however, those findings must be translated to practice. Beyond identifying the neurobiological bases of suicidal behavior, we must better understand how the entire range of risk factors operate in the lives of older adults in order to detect those at risk for suicide and most efficiently and effectively intervene to prevent self-directed violence.

Objectives: The first objective of this presentation is to consider the sites at which older individuals with vulnerabilities based on cognitive deficits and depressive symptoms are most likely to enter the system of care. Second, it will delineate the barriers that currently exist to detection and risk reduction in those settings, and third, examine the opportunities they provide to effectively address the public health crisis of older adult suicide. Finally, we will discuss the role that insurance reform and delivery system reform (the Patient Protection and Affordable Care Act, aka “Obama Care”) may play in determining the success of late life suicide prevention initiatives moving forward.

Conclusions: Basic and early translational neuroscience are helping to define the mechanisms underlying late life suicide. Early findings suggest that health and community-based human service delivery settings will be likely venues in which older adults with neurobiologically-mediated vulnerabilities seek help, and therefore in which to mount preventive interventions designed to reduce suicide-related morbidity and mortality. Health care redesign, as stimulated by the Affordable Care Act, may offer important opportunities to address barriers to effective late life suicide prevention, and thereby to reduce the number and rate of suicide in the older adult population in coming decades.

Symposium Chair: Kelly Posner

Symposium Title: Suicide Risk Assessment in the Global Context: Building Community Suicide Prevention, Improving Care Delivery, and Redirecting Scarce Resources with a Best Practices Assessment Tool, the Columbia-Suicide Severity Rating Scale

Presenter: Kelly Posner, Melanie Puerto Conte, Sally vander Straeten, Alex Crosby

Symposium Abstract: In response to the urgent, world-wide need for a comprehensive suicide prevention strategy, individual states and countries have included the Columbia Suicide Severity Rating Scale (C-SSRS) as a key component of this strategy -- enabling better prediction of suicidal risk and more efficient allocation of limited healthcare resources. Numerous states and countries have moved towards system-wide implementation. Various top-down implementation approaches will be discussed (e.g., the department of mental health, all schools and youth services, department of corrections, all hospitals and behavioral health, crisis assessment, all first responders). This panel brings together policymakers from three different states on the frontlines of this work using different approaches. Dr. Posner will present an overview of the C-SSRS, discussing its feasibility and efficacy, use by a wide range of gatekeepers (no mental health training is required, enabling all types of gatekeepers including clergy, students, first responders, teachers, etc.) as well as its predictive properties. She will describe the adoption of the screen by the CDC, enabling international blanket coverage and linking of community systems, fostering prevention. Furthermore, she will discuss its international uptake in schools in South Africa, the prison system in New Zealand, hospitals in France, the country of Greece, and its incorporation into the World Health Organization's 100 Best Practices for Adolescent Suicide Prevention, all of which impact national and international community models of suicide prevention. Policymakers from three US states will present their statewide suicide prevention strategies. Due to its demonstrated ability to predict suicidal behavior and guidance for next steps (e.g., triggering referrals to mental health professionals), it positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources, and expediting care delivery to those at highest risk. For example, the Rhode Island Senate Commission's use of the C-SSRS by EMS or police as an innovative top-down solution to prevent ER overuse and diversion will be discussed. Dr. Puerto Conte and Ms vander Straeten will discuss the top-down systems approach to using the C-SSRS and Safety Planning in New York and Georgia. Dr. Puerto Conte will focus on the development and implementation of the New York State Suicide Prevention Initiative in state-operated inpatient and outpatient psychiatric units, county systems, non-profit behavioral healthcare providers, and youth serving organizations across the state. Ms vander Straeten will describe the comprehensive suicide prevention initiative to implement uniform risk assessment between all services and systems of care by the Georgia Department of Behavioral Health and Developmental Disabilities. Dr. Crosby will present on the CDC's efforts to address the lack of uniform suicide definitions by proposing surveillance definitions for self-directed violence (SDV) (adopted from the Columbia definitions). He will also discuss the current impediments to estimating SDV prevalence rates among children and adults and the benefits of broad dissemination of the C-SSRS as a means of addressing these issues and improving epidemiological understanding of suicide at the global level.

Symposium Chair: Alain Lesage

Affiliation: University of Montreal, Canada

Symposium Title: 'oh no, not again- a public health perspective on the balance of risks and benefits of the anti-depressants Black Box warning on suicide among adolescents'

Symposium Abstract: There was much debate about the decision in the mid-2000s in many countries to issue Black Box warnings on the utilisation of anti-depressants in adolescents. Despite some population-based evidence of increase in suicide rates among adolescents following the warnings, the public health practitioners' perspective remained that the balance of risks and benefits still supported caution in the utilisation of anti-depressants and maintenance of the Black Box warnings. Psychiatrists' associations supported utilisation of anti-depressants, but with closed clinical management.

The objectives of the panel are to re-visit the issue to inform the public and help public health agencies decide if the balance of risks and benefits shall not call for a review of the Black Box warnings on antidepressants among adolescents or a campaign indicating that treatment of depression for adolescents can work, and may include antidepressants.

The format will be a panel with 15 minutes presentation by the 3 speakers, followed by discussion with the audience.

- i) Alain Lesage (University of Montreal, Canada) - a bad public health decision.
- ii) Laurence Katz (University of Manitoba, Canada) - the population-based evidence in Canada
- iii) Robert Gibbons (University of Chicago) - recent empirical evidence and a social capital perspective

Presenter: Alain Lesage

Affiliation: University of Montreal, Canada

Presentation Title: A bad public health decision

Presentation Abstract:

Population-based studies have generally shown a decrease of suicide rates associated with an increase in anti-depressant prescription, when sufficiently powered to detect differences. Black-box warnings for adolescents' antidepressant prescription have been associated with an immediate increase in suicide rates. One could argue that the decision was tilted by individual-level concerns based on clinical trials evidence of increased suicidality and of the light specific effect of anti-depressants in relation to placebo effect. How to reconcile these findings? It may be related to the famous Geoffrey Rose's paradox that a small effect at the individual level may translate to a large effect in the population. Also, general theory of the therapeutic effect of psychotherapy may apply to any therapy: it entails that the therapeutic effect is comprised of the specific effect of the intervention, the non-specific effect of the therapist, the

support of the environment (i.e. the family) and the placebo effect. A trusting good physician identifying depression among youth and prescribing antidepressants before the Black Box warning summoned the 4 effects. After the Black-box warning, physicians may have been prevented to deliver medication, but also the other effects to the patient and families of adolescents, with dire consequences at the population-level. From a public health perspective, Black-box warnings for antidepressants among adolescents have been a bad public health decision.

Presenter: Laurence Y. Katz, MD, FRCPC

Affiliation: University of Manitoba, Canada

Presentation Title: Impact of Health Canada Warnings on the Use of Antidepressants in Canada; the population perspective.

Presentation Abstract: In 2003-2004 Health Canada and other regulatory administrations around the world became aware of concerns regarding the increased risk of suicidal behavior in youth in the treatment arms of antidepressant trials. In response to this signal from the data the regulatory administrations issued warnings of varying types and magnitude to physicians prescribing antidepressants to children and adolescents. Immediately, concerns were raised regarding the possible impact of these warnings on the treatment of depression and whether they would achieve their desired goal of decreasing suicide and suicidal behavior in the population. In Manitoba, Katz et al found that following the warnings antidepressant prescribing and visits to physicians for depression went down and suicide rates went up. This data was consistent with data from the United States and the Netherlands. Since that time additional epidemiologic analyses have continued to raise questions about how to interpret the conflicting data. In Canada there is no national database that allows analyses of this type and thus studies are conducted at a provincial level. This presentation will review recent provincial analyses. In addition, data of changes in suicide rates at a national level since the warnings can and have been evaluated and data will be presented.

Presenter: Robert Gibbons

Affiliation: University of Chicago

Presentation Title: Recent empirical evidence and a social capital perspective

Presentation Abstract:

The black box warning questioned the safety and efficacy of antidepressants for the treatment of depression in youth and young adults. Since the black box warning new data have come to light that shed further evidence on the safety and efficacy of antidepressants and other unintended consequences of the warnings. I will present results of a large-scale research synthesis of 41 randomized placebo controlled clinical trials of fluoxetine and venlafaxine across the life-span, that examines both benefits and risks of these antidepressants in terms of changes in clinician rated depressive severity and suicidal thoughts and behavior. I will also summarize recent findings regarding the association between the black box warning and human capital in depressed youth.

Tuesday, June 11 / Mardi le 11 juin

11:35-12:15

Responsable du symposium: Philippe Angers

Titre du symposium: Estimer la dangerosité du passage à l'acte suicidaire des outils pour mieux agir

Présentateur(s): Philippe Angers, Marie Lecavalier

Résumé du Symposium: Respecter les rubriques: Objectifs, Méthode, Résultats, Conclusions, Retombées. Soucieux de mieux déceler les moments critiques lors d'une crise suicidaire, Suicide Action Montréal (SAM) et le Centre Dollard-Cormier-Institut universitaire sur les dépendances se sont associés afin d'élaborer une Grille d'estimation de la dangerosité d'un passage à l'acte suicidaire. Une pondération a également été développée à partir de l'état des connaissances et de l'expérience clinique en lien avec certains facteurs de risque et de protection. Cette nouvelle grille et ses outils complémentaires permettent à la fois d'estimer la dangerosité d'un passage à l'acte suicidaire, de cibler des leviers d'intervention afin de travailler l'ambivalence et au final, d'éclairer les prises de décision. Elle soutient le jugement clinique, favorise une intervention orientée sur les solutions et permet d'adapter les protocoles internes pour un suivi plus étroit des clientèles à haut risque suicidaire et une meilleure prévention des décès par suicide. Afin qu'un outil puisse rencontrer les exigences scientifiques il doit: a) s'assurer que les éléments pris en compte reflètent l'état des connaissances scientifiques b) valider le contenu auprès d'experts et d'utilisateurs c) réussir des tests de fidélité inter-juges. Chacune de ces étapes a été complétée. Le MSSS recommande cet outil dans son guide de bonnes pratiques en prévention du suicide lancé au printemps 2010. Au cours de cet atelier, l'outil ainsi que les différentes assises scientifiques et cliniques seront exposés.

13:15-14:45

Responsable du symposium: Monique Séguin

Affiliation : Université du Québec en Outouais, Groupe McGill d'étude sur le suicide, Réseau québécois de recherche sur le suicide

Titre du symposium: La formation à l'intervention de crise et crise suicidaire : vers une intégration des savoirs?

Conférenciers :

Christian Lafleur et Marc Martineau, CEGEP de l'Outaouais.

Bruno Marchand, AQPS et Françoise Roy, consultante

Daniel Cossette, RESCICQ et Mario Poirier, TelUQ

Résumé du Symposium: La formation des intervenants à l'intervention de crise a été, au Québec, une stratégie sur laquelle des nombreux efforts ont été investis. Pour la même situation clinique de crise suicidaire, le cadre conceptuel sur lequel repose les interventions varie en fonction de la clientèle cible et des lieux d'intervention. Les CPS (Centre de prévention du suicide) ont un cadre conceptuel qui origine notamment d'un modèle écologique (l'interaction entre des systèmes et facteurs) et du modèle de crise de Caplan et ils visent à identifier les éléments de risque ou de protection qui maintiennent la personne en dangerosité de passage à l'acte suicidaire (dont la résolution de problème). D'autre part, le modèle conceptuel sur lequel repose les interventions des Centres de crise de deuxième ligne (RESCICQ) est celui d'une intervention globale centrée sur la personne suivant une approche biopsychosociale et vise la désescalade de la crise et un engagement dans ou un réengagement vers des services de santé mentale. Alors que le milieu académique, (cégeps et universités) offre de plus en plus de cours d'intervention dans le cursus académique, ceux-ci permettent de mieux comprendre les cadres conceptuels, mais ont du mal à favoriser la formation du savoir être et du savoir-faire lors de la conduite de l'entretien de crise. Ces connaissances sont-elles opposées ou sommes-nous à la croisée des chemins pour réaliser une intégration des savoirs ou est-il possible de les intégrer dans une approche commune? Lors de ce symposium des intervenants aborderont les cadres conceptuels qui soutiennent la formation en contexte de crise dans leur milieu.

1. Christian Lafleur et Marc Martineau, enseignants au niveau collégial présenteront les défis associés à l'enseignement de l'intervention en situation de crise suicidaire à une population de jeunes adultes en formation.
2. Bruno Marchand directeur de l'AQPS qui propose une formation accréditée quant à l'intervention auprès de la personne suicidaire à l'aide de bonnes pratiques présentera le cadre de la formation et les défis qui y sont associés.³
3. Daniel Cossette, membre du RESCICQ, abordera le contexte de formation de crise suicidaire auprès d'une clientèle de deuxième ligne et les besoins de formation chez les intervenants des centres de crise.

Discussion entre les panelistes et les participants au symposium

- Y-a-t-il des lieux communs entre nos différentes formation? Quelles sont les similitudes et les différences?
 - Est-ce possible d'avoir une base de connaissances communes?
 - Quels sont les défis qui devront être abordés si nous souhaitons parvenir à une intégration des savoirs?
 - Est-ce possible de favoriser une diffusion des connaissances quant aux meilleures pratiques et une intégration des savoirs en matière de formation à l'intervention auprès des personnes en crise ou en crise suicidaires?
-

Symposium Chair: Danuta Wasserman, Marco Sarchiapone

Symposium Title: Suicide prevention among adolescents: results from the SEYLE and WE-STAY European multi-center Research projects

Symposium Abstract: There is currently a strong debate in the scientific community on the efficacy, efficiency and cost-effectiveness of mental health promotion programs for children and adolescents. The Saving and Empowering Young Lives in Europe: Promoting health through the prevention of risk-taking and self-destructive behaviors (SEYLE) and Working in Europe to Stop Truancy Among Youth (WE-STAY) projects are two of the largest prospective studies aiming at addressing these issues. Funded by the European Commission through the Seventh Framework Programme (FP7), they included over 20.000 adolescents, randomized from Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, each national group being representative for the adolescent population in the respective country. A number of promising school based strategies were included in the two projects: a novel awareness program, a screening program, a gatekeeper program, and a combined program (awareness and screening). Outcomes were evaluated through a 3-month (SEYLE) or 1-month (WE-STAY) follow-up, and a 12-month follow-up assessment, and were compared with outcomes from a mechanistic (control) intervention. Furthermore, the two projects built large epidemiological databases covering psychopathology, well-being, lifestyles, values and attitudes of European adolescents making the evaluation of multiple psycho-social and psychiatric correlates of risk-taking and self-destructive behaviors possible. Major findings from these projects will be presented during this symposium.

Presenter: Vladimir Carli

Presentation Title: Prevalence of risk behaviours and psychiatric symptoms among European adolescents: Results from the Saving and Empowering Young Lives in Europe (SEYLE) research project

Presentation Abstract:

Objective: To provide a comprehensive picture among European adolescents of the prevalence of risk behaviours such as tobacco, alcohol and drug misuse, sedentary behaviour, reduced sleep, high media use, truancy, and health determinants such as underweight and obesity, and their association with psychiatric symptoms, including self-destructive behaviours.

Methods All classrooms with majority 15 year olds in randomly selected, public, non-specialized high schools (n=179), across eleven European countries were included in the study. The examined sample comprised 12,395 pupils (mean age 14.91±0.90; M/F: 5,529/6,799). Latent Classes based on measures of risk behaviours, assessed with the Global School-based Student Health Survey (GSHS) were identified. Latent Classes of pupils were analysed for prevalence of psychiatric symptoms, evaluated with the following scales: Beck Depression Inventory (BDI-II), Zung self-rating scale for anxiety (Z-SAS), Strengths

and Difficulties Questionnaire (SDQ), Paykel Suicide Scale (PSS) and the Deliberate Self-Harm Inventory (DSHI).

Results: 8.2% of adolescents reported drinking alcohol more than once a week. 10.2% of the sample reported smoking at least five cigarettes per day. 15.5% of pupils reported sleeping six hours or less per day during the school week. 3.1% of adolescents had a BMI below the 5th percentile per age and 3.5% had a BMI above the 95th percentile for age. 10.1% adolescents reported spending at least 5 hours per day using media for reasons not related to school or work. 8.1% of the sample was categorized as depressed. 4.7% of the pupils reported severe to extreme anxiety. 10.3% had conduct problems. Hyperactivity was present in 9.4% of the sample. 4.2% of the sample reported a lifetime suicide attempt. Prevalence of all risk behaviours increased with age and most were significantly more frequent among boys. Girls were more frequently affected by psychiatric symptoms. Latent class analysis identified three distinct groups of adolescents regarding risk behaviours. The first group (low risk, 57.8%) included pupils with low or very low frequency of risk behaviours; the second group (high risk, 13.2%) included pupils with the highest frequency of all risk behaviours. The third group (invisible risk, 29%) included pupils who showed risk behaviours such as high media use, sedentary behaviour and reduced hours of sleep, which are often overlooked by external observers due to the perception that these behaviours are not dangerous. Pupils in the invisible risk group and in the high risk group had significantly higher prevalence of all psychiatric symptoms in comparison with the low risk group.

Conclusions: A surveillance system to collect data regarding adolescents' mental health and lifestyles should be established in Europe. The group with invisible risk, identified for the first time here, is only invisible regarding elevated risk for psychopathology and suicidal behaviour but has behaviours that are easily identifiable such as high media consumption, reduced sleep and sedentary behaviour. Thus, the invisible group poses a new intervention target group for the purpose of potentially reducing psychopathology and possibly other untoward outcomes in adolescence such as suicidal behaviour.

Presenter: Alan Apter

Presentation Title: Suicide Behavior in Young People

Presentation Abstract: Suicidal behavior in adolescents can take many forms including suicidal thoughts, gestures, threats, attempts, and completions. Non suicidal self-injury (NSSI) is also regarded as part of the spectrum. The relationship of these behaviors with other forms of self-destructive behavior is debatable. The epidemiology of suicidal behaviors is quite dramatic with huge increases in incidence in the last century followed by significant decreases in recent years. Knowledge of risk factors has also increased and they include social, biological, psychological and psychiatric influences. Different personality constellations may account for different findings in this complex field. There have been advances in both psychological and biological therapies as well as in primary preventative measures. These issues will be discussed in a critical fashion with an emphasis on the authors work in this field.

Presenter: Marco Sarchiapone

Presentation Title: The Working in Europe to Stop Truancy among Youth Research Project: the association between truancy and suicidality

Presentation Abstract: The Working in Europe to Stop Truancy Among Youth (WE-STAY) project is a randomized controlled trial (RCT) that examines the effect of interventions on truancy and the psychological well-being of 9,600 school-based adolescents. The WE-STAY Consortium comprises 10 European countries: Estonia, France, Germany, Hungary, Israel, Italy, Romania, Slovenia, Spain and Sweden serving as the coordinating centre.

Truancy is a serious public health problem that affects adolescents from all countries around the world; however, little is known about the short- and long-term outcomes of underlying psychological problems among European adolescents who truant. The improvement of mental health due to interventions aimed at reducing truancy is still unknown. The existing studies on truancy are scarce; they are affected by methodological shortcomings that make evaluation of efficacy extremely difficult. Many of the findings are based on samples of insufficient size and on inadequate sampling.

The main objectives of the WE-STAY project are to gather epidemiological data on truancy, risk-behaviours and mental health among European adolescents; to perform school-based interventions aimed at reducing truancy rates and improving the mental health of pupils; to evaluate outcomes of the interventions in comparison with a control group from a multidisciplinary perspective including social, psychological and economical aspects; and to recommend effective, culturally-adjusted models for preventing truancy and promoting mental health among adolescents in different European countries. The WE-STAY project generated highly relevant information on specific psychological and behavioural factors associated with European adolescents who truant; these data are currently not available in Europe.

Symposium Chair: John Greden

Symposium Title: Suicide Prevention: A National Network of Depression Centers (NNDC)-Canadian Depression Research Intervention Network (CDRIN) Collaboration

Symposium Abstract: Suicide death rates in the United States are essentially unchanged despite 40 years of extensive prevention programs. Recent monitoring even suggests a slight increase. New approaches appear indicated if we are to make progress. Because suicide deaths occur at a low base rate, approximating 12/100,000, if we are to effectively evaluate and compare suicide prevention interventions, large numbers must be evaluated. This requires global or at least national networks, precompetitive collaborations, partnerships for research recruitment, large sustainable registries, longitudinal monitoring, standardized measurement-based care with agreed-upon scales, and new,

innovative treatments that integrate biomarkers with personalized treatment approaches. The National Network of Depression Centers (NNDC) and the Canadian Depression Research Intervention Network (CDRIN) are collaborating in the creation of such a model. This symposium will highlight the rationale, evidence, strategies for building, growing, and disseminating new findings from global partnerships, economic benefits and the need for resources.

Discussant: Zul Merali, PhD

Presenter: John Greden, MD

Presentation Title: Partner or Perish: The Essential Role of Large-Scale Global Collaborations in Efforts to Reduce Suicide

Presentation Abstract: Large-scale collaborations are essential to reduce rates of suicide. Reasons are: 1) suicide has low-base rates (12 per 100,000 in the United States and 11 per 100,000 in Canada), requiring huge samples to determine effectiveness of interventions; 2) contributors to suicide involve multiple pathophysiologies so personalized, precision treatments will be essential; “one-size” treatment will never fit all; 3) biomarker “fingerprints” based on “big data” computational models are required to develop personalized treatments; 4) Collaborative networks are the only approach shown to produce the “big data” required. The [National Network of Depression Centers](#) (NNDC) was created to attack the huge disabilities, burdens, costs and deaths associated with depressions and bipolar illnesses. Its 20 Centers of Excellence in the United States recently federated with the emerging Canadian Depression Research and Intervention Network (CDRIN) Centers to further accelerate sustainable large samples (10s of thousands rather than 10s or hundreds), standardized, long-term, measurement-based care (C-SSRS), biomarkers, and personalized treatments to attack different contributors to suicide. A clinical care registry, partially supported by an NIH Clinical Translational Science Award (CTSA), is growing in size. With assistance, the NNDC and CDRIN aim to collaborate with AFSP, IASR, Federal agencies, VAH and others to emulate approaches shown to be effective in Cancer Center Networks, and lower suicide rates at least 20% by 2020.

Presenter: Holly C. Wilcox, PhD

Presentation Title: Developmental Pathways to Suicide Attempt

Presentation Abstract: Unique pathways to suicide attempt were identified using 13 waves of prospective longitudinal data on an epidemiologically sampled cohort of 2311 young adults (~200 with a prior suicide attempt) originally recruited upon entry to first grade in inner city public schools in Baltimore, Maryland. This project assessed the influence of depressive symptoms, anxiety symptoms, concentration problems and aggressive behavior in early development (in grades 2, 4, 5, 6 and 7) as well as assaultive violence exposure, major depression, and alcohol and drug use disorders on distinct pathways to suicide attempt. The identification of subtypes of suicide attempters is highly significant

because appropriate intervention approaches for subtypes may differ. It is also possible that suicide attempt subtypes could represent more homogenous genetic groups yielding greater ability to detect genetic variation in vulnerability for suicide attempt. Studies have identified risk and protective factors but few have identified multiple factors prospectively through the course of development to identify processes or mechanisms leading to attempted suicide.

Presenter: William Coryell, MD

Presentation Title: Suicide Risk Factors across Mood Disorder Cohorts

Presentation Abstract: Most efforts to characterize risk factors for completed suicide in mood disorders have begun with diagnostically heterogeneous samples. To determine which risk factors are most robust across samples and different mood disorder diagnoses we tested a list of clinical and demographic variables among subjects with bipolar I disorders from a genomics study, among bipolar I patients from the Collaborative Depression Study (CDS), and among patients with MDD from the CDS. Only a history of suicide attempts was a significant risk factor across the three samples.

Presenter: Kelly Posner, PhD

Presentation Title: On the Road to Prevention: The Columbia-Suicide Severity Rating Scale (C-SSRS)

Presentation Abstract: Prevention depends upon appropriate identification and screening. Dr. Posner will discuss a gold-standard, innovative suicide risk screening tool. Numerous states, countries, and branches of the military have moved toward system-wide implementation. Due to its demonstrated ability to *predict suicidal behavior* and guidance for next steps (e.g., triggering referrals to mental health professionals) it positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources, and expediting care delivery to those at highest risk. Adopted by the CDC, this screen is delivered by all gatekeepers, enabling blanket coverage and linking of systems, fostering prevention.

Presenter: John Mann, MD

Presentation Title: The Role of Collaborative Studies in Determining Genetic and other Biological Risk Factors for Suicide

Presentation Abstract: A review of results of studies involving multi-site and multi-group collaborations in the area of genetics and biomarkers of suicidal behavior will be presented to show the advantages and weaknesses of such approaches. Genetic studies in other conditions involving polygenic cause lay the foundation for better designed psychiatric studies and the early fruit of such approaches will be presented. In terms of biomarkers, the results of some meta-analyses illustrate the potential of a multi-center approach that remains to be more fully implemented.

Symposium Chair: Yogesh Dwivedi

Symposium Title: Suicidal Behavior: Neurobiological and Genetic Determinants

Symposium Abstract: Suicide is the major public health concern. In many countries, it is the leading cause of death. Thus, identification of the risk factors and development of treatment strategies associated with suicide are of utmost importance. The long-sought understanding of the neurobiology of suicide has been advancing rapidly, as novel mechanistic concepts are evolving based on recent clinical studies. In addition, molecular and genetic approaches by revealing critical genes that may be undergoing dysfunctional regulation during suicide, have added a new dimension to the exploration of the neurobiology of suicide. The proposed symposium aims to address these novel concepts which may help identifying risk factors predisposing a person to suicidal behavior. Dr. Cheryl McCullumsmith (University of Alabama) will discuss her recent findings that competitive NMDA antagonist ketamine infusion is feasible, safe, and may be effective for the treatment of suicidal ideation associated both with depression and also with opioid dependence in the emergency department. If confirmed, these findings could represent a paradigm shift in the treatment of acutely depressed and suicidal emergency department patients. Dr. Virginia Willour (University of Iowa) will discuss the first ever exome-wide sequencing study of suicidal behavior, and will present her findings of rare and uncommon functionally important genetic variants involved in the susceptibility for suicide. She will further highlight the value of using whole-exome data in search for susceptibility genes in suicidal behavior. Dr. Dan Rujescu (University of Halle, Germany) will discuss the role of intermediate phenotypes in suicide. He will primarily focus on his genetic association studies of aggression and neuroticism and their relationship with suicidal behavior. Dr. Yogesh Dwivedi (University of Illinois at Chicago) will discuss the role of noncoding RNAs in suicide and depressive behavior and will identify networks that are altered in brain of depressed suicide subjects. The research endeavors to be presented could lead to a breakthrough in identifying the causative factors associated with suicide and in the development of novel site-specific therapeutic interventions.

Presenter: Yogesh Dwivedi

Presentation Title: Role of noncoding RNAs in suicide

Presentation Abstract: Objectives: MicroRNAs (miRNAs) are small non-coding RNAs exhibiting critical functions as post-transcriptional regulators. Though miRNAs have been implicated as causal influences most strongly in cancer, there is emerging evidence that they can contribute to risk of neuropsychiatric disorders. In the present study, we examined miRNA expression and target prediction and validation in postmortem brain of depressed suicide subjects.

Methods: miRNA expression was determined in PFC of healthy controls (n=25) and depressed suicide subjects (n=25) by multiplex qPCR and confirmed by miRNA sequencing. The predicted targets were analyzed by qPCR and Western blot. Wilcoxon sign-rank 2-tailed test and SAM analysis (multiple random permutations) were used for data analysis.

Results: Overall miRNA expression was significantly down-regulated in depressed suicide subjects. Of them, 21 miRNAs were decreased at p=0.05. Many of the down-regulated miRNAs were encoded at nearby chromosomal loci, shared motifs within the 5'-seeds, and shared putative mRNA targets. In addition, a set of 29 miRNAs, whose expression was not pairwise correlated in the normal controls, showed a high degree of co-regulation across individuals in the depressed suicide group. Several miRNAs were actively co-regulated with their predicted targets (Bcl2, VGEF, DNMT3b).

Conclusions: Our findings show widespread changes in miRNA expression in prefrontal cortex of depressed suicide subjects.

Impact: Our studies suggest that measurements of miRNAs can substantially contribute to our understanding of how gene expression networks are reorganized in these disorders. In future, it will be interesting to examine if specific miRNA(s) pose independent risk factors in the onset of depressive/suicide symptomatology.

Presenter: Cheryl McCullumsmith

Presentation Title: Low dose ketamine for treatment of acute suicidality in the emergency department setting

Presentation Abstract: Background: No rapidly effective treatments for depression and suicidal ideation exist currently that can be employed acutely in the emergency department (ED) setting, where high risk patients frequently present. Further, opioid dependence, a significant risk factor for suicidal behavior, renders many patients treatment refractory to standard antidepressant therapies. The competitive NMDA antagonist ketamine has shown promise as a rapidly acting treatment for both depression and suicide. In spite of these very promising results, there has only been one small published study of ketamine in the most logical setting for acute administration, the ED.

Objectives: To determine the feasibility, safety and efficacy of a single low-dose of IV ketamine to decrease acute suicidality in patients in the emergency department setting

Methods: Study Design: Participants: Patients presenting to the UAB ED with a depressive disorder and acute suicidal ideation or with opioid dependence and suicidal ideation. Exclusions: Patients were excluded from study entry if they were medically unstable, using illicit drugs, pregnant or lactating or had psychosis or mania. Treatment: A single IV dose of 0.2 mg/kg IV ketamine or saline. Assessments: Montgomery Asberg Depression Rating Scale and the Beck Scale for Suicidal Ideation for 4 hours and days 1-7, 10, and 14. Analysis: ANOVA and logistic regression using SPSS.

Results: Patients who received ketamine had a rapid decrease in suicidality as measured by both the Beck Scale for Suicidal Ideation and the MADRS suicide, within the first 15 minutes after infusion, and persisted for over the full 14 days of follow-up. The suicidality of placebo-treated participants gradually declined over the 2 weeks, reflecting changes in other. MADRS scores dropped in both groups with the ketamine group showing more rapid change over the first four hours after infusion. There were no serious adverse events in either group.

Discussion: These preliminary data indicate that ketamine infusion is feasible, safe, and may be effective for the treatment of suicidal ideation associated both with depression and also with opioid dependence in the ED. If confirmed, these findings could represent a paradigm shift in the treatment of acutely depressed and suicidal ED patients. Further studies examining these outcomes and long term studies as well as studies in acute suicidality associated with other mental illnesses remain to be tested.

Impact: Rapid safe and effective treatment for suicidality could completely revolutionize the care of patients in psychiatric crisis.

Presenter: Dan Rujescu

Presentation Title: Genetics of suicidal behavior and intermediate phenotypes

Presentation Abstract:

The risk of suicide-related behavior is supposed to be determined by a complex interplay of sociocultural factors, traumatic events, psychiatric history, personality traits, and genetic vulnerability. This view is supported by adoption and family studies indicating that suicidal acts have a genetic contribution that is independent of the heritability of Axis I and II psychopathology. One of the largest epidemiological studies showed that the risk for suicide attempts increased by factor 4.2 when the biological mother or by the factor 3.3 when the biological father had committed a suicide attempt. This familial accumulation of suicidal behavior could be partly due to genetic risk factors. Strategies to find genetic risk factors for suicidal behavior (e. g. linkage, association or microarray studies) as well as the current developments in this field will be presented and discussed. There is hope that genetic studies can be successful in their search for genetic susceptibility factors, which can be used to identify at-risk individuals needing intensified care, and thus help to decrease the suicide rate.

Presenter: Virginia Willour

Presentation Title: Whole-Exome Sequencing in Attempted Suicide

Presentation Abstract: Objectives: We are in the process of conducting a whole-exome sequencing study on 800 bipolar suicide attempters and 1200 bipolar non-attempters aimed at identifying coding variants associated with suicidal behavior.

Method: These next-generation sequencing efforts are generating data on rare variants located in 18,902 genes.

Results: In the first year of the study, we completed the analysis of the first 193 attempters and 294 non-attempters, which identified 948 variants that are associated with attempted suicide at an odds ratio ≥ 5.0 . We also tested for genes with elevated rates of rare variants in attempters as compared to non-attempters, an analysis which identified 287 genes with an odds ratio ≥ 5.0 , including the XPNPEP1 gene (OR 19.4; p-value = 1.02×10^{-4}).

Conclusions: While these initial results are based on a small number of samples and thus would not survive correction for the $\sim 19,000$ genes on the whole-exome mapping panel, they highlight the value of using whole-exome data to search for suicidal behavior susceptibility genes.

Symposium Chair: Mark Sinyor

Affiliation: University of Toronto

Symposium Title: New Perspectives on Suicide and the Media

Symposium Abstract: Objectives: This symposium will discuss how traditional, web-based and social media reports on suicide may influence suicide deaths around the world and will use this information to identify novel avenues for suicide prevention. Methods: A literature review was conducted on depictions of suicide in the media. This body of research will be discussed in the context of recent highly publicized suicide deaths as well as the work of each of the presenters: Coroner's data was examined to determine whether media reporting influenced suicide rates prior to and after the creation of the Bloor Viaduct suicide prevention barrier in Toronto. Australia's guidelines on media reporting of suicide were considered in terms of how journalists and other stakeholders might interpret their recommendations. Finally, the Canadian Psychiatric Association position paper on suicide reporting was re-examined in the context of the rise in depictions of suicide in social media. Results: 1) Data from Toronto show that suicides at the Bloor Viaduct increased in concert with media reports prior to the suicide prevention barrier and that negative reports at the time of the barrier's creation may have diminished its impact on suicide rates. 2) Many Canadian Journalists violate the media guidelines set out by the Canadian Psychiatric Association. They cite that the media guidelines are not applicable in the current context of social media. 3) Australian data suggests that media guidelines' meaning are generally understood, but interpreting more nuanced recommendations is not always straightforward. Conclusions: This work highlights important interactions between modern media and suicide. Vigilance about suicide contagion and the Werther Effect is warranted in newer forms of media such as social media. A relatively unexplored area is to what extent the media could promote the Papageno Effect, that is, to encourage

those at risk for suicide to consider other options. Impact: Media reports may influence suicide rates in the short term but also create cultural narratives about suicide in the long term. Our work suggests that the former is a significant concern but we speculate that the latter may reflect an important future avenue for suicide prevention.

Presenter: Mark Sinyor

Affiliation: University of Toronto

Presentation Title: Can the Media Help to Create a New Cultural Narrative for Suicide?

Presentation Abstract: Objectives: To examine recent reporting of suicide in the media in the context of the relevant literature and to identify ways in which media reporting may contribute to both suicide contagion and prevention.

Method: A literature review was conducted on suicide in the media and the effect on suicide rates. Coroner's data on suicide deaths were examined to determine whether media reporting influenced suicide rates prior to and after the creation of the Bloor Viaduct suicide prevention barrier in Toronto. These data will be discussed in the context of recent highly publicized suicide deaths.

Results: There is a broad literature related to suicide contagion or "The Wether Effect". Media reports have been shown to impact rates of suicide by different methods and may, in some cases, result in an increase in overall rates. Suicide deaths by jumping from bridges and at the Bloor Viaduct in Toronto increased by 50-100% during two periods of increased media reporting prior to its creation. Ultimately, the barrier failed to result in lower rates of suicide by jumping but media reports expressing skepticism about the barrier around the time of its creation may have contributed to that finding. Media reporting on suicide in general has improved in recent years but coverage in adolescents in particular has often emphasized a specific stressor (such as bullying or online humiliation) as causing rather than contributing to the death, a crucial distinction.

Conclusions: Ideally, media reports would further deemphasize simplistic cause and effect models of suicide, particularly in adolescents who may be more vulnerable to cultural memes such as the idea that suicide is inevitable if someone is severely bullied. More efforts are needed to encourage the media to help create new cultural narratives of suicide that emphasize the importance, for those at risk, to explore other options.

Presenter: Jitender Sareen

Affiliation: University of Manitoba

Presentation Title: Do Media Guidelines for Suicide Still apply in the Context of Social Media?

Presentation Abstract: There is convincing scientific evidence that sensational media reporting of suicide is associated with suicide contagion. Many international associations including the Center for Disease Control have advocated for the need for media guidelines on safe reporting of suicide. The Canadian Psychiatric Association highlighted these guidelines in a Position Paper. Many journalists have not followed these guidelines for several reasons. Journalists cite that the evidence for the association between media reporting and suicide is not strong and that is not applicable in the era of social media. They argue that the need to increase public awareness of suicide and impact policy change outweigh the risks associated with media reporting. We review the emerging evidence of suicide related to the internet and social media; and discuss future directions.

Presenter: Jane Pirkis

Affiliation: University of Melbourne

Presentation Title: Interpreting Recommendations for Responsible Media Reporting of Suicide

Presentation Abstract: Objectives: Numerous international studies have shown that media reporting of suicide can encourage copycat acts. Through its *Mindframe* initiative, Australia has developed a resource (known as *Reporting Suicide and Mental Illness*) to encourage responsible reporting of suicide and to avoid imitative behaviour. This resource has been well-received by media professionals. Some, however, have indicated that the recommendations in it are not always easy to interpret. This study explored the interpretability of the Australian resource.

Method: Three trained independent reviewers coded 197 newspaper articles (relating to 28 suicides) for quality against nine criteria from the Australian resource.

Results: The level of inter-rater agreement was “good” or “very good” for all of the questions except one. Excluding this question, the overall percentage agreement was 79%. Agreement was poorest when the questions required subjective judgements. In particular, independent reviewers had difficulty agreeing on whether individual articles provided simplistic or more contextualised views of suicide.

Conclusions: The study suggests that the resource’s meaning is generally understood. Interpreting the more nuanced recommendations is not always straightforward. Future revisions to *Reporting Suicide and Mental Illness* may need to consider opportunities to clarify them and to test this with journalists.

Symposium Chair: Philippe Courtet

Affiliation:

Symposium Title: Neuroimaging of suicidal behavior

Symposium Abstract: Objectives: Neuroimaging techniques provide a unique window into the living brain. The objective of this symposium will be to update knowledge on neuroimaging findings related to suicidal behavior. Methods: Review of literature Results: Dr. Fabrice Jollant will present functional neuroimaging studies in adolescents and adults; Dr. Gerd Wagner will summarize literature on structural neuroimaging of suicidal behavior; Dr. Alexandre Dombrowski will focus on neuroimaging studies investigating elderly population. Conclusions: Alterations in ventral and dorsal prefrontal cortices, anterior cingulate and sub-cortical regions have been reported in functional, structural and connectivity analyses. Dysfunctions of these regions may be linked to deficient decision-making, delay discounting, social signal processing or cognitive inhibition. Findings from neuroimaging studies add relevant data to the growing literature on the neurocognitive aspects of suicidal behavior, with a lifetime perspective, and create the link between the clinical and the cellular/molecular levels of understanding of these complex acts. Expectations: Future studies will aim at identifying predictive markers of suicidal behavior in populations at-risk and relevant therapeutic targets.

Presenter: Fabrice Jollant

Presentation Title: A review of functional neuroimaging studies in adolescents and adults

Presentation Abstract: Objectives: To review studies using functional neuroimaging to investigate suicidal behaviors in adolescents and non-elderly adults. Method: Review of literature Results: Few studies have been published to date, notably in adolescents. Findings mainly point toward dysfunctional prefrontal cortex, including ventral PFC in relation to risky decision-making and response to social signals of reject, and medial PFC, including the anterior cingulate, in relation to suicidal ideas and intent, pain, and cognitive control. Conclusions: These findings shed light on the mechanisms underlying the vulnerability to suicidal behavior. More studies are necessary. Impact: Improving our understanding of the physiopathology. No direct clinical application in a close future.

Presenter: Alexandre Dombrowski

Presentation Title: Decision neuroscience of suicidal behavior in old age

Presentation Abstract: Objectives: Suicidal behavior follows an altered decision process. This decision is often seen as irrational by others, and people who attempt suicide themselves later regret their attempts. There is mounting evidence that people vulnerable to suicidal behavior make other disadvantageous decisions in the lab and in real life. What are the brain substrates of these altered decision processes?

Method: Structural and functional neuroimaging case-control studies of late-life suicidal behavior, relating brain abnormalities to behavioral measures of decision-making, personality traits, and characteristics of suicidal behavior.

Results: (1) The inability to delay gratification in people with low-lethality suicide attempts is related to structural alterations in the associative striatum. (2) The tendency to ignore key information while making decisions in people with unplanned suicide attempts is related to disrupted expected reward (value) signals in the paralimbic cortex.

Conclusions: The predisposition to impulsive suicidal behavior can be linked to distinct anomalies in cortico-striatal circuits crucial for decision-making. The brain substrates of serious and premeditated suicidal behavior remain elusive.

Impact: Brain anomalies underlying suicidal behavior are heterogeneous. Each of these anomalies corresponds to a specific pathway toward suicidal behavior. These pathways will require different diagnostic probes and interventions.

Presenter: Gerd Wagner

Presentation Title: Altered brain structures in patients with major depressive disorder and high risk for suicide

Presentation Abstract: Objectives: One major factor for mortality in major depressive disorder (MDD) is the considerably increased risk for suicide, which is up to 17 times higher in people with MDD than in the general population. However, it does not fully explain why most people with mood disorders never attempt suicide. This indicates that a predisposition to suicidal behavior may exist which is independent of the disorder itself. Furthermore, suicide attempters with MDD have up to six-fold higher rate of suicidal behavior in first-degree relatives than non-suicidal depressed patients. One causing factor for suicidal behavior may be associated with neurobiological alterations, the knowledge about which is still limited. The main goal of the present study was therefore to study brain abnormalities in the hypothesized fronto-limbic network in depressed patients with high risk for suicide in contrast to non-high risk depressed patients.

Method: 15 MDD patients with own suicide attempt and/or suicide in first-degree relatives, 15 MDD patients with non-high risk for suicide and 30 matched healthy controls participated in the study. We applied an optimized voxel-based morphometry (VBM) protocol to high-resolution structural T1-weighted volume scans using the VBM-toolbox in the SPM2 package. Furthermore, we used an automated surface based approach (FreeSurfer) to analyze structural T1-weighted volumes for differences in cortical thickness on a node by node basis covering the entire cortex. Analyses of cortical thickness provide the possibility to examine in vivo a specific neuroanatomical marker also used in postmortem studies.

Results: Patients with high risk for suicide showed significantly decreased gray matter density in rostral anterior cingulate and caudate in contrast to matched healthy controls and non-high risk patients. Moreover, patients with high risk for suicide showed significantly thinner cortex in the left dorsolateral, ventrolateral prefrontal cortex and the anterior cingulate in contrast to non-high risk patients.

Conclusions: The findings from the analyses of the gray matter density and cortical thickness provide strong evidence for structural brain alterations in depressed patients with high risk for suicide in the fronto-cingulo-striatal network, which is strongly involved in reward processing and behavioral/emotional control.

Impact: These alterations may constitute the neurobiological basis for an increased predisposition to suicidal behavior.

14:50-15:30

Titre du symposium: Pratiques Novatrices pour intervenir auprès de la personne suicidaire

Présentateur(s):

Louis Voyer, Centre de santé et de services sociaux — Institut universitaire de gériatrie de Sherbrooke (CSSS-IUGS)

Bruno Marchand, Association québécoise de prévention du suicide (AQPS)

Normande Hébert, Centre de santé et de services sociaux — Institut universitaire de gériatrie de Sherbrooke (CSSS-IUGS)

Daniel Beaulieu, Association québécoise de prévention du suicide (AQPS)

Résumé du Symposium: Chaque année, environ 1100 personnes s'enlèvent la vie au Québec. Le suicide représente un problème de santé publique préoccupant et complexe pour lequel les intervenants sont peu outillés. Une analyse des besoins effectuée auprès d'une centaine d'intervenants provenant de 7 régions différentes démontre que plusieurs d'entre eux se sentent démunis au moment d'intervenir auprès de la personne suicidaire (MSSS, 2010).

Le CSSS-IUGS a réalisé des guides de bonnes pratiques qui répondent aux préoccupations des intervenants et des gestionnaires. Ces guides proposent des stratégies d'intervention et de gestion issues de la recherche et de l'expérience terrain d'intervenants chevronnés. Ils sont également adaptés au travail en réseau local de services (RLS). Ils proposent, entre autres, un nouvel outil pour estimer la dangerosité d'un passage à l'acte suicidaire et des stratégies d'intervention orientées vers les solutions.

Puisque des guides inanimés entraînent peu de retombées dans la pratique, ceux-ci sont accompagnés d'une démarche globale d'appropriation permettant l'utilisation de ces nouvelles connaissances dans la pratique quotidienne. Cette démarche est menée de concert par le CSSS-IUGS, l'AQPS, Suicide Action

Montréal et le ministère de la Santé et des Services sociaux. Les deux principales stratégies d'appropriation utilisées sont:

- un atelier pour les gestionnaires dans chacun des réseaux locaux de services du Québec (94);
- une formation pour les intervenants dispensée à travers le Québec.

L'atelier permet aux gestionnaires d'élaborer, de manière concertée, un plan d'action local et adapté à la réalité de leur territoire en prévention du suicide. Jusqu'ici, 1033 gestionnaires ont participé à ces ateliers.

La formation destinée aux intervenants permet de développer les compétences nécessaires pour intervenir auprès de la personne suicidaire (repérage, estimation de la dangerosité à l'aide d'une grille, etc.). Jusqu'ici, près de 5000 intervenants ont reçu la formation et celle-ci semble répondre aux besoins des praticiens ayant à conjuguer avec cette problématique.

Le symposium permettra aux participants de discuter de l'aspect novateur des guides et de la démarche d'appropriation. Il permettra également d'échanger sur les retombées de cette démarche dans la pratique professionnelle des intervenants et des gestionnaires.

- En quoi la formation des intervenants permet-elle de bonifier leur pratique?
- De quelle façon l'atelier pour les gestionnaires sert-il de tremplin à des collaborations fructueuses en matière de prévention du suicide?
- Quels sont les bénéfices pour la personne suicidaire?

Des témoignages d'acteurs terrain viendront illustrer la réussite de ce projet.

15:45-17:15

Symposium Chair: Catherine Burrows

Affiliation: Youth Program Director, Mental Illness Foundation

Symposium Title: *Partners for Life*: preventing teen suicide through a unique health literacy program

Presenters: Alain Lesage, M.D., F.R.C.P.C., M.Phil., Co-directeur, Réseau québécois de recherche sur le suicide

Crystal Watson, Animator, Mental Illness Foundation

Katrina Kaiser, Animator, Mental Illness Foundation

Symposium Abstract: En 1998, la Fondation des maladies a créé le programme Solidaires pour la vie (SPLV), une initiative de littératie en santé originale en prévention du suicide, dont l'objectif vise à informer et à sensibiliser les jeunes âgés de 14 à 18 ans, sur les signes et les symptômes de la dépression. Le programme vise aussi à les outiller afin qu'ils puissent venir en aide et accompagner les personnes en détresse vers les ressources de consultation. Depuis sa création, le programme d'envergure provinciale a permis aux animateurs de rencontrer, gratuitement, plus de 820 000 jeunes à travers 672 écoles francophones et anglophones du Québec, de même que leur entourage, dont les parents, les enseignants et les intervenants. Plus de 14 000 jeunes identifiés grâce à ce programme ont été suivis pour un traitement de la dépression incluant 1000 cas d'hospitalisation. La dépression est reconnue comme un facteur de sensibilisation au développement de l'adolescence, SPLV se situe donc en amont de plusieurs problématiques sociales et de santé chez les jeunes, dont le décrochage scolaire et le suicide. Le contenu du programme SPLV a été développé et validé par de nombreux experts en santé mentale au Québec. Il est clair que ce programme de littératie en santé est sans comparaison au niveau québécois quant à son ampleur populationnelle vis-à-vis ce groupe d'âge et sa contribution à la diminution de plus de 65 % du taux de suicide chez les jeunes dans la province au cours de la dernière décennie. En juillet 2011, Alain Lesage et Jean-Claude Moubarac du Réseau québécois de recherche sur le suicide se sont penchés sur le programme SPLV et ont émis un avis scientifique recommandant le programme comme l'une des stratégies au niveau populationnel pour la réduction du suicide. Nous vous soumettons un format singulier qui j'espère vous intéressera. Dr Alain Lesage et moi vous proposons une communication conjointe de 20 minutes pour présenter le programme SPLV : ses objectifs, sa méthode, son unicité, ses résultats et ses impacts. Nous vous proposons de la combiner à une présentation de l'animation SPLV, format 50 minutes, donnée par deux animateurs, combinant ainsi preuves scientifiques avec prêt à être utilisé. Suivis d'une période de questions. Cette formule a déjà été utilisée dans le cadre d'autres congrès (ex. : 5th International Together Against Stigma Conference, organisée par la CCSM les 4-6 juin 2012 à Ottawa) et à chaque fois ce fût un succès.

****Presentation will be made in English**

Symposium Chair: Ayal Schaffer, MD

Affiliation: University of Toronto

Symposium Title: Suicide in Bipolar Disorder: Current State of Knowledge Based on Work of the International Society for Bipolar Disorders (ISBD) Task Force on Suicide

Symposium Abstract: Objectives: Bipolar disorder (BD) is associated with an elevated risk of suicide and suicide attempts. The goals of the International Society for Bipolar Disorders Task Force on Suicide are to determine the risks, characteristics, and neurobiological correlates of suicide and suicide attempts in BD, and to examine treatment interventions for suicide prevention in this patient population.

Methods: The task force is comprised of 21 international experts in the areas of BD and/or suicide. Four working groups were organized to focus on: 1) Prevalence and characterization of suicide and suicide attempts in BD; 2) Risk stratification to identify high risk groups; 3) Neurobiological aspects of suicide in BD, and 4) Clinical interventions for suicide prevention in BD. Each working group completed a comprehensive literature review of papers published since 1980 on suicide or suicide attempts in BD among people age 15 or older.

Results: A summary of the key findings from three of these groups will be presented in this symposium. Most of the literature to date has focused on suicide attempts rather than completed suicide in BD, yet there are several large recent studies of suicide in BD that have found high rates compared to other psychiatric conditions. There are numerous studies that have focused on identifying high risk BD groups, based on sex, age of illness onset, polarity of 1st episode, polarity of recent episode, psychosis, substance use, anxiety, personality, bipolar subtype, and family history. No updated pooled or meta-analyses have been conducted to incorporate newer studies.

Conclusions: There is a growing body of literature that provides key insights into the rates of suicide and suicide attempts in BD and is beginning to replicate data on specific high risk groups. There is a paucity of data on neurobiology of suicide specific to BD or on effective diagnosis-specific treatment interventions.

Impact: Understanding the current state of knowledge on suicide and suicide attempts in BD can inform clinical, research, and educational needs in this critical, but understudied area.

Presenter: Mark Sinyor

Affiliation: University of Toronto

Presentation Title: Prevalence and Characteristics of Suicide in Bipolar Disorder

Presentation Abstract:

Objectives: To determine the frequency of attempted suicide and suicide death in bipolar disorder (BD) overall, by subtype and in comparison to other mental illness as well as methods used.

Method: This work is part of the International Society of Bipolar Disorders taskforce on suicide. It examined prevalence and characterization of suicide and suicide attempts in BD. A comprehensive literature review of papers published since 1980 on suicide or suicide attempts in BD among people age 15 or older was conducted. Thirty-seven articles were included.

Results: Suicide attempts occur in 15-25% of BD patients over 10 years and $\geq 30\%$ of BD patients followed for several decades. The most common method of attempted suicide is self-poisoning followed

by cutting/stabbing and jumping from height. The lifetime risk of suicide in BD is on the order of 5% and the most common methods are self-poisoning hanging and jumping. BD accounts for a substantial proportion of suicides in both clinical and epidemiological samples comparable to or, in some cases, greater than what is seen in MDD, schizophrenia and other major mental illness.

Conclusions: Suicide attempts are common in BD and BD patients are as likely or more likely to die from suicide compared to people with other major mental illnesses, in particular by self-poisoning. This is an important public health issue that requires further study and attention.

Presenter: Erkki Isometsä, MD, PhD

Affiliation: University of Helsinki

Presentation Title: Factors that Influence the Risk of Suicide Attempts or Suicide in Bipolar Disorder

Presentation Abstract:

Objectives: To review the literature on factors that impacts rates of suicide attempts or suicide in people with bipolar disorder

Method: This work is part of the International Society of Bipolar Disorders taskforce on suicide. A subsection of the task force focused on examining sociodemographic or clinical factors that impacted the risk of suicide attempts or death from suicide among those with bipolar disorder. A comprehensive literature review of papers published from 1980-2012 on suicide or suicide attempts in BD among people age 15 or older was conducted.

Results: There are numerous clinical factors that influence likelihood of suicide attempts. The most extensively studied include sex, age, age of illness onset, polarity of first episode, polarity of current / recent episode, presence of psychosis, bipolar disorder subtype, family history of suicide, and comorbidity with substance abuse, anxiety, or a personality disorder. There were fewer studies that examined the impact of such factors on suicide, but reports were primarily available on sex, psychosis, and substance abuse comorbidity. Summaries of findings will be reported in the symposium.

Conclusions: There is a growing literature on sociodemographic and clinical factors that impact the risk of suicide attempts and suicide in bipolar disorder. Further studies are needed to prospectively determine and quantify the influence of such factors.

Presenter: Ayal Schaffer, MD

Affiliation: University of Toronto

Presentation Title: Clinical Interventions for Suicide Prevention in Bipolar Disorder

Presentation Abstract:

Objectives: To review the literature on clinical interventions for suicide prevention in patients with bipolar disorder

Method: This work is part of the International Society of Bipolar Disorders taskforce on suicide. A subsection of the task force focused on examining the efficacy or effectiveness of clinical interventions in reducing the risk of suicide attempts or death from suicide among those with bipolar disorder. A comprehensive literature review of papers published from 1980-2012 on suicide or suicide attempts in BD among people age 15 or older was conducted.

Results: Lithium has received the greatest attention as a possible anti-suicide treatment in bipolar disorder, with over 15 publications of its use. Anticonvulsants (including divalproex sodium, carbamazepine and gabapentin) have also been extensively studied, with a total of 16 published reports. Fewer studies have examined the effects of antidepressants (5 studies) and atypical antipsychotics (3 studies). There were very few studies on psychosocial treatments or on the role of screening. Summaries of findings will be reported in the symposium.

Conclusions: There is a growing literature on clinical interventions that may reduce the risk of suicide attempts and suicide in bipolar disorder. A paucity of adequately powered prospective studies limits the interpretation of findings, but positive signals in the literature support greater attention to studying suicide outcomes in treatment studies of bipolar disorder.

Symposium Chair: James M. Bolton

Affiliation: Associate Professor of Psychiatry, Psychology, and Community Health Sciences

University of Manitoba

Discussant: Jitender Sareen

Symposium Title: Best Practices in the Assessment and Management of Suicide Risk in the Emergency Department

Symposium Abstract: People presenting to the emergency department with suicidal thoughts or behavior represent a group at substantially elevated risk for later suicide. Best practices for intervention with this high-risk population are lacking. The objective of this symposium is to review the state of science in the assessment and management of suicide risk in the emergency department, and to discuss the need for best practice guidelines in this challenging area of clinical work. Dr. Bolton will review the current state of knowledge of suicide assessment tools that focus on traditional risk factors. Dr. Glenn will discuss more recent assessment approaches including implicit association tests, and how these can be incorporated into risk assessment protocols. Dr. Hatcher will discuss interventions for suicidal

individuals and review the evidence supporting different approaches. Dr. Sareen will discuss the need for best practice guidelines for suicide intervention in the emergency department, highlighting the controversies associated with risk assessment in the context of a pressing clinical need for management options.

Presenter: James M. Bolton

Affiliation: Associate Professor of Psychiatry, Psychology, and Community Health Sciences

University of Manitoba

Presentation Title: Suicide Risk Assessment Tools in the Emergency Department: Do They Have a Role?

Presentation Abstract: The majority of suicide risk assessment research has been based on more traditional risk factors to identify individuals suspected of having an elevated risk of suicide, such as demographic characteristics and diagnostic profiles. Many tools to assess suicide risk have been developed for use in clinical encounters and are focused on risk determined from interview responses. The objective of this presentation will be to review the evidence supporting existing risk assessment scales, and to discuss whether there is a place for these tools in suicide intervention approaches. Methodological issues will be discussed, as will the challenges of conducting suicide assessment research. The presentation will also highlight new findings from recent research, including prospective cohort studies in the UK and Canada. This literature will be synthesized and discussed in relation to best practice approaches for suicide risk reduction in emergency settings.

Presenter: Catherine R. Glenn & Matthew K. Nock

Affiliation: Department of Psychology, Harvard University

Presentation Title: Objective Markers of Suicide Risk in the Emergency Department

Presentation Abstract: When individuals present to the emergency department for suicidal thoughts and behaviors, clinicians must determine who is at *short-term*, or *imminent*, risk for attempting suicide. However, making this decision is currently very difficult; despite decades of research on long-term risk factors, alarmingly little is known about *short-term* risk factors for suicidal behavior. The current presentation will discuss one key limitation of previous research in this area – the reliance on self-report measures – and one potentially promising solution – the use of objective risk assessment tools. In particular, this presentation will review existing research using novel, objective measures of suicide risk (i.e., the suicide Implicit Association Test and suicide Stroop test) in emergency departments, and discuss how these tools may be incorporated into suicide assessment protocols. Although these objective tests may show some promise in predicting suicidal behavior, they are not currently used in

naturalistic settings to assess risk. Therefore, this talk will conclude with a discussion of future research needed to translate and disseminate these tools to clinical practice.

Presenter: Simon Hatcher

Affiliation: Professor of Psychiatry, The University of Ottawa, Canada

Presentation Title: Interventions for suicidal people who present to emergency departments

Presentation Abstract: Current practice in assessing suicidal people who present to emergency departments stresses the role of “risk assessment”. Clinicians use risk assessment forms to predict who is at high risk of harming themselves in the future; as a form of checklist for assessment; and to protect organizations from external scrutiny when suicides happen. Unfortunately risk assessment tools do not predict later self-harm or suicide (the majority of suicides are in low risk individuals); they emphasize risk rather than need; and they don’t replace good training and supervision. The presentation will review recent randomized controlled trials of treatments in suicidal people who present to emergency departments. The treatments include versions of regular postcards, brief psychotherapies and assertive follow-up. Potential new treatments such as ketamine and culturally informed care will be covered. The presentation will conclude with different ways of thinking about effective interventions which embed treatments within risk management systems – not risk management forms.

Symposium Chair: Jeffrey A. Bridge, PhD

Affiliation: Principal Investigator, The Research Institute at Nationwide Children’s Hospital, Associate Professor of Pediatrics, The Ohio State University, Columbus, OH

Symposium Title: Suicide Screening for Youths in the Pediatric Emergency Department

Symposium Abstract: Early identification and treatment of patients at elevated risk of suicide is a key suicide prevention strategy, yet high-risk patients are often not recognized by healthcare providers. Recent studies show that the majority of individuals who die by suicide have had contact with a healthcare provider within three months prior to their death; nearly 40% have had a recent visit to an ED. Whereas medical visits afford clinicians an opportunity to identify and refer patients at risk for suicide, unfortunately, young people often present solely with somatic complaints and infrequently discuss suicidal thoughts and plans unless asked directly.

The ED is a promising venue for identifying young people at risk for suicide. In the United States, ED clinicians are often the sole connection with the healthcare system for millions of youth and their families; they are uniquely positioned to provide screening, brief intervention, and referral to treatment (SBIRT). Nevertheless, evidence-based guidelines for screening and intervention programs do not exist,

highlighting the significance and timeliness of research aimed at improving care for patients in the ED who are identified as being at risk for suicidal behavior.

The goal of this symposium is to discuss suicide screening for medical patients in pediatric EDs. We will present on a newly developed brief suicide screening instrument for the pediatric ED, the Ask Suicide-Screening Questions (ASQ). Topics of feasibility, patient opinions, bullying, and suicidal youth access to firearms also will be discussed.

Presenter: Lisa M. Horowitz, PhD, MPH

Affiliation: Staff Scientist/Pediatric Psychologist at the National Institute of Mental Health, National Institutes of Health, Bethesda, MD

Presentation Title: Development of a Brief Suicide Screening Instrument: the Ask Suicide-Screening Questions (ASQ) Study

Presentation Abstract: In order to develop a brief screening instrument to assess risk of suicide in pediatric emergency department (ED) patients, we conducted a prospective, cross-sectional, multicenter instrument development study which evaluated 17 candidate screening questions assessing suicide risk in young patients with either medical/surgical or psychiatric chief complaints. 524 patients, aged 10-21 years, who presented to one of three urban, pediatric EDs associated with tertiary care teaching hospitals in the United States between 2008 and 2010 participated. The Suicidal Ideation Questionnaire (SIQ) served as criterion standard. 524 patients were screened; fourteen (4%) of the medical/surgical patients and 84 (47%) of the psychiatric patients were at elevated risk of suicide. This study resulted in the development of a four-question screening instrument, the Ask Suicide-Screening Questions (ASQ), with high sensitivity (96.9%), specificity (87.6%) and NPV (99.7%), that, in 2 minutes, can identify risk of suicide in patients presenting to pediatric EDs. The final questions selected for inclusion in the instrument assess current thoughts of being better off dead, current wish to die, current suicidal ideation, and past suicide attempt. Details of how the ASQ was developed will be discussed.

Presenter: Elizabeth Ballard, PhD, Postdoctoral Fellow, Division of Child and Adolescent Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD

Presentation Title: Feasibility and Acceptability of Suicide Screening in the Pediatric Emergency Department

Presentation Abstract: In implementing suicide screening and interventions into pediatric emergency departments (EDs), two questions often emerge: 1.) How will the program impact ED process and flow (feasibility)? and; 2.) How will parents and patients react to questions about suicide on their ED visit (acceptability)? Results from a multi-site instrument development study of suicide screening across three pediatric EDs will be presented. Feasibility was assessed by length of stay in the ED, consent to participation by parents and prevalence of suicidal ideation and behavior. Acceptability was assessed through patient opinions on universal suicide screening. A qualitative analysis of patient opinions was conducted across two of the sites and themes related to detection, prevention and social support will be

highlighted. Lessons learned from this experience will be discussed for researchers and clinicians considering similar screening programs in their ED settings.

Presenter: Jeffrey A. Bridge, PhD

Affiliation: Principal Investigator, The Research Institute at Nationwide Children's Hospital, Associate Professor of Pediatrics, The Ohio State University, Columbus, OH

Presentation Title: Access to Firearms among Patients Screening Positive for Suicide Risk in Pediatric Emergency Departments

Presentation Abstract: The presence of firearms in the home increases risk of suicide across the entire age spectrum. Youth who die by suicide often visit primary care providers or emergency departments (EDs) within months preceding their death, potentially offering an opportune time to identify risk of suicide. Horowitz and colleagues (2012) recently developed the Ask Suicide-Screening Questions (ASQ), a 4-item instrument to aid ED clinicians in detecting suicide risk in youth who present with either medical/surgical or psychiatric concerns. Youth who screen positive for suicide risk on validated instruments such as the ASQ can then be assessed for access to lethal means, including firearms. Utilizing data from the ASQ multisite study, we conducted a secondary data analysis to determine self-reported access to firearms in the home among youths who screen positive for suicide risk in pediatric EDs. Results and implications of this study will be discussed.

Presenter: Jeffrey A. Bridge, PhD

Affiliation: Principal Investigator, The Research Institute at Nationwide Children's Hospital, Associate Professor of Pediatrics, The Ohio State University, Columbus, OH

Presentation Title: Bullying and Suicide Risk among Pediatric Emergency Department Patients

Presentation Abstract: As part of the multicenter instrument development study that resulted in the development of the Ask Suicide-Screening Questions (ASQ), we examined the association between bullying victimization and risk of suicide. 524 patients, aged 10 to 21 years, who presented to one of three urban pediatric EDs with either medical/surgical or psychiatric chief complaints, participated. Bullying victimization was assessed by a single candidate item ("In the past few weeks, have you been bullied or picked on so much that you felt like you couldn't stand it anymore?"). Of the 524 participants, 60 (11.5%) reported a recent history of bullying victimization; among these youths, 21 (35.0%) screened positive for suicide risk on the criterion standard, Suicidal Ideation Questionnaire (SIQ). After controlling for demographic and clinical variables, bullying victimization was associated with increased odds of screening positive for elevated suicide risk in the ED. Understanding this important correlate of suicide risk in pediatric ED patients may help inform suicide prevention interventions.

Symposium Chair: Philippe Courtet

Symposium Title: European Network of Suicidal behaviour. Promoting a global research in genetics of suicidal behaviour

Presenters: Enrique Baca Garcia, Alain Malafosse, Philippe Courtet

Symposium Abstract: Prevention strategies need to improve our knowledge of the pathophysiology of suicidal behaviour. Genetics, in synergy with a more comprehensive phenotype and endophenotype assessments, can contribute to prediction and prevention of psychiatric diseases, along with the identification of molecular targets for new generations of psychotropic drugs. Unfortunately, while this domain of research is underdeveloped, most research groups work independently. An opportunity to accelerate findings and to implement translational research programs is provided by collaborative networks, which allow developing studies based on large-sized cohorts, and to constitute unique clinical and biological databases. The common database resulting of this transnational effort will allow researchers to share and compare data across countries in a large sample of patients. European teams are building the EUropean REsearch CARtel in suicidal behaviour (EURECA). In this symposium, the members of EURECA will address innovative strategies of research on SB. Enrique Baca Garcia (Madrid) will demonstrate the feasibility of novel method and tool to prospectively study suicidal behaviour and its related risk and protective factors in different countries. This tool is a web-based database initially developed by our European suicide research groups. The database will develop and integrate research tools key to collaboration, permit exploration of ethical considerations, and provide a universal interface in several languages that will make it possible to incorporate new groups from different countries. Alain Malafosse (Geneva) will present recent data suggesting that genetics of suicidal behaviour is still a valid approach in providing a comprehensive way to explore their complex neurobiology. He will present and discuss recent findings of a European GWAS and a new area in genomics studies, microRNAs. These studies emphasize the potential role of pathways involved in neurodevelopment and synaptic plasticity in the aetiology of suicidal behaviour. Endophenotypes being classically viewed as subclinical traits segregating with susceptibility genes, their interest was originally limited as a strategy that would enhance success in the identification of genes. Philippe Courtet (Montpellier) will propose that endophenotypes, which may be influenced by both genes and developmental factors, would have the potential to bring out new therapeutic targets of suicidal behaviour. He will propose some directions addressing the role of decision-making and psychic pain propensity in suicidal behaviour. Close collaborative relationship would foster the implementation of ambitious research projects, which are so needed to improve suicide prevention.

Symposium Chair: Victoria Arango

Affiliation: Columbia University

Symposium Title: Novel insights into serotonin dysregulation in depression and suicide

Symposium Abstract: Alterations in serotonin (5-HT) transmission have been consistently implicated in depression and suicide. The aim of this symposium is to present some of the latest postmortem data

shedding light on this phenomenon. Dr. Paul Albert, from the University of Ottawa, will first discuss his work on genetic and epigenetic factors that affect the expression of 5-HT1A receptors in depression and suicide. This will be followed by talks from Drs Victoria Arango and Helene Bach, both from Columbia University, who will present their recent investigations on serotonergic alterations in the brain of suicides.

Presenter: Paul R. Albert

Affiliation: University of Ottawa

Presentation Title: Genetic and epigenetic alterations in serotonin-1A receptors in human depression and suicide subtypes

Presentation Abstract: Altered 5-HT1A receptor expression has been implicated in major depression, schizophrenia and suicide, and a 5-HT1A gene (HTR1A) polymorphism (rs6295) has been associated with major depression and suicide in humans and increased expression of 5-HT1A receptors. This association appears to be strengthened by life stress, suggesting a role for epigenetic changes interacting with genotype to predispose to depression and suicide.

Objectives: To address whether DNA methylation of the HTR1A promoter is associated with rs6295 genotype or suicide, with or without depression or schizophrenia; to address the effect of DNA methylation and rs6295 genotype on HTR1A expression.

Method: Brain tissue was obtained at autopsy (Cuyahoga County Coroner's Office, Cleveland, OH) and was matched for age, ethnicity and postmortem interval. Retrospective psychiatric assessments identified normal subjects (n=13) without a mental illness, depressed (8) or schizophrenia (9) non-suicide or suicide victims with a current diagnosis of major depression (11) or schizophrenia (5). Data on lifetime and current mental illness were gathered with modified SADS-L (Spitzer and Endicott, 1978) and diagnoses were made in accordance with DSMIII-R. Genomic DNA from prefrontal cortex was amplified by PCR at the HTR1A promoter region between 0/-407 bp containing 26 CpG sites and analyzed for methylation using bisulfite modification procedure. Genotyping for 5-HT1A C(-1019)G polymorphism (rs6295) was done using the Taqman method.

Results: No association of rs6295 with overall DNA methylation of the HTR1A promoter was detected. Overall DNA methylation of the HTR1A promoter was low (1.2-2.2%) in all samples, but was increased at distinct clusters of sites in suicide completers compared to non-suicides. The most robust increase in 5-HT1A promoter methylation (18-20%) was in schizophrenia suicide at CpG sites 16 and 18; in depressed suicides, these sites and sites 24-26 were significantly increased. These sites flank known Sp1 binding sites of the promoter and predicted to prevent Sp1 activity and reduce 5-HT1A receptor transcription. In PFC, 5-HT1A mRNA levels were significantly reduced in suicide compared to non-suicide schizophrenics.

Conclusions: Increased DNA methylation of the 5-HT_{1A} promoter at specific functional sites in PFC from suicide victims with schizophrenia is associated with decreased 5-HT_{1A} RNA expression compared to PFC from schizophrenic subjects not committing suicide.

Impact: DNA methylation at distinct clusters of transcription factor sites to alter HTR1A gene expression in schizophrenia or depression may mediate increased risk of suicide.

Supported by CIHR and AstraZeneca/CIHR/Rx&D/CPRF, Canada. Neurobiology Program

Presenter: Victoria Arango and Mark D. Underwood

Affiliation: Columbia University and New York State Psychiatric Institute

Presentation Title: Serotonergic Alterations in Suicide: Disconnect Between Brainstem and Cortex

Presentation Abstract: Objectives: Suicide is one the top five causes of death worldwide and accounts for more deaths per year than from homicides and war combined. Multiple studies in depressed patients, high lethality suicide attempters and suicide completers suggest that deficits in serotonergic (5-HT) neurotransmission in the prefrontal cortex contribute risk for suicide. We sought postmortem evidence of a 5-HT deficit in the prefrontal cortex arising from 5-HT synthesizing neurons in the brainstem in suicide completers.

Method: All subjects died suddenly, underwent a psychological autopsy, had postmortem intervals <24 hours, were free of neuropathology and had negative toxicological screens. In prefrontal cortex, we examined 5-HT_{1A} and 5-HT transporter changes in coronal hemispheric sections anterior to the genu of the corpus callosum in 80 subjects by quantitative receptor autoradiography. Immunocytochemistry (n=36 subjects) was used to examine the density of 5-HT_{1A} receptors in BA9 and BA10. In the brainstem, 5-HT_{1A}, 5-HT transporter and TPH2 mRNA and protein were examined. 5-HT and 5-HIAA were measured in dorsolateral prefrontal cortex (BA9) and along the rostrocaudal dorsal raphe nucleus in the brainstem using HPLC. Age, race and sex were covariates; p-values were corrected for multiple comparisons.

Results: Compared to controls, 5-HT_{1A} receptor binding was higher and 5-HT transporter was lower in suicides in various prefrontal cortical regions; the 5-HT_{1A} receptor increase was confirmed by immunocytochemistry using two 5-HT_{1A} antibodies (36 and 57% higher density in suicides). 5-HIAA was 42% of controls in BA9 but did not reach statistical significance (5-HIAA: C: 11.6±9.6 vs. S: 5.6±4 picomoles/mg of protein, F=2.1, p=0.174), however, the 5-HIAA:5-HT ratio in BA9 was lower in suicides (6.8 in controls vs. 2.8 in suicides, t=2.1, p=0.05). In the brainstem, suicides had fewer 5-HT_{1A} binding sites, more TPH2-IR neurons, more TPH2 protein and TPH2 mRNA. Suicides had four times as much total 5-HT (C: 271±58 vs. S: 1091±280 picomoles/mg of protein, t=-2.87, p=0.017) and 1.5 times more 5-HIAA (C: 4158±534 vs. S: 6404±898 picomoles/mg of protein t=-2.15, p=0.05) compared to controls. The

difference in 5-HT between controls and suicides was present throughout the rostrocaudal extent of the brainstem ($F=95.9$, $p<0.0001$).

Conclusions: Our cortical findings support the hypothesis of a serotonergic deficiency in suicide, but our brainstem findings are consistent with a “hyperserotonergic” brainstem indicating a functional disconnect between the brainstem and the cortex.

Supported by the American Foundation for Suicide Prevention, the Diane Goldberg Foundation and PHS grants MH40210, MH62185, MH079439, MH064168

Presenter: Helene Bach

Affiliation: Columbia University

Presentation Title: Contributors to Serotonergic Upregulation in the Brainstem of Suicides

Presentation Abstract: Objectives: Deficits in serotonin (5-HT) have been implicated in the etiology of Major Depressive Disorder (MDD) and suicide. Paradoxically, we find more of the serotonergic biosynthetic enzyme, neuronal tryptophan hydroxylase (TPH2) mRNA and protein, in the brainstem dorsal and median raphe nuclei (DRN and MRN respectively) of depressed suicides compared to controls. We sought to determine whether early life stress (ELS) or smoking, both known to effect TPH2 expression in rodents, contribute to elevated TPH2 in the DRN of suicides. Since TPH2 function is regulated by phosphorylation by PKA we further investigated the relationship between PKA, TPH2 and phosphorylated TPH2 (p-TPH2) in a subset of cases.

Methods: The DRN of 30 cases were assayed by in situ hybridization with a TPH2 riboprobe. 19 died by suicide and 11 were non-psychiatric controls. All cases underwent a psychological autopsy, toxicological screen and neuropathological examination. 16 cases (8 pairs) were assayed for TPH2, p-TPH2 and PKA. ELS was assessed using a questionnaire that included information on illness, separation from sibling, divorce, sexual or physical abuse. Smoking status and amount smoked (number of packs per day) was also determined. TPH2 mRNA and protein immunoblots were quantified by densitometric analysis using MCID image analysis software.

Results: We found elevated TPH2 mRNA in the DRN of suicides with ELS compared to suicides that did not experience ELS (suicides without ELS: 4.44 ± 1.5 nCi/mg of tissue vs. suicides with ELS: 5.48 ± 1.9 nCi/mg of tissue, $p=0.046$). Smokers had 36% less TPH2 mRNA than nonsmokers (non-smokers: 0.28 ± 0.02 vs. smokers 0.18 ± 0.01 nCi/gram of tissue/mm², $F=6.30$, $p=0.001$). Suicide nonsmokers had more TPH2 mRNA at rostral and mid-caudal levels of the DRN as compared to suicide smokers, control smokers and control nonsmokers ($p=0.006$). Depressed suicides had more TPH2 protein (c: 0.2826 ± 0.005 vs. s: 0.3272 ± 0.002 , $t=2.03$, $p=0.05$), and less p-TPH2 (c: 0.913 ± 0.14 vs. s: 0.712 ± 0.02 , $t=1.86$, $p=0.04$) compared with controls. Consistent with lower p-TPH2, suicides had less PKA protein (c: 0.4357 ± 0.01 vs. s: 0.3657 ± 0.008 , $t=2.39$, $p=0.02$).

Conclusion: We find that ELS contributes to TPH2 upregulation in the DRN of suicides while cigarette smoking does not. Downregulation of PKA may contribute to less TPH2 catalytic function in suicides.

Impact: This data suggests that stress early in life can have long-lasting effects on the serotonergic system that contribute to the development of MDD and suicidal behavior in adulthood.

Supported by the American Foundation for Suicide Prevention, the Diane Goldberg Foundation and PHS grants MH40210, MH62185, MH079439, MH064168

Wednesday, June 12 / Mercredi le 12 juin

11:35-12:15

Responsable du symposium: Daniel Beaulieu

Titre du symposium: Le Service MASC de l'Organisme CHOC (Carrefour d'HOmmes en Changement de Laval)...ou Comment mettre en oeuvre des stratégies novatrices d'interventions précoces et préventives auprès des hommes suicidaires!

Résumé du Symposium: L'organisme CHOC - Carrefour d'HOmmes en Changement de Laval est, depuis sa fondation en 1986, soucieux de développer des services et une vision d'intervention adaptés aux spécificités et caractéristiques de la culture de consultation des hommes. Ainsi, l'organisation a dû assumer la vision novatrice et proactive sous-jacente à ses activités. Le but de ce symposium est donc de présenter les quatre (4) programmes d'intervention constituant le Service MASC pour hommes suicidaires. Ces programmes sont: 1) "Acc / Sais Cible Homme" qui, par l'entremise d'un offre d'ateliers de sensibilisation sur les demandes d'aide des hommes offert à différentes organisations et professionnels vise à déployer des corridors de références proactives afin d'intervenir en amont de la crise chez les hommes vivant une situation de vulnérabilité. Ce programme fut évalué lors de sa phase « projet pilote » financé par le Ministère de la santé et des services sociaux du Québec. 2) SAT - Service d'Accueil Téléphonique et de relance autorisée. 3) Groupe de Soutien Thérapeutique pour hommes suicidaires. Ce programme de groupe est, à ce jour, unique en son genre au Québec et au Canada. Il rassemble 8 hommes suicidaires qui cheminent sur 16 semaines de thérapie de groupe. 4) Programme d'Implication des Proches. Ces derniers sont activement impliqués dans la démarche de l'homme à CHOC par l'entremise de différents moyens qui seront donc présentés. Ainsi, en plus de présenter l'organisation de ces programmes, leurs objectifs et rationnels cliniques, CHOC souhaite attirer l'attention de chercheurs sur les opportunités de collaboration à évaluer certains de ces programmes. Au plaisir de vous y rencontrer!

Présentateur : M. Daniel Beaulieu

Affiliation : Organisme CHOC – Carrefour d'HOmmes en Changement

Titre de la présentation : Le programme « Acc / Sais Cible Hommes » et le Service d'Accueil Téléphonique (particulièrement la relance autorisée); stratégies d'intervention précoce pour rejoindre des hommes en situation de vulnérabilité

Résumé de la présentation :

Il est d'un certain consensus dans les milieux de pratique et de recherche que la détresse et la demande d'aide des hommes suicidaires peuvent parfois comporter des éléments jugés agressifs et suscitent alors moins de compassion chez les proches de l'homme et chez les professionnels (Plante et Daigle, 2009).

Ainsi, via son *programme « Acc / Sais Cible Hommes »*, l'Organisme CHOC propose deux niveaux d'actions : 1) offre d'ateliers de sensibilisation afin de favoriser une meilleure compréhension des manifestations de la détresse et de la demande d'aide des hommes 2) établissement de corridors de références proactives afin d'entrer en contact avec les hommes avant même qu'ils ne demandent de l'aide formelle via le service de relance autorisée. Les résultats de l'évaluation du programme « *Acc / Sais Cible Hommes* » démontrent que le programme est bien implanté, en fonction notamment de modèles théoriques rigoureux et validés dans le milieu, du fait que les participants, suite aux ateliers, démontrent de meilleures connaissances envers la problématique suicidaire des hommes et ils manifestent une plus grande intention de les référer dans les organismes appropriés. De plus, le programme semble avoir augmenté, ultimement, la consultation des hommes suicidaires auprès d'organismes spécialisés via une relance téléphonique (Plante et Daigle, 2009). Ces programmes (« *Acc / Sais Cible Hommes* » et la relance autorisée) permettent donc de contrer la tendance des hommes adhérant au modèle plus traditionnel de masculinité de ne pas recourir au soutien de leur entourage et aux services d'aide (Galdas *et al.*, 2005). Lors de ce symposium, les éléments constituant le programme « *Acc / Sais Cible Hommes* » ainsi que les balises et rationnels cliniques de la relance téléphonique seront donc présentés.

Présentateur : Mme Frédérique Landry-Lépine

Affiliation : Organisme CHOC – Carrefour d'HOmmes en Changement

Titre de la présentation : Le Groupe MASC, un groupe de soutien thérapeutique adapté aux hommes présentant des idées suicidaires

Résumé de la présentation :

La recension des différents programmes de prévention du suicide chez les hommes au Québec (Chagnon *et al.*, 2008) démontre le manque de ressources spécifiquement adaptées à cette clientèle. Le Service MASC de l'Organisme CHOC, est l'un de ces rares programmes. Il est le seul cependant à offrir une formule de groupe de soutien thérapeutique pour hommes suicidaires. Depuis maintenant 15 ans le Groupe MASC aide des hommes à briser leur isolement, à réduire leur souffrance liée aux idées suicidaires et à reprendre du pouvoir sur leur mieux-être. Ce programme de groupe possède une structure d'intervention adaptée à la réalité masculine qui fait de celui-ci un programme unique en prévention du suicide au Canada. Dans le cadre de ce symposium, nous porterons notre attention sur la structure du programme du Groupe MASC, sur la manière dont les interventions sont adaptées à la réalité masculine en groupe et sur les impacts observés de ce processus auprès des participants.

Présentateur : M. José-Tomas Arriola

Affiliation : Organisme CHOC – Carrefour d'HOmmes en Changement

Titre de la présentation : Programme d'Implication des Proches : L'implication des proches auprès des

hommes suicidaires comme une stratégie thérapeutique

Résumé de la présentation :

Plusieurs chercheurs et chercheuses reconnaissent que le soutien des proches est un facteur de protection du suicide et des tentatives. De plus, selon ceux-ci, leurs implication favoriserait l'adhérence au traitement (Mishara & Houle, 2005; 2008, Houle, 2005). Ces résultats issus de recherches scientifiques sont venus confirmer une pratique que l'organisme CHOC avait depuis 1998 à la suite d'un suicide complété par un de ses clients. Le père de ce dernier s'étant présenté à l'organisme, déplorant le fait qu'il n'était aucunement au courant que son fils était suicidaire alors qu'il était suivi à cet égard. Les personnes intervenantes, provenant de différentes organisations, empêtrées dans leurs règles de confidentialité, n'avaient pas risqué de repousser les limites de celles-ci dans un contexte de dangerosité. Cette expérience de terrain a amené la création du programme d'implication des proches à l'Organisme CHOC. En effet, ceux-ci sont maintenant impliqués dans une perspective d'appui à la thérapie de l'homme, comme un pont entre la thérapie et la vie extérieure du client, mais aussi comme un outil de gestion de la dangerosité comme un élément d'un filet de sécurité dans le milieu naturel de l'homme en service. Dans le cadre du symposium, le programme d'implication des proches sera présenté dans un aller-retour entre l'expérience de terrain et la recherche qui l'appuie. L'implication des proches au service de la démarche des hommes suicidaires ouvre la porte à une intervention balisée auprès des proches qui est à la fois différente et remplie de défis pour les personnes intervenantes

13:15-14:45

Responsable du symposium: Annie Querry, Travailleuse sociale au CSSS de Laval

Présentateur(s): Stéphanie Dagenais, psychoéducatrice santé mentale jeunesse CSSS de Laval.

Titre du symposium: Le suivi étroit jeunesse en 1 ligne (CSSSLaval)

Résumé du Symposium: -Nous allons vous présenter un programme unique au Québec. C'est un programme d'intervention qui existe depuis 3 ans et qui a nécessité un arrimage serré entre la 1 ligne et nos référents la 2 ligne. Ce programme offre une intervention rapide, intensive et systémique, à une clientèle (0-17 ans) qui présente un haut potentiel suicidaire ou qui a fait une tentative de suicide récemment. Le programme vise à :

- Soutenir et accompagner le jeune dans la réintégration de son milieu de vie.
- Accompagner le jeune et son entourage (parents, amis, école, milieu de travail, ami de cœur...).
- Assumer le lien avec les intervenants impliqués.
- Mettre un filet de sécurité en place
- Améliorer la coordination et la continuité des services.

-L'équipe d'intervenants a reçu une formation spéciale pour offrir ce suivi , qui tient compte des particularités et besoins des jeunes qui présentent un potentiel suicidaire élevé.

Nous allons présenter :

-L'historique de ce programme, sa création ainsi que son implantation.

-Les rôles et fonction de chacun des acteurs (1 et 2 ligne).

-Nous discuterons de notre pratique (durée , l'approche et la clientèle ciblée).

-Notre expérience de partenariat (pédopsychiatrie,D.P.J.,intervenant déjà au dossier, équipe de crise) et de la pratique reching out avec cette clientèle.

Finalement, nous proposons de discuter des outils que nous avons développés pour bien cerner la situation (canevas de question pour les deux premières entrevues, comité d'équipe, arbre décisionnel) et les aménagements faits pour la clientèle présentant des traits ou un trouble de la personnalité limite.

Responsable du symposium: Monique Séguin

Affiliation : Université du Québec en Outouais, Groupe McGill d'étude sur le suicide, Réseau québécois de recherche sur le suicide

Titre du symposium: Les programmes de postvention à la suite d'un suicide : Comparaison Québec, France, Belgique

Conférenciers :

Francoise Roy, consultante en prévention suicide

Marc Filiatre, psychiatre Hôpital de Tours et directeur du Réseau Vies37,

Marie-Pascale Laurent, psychologue, (Tours, France)

Philippe Snoeck, province de Liège (Belgique)

Monique Séguin, UQO et Groupe McGill d'étude sur le suicide, (Québec)

Résumé du Symposium: Objectif : Ce symposium s'adresse à tous les cliniciens qui œuvrent dans des activités de postvention. Les programmes de postvention proposent un cadre théorique et un modèle d'intervention auprès des milieux touchés à la suite d'un suicide. Ces programmes se développent également dans d'autres pays de langue française. Nous proposons dans un premier temps un regard comparatif des expériences de postvention réalisées au Québec, en France et en Belgique.

Méthode : Les éléments suivants seront abordés : (1) qui a la responsabilité de la postvention dans chacun de ces systèmes de santé; (2) dans quel milieu ces programmes ont été implantés; (3) qui fait quoi ? (stratégies d'implantation, protocole, création de comité, formation des membres des équipes)

Résultats : Dans un deuxième temps une période de discussion, sous forme de table ronde, permettra de discuter et réfléchir avec les intervenants et participants quant aux meilleures pratiques actuelles, et se questionner sur la pertinence que ce programme soit adapté afin d'être en mesure de s'appliquer lors de situations post-incident traumatiques, par exemple à la suite de situations de fusillade, d'homicide-suicide etc.

Conclusion : Ce symposium vise à favoriser une diffusion des connaissances quant aux meilleures pratiques en matière de postvention à la suite d'un suicide.

Présentateur: Marc Filiatre, Hôpital de Tours et directeur du Réseau Vies37 et Marie-Pascale Laurent.

Titre du présentation : Les organisations de postvention en France : un double modèle

Situation de la réflexion La notion et les actions de postvention, initialement comprises comme l'attention et l'aide individuellement portées aux personnes touchées par le suicide d'un proche, évoluent très progressivement en France vers un changement de paradigme, notamment sous l'influence des travaux québécois de l'équipe de Monique Séguin et de Françoise Roy. Aujourd'hui, les organisations de postvention en France tentent de s'appuyer sur un modèle plus global d'intervention. Celui-ci cherche à allier une action de postvention au sens classique (action en direction des personnes qui restent après un suicide d'un proche), tout en y intégrant, de façon volontaire, une forte préoccupation de prévention. Par le biais d'une action de réorganisation interne des établissements autour de l'intervention de crise et de la postvention du suicide, ce nouvel abord vise tout autant à sensibiliser les différents professionnels qui y exercent, qu'à permettre la détection et l'orientation des personnes à risque (prévention). Nous commençons à constater que cette réorganisation interne réduit l'anxiété et les dysfonctionnements induits par la crainte ou la survenue de conduites suicidaires. Aujourd'hui, donc, deux modèles coexistent : un premier, ancien et assez répandu, basé sur des modalités où prédomine l'intervention spécialisée externe et ponctuelle. Un second, plus récent mais peu répandu, caractérisé par le fait de favoriser l'organisation préalable des établissements et l'auto intervention. Contenu de l'intervention. Dans un premier temps nous présenterons les grands principes des ces deux types de dispositifs que nous pouvons trouver en France. Dans un second temps, nous verrons leur stratégie d'implantation, quelques principes de fonctionnement et leurs secteurs privilégiés d'activité.

Symposium Chair: Jitender Sareen MD, FRCPC

Discussant: Laurence Kirmayer MD, FRCPC

Symposium Title: Respect, Trust, and Accountability: Three Ingredients for Successful Partnerships in First Nations Suicide Prevention Research

Symposium Abstract: Suicide in some on-reserve First Nations Communities in Canada is substantially higher than the general population. The present symposium describes a series of studies conducted by the Swampy Cree Suicide Prevention Team with on reserve First Nations communities in Northern Manitoba. The first presentation will describe the process of engagement of University based researchers partnering with First Nations communities. The second presentation will describe the results of a qualitative study conducted with First Nations communities. The third presentation will describe the cultural adaptation and implementation of a 15 session family-based program for 10-12 year olds to reduce substance use and depression. Finally, a youth peer-leadership program “Sources of Strength” - will be described as a potential program that is useful for First Nations communities. This work can inform policy and research in creating future partnerships in Suicide Research with vulnerable groups.

Presenter: Laurence Y. Katz MD, FRCPC

Presentation Title: A Family-Based Culturally-Sensitive Suicide and Substance Abuse Prevention Program for Remote First Nations Communities

Presentation Abstract: Suicide among First Nations communities in Northern Manitoba is approximately 4 times higher than the Canadian general population. Substance abuse has also reached epidemic proportions in these same communities. Prevention programs have been implemented that to date have not significantly altered the magnitude of the problem. This presentation will describe a Public Health Agency of Canada funded study of a newly developed universal prevention program targeting First Nation’s families with children between the ages of 10 and 12 in remote First Nations communities. The program is a modification of Spoth et al’s Strengthening Families program and was developed and tested by Whitbeck et al in Native American families in the U.S. The presentation will describe the process of community engagement, modification of the Anishinabe program for Swampy Cree communities and the rollout of the intervention. Currently families have been recruited and baseline data is being gathered. The design of the study and the measures will also be discussed.

Presenter: Garry Munro

Presentation Title: Swampy Cree Suicide Prevention Team

Presentation Abstract: Suicide among First Nations communities in Northern Manitoba is approximately 4 times higher than the Canadian general population. This presentation discusses the nearly 10 year relationship between First Nations communities and University-based researchers. The major aims of the team are to understand the risk factors for suicide and develop culturally-grounded suicide prevention strategies. We discuss the challenges that we faced in doing this work (lack of trust, sensitivity of the issue of suicide), and the successful process that we developed in engaging both researchers and community members. The main methods of creating the partnerships included doing

qualitative studies, engaging community liaisons, an annual team meeting, and community newsletters. Through this work, we were able to produce numerous scientific papers as well bring important new programs to communities that were both evidence-informed and culturally sensitive.

Presenter: Corinne Isaak MSc

Presentation Title: First Nations Youth and Adults' Perspectives on Help-Seeking: Similarities and Differences

Presentation Abstract: Background: Suicide, especially among Aboriginal youth, is an enormous problem in Canada. Although not well understood, Aboriginal suicidal behavior is a complex problem linked to individual, family, community and sociocultural factors. The need to develop interventions to reduce suicidal behavior, especially for First Nations on-reserve populations, is evident. Little has been reported on the perspectives of First Nations youth and adults on their perspectives on help seeking. Inclusion of multi-generational perspectives can facilitate understanding the development of a culturally- and community-grounded framework for suicide prevention and intervention strategies. Methods: Using a participatory research process, individual interviews and focus groups were conducted with community youth, family members, elders, and other key informants (n≈141), living in 8 Northern Manitoba (Canada) First Nations communities. Interviews and focus groups were audio taped, transcribed, and managed using NVivo 10 software. Analysis was conducted using a grounded theory approach.

Findings: Analysis of the transcripts revealed both similarities and differences between youth and adult perspectives on sources of help as well as the role of family and community in mitigating emotional distress.

Conclusions: In order to better understand suicide amongst First Nations people and to plan effective prevention and intervention strategies, it is essential to be aware of common pathways and resources for help-seeking.

Presenter: Peter Wyman

Presentation Title: Leveraging Adolescent Peer Influences to Modify Upstream Risk and Protective Factors for Suicide

Presentation Abstract: Nearly all widely used youth suicide prevention programs are aimed at increasing identification and referral of youth who are already suicidal or distressed (e.g., screening, gatekeeper training). Case identification will not meet the needs of many suicidal youth in communities lacking accessible, effective service, and may miss earlier windows of opportunity for prevention prior to the period of imminent risk and before problems develop. Sources of Strength is one example of an alternative suicide prevention model that aims to change norms and practices for adaptive coping across a population of youth and increase youth-adult connections, in order to reduce the number of youth who become suicidal and increase the number of at-risk youth who are connected to capable adults. In

high school settings, Sources of Strength trains diverse teens as Peer Leaders to conduct a set of messaging activities throughout their schools. A randomized controlled trial with 18 high schools found that after five months of peer leader messaging school-wide norms for help seeking and addressing distress were changed (Wyman et al., 2010). Sources of Strength has been implemented with U.S. Native American populations but not yet in First Nations Communities.

Symposium Chair: Peter Gutierrez

Symposium Title: United States Military Suicide Prevention Research: Navigating Challenges and Capitalizing on Opportunities

Symposium Abstract: Objectives COL Castro and Dr. Blatt will address United States military efforts to study the complex causes of suicide among service members and reasons for recent increases in suicide rates. Drs. Joiner and Gutierrez will present effective means of screening, assessment, intervention, and prevention. A novel approach to organizing, funding, and conducting cutting edge research, the Military Suicide Research Consortium (MSRC), will be presented as a promising effort at focusing significant research efforts on the problem of military suicide. COL Castro and Dr. Blatt will highlight the flexibility the MSRC allows from a governmental perspective, its use as a model for research, benefits of shared data, and its ability to draw from experts in the field. The current scope of military suicide in the U.S. will serve as context for understanding the importance of the MSRC (Castro & Blatt). Attendees will be provided with a broad overview of the structure and functioning of the MSRC (Gutierrez), a description of the current funded studies (Joiner & Gutierrez), and preliminary lessons learned from this work (Joiner & Gutierrez). Method MSRC Participants are recruited from the US military services and Veterans. Examples will be provided of methods being employed by a clinical trial of a group intervention to increase hopefulness in patients with moderate to severe traumatic brain injuries, the development and testing of a smart phone application used to create a virtual hope box for use in cognitive therapy for suicide, and an assessment study aimed at testing the predictive validity of widely used suicide assessment tools. Results All three studies are underway. Available preliminary data vary across studies. Currently, the group intervention study appears to be supporting effectiveness, the smart phone application is fully functional and being used by high-risk patients, and the assessment study is well underway. Conclusions Suicide within the U.S. military is a major problem necessitating the commitment of significant resources to address. The MSRC is an efficient, cost-effective, and highly productive entity making major strides in this area. It can serve as a model for other research efforts and will be contributing to the state of the science in military suicidology for many years to come. Impact Results of MSRC studies increase our knowledge of military suicide, provide evidence-based solutions, inform the broader suicide research and clinical communities, and have the potential to impact suicide prevention for much of the adult population.

Presenter: Carl Castro and Andrew Blatt

Presentation Title: National Agency Joint Integrated Research

Presentation Abstract: COL Castro and Dr. Blatt will describe a comprehensive research approach utilized by the US Dept. of Defense (DoD), the Veterans Administration (VA), and National Institutes of Health (NIH). This Joint Integrated Research Continuum Approach for strategic research planning was based on the approach developed by the DoD. The approach successfully enabled multiple federal agency collaboration on a National Research Action Plan (NRAP) in response to a Presidential Executive Order to improve mental health care for military service members and their families, specifically targeting suicide prevention and interagency communication. The Joint Integrated Research Continuum Approach bridges the gap between military and civilian agencies. It enables decreased replication of effort and utilizes agency specific research strengths. Such a model could be useful to inform and be informed by similar national efforts of other countries. The Joint Integrated Research Continuum of care framework addresses Suicide prevention from all levels of treatment through 3 basic areas of - Understanding, Prevention and Treatment. It describes epidemiology, etiology, prevention, screening, treatment, follow-up care and services research. A comprehensive research approach must address the context, including the population (e.g., active duty, Reserve/Guard, Veterans, families), setting (e.g., deployed locations, garrison, hospital, medical treatment facility, VA medical center), and timelines for completing research and delivering solutions. While there is a strong need to ensure that these populations receive timely care, we also must provide them with effective treatments. Hence, a key challenge for researchers and clinicians has been and continues to be, determining how to move efficacious prevention and treatment interventions quickly into place, improve them, and evaluate their effectiveness for these populations. COL Castro will frame the symposium by presenting on the continuum of care framework for organizing thinking about what capabilities are needed within the military, and the possible solutions that are being studied, with the areas being basic mechanisms of suicide, screening, early intervention, suicide risk assessment, treatment and postvention. In addition, along with Drs. Joiner & Gutierrez, he will address the creation and incorporation of the Military Suicide Research Consortium (MSRC) into the Department of Defense suicide research program and Joint Integrated Research Continuum efforts. Dr. Blatt will lead subsequent discussion between symposium members and audience members on program management matters, strategic vision and seek input from IASR members.

Presenter: Thomas Joiner and Peter Gutierrez

Presentation Title: Contribution of the Military Suicide Research Consortium

Presentation Abstract: The Military Suicide Research Consortium (MSRC) is a \$30 million U.S. Department of Defense grant focusing cutting edge research on suicide within the U.S. military. It is co-directed by Drs. Joiner and Gutierrez and supported by an information management and data and statistical analysis core. The infrastructure supports research projects on topics from screening and assessment to postvention. The MSRC regularly responds to information requests from high ranking officials in the U.S. government to help inform policy decisions related to military suicide prevention.

There is also a training program supporting four postdoctoral fellows, dissertation completion awards, and most recently a full day workshop on military suicide research and professional development for 25 trainees ranging from graduate students to postdoctoral fellows from institutions across the U.S. and Canada.

Three MSRC funded studies will be described, and preliminary data presented. Dr. Lisa Brenner and colleagues at the VA VISN 19 MIRECC in Denver are conducting a clinical trial of a group-based cognitive intervention to increase hopefulness in patients suffering from moderate to severe traumatic brain injury. Dr. Nigel Bush and colleagues at the Center for Telehealth and Technology at Joint Base Lewis-McChord in Tacoma, WA have developed a smart phone application called the Virtual Hope Box (VHB). This application provides an alternative means of creating and accessing hope boxes when engaged in cognitive therapy for suicidal behavior. Drs. Gutierrez and Joiner are conducting a study at three large military installations in the U.S. to examine the predictive validity of four suicide-specific assessment tools. They are testing the utility of the Columbia Suicide Severity Rating Scale, Self-Harm Behavior Questionnaire, Beck Scale for Suicidal Ideation, and Suicidal Behaviors Questionnaire-Revised independently and in combination. This three month follow-up study will determine which measure, or combination of measures, possesses the best psychometric properties for predicting subsequent intentional self-harm behaviors in active duty U.S. military personnel across services.

Lessons learned in the first three years of the MSRC's operation will be shared. The MSRC is an efficient, cost-effective, and highly productive entity making major. It can serve as a model for other research efforts and will be contributing to the state of the science in military suicidology for many years to come. Results of MSRC studies increase our knowledge of military suicide, provide evidence-based solutions, inform the broader suicide research and clinical communities, and have the potential to impact suicide prevention for much of the adult population.

Symposium Chair: Eduardo Chachamovich

Symposium Title: Aboriginal Suicide across the World: describing, understanding, preventing

Symposium Abstract: Objectives: Bring together researchers who have studied suicide in Aboriginal populations in different parts of the World (Canada, Philippines, Brazil and Australia) to highlight differences and similarities, and discuss prevention measures that may be implemented. Method: observational and interventional studies. Results: Each speaker will present the results of their respective studies: Dr. Fabrice Jollant: A post-mortem study among the Palawans of the Philippines. Dr. Eduardo Chachamovich: Suicide among Inuit in Nunavut, Canada. Carlos Coloma will present suicide among the Guarani Kaiowá in Brazil. Arlene Laliberté: Suicide prevention in four Aboriginal communities in Australia. Conclusions: The discussion among the 4 researchers and the public following presentation of the results will attempt to provide answers to the above objectives. Benefits: This shared experience should shed light on suicide among indigenous people around the world.

Presenter: Fabrice Jollant

Affiliation: McGill University

Presentation Title: Suicide in the valley: A post-mortem study in South-East Asia

Presentation Abstract: Objectives: To investigate a very high rate of suicide previously described by our collaborator, the anthropologist Charles Macdonald, in a subgroup of an Indigenous population of the Philippines.

Methods: Field investigation. Each suicide case was compared to 2 controls matched for age and gender, through a structured interview of one or more informants.

Results: 16 suicides, mainly by poison, occurred over a 10 year period leading to a global suicide rate of 134 / 100,000. Sex-ratio was 3 males/1 female and 56% were less than 25 years old. Suicide cases showed a significant higher rate of depressive disorder, panic disorder, agoraphobia and social phobia, and a higher rate of 1st and 2nd biological degree relatives who committed suicide. Alcohol and substance abuse was very rare, and no case of childhood maltreatment was detected.

Conclusions: This study supports previous observations of very high rates of suicide in subgroups within larger populations with very low rates. Our last mission extended these findings and revealed a very particular developmental and clinical profile.

Presenter: Eduardo Chachamovich

Affiliation: McGill University

Presentation Title: Suicide completion among Inuit in Nunavut: a case-control psychological autopsy study

Presentation Abstract: During the last five years, our group has conducted the project called Qaujivallianiq Inuusirijauvalauqtunik ('Learning from lives that have been lived'). This is a large case-control study including all the 120 cases of suicide that occurred in Nunavut between January 1st, 2003 and December 31st, 2006, and 120 age-gender-community matched controls. 498 interviews were carried out with respondents in 22 communities across the Territory. A standardized methodology was used for all the interviews to ensure comparability between cases and controls. The psychological autopsy approach was used in this project. This presentation will describe the methodology, feasibility, and the results of our study.

Presenter: Carlos Coloma, Ph.D.

Affiliation: Distrito Sanitário Especial Indígena Mato Grosso do Sul/SESAI/MS, Mato Grosso do Sul, Brasil

Presentation Title: «La terre sans mal» Suicide chez les Guarani Kaiowá, Brésil

Presentation Abstract: Objectives: 1. à établir la dimension quantitative du suicide et le comportement de cette endémie 2. Comprendre le système de significations, de signes et d'action autour des événements du suicide. 3. Définir des stratégies et des outils pour les psychologues en matière de prévention, d'intervention et posvention. Méthodes: La recherche sur le suicide a été effectuée avec trois approches: 1. L'Epidémiologie socioculturelle, développé à partir de l'année 2000 à nos jours. 2. La Sémiologie, pour comprendre le système de sens des événements de la vie et de la mort, et 3. L'Anthropologie médicale, qui, à partir de l'ethnographie a permis l'interprétation des modèles explicatifs du suicide en cette culture, le processus de connaissance a été réalisé par le moyen de la recherche-action, avec une équipe de six psychologues qui vivent dans les villages. A été établi un réseau de communication et d'information dans le District Sanitaire Spécial Indigène Mato Grosso do Sul, Ministère de la Santé. Les instruments de collecte d'information permettent de reconstituer les événements de la vie du suicidé, d'évaluer et d'intervenir sur le deuil des survivants et de prendre connaissance des facteurs de protection des personnes et de la famille dans une situation de survie économique. Resultats: Il a été installé la surveillance épidémiologique des suicides et des homicides On a décrit deux syndromes spécifiques: le «Aragaju» et le «Nemyro» qui expriment la souffrance psychique dû au déséquilibre spirituel et le passage à travers la mort vers «la terre sans mal». Aussi, ont été pris en considération les aspects socioculturels des jeunes qui sont dans un intense processus de changement culturel dû aux influences néocoloniales de la société environnante. On a établi un réseau de renvois de cas à des niveaux spécialisées du système de santé. Conclusions: L'interaction quotidienne avec la population a permis le développement de stratégies de prévention, d'intervention et posvention dans les services de soins de santé primaires et dans les maisons des familles endeuillées. Aussi a joué un rôle fondamental dans la mise en forme de la relation qui permet le dialogue interculturel entre les paradigmes de la conception spirituelle et psychologique. Il y a beaucoup de difficultés dans le travail de la santé mentale par des professionnels de la santé et d'autres secteurs bureaucratiques. Impact: Diminution des taux de suicide entre 2000=161,51 et 2011=62,29 (par 100.000).

Presenter: Arlene Laliberté

Affiliation: Université du Québec en Outaouais, Campus de Saint-Jérôme

Presentation Title: Building community capacity to prevent suicide among Aboriginal people of Australia

Presentation Abstract: Stressful life events, substance abuse, complicated grieving processes and multiple losses are all known risk factors for suicide. Among many Indigenous populations, these are hurdles of everyday life. For the people experiencing these issues, interventions imposed in a top-down manner can be a further burden. The objective of this proposed presentation is to describe an

intervention process, using the Family Well Being Empowerment Intervention, local Men's Groups and Knowledge Sharing, through which groups in the participating communities are engaged to gain a greater appreciation of their own strengths and potential, increase their understanding of their situation and relationships and enhance their coping skills to protect and promote their wellbeing. Previous experience with these empowering interventions has shown that people also gain skills to contribute more effectively to group and community efforts to identify and address problems (which are often risk factors for suicide) and to enhance their collective strength and identity (often protective factors). This presentation offers an overview of the rationale, methodology and results of this up-stream, strengths based intervention process.

Symposium Chair: Teodor Postolache

Affiliation: University of Maryland School of Medicine, Mood and Anxiety Program, Department of Psychiatry, Baltimore, MD, USA

Symposium Title: The kynurenine pathway and suicidal self-directed violence

Symposium Abstract: Indoleamine 2,3-dioxygenase (IDO) can be seen as a first pivot point between the regulation of immune processes and monoaminergic systems involved in mood and behavioral dysregulation, including suicidal self-directed violence (SSDV). IDO is activated by proinflammatory cytokines and functions as a catalyst for the formation of kynurenine (KYN) from tryptophan. Further metabolism of kynurenine in the brain results in several neuroactive compounds, including quinolinic acid: an NMDA agonist (QUIN) and kynurenic acid: an NMDA antagonist (KYNA). These mark a second pivot point, connecting inflammation and glutamatergic function, recently implicated in SSDV by clinical trials of ketamine. The first presentation (Postolache, coauthors Rujescu and Fuchs) will review the kynurenine pathway and report increased blood kynurenine levels in suicidal attempters. Furthermore, a positive correlation seen between the increased KYN to TRP ratio and plasma levels of neopterin, a cytokine activation marker, is consistent with inflammatory mediation. Limitations of measuring KYN in blood will be discussed, contrasted with the potential future acceptability in a clinical population. Nevertheless, for QUIN and KYNA the CSF sampling is paramount as, in contrast to KYN, KYNA or QUIN are not transported across the blood-brain-barrier. The second presentation (Brundin, Bay-Richter) will report increased levels of QUIN and the QUIN/KYNA ratio in suicide attempters compared to healthy controls and a negative correlation between CSF KYNA and depression scores. These data suggested that increase in central levels of pro-inflammatory cytokines leads to increased microglial activation, which in turn produce QUIN. Overall, these results point towards an increased glutamate signaling, caused by neuroinflammation. The third presentation (Tonelli) will present recent and comprehensive post-mortem data on inflammatory and kynurenine pathway markers in the prefrontal cortex in SSDV the results were not consistent with previous CSF and post-mortem studies. Inconsistencies will be discussed in terms of heterogeneity of components of the immune response,. The fourth presentation (Steiner) will describe an investigation on microglial activation in subregions of the anterior cingulate cortex (ACC) where depression-associated alterations of glutamatergic neurotransmission have been previously reported. Differences in QUIN-positive cells between suicide victims and controls were ACC

subregion specific, with upregulation of microglial QUIN in brain regions known to be responsive to infusion of NMDA antagonists such as ketamine. A final discussion will focus on converging and diverging data, on potential sources of inconsistency between results, and most of all, implications for future testing immune modulating and NMDA modulating pharmacological agents for reducing risk of SSDV.

Presenter: Teodor T. Postolache; Coauthors Dan Rujescu and Dietmar Fuchs

Affiliation: University of Maryland School of Medicine, Mood and Anxiety Program, Department of Psychiatry, Baltimore, MD, USA

Presentation Title: Kynurenine and non-fatal suicidal self-directed violence (NF_SSDV)

Presentation Abstract: Objectives: To review the kynurenine pathway as a connector between immune activation and NF-SSDV and to present preliminary results linking blood kynurenine levels with history of suicidal behavior in patients with mood disorders and schizophrenia. After publishing the first report on elevated kynurenine levels elevation in patients with recurrent mood disorders with NF-SSDV (Sublette et al 2011) we thought to replicate this finding across diagnostic boundaries, in interaction with seropositivity for neurotropic pathogens.

Method: We measured kynurenine (KYN), and tryptophan (TRP) in 950 Caucasian schizophrenia patients recruited in Munich, Germany. High performance liquid chromatography was used to measure TRP and KYN. Antibodies to neurotropic pathogens *T. Gondii*, CMV and Herpes simplex were measured with ELISA. Approximately one third of patients had history of suicide attempt. Kynurenine was divided categorically as top 25% and bottom 75%. We compared KYN, TRP and KYN/TRP ratios between attempters with nonattempters in interaction with seropositivity of neurotropic pathogens using linear and logistic regression methods

Results: High levels of kynurenine and *T. Gondii* seropositivity showed a significant interaction ($p=0.012$). In *T. Gondii* seropositive patients the upper quartile of kynurenine levels was associated with history of NF-SSDV (0.006), while no significant association was found in *T. Gondii* negative patients. TRP and the KYN/TRP ratios were not significant throughout. No significant interactions between kynurenine and neurotropic viruses were found.

Conclusions: While IDO activation plays an important role in defense against *T. Gondii*, its activation may mediate or augment the effects of *T. Gondii* seropositivity on NF-SSDV.

Impact: Individualized pharmacological interventions (e.g NMDA receptor antagonists, anti-inflammatory drugs) based on *T. Gondii* seropositivity and kynurenine levels could be tested in clinical trials and then implemented after replication of our results in other settings.

Presenter: Cecilie Bay-Richter (Coauthor Brundin)

Affiliation: Lund University

Presentation Title: Longitudinal Analysis of Molecular Mediators of Inflammation and psychiatric symptoms in suicide attempters

Presentation Abstract: Background: Patients with depression and suicidality frequently show elevation of inflammatory markers. To date, it is not known whether these markers of inflammation fluctuate together with symptom severity over time, and whether blood levels reflect those in the central compartment.

Methods: Plasma and cerebrospinal fluid (CSF) from suicide attempters were collected at repeated time points after a suicide attempt. Expression of proinflammatory cytokines as well as the kynurenine metabolites kynurenic acid (KYNA) and quinolinic acid (QUIN) were examined using high-sensitivity electrochemiluminescence-based multiplex immunoassay, High Performance Liquid Chromatography and Gas Chromatography – Mass Spectrometry, respectively. Depressive-symptoms and suicidality were evaluated using the Montgomery Asberg Depression Rating Scale (MADRS) and the Suicide Assessment Scale (SUAS).

Results: We found a significant increase in central levels of QUIN and the QUIN/KYNA ratio in patients compared to healthy controls. Moreover, a negative correlation between CSF KYNA and MADRS scores was found. There were positive correlations between symptom severity and CSF cytokines, confirming previous findings. Plasma and CSF KYNA levels did not correlate, stressing the value of CSF sampling as neither KYNA nor QUIN are actively transported across the blood-brain-barrier.

Conclusion: We suggest that the increase in central levels of pro-inflammatory cytokines leads to increased microglial activation, which in turn produce QUIN. Interestingly, fluctuations in KYNA correlated negatively with depressive symptoms. Overall, these results point towards an increased glutamate signaling, caused by neuroinflammation, as a mechanism of importance for symptom generation in suicide attempters.

Presenter: Leonardo Tonelli

Affiliation: University of Maryland School of Medicine, Laboratory of Neuroimmunology, Department of Psychiatry, Baltimore, MD, USA

Presentation Title: Profiling Neuroinflammatory Processes in Suicide: Relationship with the Kynurenine Pathway

Presentation Abstract: Objectives: Neuroinflammatory processes have been proposed as important mediators of pathology in a number of psychiatric diseases. Recently, a number of studies including work from our group have provided evidence that neuroinflammation and inflammatory processes may

be associated with suicide. A key component of these processes is the activation of the enzyme indoleamine-2,3-dioxygenase (IDO) and the production of kynurenine and quinolinic acid. The objective of the present study was to determine kynurenines in relation with inflammatory processes in the ventrolateral prefrontal cortex of suicides and controls

Method: Postmortem human ventrolateral prefrontal cortex of 51 controls and 53 depressed patients with 27 of them victims of suicide. Kynurenines were determined by HPLC and mass spec and cytokines by real time RT-PCR

Results: Kynurenines, including kynurenine, kynurenic acid and quinolinic acid as well as the enzymes required for metabolic kynurenines conversion were found reduced in the VLPFC of depressed patients independent of the cause of death. Total tryptophan was not different between groups. Kynurenines showed correlations with interferon gamma, tumor necrosis factor alpha and interleukin-6.

Conclusions: These results show that neuroinflammation may involve several different pathways and highlight the need to define these divergent processes in relation with suicide. It also shows that consistently with the literature, the VLPFC appears to be hypoactive in a significant number of neurochemical systems and on its functionality.

Impact: Hypoactive VLPFC and kynurenine system is likely related with depression in victims of suicide

Presenter: Johann Steiner

Affiliation: University of Magdeburg, Germany

Presentation Title: Suicidal patients with depression show an increased microglial quinolinic acid expression in subregions of the anterior cingulate gyrus: evidence for an immune-modulated glutamatergic neurotransmission?

Presentation Abstract: Objectives: Immune dysfunction, including monocytosis and increased blood levels of interleukin-1, interleukin-6 and tumor necrosis factor α has been observed during acute episodes of major depression, particularly in suicidal patients. Such peripheral immune processes may be mirrored in the brain by microglial activation in subregions of the anterior cingulate cortex where depression-associated alterations of glutamatergic neurotransmission have been described.

Method: Microglial immunoreactivity of the N-methyl-D-aspartate (NMDA) glutamate receptor agonist quinolinic acid (QUIN) in the subgenual anterior cingulate cortex (sACC), anterior midcingulate cortex (aMCC) and pregenual anterior cingulate cortex (pACC) of 12 acutely depressed suicidal patients (major depressive disorder/MDD, n = 7; bipolar disorder/BD, n = 5) was analyzed using immunohistochemistry and compared with its expression in 10 healthy control subjects.

Results: Depressed suicidal patients had a significantly increased density of QUIN-positive cells in the sACC ($P = 0.003$) and the aMCC ($P = 0.015$) compared to controls. In contrast, QUIN-positive cells in the pACC did not differ between the groups ($P = 0.558$). Post-hoc tests showed that significant findings were attributed to MDD and were absent in BD.

Conclusions: These results add a novel link to the immune hypothesis of depression and suicidality by providing evidence for an upregulation of microglial QUIN in brain regions known to be responsive to infusion of NMDA antagonists such as ketamine.

Impact: Further work in this area could pave the way for novel NMDA receptor therapies or immune-modulating strategies.

Symposium Chair: Kathryn Bennett

Affiliation: McMaster University and The Offord Centre for Child Studies

Symposium Title: Youth Suicide Prevention: Options and Evidence

Symposium Abstract: Objectives: This symposium presents findings from an expedited knowledge synthesis conducted as part of the Canadian Institutes of Health Research (CIHR) Evidence on Tap program. We will: 1. Report what is known about the effectiveness of youth suicide prevention interventions relevant to: i) school-based prevention ii) prevention in youth who have attempted suicide; 2. Report what is known about gender differences in suicide-related-behaviours (SRB) and intervention response; and 3. Propose a national, collaborative research agenda to fill critical knowledge gaps about effective youth suicide prevention. Method: A review of reviews was conducted following Cochrane Handbook methods. Review inclusion criteria were: 1. Systematic review or meta-analysis; 2. Addressed suicide prevention in youth aged ≤ 24 years; 3. Peer-reviewed English literature. We also sought input from our national expert team regarding additional relevant primary studies not included in published reviews. The AMSTAR measurement tool was used to assess the methodological quality of systematic reviews. Results: Six eligible reviews of school-based interventions (e.g., awareness curriculums, gatekeeper training, screening) received moderate-high AMSTAR scores and reported positive impacts on risk and protective factors. However, only one trial (suicide awareness and screening) showed reductions in SRB (youth reported suicide attempts). Fourteen eligible reviews relevant to youth with ≥ 1 suicide attempt received moderate-high AMSTAR scores. Emergency department transition programs and training of health-care providers were promising strategies for reducing SRB in these youth. Effective treatment of mental health problems, particularly depression, is recommended but has not yet been demonstrated to mediate reductions in SRB. Eligible reviews devoted little or no attention to gender differences in prevention intervention effects. Conclusions: Promising leads for youth suicide prevention exist. However, the paucity of available studies and methodological weaknesses reduce the level of certainty associated with the effectiveness of recommendations for action. Study limitations center on the lack of reporting on SRB (due to low event rates in single centre studies), gaps in our understanding of causal risk, protective and mediating factors

for youth suicide, and the need for multi-level intervention models. Impact: CIHR, the Public Health Agency of Canada and Health Canada are using these results to create an evidence-informed Canadian action plan as part of the implementation of Bill C-300 (An Act respecting a Federal Framework for Suicide Prevention). Uncertainties regarding the impact of these activities on youth SRB can be reduced by implementing promising interventions linked to research/evaluation in a national collaborative network.

Presenter: Kathryn Bennett

Affiliation: McMaster University and the Offord Centre for Child Studies

Presentation Title: Youth Suicide Prevention: Options and Evidence

Presentation Abstract: Objectives: To report the findings of an expedited knowledge synthesis (EKS) on youth suicide prevention conducted in partnership with Government of Canada policy-makers through the Canadian Institutes of Health Research (CIHR) Evidence on Tap program. The goal was to inform a national suicide prevention strategy with respect to i) school-based strategies; and ii) interventions for high-risk youth who have attempted suicide. Methods: 1. *Overview of reviews:* Review inclusion criteria were: i) systematic review or meta-analysis; ii) prevention in youth aged ≤ 24 years; iii) peer-reviewed English language. Quality was assessed using AMSTAR. 2. *Consideration of primary studies published after eligible reviews:* Inclusion criteria were: i) recommendation from advisory team member; ii) peer-reviewed English language RCT or controlled cohort study. Quality was assessed using Cochrane risk of bias criteria. Results: Six reviews of school-based interventions (e.g., awareness curriculums, gatekeeper training, screening) received high AMSTAR scores and reported positive impacts on risk and protective factors. Only one trial (suicide awareness and screening) showed reductions in suicide related behaviours (SRB; youth reported suicide attempts). Fourteen reviews relevant to youth with ≥ 1 suicide attempt received high AMSTAR scores. Emergency department transition programs and health-care provider training were promising strategies for reducing SRB. Eligible reviews did not address gender differences in intervention effects. Effective treatment of mental health problems, particularly depression, is recommended but has not yet been demonstrated to mediate reductions in SRB. Conclusions: CIHR, the Public Health Agency of Canada (PHAC) and Health Canada knowledge-users rated our findings as highly useful following a one-day knowledge exchange workshop, and will use them to implement Bill C-300 (An Act respecting a Federal Framework for Suicide Prevention). Uncertainties regarding the impact of these activities on youth SRB can be reduced by implementing promising interventions within a national collaborative youth suicide research network.

Presenter 2: Anne Rhodes

Affiliation: St. Michael's Hospital & University of Toronto

Presentation Title: Sex Differences in Youth Suicide: The Potential Impact of Help-Seeking Behaviour

Presentation Abstract: Objective: To describe sex differences in health service use among children and youth who died by suicide. Method: This is a retrospective study of children and youth (aged 10 to 25 years) living in Ontario who died by suicide between April 1, 2003, and December 31, 2007. Coroner records were individually linked to outpatient physician visit, emergency department (ED) presentation, and inpatient stay administrative health care records for 724 people (192 girls and 532 boys). Only 77 (10.6%) were aged 10 to 15 years. The health services types used, number of contacts made, and the last contact were compared in boys and girls. Results: About 80% of subjects had contact with the health care system in the year before their death, typically to an outpatient physician and (or) the ED. However, not all were seen for mental health reasons. Girls had more outpatient physician and ED contact than boys and closer in time to their death. Further, girls were more likely than boys to have contact in more than one setting. Still, boys and girls did not differ in their use of an outpatient psychiatrist, some ED presentations, and in the nature and number of inpatient stays. Conclusions: While most people were seen by an outpatient physician and (or) in the ED in the year before their death, not all received mental health care. Further research is needed to determine whether boys and girls who died by suicide differ from their peers in their health service use to guide preventive interventions.

Discussant: Jeffrey A. Bridge

Affiliation: The Research Institute at Nationwide Children's Hospital & The Ohio State University College of Medicine

Presentation Title: Strategies for Youth Suicide Prevention

Presentation Abstract: Suicide is the 2nd leading cause of death in young people aged 15 to 24 in Canada. This presentation will discuss the findings presented by Drs. Bennett and Rhodes, review risk factors and trends for youth suicide and suicidal behavior, and highlight preventive intervention strategies that offer the best potential to reduce suicide in Canadian youths.

14:50-15:30

Responsable du symposium: Valentin Mbékou, Ph.D

Affiliation : Douglas Mental Health Institute (McGill University), Université du Québec à Montreal

Présentateur(s): Valentin MBEKOU, Alain Janelle, Jean-Chrysostome Zanga

Affiliation : Douglas Mental Health Institute (McGill University), Université du Québec à Montreal

Titre du symposium: Structure et ingrédients du succès d'un programme adapté de Thérapie Comportementale Dialectique (TCD-A) auprès de jeunes déprimés suicidaires et leurs familles :

L'expérience de la TCD-A au Douglas

Résumé du Symposium: Depuis sa création au milieu des années 1980, le programme de la Thérapie Comportementale Dialectique (TCD) par M. Linehan (1993) originellement développé pour une clientèle clinique adulte aux prises avec d'importants problèmes d'autorégulation émotionnelle et d'impulsivité chronique, a fait l'objet de nombreuses adaptations afin de satisfaire les besoins de clientèles cliniques variés dont les adolescents déprimés suicidaires et leur familles (Miller & al. 2007). Malgré son efficacité démontrée et répliquée dans plusieurs essais cliniques randomisés auprès de la clientèle adulte, le défi de l'implantation de ce programme en milieu clinique pédopsychiatrique demeure important étant donné les enjeux liés non seulement à la complexité des cas mais aussi à l'implication des familles et le niveau d'intégration des composantes clés du programme. Dans ce symposium, nous nous proposons de présenter les modalités pratiques de notre adaptation de la TCD auprès d'une clientèle adolescente suicidaire et leurs familles, la structure et les principaux outils cliniques d'intervention que nous avons développés au cours des 12 dernières années ainsi que quelques vignettes cliniques et témoignages de satisfaction recueillis auprès des jeunes et de leurs parents. Les données d'efficacité sont présentées dans le cadre d'un autre symposium à ce congrès.

15:45-17:15

Chair: Kathy Langlois, A/Assistant Deputy Minister – Regional Operations, First Nations and Inuit Health Branch, Health Canada

Title: Preventing Suicide in Canada – The Government of Canada's Health Portfolio Activities in Mental Health Promotion and Suicide Prevention – Highlighting Community-Based Efforts

Panelists: Joy Johnson, Scientific Director, CIHR Institute of Gender and Health;

Marla Israel, A/Director General, Centre for Health Promotion, Public Health Agency of Canada;

Natalie Ballentyne, Evaluator, Cultural Economic Social and Political (CEPS), Assembly of Manitoba Chiefs;

Leonard Sumner, Youth Participant, CEPS;

Hope Linklater, Youth Participant, CEPS;

Carla Cochrane, Regional Youth Coordinator, Assembly of Manitoba Chiefs;

Patricia Wiebe, Medical Specialist in Mental Health, First Nations and Inuit Health Branch, Health Canada

Abstract:

Objectives:

- Increase awareness among Canadian and International participants about the Government of Canada's (Health Portfolio) efforts in mental health promotion and suicide prevention with a particular focus on knowledge development and community-based Aboriginal youth suicide prevention projects and activities; and
- Enable the sharing of research, knowledge and best practices between Canadian and International participants.

Summary:

The federal government recognizes that suicide is an important public health issue that has devastating impacts on families and communities across Canada. The Public Health Agency of Canada (PHAC), Health Canada and the Canadian Institutes of Health Research (CIHR) work together to coordinate their efforts on behalf of the federal government. The panel will discuss the activities of CIHR, PHAC and Health Canada.

CIHR will provide an overview of current suicide prevention research activities and knowledge translation initiatives such as Pathways to Health Equity for Aboriginal Peoples, Patient-Oriented Network in Adolescent and Youth Mental Health, and the Evidence on Tap program. The focus will be on mechanisms for taking research findings and using them in practice and policy.

PHAC will provide an overview of the Agency's efforts in mental health promotion, mental illness prevention and suicide prevention. This will include health promotion programs for at-risk children (ages 0-6) and their families; the Innovation Strategy's "Equipping Canadians – Mental Health throughout Life"; surveillance activities; and the Canadian Best Practices Portal.

Health Canada's First Nations and Inuit Health Branch will feature the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) by highlighting one of its promising youth suicide prevention projects. The Assembly of Manitoba Chiefs Cultural Economic Political and Social (CEPS) youth suicide prevention curriculum was one of six mental health promotion demonstration projects that used mental health promotion as a long term approach to suicide prevention.

Responsable du symposium: Alain Lesage

Affiliation : Institut universitaire en santé mentale de Montréal.

Titre du symposium: PANEL : L'accès équitable à la psychothérapie, une stratégie populationnelle de prévention du suicide

Résumé du Symposium: Le traitement de la dépression est une stratégie populationnelle potentiellement efficace du suicide. Il existe deux grands types de traitements potentiellement efficaces de la dépression, seuls ou en combinaison : la médication antidépressive et la psychothérapie. Au Québec, la première est accessible à tous via une assurance-médicament obligatoire; la psychothérapie n'est toutefois pas autant accessible. En décembre 2012, le Commissaire à la santé du Québec déposait un rapport sur l'état de la santé mentale au Québec, et l'une de ses recommandations portait sur l'accès équitable à la psychothérapie. Deux pays qui ont rendu la psychothérapie plus accessible ont été cités par le Commissaire, l'Australie et la Grande-Bretagne, selon des modèles différents. Prenant l'opportunité de la présence d'une conférencière invitée du congrès et chercheure australienne, Dr Jane Pirkis, qui a évalué l'implantation de cet accès dans son pays, le symposium vise à éclairer les différentes dimensions de cette décision et son potentiel à réduire le suicide.

Le panel de 90 minutes en français et en anglais et en traduction simultanée, sera animé par Dr Alain Lesage, chercheur, et Mr Phil Upshal, directeur du Mood Disorders Society of Canada.

I) Jane Pirkis- 'Improving access to psychotherapy delivered through primary care: The Australian experience'

II) H-M Vasiliadis (Chercheure, U Sherbrooke)- le traitement de la dépression comme stratégie populationnelle de prévention du suicide- coûts et bénéfices

III) Robert Salois (Commissaire à la santé et au bien-être du Québec) pourquoi avoir recommandé un accès équitable à la psychothérapie au Québec et selon quels modèles?

IV) Rose-Marie Charest (présidente de l'Ordre des psychologues du Québec)- comment assurer la qualité de la psychothérapie et de la gestion du risque suicidaire dans un modèle australien d'accès équitable à la psychothérapie?

Les 4 présentations d'une quinzaine de minutes seront suivies d'une animation sur les obstacles, les opportunités et les tactiques au Québec et au Canada d'implanter une telle recommandation.

Symposium Chair: Naguib Mechawar

Affiliation: McGill University

Symposium Title: Limbic brain neuroplasticity in depression and suicide

Symposium Abstract: This symposium will highlight recent advances in our understanding of cellular and molecular factors underlying altered limbic brain neuroplasticity in depression and suicide. Dr. Maura Boldrini will present her work on hippocampal neurogenesis and angiogenesis in depression and suicide. This will be followed by the talk of Dr. Etienne Sibille, from the University of Pittsburgh, on factors affecting corticolimbic GABA-related neuroplasticity. Dr. Greg Ordway will provide evidence of

advanced aging of oligodendrocytes in corticolimbic white matter tracts of depressed suicide victims and discuss the potential role of oxidative stress in facilitating depression pathology. Finally, Dr. Naguib Mechawar (McGill University) will present recent data on the regulation of GDNF receptor GFRa1 in the basolateral amygdala of depressed suicides.

Presenter: Maura Boldrini

Affiliation: Columbia University

Presentation Title: Hippocampal neurogenesis in suicide

Presentation Abstract: Objectives: The hippocampus is smaller in suicide and cognitive functions controlled by the hippocampus are altered in suicide attempters. New neurons are generated in the adult hippocampus in human as in other mammals. The anterior hippocampus regulates emotional responses, and the ability of the hippocampus to grow new neurons and make connections between neuronal circuits is altered by stress. New neurons in the hippocampus are necessary for hippocampal-dependent cognitive responses. Proliferation and survival of hippocampal cells is regulated by growth factors and by the neurotransmitter serotonin. In suicide attempters and in the brain of suicide victims both trophic factors and serotonin are altered. Growth and survival of new neurons in the hippocampus are conversely improved by environmental enrichment, physical exercise and by different kinds of treatments for major depressive disorder (MDD).

Method: Subjects were matched in 10 triplets with one Suicide-MDD, one Non-suicide-MDD and one control without Axis I or II diagnosis. Triplets were matched for: age, sex, postmortem interval and side of brain (right hemisphere). Brain tissue from subjects in a triplet was essayed together, warranting the same experimental conditions. Tissue was obtained from the Brain Collection of the New York State Psychiatric Institute at Columbia University. At brain collection, 2 cm-thick coronal blocks of the right hemisphere were flash-frozen and stored at -80°C. Tissue samples fixed in formalin were used for neuropathological examination. Brain pH determination and toxicology were performed on cerebellar samples and blood. Over 30 drugs were screened for and quantified. We performed psychological autopsy, validated for Axis I and II diagnoses, on all cases including controls. The hippocampal formation was dissected from frozen coronal blocks, fixed in 4% paraformaldehyde, cryoprotected in 3 0% sucrose, sectioned at 50µm and stored at -20°C in cryoprotectant. Immunohistochemistry for NeuN was performed according to our published immunohistochemistry methods. We used an unbiased stereological approach to estimate cell numbers, as published by our group and others. Results: We found that depressed suicides have fewer granule neurons in the anterior portion of the human dentate gyrus (DG) compared with non-suicide depressed individuals and controls without psychiatric diagnosis.

Conclusions: We hypothesize factors controlling cell proliferation, maturation or survival are deficient in suicide. Cellular changes in the anterior hippocampus can affect emotional control and contribute to

suicidal behavior. If confirmed, these hypotheses could lead to designing therapies that specifically target neuroplasticity in subjects at risk for suicide.

Presenter: Etienne Sibille

Affiliation: University of Pittsburgh

Presentation Title: Corticolimbic GABA-related neuroplasticity: roles for depression, suicide, aging and sex/gender

Presentation Abstract: Major Depressive Disorder (MDD) associates with low frontal cortex GABA levels, and with reduced expression of markers of GABA interneurons in amygdala and subgenual anterior cingulate cortex. Specifically, reduced expression of somatostatin, neuropeptide Y and cortistatin, three markers of GABA neurons that target the dendritic compartment of pyramidal neurons, together suggest a selective phenotype of reduced dendritic inhibition in MDD. Using measures of gene function in human brain postmortem samples, and genetic rodent models to test putative origin and causality of changes in the GABA system in MDD, this presentation will discuss recent findings investigating, first, the role of low somatostatin in the behavioral phenotype, and second the roles of BDNF signaling, sex/gender, age and death by suicide, as moderators of the GABA-related molecular phenotypes.

Presenter: Gregory A. Ordway

Co-authors: Katalin Szebeni, Timothy DiPeri, Craig A. Stockmeier, and Attila Szebeni

Presenter affiliation: Quillen College of Medicine, East Tennessee State University

Presentation Title: Oxidative stress defense is compensated in white matter oligodendrocytes of suicide victims with major depressive disorder

Background: Approximately 80% of suicide victims suffer from premorbid depressive symptoms. Since approximately two thirds of all suicide victims have physician contact within 1 month of the event, it is logical to predict that more effective treatments for depression would reduce the incidence of suicide. Indices of inflammation have long been known to be associated with depression, as with many other illnesses, and recent evidence is highly suggestive that inflammatory pathways may degrade brain health and facilitate depression pathobiology. Inflammatory responses are accompanied by the induction of oxidative and nitrosative stress pathways. These pathways have been recently implicated in depression through a number of studies, including the demonstration of shortened telomeres on chromosomes in blood cells from depressed patients, anxious patients, and stressed caregivers. When telomeres are shortened to a critical length through cell division or as a result of oxidative damage, cell senescence and/or apoptosis ensue. We recently demonstrated reduced telomere lengths in

oligodendrocytes, but not astrocytes, in brain tissues from suicide victims with major depressive disorder (MDD) as compared to psychiatrically normal control subjects. The purpose of the present study was to evaluate enzymes in the reactive oxygen species (ROS) defense system in oligodendrocytes from suicide victims with MDD to determine whether deficits in this system could have contributed to shortened telomeres in these cells.

Methods: Oligodendrocytes identified immunohistochemically were collected from uncinate fasciculus (UF, connecting prefrontal cortex to temporal lobe including amygdala) and prefrontal cortex BA10 white matter (WM) from MDD suicide and psychiatrically normal control subjects (11-12 pairs) matched for age, sex, postmortem interval, smoking history, and having no psychoactive drugs in blood at death. After RNA isolation and reverse transcription, quantitative end-point PCR gene was used to interrogate the expression of genes within the ROS defense system, including cytosolic superoxide dismutase (SOD1), mitochondrial superoxide dismutase (SOD2), catalase (CAT) and glutathione peroxidase 1 (GPx1).

Results: Gene expressions of SOD1, SOD2, CAT and GPx1 were significantly lower in UF oligodendrocytes from MDD suicide victims as compared to normal control subjects. Similar low levels of ROS defense system gene expressions were observed in oligodendrocytes from BA10 WM of MDD suicides.

Conclusions: These novel findings implicate a specific deficiency in the ROS defense system in MDD suicide that may expose oligodendrocytes to oxidative stress-induced telomere shortening.

Impact: Poor health of oligodendrocytes would be expected to have deleterious effects on neural communication between brain regions and could contribute to the development of depression, or could conduce refractoriness to traditional antidepressants in the depressed patient. Future research is needed to determine the biomolecular pathways that mediate advanced telomere shortening in oligodendrocytes in depression, the elucidation of which could implicate new therapeutic approaches to the prevention or management of depression.

Presenter: Naguib Mechawar

Affiliation: McGill University

Presentation Title: Transcript-specific down-regulation of GDNF Family Receptor Alpha-1a (GFR α 1a) by MicroRNAs in the Basolateral Amygdala of Depressed Suicides

Presentation Abstract: Background: Glial cell line-derived neurotrophic factor (GDNF), a potent pro-survival factor for dopaminergic neurons, has begun to attract interest for its potential role in mood disorders. Human studies have demonstrated that peripheral GDNF expression varies with mood state, and reported increased suicidal behaviour among individuals possessing a single nucleotide polymorphism in the GDNF receptor α 1 (GFR α 1). Yet despite evidence of limbic dopaminergic dysregulation in depression, little is known about central GDNF expression in mood disorders.

Methods: Expression of GDNF signaling molecules (GDNF, GFR α 1, Ret, and NCAM) was assessed at the protein (Western blotting) and mRNA level (qPCR) in the basolateral amygdala (BLA) of depressed suicides (DS) and matched sudden-death controls (SDC). Candidate regulatory microRNAs (miRNAs) were identified in silico and measured in the BLA by qPCR. The effect of candidate miRNA over-expression was then assessed in vitro by transfecting of human neural progenitor cells (NPCs) with miRNA mimic, followed by qPCR expression analyses.

Results: While GDNF, Ret, and NCAM expression did not differ between groups, the DS group displayed a significant reduction in GFR α 1 protein compared to SDCs ($p = 0.014$). GFR α 1 mRNA expression, assessed using probes designed to capture all GFRA1 variants, was unaltered. However, qPCR probes designed to target the regions of the GFRA1 3'UTR either unique to GFR α 1a, or shared with GFR α 1b, confirmed that in the BLA of DS subjects, mRNA for the GFR α 1a transcript was down-regulated, ($p = 0.023$). Furthermore, mRNA for this transcript correlated positively with GFR α 1 protein levels ($p = 0.011$). miR-511, a miRNA predicted to bind with high affinity to the 3'UTR of GFR α 1a, but not GFR α 1b, was up-regulated in the BLA of DS subjects ($p = 0.049$). A second candidate miRNA (miR-340) showed a tendency toward increased expression ($p = 0.061$). Both miRNAs correlated positively with one another ($p < 0.001$), and negatively with protein expression of GFR α 1 ($p = 0.004$ and 0.035 , respectively). Transfection of differentiated human NPCs with miR-511 mimic resulted in a specific decrease of GFR α 1a expression ($p = 0.025$), without altering expression of any other GFRA1 transcripts.

Conclusions: Depressed suicides display an up-regulation of miRNAs in the BLA that specifically repress expression of the GFR α 1a transcript, while leaving GFR α 1b expression unchanged.

Impact: Given evidence that GDNF signaling through GFR α 1a and b result in substantially different down-stream effects, our results suggest that GDNF signaling in the depressed amygdala may be fundamentally altered by transcript-specific down-regulation of GFR α 1.

Symposium Chair: Jong-Ik PARK, M.D., Ph.D. LL.M

Affiliation: Korea Suicide Prevention Center

Symposium Title: Suicide in Korea : the Here and the Hereafter

Symposium Abstract: The suicide rate in Korea was over 30 per 100,000 and an average of 42.6 killed themselves every day in 2010. More chilling is the rapid increasing rate of suicides since 1997 because it has been 2.6 fold raise in suicide rate during that period. Several factors, for example, frequent reports of celebrities' suicide with detailed portraits, increasing mental health and substance problems related to school bullying, aging phenomenon with social isolation and poverty, etc., might affect to increase suicide. Although suicide is the top-ranked public health problem in Korea, our capacities and ranges for prevention are restricted because of limitation of infra-structure and investments compared to the other problems. We are going to review the statistics of suicide victims, characteristics associated with

suicidal risks, the national strategies, and preventive activities on various levels. And we will discuss how we enhance our capacities and collaboration between the governments, NGOs, professionals, and lay people to prevent suicides.

Presenter: Yoon-Young NAM, M.D., Ph.D.

Affiliation: National Seoul Hospital, Seoul, Korea

Presentation Title: The statistics of suicide victims

Presentation Abstract:

In 2010, the suicide victims in 2010 were 15,566 and the suicide rate was 31.2 per 100,000. An average of 42.6 killed themselves every day in 2010. Among age groups, the suicide rate in elders over 70 years old shows the highest and its increasing rate is the most rapid compared to other age groups. The most frequent method is hanging and its proportion in all suicides is increasing since 2001. The second is pesticides but its proportion is decrescent. According to the Police Agency, about 28% and 22% of suicides in 2009 were related to mental health problems and physical illnesses, respectively. However, several factors, for example, frequent reports of celebrities' suicide with detailed portraits, increasing mental health and substance problems related to school bullying, aging phenomenon with social isolation and poverty, etc., might affect to increase suicide. However, we don't know how these socio-cultural and individual factors have effects on suicides and increasing trend of suicides in Korea. The government tries to make the surveillance system for suicidal behaviors based on the emergency systems in order to make the policies for suicide prevention based on the reliable data.

Presenter: Hong Jin JEON, M.D., Ph.D.

Affiliation: Samsung Medical Center, Seoul, Korea

Presentation Title: Current status of completed suicide and suicidal attempt, and its association with mental disorders in South Korea

Presentation Abstract:

Objectives: Studies have consistently reported that a considerable proportion of suicidal attempts are unplanned. As such, we have performed the first direct comparison between planned and unplanned attempts including associated methods and precipitants.

Method: A total of 6510 adults, randomly selected through a one-person-per-households method, completed interviews (response rate 81.7%). All were interviewed using the K-CIDI and a questionnaire for suicide.

Results: Two hundred and eight subjects reported a suicide attempt in their lifetime. One-third of those had been unplanned. These individuals exhibited fewer previous attempts as well as a lower education.

However, no significant differences were found with regard to age, gender, marital and economic status, age of first attempt and ideation, duration between them, or rates of admission. Further, 84.0% of unplanned attempters experienced previous suicidal ideation, experiencing their first attempt 1.9 years before ideation. Additionally, 94.4% of unplanned attempters had precipitants for attempt such as familial conflict, and chemical agents and falling were three times more common methods in unplanned than planned attempters. Unplanned attempters showed a significant association with alcohol use disorders, major depressive disorder, posttraumatic stress disorder, and bipolar disorder. In particular, bipolar disorder was found to be 3.5 times higher in these individuals.

Conclusions: The evidence reveals that unplanned suicide attempters experience suicidal ideation and precipitants prior to their attempt. They are associated with affective and alcohol use disorders. In order to reduce suicidal attempts, it may be useful to evaluate suicidal ideation as well as focusing on the treatment of existing mental disorders. **Impact:** Unplanned and planned attempts were strongly associated with lifetime mental disorders including affective disorders and alcohol use disorder. We suggest that an effective way to reduce unplanned attempts would be to evaluate those with suicidal ideation and focus on the treatment of their mental health problems including affective disorders and alcohol use disorders.

Presenter: Jong-Ik PARK, M.D., Ph.D. LL.M

Affiliation: Korea Suicide Prevention Center

Presentation Title: The national strategies and preventive activities

Presentation Abstract:

The suicide rate of Republic of Korea during last 10 years is the highest among the countries in Organization for Economic Cooperation and Development (OECD) and the increase of the rate is also the highest in the world. Although factors of suicide varies and is complex, it is apparently a problem in social environment where the recognition of the reverence for life is diminishing and human life is being depreciated. Therefore, suicide should be viewed from the point of not just individual responsibility but societal perspective and it is time to discuss the responsibility of the state accordingly.

The recent rise in the South Korean suicide rate can be attributed to multiple causes. These may include the increase in mental disorders, economic trends, changes in sociocultural values, and the media's depictions of suicide. Because the increase in suicide is a fairly recent phenomenon, further research is necessary to identify other potential causes. A better understanding of the causes would be helpful in devising appropriate suicide prevention plans to successfully turn around the suicide rate.

More recently, on March 31, 2011, the Congress passed the Suicide Prevention and Respect for Life Act and established the Korea Suicide Prevention Center, the first national center for suicide prevention. The Korea Suicide Prevention Center works to enhance research on and raise awareness regarding the

current suicide problem. Furthermore, they strive to equip the population with the skills necessary to participate in the collective effort to decrease the prevalence of suicide.

South Korea is still in the early stages of their national suicide prevention strategy, it is too soon to evaluate the outcomes of these programs. Nevertheless, the overall increase in attention to the suicide problem is a promising start.

Symposium Chair: Yvonne Bergmans

Affiliation: Suicide Studies Research Unit of the Arthur Sommer Rotenberg Chair in Suicide Studies. St. Michael's Hospital, University of Toronto.

Symposium Title: Moving Out: Transferring a Hospital-Based Clinical Intervention for People with Recurrent Suicide Attempts in to the Community

Symposium Abstract: Objectives, To introduce participants to the Psychosocial/Psychoeducational Intervention for People with Recurrent Suicide Attempts (PISA)/Skills for Safer Living (SFSL). To identify the process of moving an outpatient urban hospital based intervention to a community setting which includes a wide rural area. To identify the key role of people with lived experience in the intervention facilitation and sustainability of participant engagement in treatment. A discussion panel of key participants in the creation, facilitation and management of intervention will present each person's role in the creation and maintenance of the intervention. Method, Quantitative data will be presented on pre-group post group symptom measures including depression, hopelessness, problem solving, alexithymia, satisfaction with life, and impulsivity. Qualitative results will be presented on participant feedback of their experience of participating in the intervention. Participants will learn about the process of 'moving out' to the community from the perspectives of hospital based, community mental health and peer organizations, and facilitation teams. Results, Significant changes have been observed on symptom measures. Participants report overall satisfaction and a perceived change in their coping with suicide-related behaviours and thinking. Conclusions, This intervention has been identified as transferable from an outpatient hospital setting to a community milieu with results showing change and satisfaction for participants. Through the joint efforts and participation of facilitators both with and without lived experience, there is opportunity for expansion of the intervention beyond its initial mandate and target group. Impact By being open and flexible to the needs of organizations, clients and communities, it is evident that clinical intervention can «translate» beyond the hospital setting. Furthermore, in respecting an organic process, the utility of an intervention can expand beyond its initial framework to reach a broader population who have been identified as being at risk.

Presenter: Yvonne Bergmans

Affiliation: Suicide Studies Research Unit of the Arthur Sommer Rotenberg Chair in Suicide Studies. St. Michael's Hospital, University of Toronto.

Presentation Title: A Psychosocial/Psychoeducational Intervention for People with Recurrent Suicide Attempts-Skills for Safer Living

Presentation Abstract: This presentation will provide an overview of a twenty week outpatient intervention for people with recurrent suicide attempts that has been in operation since February 1999. Qualitative and quantitative results to date will be presented.

Presenter : Allan Strong

Affiliation: Team Lead – Skills for Safer Living
Self-Help Alliance, CMHA: Waterloo Wellington Dufferin
Kitchener ON

Presentation Title: Coming to the Community

Presentation Abstract: This presentation will provide an overview of the process involved in the establishment of the Skills for Safer Living Program as community based program in the Waterloo-Wellington area.

Presenter: Colleen Pacey

Affiliation: Coordinator – Skills for Safer Living
Self Help Alliance, CMHA Waterloo-Wellington-Dufferin

Presentation Title: To the Community and Beyond: How the community has embraced the suicide intervention group concept and what the future holds now that we have reached the 'tipping point'.

Presentation Abstract:

This presentation summarizes the evolution of the Skills for Safer Living intervention group since it moved from the hospital to the community setting two years ago, in terms of raising community awareness, building community partnerships and the resulting challenges and opportunities these initiatives have brought forth. The application of the suicide intervention group model to specific populations (eg. university students) and potential future adaptations of the intervention group (eg. people who experience suicidal ideation but have not attempted suicide) is also discussed

Presenter: Keely Phillips

Affiliation: Coordinator – Skills for Safer Living
Self Help Alliance, CMHA Waterloo-Wellington-Dufferin - Coordinator

Presentation Title: “Facilitators have been there too”: the evolution of peer staff roles in a suicide intervention group and the creation of suicide intervention peer support groups

Presentation Abstract:

This presentation will discuss the experiences of peer staff in the Skills for Safer Living (SFSL) suicide intervention group and the creation of Peers for Safer Living suicide intervention peer support groups. Peer staff are staff with lived experience with suicide related thoughts and behaviors. Peer staff work in partnership with a clinician to coordinate and deliver the suicide intervention group. Additionally, peer staff provide peer support from a lived experience perspective to individuals during the SFSL intervention. The evolution of these peer roles is presented with an emphasis on how peer staff use their lived experience to enhance the group experience. Additionally, peer staff provide follow-up support to participants of the SFSL intervention via the Peers for Safer Living peer support groups. The structure of these peer support groups and feedback from group participants is also presented.

Symposium Chair: Hilario Blasco-Fontecilla

Affiliation: Department of Psychiatry, IDIPHIM-Puerta de Hierro University Hospital, CIBERSAM, Madrid, Spain

Symposium Title: Advances on suicidal behavior: insights from Spain (Europe)

Symposium Abstract: The present symposium is aimed at presenting some advances on research of suicidal behaviour from two leading research groups from Spain (Oviedo and Madrid). Firstly, Dr. Blasco-Fontecilla, will present the addictive hypothesis of suicidal behavior. He will review the putative mechanisms underlying this behavioral addiction, and defend that major repeaters (individuals with ≥ 5 lifetime suicide attempts) could indeed be “addicted” to suicidal behavior. He will present data from the Montpellier group (lead by Dr. Philippe Courtet) giving partial empirical support to this hypothesis. Later on, Dr. Pilar Saiz will focus on suicide prevention in adolescents in Europe. She will present data drawn from the Saving and Empowering Young Lives in Europe (SEYLE) study, comprising more than 12,000 adolescents from 11 European countries, and from the Working in Europe to Stop Truancy Among Youth (WE-STAY) Project. Finally, Dr. Baca-Garcia will focus on the relevance of using novel tools that allow networking between different countries using the example of the European Research Consortium for Suicide (EURECA). Our symposium suggests that generating novel hypothesis and networking in a globalized world are key for diminishing the global burden of suicidal behavior.

Presenter: Hilario Blasco-Fontecilla

Affiliation: Department of Psychiatry, IDIPHIM-Puerta de Hierro University Hospital, CIBERSAM, Madrid, Spain

Presentation Title: On pain, suicide, and addiction: The addictive hypothesis of suicidal behavior.

Presentation Abstract: Presenting suicidal behavior as an addiction could initially sound awkward. However, it is difficult to explain how some patients engage in repetitive suicidal behavior without using an addictive paradigm. Furthermore, the literature provides some support to the hypothesis that repeated suicide attempts would be a behavioral addiction. Initially, Dr. Blasco-Fontecilla will review the putative mechanisms underlying this behavioral addiction, and defend that major repeaters (individuals with ≥ 5 lifetime suicide attempts) could indeed be subjects "addicted" to suicidal behavior. He will present data from the Montpellier group (lead by Dr. Philippe Courtet) giving partial empirical support to this hypothesis. To establish that major suicide repeaters are addicted to suicide attempts, we hypothesized that they have greater frequency of childhood trauma, addictive disorders (substance use disorders and eating disorders), and personality traits associated with addictive behaviors. Using a cross-sectional study with 372 suicide attempters consecutively admitted at an Specialized unit for suicide attempters in the Academic Hospital of Montpellier, France, we found that, in the multivariate logistic regression, major suicide repeaters were more likely to have female gender (OR=5.54, CI 1.41, 21.81), lower educational level (OR=5.1, CI 1.55, 17.2), anorexia nervosa (OR=3.45, CI 1.10,10.84), substance dependence (OR=5.00, CI 1.37, 18.27), lower levels of anger out (OR=0.17, CI 0.06, 0.47) and higher levels of trait anger (OR= 2.82, CI 1.18, 6.75]. Major suicide repeaters had significantly higher suicide risk scores (OR=2.14, CI 1.08, 4.23). These results bring some support to the addictive hypothesis of suicidal behavior.

The major aim of his presentation is to challenge our current view on repetitive suicidal behavior.

Presenter: Pilar Saiz

Affiliation: Department of Psychiatry. University of Oviedo-CIBERSAM. Health Services of Principado de Asturias. Spain

Presentation Title:

Presentation Abstract: Suicide prevention in young people in Europe: SEYLE and WE-STAY Projects

Suicide is the second cause of death after traffic accidents and other injuries in young people. In Europe each year, approximately 13,500 young men and women aged 15-24 years die by suicide. Furthermore, among this age group, it is estimated that approximately 100 to 200 suicide attempts take place for every completed suicide and it has been reported that about 10% of suicide attempters reattempt within the first year after the index attempt.

There is clear evidence that suicidal behaviour coincides with many underlying psychiatric conditions, in many cases undiagnosed and untreated in young people. On the other hand, in addition to psychiatric illnesses certain risk behaviours have also been identified. For instance, suicidal behaviours have been shown to be strongly associated with peer victimization, risk sexual behaviour, delinquency, substance abuse, non-suicidal self-injury, truancy, physical inactivity and poor nutrition. Even more important,

these risk behaviours tend to be integrated and often overlap in what is known as a “risk behaviour syndrome”.

The Saving and Empowering Young Lives in Europe (SEYLE) and Working in Europe to Stop Truancy Among Youth (WE-STAY) Projects are two multicentre longitudinal European research studies granted by the European Commission and coordinated by the Karolinka Institutet (Sweden). The main objectives of these projects are i) the performance of different interventions in adolescents leading to better health through decreased risk taking behaviours; ii) to evaluate outcomes of the interventions and iii) the development of culturally effective strategies for promoting health in young people.

The main objective of this presentation is to summarize main findings of the above mentioned Projects.

Presenter: Enrique Baca-Garcia

Affiliation: Department of Psychiatry, Jimenez-Diaz Foundation, Madrid, Spain

Presentation Title: Suicide research networking in Europe: the EURECA project

Presentation Abstract: The European Research Consortium for Suicide (EURECA) is a research collaboration project comprising suicide researchers from Spain (Madrid and Oviedo), France (Montpellier), Italy (Molise), and Switzerland (Geneva). Dr. Baca-Garcia will explain the origins of this consortium and some of the difficulties to share data between different research groups using different methodologies. He will also review some of the studies generated from the EURECA clinical and genetic database from a cohort of more than 4,000 patients.

The major objective of this presentation is to examine the state of the art of suicide networking in Europe.

Oral Presentations / Communications Libres

Monday, June 10 / Lundi le 10 juin 13:15-14:45

Monday, June 10 13:15-14:45

Title: SUICIDE RISKS IN OLDER ADULTS AFTER SPECIFIC PHYSICAL DISEASES: A NATIONWIDE LONGITUDINAL STUDY

Authors: ANNETTE ERLANGSEN, ELSEBETH STENAGER, YEATES CONWELL

Affiliation: RESEARCH UNIT, MENTAL HEALTH CENTRE COPENHAGEN

Abstract:

INTRODUCTION: Several physical diseases have been linked to higher risks of suicide in older adults. Somatic disorders might lead to depression, which in turn can cause suicidal behaviour. It is, however, also plausible that lower functional skills leading to feelings of burdensomeness might explain the association. The objective of this study is to analyse suicide risks associated with an elaborate list of physical disorders among older adults. The secondary aim is to evaluate potential causal pathways for senior suicidal behaviour.

METHODS: Individual-level records on all persons aged 60+ living in Denmark during Jan 1st, 1980 through 31st, 2009 in Denmark were assessed (N >3.5 mill. individuals). Observed individuals were divided by age (60-79, 80+). A total of 42 different physical disorders were identified using ICD-8 and ICD-10 diagnoses and examined as predictors of risk. Survival analyses were applied to calculate relative risks of suicide while adjusting for relevant socio-demographic covariates as well as history of psychiatric hospitalisation. Risks were calculated relative to the general population. Impact of physical disorders was assessed after short term exposure (3 years after first onset) and long term exposure (any exposure).

RESULTS: Men and women aged 60 years or older were observed over 9,724,165 and 12,361,554 person-years, respectively. During the 30 years of follow-up, in all 3,803 male and 2,209 female suicides were recorded. Significantly higher risks of suicide were identified for a number of physical diseases; particularly lung cancer, intestinal cancer, chronic obstructive pulmonary disorders (COPD), liver disease, and male genital disorders. Men and women diagnosed with COPD experienced a 1.8 [CI-95%: 1.6-2.1] and 1.7 [CI-95%: 1.5-2.2] fold higher risk of suicide during first three years. Diseases related to male genitals were linked to a 2.4 [CI-95%: 1.4-4.2] fold increase in risk for men and multiple sclerosis to a 3.4 [CI-95%: 1.6-7.1] fold increase in risk for women during first three years after diagnosis.

CONCLUSION: Elevated risks of suicide were identified in numerous physical diseases, also when adjusting for psychiatric comorbidity. Elevated risks of suicide related to physical diseases might be

mediated through subsequent depression or feelings of perceived burdensomeness after onset of physical diseases.

IMPLICATION: Identification of specific diseases that are linked to elevated risks of suicide will allow us to direct supportive interventions towards potentially suicidal older adults post discharge. Better assessment of depression and suicidal ideation in older adults with physical disorders might prevent senior suicides.

Supported by: Danish Health Insurance Foundation, Danielsens Foundation, EGV-Foundation, Augustinus Foundation

Monday, June 10 13:15-14:45

Title: Aggression-Impulsivity, mental pain, and communication difficulties in medically serious and medically non-serious suicide attempters

Authors: Yari Gvion^{1,2}, Netta Horresh¹, Yossi Levi³, Tsvi Fischel^{4,9}, Ilan Treves^{5,9}, Mark Weiser⁶, Haim Shem David⁶, Orit Stein-Reizer⁷, and Alan Apter^{8,9}

Affiliation: ¹

communication difficulties. Results: The medically serious and medically non-serious suicide attempters scored significantly higher than both control groups on mental pain, depression, and hopelessness ($p < .05$ for all) with no difference between the two suicide attempter groups. Medically serious suicide attempters had significantly lower self-disclosure ($p < .05$) and more schizoid tendencies ($p < .001$) than the other three groups and significantly more feelings of loneliness than the medically non-serious suicide attempters and non-suicidal psychiatric patients ($p < .05$). Analysis of aggression-impulsivity, mental pain, and communication variables with suicide lethality yielded significant correlations for self-disclosure, schizoid tendency, and loneliness. The interaction between mental pain and schizoid traits explained some of the variance in suicide lethality, above the contribution of each component alone. Conclusions: Aggression-impulsivity and mental pain are risk factors for suicide attempts. However, only difficulties in communication differentiate medically serious from medically non-serious suicide attempters. The combination of unbearable mental pain and difficulties in communication has a magnifying effect on the risk of lethal suicidal behavior.

Monday, June 10 13:15-14:45

Title: Reliability of child and parent report of suicidal ideation, planning, and attempts in teens and the impact on clinicians rating of suicide risk: Evidence from the DSM-5 Field Trials

Authors: Diana Clarke, S. Janet Kuramoto, William Narrow

Affiliation: American Psychiatric Association

Abstract:

Suicidal ideation (SI), planning (SP), and attempts (SA) are risk factors for suicide, the 3rd leading cause of death among adolescents. Although the presence of these factors does not perfectly predict suicide, they signal vulnerability and the need for vigilance to prevent suicide. Reliable information from self- and/or informant-reports of SI, SP, and SA is important in determining the prominence of suicide prevention strategies in the adolescent's treatment plan. Objectives: The study examines the test-retest and inter-rater reliabilities of self- and parent-ratings of SI, SP, and SA in children age 11-17. It also examines the effects of these reports on clinicians' assessments of suicide risk. Method: Data were derived from four child psychiatry sites that participated in the DSM-5 Field Trials. The field trials utilized a stratified sampling design to recruit consecutive patients seen in each site and included over 400 children age 11-17. Each parent/child pair completed a battery of computer-based questionnaires including assessment of SI, SP, and SA at baseline and again at retest (on average 1 week later). Results were transmitted to the clinician immediately for use in his/her clinical assessment. Results: Approximately 13% of the sample reported having SI in the past 2 weeks and about 25% had a history of SA. The test-retest reliability of children's reports of lifetime, past 6 months, and multiple SA (ICK > 0.80) were excellent and more precise (length of 95% CI

Monday, June 10 13:15-14:45

Title: CULTURAL CONSENSUS ON SUICIDE ATTEMPT AMONG MEXICAN ADOLESCENTS

Authors: Luis Miguel Sanchez-Loyo, Teresa Morfín-Lopez, Roque Quintanilla-Montoya, José Cruz-Gaitan

Affiliation: Universidad de Guadalajara

Abstract:

AIM: The aim of the study was to identify and to compare the semantic structure of the cultural domain, the average knowledge and the degree of cultural consensus among Mexican adolescents with and without suicide attempt regarding knowledge of suicide attempts cause, symptoms and prevention strategies to suicide attempt. **METHOD:** It was a qualitative study, using the free-listing technique, with a non-random sample of 54 adolescents (13 - 18 years) divided in two groups. The suicide attempter group included 27 participants (24 females), they were suicide attempters recruited from the medical services of Guadalajara following a suicide attempt by self poisoning. The control healthy group included 27 participants (24 females), they were junior high or high school students, without a history of suicide behaviors. **RESULTS:** The results showed a unique semantic model regarding suicide attempt causes, symptoms prior to suicide attempt and prevention strategies to suicide attempt in both groups. Family problems were identified as the most important cause of suicide attempts in both groups, while depression and sadness were identified as symptoms prior to the suicide attempt in both groups. Psychological aid and development of listening skills in the parents were the most frequent responses regarding prevention strategies to suicide attempt. **CONCLUSIONS:** The results suggest a same cultural knowledge background regarding causes, symptoms prior and prevention strategies to suicide attempt in Mexican adolescents. Mexican culture centred in family relationships is important to be considered in design of prevention strategies to suicide attempt in adolescence in Mexico. **IMPACT:** Programs of suicide prevention in adolescence have to be based on suicide cultural knowledge. Cultural background knowledge of suicide would improve suicide prevention in adolescents.

Monday, June 10 13:15-14:45

Title: Differential DNA methylation in frontal cortex of suicide completers

Authors: Gilles Maussion, Jennie Yang, Naguib Mechawar, Carl Ernst, Gustavo Turecki

Affiliation: McGill University, Department of Medicine

Abstract:

Background

TrkB gene codes for a receptor of BDNF. Previous studies by our group indicate that a subgroup of suicide completers have low expression levels of TrkB-T1, an isoform, highly expressed in astrocytes, and

that has no tyrosine kinase domain. We also observed epigenetic modifications in the TrkB promoter, which partially explained TrkB-T1 low expression level in brain tissue from suicide completers. The aim of this study was to investigate, throughout the TrkB gene, DNA methylation which could be responsible for the significant deregulation in TrkB-T1.

Methods

Eleven low TrkB-T1 expressor suicides and 13 controls were investigated. DNA was extracted from BA8/9, treated with sodium bisulfite and submitted to whole genome amplification. Microarray studies were performed using custom-made Agilent arrays tiling the whole TrkB gene and adjacent genomic sequence. Statistical correction was applied for multiple testing. We used cloning and sequencing on bisulfite treated DNA to validate sequences shown as differentially methylated according the microarray study. We performed a luciferase assay using a CpG free vector.

Results

After statistical correction for multiple testing, 9 DNA sequences located in TrkB gene were identified hypermethylated in frontal cortex of suicide completers. Five out of nine probes corresponded to TrkB-T1 3'UTR sequence whereas the four other probes matched with intronic regions of TrkB gene. We validated the hypermethylation in TrkB-T1 3'UTR sequence. These data are in agreement with the hypothesis of a transcript-specific deregulation through DNA methylation. Using a luciferase assay, we found a functional effect of site specific hypermethylation on TrkB-T1 3'UTR sequence.

Conclusion

We found a differential methylation between groups in TrkB-T1 3'UTR region. Results obtained using a luciferase assay suggest that TrkB-T1 decrease observed in the frontal cortex of suicide completers may be induced by site-specific hypermethylations.

Supported by: GM holds a fellowship from the American Foundation for Suicide Prevention

Monday, June 10 13:15-14:45

Title: Enhancing Provider Knowledge and Attitudes toward Working with Suicidal Older Adults: Evaluating the Canadian Coalition for Seniors' Mental Health Late-Life Suicide Prevention Knowledge Translation Project

Authors: Marnin Heisel Jordan Bowman Sharon Moore Kimberley Wilson

Affiliation: Western University Canada

Abstract:

Objectives: Older adults have high rates of suicide (Conwell & Heisel, 2012). Many at-risk older adults do not access mental healthcare services, and those who do so rarely receive recommended care, partly

due to a paucity of provider knowledge regarding suicide risk assessment and intervention (Canadian Coalition for Seniors' Mental Health, 2006). Provider education is needed in working with at-risk individuals (Heisel & Duberstein, 2005), to enhance provider knowledge and attitudes (Huh et al., 2012 Schmall & Pratt, 1993). The Canadian Coalition for Seniors' Mental Health (CCSMH) has developed a set of suicide prevention knowledge translation (KT) tools, including treatment guidelines, a clinician quick-reference pocket-card, and a healthcare provider training DVD. This presentation describes a KT study assessing knowledge transfer and attitudinal change in healthcare and social service providers attending half-day late-life suicide prevention training workshops incorporating the CCSMH tools. Methods: We developed and initially validated novel scales assessing provider knowledge and attitudes towards working with at-risk older adults, incorporating expert input, a provider focus group, and online data collection. We then used these scales to assess pre-post knowledge and attitudinal change of workshop participants towards working with older adults at-risk for suicide. Results: Psychometric findings of our online study (N=284 208 women, M=45.1 years, SD=11.3) supported the internal consistency ($\hat{1}\pm=.96$) of our attitudes scale, and the validity of our respective knowledge and attitudes scales compared with existing knowledge [McIntosh & Hubbard's (2003) Expanded and Revised Facts on Suicide Quiz $r=.59$, p

Monday, June 10 / Lundi le 10 juin 15:45-17:15

Monday, June 10 15:45-17:15

Title: Life trajectories following suicide: Results of a path analysis

Authors: Guy Beauchamp¹, Mélanie Di Mambro², Marie Robert¹ and Monique Séguin^{1,2}

Affiliation: UQO¹, McGill Group on Suicide Studies²

Abstract:

Objectives: Suicide is a complex phenomenon and the majority of studies (cross-sectional) cannot fully assess interrelations (mediation and moderation) between the observed variables and their dynamics over time. This study aims to present a model for the life trajectory of suicidal subjects by path analysis in order to better understand the relationships between different variables leading to the fatal outcome. **Methods:** Based on the proven methodology of life trajectories and burden of adversity (Séguin et al., 2007), we interviewed informants of 214 individuals who had died by suicide. This methodology allows the individual mapping of the burden of adversity over the life cycle for every 5 year period. These are determined from standardized instruments, measuring several dimensions and spheres of life, and helps build the trajectories. The TRAJ procedure of SAS was used to generate subgroups with similar trajectories. In a second step, we identify the variables associated with these trajectories by path analysis (MPLUS software version 7). **Results:** Trajectory I (60% of participants) is characterized by the presence of a burden of adversity from a young age and a gradual accumulation of problems and academic failures, a succession of losses, separations and placement and early sexual abuse, often in conjunction with alcohol or drug use. Trajectory II (40% of participants) can be best explained through

adjustment difficulties and of a gradual erosion of coping mechanisms for maintaining mental health. The participants of Trajectory I die at a younger age (35 and 41 years respectively) and have comorbid psychiatric disorders. The structural equation model consists of the following exogenous variables: physical/sexual abuse mediated by change of residence, conduct disorder and social isolation/conflicts mediated by school-related difficulties and personality disorder, alcohol abuse (parental) mediated by an alcohol-related disorder, and finally psychological abuse without mediation. The parameters of the model: CFI = 0.98, TLI = 0.98, RMSEA = 0.010 and R2 = 0.77. Conclusion: This study allowed a better understanding of the causal sequence of risk factors leading to the complex phenomenon of suicide. Benefits: We believe that these results offer new light on the etiology of suicide and suggest different pathways leading to suicide death. These results also allow to question the services provided and required by suicidal individuals following distinct trajectories.

Supported by: IRSC+FQRS+FQRSC

02 - Monday, June 10 15:45-17:15

Title: Child Maltreatment and Presentations to the Emergency Department for Suicide-Related Behaviour

Authors: Anne E. Rhodes, PhD^{a,b,c,d} Michael H. Boyle, PhD^e Jennifer Bethell, MSc^{a,c} Christine Wekerle, PhD^f Lil Tonmyr, PhD^g Deborah Goodman, PhD^{h,j} Bruce Leslie, MSW^j Kelvin Lam, BSc^d Ian Manion, PhD^k

Affiliation:

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- d) The Institute for Clinical Evaluative Sciences, Toronto, Ontario, Canada
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- f) Department of Pediatrics, McMaster University
- g) The Injury and Child Maltreatment Section, Health Surveillance and Epidemiology Division, Public Health Agency of Canada
- h) The Children's Aid Society of Toronto, Child Welfare Institute
- i) Factor-Inwentash Faculty of Social Work, University of Toronto

- j) The Catholic Children's Aid Society of Toronto
- k) The Ontario Centre of Excellence for Child and Youth Mental Health

Abstract:

Objectives:

Study 1: Onset

- i) To highlight child maltreatment as a risk factor for a first presentation to the emergency (ED) department for suicide-related behavior (SRB) and
- ii) the intersection between the ED, mental health and child welfare sectors as an opportunity to intervene to prevent future SRB

Study 2: Repetitions

- i) To better understand repeat presentations to the ED for SRB to help guide secondary prevention initiatives

Method: Population-based (retrospective) cohort of youth (aged 12-17 years) at risk for a 1st ED SRB presentation living in Ontario, January 2004 and 31 December 2010, N=1,034,546

Exposure: Youth with substantiated child maltreatment (before age 16 years) leading to permanent removal from parental home N=4,683 (compared to peers)

Outcomes: Study 1: First ED SRB presentation. Study 2: One or ≥ 2 repeat ED SRB presentations

Analyses: Cox (recurrent event) regression adjusted for social, demographic and clinical factors

Results:

Study 1: After adjustments, maltreated youth (as noted) were about five times more likely to have a first ED presentation for SRB than their peers, in both boys (Hazard Ratio: 5.13, 95% CI: 3.94,6.68) and girls (Hazard Ratio: 5.36, 95% CI: 4.40,6.54).

Study 2: Among youth with a first ED SRB presentation, maltreated youth were two times more likely to have a repeat ED SRB presentation than their peers after adjustments (conditional on prior ED SRB presentations). A number of factors (including gender) were independently associated with repetition. No one factor distinguished between having a first and second repetition nor was more strongly associated with repetition than another.

Conclusions: Youth permanently removed from their parental home because of substantiated child maltreatment are at an increased risk for ED SRB presentations. However, when compared to their respective peers, their risk is highest at the first presentation to the ED for SRB.

Impact: The prevention of child maltreatment and its recurrence may prevent the need for such presentations. Implications for secondary prevention initiatives will also be discussed.

Supported by:

Support for this project was provided by an operating grant from the Canadian Institutes of Health Research, PCY: 86888 in conjunction with support and partnership from the Institute for Clinical Evaluative Sciences (ICES); the Ontario Ministry of Children and Youth Services; the Child Welfare League of Canada; Ontario Association of Children's Aid Societies; The Ontario Centre of Excellence for Child and Youth Mental Health and The Injury and Child Maltreatment Section, Health Surveillance and Epidemiology Division, Public Health Agency of Canada. ICES is funded by an annual grant from the Ontario Ministry of Health and Long-Term Care

Monday, June 10 15:45-17:15

Title: The Nunavut Suicide Prevention Strategy: Process, Logic and Evidence Base

Authors: Jack Hicks

Affiliation: Ilisimatusarfik

Abstract:

Suicide has been an urgent public health matter in Canada's Central and Eastern Arctic since the 1970s, reaching rates above 120 per 100,000 for the Inuit population: and above 500 per 100,000 among young Inuit men. It was not until 2007 that the territorial government managed to release a weak internally-developed suicide prevention strategy, which was sharply criticized. A very different process then took place. A partnership was developed between the Government of Nunavut, the Inuit representative organization Nunavut Tunngavik Inc., the Royal Canadian Mounted Police and the multi-sectorial Embrace Life Council. Extensive community consultation took place. The result was the release of an evidence-informed Nunavut Suicide Prevention Strategy (NSPS) in 2010 and an accompanying Action Plan (containing the implementation details) in 2011. The NSPS is grounded in an understanding of the historical trauma embedded in Inuit society. In addition to supporting community-development activities that promote individual and community mental wellness, the strategy stresses the need to strengthen «the continuum of mental health services, especially in relation to the accessibility and cultural appropriateness of care.» The NSPS seeks to equip youth to cope with adverse life events and negative emotions, deliver suicide-intervention training on a consistent and comprehensive basis, support ongoing research, inform the population about mental health issues, and invest in the next generation by fostering opportunities for healthy development in early childhood that may reduce adversity later in life. This paper will assess the collaborative process which made development and implementation the Nunavut Suicide Prevention Strategy possible, the logic underlying the strategy, and the evidence used to inform and support the strategy development process. The author was Suicide

Prevention Advisor to the Government of Nunavut during the conception and development of the Nunavut Suicide Prevention Strategy.

Monday, June 10 15:45-17:15

Title: Distinct effects of lithium chloride and clozapine in preventing suicide-related behaviors in a two-hit model of schizophrenia

Authors: Jessica Deslauriers

Affiliation: Université de Sherbrooke

Abstract:

Objectives: Schizophrenia patients show a high rate of premature mortality by suicide (5%). The pathophysiological mechanisms of suicidal behaviors in this subpopulation do not appear to involve serotonergic neurotransmission, as suicidal risk in general population. Our aim was to develop an in vivo model of schizophrenia presenting suicide-related behaviors such as aggressiveness, impulsivity, anxiety and hopelessness. We opted for a two-hit model involving a prenatal immune challenge with polyIC followed by a post-weaning social isolation (SI). To validate our model in this context, we tested lithium chloride (LiCl), whose suicide preventing effects are well established in the non-schizophrenic population, and clozapine, the antipsychotic with the best-established suicide preventive effect. **Method:** C57BL/6 gestational mice were injected with polyIC (20 mg/kg) or saline at gestational day 12. Pups were submitted, or not, to SI for 4 weeks after weaning. The last week of SI and 30 minutes before behavioral testing, mice received the vehicle or LiCl (200 mg/kg) or clozapine (3 mg/kg). Prepulse inhibition (PPI) of acoustic startle was measured to validate the schizophrenia-like phenotype. The resident-intruder test was used to evaluate aggressiveness and impulsivity. All drugs were given intraperitoneally. **Results:** PPI deficits (-21%) and the exacerbation of episodes and duration of aggressiveness (+4515% and +437% respectively) were observed in the polyIC/SI mice. Furthermore, impulsivity (latency before the first attack) was higher following SI alone or in the two-hit model. In polyIC/SI mice, clozapine prevented PPI deficits, while LiCl exacerbated them. In the resident-intruder test, polyIC/SI mice aggressiveness was reduced following clozapine treatment exclusively clozapine also reduced their impulsivity. On the other hand, LiCl only had preventive effects on the aggressiveness and impulsivity of mice submitted to SI alone. **Conclusions:** Post-weaning SI contributes to the development of suicide-related behaviors (aggressiveness and impulsivity) in a model of schizophrenia primed by gestational immune activation. Our results are in line with the hypothesis that the mechanisms of suicide-related behaviors diverge between the general and schizophrenia populations. Indeed, the usual clinical suicide preventive treatment was shown to be ineffective in the double-hit model in opposition to an antipsychotic with suicide preventive effects. **Impact:** This in vivo double-hit model of schizophrenia and suicidal behaviors will allow gaining a better understanding of physiological and biochemical mechanisms involved. It should also help in screening drugs for optimizing the treatments of the schizophrenic population.

Supported by: The authors have no conflict of interests to declare.

Monday, June 10 15:45-17:15

Title: A genome-wide association study of suicide severity in bipolar disorder

Authors: Clement C Zai, Vanessa Gonçalves, Arun K Tiwari, Vincenzo de Luca, John Strauss, Jo Knight, John B Vincent, James L Kennedy

Affiliation: University of Toronto / Centre for Addiction and Mental Health

Abstract:

Objectives: A number of novel candidate genes have been identified in recent genome-wide association studies of suicide attempt in bipolar disorder (e.g., Willour et al, 2011 Perlis et al, 2010). However, suicide severity has not been analyzed in a whole-genome manner in bipolar disorder. **Method** We collected genotype and suicide-related data for three independent bipolar disorder sample sets (N=189 small nuclear families, 308 cases, and 462 cases) of European ancestry according to principal component analysis. After initial quality control, we conducted whole-genome imputation (IMPUTE2) to derive a total of 2,660,840 markers common across all three sample sets. Following quantitative analysis for each sample separately, we performed meta-analysis using the METAL software.

Results: The top findings from our analysis of suicide severity scores were located in a 250kb region on chromosome 18q ($p < 1e-6$). This region is also one of the top findings for the analysis of lifetime history of suicide attempt.

Conclusions: We conducted the first genome-wide association analysis of suicide severity in bipolar disorder and found a 250kb region at 18q to be possibly associated with suicidality. Future work will include characterizing markers in this region for functional effects on nearby genes.

Impact: Our findings offer new loci that should be pursued further in independent samples. The detection of the risk loci for suicidal behaviour may lead to the identification of new therapeutic targets for suicide prevention.

Supported by: Canadian Institutes for Health Research, GlaxoSmithKline, Eli Lilly Canada, American Foundation for Suicide Prevention, Brain and Behavior Research Foundation

Monday, June 10 15:45-17:15

Title: Presence of Lethal or Non-Lethal Levels of Mood Stabilizers, Atypical Antipsychotics, Antidepressants, and Benzodiazepines at Time of Death in Bipolar Disorder Overdose Suicides

Authors: Ayal Schaffer, MD; Mark Sinyor, MD; Lauren M Weinstock, PhD, Benjamin I Goldstein, MD, PhD; Catherine Reis, BA; Anthony J Levitt, MD

Affiliation: Department of Psychiatry, University of Toronto

Abstract:

Objectives: Lethal overdose of pharmacotherapeutic agents is one of the more common methods of suicide in people with Bipolar Disorder (BD). Limited data are available on which specific BD treatment medication classes are present and/or at lethal levels at the time of death. **Methods:** Data were extracted from the Coroner's records of all BD suicide deaths by overdose of pharmacotherapeutic agents in the City of Toronto, Canada from 1998-2010 (n=57). Pharmacotherapeutic agents identified from toxicology results were classified by the Coroner as being i) the cause of death and /or ii) present at the time of death (at a lethal or non-lethal level). Counts of specific therapeutic classes (traditional mood stabilizers, atypical antipsychotics, non-TCA antidepressants, TCA antidepressants, benzodiazepines) were recorded, with total percentages surpassing 100% due to multiple lethal and non-lethal agents being present in some suicides. In 18 multidrug suicides, no drug was identified by the coroner as being the specific cause of death, therefore these cases have been excluded from our analysis of lethal drugs but all drugs detected have been counted as present. **Results:** Among BD overdose suicide deaths with an identified lethal medication (n=39), the most frequent pharmacotherapeutic classes of lethal medication were benzodiazepines (23.1%) and traditional mood stabilizers (23.1%), followed by atypical antipsychotics (17.9%), non-TCA antidepressants (15.4%), and TCA antidepressants (5.1%). Benzodiazepines were the most common medication class present at the time of death (54.4%), followed by non-TCA antidepressants (50.9%), atypical antipsychotics (38.6%), traditional mood stabilizers (29.8%), and TCA antidepressants (17.5%). Lithium was present in three suicides, and reported as lethal in one of these. Among suicides in which a non-TCA antidepressant was found in the body (n=29), 69.0% had no mood stabilizer or atypical antipsychotic detected. **Conclusions:** Benzodiazepines and traditional mood stabilizers are the most common class of lethal medication in BD overdose suicides. Antidepressants are present in a majority of BD overdose suicides, most commonly without the presence of a concomitant mood stabilizer or atypical antipsychotic. These data should introduce a further note of caution to clinicians prescribing antidepressant monotherapy in BD patients at high risk of suicide. More data is needed to replicate these findings in order to help advance suicide prevention approaches for this high risk population. **Impact:** These results contribute to knowledge of suicide in BD, and can inform safety precautions regarding medication prescribing for high-risk patients.

Tuesday, June 11 / Mardi le 11 juin 13:15-14:45

Tuesday, June 11 13:15-14:45

Title: Community Model of Suicide Prevention in the Military: Implementation of the Columbia Suicide Severity Rating Scale across Primary and Auxiliary Services at US Fort Carson Army Base

Authors: Kelly Posner, Kenneth Delano

Affiliation: New York State Psychiatric Institute, Columbia University

Abstract:

This presentation outlines the process of implementing a uniform suicide risk assessment tool, the C-SSRS, at Fort Carson, a U.S. Army base in Colorado. By the end of the presentation, attendees will understand the rationale for selecting the C-SSRS, an evidence-based instrument to both screen and evaluate suicide risk for the full age range of patients, for utilization at Fort Carson. The presentation will review the development of specific C-SSRS forms for implementation that fall within the specific requirements of each specialized assessment context. The presentation will underscore how the comprehensiveness, flexibility, feasibility, and low administration burden of the tool make it an optimal tool for effective triaging and streamlining of care delivery and ideal for implementation across a US Army base. Procedures that have been successful in training staff of different professions across the base will be reviewed. These will include the specifics of administration, scoring, recording, and utilization and interpretation of the C-SSRS data. The presentation will demonstrate different mechanisms for past and future propagation of the C-SSRS across all care systems, such as the Child and Family Assistance Center, clergy, counseling centers, community partners, and among fellow soldiers, commanding officers, and drill sergeants. Positive results from the extensive utilization of the C-SSRS throughout the Child and Family Assistance Center will be used to show the sequence in the expansion of the implementation of the C-SSRS throughout the entire Department of Behavioral Health and across all departments, such as the emergency and primary care departments of Evans Army Community Hospital. Expansion of implementation is already evident, as one TRICARE community agency has taken the lead in adopting the instrument, and another has requested training for their providers.

Tuesday, June 11 13:15-14:45

Title: Semantic Fluency Deficit Distinguishes High-Lethality Suicide Attempters

Authors: Marianne Gorlyn, John Keilp, Maria Oquendo, J. John Mann

Affiliation: Columbia University/NYSPI

Abstract:

Objectives: Cortical lesion and brain imaging literature indicates that phonemic and semantic verbal fluency tasks are differentially sensitive to executive and semantic network functioning, respectively. Major depression is characterized by comparable deficits on fluency measures attributable to psychomotor slowing. Several studies suggest a specific impairment in semantic fluency in suicide

attempters, but nature of this impairment has not been well-characterized. Method: Phonemic (F, A, S) and semantic (animal) fluency were compared in 283 patients with an unmedicated major depressive episode (145 with no suicide history, 83 with prior low-lethality attempt and 55 with a prior high-lethality attempt) and 107 healthy volunteers. Scores were converted to T-scores using published norms to adjust for age, race and education. WAIS-IV Coding was used as a measure of psychomotor speed. Results: All patient groups had poorer performance on phonemic fluency relative to healthy volunteers ($F(3,386) = 3.00, p = .03$). Group differences were no longer significant when scores were covaried for processing speed. Healthy volunteers outperformed all patient groups on semantic fluency as well, but high-lethality attempters demonstrated a significantly greater impairment relative to both non-attempters and low-lethality attempters ($F(3,366) = 4.78, p = .003$). When controlled for processing speed, high-lethality attempters' performance was still significantly poorer than that of all other groups. Semantic fluency scores were not associated with ratings of suicidal ideation or attempt severity. The deficit in semantic fluency was not significant when high and low lethality attempter groups were combined. Conclusions: Performance on both semantic and phonemic fluency tasks are affected by psychomotor slowing in all patients with depression. Specific impairment in semantic fluency beyond the effects of cognitive slowing distinguishes patients with prior high lethality suicide attempts rather than attempters overall. This deficit implies a problem with semantic retrieval due to semantic store disorganization, rather than weaknesses in general language, effortful retrieval, or speeded performance. Patients at risk for more lethal suicidal behavior may exhibit a particular vulnerability in the retrieval of connective and meaning-based information, which may play a role in generating alternatives and guiding goal-directed behavior. Impact: Patients at risk for suicidal behavior do not exhibit global deficits in executive functioning. Specific impairment in semantic fluency may serve as a marker for vulnerability to more medically severe suicidal behavior.

Supported by: NIMH

Tuesday, June 11 13:15-14:45

Title: A life-course study on effects of parental markers of morbidity and mortality on offspring's suicide attempt

Authors: Ellenor Mittendorfer-Rutz, Finn Rasmussen, Theis Lange

Affiliation: Karolinska Institutet

Abstract:

Objectives: Research on the temporal relationship of parental risk factors with offspring's suicide attempt is scarce and a life course approach has not been applied to date. We investigated the temporal relationship of parental morbidity and mortality with offspring's suicide attempt and whether any such association was modified by offspring's age at attempt. Method: We designed a case-control study through linkage of Swedish registers. Cases comprised all individuals in Sweden born 1973-1983 with

inpatient care due to suicide attempt (15-31 years of age) and with information on both biological parents (N=15 193). Ten controls were matched to each case (National Patient register with national complete coverage). Conditional logistic and spline regressions were applied. Results: Particularly for women, most parental markers showed the strongest effect sizes if exposure was short-term (within 2 years after exposure) and related to the mother. Especially short-term exposure to maternal inpatient care due to psychiatric diagnoses had a significantly stronger effect on suicide attempt risk in women compared to men. Short term effects of exposure to maternal suicide attempt were among the strongest risk factors, associated with two-fold increased Odds Ratios for suicide attempt in young women and men after multivariate adjustment. Regarding exposure to parental inpatient care due to psychiatric diagnoses, short-term as opposed to long-term (exceeding 2 years after exposure) effects were highest during adolescence and decreased significantly with age for female and male offspring, respectively. Conclusions: The data suggest high risks of suicide attempt in case of exposure to parental psychopathology and suicidal behavior particularly during adolescence and strong short-term effects associated with maternal psychopathology for female offspring. Impact: Adolescence represented the most critical period for attempting suicide when exposed to parental psychopathology. Preventive clinical and public health measures are strongly needed for adolescents shortly after they have been exposed to their parents' inpatient care due to psychiatric diagnoses and suicidal behaviour. Effective prevention requires a tight intersectional collaboration particularly collaboration between adult- and child-psychiatry.

Tuesday, June 11 13:15-14:45

Title: Reframe IT: findings from a pilot study testing an online CBT intervention among at-risk high school students.

Authors: Jo Robinson, Sarah Hetrick, Georgina Cox, Jane Pirkis, Sarah Bendall, Alison Yung, Matt O'Donnell

Affiliation: Orygen Youth Health Research Centre, University of Melbourne

Abstract:

Objective Suicidal ideation is common among adolescents; however there are few intervention studies in this area. Use of the Internet is a common means of delivering psychological therapy and has the potential to reduce symptoms of depression and anxiety in adolescents. However its potential to reduce suicidality remains unexamined. Additionally, questions are often raised regarding the safety and acceptability of discussing suicide on-line. The aim of this pilot was to test the effects, safety and acceptability of an Internet-based intervention for at-risk high school students. Methods The study adopted a pre-test / post-test design. Students who presented to the school wellbeing coordinator with suicidal ideation were invited to participate. Students were assessed at baseline and post intervention. Outcomes of interest included suicidal ideation, depressive symptoms and hopelessness. Distress was measured weekly using a specifically designed questionnaire and students completed a detailed

evaluation form at the end of the study. The intervention was an 8-week Internet-based cognitive behavioural therapy program which comprised 8 modules focusing upon emotional recognition, distress tolerance, behavioural activation and relaxation techniques, and cognitive restructuring. The intervention was delivered via a series of video diaries of young people talking about their experiences and the 'therapy' was provided verbally by an adult actor. The site included fact sheets, a message, weekly activities and was moderated by a clinical psychologist. Results: The pilot is now complete. 32 students were referred to the project and 21 completed the 8-week program. A full set of data will be presented, however preliminary analysis indicates that levels of suicidal ideation, depressive symptoms and hopelessness were reduced over the course of the study. In addition, students found the intervention to be acceptable and it did not induce suicidal ideation or distress among participants. Conclusions As noted above the full dataset is yet to be analysed however initial findings indicate that a program such as this has the potential to be an effective and safe means of reducing suicidal feelings among high school students. This is a small pilot study, limited by size and design, however we have recently obtained funding to test the program in a larger randomised controlled trial. Impact Interventions targeting at-risk young people are scarce. Further, it is well documented that young people are reluctant to seek professional help. An intervention such as this has the potential to be non-stigmatising and cost-effective, and to be widely delivered across a range of settings.

Supported by: The American Foundation for Suicide Prevention and the National Health and Medical Research Council, Australia

Tuesday, June 11 13:15-14:45

Title: Suicide ideation and attempts among Inuit youth of Nunavik : where do we go from here ?

Author: Sarah Louise Fraser

Affiliations : Université de Montréal

Inuit people of Canada have the highest rates of suicide ideations, attempts and completed suicide in the world, with Inuit youth being at highest risk. Two studies performed in Nunavik the 1990's highlighted the high rates of suicidal ideations and attempts among Inuit youth and a gender difference in risk and protective factors associated with suicidal attempts (Kirmayer et al 1998 ; Santé Québec, 1994). **OBJECTIVE :** The primary objective of this study is to explore the prevalence and risk factors of suicide ideations and attempts in this same population a decade later in order to assess trends that can better inform us on paths towards prevention. **METHOD :** A cross-sectional survey was performed in 2004 across Nunavik Quebec (Qanuippitaa study). Participants completed a confidential survey on suicide ideations and attempts, exposure to violence and to sexual abuse. They also completed a series of short questionnaires assessing a variety of other bio-psycho-social risk and protective factors including socio-economic status, job status, levels of psychological distress, self-esteem, boredom, anger, alcohol use and drug use. Pearson correlations and multiple regression analyses were performed using Stata\SE. **RESULTS:** Among Inuit youth (15-24), both prevalence of lifetime suicidal thoughts (38%

in 1994 to 45% in 2004) and lifetime attempts (22% in 1994 to 31% in 2004) have increased overtime. Nearly twice as many females reported suicidal thoughts and attempts as compared to males. Among men, alcohol related problems (CAGE), having experienced physical violence during adulthood and high levels of psychological distress were the greatest predictors of attempted suicide in the past 12 months. Among females, Marijuana use, having experienced physical violence during adulthood and experiencing high levels of psychological distress were the greatest predictors of suicide attempts in the past 12 months. CONCLUSIONS: These results are similar to those obtained in the 1990's among Inuit youth of Nunavik. Major differences reside in heightened exposure to suicide-related risk factors including sexual abuse, alcohol and drug use over the 10 year-span. Although physical violence is a known predictor of suicidality, it has rarely come-up as being one of the most important predictors. Suicide prevention must include alcohol and drug prevention programs and rehabilitation services. Prevention of physical violence should also be a priority for health and social service programming.

Tuesday, June 11 13:15-14:45

Title: The Utility of the Patient Health Questionnaire-9 to Assess Suicide Risk in Medical Patients

Authors: Ilya Razykov, MSc; Brett Thombs, PhD

Affiliation: McGill University

Abstract:

Objectives: Individuals with chronic physical illness are 1.6 times more likely to die from suicide than healthy controls, controlling for mental disorders. A number of studies have described administering item 9 of the Patient Health Questionnaire-9 (PHQ-9), a self-administered measure of depression symptoms, to these patients to screen for suicide ideation. This item asks whether patients have had «thoughts that you would be better off dead or of hurting yourself in some way?" Between 12% and 17% of patients endorse item 9 of the PHQ-9, and researchers have suggested referral of positive screens to specialty care. The item, however, is ambiguous as it includes passive thoughts of death and more active ideas of self-harm. No studies have compared PHQ-9 item 9 responses to more specific assessments of suicidal ideation or plan. Thus, the objectives were (1) to determine the proportion of patients with scleroderma (SSc) and coronary artery disease (CAD) who responded anything other than «not at all» to item 9 who endorsed active suicidal ideation in response to more direct questions during a structured clinical interview and (2) to assess the association between the PHQ-9 and the PHQ-8, which does not include item 9. Methods: All patients were administered the PHQ-9. CAD patients were administered the Computerized Diagnostic Interview Schedule (C-DIS). SSc patients were administered the Composite International Diagnostic Interview (CIDI). Item 9 responses were compared to suicidal ideation and intent in the last year based on the C-DIS for CAD patients, and the CIDI for SSc patients. Scores on the PHQ-8 were obtained by subtracting item 9 out of the PHQ-9. Pearson correlations between the PHQ-8 and PHQ-9 were computed. Results: Of 1,022 patients with CAD, 110 (10.8%) endorsed item 9. Of those, 22 (19.8%) reported thoughts about committing suicide, and 9 (8.1%)

reported a suicide plan. Of 345 SSc patients interviewed, 31 (9.0%) endorsed item 9. Of those, 14 (45.2%) had passive thoughts of suicide or death. One (3.2%) had thought about suicide in some detail. The correlation between PHQ-9 and PHQ-8 scores was $r > 0.99$ for both samples. Conclusion: Item 9 appears to identify many patients who do not report active suicidal ideation. The PHQ-8 may be a better option for assessment of depressive symptoms than the PHQ-9 in SSc patients.

Supported by: Mr. Razykov's work was supported by the McGill University Faculty of Medicine Alexander McFee Fellowship and the Canadian Scleroderma Research Group Studentship. Dr. Thombs was supported by a New Investigator Award from the Canadian Institutes of Health Research.

Tuesday, June 11 / Mardi le 11 juin 15:45-17:15

Tuesday, June 11 15:45-17:15

Title: Using T1 structural Neuroimaging to Measure Suicide Risk: A comprehensive Cross-Samples Cross-Methods Cross-Pipelines Cross-Statistical Exploration

Authors: Yang Ding, Gustavo Turecki, Philippe Courtet, Fabrice Jollant

Affiliation: McGill/MGSS

Abstract:

Objectives: Patients with a past history of suicidal behavior have shown a range of neurobiological alterations in comparison to patients with no suicidal history. These alterations may underlie vulnerability to suicidal acts in stressful situations. T1-Magnetic Resonance Imaging is a relatively simple structural neuroimaging method that may help uncovering useful anatomical correlates of suicidal risk. Current whole-brain neuroimaging literature in suicidology show strong diversities due to differences in analysis approaches, statistical thresholding, varied sample sizes as well as population heterogeneity. We aim to address these issues by conducting comprehensive structural analyses across three independent study samples using two analyses techniques implemented in multiple parallel structural analyses pipelines assessed at commonly used statistical thresholds to holistically evaluate the T1 structural correlation of suicidal risk. Method: Data from 3 individual suicide attempters neuroimaging study samples were combined, which resulted in the final total inclusion of 82 healthy controls without history of mental disorder or suicidal behaviour, 82 euthymic non-suicidal controls with past history of mood disorder but not suicidal behaviour and 67 euthymic suicide attempters with a past history of both mood disorder and suicidal behaviour. We focused exclusively on the contrasts highlighting suicidal behaviour related changes and examined them in all three individual study samples as well as pooled total study sample. Population age, gender, education and study site were included as covariates in the analyses where appropriate. Gray matter structural volume as well as cortical thickness and area changes were examined in suicide attempters using voxel-based morphometry (VBM) and surface-based morphometry analyses (SBM). In order to cross-validate any potential findings, multiple SBM/VBM

analyses pipelines and a wide variety of statistical thresholds were concurrently applied to evaluate structural differences. Results: Stringent statistical thresholding showed no significant VBM or SBM results in any analyses pathways. Lenient statistical approach showed significant but non-replicable findings at various locations. Conclusions: From methodological perspective, our results highlight inconsistency across different VBM analyses pipelines when using a liberal statistical threshold. They further question the validity of using single analyses pipeline without validation from competing analyses methodologies or pipelines to thoroughly validate existing imaging results. From the clinical perspective, our results suggest simple T1-acquisition may not be appropriate to effectively delineate suicide risk using neuroanatomical correlates at the current group sizes.

Tuesday, June 11 15:45-17:15

Title: Medical and Demographic Factors Associated with Suicidal Ideation in Long-Term Prostate Cancer Survivors

Authors: Christopher J. Recklitis¹, Eric S. Zhou¹, Eric Zwemer², Jim C. Hu³, Philip W. Kantoff¹

Affiliation: ¹Dana-Farber Cancer Institute, ²Boston Children's Hospital/Boston Medical Center, ³University of California, Los Angeles

Abstract:

Objectives: Epidemiological evidence indicates that a cancer diagnosis is associated with greater suicide risk. Prostate cancer (PC) may be associated with four-fold increased risk, but most studies in this area have been limited to cancer registry data collected at diagnosis. Thus, there is limited understanding of suicide in long-term prostate cancer survivors (PCS), despite the fact that suicide risk remains high, even a decade after PC diagnosis. Identifying PCS at risk for suicide, and developing interventions to treat them requires a better understanding of the factors associated with increased suicide risk. To address this need, the current study: 1) described the prevalence of suicidal ideation (SI) in a cohort of long-term PCS, and 2) identified factors associated with SI in this population. Method: 695 PCS treated at a single cancer center, 5-10 years after PC diagnosis, reported demographic, medical and psychosocial information, including 8 items about SI and behaviors in the prior year in a mailed survey. Results: 86 PCS (12.3%) reported SI. 16 PCS (2.3%) reported dissatisfaction with living only, 56 (8.1%) reported passive SI, and 14 (2.0%) reported serious SI, plans or urges. No recent attempts were reported. Serious suicidal thoughts were found to be more common in our sample (1.4%), compared to age and gender-adjusted normative data (0.8%). SI was not associated with most demographic (age, ethnicity, marital status, education, income) or medical (PC treatments, or PC progression or relapse) variables. SI was associated with religious identification, employment status, and mental health variables including mood and anxiety disorder history. In an adjusted logistic model, current depressive symptoms (odds ratio=6.17 $p<.001$), and receipt of mental health services (odds ratio=2.15, $p<.05$) remained significant predictors of SI. The majority of PCS with suicidal ideation (61.2%) reported no previous depression diagnosis, and 46.5% evidenced no significant current depressive symptoms. The majority of PCS with SI

(97%) reported recent contact with a primary care physician or oncologist. Conclusions: A significant proportion of PCS report SI. SI is more common in survivors with current depressive symptoms and recent mental health treatment. However, many PCS with SI do not report depression. Almost all PCS with SI report recent physician contact. Impact: Findings suggest that factors other than depression must be considered when assessing for SI in PCS, and highlight the important role physicians play in identifying those at high risk for suicide during medical appointments.

Supported by: This study was funded by a grant from the American Foundation for Suicide Prevention (PRG-1-10-156: Recklitis).

Tuesday, June 11 15:45-17:15

Title: Karolinska Interpersonal Violence Scale; a new tool in suicide prevention

Authors: Jussi Jokinen

Affiliation: Karolinska Institutet

Abstract:

Background: Both childhood trauma and violent behaviour are important risk factors for suicidal behaviour. The aim of the present study was to construct and to validate a clinical rating scale that could measure both the exposure to and the expression of violence in childhood and during adult life and to study the ability of the Karolinska Interpersonal Violence Scale (KIVS) to predict ultimate suicide in suicide attempters. Method: A total of 161 suicide attempters and 95 healthy volunteers were assessed with the KIVS measuring exposure to violence and expressed violent behaviour in childhood (between 6-14 years of age) and during adult life (15 years or older). The Buss-Durkee Hostility Inventory (BDHI), "Urge to act out hostility" subscale from the Hostility and Direction of Hostility Questionnaire (HDHQ) and the "Early Experience Questionnaire" (EEQ) were used for validation. All patients were followed up for cause of death. Results: Nine patients who committed suicide had significantly higher scores in exposure to violence as a child, expressed violent behaviour as an adult and KIVS total score compared to survivors. Suicide attempters scored significantly higher compared to healthy volunteers in three of the four KIVS subscales. There were significant correlations between the subscales measuring exposure to and expression of violent behaviour during the life-cycle. BDHI, Urge to act out hostility and EEQ validated the KIVS. Conclusion: Exposure to violence in childhood and violent behaviour in adulthood are risk factors for suicide in suicide attempters. Behavioural dysregulation of aggression is important to assess in clinical work. The KIVS is a valuable new tool for case detection and clinical suicide prevention.

Supported by: Swedish Research Council

Tuesday, June 11 15:45-17:15

Title: ATTEMPTED SUICIDE AND INITIAL ASSESSMENT RECEIVED

Authors: Elham Rahme, PhD Alain Lesage, MD, FRCP Nancy Low MD, MSc, Gustavo Turecki, MD, FRCP Jean-Pierre Bonin, PhD Diane Daneau, RN, BSc Suzanne Lamarre, MD, FRCPC, DLFAPA Johanne Renaud, MD Helene Racine, Suzanne Morin, MD, MSc, Kaberi Dasgupta, MD, MSc.

Affiliation: McGill University, Department of Medicine

Abstract:

Introduction: One in five suicide attempters die from suicide and survivors are 40 times as likely to subsequently complete suicide compared to the general population. Very little data exist on suicide attempters, in particular those treated in emergency departments (ED). Objective: To describe characteristics and initial suicide risk management of individuals 18 years of age and over who presented to the ED following a suicide attempt. Method: Data on suicide attempts were collected using patient chart review at the McGill University Health Centre- Montreal General Hospital (MUHC-MGH) site. Potential suicide attempts were identified using in-hospital medical records and ED Triage file ED triage follows the standard Canadian Triage and Acuity Scale. Clinical management data was collected with a grid adopted from that developed in France by the Agence nationale d'accréditation et d'évaluation en santé (ANAES) for auditing adolescents suicide attempts. Results: A total of 1,894 charts were reviewed and 185 suicide attempts were identified. Of these, 74 were treated in the ED and 111 in-hospital. Half were below 40 years (median 40 interquartile range 27 - 49 years) and 55% were males. Among those treated in ED, 73% were born in Canada, 34% were unemployed and 27% were students 57% did not finish their high school 39% were single 23% had a supporting network, 58% had a family doctor. Regarding management, 30% had a family meeting, 72% had a risk evaluation at discharge and 60% received a medication at discharge. Similar results were seen among those hospitalized. Conclusion: Our results describe the socio-demographic correlated and clinical assessment and follow-up of suicide attempters treated in the ED of a teaching trauma Centre. Impact: Our cohort offers the opportunity to understand the epidemiology of suicide attempts and will inform programs aimed at preventing suicide and assessing the clinical management of suicide attempts.

Tuesday, June 11 15:45-17:15

Title: Neuropsychological Deficits in Past Suicide Attempters with Varying Levels of Depression: A Replication and Extension

Authors: John G. Keilp, Sue R. Beers, Ainsley K. Burke, Nadine M. Melhem, Maria A. Oquendo, David A. Brent, J. John Mann

Affiliation: Columbia University/New York State Psychiatric Institute & Western Psychiatric Institute and Clinic

Abstract:

Objectives: Our previous work found deficits in interference processing and learning/memory in past suicide attempters who were actively depressed and medication-free (Keilp et al. 2001 Keilp et al. 2013), suggesting these are risk factors for suicidal behavior. In this study, we extended this work to an independent sample in various stages of illness and treatment who are representative of individuals being treated in the community. The purpose of this study was to determine if neurocognitive deficits are evident in a less severe clinical state, and to identify potential targets for familial aggregation studies, since the offspring of all participants were available for assessment.

Method: Eighty individuals with a past history of depression and suicide attempt were compared to eighty-one individuals with a history of depression alone on a battery of neurocognitive measures assessing attention, memory, abstract/contingent learning, working memory, language fluency, and impulse control.

Results: Past attempters performed more poorly in attention, memory, and working memory domains, but also in an estimate of premorbid intelligence. After correction for this estimate, tests that had previously distinguished past attempters: a computerized Stroop task and the Buschke Selective Reminding Test: remained significantly worse in past attempters. In a secondary analysis, similar differences were found among those with the lowest levels of depression (HDRS<10) suggesting that these deficits may be trait markers independent of current symptomatology.

Conclusions: Deficits in interference processing and learning/memory appear to constitute an enduring defect in information processing that may contribute to poor adaptation, other higher-order cognitive impairments, and risk for suicidal behavior.

Impact: Neurocognitive deficits may be found in partially treated and remitted samples of past suicide attempters, greatly increasing the opportunity to study these impairments in a wider array of research subjects. These deficits constitute targets for genetic and familial aggregation studies, and can be studied in offspring at risk.

Supported by: NIMH: MH56612, MH56390, MH55123, MH66371, MH62185 and MH018951

Tuesday, June 11 15:45-17:15

Title: Child abuse and adolescent suicidal ideation in China

Authors: Sylvia Kwok

Affiliation: City University of Hong Kong

Abstract:

The present study examined the relationship among physical abuse, psychological abuse, perceived family functioning and adolescent suicidal ideation in Shanghai, China. Perceived family functioning was investigated as a possible moderator between physical abuse, psychological abuse and suicidal ideation.

A cross sectional survey using convenience sampling was conducted. A total of 560 valid self-administered questionnaires were completed by the students aged from 12 to 17 studying Grade 6 to Grade 9 in Shanghai. Measures including the Parent-Child Conflict Tactics Scale, Chinese Family Assessment Instrument, Suicidal Ideation Sub-scale of the Suicidal Risk Scale, were used in the study. Descriptive statistical analyses, Pearson correlations analyses and hierarchical regression analyses were adopted as methods of data analyses.

Results indicated that physical abuse was a significant positive predictor of adolescent suicidal ideation, while high level of perceived family functioning was a significant negative predictor of suicidal ideation. However, psychological abuse was not a significant predictor of suicidal ideation. Perceived family functioning was shown to be a moderator between physical abuse and suicidal ideation. Specifically, mutuality and family communication moderated the relationship between physical abuse and suicidal ideation.

As physical abuse and perceived family functioning were shown to be significant predictors of suicidal ideation, measures are suggested to prevent physical abuse and enhance family functioning. To prevent physical abuse, it is important to increase the parents' awareness of the meaning and boundaries of physical abuse, as well as the role it plays in contributing to adolescent suicidal ideation. Parents should be taught appropriate parenting skills and knowledge and be guided to treat the children as individuals with their unique personality, rights and privileges. To enhance family functioning, it is important to promote family harmony, effective communication as well as mutual trust, concern and understanding among family members. Board games and computer games to enhance family communication and mutuality developed by the author will be introduced in the presentation.

Supported by:

CLASS Research Grant from the City University of Hong Kong

Wednesday, June 12 / Mercredi le 12 juin 17:15-18:45

Wednesday, June 12 17:15-18:45

Title: Suicidal Behavior in the Lesbian, Gay and Bisexual Community: The Role of Impulsivity, Aggression and Hostility

Authors: Sadia Chaudhury, Ph.D., Emily Biggs, M.A. (presenter), Hanga Galfalvy, Ph.D., Barbara Stanley, Ph.D.

Affiliation: Columbia University/New York State Psychiatric Institute

Abstract:

Objectives: Lesbian, gay or bisexual (LGB) individuals are at increased risk for suicide attempts however, little is known about what contributes to this. The purpose of this study is to better understand predictors of suicidal behavior in the LGB population.

Method: 402 subjects who had been referred to a research clinic for evaluation of depression and other major psychiatric disorders participated in this study after giving written informed consent. Mean age was 35.35 years (S.D.= 11.814). The sample was 60.2% female (n=242) and 63.4% Caucasian (n=255). 12.7% (n=51) identified as LGB in response to a question inquiring if they identified as heterosexual, gay, lesbian, bisexual, unsure or other. Subjects completed a battery of assessments, including the SCID-I for Axis I disorders, SCID-II for Axis II disorders, the Hamilton Depression Rating Scale, the Beck Depression Inventory, the Aggression History form, the Barratt Impulsivity Scale, and the Buss-Durkee Hostility Scale. Subjects were classified into two groups, heterosexual (n=351) or LGB (n=51), and were compared on demographic and clinical characteristics using Chi-square tests and t-tests, as appropriate. Sexual orientation, impulsivity, aggression and hostility were entered into a logistic regression model to predict suicide attempter status.

Results: LGB subjects were more likely to have a lifetime mood disorder ($p=.006$), a lifetime substance use disorder ($p=.002$), and were more likely to be a suicide attempter ($p=.004$). They also had higher levels of impulsivity ($p=.050$), hostility ($p=.023$) and aggression ($p=.050$). When these latter three traits were controlled for, LGB identification no longer predicted suicide attempter status. Instead, the increased likelihood of being a suicide attempter in the LGB sample was explained by elevated rates of hostility ($p<.001$) and aggression ($p=.004$).

Conclusion: Previous studies have found that LGB individuals are at increased risk for suicidal behavior; however, reasons for this remain relatively unexplored. We find that elevated levels of hostility and aggression, clinical factors found to increase suicide risk in clinical populations generally, mediate the relationship between sexual orientation and suicidal behavior.

Impact: These results help elucidate why suicidal behavior is elevated in the LGB population. Interventions targeting hostility and aggression may be helpful in reducing risk. Further research examining other mediating factors contributing to suicidal behavior in the LGB population is warranted.

Wednesday, June 12 17:15-18:45

Title: Predictors of suicidal ideation in young adults

Authors: Erika Dugas

Affiliation: Centre de recherche du centre hospitalier de l'Université de Montréal (CRCHUM)

Abstract:

Objectives: Suicide is a leading cause of death among adolescents and young adults worldwide. Suicidal ideation is one of the most robust predictors of self-harm, suicide attempts and completed suicide. Although increased understanding of the modifiable determinants of suicide ideation may lead to effective prevention of suicide, few longitudinal population-based studies investigate a wide range of potential predictors of suicide ideation in young adults. The objective was to identify predictors of suicidal ideation in young adults. **Method:** Data were drawn from the Nicotine Dependence in Teens (NDIT) study, a prospective cohort investigation of the natural history of nicotine dependence in 1293 grade 7 students recruited in 10 secondary schools in Montreal, Canada, in 1999. Data on past year suicidal ideation were collected in mailed self-report questionnaires in 2007-8 when the participants were aged 20 years on average, and again in 2011-12 when participants were aged 24 years on average. Potential predictors (measured at age 20 years) of suicidal ideation (measured at age 24 years) were identified in multivariable models adjusted for covariates. **Results:** Data at both age 20 and 24 years were available for 795 participants. 7 % of participants reported past-year suicidal ideation at age 20 years 9% reported suicidal ideation at age 24 years. Among participants with suicidal ideation at age 20 years, 32% (n=18) had persistent suicidal ideation 4 years later. Only 26% and 27% of participants with suicidal ideation at age 24 had been diagnosed with a mood or anxiety disorder, respectively 21% had sought psychiatric help in the past year 18% had taken mood/anxiety medication in the past month. Of 36 potential predictor variables measured at age 20 years, only illicit drug use (OR 2.1 95% CI 1.03-4.1), depression symptoms (OR 1.1 95% CI 1.02-1.1), and symptoms of generalized anxiety disorder (GAD) (OR 2.5 95% CI 1.4-4.6) were associated with suicidal ideation at age 24 years in multivariate models. **Conclusions:** Almost one third of young adults with suicide ideation report continued ideation four years later. Higher depression symptoms, GAD symptoms, and illicit drug use at age 20 years predict suicidal ideation at age 24 years. Early recognition and reduction of mood and anxiety symptoms and substance use may be warranted as part of suicidality prevention. **Impact:** Prevention programs that address depression and anxiety symptoms as well as illicit drug use may reduce the individual and population health burden associated with suicidal behaviour in young adults.

Wednesday, June 12 17:15-18:45

Title: Non registered adolescent suicide attempts in Israel: Improved mapping of the suicide behavior phenomena

Authors: Hanna Bar-Joseph, Yaakov Ezrahi

Affiliation: Maaynie Hayeshua Hospital / Inter ministerial committee for suicide prevention

Abstract:

Rational- Unregistered suicide attempts are often ignored in suicide research. Although they comprise a key precursor for later lethal suicides, epidemiologic research in this area is scarce. To improve our understanding of such unregistered attempts and to determine their rates the Israeli Inter Ministerial Committee for Suicide Prevention conducted a survey of youth suicide attempts with special attention

to the Arab minority group, and to three high risk groups: Young immigrants from Ethiopia and the former Soviet Union, and a group of members of the LGBT community. Objectives: To carry out a national research program in order to determine the prevalence of unregistered suicide attempts for adolescents, and in particular within three large minority groups. The research would also focus on the socio - demographic and psychological correlates of unregistered suicide attempts. Method: We collected data from 590 high school students ages 15-16 from three representative towns In Israel. Students completed an anonymous, standardized, questionnaire based on the WHO survey, in their classrooms. This was done to ensure compatibility with similar studies in the western world. We analyzed the prevalence of suicidal thoughts and attempts as well as their correlates for the general sample the Arab minority, and for the three high risk groups. Results - The lifetime prevalence of self-reported suicide attempt was 10.5% for Jewish adolescents, and 18% for Arab adolescents. Detailed rates for suicide attempts during the year preceding the completion of the questioner will be presented. For the high risk groups the rates were even higher. Overall, suicidal behavior had significant correlation with gender, with country of origin and with membership in the LGBT community. Adolescents with emotional /behavioral problems had the highest lifetime prevalence of unregistered suicidal attempts (26%) but this group was too small for assessing the significance of this result. Conclusions - Unregistered self-reported suicide attempts prevalence in Israel points to a public health problem. It resembles prevalence in the Western world. Our results indicate that much more attention should be focused on such attempts, both in terms of reporting and in terms of prevention policy for youth in general, and for high risk groups-in particular. Impact: Our pilot study results reported in this abstract proves that national scale interventions directed at suicide attempts prevention are urgently needed. Evidence based prevention strategies used in our pilot study, should be applied within an ongoing

Wednesday, June 12 17:15-18:45

Title: Research with high risk populations: balancing science and ethics

Authors: Rahel Eynan¹, Yvonne Bergmans²

Affiliation: ¹Lawson Health Research Institute, University of Western Ontario, ² St. Michael's Hospital, Toronto, Ontario

Abstract:

There is a critical need for studies designed to reduce suicidality. There are various ethical implications in the suicide research process, from the scientific and ethical coherence of the proposal, through the process of ethical committee approval and the consent of the participants, to its submission, review and publication. Research with high-risk individuals raises acute and appropriate questions for investigators and institutional review boards (IRBs) about a duty to protect vulnerable populations. Presently, there are many gaps in the empirical literature regarding the specific nature and implementation of ethical principles in suicide research. The paucity of informed analyses in this critical topic area results in researchers finding themselves caught between contradictory assumptions about the nature of the risks

involved in research with high-risk populations and ethical imperatives. Three domains of ethical conduct outlined in the Belmont Report on the protection of human research participants -respect for persons, beneficence, and justice- have posed specific dilemmas in the design of intervention studies for suicidal individuals. These conceptual issues include questions about suicidal individuals' capacity to provide informed consent, the risk of some potential lethal outcomes, the possibility of imminent suicide risk associated with patients' right to discontinue the study treatment, and the need for a higher level of monitoring of suicidal individuals. The presentation will focus on ethical challenges in suicide research and address practical and constructive approaches to assist researchers in their efforts to create research protocols which are ethically acceptable and methodologically rigorous.

Wednesday, June 12 17:15-18:45

Title: Predictors for suicidal ideation in an Epidemiologic Catchment Area in Montreal, Canada: a longitudinal study

Authors: Venkataramana Bhat, Aihua Liu, Jean Caron, Gustavo Turecki

Affiliation: McGill/Douglas Institute/McGill Group for Suicide Studies

Abstract:

Objectives: The Montreal Epidemiological Catchment Area Study (ECA) is a longitudinal project currently underway at the Douglas Institute. Longitudinal studies give a better measure of causality and allow for the exploration of predictors, mediators and moderators. This study aims to identify predictors for incidence of suicidal ideation during the last 12 months. **Methods:** The ECA study under the form of a community survey includes a randomly selected sample of 2434 individuals between 15 and 65 years of age (T1) 1822 agreed to be re- interviewed two years later (T2). Mental disorders which included suicidal ideation (SI) were identified with the Canadian Community Health Survey (CCHS 1.2) version of the Composite International Diagnostic Interview. The ECA study includes a comprehensive battery of questionnaires which collects an extensive list of variables associated with mental illness. Systematic logistic regression with appropriate model selection was used to identify variables at time T1 which could serve as predictors of having had suicidal ideation during the last year at time T2. **Results:** Among the 1822 subjects at T2, 1742 subjects had no SI (95.61%) and 80 subjects had SI (4.39%) during the last year. The following variables at T1 served as predictors of SI at time T2: Immigration status, poor physical health, social stigma, and absence of social support history of the following during the last year- particular forms of stress (cutting ties with children, job loss or work related problems, and physical abuse), not seeking help for mental health problems, not receiving help for mental health problems, and history of depression or mania. **Conclusion:** The proximal risk factors for SI include particular forms of stress, not seeking/receiving help for mental health problems and depression/mania. The distal risk factors include immigration, stigma, social stigma, and lack of social support. Other proximal and distal variables such as coping skills, substance use and impulsivity were not significant predictors. **Impact:** The presentation will focus on interpretation of the results taking into account the extensive list of

variables and the ongoing analysis to not only look at the predictors but also the mediators and moderators of SI. The predictors of incidence will give a better understanding of risk factors in the suicide risk continuum, allow development of effective prevention programs and help to improve mental health services.

New Generation Oral Presentations / Communications libres: Nouvelle génération

Monday, June 10 / Lundi le 10 juin 13:15-14:45

Monday, June 10 13:15-14:45

Title: Time Varying Prediction of Thoughts of Death and Suicidal Ideation in Adolescents: Weekly Ratings over Six-Month Follow-Up

Authors: Edward A. Selby, Shirley Yen, Anthony Spirito

Affiliation: Rutgers, The State University of New Jersey

Abstract:

Objectives: Suicidal ideation (SI) and thoughts of death are often experienced as fluctuating therefore a dynamic representation of this highly important indicator of suicide risk is warranted. Theoretical accounts have suggested that affective, behavioral, and interpersonal factors may influence the experience of thoughts of death/suicidal ideation. This study aimed to examine the prospective and dynamic impact of these constructs in relation to thoughts of death and SI. Method: We assessed adolescents with a recent hospitalization for elevated suicide risk over six months. Using the methodology of the Longitudinal Interval Follow-Up Evaluation (LIFE), weekly ratings for SI, course of depressive illness, affect sensitivity, negative affect intensity, behavioral dysregulation, peer invalidation, and family invalidation were obtained. Results: Using multilevel modeling, results indicated that: 1) same-week ratings between these constructs and SI were highly correlated at baseline and throughout follow-up 2) baseline ratings of affect sensitivity, behavioral dysregulation, and peer invalidation were positive prospective predictors of SI at any week of follow-up 3) weekly ratings of each of these constructs had significant associations with next-week ratings of SI and 4) ratings of SI had positive significant associations with next-week ratings on each of the constructs. Conclusions: These results suggest that affective sensitivity, behavioral dysregulation, peer invalidation, and suicidal ideation are highly associated with SI levels both chronically (over months) and acutely (one week to the next), while depression, negative affect intensity, and family invalidation were more acutely predictive of SI. Elevated SI may then aggravate all these factors in a reciprocal manner. Impact: The findings of this study highlight the dynamic nature of SI in adolescents and some important factors that may contribute to fluctuations in SI. Importantly, baseline indices of SI, affect sensitivity, and peer invalidation were

significant positive, prospective predictors of elevated SI and have important prognostic implications for adolescents hospitalized for suicidality. In clinical settings it is important to consider the impact of acute problems in these functional areas on elevations in SI, especially in adolescents. Furthermore, vigilant monitoring even in the face of perceived improvements may help decrease future suicidal behavior and hospitalizations. It may also be important for providers to have patience when anticipating improvements with respect to patients' affective, behavioral, interpersonal functioning following elevated SI, as the findings of this study suggest that elevations in SI may have a lingering impact on functioning in patients with this level of acuity. *(in press). Journal of Clinical Child and Adolescent Psychology

Supported by: Funding for this project was provided by National Institute of Mental Health grant K23 MH069904 to Shirley Yen.

Monday, June 10 13:15-14:45

Title: The risk of suicide following traumatic brain injury: results from a 21-year follow-up cohort study using the Quebec Health Insurance Board administrative database

Authors: Yvonne Richard

Affiliation: Université de Montréal

Abstract:

Introduction: Traumatic brain injury (TBI) in childhood can have devastating consequences on the development of children, including motor, cognitive, psychiatric, and psychosocial sequelae. Musculoskeletal injuries can also be linked to psychiatric disorders (Ponzer et al., 2000). Psychiatric and psychosocial problems constitute known risk factors for suicide. Adults with TBI have an increased risk of death by suicide, 2.7 to 4 times higher (depending on the severity of injury) than the general population. No study to date has investigated the long-term risk of suicide after TBI in a cohort of children seeking care for various types of MSK injuries as well as other medical problems. Methods: We used administrative databases to identify a cohort of 135,703 children aged 0 to 17 years in 1987 who received medical services in Quebec and were followed up over a 21-year period. We used a Cox regression model with time-dependent covariates to analyze whether having had a TBI was associated with later suicide. We controlled for musculoskeletal injury (fractures or dislocations), age, sex, and socioeconomic status. Results: Over the study period, 20,978 members of the cohort sustained at least one TBI. There were 483 deaths by suicide in the cohort of which 92 members had sustained at least one TBI. Participants who had a TBI were at higher risk of suicide than their peers (HR 1.63: 95% CI 1.29-2.05). Persons who had a musculoskeletal injury (HR 1.57: 95% CI 1.31-1.89) were also at higher risk for suicide compared with those who sought care for a non-TBI or musculoskeletal medical problem. Conclusion: This study finds a significant association between TBI during follow-up. However certain musculoskeletal

injuries may also increase the risk of suicide. Prevention efforts should be geared at all individuals who are at higher risk for suicidal behaviors.

Monday, June 10 13:15-14:45

Title: A Systematic Review of School-based Suicide Prevention Programs

Authors: Cara Katz, Shay-Lee Bolton, Laurence Y Katz, Corinne Isaak, Toni Tilston-Jones, Jitender Sareen, Swampy Cree Suicide Prevention Team

Affiliation: University of Manitoba

Abstract:

Objectives: Suicide is one of the leading causes of death among youth today. Schools are a cost-effective way to reach youth, yet there is no conclusive evidence regarding the most effective prevention strategy. We conducted a systematic review of the empirical literature on school-based suicide prevention programs. **Method:** Studies were identified through MEDLINE and Scopus searches, using keywords such as «suicide, education, prevention and program evaluation». Additional studies were identified with a manual search of relevant reference lists. Individual studies were rated for level of evidence, and the programs were given a grade of recommendation. Five reviewers rated all studies independently and disagreements were resolved through discussion. **Results:** Sixteen programs were identified. Few programs have been evaluated for their effectiveness in reducing suicide attempts. Most studies evaluated the programs' abilities to improve students' and school staffs' knowledge and attitudes towards suicide. Signs of Suicide (SOS) and the Good Behavior Game (GBG) were the only programs found to reduce suicide attempts. Several other programs were found to reduce suicidal ideation, improve general life skills, and change gatekeeper behaviors. **Conclusions:** There are few evidence-based, school-based suicide prevention programs, a combination of which may be effective. It would be useful to evaluate the effectiveness of general mental health promotion programs on the outcome of suicide. The grades assigned in this review are reflective of the available literature, demonstrating a lack of randomized controlled trials. Further evaluation of programs examining suicidal behavior outcomes in randomized controlled trials is warranted.

Supported by:

Preparation of this article was supported by a Canadian Institutes of Health Research (CIHR) operating grant (#184490), New Investigator Award (#152348), a Manitoba Health Research Council Chair award and a Manitoba government grant to Dr. Sareen, and Healthy Child Manitoba Operating Grant

Monday, June 10 13:15-14:45

Title: Suicide Risk Assessment Tools, Predictive Validity Findings and Utility Today: Time for a Revamp?

Authors & Affiliation: Leslie Roos (University of Oregon/ University of Manitoba)

Jitender Sareen (University of Manitoba)

James Bolton (University of Manitoba)

Abstract:

While substantial progress has been made in the past decade towards identification of risk factors for suicide and suicidal behaviors, the clinical community has been unable to minimize the burden of this public health issue. Suicide remains as a leading cause of death in both the United States and the world. The critical variable here is the art of predicting future suicides as opposed to describing correlational risk factors of the past. Over 20 tools have been developed to measure a wide variety of suicidal correlates, but very few have been assessed for predictive validity despite their implementation in clinical settings. Without clear evidence-based tools to guide clinical provider decisions, this public health issue will remain seriously unaddressed.

Here, we review each suicide risk assessment tool, with reported predictive validity for suicidal outcomes (attempt and completion.) Of the 9 tools that have been examined, we find that few have appropriate specificity/sensitivity ratios to be of use in identifying at risk individuals for specific clinical intervention. Furthermore, those that are reported to have reasonable specificity/sensitivity often have an inconsistent evidence base and cannot appropriately address immediacy of risk, which puts into questions the utility of these tools for acute clinical decisions. Given the aforementioned limitations of clinical risk assessment tools, we believe the medical profession should widen its field of view in considering clinically valid predictors of suicidal behavior. A particularly promising route is the use of cognitive tests investigating the implicit associations of patients presenting with suicidal behaviors. Since patients who are acutely suicidal with high intent to die actually have motivation to deny suicidal thoughts or behavior, any measure that relies on a patient as informant is likely to miss some of the most at-risk individuals. Reviewing the evidence base for these tools (Suicidal Stroop Task & Death/Suicide Implicit Association Task) suggests promising findings for effectively identifying patients at risk for acute suicidal outcomes.

While very much a nascent field, we propose that substantial attention and research resources should aim towards effective implementation and developing an evidence base for cognitive risk assessment tools. More widespread confirmation is needed across populations to maximize efficient and effective implementation and interpretation. This is, no doubt, a daunting task that requires motivated stakeholders across clinical settings. However, we feel that this is essential, if standardized suicide risk assessment is to be a priority for informing decisions about patient care.

Supported by: Research grant from the Manitoba Health Research Council (Dr. Bolton) and a Canadian Institutes of Health Research New Investigator Award (Dr. Bolton #113589)

Monday, June 10 13:15-14:45

Title: Opioid receptors signaling in child abuse and suicide

Authors: Pierre-Eric Lutz¹, Dominique Filliol², Brigitte Kieffer², Gustavo Turecki¹

Affiliations

¹McGill Group for Suicide Studies, Douglas Mental Health University Institute, Montréal, Canada

²Institut de Génétique et de Biologie Moléculaire et Cellulaire, Université de Strasbourg, Illkirch, France

Abstract:

Child abuse is a global problem that affects children of all ages, race, economic, and cultural backgrounds, with an estimated 10% prevalence [1]. There is a strong relationship between child abuse and mental health outcomes. Sexual and physical abuse, as well as profound emotional neglect, are among the strongest predictors of psychiatric pathology, such as depression and suicide [2].

Social bonds are essential to emotional well-being in humans [3]. In particular, attachment to caregivers represents a most early form of social reward that is required for proper emotional development [5]. The disruptive experience of child abuse, often perpetrated by caregivers, predicts reward dysfunction into adulthood, and determines the emergence of depressive disorders [6]. Furthermore, negative social experiences strongly activate brain circuits encoding affective components of pain, and this ‘social pain’ is a major risk factor for depression [4]. Importantly, child abuse represents an extreme form of social pain.

The opioid system is composed of three G protein-coupled receptors: mu, delta and kappa opioid receptors. Over last decades, opioid receptors have been shown to play central roles in reward processing [7] and pain [8]. More recently, animal and human studies have implicated all three receptors in mood regulation [9]. We hypothesize that child abuse disrupts opioid signaling in brain structures processing social reward and social pain, thereby increasing the risk of depression and suicide throughout life. We also propose that epigenetic adaptations in the opioid system may account for such long-term effects of child abuse.

Using human post-mortem tissues from the Douglas Bell Brain Bank, we have initiated the study of the expression (quantitative PCR) and function (³⁵S-GTPγS) of opioid receptors and associated signaling proteins. Cases are suicide completers with a history of depressive disorder and severe child abuse, while controls are age- and gender-matched, psychiatrically normal individuals who died suddenly by causes other than suicide, with a negative history of childhood maltreatment. In a next step, we will investigate epigenetic mechanisms accounting for aberrant opioid signaling associated with child abuse, focusing on DNA methylation. This project will provide the first characterization of epigenetic regulations of delta and kappa opioid receptors in the human brain, as well as the first study of the role of opioid receptors in the lifelong consequences of child abuse, and the risk of suicide.

Supported by: Fondation Fyssen (P.E.L.)

Monday, June 10 13:15-14:45

Title: Medical Service Utilization and Injuries in Suicide Attempters: Potential Opportunities for Screening

Authors: Elizabeth Ballard, Mary Cwik, Mitchell Goldstein, Holly Wilcox

Affiliation: Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences

Abstract:

Objectives: Suicide and suicide attempts are leading causes of death and injury in adolescents and young adults. Unfortunately, most individuals at risk for suicide are not identified, assessed or treated by the current healthcare system. Improving the identification of suicidal patients in healthcare settings is part of the US National Strategy for Suicide Prevention. Because most suicidal adolescents and young adults do not present to mental health treatment settings, screening has been proposed in non-psychiatric settings, such as primary care and emergency departments (EDs). Investigating medical healthcare utilization in this population can highlight the most appropriate settings for screening. Methods: Sample consists of a cohort study of young adults who participated in a randomized trial in first grade in 19 public schools in Baltimore, MD, USA. Most recent data collection occurred at age 30-32 years during which participants were asked about their medical service utilization in the last year. Logistic regression was used to evaluate the relationship between medical service utilization and demographic factors, health insurance, employment status, and lifetime history of depression and suicide attempts. Results: 1,301 participants completed most recent assessment (56% of original sample), 58% female (n = 757) and 72% African American (n = 934), 10% with a lifetime suicide attempt (n = 136). Controlling for gender, race, health insurance, employment and lifetime history of depression, a lifetime suicide attempt was associated with ED visits for medical reasons [adjOR=1.6 (95% CI 1.1-2.3)] and injuries [adjOR=1.59 (95% CI 1.0-2.5)] in the year prior to assessment. Lifetime suicide attempt was not associated with primary care visits or medical inpatient hospitalization in the year prior to assessment. Further clinical characteristics of individuals with lifetime suicide attempts who attended the ED will be presented. Conclusions: Individuals with a history of suicidal behavior may be more likely to attend the ED for medical reasons and injuries than individuals without such a history. Further investigation of risk factors for medical ED visits in suicide attempters, such as trauma history, impulsivity, physical illness and pain, can focus treatment and prevention efforts. Impact: In bridging research to clinical practice, patients seen for physical illness and injuries in ED settings may be appropriate populations for suicide risk screening. In particular, due to the clinical and financial burden of repeat visits, interventions that can reduce ED utilization and connect individuals at risk for suicide to outpatient services are indicated.

Tuesday, June 11 / Mardi le 11 juin 13:15-14:45

Tuesday, June 11 13:15-14:45

Title: Evidence of white matter deficits in suicide attempters with major depressive disorder

Authors: Doreen M. Olvet, Denis Peruzzo, Binod Thapa-Chhetry, M. Elizabeth Sublette, Gregory M. Sullivan, Maria A. Oquendo, J. John Mann, Ramin V. Parsey

Affiliation: Stony Brook University

Abstract:

Objectives: Deep white matter hyper intensities have been reported in suicide attempters, suggesting that deficits in white matter tracts may underlie suicidal behavior. In order to further evaluate these findings, diffusion tensor imaging (DTI) can be used to quantify and localize white matter deficits in the brain. Only one study has used DTI to investigate suicide attempters using whole brain voxel-based analysis (VBA). The authors reported lower fractional anisotropy (FA) in the left anterior limb of the internal capsule of depressed suicide attempters compared to non-attempters and healthy controls. We sought to determine if white matter deficits were associated with suicide attempt history in depressed individuals using a region of interest (ROI) analysis and tract-based spatial statistics (TBSS), a VBA technique developed specifically to investigate white matter tracts that may overcome limitations of whole brain VBA. **Method:** DTI scans were acquired in 52 participants with MDD and 46 healthy participants (HP). Thirteen MDD subjects were suicide attempters. ROIs were limited a priori to the white matter adjacent to the dorsomedial prefrontal cortex (DMPFC), rostral anterior cingulate cortex (rACC), caudal anterior cingulate cortex (cACC) and orbitofrontal cortex (OFC). **Results:** Using the ROI approach, suicide attempters had lower FA than non-attempters and HP groups in the DMPFC ($p < .05$). This finding was confirmed in the TBSS analysis ($p < .01$). **Conclusion:** Suicide attempt history was associated with low FA in the DMPFC. We did not replicate brain region findings from a previous study in suicide attempters, most likely due to methodological differences. **Impact:** Characterizing the pathophysiology underlying suicidal behaviour will ultimately aid in identifying individuals at high-risk for suicide, and may facilitate novel treatment strategies for treating suicidal behaviours.

Supported by: This research was supported by grants from the American Foundation for Suicide Prevention (D.M.O., M.E.S, and G.S.), the Brain and Behavior Research Foundation (G.S.), Unicity International (M.E.S.), and the National Institute of Mental Health (M.E.S: K08 MH079033-01A2, J.J.M.: R01 MH40695, J.J.M.: P50 MH62185, R.V.P.: R01 MH074813-01, M.A.O.: R01 MH48518).

Tuesday, June 11 13:15-14:45

Title: Characteristics of suicidal ideation associated with the transition to suicide attempts in adolescence

Authors: Ana Ortin^a, Regina Miranda^{a,b}, Michelle Scott^c, David Shaffer^a

Affiliation: ^aNew York State Psychiatric Institute/Columbia University, ^bHunter College, ^cMonmouth University

Abstract:

INTRODUCTION: Few studies have focused on which adolescents are at greatest risk for progressing from suicidal ideation (SI) to a suicide attempt (SA). Existing studies are mainly cross-sectional and examine psychiatric diagnoses and demographics associated with this transition. Little attention has been paid to SI characteristics that may be associated with increased risk for future SAs among adolescents. **OBJECTIVE:** To examine characteristics of SI that predict future SA in adolescents without history of SA. **METHOD:** Sample: 106 adolescents, ages 12-18 (59% female), who reported history of SI but no previous SA, were identified as part of a two-stage screening of 1,726 adolescents from 7 high schools in the New York City metropolitan area (1991-94) (Columbia Suicide Screen; Shaffer et al., 2004). The sample was 54% White, 15% African-American, 13% Latino, and 17% of other races/ethnicities. Baseline assessment: Diagnostic interview (DISC-2.3), Beck Depression Inventory (BDI), and the Adolescent Suicide Interview (ASI), which inquired about characteristics of their most recent SI episode, including frequency (*Once/3 days, Once/week, Once/2 weeks*), intentionality (*Did not want to die, Uncertain, Wanted to die*), length of a typical SI episode (*<30 min, 31-60 min, 1-23 hrs., >24 hrs.*), previous warnings/threats made (*No, Veiled, Yes*), disclosure of SI to a responsible adult, current wish to die, and whether they had initiated treatment. Follow-up: The adolescents were contacted 4-6 years [mean=5.2] later and asked about whether they had attempted suicide since baseline (ASI), and completed the DISC-IV. **RESULTS:** During follow-up interval, 11% of adolescents made a SA, 38% reported SI (past year), and 51% did not endorse any suicidality. There were no significant differences by gender, age or race/ethnicity. Multinomial regression analyses were conducted to assess the association between baseline SI characteristics and risk for a future SA. Intentionality, i.e., *Wanting to die* (OR= 9.3, $p < .01$) or *Being uncertain* (OR= 7.6; $p < .05$); and *Length of a typical episode of >24 hours* (OR = 14.6, $p < .05$) were associated with increased risk of a future SA, adjusting for baseline depressive symptoms. **DISCUSSION:** These findings suggest that assessment of suicide ideators at greatest risk of engaging in a future SA should include inquiries about their intentionality and length of a typical ideation episode. **IMPACT:** Identifying specific features of SI that predict risk of future suicidal behavior is a critical step in preventing the transition from suicidal thinking to behavior among adolescents who have not previously attempted suicide.

Supported by: This work was funded by grant R49/CCR 202598 from the Centers for Disease Control and Prevention, NIMH grants P30 MH 43878 and ST32MH-16434, and grants from the American Mental Health Foundation and the Carmel Hill Fund at Columbia University.

Tuesday, June 11 13:15-14:45

Title: Cultural adaptation of a psychosocial treatment for Latino/a adolescents with suicidal behavior

Authors: Yovanska Duarte-Velez, Anthony Spirito, Paloma Torres-Dávila, Norka Polanco-Frontera

Affiliation: Institute for Psychological Research, University of Puerto Rico

Abstract:

Compared to White youth, Latino/a adolescents are at an increased risk for suicide and are the fastest growing ethnic minority in the US. However, research on suicidal behavior with Latino/a adolescents is very limited, as are evidence-based treatments. This study takes place at the Puerto Rico's State Children and Adolescents' Mental Hospital. Research aims. The study was designed to develop and pilot test a culturally sensitive, manualized treatment for suicidal Latino/a adolescents. Method: The study consists of two phases: treatment protocol development and a small open trial for further refinement and assessment of its feasibility. During the first phase, adaptations to a cognitive-behavioral (CBT) treatment manual, proven successful with depressed Latino/a adolescents, were made to address suicidal behavior. Initial adaptations and development of new modules were conducted based on previous studies. Adaptations included: expanding CBT to include an ecological, developmental, and gender perspective addressing important risk factors incorporating an emotional regulation module including parent psycho-educational modules and incorporating new family modules that address negotiation and communication skills. In addition, substance abuse and sexual orientation modules were added to be used as needed. The first version of the treatment protocol was reviewed by expert consultants and was comprised of five modules: crisis management, cognitions, activities, affect regulation, and social interactions. During the open trial, 11 adolescents hospitalized for a suicidal crisis were recruited from the inpatient unit. Protocol revision was based on therapist and client feedback, as well as expert consultants' revisions. A case-by-case analysis is in process to assess the protocol's feasibility and its clinical relevance. The proposed changes to CBT will be presented as well as case examples. Results: A module on family communication was added, the module on social interactions was adapted to address negative peer relationships, and a trauma module was incorporated. Preliminary outcomes demonstrated that this is a difficult population to treat, requiring continued treatment after the initial six month active treatment phase. However, participants were mostly very satisfied with treatment and reported relevant clinical benefits. Conclusions: This study represents an important step towards developing a treatment that could benefit Latinos/as in PR and US, because it produced a preliminary bilingual, culturally sensitive treatment protocol for suicidal Latino/a adolescents. A future objective is to conduct a pilot randomized clinical trial in order to assess its preliminary efficacy.

Tuesday, June 11 13:15-14:45

Title: Psychosocial treatment for self-injurious thoughts and behaviours in adolescents: a systematic review

Authors: Darren Courtney

Martine Flament

Affiliation: The Royal, affiliated with the University of Ottawa

Abstract:

Objective: This systematic review examines controlled trials of psychosocial interventions targeting adolescents with a history of suicide attempts, non-suicidal self-injurious behaviour, suicidal ideas and/or symptoms of borderline personality disorder. **Method:** An advanced search using PubMed was conducted. Specific inclusion and exclusion criteria were used for this study as guided by the objective. **Results:** Twenty-three independent studies were found. Dialectical Behaviour Therapy, Cognitive Analytic Therapy, Rapid-Response Outpatient Treatment, Multisystemic Therapy, Integrated Cognitive Behaviour Therapy and Attachment-Based Family Therapy have preliminary evidence on improving clinical outcomes relative to comparator groups. No particular modality has replicated randomized controlled trials showing efficacy to support its use. Regardless of specialized treatment or treatment as usual, suicidal ideas tended to improve, as did depressive and internalizing symptoms. Pooled data on rates of completed suicide revealed a rate of 171/100,000 per 12 months of observation representing 4 completed suicides out of 2840 subjects studied. **Conclusion:** Further research is needed to establish evidence-based treatment guidelines of adolescents with a history of suicide attempts, non-suicidal self-injurious behaviour, suicidal ideas and/or symptoms of borderline personality disorder. **Clinical Implications:** Many different modalities have been designed to treat adolescents with thoughts and behaviours relating to suicide or self-harm. Many adolescents with thoughts and behaviours relating to suicide or self-harm can reasonably managed in structured outpatient programs. With structured treatment, severity of suicidal ideas in adolescents is likely to improve over time. **Limitations:** The studies reviewed are heterogeneous with regards to target populations, treatment modality, time to follow-up and outcomes measured. Results cannot be generalized to adolescents who are not initially engaged in treatment and would not consent to research.

Tuesday, June 11 13:15-14:45

Title: Impulsivity and suicide attempts: Investigating a complex relationship among recent suicide attempters

Authors: Alexis M. May, E. David Klonsky

Affiliation: Department of Psychology, University of British Columbia

Abstract:

Objectives: Impulsivity has long been associated with suicidality, however a growing body of research has highlighted the complexity of the relationship between the two (Klonsky & May, 2010). The literature has been marked with conflicting results, some findings suggesting that trait impulsivity is related to attempts (Mann et al., 1999), while others note that engaging in more impulsive behaviors predicted planned attempts (Witte et al., 2008). Furthermore, many other studies have had mixed or null results (Keilp et al., 2006). This project sought to examine the relationship between the degree of attempt impulsivity and characteristics of the attempt and the attempter, including trait impulsivity.

Method: Outpatients (N = 53) and undergraduates (N = 66) who attempted suicide within the previous 3 years participated. The Suicide Attempt Self Injury Interview (SASII Linehan et al., 2006), as well as self-report questionnaires, were used to gather details about the participants' most recent suicide attempts. The UPPS (Whiteside & Lynam, 2001) and the SNAP (Clarke, 1996) were used to assess trait impulsivity. The relationship between the impulsivity of the attempt and characteristics of the attempt and the individual were investigated. Results: Overall, there was no relationship observed between trait impulsivity, as measured by the UPPS and the SNAP Impulsivity scale, and the impulsivity of the attempt. However, surprisingly, one facet of the UPPS, Lack of Premeditation, was associated with less impulsive attempts ($r = -.16$). More impulsive attempts were correlated with lower levels of intent ($r = -.55$) and injury ($r = -.23$). No relationship was observed between attempt motivations or triggering events and attempt impulsivity. Qualitative descriptions of the timelines of the attempts (e.g., deciding, planning, preparing) were also collected and will be summarized. Conclusions: The results of this study suggest that overall, trait impulsivity is not associated with the degree of attempt impulsivity. However, more impulsive suicide attempts appear to be characterized by lower intent and severity. Further research is needed to more thoroughly define an «impulsive» suicide attempt and to identify the pathways that lead to these attempts. Impact: Better understanding of the nature of the relationship between impulsivity and suicide attempts will help improve prevention efforts and intervention programs, as well as contribute to refining existing theories of suicidality.

Supported by: University of British Columbia

Tuesday, June 11 13:15-14:45

Title: Understanding Suicide Terrorism through the Interpersonal Psychological Theory of Suicide

Authors: Christopher R. Hagan, Thomas E. Joiner

Affiliation: Florida State University

Abstract:

Objectives: In recent years, suicide terrorism has regularly made international headlines, and is responsible for the deaths of thousands, notably in America on September 11, 2001 and through attacks elsewhere, especially in Israel and throughout the Middle East. Scholars have debated the classification of the terrorists that perpetrate these attacks as truly suicidal (Townshend, 2007; Brym & Araj, 2012; Araj, 2012). Others have argued that suicide terrorists often display many similarities with other suicidal individuals, both those who perpetrate other acts of violence before taking their own life and those who have no homicidal component to their suicide (Lankford, 2012; Merari, 2010; Merari, et al, 2010; Berko, 2012). Method Recent research, conducted largely through interviews with the families of suicide terrorists and with those who planned to carry out suicide attacks, but failed and were arrested were reviewed and assessed through the lens of the Interpersonal Psychological Theory of Suicide (IPT; Joiner, 2005; VanOrden, et al, 2010). Results: Examples exist in the lives and words of suicide terrorists

and those who attempt to recruit them that the IPTS can provide insight into the decisions of at least some people to engage in suicide terrorism. Evidence of thwarted belongingness, perceptions of burdensomeness or a belief that the suicide terrorist's death is worth more than his or her life, and the acquired capability to carry out such an act were identified in much of the recent research conducted with attempted suicide terrorists and the surviving family members and collaborators of those who completed their attacks (Berko, 2007, 2012; Merari, 2010). The lack of acquired capability is also notable in incidents where would be suicide terrorists made the decision to abort their attack (Merari, et al, 2010). **Conclusions & Impact:** While high quality data remain limited, recent research among suicide terrorists and those they leave behind provide important insights into the lives of those who engage in these acts. The IPTS can help provide a framework to understand at least a subset of those who become suicide terrorists. While only one aspect of a complex and deadly problem, better understanding the reasons that people engage in suicide attacks may be one way to help prevent future attacks. Consideration of the IPTS in future research with suicide terrorists may help researchers better understand this deadly phenomenon.

Communications Libres / Oral Presentations

Le lundi 10 juin, 17:15-18:45

Le lundi 10 juin, 17:15-18:45

Titre : Le clinicien et les effets paradoxaux indésirables des bonnes pratiques

Auteurs : Suzanne Lamarre MD, psychiatre

Affiliation : C. H. St.Mary

Résumé de la présentation:

Objectifs: 1) Permettre au clinicien de reconnaître qu'il n'y a pas à ce jour de données probantes sur une pratique totalement efficace quant à l'élimination du risque suicidaire et que les bonnes pratiques ont souvent des effets paradoxaux indésirables (le clinicien est tenu aux moyens et non aux résultats) 2) L'amener à partir de ces effets paradoxaux et des aspects éthiques à miser sur la coopération du suicidaire et de ses proches pour éliminer la solution suicidaire 3) Proposer au clinicien un mode d'intervention pour installer cette coopération lors de la crise suicidaire Méthode Plusieurs de nos bonnes pratiques ont fait l'objet d'évaluation quant à leurs effets paradoxaux indésirables par exemple, il est bien connu que les risques suicidaires sont très élevés dans les mois qui suivent l'hospitalisation du suicidaire que les antidépresseurs peuvent augmenter les risques suicidaires que plus de 50% des patients en thérapie persistent à présenter des idées suicidaires, avoir des plans, faire des tentatives et même se suicider et bien d'autres encore. Conscient de ces effets, le clinicien ne devrait-il pas informer le suicidaire et les siens des limites de ses bonnes pratiques pour l'évaluation des risques, le choix des

interventions et les choix éthiques en rapport avec la solution suicidaire ? Résultats C'est ce que l'auteure a développé comme pratique dans les urgences psychiatriques et les crises suicidaires, la proposition de la coopération. Ce mode de pratique s'apparente de très près au modèle du Rétablissement prôné par les organismes de santé mentale occidentaux. Le patient ne fait plus l'objet de notre protection mais il participe à sa protection. L'élimination de la solution suicidaire dans un milieu entraîne des changements radicaux dans le mode d'entraide des membres de ce milieu. Tous s'en portent mieux incluant le clinicien. Conclusion Le clinicien peut-il encore occulter les effets paradoxaux indésirables de ses bonnes pratiques et l'absence de données probantes d'une pratique efficace ? Ne devrait-il pas s'en inspirer pour donner enfin du sens à la solution suicidaire et ne plus la banaliser en la considérant seulement comme un symptôme d'une maladie ? Pourquoi ne pas en arriver pour le suicidaire et les siens à « Rien ne va plus chez-nous, nous devons tous changer la façon de nous entraider » Retombées La crise suicidaire devient un moment clef dans l'évolution d'un milieu familial, vers le mieux ou vers le pire, selon l'implication du clinicien.

Financés par: Nil

Le lundi 10 juin, 17:15-18:45

Titre : Les défis du dispositif de soins face à l'abandon de traitement de l'adolescent suicidaire avec traits de personnalité limite

Auteurs: Lyne Desrosiers, Micheline Saint-Jean, Jean-Jacques Breton

Affiliation : Université de Montréal, Hôpital Rivière-des-Prairies

Résumé de la présentation:

Plus de la moitié des adolescents suicidaires, dont une large proportion présente des traits de personnalité limite (TPL), abandonnent leur traitement. Les conséquences de leur défection sont préoccupantes considérant qu'un geste suicidaire prédit significativement la récurrence chez les jeunes et que le risque de tentative est augmenté en l'absence de traitement externe chez les individus atteints d'un TPL. Objectif : Cet exposé présente les résultats d'une étude visant à mieux comprendre les processus qui sous-tendent l'instabilité du mode de consultation des adolescents suicidaires avec TPL et à mettre en évidence des stratégies cliniques pour favoriser leur engagement dans leur traitement. Méthode: Une méthode de théorisation ancrée constructiviste a été utilisée afin d'appréhender l'ensemble des déterminants associés à l'abandon ainsi que le réseau de relations entre eux. Trois niveaux d'analyse ont été adoptés 1) l'adolescent, 2) la famille et 3) le dispositif de soin. Résultats : Cette étude a permis de spécifier les vulnérabilités à l'abandon propres à cette clientèle et a mis au jour que l'atténuation des problèmes d'accessibilité, la préparation au traitement, l'adaptation des soins aux particularités des adolescents suicidaires avec TPL et finalement la prise en compte de la disposition à traiter des soignants constituent des réponses déterminantes pour leur engagement. Les processus de désengagement ont également été spécifiés. Dans ce contexte, des réponses du dispositif de soins telles

une régulation insuffisante de l'engagement, des impairs thérapeutiques et des demandes paradoxales précipitent l'abandon de traitement. Finalement, des processus distincts caractériseraient les abandons précoces et les abandons tardifs des adolescents suicidaires avec TPL. L'abandon précoce résulterait de l'échec du dispositif de soins à profiter de l'impulsion de la demande d'aide pour engager l'adolescent et le parent lors de ce premier moment critique de sa trajectoire de soins. En contrepartie, les abandons tardifs traduiraient les défaillances du dispositif de soins à adopter des mesures correctives pour les maintenir en traitement lors d'un deuxième moment critique marqué par leur désengagement. Conclusion : Les taux d'abandon de traitement de ces jeunes pourraient être diminués par un dispositif de soins qui reconnaît les vulnérabilités et les périls inhérents au traitement de cette clientèle, se montre proactif pour résoudre les problèmes de désengagement, intègre des mécanismes de soutien aux soignants et favorise une pratique réflexive. Retombées : Les réponses critiques du dispositif de soins identifiées dans cette recherche pourront soutenir l'élaboration d'interventions efficaces pour favoriser l'engagement au traitement des adolescents suicidaires avec TPL.

Financés par: RQRS (Réseau Québécois de la Recherche sur le Suicide), Fondation André Dédé Fortin, Fondation les petits trésors de l'hôpital Rivière-des-Prairies, Faculté des Études Supérieures de l'Université de Montréal

Le lundi 10 juin, 17:15-18:45

Titre : Prévenir le suicide chez les policiers: l'expérience du Service de police de la Ville de Montréal

Auteurs : Dr. Normand Martin, Ph.D.

Affiliation : Service de police de la Ville de Montréal

Résumé de la présentation:

Objectifs: Présenter un programme de prévention du suicide en milieu de travail adapté pour une population policière Méthode : Présentation vidéo et Power point Résultats: Le taux de décès chez le personnel policier du SPVM a chuté de près de 80% suite à l'implantation du programme de prévention. Conclusions : Il est possible de réduire les décès par suicide chez une population policière Retombées : Le programme "*Ensemble pour la vie*" lauréat d'un prix Innovation de la CSST en 2011, a servi de modèle pour la mise en place de programmes de prévention pour le personnel policier au Canada et en Europe. Résumé: Au cours des quinze dernières années, les policiers et policières du SPVM ont été sensibilisés à reconnaître les signes de détresse tant pour eux-mêmes que pour leur entourage dans le cadre du programme "*Ensemble pour la vie*". La particularité du programme de prévention du SPVM est qu'il a misé dès le départ sur une approche multi-volets soit la promotion, la sensibilisation, la formation et l'intervention. Le taux de décès chez le personnel policier du SPVM a chuté de façon très significative suite à l'implantation du programme de prévention.

Le lundi 10 juin, 17:15-18:45

Titre : Comprendre le suicide chez les hommes: Avons-nous fait des progrès en 5 ans de recherche?

Auteurs : Janie Houle

Affiliation : Centre de recherche et d'intervention sur le suicide et l'euthanasie, Université du Québec à Montréal

Résumé de la présentation:

Objectifs: Cette présentation a pour objectif d'identifier les découvertes récentes dans le domaine de la recherche sur le suicide chez les hommes et d'en dégager les implications pour la pratique. **Méthode:** Une recension des écrits sur les articles publiés entre 2008 et 2012 sur le suicide chez les hommes et sur les différences de genre en matière de comportements suicidaires a été réalisée à l'aide des bases de données PubMed et PsychInfo. **Résultats:** Au total, 21 articles ont été retenus. Les connaissances scientifiques sur le suicide chez les hommes ont progressées sur cinq aspects: 1) séparation conjugale et veuvage 2) emploi et situation financières 3) stratégies d'adaptation 4) perspective des proches 5) amélioration des services. Des études récentes indiquent notamment que les proches et les professionnels accordent davantage d'attention aux comportements perturbateurs des hommes qu'aux problèmes de santé mentale ou à la détresse émotionnelle qui les sous-tendent. L'expression particulière de la souffrance des hommes, de même que l'incapacité de l'entourage et des professionnels à la décoder, posent obstacles à l'obtention d'une aide appropriée. **Conclusions:** Sur la base des résultats de cette recension, il est recommandé d'adopter des interventions sensibles au genre, d'être plus proactif dans nos interventions et de soutenir et accompagner davantage les proches.

Financés par: Centre de recherche et d'intervention sur le suicide et l'euthanasie

Le mardi 11 juin, 15:45-17:15

Le mardi 11 juin, 15:45-17:15

Titre : Work related suicide in France : the impact of professional factors, pilot study

Auteurs : Louis Jehel, Alain Domont, Geraldine RIEDI, Monique Seguin, François Ducrocq, Guillaume Vaiva, Frédéric Rouillon, Bruno Falissard

Affiliation : Université Antilles et Guyane, CHU de Martinique et INSERM U669

Résumé de la présentation:

Background : Suicide stay a serious public health problem all over the world and is a major concern in France as it affect's individuals in their personal and professional lives.

Aims : The purpose of the study is to identify the presence of personal and professional risk factors which could have been present and detected in the workplace of people who died after suicide and compare the presence of these risk factors among people who died from other causes. The three comparison groups are G1= death by suicide ; G2= accidental death and G3= natural death. Our aim is to analyze the presence of different risk factors which could be detected in the work environment such as : the presence of mental disorders and consider the correlation between suicide and ergonomic conditions, organizational and relational environment. Our aim is to identify short-term predictors of suicide, some of which could be detected by professional colleagues and help to identify people at risk individuals who could be helped through targeted interventions in the workplace. ;

Methods/design: Prospective study with direct benefit. The psychological autopsy method was used to obtain third-party information on consecutive suicides with family members. Life-history calendar analysis to measure life-events and adversity throughout the life course. This method served to attribute an adversity score per 5-year segment, which is then cluster-analyzed and correlated to define victim profiles. We also collect information from the coworkers of the deceased.

Discussion : Our aim is to identify specific risk factors which could be detected in the work environment in order to provide prevention strategies most appropriate to the question of suicide in the professional workplace. And although some difficulties were encountered in setting up of the protocol, the research team is mobilizing to meet the objectives and scientific requirements.

Financés par: INSERM U669

****Présentation en Français**

Le mardi 11 juin, 15:45-17:15

Titre : Medico-economic impact of a suicide attempt on the relatives of the suicide attempter

Auteurs : François Ducrocq*, Vincent Jardon*, Emmanuel Poulet**, Anne Laure Demarty*, Stéphane Duhem*, Monique Seguin***, Guillaume Vaiva*

Affiliation : * *Centre Hospitalier Régional de Lille & Université Lille Nord de France, France*, ** *Hôpital Universitaire Edouard Herriot , Hospices Civils de Lyon, France*, *** *Université du Québec en Outaouais, Centre de recherche Fernand-Séguin Centre de recherche Douglas de l'Université McGill, Canada*

Résumé de la présentation:

Hypothesis. A suicide attempt is an major event that creates harm on both family and close relatives, that can be measured in terms of traumatic stress and medico-economic impact (costs). Each year, 3.750.000 French people are concerned by a suicide attempt of a relative (or close person).

Subjects. Male or female, older than 16, being a relative of a suicide attempter (i.e. living in the same house as the suicide attempter). 171 families were included (171 suicide attempters and 171 « family

informants »). These subjects were compared to IRDES datas on French population (Institute of Research and Documentation on Health Economy ; sample of 20.000 subjects, representing 95% of the French families). All subjects were reassessed by phone at 3 month and 1 year.

Results. 80% of the relatives declare "being fine" at 1 year; the 20% that declare being "not so well" are important to qualify, the sooner after the suicide attempt. An explicative model trying to evaluate the risk of being "not so well" at 1 year is possible ; this model is highly represented by the psychotraumatic impact of the confrontation with the suicide attempt.

On the economic plan, we can observe a great stability in healthcare contacts at 1 year (hospitalizations, GP or Specialists contacts, other kind of care contact...), contrasting with a big increase in medication use (x 2.37 in comparison with IRDES population); all the medication types being concerned, psychotropic and others.

The question of a self-medication partly unconscious is raised.

****Présentation en Français**

Le mardi 11 juin, 15:45-17:15

Titre : L'étude des lettres de suicidés au Québec entre 1763 et 1953

Auteurs : Patrice Corriveau, André Cellard, Isabelle Perreault

Affiliation : Université d'Ottawa

Résumé de la présentation:

De crime grave punissable de la peine capitale à l'époque de la Nouvelle-France, le suicide est désormais perçu comme problème de société plutôt que faute individuelle. En cela, le geste suicidaire constitue un exemple parfait de renversement de la réaction sociale et juridique à l'égard d'un comportement pourtant jugé déviant pendant des siècles. Pour comprendre le changement des attitudes et des réactions des différents acteurs sociaux à l'endroit du suicide et des suicidés pour l'ensemble de la société québécoise, il devient nécessaire de pouvoir compter sur une base empirique qui s'adresse à la majorité des cas de suicide sur une longue période historique. Pour ce faire, nous avons dépouillé l'ensemble des cas de suicides répertoriés dans les Archives du coroner conservées aux Archives nationales du Québec (ANQ) entre 1763 et 1953. Ces dossiers contiennent les témoignages des proches, des officiers de justice, des médecins et des autres acteurs sociaux ayant pris part à l'enquête du coroner ainsi que ceux des suicidés par l'entremise des lettres qu'ils ont laissées derrière eux avant de passer à l'acte. Cette conférence s'attardera plus particulièrement à exposer dans ses grandes lignes notre démarche archivistique tout en présentant quelques cas types de suicide à l'aide de ces milliers de lettres d'adieu retrouvées dans les dossiers dépouillés entre 1763 et 1950 et à établir les liens qui existent entre les motifs exprimés par le suicidé et l'évolution du contexte social, politique, économique ou religieux dans lequel le passage à l'acte s'est produit.

Le mardi 11 juin, 15:45-17:15

Titre : Un programme innovateur de prévention du suicide pour les aînés dépressifs.

Auteurs : L. Marcoux, S. Lapierre, M. Dubé, S. Desjardins, P. Miquelon, M. Alain, & R. Boyer.

Université du Québec à Trois-Rivières, Trois-Rivières, Québec, Canada

Affiliation : Université du Québec à Trois-Rivières

Résumé de la présentation:

Depuis longtemps, les recherches en psychologie ont démontré que la poursuite de buts personnels est associée positivement au bien-être psychologique, à la satisfaction de vivre, au bonheur et à l'estime de soi. Puisque la présence de raisons de vivre et de sens à la vie est incompatible avec le suicide, un programme d'intervention centré sur la réalisation de projets personnels a été développé afin de promouvoir la santé mentale et la qualité de vie des personnes âgées vivant dans la communauté. Dans le cadre d'une intervention de groupe de 14 semaines, le programme permet aux participants d'exprimer, de planifier, de poursuivre et de réaliser des projets personnels significatifs, concrets et réalistes. Le programme n'a pas d'objectif clinique, bien qu'il soit basé sur l'approche cognitive-comportementale. Il s'agit plutôt d'un programme d'apprentissage du processus de réalisation efficace de buts personnels qui donnent du sens à la vie. Les 24 participants (14 femmes et 10 hommes), âgés entre 65 et 84 ans ($M = 68.6$), étaient modérément déprimés (Inventaire de Dépression de Beck-II, $M = 21.1$). Ils ont aussi complété à trois temps de mesure (prétest, posttest et relance, six mois plus tard) des questionnaires portant sur leur capacité à réaliser leurs buts, la présence d'idéations suicidaires, l'anxiété, ainsi que diverses dimensions du bien-être psychologique. L'analyse des résultats indique une amélioration significative des participants sur le plan des habiletés à réaliser leurs buts ($F(2, 46) = 11.46$, $p < 0.001$) ainsi qu'une diminution des symptômes dépressifs ($F(1.48, 34.03) = 20.86$, $p < 0.001$), de l'anxiété ($F(2, 46) = 10.75$, $p < 0.001$) et des idéations suicidaires ($F(2, 46) = 5.99$, $p < 0.01$). Les données indiquent également une augmentation de la sérénité ($F(2, 46) = 7.76$, $p < 0.001$) et de la satisfaction de vivre ($F(2, 46) = 5.67$, $p < 0.01$) des participants au programme. Les progrès se sont maintenus six mois plus tard. Les analyses de variance multivariées à mesures répétées (temps X sexe) ont aussi démontré que les hommes se sont améliorés autant que les femmes pour la dépression. Le programme d'intervention sur les buts semble efficace pour améliorer le bien-être psychologique des personnes âgées dépressives et pourrait constituer une approche innovatrice de prévention du suicide, particulièrement auprès des hommes.

Financés par: RQRS

Le mardi 11 juin, 17:15-18:45

Le mardi 11 juin, 17:15-18:45

Titre : Laval: un modèle de partenariat en prévention du suicide

Auteurs : Lalie Bélanger-Dion, Danyelle Latreille

Affiliation : Centre de la Santé et des Services Sociaux de laval

Résumé de la présentation:

L'objectif de cette présentation est de démontrer qu'il est possible pour une région d'associer les partenaires à s'engager ensemble afin d'unir leurs efforts pour une action commune, soit la prévention du suicide. Nous présenterons le modèle développé à Laval de ses débuts à ce qu'il est devenu aujourd'hui. À partir de l'engagement de quelques individus répartis dans leur milieu, comment nous en sommes arrivés à regrouper tous les partenaires de la région concernés par la prévention du suicide. Partenaires (Services policiers, municipalité, CSSS, organismes communautaires, Centre jeunesse, 2 hôpitaux, Agence de la santé et des services sociaux, Centre de réadaptation en dépendance) qui, tout en maintenant leur autonomie respective, adhèrent à un objectif commun d'agir face au suicide et ses conséquences sur les individus et les communautés. Nous parlerons des conditions essentielles pour l'atteinte de la réussite du réseautage des services (clarté et respect des rôles de chacun, corridors de services, communication, etc). Une organisation efficace des services permet d'assurer un filet de sécurité plus serré autour des personnes suicidaires et de leur entourage. Nous présenterons les structures qui regroupent ces partenaires et qui facilitent la communication entre les acteurs, la mise en place de protocoles et l'amélioration continue des pratiques.

Le mardi 11 juin, 17:15-18:45

Titre : La "PPV" en Touraine : "Protéger les Parcours de Vie" par la mise en place d'une "PréPostVention du suicide".

Auteurs : Marie-Pascale LAURENT

Affiliation : réseau VIES 37

Résumé de la présentation:

La "PPV" en Touraine : "Protéger les Parcours de Vie" par la mise en place d'une "PréPostVention du suicide". Le réseau VIES 37 « Vivre et Intervenir Ensemble Face au Suicide » développe en Touraine un dispositif de PréPostVention initialement basé sur le modèle développé au Québec par l'équipe de Monique Seguin et Françoise Roy. En France, il existe peu de dispositifs permettant de répondre à certaines demandes liées à des situations à l'acte suicidaire. A l'heure actuelle, il semble toujours difficile d'organiser une réponse structurée, compatible avec les exigences de la prévention générale du

suicide qui tiennent également compte des particularités de fonctionnement de chacune des institutions concernées. Suite à ce constat, les auteurs (Madame Marie-Pascale LAURENT, Psychologue et le Dr. Marc FILLATRE, Psychiatre) ont mis en place une formation complète allant de la sensibilisation à la problématique du suicide jusqu'à l'appui à l'organisation interne des établissements dans l'optique de prévenir et de mieux gérer d'éventuels passages à l'acte suicidaires. Il s'agit d'une première expérience française de ce type. Ainsi, dans chaque institution participante, les personnes formées seront davantage à même de mettre en place une Cellule de Crise Interne (CCI), tout en demeurant en relation avec l'Equipe Mobile d'Appui (EMA) actuellement le réseau VIES 37, et de mieux organiser son propre réseau de ressources externes. Cette démarche de proposer un dispositif mixte de formation, d'intervention et de soutien aux entreprises, aux institutions et aux associations, s'est imposée en plusieurs étapes dans le but de répondre au mieux aux difficultés qu'elles rencontraient. Ces étapes successives ont permis de recueillir des résultats préliminaires concernant des établissements particulièrement diversifiés quant aux âges, aux types d'activités professionnelles et aux types d'organisations internes. Ce sont ces données préliminaires, essentiellement qualitatives, obtenues au moyen d'enquêtes de satisfaction, de conclusions de réunions (programmation et suivi), que nous souhaitons vous présenter.

Financés par: La Fondation de France pour la mise en place.

Le mardi 11 juin, 17:15-18:45

Titre : une façon de « vivre la mort » au sein d'un établissement, après le suicide du directeur général

Auteurs : Gilles Deslauriers

Affiliation : Pratique privée

Résumé de la présentation:

Objectif de cet atelier: Au terme de cette communication, le participant pourra constater: - l'importance de nommer et de partager le vécu de chacun des membres du personnel et des résidents d'un établissement public de la santé, à la suite d'un événement traumatique impliquant un suicide. - comment il est possible, par la création d'un rituel commémoratif annuel, d'intégrer cette réalité de la mort, aussi brutale fut-elle, dans la vie de l'établissement. Description de l'atelier: Le contexte: Quatre ans après le suicide du directeur général du Centre d'hébergement du Centre-Ville-de-Montréal, le silence qui s'en est suivi et le changement de direction, l'équipe psychosociale, en collaboration avec Gilles Deslauriers, a décidé d'honorer la mémoire de son directeur et des résidents décédés pendant cette même période par un rituel, et ainsi replacer leur passage dans l'historique de l'établissement. Deux autres cérémonies commémoratives annuelles ont eu lieu. Elles ont été axées sur la recherche d'un lieu de mémoire et la mise en place d'un arbre de vie dans ce lieu de mémoire accessible en tout temps. Les noms de ceux qui sont décédés au cours des dernières années y sont suspendus.... Pour se souvenir.. L'atelier: À l'aide d'un document audiovisuel et de divers témoignages, l'atelier vise

à présenter cette démarche et les répercussions qu'ont eu ces gestes tant auprès du personnel que des résidents. Gilles Deslauriers

Le mardi 11 juin, 17:15-18:45

Titre : La supervision et le soutien des intervenants en prévention du suicide.

Auteurs : Gaëtan Roussy

Affiliation : Psychologue, Centre professionnel de prévention du suicide de Montréal; Comité sur le suicide de l'Association des psychologues du Québec

Résumé de la présentation:

Bref résumé : Depuis plusieurs années, je supervise et soutien des intervenants de divers milieux, individuellement ou en groupe, en prévention du suicide. Je parlerai donc des besoins des intervenants en matière de supervision, et en matière de soutien lorsque surviennent des difficultés particulières face à la problématique des comportements suicidaires. J'ai notamment mis sur pied en 2006 la première équipe de soutien entre pairs pour les psychologues éprouvant ce type de difficulté. Au cours des ans, j'ai pu me faire un assez bon portrait des besoins des intervenants, de leurs principales craintes et difficultés, et des services dont ils auraient parfois besoin, mais qui ne sont malheureusement pas toujours accessibles. J'aborderai notamment les thèmes suivants : Comment pouvons-nous mieux soutenir, outiller et sécuriser nos intervenants? Quelles sont les principales émotions vécues par les intervenants en cas de difficultés particulières, comme la perte d'un client par suicide? Quelles sont les forces des intervenants sur lesquelles nous devrions mettre l'accent et que nous devrions développer davantage? Comment pourrions-nous développer davantage l'autonomie de l'intervenant, tout en favorisant un meilleur esprit d'équipe et une meilleure concertation entre les ressources? Comment pourrions-nous favoriser davantage le soutien entre pairs, et dissoudre certaines impasses quant à toutes ces questions? Quel est le rôle, au juste, de l'intervenant dans notre société? Avons-nous tendance à sur-responsabiliser nos intervenants? Prenons-nous suffisamment soin d'eux, et d'elles? Etc.

Séances Jeune Relève / New Generation Oral Presentations

Le mercredi 12 juin, 17:15-18:45

Le mercredi 12 juin, 17:15-18:45

Titre : Recherche sur les pratiques possibles pour accompagner les suicidants dans le Sud Bénin. Déconstruire les cultures pour se réapproprier les mondes.

Auteurs : Olga Bamisso (auteure et présentateur), Lucien Hounkpatin, Dominique Cupa

Affiliation : Paris Ouest Nanterre La Défense et Centre George Devereux

Résumé de la présentation:

Les études sur les actes suicidaires au Bénin soulignent une augmentation des fréquences hospitalières d'accueil de tentatives de suicide (1,61% en 1980, 4,94% en 2003 puis 6,57% en 2008) et une faible évaluation psychologique des suicidants après les soins somatiques. C'est pourquoi, notre recherche vise à approcher le sens psychique des tentatives de suicide dans le Sud Bénin afin d'évaluer les possibilités de mettre en place, dans ce contexte précis, une prévention secondaire. La procédure méthodologique est une recherche-action comprenant l'instauration d'un protocole d'accueil des suicidants et la réalisation de « rencontres anthropologiques », moyen de s'ouvrir aux conceptions culturelles propres au contexte afin de mieux cerner les questions suicidaires. Les différentes actions font ressortir que les suicidants sont en proie à une crise identitaire qu'il est possible d'apaiser en construisant des systèmes référentiels nouveaux incluant les théories en présence (modernes et contextuelles). Cette fabrication est rendue possible par une déconstruction des construits culturels et théoriques pour accéder aux logiques premières en jeu dans leur fondement.

A l'occasion du congrès, nous proposons d'exposer une possibilité de mettre en tension les logiques contextuelles avec les théories cliniques en termes de prévention. Les conceptions relatives à la notion de « protection » dans le Sud Bénin seront abordées à partir de la divinité de la protection : LEGBA. Ensuite, l'extension de notre réflexion sur les possibles prises en charge des suicidants sera envisagée. En réinscrivant les interprétations culturelles de protection présentes au travers de cette divinité, dans les fondements mythiques originaires, les logiques sous-jacentes soulignent le postulat d'une différence entre « parler », « dire » et « traduire » et la nécessité de médiations. En résonance avec les conceptions modernes en termes de prévention, notre proposition clinique s'étaye sur l'idée de favoriser les médiations dans l'accompagnement des suicidants. Établir des articulations entre des mondes et modes d'appréhension crée des contenants pour les affects en jeu dans la dynamique de crise suicidaire. Ainsi, la référence à la culture recouvre d'autres fonctions que celle d'être un outil explicatif exclusif. L'utiliser dans le cadre d'une mise en tension avec les théories modernes évite le clivage entre des explications fermées ne pouvant se rencontrer les unes les autres. Lors des rencontres, la multiplicité (des théories, des éléments identitaires et disciplinaires) déployée reconfigure les attachements destructeurs. Une réappropriation autre du vécu de crise est alors possible.

Le mercredi 12 juin, 17:15-18:45

Titre : Survivre en famille au suicide d'un(e) adolescent(e) : Émerger malgré la blessure indélébile

Auteurs : Christine Genest

Affiliation : Université de Montréal

Résumé de la présentation:

Objectif : Cette étude vise à comprendre et à expliquer la résilience des familles endeuillées par le suicide d'un adolescent. Lorsque le suicide d'un adolescent survient, la famille est confrontée à une situation de crise qui nécessite, de sa part, une mobilisation importante d'énergie. On remarque que, malgré cette épreuve, la plupart des familles continuent à fonctionner. Le concept de résilience familiale qui fait référence à la capacité d'une famille de rebondir face à une situation de crise peut expliquer ce phénomène. Le but de cette étude a donc été de proposer une théorie du processus de résilience à partir de ce que vivent les familles endeuillées par le suicide de leur adolescent. Méthode: Une approche qualitative par théorisation ancrée, inspirée de la vision straussienne, a été choisie. L'échantillonnage théorique a été constitué de données obtenues à l'aide : d'entrevues semi structurées (13) avec les membres de sept familles rencontrés soit de façon individuelle, en couple ou en groupe (n=17 participants) de documents personnels remis par les participants (journal intime, homélie) d'un questionnaire sociodémographique et de notes de terrain. Une analyse comparative continue des données à travers une triple codification a permis de proposer une théorisation en profondeur du processus de résilience familiale suite au suicide d'un adolescent. Résultats et conclusion: Dans un premier temps, la famille est confrontée à un cataclysme engendré par le suicide lui-même et influencé par le contexte familial, le contexte social et les émotions vécues. S'ensuit une période de naufrage plus ou moins importante compte tenu des bouées de sauvetage présentes au sein et dans l'entourage des familles. La présence de ces bouées intra et extrafamiliales permet un rebondissement plus ou moins rapide des familles. Par la suite, différentes actions intra et extrafamiliales permettent aux familles d'émerger malgré cette blessure indélébile, c'est-à-dire apprendre et grandir à travers cette expérience. L'analyse a également permis de dégager quatre types de résilience familiale selon que le rebondissement est rapide ou tardif et que l'émergence est continue ou non, soit le processus de résilience de la famille énergique, stupéfaite, combattante et tenace. Retombées: Les résultats de cette étude permettent d'approfondir la compréhension du vécu des familles endeuillées par le suicide d'un adolescent et d'aider les professionnels de la santé à mieux adapter leurs interventions en fonction des besoins des familles, des bouées de sauvetage présentes et des actions susceptibles de favoriser leur émergence.

Financés par: CRSH Bourse de formation au doctorat, OIIQ-FRESIQ pour d'étude au doctorat, MELS pour d'étude au doctorat

Le mercredi 12 juin, 17:15-18:45

Titre : Prévenir le suicide : La résilience comme facteurs déterminant dans l'arrêt du l'acte suicidaire.

Auteurs : Robert Louis

Affiliation : Chargé de Cours, Université Laurentienne. Chercheur Doctorant Sciences Humaines Appliquées, Université de Montréal

Résumé de la présentation:

Objectifs: 1) Identifier, analyser et mieux comprendre les facteurs de résilience qui fonctionnent réellement dans l'arrêt de l'acte suicidaire 2) Formuler des recommandations à l'intention des gestionnaires et des intervenants 3) Proposer des pistes d'intervention qui s'inscrivent dans une perspective de résilience 4) Apporter une contribution francophone majeure à la littérature scientifique L'intention dans le cadre de cette recherche c'est d'innover, en proposant des moyens de prévention du suicide non pas à travers les suicidants, ceux ayant posé le geste suicidaire, ou à travers des notes de suicide, ou même en essayant de comprendre le vécu de personnes suicidées (méthode rétrospective). Il s'agit essentiellement, au regard de données tant empiriques que théoriques, à travers des axes de compréhension variables, à l'intersection des plusieurs disciplines, de déterminer le facteur le plus significatif, le chaînon manquant, expliquant pourquoi une personne suicidaire n'est pas passé à l'acte. identifier, et à vérifier les relations entre la résilience et l'arrêt de l'acte suicidaire. Nous tenterons de répondre aux questions suivantes: Quelles sont les relations entre les facteurs de résilience et l'arrêt de l'acte suicidaire ? Quels sont les facteurs de résilience qui fonctionnent réellement dans le non-passage à l'acte ?

Le mercredi 12 juin, 17:15-18:45

Titre : Les interventions infirmières bénéfiques: La Perspective des enfants ayant des facteurs de risque pour le suicide et leurs parents

Auteurs : Marjorie Montreuil¹, Catherine Pugnaire Gros², Michal Stachura³, Kat Butler⁴

Affiliation : Institute Douglas¹, Ingram School of Nursing, McGill University^{2,3,4}

Résumé de la présentation:

Objectif du projet de recherche : Explorer et identifier les pratiques infirmières bénéfiques d'après la perspective des enfants qui présentent des facteurs de risque liés au suicide ainsi que de leurs parents. Objectifs de la présentation : Partager les connaissances recensées sur les interventions infirmières liées à la protection du suicide. Présenter les particularités de la méthode de recherche employée pour recueillir les données auprès des jeunes patients en milieu pédopsychiatrique. Partager les interventions bénéfiques telles que décrites par les enfants ainsi que par leurs parents. Détailler le rôle que l'infirmière peut jouer dans la prévention du suicide chez l'enfant à risque et auprès de ses parents. Méthode : Une approche qualitative descriptive a été employée. Des séances d'observation auprès des enfants dans le milieu pédopsychiatrique ont eu lieu, suivies d'une courte entrevue avec chaque jeune participant. Des entrevues semi-structurées ont été effectuées séparément avec un des parents de l'enfant. Résultats : Les résultats préliminaires (n=8, soit 4 paires parent/enfant) indiquent que les interventions bénéfiques infirmières se regroupent dans trois domaines de soins principaux: (1) le développement d'une relation de soin basée sur la confiance, (2) la gestion de la problématique de santé et (3) la création d'un milieu de soins thérapeutique. Pour chaque domaine, plusieurs exemples spécifiques d'interventions infirmières ont été décrits et les effets positifs de ces interventions sur l'enfant et sa famille ont été identifiés. Conclusions : Les résultats suggèrent que l'infirmière promeut

les facteurs de protection liés au suicide via des interventions collaboratives avec l'enfant à risque de suicide et avec ses parents. Selon la perspective de cette clientèle, de nombreuses interventions infirmières sont considérées comme étant bénéfiques. Ces interventions sont liées à des effets positifs pour la famille et font la promotion des facteurs de protection au suicide. Retombées : Les données provenant de cette étude permettront le développement et l'avancement des interventions infirmières liées à la santé des familles à risque, ce qui pourrait contribuer à prévenir le suicide. De plus, en identifiant les interventions infirmières considérées bénéfiques par ces familles, l'ampleur du rôle que l'infirmière peut jouer dans la prévention du suicide est visible; l'infirmière est perçue comme détenant un rôle clé pour l'accompagnement des familles et intervenir pour prévenir une crise éventuelle.

Financés par:

Réseau québécois de recherche sur le suicide – Axe sciences infirmières

Le mercredi 12 juin, 17:15-18:45

Titre : Les facteurs de protection d'adolescents atteints d'un trouble de l'humeur et présentant un risque suicidaire

Auteurs : Jessica Rassy, inf. M.Sc., Jean-Pierre Bonin, inf. PhD

Affiliation : Université de Sherbrooke, Université de Montréal

Résumé de la présentation:

Au niveau mondial, la mort par suicide occupe fréquemment la deuxième ou troisième place des causes de décès chez les adolescents. Afin de prévenir le suicide chez les jeunes, une meilleure compréhension des facteurs associés s'avère donc nécessaire. **OBJECTIF :** La présente étude avait pour but d'identifier les facteurs de protection d'adolescents atteints d'un trouble de l'humeur et présentant un risque suicidaire. **MÉTHODE :** Pour ce faire, un questionnaire relatant les habitudes de vie et facteurs psychosociaux des adolescents a été analysé. Le risque suicidaire a été évalué à partir de la version adaptée pour adolescents du SAD PERSONS Scale (Juhnke, 1994). L'échantillon de l'étude comprenait 101 jeunes de 12 à 17 ans atteints d'un trouble de l'humeur et présentant un risque suicidaire. Des analyses descriptives, des tests de t, des analyses de variance, des corrélations et des régressions ont été utilisées afin de vérifier la relation entre le risque suicidaire et les facteurs de protection. **RÉSULTATS :** Il ressort que, pour les adolescents de l'étude, être satisfait du soutien reçu, avoir un bon soutien affectif parental, avoir plusieurs sources de lecture par semaine, souper plusieurs fois avec sa famille par semaine, ne pas fumer de cigarette, ne pas avoir beaucoup d'amis qui fument la cigarette, ne pas consommer d'alcool, ne pas consommer de drogue ainsi que de ne pas mélanger la consommation d'alcool et de drogue peuvent tous agir, individuellement, comme facteurs de protection du suicide chez des adolescents atteints d'un trouble de l'humeur et présentant un risque suicidaire. Par ailleurs, les analyses effectuées ne révèlent aucune relation significative entre les habitudes scolaires, l'activité physique, les habitudes de sommeil, l'estime de soi et le risque suicidaire des adolescents de l'étude.

CONCLUSION ET RETOMBÉES : Enfin, miser sur les facteurs de protection du suicide identifiés par la présente étude constitue une nouvelle piste intéressante pour les infirmières ainsi que pour les autres professionnels de la santé. Des recommandations pour la recherche et pour la pratique seront suggérées.

Financés par: Bourse du Ministère de l'éducation, du loisir et du sport (MELS)

Young Investigator Oral Presentations / Communications libres: Young Investigator

Wednesday, June 12 / Mercredi le 12 juin 13:15-14:45

Wednesday, June 12 13:15-14:45

Title: Gene-environment interactions between HPA axis regulatory genes and stressful life events in suicide attempts

Authors: Yair J Ben-Efraim, Danuta Wasserman, Jerzy Wasserman, Marcus Sokolowski

Affiliation: National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institute

Abstract:

Objectives: A dysregulated cortisol response to psychosocial stress, mediated in large part by the hypothalamic-pituitary-adrenal (HPA) axis, is an established endophenotype and biological predictor of suicide. Identifying genetic variants that contribute to the heritability of HPA axis activity and suicidal behavior may aid in suicide prediction. Our goal was to study variants in genes that regulate HPA axis activity in linkage/association with suicide attempts (SAs). We further studied gene-environment interactions (GxEs) between these variants and exposure to stressful life events (SLEs) in linkage/association with SAs.

Method: We used a family-based study design of 660 offspring who have made a SA and both their parents. Genes were selected according to established roles in regulating HPA axis activity, as well as previous association with suicidality, mood disorders, and/or alcohol use. Single nucleotide polymorphisms (SNPs) were genotyped in these genes, which included the neuropeptide receptor genes corticotropin releasing hormone receptor type-1 (CRHR1) and arginine vasopressin receptor type-1b (AVPR1B); the serotonin receptor type-2a gene (HTR2A); and genes in the glutamatergic, γ -aminobutyric acid-ergic, and polyaminergic systems. SLE exposures were assessed by interview and included physical and sexual assault in childhood/adolescence or adulthood (cutoff 18 years), as well as an exploratory checklist which assessed cumulative lifetime exposure to established SLE types.

Results: We observed significant linkage/association with SAs in 4 studies. Specifically, we observed 4 genes with significant SNPs and SNP-haplotypes, 3 genes with significant GxEs of SNPs and exposure to physical assault, and 2 genes with significant GxEs of SNPs and exposure to lifetime SLEs. Eight significant findings had an odds ratio of ≥ 2 , and 6 of these findings were GxEs.

Conclusions: Our findings support a stress-diathesis model of suicidal behavior. Moreover, they support a potential etiological role for risk variants in HPA axis regulatory genes in the suicidal process. GxE analysis was useful for identifying genetic risk variants.

Impact: Eight associations with SA were observed with large effects. The strength of the findings was supported by the relatively comprehensive investigation of SNPs and/or GxEs. We also used the largest family-based sample of SAs in the world, to our knowledge. Thus, in addition to achieving adequate power to detect associations with modest-to-large effect size, the genetic findings were robust to population substructure, a potential source of confounding in population-based association studies. Further investigation and consistent replication across samples are warranted before utility in suicide prediction and/or prevention efforts.

Supported by: The Knut and Alice Wallenberg Foundation, the Marianne and Marcus Wallenberg Foundation, and the American Foundation for Suicide Prevention

Wednesday, June 12 13:15-14:45

Title: Family surviving adolescent's suicide : Emerging in spite the indelebile wound

Authors: Christine Genest

Affiliation: Université de Montréal, CRISE

Abstract:

Objectives

Understand and explain the resilience of families bereaved by a teenager's suicide. The suicide of an adolescent is a violent, unexpected, selfinflicted death that falls outside the normal order of life and the crisis faced by the family requires the mobilization of most of its energy. Despite this ordeal, the fact remains that most families continue to function. The concept of family resilience, which refers to a family's ability to bounce back from a crisis situation, may explain this phenomenon.

Method

A grounded theory research inspired by the Straussian vision has been conducted.

Theoretical sampling was progressively constructed from data through interviews (13) with members of seven families met either individually, in couples or as a group (n= 17 participants).; a sociodemographic questionnaire; personal documentation submitted by the participants (diary, homily ...); and field notes..

A constant comparative analysis of the data across triple coding led to an innovative theory of the family resilience process following the suicide of a teenager: Emerging despite the indelible wound.

Results and conclusion

The main results indicate that, initially, the family faces a cataclysm caused by the suicide itself and influenced by the family background, social context and emotions experienced. This cataclysm is followed by a sinking period which is more or less important given the lifebuoys present within and around the family. The presence of these intra and extra familial buoys allows the family to rebound more or less rapidly. Subsequently, various actions within and outside the family enable it to emerge despite this indelible wound that is to say, to learn and grow through this experience.

Impact

This study provides an in-depth understanding of the experiences of families bereaved by the suicide of an adolescent and directions for health professionals to better tailor their interventions to the needs of these families, their lifebuoys and actions to support their emergence.

Supported by: CRSH doctoral scholarship; OIIQ-FRESIQ doctoral scholarship, MELS doctoral scholarship

Wednesday, June 12 13:15-14:45

Title: Suicide and the “Embedded Body”: Emerging Understandings of the Body and Society

Authors: Stephanie Lloyd

Affiliation: Assistant Professor, Department of Psychiatry, McGill University, McGill Group for Suicide Studies

Abstract:

Objectives: The relationship between the environment and suicidal behaviour is well studied. Indeed, sociologists have studied the relationship between social integration and suicide for well over 100 years ago. The goal of this presentation is to outline the potential impact of emerging studies on the role of social environment factors in the development of suicidal behaviour on the ways in which people understand suicide and suicide risk. Of particular interest is the movement toward mechanistic explanations of the effect of environment on suicide risk.

Method: The presentation is based on a literature review. Qualitative research (primarily ethnographic research and semi-structured interviews) is commencing.

Results: Social scientists have demonstrated that scientific and medical information is influential in modifying people’s beliefs about themselves and others in terms of risk of developing a particular

condition as well as causal reasoning about the condition. Public health researchers have documented the symbolic power of epigenetic explanations of the links between health and environment, which are found to have significant influence on the political importance attributed to questions of, for example, inequality.

Conclusions: This research suggests that mechanistic explanations of the links between suicide and one's social environment have the potential to impact greatly on the ways in which individuals experience the suicide of a loved one or the way they envision their own, or others', risk of suicide. It also suggests that epigenetic explanations of the development of suicide risk have the potential to be influential in terms of drawing political attention to the problem of suicide, perhaps most particularly in areas where clusters of suicide occur, and by consequence, to the environment-related problems in these regions.

Impact: This research has the potential to contribute to emerging work on what has been referred to as the "molecularization of biography and milieu". That is to say, the extent to which people begin to reimagine the basis of their relationship with their environment in their pasts, presents and futures: for instance, how their life courses may have shifted over time as a result of effects of the environment on their molecular make up. This reconceptualization may lead them to consider different interventions as well as different potential futures. If this molecular view of the development of suicide risk is adopted at a public health or political level, it has the potential to impact on claims for social justice as has been seen in other contexts, where it has become more effective to base social justice claims in biological rather than social or political terms.

Supported by:

2013-2015 RQRS (Quebec Suicide Research Network/ Réseau québécois de recherche sur le suicide) Pilot Funding. "Clinical and Non-Clinical Accounts of Suicide in Québec and Nunavut" **PI: Stephanie Lloyd**; Co-Investigators: Eduardo Chachamovich (McGill University) and Gustavo Turecki (McGill University), Budget: \$10 000

2012-2015 CIHR (Canadian Institutes of Health Research), Standard Operating Grant, "Neurosciences Neurosciences and the Afterlife of Death: Re-imagining Notions of Suicidal Risk". **PI: Stephanie Lloyd**; Co-Investigators: Eugene Raikhel (University of Chicago), Suparna Choudhury (Max Planck Institute for the History of Science), Laurence Kirmayer (McGill University), Gustavo Turecki (McGill University), Fabrice Jollant (McGill University), Budget: \$158 000

Wednesday, June 12 13:15-14:45

Title: The Personality and Life Events (PLE) Scale. A new scale to evaluate suicide risk?

Authors: Hilario Blasco-Fontecilla, David Delgado-Gomez, Diego Ruiz-Hernandez, David Aguadod, Enrique Baca-Garcia, f, Jorge Lopez-Castromane, g

Affiliation: a Department of Psychiatry, Idiphim-Puerta de Hierro Hospital, CIBERSAM, Calle Manuel de Falla 1, 28222 Majadahonda, Spain; b Department of Statistics, Carlos III University, Calle Madrid 126, Getafe 28903, Spain; c Department of Statistics, CUNEF University, Serrano Anguita, 8, 28004 Madrid, Spain; d Institute of Knowledge Engineering, Autonoma University, 28049 Madrid, Spain; e Department of Psychiatry, IIS-Jimenez Diaz Foundation, CIBERSAM, 28040 Madrid, Spain; f Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, New York, USA; g Inserm U888 & CHU Montpellier, Montpellier, France

Abstract:

Objectives: To develop a quick and accurate instrument to assess suicide risk.

Results: We achieved an average accuracy of 86.4%, a specificity of 89.6%, and a sensitivity of 80.8% in classifying suicide attempters using 27 items from a set of well-known scales.

Conclusions: The 27 items selected by the Lars-en algorithm should be considered a preliminary step in the development of a new scale (the Personality Life Events Scale, PLE Scale) evaluating suicidal risk in settings where time is scarce (i.e. Primary care, Emergency room). Life events, and particularly, problems with partner, and emptiness appear to be the most relevant factors to attempt suicide.

Impact: If our results are replicated, the PLE scale could help to accurately evaluate suicide risk.

Supported by: This article was supported by the National Alliance for Research on Schizophrenia and Affective Disorders (NARSAD), Fondo de Investigacion Sanitaria (FIS) PI060092, Fondo de Investigacion Sanitaria FIS RD06/0011/0016, ETES (PI07/90207), the Conchita Rabago Foundation, and the Spanish Ministry of Health, Instituto de Salud Carlos III, CIBERSAM (Intramural 521 Project, P91B; SCO/3410/2004). Dr. Blasco-Fontecilla acknowledges the Spanish Ministry of Health (Rio Hortega CM08/00170), Alicia Koplowitz Foundation, and Conchita Rabago Foundation for funding his postdoctoral stage at CHRU, Montpellier, France. The work by Jorge Lopez-Castroman was supported by a FondaMental Foundation grant.

Late-Breaking Oral Presentations / Communications libres: Late-Breaking

Wednesday, June 12 / Mercredi le 12 juin 15:45-17:15

Wednesday, June 12 15:45-17:15

Title: A systematic review of mortality after self-harm

Authors: Simon Hatcher

Julie Kathleen Campbell

Affiliation: The University of Ottawa

Abstract:

Objectives: Mortality after people present with self-harm is elevated. About half of this is due to suicide whilst the other half is due to premature mortality from other conditions. This suggests that thinking about self-harm just as a mental health problem limits the range of potential interventions. To inform strategies for dealing with this issue we have completed a systematic review of studies which report all-cause mortality in people who present to hospital with intentional self-harm. **Method** We searched MEDLINE, EMBASE, PsychInfo, AMED, Scopus, PsychExtra, Social Works abstracts, the Cochrane Centre database of controlled trials, CINAHL plus, Proquest Dissertations and theses, Conference papers index, Pilots, Google Scholar and Science direct Web of Knowledge from 1990 until February 2013. In Medline we used the MeSH headings «suicide, attempted» (all sub headings no focus) or «self-injurious behaviour» (all sub headings no focus) with «mortality» (exploded). We did not apply any language restrictions. Eligible studies were randomised controlled trials and observational studies that had enrolled patients who had intentionally self-harmed (regardless of setting) and had evaluated the outcome of all-cause mortality. Studies were excluded if less than 80% of the initial cohort was followed up at the end of the study. Papers were also excluded if follow-up was for less than one year. **Results:** We found over 70 studies which reported all -cause mortality. All-cause mortality varied by age, sex, presentation and country. **Conclusions:** Thinking about intentional self-harm that presents to hospital as just a mental health problem does not address the issue of premature mortality from other causes. Innovative approaches to address non-mental health problems are needed in this population.

Wednesday, June 12 15:45-17:15

Title: Suicide behaviors and coping profiles in suicidal adolescents with Borderline Personality Disorder

Authors: Alexandra Knafo, Jean-Marc Guilé (presenter), Jean-Jacques Breton, Vincent Belloncle, Nicolas Bodeau, Sébastien Garny de La Rivière, Brahim Kharij, Réal Labelle, Christian Mille, Bojan Mirkovic, Johanne Renaud, Christine Vervel, David Cohen, Priscille Gérardin

Affiliation: Université Picardie Jules Verne, Université de Montréal, McGill University, Université de Paris, Université de Rouen

Abstract: **Objectives:** To explore coping profiles in suicidal adolescents with Borderline Personality Disorder. **Method:** Among an Inpatient cohort of French suicidal 11-17 year-old youths (n=167) assessed with the K-SADS-PL (Kaufman and al, 1997), Adolescents with Borderline Personality Disorder were identified with the Abbreviated-Diagnostic Interview for Borderlines (Guilé et al, 2009). Current level of depression, suicidal behaviors and coping profiles were assessed with the Beck Depression Inventory (BDI), the Columbia-Suicide Severity Rating Scale (Posner and al., 2011) and the Adolescent Coping Scale (Frydenberg et al, 1993) respectively. Comparisons were run between the BPD and the non BPD groups.

Results: Oppositional Defiant Disorder was more frequent among BPD youth. No difference was observed for sex and Depressive Disorders despite a higher score on the BDI. Passive and active ideation, suicidal impulse phobia, suicidal plan and suicide attempts frequency were significantly higher in the BPD group ($p < 0.001$) illustrating the unremitting internal fighting against suicide impulses in this population. With respect to the coping profile, the BPD group presented with a non-productive coping style, using mostly emotion-focused and avoidant strategies. Moreover problem-focused coping strategies were associated with more suicidality among BPD adolescents. This is consistent with our clinical experience with BPD adolescents often reluctant to retrospectively review the process of the suicide crisis. Conclusions: Modification of usual interventions for suicidal behaviors management are requested to tackle the specificities of the coping strategies preferentially used by BPD Adolescents. Impact: This study has enabled the identification of targets for psychoeducative and treating programs for suicidal BPD Adolescents.

Supported by: Pfizer Foundation

Wednesday, June 12 15:45-17:15

Title: Intervention brève et contact téléphonique dans les tentatives de suicide: les résultats de l'étude START en Polynésie française montrent la réplification de l'essai contrôlé randomisé SUPRE - MISS

Authors: Stéphane AMADEO

Affiliation: Centre Hospitalier de Polynésie française

Abstract: Objectifs: "Les comportements suicidaires dans les Pays à Risque (Suicide Trends in At-Risk Territories)-START) est une étude de l'OMS multi-sites dans les pays du Pacifique occidental, en Europe et en Amérique du Sud. L'objectif de l'étude en Polynésie française était: 1) de mettre en place un système de surveillance des comportements suicidaires, et 2) de procéder à une intervention de contrôle randomisée de comportements suicidaires. Méthode: Au cours de la période de 2008 à 2010, 557 personnes (31,1% de sexe masculin, féminin 68,4%, 0,5% de trans-sexuel) ont été admis au service des urgences du Centre Hospitalier de Polynésie Française (CHPF) après tentative de suicide. Ces personnes ont été invitées à participer à l'intervention brève et Contact (BIC), qui offre à long terme un suivi des contacts sur une période de 18 mois. Après avoir donné son consentement, 100 personnes ont été assignés au hasard à un traitement comme à l'habitude (TAU) tandis que 100 participants ont été assignés au groupe BIC, mais seulement 90 étaient éligibles. Résultats: Il n'y avait pas de différence dans le nombre de récurrences de tentatives de suicide dans le groupe BIC par rapport au groupe TAU. Il n'y avait pas de décès par suicide dans le groupe BIC, comparativement à deux cas dans le groupe TAU. Une limitation majeure méthodologique a été le taux d'abandon dans les deux groupes BIC et TAU. Les participants qui ont mieux répondu à l'intervention BIC avaient moins de troubles mentaux, une association de BIC avec un suivi psychiatrique. Conclusions: Le modèle BIC est bien adapté au contexte des soins de santé et géographique de la Polynésie française et semble être efficace dans certains groupes de patients. Retombées: L'étude START de l'OMS a contribué de manière significative à la

sensibilisation à la prévention du suicide et le développement futur de stratégies de prévention en Polynésie française.

****Presentation in English**

Wednesday, June 12 15:45-17:15

Title: Electronic Assessment of Suicidal Ideation and Behavior for Meta-Analyses across Multiple Trials and Treatment Indications

Authors: Jean Paty

Affiliation: ERT

Abstract: Objectives: Suicide risk is a major public health concern, prompting the FDA to draft guidance requiring prospective monitoring of suicidal ideation and behavior (SIB) in clinical trials. This session will evaluate whether lifetime suicidal ideation with intention to act and/or suicidal behavior reported at baseline predicts prospective reports of suicidal behavior during study participation. Methodological Question: The 2012 FDA guidance regarding SIB recommends prospective assessment of SIB at baseline and all planned follow-up visits when other clinical outcomes are to be collected in all drug development trials for psychiatric indications, as well as for antiepileptic or other drugs with CNS activity. A primary reason is to guarantee more complete SIB assessments concurrent with administered treatments and placebo, and signals indicative of increased risk would be easier to detect in individual trials. Aggregation of data across multiple trials for meta-analyses could more readily confirm true signals or provide counter-evidence of spurious, false-positive events, providing better sensitivity and specificity estimates. Methods: Data from 74,406 eC-SSRS assessments of SIB were extracted from 35 clinical trials. Patient-reported suicidal ideation and behavior were compared at baseline (lifetime) and prospectively during trial participation across multiple therapeutic areas and 17 treatment indications. Trials were categorized as Psychiatric (MDD, PTSD, opioid dependency, GAD), Neurologic (pain, epilepsy, insomnia, multiple sclerosis, Parkinson's disease, restless leg syndrome), or non-CNS studies (pulmonary, fibromyalgia, analgesia, anti-viral). Results: eC-SSRS completion times were comparable to those found in an earlier analysis of 35,224 eC-SSRS assessments where more than 90% of the population had psychiatric disorders. The short completion times indicate low time burden for patients and staff with use of a fully structured self-report SIB assessment. Consistent with clinical expectation, overall SIB rates for Neurologic and non-CNS disorders were substantially lower than reported by psychiatric patients. Although less frequent in non-psychiatric disorders, positive findings remain concerns for subject safety during trials and possible risk associated with medications being studied. Lifetime and prospective assessments address these concerns across all disorders. Non Suicidal Self Injurious Behavior (NSSIB) prevalence, both lifetime and prospectively reported, follows the same patterns as SIB. NSSIB is more frequent in psychiatric (4.41% lifetime and .13% prospectively reported) than non-psychiatric disorders (2.55% lifetime and .06% prospectively reported) while less frequent than SIB in both groups. The importance of distinguishing NSSIB from SIB in ruling out treatment emergence

of SIB is supported by finding substantial NSSIB prevalence. Conclusions: Neurologic and non-CNS studies found similar prevalence rates of SIB using the eC-SSRS at baseline and prospectively during study participation. These rates were substantially less than the suicidal ideation and behavior rates self-reported by psychiatric patients. Although less frequent, positive findings were a substantial safety concern in these non-psychiatric trials.

Wednesday, June 12 15:45-17:15

Title: Culture and suicide: Perspectives of first-generation Korean-Canadian immigrants

Authors: Christina S. Han

Affiliation: University of British Columbia

Abstract: Objectives: To better understand the connections between suicide and culture, a qualitative research study was conducted in Vancouver B.C. with Korean-Canadian immigrants who had suicide related experiences. This presentation shares the study findings related to 1) the perceptions of, and attitudes toward suicide among Korean-Canadian immigrants 2) insights about the causes and triggers of participants' suicidal thoughts and behaviours and, 3) manifestations of, and participants strategies to manage suicidal thoughts and behaviours. Method: Thirty to 60 minute individual semi-structured interviews were conducted with 15 Korean-Canadian immigrants (11 females and 4 males) who previously had experiences with suicidal thoughts and/or attempted suicide and ranged in age from 20 to 62 years old. Results: While recognizing and embodying stigma around suicide, participants understood the hopelessness and despair that could drive immigrants toward suicide. Causes and triggers for suicidal thoughts most often emerged from academic pressures, estranged family, and dis-identities: all of which were intricately connected to participants' immigration experiences. Noteworthy were deeply embedded Confucian values, which could exert an array of influences on Korean-Canadians. For example, the cultural value of filial piety could be a protective or risk factor for young Korean-Canadian participants as their suicidal thoughts were heavily tied to high parental expectations about their academic performance. However, concomitantly, the virtue of filial piety also inhibited them from acting on their suicidal thoughts. In addition, extensively discussed were dis-identity experiences whereby a sense of self and as well as collectivist familial bonds were challenged, and suicidal ideation could flow toward and/or from these changes. Many participants were unaware of services amid being challenged language barriers when they did access mental health services. Conclusions: It is critical for Canadian mental healthcare providers to understand immigrant patients' cultural backgrounds to fully assess their risk for suicide. Also urgently needed are targeted efforts to raise public awareness about suicide and educate immigrants about professional and self-help options to advance their mental health and well-being. Impact: The research findings from this study provide insights to guide the development of culture-sensitive suicide prevention programs targeting Korean-Canadian immigrants. In addition, these findings afford opportunities to begin to formally compare other immigrant groups as a

means to describing the diversity as well as prevailing patterns within and across these vulnerable sub-populations.

Poster Presentations / Présentations par affiches

Monday, June 10 / Lundi le 10 juin 17:15-18:45

01 - Monday, June 10 17:15-18:45

Title: The trends of youth Suicide in South Korea from 2001 to 2010

Authors: Jong-Min Woo, Gyung-Mee Kim, Min-Kyung Hyun

Affiliation: Seoul Paik Hospital, Inje University School of Medicine/ Stress Research Institute

Abstract:

Objectives: Suicide is the second leading cause of death among adolescent worldwide and the first leading cause of death among young adults in Korea. The purpose of the present work was to examine recent trends in rates and methods of suicide and to find age-related suicide method differences in South Korea.

Methods: We use the data of suicide rates and methods of the Korea national statistical office from 2001 to 2010. Age-specific trends were analysed separately in adolescents (the age from 12- to 18- year-old), young adults (from 19- to 25- year- old), and adults (from 26- to 65- year-old).

Results: The male-to-female ratio in adolescent suicide was 1.1, whereas that in adult suicide was 2.4. The suicide rate of young adults and adults was shown two peaks during 10 years, but that of adolescent was increased throughout the period. The most common suicide method in adolescent was jumping (53%), followed by suffocation (30%), chemical poisoning (9%), and other methods (7%). In young adults, suffocation (49%) was the most common suicide method, followed by jumping (26%), chemical poisoning (15%), and other methods (10%). In adults, the most common suicide method was suffocation (48%), followed by chemical poisoning (30%), jumping (13%), and other methods (9%).

Conclusions: The suicide rate of adolescent was increased over the past 10 years in South Korea. There were some age-related suicide methods differences such as jumping was the most common suicide method in adolescent, while suffocation was that in adult.

Impact: We suggest that age- specific suicide prevention program to control methods of suicide is needed.

02 - Monday, June 10 17:15-18:45

Title: Inspiring Community Action to Help Seniors at Risk

Authors: Cheryl Armistead RN, MScN and Shane Anzovino BScN (c)

Affiliation: McGill University Ingram School of Nursing

Abstract:

Objectives: Raise societal awareness of the significance of senior's depression and risk for suicide; help community volunteers recognize seniors at risk; equip community members to reach out to help seniors at risk for depression or suicide. Background: This bilingual poster will elaborate two Réseau Québécois de Recherche sur le Suicide: Nursing Science Axis funded clinical projects addressing senior's risk for depression and suicide. This multifaceted health issue may involve societal misperception about the nature and scope of untreated mental illness in the elderly; generational constructs of stigma related to mental illness; and potential to devalue elderly in a youth conscious society. Multiple barriers limit seniors' access to appropriate mental health services. Strategies: The unique collaborative projects involved teams of undergraduate community health nursing (CHN) students, community organizations and community volunteers who joined forces to help seniors at risk access community services. The first project - *Friendly Home Visit: Outreach to Recognize Seniors at Risk* involved interactive student-led workshops to help community volunteers recognize seniors at risk; begin to engage them in discussion about depression; and offer links to community services. The second project *Community Outreach to Help Seniors at Risk* involved a creative Health Communication Campaign to raise societal awareness via design of bilingual Canadian Public Service Announcements. Impact Feedback: The project reach was extended via the students' visionary use of social media and the impressive community contributions to the cause. Project feedback exceeded expectations to reveal high success with volunteers, enriched partnerships and expansive 'reach'. Process outcomes and impact feedback offer insight into innovative strategies to influence health systems and community capacity. Conclusions: the projects provide exemplars of Community Health Nursing students' capacities and authentic partnerships within a socio-ecological lens on health and practice. Feedback may inform Community Health Nursing education, community program development, or mass media to shift societal norms and improve senior's health equity via supportive community environments.

03 - Monday, June 10 17:15-18:45

Title: La formation des professionnels de la santé à la prévention du suicide : l'exemple des étudiants en pharmacie de l'Université de Montréal

Authors: Philippe Vincent

Affiliation: Institut universitaire en santé mentale de Montréal, Faculté de pharmacie de l'Université de Montréal

Abstract: Objectifs : Les professionnels de la santé constituent des sentinelles importantes dans la prévention du suicide. Leur formation n'offre cependant que peu d'éléments sur cette problématique délicate. Les futurs pharmaciens doivent être sensibilisés au problème, car ils sont les gardiens d'une

méthode de tentative de suicide de choix : les médicaments. Nos objectifs étaient de sensibiliser les étudiants à la problématique de la prévention du suicide, et de les outiller pour leur permettre de repérer les situations à risque et éventuellement de poser une première parole et un premier geste de prévention. Méthode : La méthode était pédagogique, à la manière d'une présentation magistrale interactive. Cette présentation faisait partie du cours de psychiatrie et toxicomanie, dans lequel sont abordés les soins pharmaceutiques aux personnes souffrant de maladie mentale. Les objectifs pédagogiques spécifiques étaient les suivants : — Confronter ses valeurs et ses sentiments envers le phénomène du suicide. — Comprendre la dynamique suicidaire pour mieux la prévenir. — Évaluer le risque suicidaire d'un individu. — Intervenir de façon adéquate avec un individu suicidaire. — Connaître les ressources disponibles pour vous et les individus en crise. Résultats : Le premier résultat fut la production du matériel d'enseignement. Les différentes thématiques abordées étaient : les statistiques du suicide au Québec, les outils d'évaluation du risque suicidaire, des verbatims pour parler avec les personnes suicidaires. Depuis 2010, cette formation de deux heures sur la prévention du suicide est offerte aux étudiants de 3e année de pharmacie. Au total, 600 étudiants en pharmacie furent sensibilisés à cette problématique. Des résolutions de cas pratiques et des éléments théoriques ont permis aux étudiants de s'approprier les éléments pédagogiques. Les étudiants ont globalement beaucoup apprécié cette activité permettant de sortir la question du tabou sociétal qui marque aussi le professionnel de la santé. Les évaluations de l'apprentissage furent bien réussies. Conclusions : Six-cents étudiants en pharmacie, dont 400 ont gradués et pratiquent la pharmacie, jouent désormais le rôle de sentinelle au point d'approvisionnement des médicaments. Retombées potentielles : La sensibilisation et la formation de professionnels de la santé accessibles pouvant jouer un rôle de sentinelles et d'aiguillage de premiers cas potentiellement à risque vers les ressources adaptées sont un élément important dans le réseau des ressources pour la prévention du suicide. Plus de recherche est nécessaire pour connaître le véritable impact d'une telle formation et pour renforcer la dimension pédagogique d'une telle formation au-delà des premiers résultats académiques présentés ici.

04 - Monday, June 10 17:15-18:45

Title: Level of Agreement Between Clinician and Patient Ratings of Suicidal Ideation

Authors: Keila Barber¹, Holly Wilcox¹, and Diana Clarke^{1,2}

Affiliation: 1) Johns Hopkins Bloomberg School of Public Health & 2) American Psychiatric Association

Abstract:

Having a mental illness particularly depression is associated with suicidal ideation, which may increase the individual's risk for suicide. Understanding the relationship between: 1) different mental disorders, 2) suicidal ideation, and 3) its association with the clinician's determination of the importance of suicide prevention in the clinical management of the patient are important. Objectives: This purpose of this study was to examine whether the self-rating of suicidal ideation in adult patients is related to clinician's rating of suicidal concern for the patient and it's role in clinical management for the patients. In

addition, this study examined whether this relationship varied across different diagnostic groups, specifically Major Depressive Disorder, Bipolar Disorder, Schizophrenia, and Schizoaffective Disorder. Method: This study is a secondary data analysis of data derived from the adult version of the DSM-5 Pilot Study, which utilized a stratified sampling design. The sample included data collected on 68 consecutive patients seen in the Adult Community Psychiatry Outpatient Program in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins Medical Institution in Baltimore, Maryland. The main variables of interest included patient's self report of «thoughts of actually hurting» him/herself in the past 2 weeks and the clinician's rating of level of concern of potential suicidal behavior in the patient. Descriptive analyses were used to describe the sample and examine bivariate differences across diagnostic groups. In addition to descriptive analyses, Pearson correlation and chi-squared analyses were used to describe the relationship between patient ratings of suicidal ideation and the clinician ratings of suicidal concern. Results: The patient sample had a mean age of 45 years old (sd= 1.42; range 18-68 years old) and consisted of mostly females (64%). Majority of the patients reported no suicidal ideation (69.4%). However, those with bipolar disorder were more likely to report moderate to severe suicidal ideation (18.8%) compared to the other diagnostic groups ($X^2 = 2.3$, $p=0.04$). Similarly, clinicians rated a higher proportion of patients with bipolar disorder as being of moderate to imminent concern of suicidal behavior (16.7%). Conclusions: A pattern was observed in the level of agreement between patient's rating of suicidal ideation and the clinician's rating of suicidal concern and the importance of suicide prevention in the individual's current clinical care; especially for those with Bipolar Disorder. Impact: Huge variation between the clinician and patient may suggest the need for more validated scales and/or the use of other sources of information in determining the patient's suicide risk.

Supported by: The DSM-5 Pilot Study at the Adult Community Psychiatry Outpatient Program in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins Medical Institution in Baltimore, Maryland was funded by the American Psychiatric Association.

05 - Monday, June 10 17:15-18:45

Title: INTERPERSONAL DISTRESS AND PROVOCATIVE BEHAVIORS AS SHORT-TERM PREDICTORS OF ADOLESCENT SUICIDAL BEHAVIOR - SEYLE RESULTS

Authors: Shira Barzilay, Dana Feldman, Avigal Snir, Alan Apter

Affiliation: Schneider children medical center of Israel, Tel Aviv university; Bar Ilan University

Abstract:

INTRODUCTION AND AIMS: Suicide is the second cause of death among young people in Israel. Studies of suicidal behaviour have provided valuable information about the risk factors associated with these behaviors, yet there is not much information about predictors of transitions from suicidal thoughts to actual suicide behavior. The current study aims to elucidate the mechanisms in which suicidal ideation emerges over time and how suicidal ideation can lead to suicidal actions. We will attempt to determine

the effects of risk factors such as psychopathology, non-suicidal self-injury (NSSI) and risk behaviors on suicidal behavior. This will be examined through the prism of a putative model of youth suicidal behavior based on the theoretical framework of Joiner's Interpersonal Theory of Suicide. **METHODS:** The prospective study design included baseline and two follow-up assessments within a year. Follow-up sample included a total of 708 adolescents from schools throughout Israel. The students completed self-report questionnaires regarding suicide ideation and attempts, psychopathology, life style, socio-demographic background, non-suicidal self-injury, life events and social support. **RESULTS:** Results indicate that interpersonal distress and internalizing disorders at baseline predicted later levels of suicidal ideation. The effects of interpersonal factors on ideation were partly or fully mediated by internalizing symptoms. We also found that increases in suicidal ideation and in engagement in risk behaviors and NSSI over time were associated with the occurrence of a suicide attempt within the follow up period. **CONCLUSIONS:** The model identifies the different phases along the path to suicidal behavior, and specific risk factors associated with each phase.

06 - Monday, June 10 17:15-18:45

Title: Étude de faisabilité et d'acceptabilité d'un dispositif de veille par SMS (Short Message System) destiné aux patients suicidants.

Authors: Sofian Berrouiguet

Affiliation:

Abstract:

Introduction : Plusieurs dispositifs de veille destinés aux patients suicidants existent. Ils utilisent le recontact postal ou téléphonique pour conserver un lien avec le patient après un geste suicidaire et influencer favorablement les comportements suicidaires. On observe dans la littérature que la population cible de ces dispositifs varie en fonction du média utilisé. **Objectif :** Nous souhaitons montrer qu'un dispositif de veille par SMS destiné aux patients suicidants est techniquement réalisable et acceptable par les patients. **Méthode :** Les vingt patients inclus au niveau du CHRU de Brest recevaient quatre SMS personnalisés répartis sur un mois. Les SMS étaient envoyés depuis le terminal informatique sécurisé relié à Internet développé en partenariat avec l'entreprise Lanestel (Technopôle Brest). Une évaluation téléphonique permettait deux mois après l'inclusion d'évaluer la faisabilité technique du dispositif et le vécu subjectif de ce recontact par SMS. **Résultats :** Le dispositif informatique d'envoi a fonctionné de manière satisfaisante. L'unique problème de compatibilité avec l'un des opérateurs de téléphonie mobile a été résolu. Les patients ont en majorité trouvé le recontact bénéfique (93,3%). Aucun patient n'a trouvé ce mode de recontact intrusif. **Discussion :** Compte tenu de la taille de l'échantillon, cette étude ne permet pas de conclure à une efficacité du dispositif sur les récurrences suicidaires. Elle témoigne en revanche d'une importante satisfaction des patients recontactés. Pour 93,3% d'entre eux, le recontact a influencé favorablement la prise en charge au décours du geste suicidaire. Malgré son caractère inhabituel, le recontact par SMS a été bien accepté par les patients. Il

réunit plusieurs caractéristiques intéressantes des dispositifs existants pour un coût financier et institutionnel faible. L'outil de recontact que nous avons développé nous permettra d'étudier secondairement l'efficacité du dispositif de veille par SMS sur les comportements suicidaires.

07 - Monday, June 10 17:15-18:45

Title: The role of the HPA axis in suicidal behavior

Authors: Marie E. Breen^a, Fayaz Seifuddin^b, James B. Potash^a, Peter P. Zandi^c, Virginia L. Willour^a

Affiliation: ^a Department of Psychiatry, University of Iowa Carver College of Medicine, Iowa City, IA, 52242, USA.

^b Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Baltimore, MD, 21287, USA.

^c Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, 21205, USA.

Abstract:

Objectives: Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis has been linked to suicidal behavior, and we hypothesize that genetic and epigenetic variation, separately and in combination, increases the risk of suicidal behavior by altering this pathway. **Method:** We have selected 22 HPA axis genes (+/- 5 kb) for study based on their integral role in the pathway and/or their differential expression in suicide subjects. Using a logistic regression-based analytic approach, we interrogated these 22 HPA axis genes (with 235 SNPs in total) for evidence of association at the level of single SNPs using genotype data from 983 subjects with Bipolar Disorder (BP) who attempted suicide (attempters) and 1143 BP subjects who had not attempted suicide (non-attempters). **Results:** From this initial analysis the most associated SNP was found within the Heat Shock Protein 90kDa, Beta member 1 (HSP90B1) gene (rs1165681, uncorrected p-value=0.003). Within the remaining top five SNPs, three were found within or proximal to the Nuclear Receptor Co-activator 1 (NCOA1) gene (rs6727239, uncorrected p-value=0.005 rs6724282, uncorrected p-value=0.006 rs10495750, uncorrected p-value=0.006). The fifth most associated SNP was found adjacent to the Corticotropin Releasing Hormone Receptor 2 (CRHR2) gene (rs255126, uncorrected p-value=0.018). We are also currently testing these 22 genes for evidence of gene-based association, SNP-by-SNP interactions, and GxE interactions with early childhood physical and sexual abuse. **Conclusions:** After correction for multiple testing, no significant association between the HPA axis and suicidal behavior was found. However, additional analytic and experimental methods, such as our ongoing genome-wide methylation analysis of BP post-mortem brains from suicide completers and controls, must be employed to fully interrogate the hypothesis. **Impact:** Ultimately, we aim to identify candidate genes that are implicated by both genetic and epigenetic methodologies, thereby providing independent lines of evidence implicating these genes and their gene products in suicidal behavior.

Supported by: NIMH Grant (R21 MH096154)

08 - Monday, June 10 17:15-18:45

Title: Cross-Cultural Adaption, Feasibility, and Acceptability of the Window to Hope program among US veterans with traumatic brain injury (TBI): A pilot study

Authors: Brenner LA, Simpson GK, Matarazzo B, Signoracci G, Clemans T, Hoffberg A, Forster J.

Abstract:

Objectives: Individuals seeking care within the Veterans Health Administration (VHA) with TBI have higher rates of suicide than those without this injury history. Window to Hope (WtoH) is a suicide prevention cognitive behavioural based intervention developed in Sydney, Australia to treat hopelessness after TBI. A partnership was established between the Liverpool Brain Injury Rehabilitation Unit and the Veterans Integrated Services Network-19 (VISN) Mental Illness Research Education and Clinical Center (MIRECC) to: 1) adapt the intervention for US Veterans with moderate to severe TBI; and 2) pilot the feasibility and acceptability of delivering the adapted protocol.

Methods: Post-formalized procedures to adapt the intervention, the manualized program was provided to 8 veterans in four pilot groups. Veterans completed the Client Satisfaction Questionnaire-8, the Narrative Evaluation of Intervention Interview (NEII), and their attendance was documented.

Results: Attendance was high. Seven participants recorded 90% or higher attendance across the 10 sessions, with the final participant withdrawing after session 3. Results on the CSQ-8 were positive with the average scores indicating strong levels of satisfaction. Themes from the qualitative data (NEII) indicated that most Veterans felt they benefitted from the program and were able to identify changes they had made; they did not feel that any program elements were undesirable; and would recommend the program to other Veterans.

Conclusions: Results suggest successful cross cultural adaption demonstrated by both the acceptability and feasibility of delivering the program. A Phase II trial randomized controlled trial is underway.

Impact: Finds from this pilot suggest that WtoH can be implemented in a VHA setting to address the pressing needs of Veterans with TBI who are at risk for suicidal behaviour.

09 - Monday, June 10 17:15-18:45

Title: Perceptions and Experiences of Orthopedic-Trauma Nurses Caring for Patients Hospitalized Following a Suicide Attempt

Authors: Victoria Budd, Nicoletta Vlachandreas, Ninon Yale, Louise Fullerton

Affiliation: McGill University

Abstract:

Objective: Nurses working on an orthopedic-trauma unit are likely to care for injured patients who are

admitted to hospital following a suicide attempt. However, despite this, little is known about orthopedic-trauma nurses' perceptions and experiences caring for this patient population. Therefore, this study sought to explore orthopedic-trauma nurses' perceptions of patients hospitalized following a suicide attempt and their experiences caring for these patients.

Method: A qualitative research design was used. Semi-structured interviews were conducted in 2012 with a convenience sample (n = 10) of orthopedic-trauma nurses who had experience caring for at least one patient hospitalized following a suicide attempt. Interviews were audio-recorded, transcribed verbatim, and coded and analyzed.

Results: Nurses' narratives revealed an overall desire to reach out to and care for patients hospitalized following a suicide attempt. Nurses perceived that patients had "a long complicated history" and experienced "layers of suffering" following their suicide attempt. Nurses' experiences providing care to these patients included developing a trust-centered relationship; setting priorities; and confronting personal, organizational, and structural challenges.

Conclusions: Orthopedic-trauma nurses have varied perceptions of patients hospitalized following a suicide attempt, but overall have a genuine desire to provide compassionate care to them. However, nurses face challenges in fulfilling this desire and need support to provide quality care to this complex patient population.

Impact: This study has implications for nurses, educators, and administrators, and highlights possible ways in which orthopedic-trauma nurses may be better supported in providing quality care to patients hospitalized following a suicide attempt.

Supported by:

This research was supported by a Réseau québécois de recherche sur le suicide (RQRS) grant from the Fonds de recherche Québec – Santé.

10 - Monday, June 10 17:15-18:45

Title: Interpersonal values, self-efficacy and problems of chronically depressed outpatients compared to the general population: Dispositions prior to group therapy

Author List: Liliane Sayegh¹, Kenneth D. Locke², J. Kim Penberthy³, Charlotte Weber⁴, Katherine Haentjens and Gustavo Turecki⁵

Affiliation: ¹ Douglas Mental Health University Institute, McGill University, Canada

² Departments of Psychology and Communication Studies, University of Idaho, USA

³ Departments of Psychiatry & Neurobehavioral Sciences, University of Virginia, USA

⁴ University of Mainz, Germany

⁵ Department of Psychiatry, McGill University, Canada

Abstract: Objectives: We examined a sample of chronically depressed outpatients (N=102) who were suitable and interested in participating in Group-CBASP (Cognitive Behavioral Analysis System of

Psychotherapy) to see how their interpersonal dispositions relate to those described as typical for CBASP and to their depressive symptoms and coping styles.

Results: Our findings showed that chronic depression is associated with a lack of interpersonal agency. Compared to the general population, chronically depressed patients (a) place more importance avoiding conflict, disapproval, and social humiliation, (b) lack confidence that they can be expressive, assertive, or aggressive, even in situations that require a forceful response, and (c) experience more problems associated with being too socially meek, inhibited, and accommodating. These differences between the normative and clinical samples were more pronounced for females than males. Moreover, even within our clinical sample, the patients who reported the lowest levels of interpersonal agency (with respect to values, self-efficacy, or problems) also reported the highest levels of depression.

Conclusions: These results support the findings outlined by McCullough that chronically depressed patients have “A submissive style of interacting that makes it difficult for clinicians to avoid assuming a dominant role.” These patients appear to value submission, lack self-efficacy for self-assertion but not for avoiding conflict and thus report problems with being too inhibited, submissive and exploitable. We review how the CBASP model conceptualizes why a lack of agency may be the most prominent interpersonal characteristic of chronically depressed patients, and suggest how the prevalence of submissive interpersonal dispositions may influence or guide clinical work with this population using the Group-CBASP model of treatment.

Impact: In our pilot study of Group-CBASP with chronically depressed outpatients, 12 sessions of group therapy resulted in significant decreases in self-reported symptoms of depression and in the use of Emotion-Oriented Coping, as well as increases in overall social adjustment and Interpersonal Self-Efficacy when compared to their pre-treatment levels. Moreover, the beneficial effects on overall depression and adjustment were significant. Group-CBASP appears to facilitate the acquisition of interpersonal skills as seen in patients’ improved Interpersonal Self-Efficacy in the area of agentic behaviors that include assertive, self-confident, and independent behaviors.

11 - Monday, June 10 17:15-18:45

Title: The Role of MAOA Promoter Methylation on Impulsive Aggression in Offenders with Antisocial Personality Disorder

Authors: Dave Checknita¹, Stefano Comai², Gabriella Gobbi², Gilles Côté³, Gustavo Turecki¹

Affiliation: McGill, Douglas Mental Health University Institute, McGill Group for Suicide Studies¹, McGill University Health Centre²

Université de Montréal, Institut Philippe-Pinel de Montréal³

Abstract:

Impulsive aggression is a central feature of antisocial personality disorder (ASPD), a mental illness highly overrepresented in populations of criminal offenders. Previous work suggests that dysregulation of serotonergic (5-HT) genes, particularly monoamine oxidase A (MAOA), plays a critical role in impulsive aggression within antisocial populations. However, the potential role of epigenetic mechanisms towards regulation of MAOA in antisocial offenders has not yet been examined. The current study seeks to elucidate this role by characterizing methylation patterns within the MAOA promoter region and its functional impact on gene transcription and serotonergic function. Case participants, comprised of (n=86) offenders with ASPD derived from the Pinel Epidemiological study were compared to (n=73) healthy non-incarcerated control participants from the GRIP longitudinal study. DNA extracted from whole blood samples collected from case and control participants was used for analysis of methylation patterns in the MAOA gene promoter region. Results indicate significant hypermethylation of a regulatory region within the MAOA promoter among case participants compared to controls as well as an impact of methylation on gene expression and blood 5-HT levels. These findings represent preliminary evidence that epigenetic mechanisms may play a role in the dysregulation of MAOA and 5-HT in antisocial offenders.

12 - Monday, June 10 17:15-18:45

Title: Multiplexed Reduced Representation Bisulfite Sequencing (RRBS) Library Construction for Genome Wide Studies of DNA methylation in Suicides

Authors: Gary G Chen, Carl Ernst, Gustavo Turecki

Affiliation: Douglas Hospital Research Centre

Abstract:

Reduced representation bisulfite sequencing (RRBS) is a recently developed method which combines bisulfite conversion and next generation sequencing (NGS). RRBS specifically focuses on genomic regions with high potential methylated cytosine sites, and can detect DNA methylation at single-nucleotide resolution. This powerful technology can greatly improve the genome-wide DNA methylation studies with reduced cost. We have developed a robust experimental protocol for construction of multiplexed RRBS libraries to be sequenced on Illumina HiSeq 2000 platform. Here we describe this RRBS library preparation protocol to sequence multiplexed libraries on a single flow cell lane of the Illumina HiSeq 2000, as well as strategies to meet the challenges associated with sequencing multiplexed RRBS libraries on this platform, and improved steps in RRBS library construction compared to previous published RRBS protocols. Using this protocol, we have successfully constructed over one hundred RRBS libraries from genomic DNAs isolated from different post-mortem brain tissue.

Supported by: NIH grant to GT

13 - Monday, June 10 17:15-18:45

Title: Pessimistic Certainty about Positive and Negative Future Outcomes among Single and Multiple Suicide Attempters

Authors: Soumia Cheref, Justyna Jurska, Regina Miranda

Affiliation: Hunter College, The City University of New York

Abstract:

Objectives: Multiple suicide attempters (MA) present greater suicide risk and clinical symptomatology than single attempters (SA; Rudd et al., 1996). Biased future-oriented cognitions, including the tendency to make pessimistic future predictions with certainty (*P-Certainty*; Anderson, 1990), may increase risk for suicidality (Krajniak et al., in press). Since *certainty about the absence of positive future outcomes* (Certainty-AP) – not *certainty about negative future outcomes* (Certainty-N) – seems to predict concurrent ideation beyond simple pessimism (Sargalska et al., 2011), this study examined whether increased Certainty-AP would distinguish MA from SA and non-attempters (Non-A), and if concurrent ideation would further distinguish between MA and SA.

Method: Young adults (N = 2039, 70.5% female), aged 18-34 ($M = 19.08$, $SD = 2.21$), were screened for lifetime suicide attempts (“Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?” If they answered “yes,” number of attempts was assessed). Participants (71 MA, 113 SA, and 1855 Non-A) completed the Beck Scale for Suicidal Ideation (BSS; Beck & Steer, 1993) and the Future Events Questionnaire (FEQ; Miranda & Mennin, 2007), measuring positive and negative future-event certainty.

Results: MA reported greater P-Certainty [$F(2, 2036) = 35.87$, $p < .01$] and ideation [$F(2, 2032) = 119.34$, $p < .01$] than SA and Non-A. MA and SA reported greater Certainty-AP than Non-A [$F(2, 2036) = 11.38$, $p < .01$]. MA reported greater Certainty-N than SA and Non-A [$F(2, 2036) = 36.94$, $p < .01$]. When concurrent ideation was examined in relation to prior attempts, all three certainty types remained higher for ideating MA than other groups ($p < .01$), but ideating MA and ideating SA did not differ on Certainty-AP.

Linear regressions indicated that while P-Certainty predicted concurrent ideation for all groups, Certainty-AP solely predicted ideation among SA ($\beta = .26$, $p < .05$) and Certainty-N alone predicted ideation among MA ($\beta = .30$, $p < .05$). A multinomial logistic regression revealed that only Certainty-N was associated with higher odds of multiple attempt history (O.R. = 1.17, 95% CI = 1.04, 1.33).

Conclusions: Findings indicate that MA display more certainty when anticipating pessimistic future outcomes than SA and Non-A. Furthermore, Certainty-N appears to differentiate MA from SA, and may be an important risk factor for ideation among MA.

Impact: Interventions that assess level of certainty in attempters’ pessimistic expectations and reduce Certainty-AP in SA and Certainty-N in MA should be implemented to reduce risk for suicidality.

Supported by: NIH Grant 1SC1MH 091873 (Miranda)

14 - Monday, June 10 17:15-18:45

Title: Caring for patients who desire death: A study to understand oncology nursing practice

Authors: Marina Chirchikova

Affiliation: McGill University

Abstract:

Introduction: Terminally ill cancer patients face many challenges that can lead them to suffer and feel that their life is no longer worth living. Sometimes these patients express a desire to die, which may be expressed through suicidal ideation. Nurses are the professional group most in contact with terminally ill patients they play a lead role in symptom management and psychosocial support. Yet, very little is known about the nursing relationship with patients who desire death. Purpose and objectives: The purpose of this qualitative research study was to explore how oncology nurses describe their practice with advanced cancer patients who desire death.

Method: Eleven nurses were recruited from a University affiliated hospital to participate in individual semi-structured interviews. The study sample included nurses with varying levels of education and experience. Both bedside nurses as well as advanced-practice nurses were included. Interviews were transcribed verbatim and analyzed using principles of qualitative content analysis.

Results: Findings reveal that for these nurses, desire for death is a multidimensional concept without a unifying definition or meaning. Nurses described a variety of approaches in responding to a patient's individual desire for death, some of which involve relational disengagement while others entail deeper therapeutic connectedness.

Conclusions: Ultimately, these findings deepen our heretofore understanding of desire for death in advanced illness and of the horizon of ethical responses possible in the clinical encounter. Implications of these findings for clinical practice, education, and research will be discussed.

Impact: Participants will gain a deeper appreciation of what desire for death might mean for individual patients in the context of advanced and terminal illness, and will be better prepared to address this concern in their own practice.

15 - Monday, June 10 17:15-18:45

Title: DEVELOPMENT AND TRANSCRIPTOME PROFILING OF A NEURONAL MODEL OF LESCH-NYHAN DISEASE

Authors: Liam Crapper

Affiliation: McGill University

Abstract:

Lesch-Nyhan disease (LND) is a rare genetic disorder caused by the disruption of the gene *HRPT1*. LND has a variety of metabolic and neurological symptoms including crystals in the urine, gout, dystonia, intellectual disability, and chronic self-injury. While the penetrance and severity of self-injury in LND is unique, similar behaviors can be observed in many developmental and psychiatric disorders. The causes of neurological symptoms in LND remain unknown and to date no treatments have been effective. Human post-mortem studies and animal models of LND have both implicated dysfunction of the dopaminergic system, presenting the strongest link between *HRPT1* dysfunction and the neurological symptoms of LND. However, other alterations to the dopaminergic system are not sufficient to cause these symptoms, suggesting a more complex pathogenesis. We have developed a novel model of LND using an RNAi knockdown of *HRPT1* in immortalized fetal neural progenitors from the ventral midbrain, and differentiating them into mature neurons. We are using genome wide transcription profiling to examine global alterations in gene expression in the ventral midbrain. This study is the first to use high-throughput analysis in a neuronal model of LND, and will provide information vital to the understanding of LND pathogenesis and may provide insight into the molecular basis of challenging behaviors and self-injury in other developmental and psychiatric disorders.

16 - Monday, June 10 17:15-18:45

Title: Brooding rumination and emotion reactivity in predicting suicidal ideation and attempts

Authors: Aliona Tsypes¹, Regina Miranda^{1,2}

Affiliation: ¹ Hunter College, CUNY; ² The Graduate Center, CUNY

Abstract

Objectives: In 2009, suicide was the third leading cause of death for emerging adults ages 15-24 (NIMH). In order to prevent future suicidal behavior, it is important to understand which factors might predispose young adults to consider suicide. Although previous research has identified a number of correlates and predictors of suicidal behavior (e.g., rumination, hopelessness, emotion regulation, emotion reactivity), the potential mechanisms through which these variables might increase suicide risk are largely unclear. Indeed, most adolescents with individual risk factors do not attempt suicide, suggesting that various risk factors work together in predicting suicidality (e.g., Dour et al., 2011).

Although emotion reactivity has been shown to mediate the relation between the presence of a wide range of psychological disorders and suicidal ideation (e.g., Nock et al., 2008), no research to date has sought to elucidate the potential mechanisms through which emotion reactivity might make emerging adults more likely to consider and attempt suicide. Thus we sought to examine brooding rumination (i.e., individual's tendency to dwell on their negative mood, its causes, and consequences (Nolen-Hoeksema, 1991)) as a mediator of the relationship between emotion reactivity and suicidal thoughts and behavior.

Method: Young adults (N= 1148; ages 18-33; 68.5% female) completed measures of rumination (RRS; Nolen-Hoeksema, 1991), emotion reactivity (ERS; Nock et al., 2008), suicidal ideation (BSS; Beck & Steer, 1993), and suicidal behavior (from C-DISC; Shaffer et al., 2000).

Results: There were significant associations between emotion reactivity and brooding ($\beta = 0.52, p < .01$), brooding and suicidal ideation ($\beta = 0.27, p < .01$), and brooding and suicide attempts ($\beta = 0.05, p < .01, e\beta$ (odds ratio) = 1.05). To examine mediation, bias-corrected 95% confidence intervals were calculated ($n = 1000$ resamples). The results showed that brooding mediated the relationship between emotion reactivity and suicidal ideation ($CI = .0225 - .0926$), but not between emotion reactivity and suicide attempts ($CI = -.0040 - .0109$).

Conclusions: Our findings suggest that highly emotionally reactive emerging adults might be at an increased risk for suicidal thoughts because they tend to brood on strong negative emotions they experience. Such tendency might be an important factor that partially explains why these young people might engage in suicidal thoughts and behaviors.

Impact: Our results contribute to a better understanding of the factors that increase vulnerability to suicidal thoughts and suggest that future prevention and intervention efforts should target both emotion reactivity and brooding rumination.

Supported by: funded by NIH Grant 1SC1MH 091873 (Miranda)

17 - Monday, June 10 17:15-18:45

Title: Investigating the Association between Perceived Autonomy and Suicide Ideation Among Older Adults

Authors: Marnin Heisel , Gordon Flett

Affiliation: Western University Canada

Abstract:

Background: Older adults have high rates of suicide and employ lethal means of self-injury with a high intent to die. Explanatory models are needed identifying psychological processes involved in the onset or exacerbation of older adult suicide risk, in order to enhance risk detection and intervention in this rapidly growing cohort (Heisel & Duberstein, 2005). Theorists have posited that losses and transitions associated with the aging process can induce narcissistic injury, threaten an older adult's perceived autonomy and control, and thereby contribute to risk for suicide. Research is needed investigating this theoretical process of later life suicide risk.

Objectives: To investigate cross-sectional and longitudinal associations between perceived autonomy and suicide ideation among older adults.

Methods: One hundred and seventy-three community-residing older Canadians were recruited into a 2-year longitudinal study of the onset and/or exacerbation of suicide ideation. Participants completed a demographics questionnaire and measures of suicide ideation, depressive symptom severity, self-rated health, and perceived autonomy at baseline, 2-4 week, 6-12 month, and 1-2 year follow-up assessments. Cross-sectional and longitudinal associations between autonomy and suicide ideation were investigated.

Results: Perceptions of autonomy were significantly negatively associated with suicide ideation at baseline assessment employing bivariate correlations ($r = -.24, p$ INCOMPLETE)

18 - Monday, June 10 17:15-18:45

Title: Preschool Bullying and Victimization as Predictors of Suicidal Ideation in School Age: 6-year Follow-Up of the Preschool Attention Deficit/Hyperactivity Disorder Treatment Study (PATS)

Authors: Jacqueline Buchanan, Taylor Burke, Kathleen Camacho, Kseniya Yershova, Deborah Lazzaretto, Kelly Posner

Affiliation: New York State Psychiatric Institute/Columbia University Medical Center

Abstract:

Objectives: Recent studies have shown that children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) are at risk for developing suicidal ideation and engage in suicidal behaviors secondary to ADHD [1-4]. Children with ADHD show a range of social adjustment problems, including victimization and bullying [5, 6], which mediate poor outcomes. Whereas victimization and bullying are known independent predictors of suicidal ideation [7], suicidal behaviors, and death by suicide [8], it is less clear that they confer additive or multiplicative risk for suicide-related symptoms in pediatric ADHD. The present study examined rates of suicidal ideation, teacher-reported bullying and victimization among preschoolers with moderate-to-severe ADHD, who participated in a randomized pharmacological trial and followed in a 6-year observational follow up. We expected that bullying and victimization would partially explain higher levels of suicidal ideation at the end of the follow up, controlling for a number of demographic and psychiatric factors commonly associated with internalizing symptoms in this population.

Method: 186 of the original 303 PATS preschoolers all with a preschool diagnosis of ADHD (74.2% male) between the ages of 3 and 5.5 (mean = 4.36, SD = .7) completed the 6-year follow up (mean = 10.4 years, SD = .98). Those who enrolled in the study but did not complete the 6-year follow-up (n=118 of n=304) were not included in the analyses. Enrolled preschool children scored at least 1.5 standard deviations above the mean on the parent and teacher Hyperactive-Impulsive subscale, and obtained a score of 55 or lower on the Children's Global Assessment Scale. The presence of suicidal ideation was measured at year 6 using a parent-report version of the Columbia-Suicide Severity Rating Scale, a semi-structured scale measuring 5 types of suicidal ideation of increasing severity. Bullying and victimization were measured using items on the teacher version of the Achenbach scale. A cross-site clinician consensus process established all psychiatric diagnoses, including ADHD, ODD, CD, and Communication Disorders. Main effects of bullying and victimization (measured at baseline) on suicidal ideation at Year 6 follow up were tested after controlling for the effects of sex, ethnicity, IQ, parental education, maternal psychopathology, comorbid diagnosis of disruptive disorders (ODD/CD) and communication disorders.

Results: Results from a hierarchical linear regression showed no significant effect of bullying and victimization ($R^2=.059$, $p=.452$), after controlling for sex, ethnicity, IQ, parental education, maternal psychopathology, comorbid diagnosis of disruptive disorders (ODD/CD) and communication disorders in the first block.

Conclusions: Preliminary analyses showed that preschool bullying and victimization among moderate-to-severe ADHD children were not independent predictors of suicidal ideation in school age.

Impact: Identifying preschool-age risk factors for the onset of suicidal ideation among severely symptomatic ADHD youth is crucial in informing early identification and the development of targeted suicide-risk reduction interventions. The current study suggests that further refinement of this predictive model is necessary.

19 - Monday, June 10 17:15-18:45

Title: Evaluation of skills improvement following DBT among depressed and suicidal adolescents presenting borderline personality disorder traits

Authors: Alain Janelle, Valentin Mbekou, Jean-Chrysostome Zanga, Johanne Renaud

Affiliation: Université du Québec à Montréal / Douglas Mental Health University Institute / Depressive and Suicidal Disorders Clinic /Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention

Abstract:

Introduction: Dialectical Behavioral Therapy (DBT) aims to improve skills such as mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. A single study conducted with adults has confirmed the improvement of such skills following DBT (Neacsiu, 2010a), but there have been no studies to date that have examined skills improvement in suicidal adolescents presenting with borderline personality traits. Objectives: This study aimed to evaluate skills acquisition and use following a DBT program in a sample of suicidal adolescents presenting borderline personality disorder (BPD) traits. Method: This study included 33 suicidal female adolescents aged 14 to 18 presenting with depression and at least three borderline personality traits. Adolescents participated in a comprehensive DBT program that included a 20-week multifamily skills training group at a Depressive and Suicidal Disorders outpatient program. A pre-test post-test design was used. The outcome measures used in the study include: 1) borderline symptomatology as measured with the Borderline Symptoms List (BSL-23 Bohus, 2009), 2) the use of DBT skills as measured with the DBT Ways of Coping Check List (DBT-WCCL Neacsiu, 2010b), 3) mindfulness skills as measured with the Five Facet Mindfulness Questionnaire (FFMQ Baer et al., 2006), 4) distress tolerance skills as measured the Distress tolerance Scale (DTS Simon & Gaher, 2005), 5) emotional regulation skills as measured with the Difficulties in Emotion Regulation Scale (DERS Graetz & Roemer, 2004), and 6) interpersonal effectiveness skills as measured with the Inventory of Interpersonal Problems (IIP-32 Barkham, Hardy, & Startup, 1996). Results: Statistical analyses indicated that after receiving DBT, adolescents used significantly more functional coping strategies when dealing with difficulties and showed significant improvements in their use of mindfulness, distress tolerance and emotional regulation skills. Conclusions: DBT improves coping strategies used by depressed and suicidal adolescents and these improvements could be linked to the

therapeutic gains observed following DBT. Impact: This study is the first to show evidence that adolescents improve in their use of a series of critical skills for adaptive functioning following DBT.

20 - Monday, June 10 17:15-18:45

Title: Brain biomarkers of clinical response to 8-week antidepressant treatment, and their co-variation with peripheral molecular markers

Authors: A. Kendal, S. Richard-Devantoy, G. Turecki, F. Jollant

Affiliation: McGill University, Department of Psychiatry & Douglas Mental Health University Institute McGill Group for Suicide Studies Montréal (Québec), Canada

Abstract:

Background: Major depressive disorder affects 15% of the general population and is associated with severe consequences including a higher risk of suicide. While antidepressant drugs are clearly effective for moderate to severe depressive episodes, there is important variability in how individuals respond to antidepressant treatment. Despite the heterogeneity in response to treatment, guidelines for depression treatment remain general and do not take into account individual characteristics. This is mainly due to the lack of predictors of treatment response and the weak understanding of the neurobiological changes occurring during treatment response. This application aims to address both issues by investigating neurobiological factors associated with antidepressant response employing *simultaneously* two complementary and highly sensitive tools, namely neuroimaging and genomics. Neuroimaging studies have largely contributed to our understanding of the complex brain alterations associated with depression. However, few studies have identified neuroimaging markers predictive of antidepressant response, and changes in neuroimaging measures associated with treatment response. Additionally, it is suggested that each drug may be associated with different brain response profiles, requiring separate investigations for all major drugs. Genomics is another major tool for the understanding of mental disorders and response to treatment. However, the way genes are expressed is more likely to catch changes occurring during antidepressant treatment than static genetic variations explored so far. Few studies have specifically used this functional approach to understand antidepressant treatment.

Objectives: The present project aims to 1) identify the pre-treatment neuroimaging predictors of remission following an 8-week trial of Escitalopram for major depression; 2) assess the parallel changes in brain neuroimaging and peripheral molecular markers (mRNA and microRNA) during treatment. The strengths of this project are that we will i) uniquely explore the link between peripheral molecular and central neuroimaging markers, in other words *from blood to brain*; ii) focus on cognitive inhibition, and its modulation by emotional stimuli, a major component of the depressive process; iii) and study the widely-used antidepressant Escitalopram.

Methods: Project started in September 2012. We carry out two scanning and blood sample sessions at the beginning (T0, before treatment) and at the end (T8) of an 8-week trial of Escitalopram in 100

patients with a major depressive episode. Participants will be right-handed males and females between 25 and 55 years old. After a thorough clinical assessment, the participants will be subjected to a Go/No-Go task, including 1 standard and 3 emotional versions, during fMRI to measure cognitive inhibition and its modulation by emotions. Additionally, structural and functional connectivity, and structural grey matter alterations will be examined. Patients in full remission will be compared to non-responders in addition to correlation analyses.

Perspective: Neuroimaging and gene expression markers will likely become the tools we need to effectively choose and monitor successful antidepressant treatment.

21 – Monday, June 10 17:15-18:45

Title: Évaluation des besoins en matière de prévention du suicide chez les aînés : présentation d'un projet de recherche

Authors: Larouche, Eddy¹, Poirier, Lynda² Éthier, S.³, Vézina, J.⁴ & Morin, M.,⁵

Affiliation: ¹ Étudiant, École de psychologie, Université Laval; ²Directrice générale, Centre de prévention du suicide de Québec; ³Professeure adjointe, École de service social, Université Laval; ⁴ Professeur titulaire, École de psychologie, Université Laval; ⁵Professeure, Faculté de médecine, Université Laval

Abstract:

Objectifs / Objectives

Cette affiche vise à présenter un projet de recherche exploratoire dont l'objectif est de connaître la perception du suicide chez les aînés et les intervenants; à connaître leur point de vue sur les interventions en prévention du suicide; et à valider la pertinence de la formation Sentinelles offerte par le centre de prévention du suicide de Québec.

Méthode / Method

La collecte des données sera effectuée par le biais de l'enregistrement d'entrevues de groupes de discussions focalisées d'une durée d'environ 2h. Les analyses intergroupes se réaliseront à l'aide du logiciel N'Vivo, selon l'approche mixte de Miles et Huberman (2003) et leur validation sera assurée par le procédé de validation inter-juge. Le nombre de participants visé est de 40.

Résultats / Results

n/a

Conclusions / Conclusions

n/a

Retombées / Impact

n/a

22 - Monday, June 10 17:15-18:45

Title: Improving Suicide Screening at the Cleveland Clinic through Electronic Self-Reports: PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS)

Authors: Adele Viguera, Irene Katzan, Taylor Burke, Kelly Posner (presenter)

Affiliation: Cleveland Clinic

Abstract:

Objectives: The Joint Commission on the Accreditation of Healthcare Organizations has indicated suicide screening a National Patient Safety Goal. As a result, emergency rooms, clinics, and primary care divisions within hospitals must implement suicide screening protocols. Utilizing self-report screening measures has been indicated as a feasible, low-burden way to systematically screen and monitor individuals for suicide risk. Many primary care physicians and hospitals utilize the PHQ-9, a 9-item depression screener, which includes one item about self-harm (item 9): «thoughts that you would be better off dead or of hurting yourself in some way». Although this single, binary question has been widely used as a screen, it does not specifically assess suicidal ideation or behavior. In contrast, the Columbia Suicide Severity Rating Scale (C-SSRS) is an alternative validated suicide risk assessment tool. It evaluates the full range of suicidal ideation and behaviors and provides a summary measure (positive or negative screen) of suicide risk, as well as categorical outcomes for ideation and behavior. Our aim was to examine the psychometric properties of the PHQ-9 suicide item, specifically the probability of oversampling due to imprecision of the question stem. Sensitivity, specificity and negative/positive predictive values of the PHQ-9 item were evaluated using the Columbia-Suicide Severity Rating Scale (C-SSRS) as the gold standard. **Method:** As part of a project to develop an electronic suicide screening and safety algorithm for the Cleveland Clinic (including psychiatry, psychology, neurology, neurosurgery, and rehabilitative medicine), the PHQ-9 and a self-report version of the C-SSRS were collected electronically from 1,461 adult ambulatory psychiatry patients. PHQ-9 item 9 sensitivity, specificity, and positive and negative predictive values were calculated. **Results:** The observed point prevalence of suicidal ideation, behavior, or both was 6.2% (98/1572 CI: 5.0-7.4%) on the C-SSRS and was 23.8% (347/1461 CI: 21.6-25.9%) on PHQ-9 item 9, almost a 4-fold increase in detection. Item 9 yielded a sensitivity of 91.8% and negative predictive value of 99.4%. However, many who endorsed item 9 did not screen positive for suicidal ideation or behavior on the C-SSRS, resulting in low specificity (80.5%) and very low positive predictive value (22.5%). Only 7 people (

23 - Monday, June 10 17:15-18:45

Title: A model of suicidal ideation among Chinese adolescents in Hong Kong and Shanghai

Authors: Sylvia Kwok, Cyrus Leung

Affiliation: Department of Applied Social Studies, City University of Hong Kong

Abstract:

Objectives: Suicide is a problem of increasing concern among adolescents in Chinese societies. Suicidal ideation may easily lead to suicidal attempts and behaviors, so it is important to investigate factors related to suicidal ideation. The present study thus aims to study and compare the personal correlates (hopelessness, emotional competence and social problem solving), the family correlate (family functioning) and suicidal ideation among adolescents in Hong Kong and Shanghai. The mediating role of hopelessness on the relationship between the correlates and adolescent suicidal ideation is also examined.

Method: Two cross sectional surveys were conducted in both Hong Kong and Shanghai. The Hong Kong sample consists of 536 adolescents aged from 12 to 16, while the Shanghai sample comprises 527 adolescents aged from 12 to 17. The Hong Kong adolescents are secondary 1 to secondary 4 students, whereas the Shanghai counterparts are late primary to early secondary students. Descriptive statistical analyses, Pearson correlations analyses and hierarchical regression analyses were adopted as methods of data analyses.

Results: Hierarchical regression analyses show that personal correlates including emotional competence, social problem solving and hopelessness are significant predictors of suicidal ideation. Perceived family functioning is also a significant predictor of suicidal ideation. In addition, hopelessness is found to be a mediator between the personal and family correlates, and suicidal ideation in both samples. Further analyses reveal that father-adolescent communication, parental control and negative problem orientation are significant predictors of hopelessness that lead to suicidal ideation for both samples.

Conclusions: Interventions from both the personal and family levels are needed to reduce adolescent suicidal ideation. Groups, workshops and programs can be conducted to help adolescents build up their sense of hope that includes goal thinking, pathway and agency thinking. Cognitive behavioral groups can be held to develop their social problem solving skills, while emotional competence training can be introduced to increase their emotional awareness and effective use of emotions. Parallel groups and workshops on communication training can be run for the parents and adolescents to improve communication, enhance mutual care and concern as well as minimize parent-adolescent conflict and control.

Impact: The model that hopelessness acts as a mediator between the personal and family correlates, and suicidal ideation is applicable to both the Hong Kong and Shanghai adolescents. This provides evidence for the diathesis-stress-hopelessness model of suicidal ideation in which personal deficiencies and family dysfunction lead to stress and hopelessness, and then suicidal ideation.

Supported by: College of Liberal Arts and Social Sciences Research Grant, City University of Hong Kong

24 - Monday, June 10 17:15-18:45

Title: Verbal emotional expressivity mediates the relationship between hopelessness and suicidal ideation

Authors: Robert Lane₁, Aliona Tsydes₁, Colleen Jacobson₂, Regina Miranda₁

Affiliation: 1. Hunter College (City University of New York), 2. Iona College

Abstract:

Objectives: Hopelessness is an often-studied predictor of suicidal ideation (e.g., Stewart, Kennard, Lee, Mayes, Hughes, Emslie, 2005). Restricted emotional expressivity has also previously been suggested to contribute to suicidal ideation (e.g., Jacobson, Marrocco, Kleinman, & Gould, 2011). The combination of hopelessness and depressive symptoms in association with greater difficulty communicating distress has further been suggested to play a role in the medical severity and lethality of suicide attempts (Levi, Horesh, Fischel, Treves, Or, Apter, 2008; Horesh, Levi, & Apter, 2012). Despite these previously demonstrated relationships between hopelessness, emotional expressivity, and suicidal thoughts, past research has not yet examined the role of comfort with verbal emotional expressivity in the relationship between hopelessness and suicidal ideation. We sought to address this gap in the literature by examining emotional expressivity as a potential mediator of the relationship between hopelessness and suicidal ideation. **Method.** Participants were 1019 young adults (ages 18-33; 68.5% female) recruited from a large public university in the northeastern US. The sample was racially/ethnically diverse, with 33.1% Asian, 28.2% White, 18.0% Hispanic/Latino/a, 11.6% other, and 9.1% Black individuals. Participants completed the Measure of Verbally Expressed Emotion (MoVEE, Jacobson et al., 2011), the Beck Hopelessness Scale (BHS; Beck & Steer, 1988), the Beck Depression Inventory (Second Edition) (BDI-II, Beck, Brown, & Steer, 1996), and the Beck Scale for Suicidal Ideation (BSS; Beck & Steer, 1993). **Results.** Linear regressions demonstrated a relation between hopelessness and verbal emotional expressivity ($b = 0.05$, $S.E. = 0.01$, $\beta = 0.19$, $p < .01$) and between verbal emotional expressivity and suicidal ideation ($b = 0.47$, $S.E. = 0.11$, $\beta = 0.14$, $p < .01$). To test mediation, bias-corrected 95% confidence intervals were calculated around indirect effects using a bootstrapping method with 1000 resamples. Comfort with verbal emotional expressivity mediated the relationship between hopelessness and suicidal ideation (CI = .02 - .06). **Conclusions.** The results suggest that hopelessness might be associated with individuals' vulnerability to suicidal ideation due to higher difficulty verbally expressing their emotions. **Impact.** Interventions that focus on increasing comfort with verbal emotional expressivity might decrease suicidal ideation in emerging adults. Specifically, such comfort with emotional expression might serve as a buffer against the deleterious effects of hopelessness and consequently prevent future suicidality.

Supported by: A grant from the NIH: # 1SC1MH 091873 (Miranda).

25 - Monday, June 10 17:15-18:45

Title: Contribution d'un centre de prévention suicide à l'organisation des soins gériatriques sur le territoire parisien

Authors: Vincent Lapierre, Philippe Carette (presenter)

Affiliation: Centre Popincourt

Abstract:

INTRODUCTION : Le « Centre Popincourt », anciennement « Centre Recherche et Rencontre de Paris », est un Centre Médico-Psychologique d'intersecteur adulte, dont la vocation est la lutte contre l'isolement et la prévention du suicide. En tant que centre de consultations, y sont proposés des entretiens individuels et des groupes d'expression pluridisciplinaires, offrant un espace où la personne retrouve à son rythme la possibilité de s'exprimer, de créer et de communiquer. Le Centre est aussi un lieu ressource pour les professionnels, les chercheurs et les étudiants s'intéressant à la prévention du suicide, et développe aujourd'hui le CRES (centre ressource en suicidologie). Il participe aussi en tant que membre fondateur aux travaux de l'Union Nationale de Prévention du Suicide. Enfin, des actions de sensibilisation et de formation en santé mentale sont organisée avec ou par l'équipe du Centre, en partenariat avec les acteurs communautaires locaux. **OBJECTIFS :** Ces trois principaux axes de travail ont étayé notre réflexion dans la prise en compte du risque suicidaire chez les sujets âgés. Les différentes modalités d'interventions et d'interactions avec les réseaux existants ont cependant dû être adaptées aux problématiques gérontologiques, et nous avons pour cela sollicité les acteurs de terrain : services sociaux, services de soins à domicile, hôpitaux, secteur psychiatrique entre autres. **METHODE :** Cela nous a amenés à participer aux groupes de réflexion préparant la réforme hospitalière nationale (loi HPST) ainsi que la refonte des coordinations gérontologiques locales : une réorganisation des propositions de soins et de prise en charge gériatriques à l'échelle des « Territoires de Santé » définis par les régions. Nous avons ainsi pu contribuer à inscrire les problématiques de santé mentale au cœur de leurs travaux, essayant d'enrichir la réflexion tant dans le sens de l'éthique que de la pratique clinique. **RESULTATS :** Les schémas mis en place pour le « parcours de santé et de prise en charge » des seniors sur le territoire nous ont permis de définir où et comment nous pouvions être le plus utiles aux usagers et aux professionnels. **CONCLUSIONS :** Le dispositif concret que nous mettons en œuvre aujourd'hui allie les notions de transversalité et de mutualisation des moyens, tout en créant du lien entre les différentes disciplines et surtout entre les différents professionnels, intégrant la dimension psychique aux champs sanitaires et sociaux, tout en mobilisant la communauté à différents niveaux. Note: nous proposerons aussi un affichage en anglais.

Supported by: Philippe Carette

26 - Monday, June 10 17:15-18:45

Title: Young adolescent trajectories of pessimism/hopelessness and suicidal behaviors by young adulthood

Authors: Grace Lee, Diana Clarke

Affiliation: Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Abstract:

Introduction: Affective disorders have been consistently found to be independent risk factors for suicidal behaviors. However, the training, time, and personnel required to make such diagnoses coupled with the average onset after young adulthood limit the identification of young adults vulnerable to suicidal behaviors. On the other hand, feelings of pessimism/hopelessness, important signs of affective disorders, have been shown to be both associated with suicidal behavior and modifiable via psychotherapy. While stable levels of pessimism/hopelessness has been found to be positively associated with completed suicides, such studies focused on adult clinical samples. Objectives: The current study uses a longitudinal sample of urban, primarily African American youths, to explore the association between pessimism/hopelessness trajectories between ages 12-14 years and suicidal behaviors in young adulthood (i.e., age 19-20). Methods: The study involved secondary data analysis of longitudinal data from a cohort followed up annually since first grade (n=1478, 46% male, 65.3% African American). This study focuses on the 1,203 participants (81% of the original cohort) who provided at least one wave of pessimism/hopelessness data between ages 11 and 13 via the six-item Pessimism/Hopelessness subscale from the Baltimore How I Feel-Youth Report. Information on suicidal behaviors (i.e., thoughts of death, wish for death, suicide ideation, and suicide attempt) were collected in the follow-up interview when the sample was aged 19-20 years. General growth mixture modeling identified distinct classes of pessimism/hopelessness trajectories and examined the association between class membership and suicidal behaviors. Results: Two early adolescent pessimism/hopelessness trajectories were identified: 1) “Low and Declining” class (82.4%) began with a low level of pessimism/hopelessness at age 12 that significantly declined through age 14; 2) “High and Stable” class (17.6%) began with a significantly higher level of pessimism/hopelessness at age 12 that remained steady through age 14. While class membership was not associated with thoughts of death, the “High and Stable” pessimism/hopelessness class was associated with more than 50% increased odds of wish for death, suicide ideation, and suicide attempt by age 19-20. Conclusion: The longitudinal trajectory of pessimism/hopelessness during young adolescence is significantly associated with wish for death, suicidal ideation, and suicide attempts in young adulthood. This study identifies a characteristic that future suicide screening, prevention, and intervention efforts can target as studies have found levels of pessimism/hopelessness to be amenable to change via treatments. Impact: Identification and treatment of “High and Stable” pessimism/hopelessness in young adolescence may reduce suicide risk in young adulthood.

27 - Monday, June 10 17:15-18:45

Title: Comprehensive Suicide Prevention Programs in Schools

Authors: Adam Lesser

Affiliation: Research Foundation for Mental Hygiene, New York State Psychiatric Institute, Columbia University

Abstract:

There is a growing body of evidence that suicide is on the rise in youth and trending younger. It is now the 2nd leading cause of death in 10-24 year olds in the United States. Research into school shootings such as the recent tragedy in Sandy Hook, Connecticut demonstrates a connection between suicidal thoughts and behaviors and school shooters as well as a link between bullying and these events. This presentation will make the argument that in addition to making schools safer, it is important for schools to nurture the emotional lives of their students while educating them. The essential components of a comprehensive suicide prevention program for schools and some of the evidence based practices that can be used will be explored.

28 - Monday, June 10 17:15-18:45

Title: Stress related growth among suicide survivors: The role of interpersonal and cognitive factors

Authors: Yossi Levi-Belz

Affiliation: Ruppin Academic Center

Abstract:

Objectives & Method: Although stress related growth (SRG) had been documented in bereaved individuals, it is still not clear to what extent it can be experienced by suicide survivors or which psychological processes facilitate it. The current study examined the role of interpersonal factors: self-disclosure and social support as well as cognitive coping strategies in stress related growth (SRG) in 135 immediate family suicide survivors aged 18-75.

Results: The findings showed significant positive correlations between time elapsed since death, self-disclosure, social support, adaptive cognitive strategies and SRG. Furthermore, hierarchical regression analysis revealed that together these variables accounted for over 38% of the variance in SRG. Structural equation modeling (SEM) indicated three major facilitating paths toward SRG.

Conclusions and Impact: The present study helps elucidate the complex relationships of interpersonal and cognitive factors as well as demographic factors to stress related growth among suicide survivors. Although causality cannot be assumed, the findings point to the healing effect of time elapsed since the suicide event. Moreover, interpersonal activities such talking and interacting with others, as well as a cognitive focus on planning for the future emerged as important factors in personal transformation after

suicide loss. These study results suggest integration of our understandings regard the preferred treatment for suicide survivors. Specifically, Therapy techniques aimed at improving interpersonal abilities and enhancing adaptive cognitive strategies, such as interpersonal therapy (IPT) may be helpful as individual or group psychotherapy for suicide survivors.

Supported by: None

29 - Monday, June 10 17:15-18:45

Title: miR-1202: A Primate Specific and Brain Enriched miRNA Involved in Major Depression and Antidepressant Treatment.

Authors: Juan Pablo Lopez^{1, 2}, Raymond Lim⁴, Cristiana Cruceanu^{1, 2}, Liam Crapper², Caroline Fasano³, Jennie P Yang², Volodymir Yerko², Salah El Mestikawy³, Naguib Mechawar², Paul Pavlidis⁴, Gustavo Turecki^{1,2}.

Affiliation:

¹ Department of Human Genetics, McGill University, Montreal, Quebec, Canada.

² McGill Group for Suicide Studies, Douglas Mental Health University Institute, McGill University, Montreal, Quebec, Canada.

³ Douglas Mental Health University Institute, McGill University, Montreal, Quebec, Canada.

⁴ Department of Psychiatry, University of British Columbia, Vancouver, B.C, Canada.

Abstract:

Objectives: Suicide is a major public health problem. It was estimated in 2007 that suicide accounts for 1.5% of the total deaths in Canada. Over the last decades, a large body of evidence has shown that individuals who commit suicide have a predisposition that is mediated by neurobiological factors. MicroRNAs (miRNAs) are small non-coding RNAs that regulate gene expression by means of RNA degradation or translational repression. A growing body of evidence supports the role of miRNAs in neuropsychiatric disorders such as schizophrenia, bipolar disorder and major depression. Based on this evidence we believe that miRNAs have an important role in the neurobiology of suicidal behaviours. As such, we sought to identify miRNA differences in the brain of suicide completers as compared to controls. **Methods:** We profiled genome wide expression of miRNAs in the prefrontal cortex of suicide completers and controls using miRNA microarrays. We validated our findings using quantitative real-time PCR and identified target genes of the differentially expressed miRNAs using bioinformatics analysis. Later, we performed functional experiments using miRNA mimics and target protectors on HEK-293 cell lines to confirm the interaction between miRNAs and their targets. Finally, we investigated the effects that three commonly prescribed antidepressants have on miRNAs, using human neural progenitor cells (NPCs). **Results:** Our results revealed an interaction between miR-1202 and the Metabotropic Glutamate Receptor 4 (GRM4) gene in the prefrontal cortex of suicide completers. We found that miR-1202 is specific to primates and enriched in humans. Furthermore, we found that across

human tissues, this miRNA shows the highest expression in the brain and responds to antidepressant treatment. Conclusion: These results suggest that the relationship between miR-1202 and GRM4 in postmortem brain tissue is associated with the pathophysiology of suicidal behaviors. Ultimately, our results highlight new evidence of the role of miRNAs in neuropsychiatric disorders, and provide important steps in the development of early diagnostic tools, preventive strategies, and effective pharmacological treatment for mood disorders.

Supported by: FRQS, CIHR, AFSP

30 - Monday, June 10 17:15-18:45

Title: The Influence of Intersecting Identities on Self-Harm, Suicidal Behaviors, and Depression among Lesbian, Gay, and Bisexual Individuals

Authors: Megan C. Lytle¹, Susan M. De Luca², John Blosnich¹

Affiliation: University of Rochester Medical Center, ¹University of Texas at Austin ²

Abstract:

Introduction: Lesbian, gay, and bisexual (LGB) individuals have higher risk of suicidal thoughts and behaviors, but very little is known about racial/ethnic differences among LGB populations. To address the gap in knowledge about the diversity of intersecting identities and suicidal behavior among LGB populations, this study examined racial/ethnic differences in self-harm, suicidal ideation, suicide attempt, and depression among a large national sample of emerging adults (ages 18-24). Objective: At the conclusion of this presentation, the participant should be able to summarize different levels of risk that LGB individuals across cultures face versus non-LGB individuals. Using secondary analysis of the American College Health Association's National College Health Assessment, we present findings about differences in self-directed violence and depression between sexual orientations as well as self-directed violence among LGB individuals across racial/ethnic identities. Aims: To examine the racial/ethnic differences in suicidal thoughts and behaviors among LGB individuals. Methods: Chi-square tests of independence were used to examine group differences in self-harm, suicidal ideation, suicide attempt, and depression by sexual orientation and by race/ethnicity. To examine diversity among LGB individuals, multiple logistic regression models, adjusted for demographics, were used to examine the associations of racial/ethnic identities with the key outcomes. Results: Across all racial/ethnic groups, LGB individuals were significantly more likely to report self-harm, suicidal ideation, suicide attempt, and depression than non-LGB individuals. When comparing racial/ethnic differences within LGB individuals, greater proportions of Asian LGB individuals reported depression, greater proportions of Black LGB individuals reported suicide attempt and depression, greater proportions of Latino/a LGB individuals reported higher levels of suicidal ideation, and greater proportions of multiracial LGB individuals reported self-harm, suicide attempts, and depression. When compared with their White LGB peers, Asian LGB individuals had higher odds of suicidal ideation and attempts, Black LGB individuals had higher odds of

suicide attempts, and Multiracial LGB individuals had higher odds of suicide attempt. Conclusions: Although racial/ethnic minorities in the general population tend to have lower suicide rates than White individuals, individuals with multiple minority statuses tend to have elevated risks of self-directed violence and depression. Impact: Our findings were consistent with previous research that report racial/ethnic differences (Black, Latino, and White) in suicide attempts among LGB individuals. This study expands our knowledge of these racial/ethnic discrepancies in suicide attempts among LGB individuals by including Asian and Multiracial individuals.

Supported by: This work was supported partially by post-doctoral fellowships to MC Lytle and JR Blosnich in Institutional National Research Service Awards from the National Institute of Mental Health (5T32MH020061) and by the Injury Control Research Center for Suicide Prevention at the University of Rochester (DHHS/PHS/CDC Award 1R49CE002093). The opinions expressed in this work are those of the authors and do not represent the funders, institutions, or US government.

31 - Monday, June 10 17:15-18:45

Title: Neuregulin-ErbB expression in affective regulation and antidepressant efficacy in depressed patients and suicide completers

Authors: Ian Mahar^{1,2}, Benoit Labonte^{1,2}, Juan Pablo Lopez^{1,3}, Gustavo Turecki^{1,2,3,4}, Naguib Mechawar^{1,2,4}

Affiliation: ¹McGill Group for Suicide Studies, Douglas Mental Health University Institute, Montreal, QC, Canada; Depts. of ²Neuroscience, ³Human Genetics, ⁴Psychiatry, McGill University, Montreal, QC, Canada.

Abstract:

Background: Hippocampal neurogenesis has been implicated in the mechanism of antidepressant (AD) action. We have shown (Mahar et al, 2011, PLoS ONE 6: e26610) that peripheral sub-chronic NRG1 β administration in mice selectively increases cell proliferation and neurogenesis in the caudal dentate gyrus within the ventral hippocampus, and that this effect may be mediated by ErbB3 receptors, which are expressed by newborn cells from division to maturity and colocalize with SOX2 in the sub-granular zone. In addition, four weeks after cessation of sub-chronic treatment animals display robust AD-like behavior, whereas acute treatment does not affect behavior. To extend these findings, we are currently investigating whether NRG1-ErbB signaling is related to psychiatric illness and response to AD treatment. We hypothesized that hippocampal ErbB3 expression would be decreased in suicide completers, that NRG1 expression may be altered with psychiatric and medication status, and that peripheral NRG1 expression may be related to AD response.

Methods: To examine peripheral expression of NRG1, blood was obtained from depressed patients before (T0) and after eight weeks of AD treatment (T8) as described previously (Lopez et al, 2013, Mol Psych 18:398-9). Subjects completed the Hamilton Depression Rating Scale. To examine central

expression, post-mortem hippocampal samples were obtained from the Douglas - Bell Canada Brain Bank from suicide completers and controls. Expression was quantified by RT-PCR normalized to endogenous housekeeping genes.

Results: Peripheral NRG1 expression (at T0) correlated with depressive symptom recovery (T8), with AD medication-responders tending to have higher blood NRG1 expression than non-responders pre-treatment. We are currently increasing sample size as well as adding control samples to extend this analysis. Hippocampal expression of ErbB3 (but not EGFR, ErbB2, ErbB4, or overall NRG1) was reduced in suicides, as reported previously (Mahar et al, 2011, SfN Annual Meeting 902.88), whereas expression of NRG1 β isoforms was increased for suicides who had received AD medication compared to controls, but did not differ between controls and suicides without AD treatment.

Conclusions: These preliminary results suggest that peripheral NRG1, previously associated with hippocampal neurogenesis and AD-like effects in animal studies, may be a biomarker for AD efficacy in depressed patients, and that hippocampal NRG1 β increases with AD treatment, whereas suicides show reduced hippocampal ErbB3 expression.

Supported by: CIHR, FRQS

32 - Monday, June 10 17:15-18:45

Title: Transcript-specific down-regulation of GDNF Family Receptor Alpha-1a (GFR α 1a) by MicroRNA in the Basolateral Amygdala of Depressed Suicides

Authors: Marissa Maheu

Affiliation: McGill Group for Suicide Studies / Douglas Institute

Abstract:

Background/Objective: Glial cell line-derived neurotrophic factor (GDNF), a potent pro-survival factor for dopaminergic neurons, has begun to attract interest for its potential role in mood disorders. Human studies have demonstrated that peripheral GDNF expression varies with mood state, and reported increased suicidal behaviour among individuals possessing a single nucleotide polymorphism in the GDNF receptor α 1 (GFR α 1). Yet despite evidence of limbic dopaminergic dysregulation in depression, little is known about central GDNF expression in mood disorders.

Methods: Expression of GDNF signaling molecules (GDNF, GFR α 1, Ret, and NCAM) was assessed at the protein (Western blotting) and mRNA level (qPCR) in the basolateral amygdala (BLA) of depressed suicides (DS) and matched sudden-death controls (SDC). Candidate regulatory microRNAs (miRNAs) were identified in silico and measured in the BLA by qPCR. The effect of candidate miRNA over-expression was then assessed in vitro by transfecting of human neural progenitor cells (NPCs) with miRNA mimic, followed by qPCR expression analyses.

Results: While GDNF, Ret, and NCAM expression did not differ between groups, the DS group displayed a significant reduction in GFR α 1 protein compared to SDCs ($p = 0.014$). GFR α 1 mRNA expression, assessed using probes designed to capture all GFR α 1 variants, was unaltered. However, qPCR probes designed to target the regions of the GFR α 1 3'UTR either unique to GFRA1a, or shared with GFR α 1b, confirmed that in the BLA of DS subjects, mRNA for the GFR α 1a transcript was down-regulated, ($p = 0.023$). Furthermore, mRNA for this transcript correlated positively with GFR α 1 protein levels ($p = 0.011$). miR-511, a miRNA predicted to bind with high affinity to the 3'UTR of GFR α 1a, but not GFR α 1b, was up-regulated in the BLA of DS subjects ($p = 0.049$). A second candidate miRNA (miR-340) showed a tendency toward increased expression ($p = 0.061$). Both miRNAs correlated positively with one another (p

33 - Monday, June 10 17:15-18:45

Title: Clinical study regarding the effectiveness of Dialectical Behavioral Therapy for suicidal and depressed adolescents with borderline personality disorder traits

Authors: Valentin Mbekou, Jean-Chrysostome Zanga, Theodora Mikedis, Johanne Renaud

Affiliation: Douglas Mental Health University Institute / Depressive and Suicidal Disorders Clinic /Standard Life Centre for Breakthroughs in Teen Depression and Suicide Prevention

Abstract:

Introduction: Few interventions are available to help suicidal adolescents presenting with borderline personality traits. Dialectical Behavioral Therapy (DBT) seems to be a promising treatment for these adolescents (Grove, Backer, van den Bosh, & Miller, 2012). Despite this, only a few studies have evaluated this therapy with an adolescent population. Thus additional empirical work is required in order to scientifically evaluate this therapy for this population.

Objectives: This study aimed to evaluate the therapeutic gains of suicidal adolescents with borderline personality disorder (BPD) traits following an adapted DBT program for adolescent and their families (Mbekou et al., 2011).

Method: This study was conducted with 33 suicidal female adolescents aged 14 to 18 presenting with depression and at least three borderline personality traits. Youth received a comprehensive DBT program that included a 20-week multifamily skills training group at a Depressive and Suicidal Disorders outpatient program. A pre-test post-test design was used. The dependent variables included: 1) depressive symptoms severity as measured by the Beck Depression Scale (BDI-I Beck, Steer, & Brown, 1996), 2) hopelessness as measured by the Beck Hopelessness Scale (BHS Beck, Weissman, Lester, & Texler, 1974), and 3) emotional reactivity as measured by the Emotional Reactivity Scale (ERS Nock et al., 2008).

Results: Statistical analyses indicated that adolescents were significantly less depressed, less hopeless and less emotionally reactive following the DBT program. **Conclusions:** Depressed and suicidal adolescents presenting with borderline personality traits improve and display therapeutic gains

following participation in DBT. While this study is an essential step in adding to the limited body of existent work, a randomized study with a control group will be required to confirm these results. **Impact:** This study demonstrated that DBT is a promising intervention to aid depressed and suicidal adolescents presenting borderline personality traits.

34 - Monday, June 10 17:15-18:45

Title: Family Dysfunction and parental invalidation as predictors of Borderline Personality Disorder (BPD) symptomatology in a clinical sample of depressed and suicidal youth

Authors: Valentin Mbekou

Melissa Simard

Jean-Chrysostome Zanga

Johanne Renaud

Affiliation: McGill University/ Douglas Mental Health University Institute

Abstract:

Introduction: An important subgroup of depressed and suicidal adolescents presents with borderline personality disorder (BPD) traits. The biosocial etiology of BPD and its developmental variant (Linehan, 1993 Miller, Rathus, Linehan, 2007) place high emphasis on the influential role of the familial environment, particularly on invalidating caregiver responses to youth experiences, in the development of BPD traits. However, only few empirical studies had examined the functional role of caregivers in the development of BPD symptomatology, particularly within an adolescence population. Objective: To explore the association between youth perceptions of family functioning, parental invalidation, and BPD characteristics within a clinical sample of adolescents. It was expected that BPD characteristics would be predicted by higher levels of unbalanced familial interactions (e.g., less flexibility, more disengagement) and parental invalidation. Methods: This study recruited adolescents presenting with depression and at least three BPD traits from a tertiary care clinic within the Douglas Mental Health Institute. The present sample included 28 females ranging from 14 to 17 years of age. Youth perceptions of maternal and paternal levels of emotional invalidation were assessed using the Invalidating Childhood Environment Scale (ICES Mountford, Corstorphine, Tomlinson, & Waller, 2007), perceptions of the family environment were assessed using the Family Adaptability and Cohesion Evaluation Scales (FACES-IV Olson, 2011), and BPD symptomatology was assessed using the Borderline Symptoms List (BSL-23 Bohus, 2009). Youth were assessed prior to receiving a 20-week DBT multifamily skills training group treatment. Results: A hierarchical linear regression was run predicting BPD characteristics from parental invalidation and the quality of family interactions. The model accounted for 40% of the variance in BSL-23 scores. The quality of family interactions ($\hat{r}^2 = .34$, $p = .04$) and paternal invalidation ($\hat{r}^2 = .47$, $p = .00$) significantly predicted BSL-23 scores however, maternal invalidation was not a significant predictor.

Conclusion: Results provided support for the above hypothesis by demonstrating that the more youths perceived their fathers as invalidating and their family interactions as unbalanced, the higher their level of BPD symptomology. Impact: These results are one of the first to empirically support the theoretical notions underling BPD etiology and underscore the importance of including fathers in the treatment of these difficult-to-treat patients.

35 - Monday, June 10 17:15-18:45

Title: Systematic Intervention To Prevent Suicide On The Emergency Ward: Pilot Study Before RCT

Authors: Michaud, Laurent; Andronicos, Mélina (presenter); Langer, Béatrice; Brovelli, Sebastien; Dorogi, Yves; Stiefel, Friedrich; Bonsack, Charles

Affiliation: Centre Hospitalier Universitaire Vaudois, SWITZERLAND

Abstract:

Study objectives: Previous suicide attempts are the most important risk factor for committed suicide. People who attempt suicide are thus a high-risk population on which preventive interventions should be considered. A large proportion of people who attempt suicide are treated in an emergency somatic setting. We therefore decided to study the effect of a specific intervention on this population in that setting. The objectives were to improve the identification of suicide attempters, to engage them in an appropriate treatment and to prevent repeated suicide attempts as well as committed suicides.

Methods and materials: We conducted a systematic literature review to identify specific and effective interventions on patients who attempt suicide. Existing procedures in our general hospital and other clinics in the region were also studied in order to identify interventions, which are adapted to our health system. A pilot study was implemented on the emergency somatic ward of our general hospital, which sees approximately 400 to 600 patients who attempted suicide every year. This pilot study will test the intervention and its acceptability by both patients and caregivers. We will then be able to design a Randomized Controlled Trial (RCT) comparing treatment as usual and our intervention.

Results: Literature search identified a large range of preventive interventions on people who attempt suicide. It included minimal and easy to implement interventions (postcards or mail reminders for example), intermediate patient-centered interventions such as the joint crisis plan and more heavy interventions like classical crisis intervention. No "gold standard" intervention was identified. The literature review will be presented, together with the results of the pilot study and the design and content of the RCT. Implications on the practice and the collaboration between psychiatric and somatic emergency caregivers will be discussed.

Conclusions: In order to effectively prevent repeated suicide attempts and committed suicide, intervention techniques should be evidence-based. Nevertheless, strategies have to be adapted to local context and specificity of consultation-liaison work. We intend to design an RCT considering both aspects.

36 - Monday, June 10 17:15-18:45

Title: Deficit of Cognitive Inhibition in Depressed Elderly: A Neurocognitive Marker of Suicidal Risk?

Authors: S. Richard-Devantoy¹, G. Turecki¹, D. Le Gall², F. Jollant¹

Affiliation: 1) McGill University, Department of Psychiatry & Douglas Mental Health University Institute McGill Group for Suicide Studies Montréal (Québec), Canada 2) UPRES EA 2646, Angers University, Angers, France

Abstract:

Background: Cognitive deficits, in relation to ventral and dorsal prefrontal cortex dysfunctions, have been associated with a higher risk of suicidal acts in young adult patients. Although a public health concern, much less is known about the neurocognitive basis of suicidal behavior in elderly. Here, we aimed at assessing alterations in cognitive inhibition, a suspected major mechanism of the suicidal vulnerability, in suicidal depressed elderly.

Methods: We compared 20 currently depressed patients, aged 65 and older who recently attempted suicide to 20 elderly subjects with a current depression but no personal history of suicide attempt and 20 elderly controls. Using an extensive neuropsychological battery, we particularly examined different aspects of cognitive inhibition: access to relevant information (using the Reading with distraction task), suppression of no longer relevant information (Trail Making Test, Rule Shift Cards), and restraint of cognitive resources to relevant information (Stroop test, Hayling Sentence Completion test, Go/No-Go).

Results: After adjustment for age, intensity of depression, Mini-Mental Status Examination score and speed of information processing, suicidal depressed elderly showed significant impairments in all 3 domains of cognitive inhibition in comparison to both control groups.

Conclusions: Our study suggests that the inability to inhibit neutral information access to working memory, restrain and delete irrelevant information may impair the patient's capacity to respond adequately to stressful situations subsequently leading to an increased risk of suicidal behavior during late-life depression. Interventions may be developed to specifically target cognitive impairment in the prevention of suicide in depressed elderly.

Key words: Suicide, elderly, cognitive inhibition, depression

37 - Monday, June 10 17:15-18:45

Title: Suicide attempts in Schizophrenia: Effect of Religion

Authors: Jiali Song, Vincenzo De Luca

Affiliation: CAMH, University of Toronto

Abstract:

Objective: As mystic delusions and suicidal behaviour are very prevalent in schizophrenia, it is likely that religious beliefs play a mediating role in influencing the incidence of suicide attempt in schizophrenia. This study is aimed to determine the relationship between Catholicism and suicide attempts in schizophrenia. Method: Semi-structured interviews using the C-SSRS questionnaire were conducted with 181 schizophrenia out-patients. Religion was recorded based on self-report. Results: Patients were divided into four groups, Catholic suicide attempter, Catholic non-attempter, non-Catholic suicide attempter, and non-Catholic suicide non-attempter. In our sample, 44.75% of patients were suicide attempters and 40.31% were Catholics. A Chi-squared test of independence was performed ($\chi^2=0.176$ 1df $p>0.05$), showing no significant difference in attempt rate between Catholic and non-Catholic patients. Conclusions: No significant relationship was found between being Catholic and having attempted suicide lifetime. However, there was a wide spectrum of other religions that were included in the non-Catholic category. It may be useful to examine the effect of other religious beliefs on suicide attempt in populations where Catholicism is not the dominant religion. Impact: Exploring the religious beliefs of patients with schizophrenia in the clinical setting may be unfruitful as it does not change the suicide risk assessment. However, given our sample size, more patients should be evaluated before any definite conclusions can be made. Also, there are other religions that may have a greater impact on suicidal behaviour that may be interesting to look at in future studies.

38 - Monday, June 10 17:15-18:45

Title: Suicide Deaths in Bipolar Disorder: Sex-Based Differences in Demographic, Clinical and Suicide-Specific Factors

Authors: Ayal Schaffer, MD, FRCPC; Mark Sinyor MD, FRCPC; Benjamin Goldstein MD, PhD, FRCPC; Catherine Reis, BA; Anthony Levitt, MD, FRCPC

Affiliation: Department of Psychiatry, University of Toronto

Abstract:

Objectives: There are well characterized sex-based differences in suicide between men and women in general, yet few studies have comprehensively investigated these differences among suicides of people with bipolar disorder (BD). It would be important for future efforts at suicide prevention to know whether similar differences exist in those with BD who die from suicide, and to improve our understanding of the heterogeneous paths to suicide for people with BD. Methods: Data were extracted from Coroner's records of all suicides in the City of Toronto (1998-2010) for people with a reported diagnosis of BD (n=170). Coroner's data provide detailed information about those who die by

suicide and how they died, including basic socio-demographics, past attempts, recent contact with psychiatric services, comorbid psychiatric and medical conditions, recent stressors, and method of suicide. Parametric and non-parametric analyses were used to test for significant differences between male BD suicides (n=97) and female BD suicides (n=74). Results: Males accounted for 56.7% of suicide deaths among people with BD. As compared with females (mean age 42.9 years, SD=13.2), males (mean age 43.8 years, SD=13.6) were significantly less likely to be married (12.4% vs. 29.7%, $p = 0.01$), and more likely to have a police / legal stressor prior to suicide (10.3% vs. 1.4%, $p = 0.02$). Females were significantly more likely to die by overdose (45.9% vs. 23.7%, $p < 0.001$), and significantly less likely to die by shooting (0% vs. 5.2%, $p = 0.05$) or stabbing (0% vs. 5.2%, $p = 0.05$). Trends were found for higher rates of comorbid substance abuse among men (32.0% vs. 20.3%, $p = 0.09$), and higher likelihood of having multiple prior suicide attempts among women (33.3% vs. 23.5% $p = 0.06$). Conclusions: There are several notable differences in clinical and suicide-specific factors between men and women with BD who die by suicide. These findings are relevant for ongoing efforts to improve risk assessments and develop targeted suicide prevention strategies for BD.

Supported by: PSI Foundation Operating Grant

39 - Monday, June 10 17:15-18:45

Title: Microglial activation in anterior cingulate cortical white matter of depressed suicides

Authors: Susana Torres-Platas^{1,2}, Samuel Comeau¹, Cristiana Cruceanu^{1,3}, Adeline Rachalski¹, Marissa Maheu^{1,2}, Gustavo Turecki^{1,3,4}, & Naguib Mechawar^{1,2,4}

Affiliation: McGill Group for Suicide Studies, Douglas Mental Health University Institute¹, McGill University, Depts. of Neurology and Neurosurgery², Human Genetics³ and Psychiatry⁴, 6875 LaSalle Blvd, Verdun, Québec, Canada H4H 1R3

Abstract:

Background: Previous work conducted by our group showed that white matter fibrous astrocytes in anterior cingulate cortex (BA24) were hypertrophic in depressed suicides compared to matched non-psychiatric controls. This hypertrophic phenotype may reflect astrocytic reactivity to local inflammation. Given that this phenomenon is likely to be mediated by upstream microglial signalling, the major objectives of the present study were to measure the expression of microglial marker IBA1, and to morphologically assess microglial activation in BA24 white matter of depressed suicides and matched controls. Methods: Well-characterized post-mortem BA24 samples from 26 depressed suicides and 23 sudden-death controls were obtained from the Douglas-Bell Canada Brain Bank. Expression levels of the microglial marker IBA1 were measured by qRT-PCR. The different stages of microglial activation were assessed in IBA1-immunostained sections by combining three-dimensional cell reconstructions and a semi-stereological approach, using the NeuroLucida and StereoInvestigator softwares, respectively. Results: IBA1 mRNA levels were significantly increased in the white matter of depressed suicides when

compared to controls ($p=0.0042$). Furthermore, our morphological analyses revealed a higher primed/resting microglial ratio ($p=0.031$) in the same area. Conclusions: Increased mRNA IBA1 expression, together with a greater proportion of primed/resting microglia in BA24 white matter of depressed suicides suggest the presence of microglial reactivity in this limbic brain region, in accordance with our previous findings indicating the presence of reactive fibrous astrocytes in the same area. These findings further support the neuroinflammatory hypothesis of depression.

Supported by: CIHR, FRSQ, and CONACYT

E - Monday, June 10 17:15-18:45

Title: Élaboration d'une liste de vérification pour la prévention du suicide

Authors: Willine Rozefort M.D.*, Steve Castonguay*; Martine Lafleur*; Frederique Van Den Eynde M.D. *; Helene Racine*;

Affiliation: * Institut universitaire en santé mentale Douglas

Abstract:

Objectifs : Le risque suicidaire est partie intégrante du quotidien de l'Institut Douglas, notamment à l'urgence où l'importance d'évaluer le risque suicidaire et de planifier des congés sécuritaires est essentielle. Dans un souci d'amélioration continu de la qualité des soins et services et suite au suicide d'un patient peu de temps après avoir obtenu son congé, l'Institut a revu la planification de ses congés pour les personnes qui présentent un risque suicidaire, afin de diminuer le risque de passage à l'acte de ces patients. Méthode : Une revue de littérature a été réalisée pour des études publiées entre 2000 et 2012 concernant les meilleures pratiques en planification des congés pour les patients souffrant de troubles en santé mentale, à partir des bases de données CINAHL, MEDLINE, la librairie Cochrane, ainsi que de la littérature grise. Les éléments retenus ont été révisés lors de groupes de discussion avec des informateurs clés, incluant des médecins, psychologues, travailleurs sociaux et infirmiers de l'Institut Douglas. Résultat : Une liste de vérification du congé à l'urgence pour une personne présentant un risque suicidaire a été élaborée et comporte 18 étapes obligatoires, basées sur les principes suivants : 1) documenter l'évaluation du risque suicidaire au dossier; 2) compléter les outils d'évaluations reconnus; 3) obtenir un consensus interdisciplinaire concernant le congé; 4) assurer l'accès au traitement médicamenteux par le patient; 5) établir un plan d'intervention interdisciplinaire pour le suivi après le congé; 6) organiser une rencontre avant le congé entre le médecin, le patient, la famille ainsi que la personne responsable du suivi étroit, afin d'identifier les responsabilités de chacun et les mesures à prendre en cas de détérioration dans la condition du patient. L'absence d'un élément à compléter retarde l'octroi du congé et la complétude de la liste de vérification est assurée par l'infirmière de l'Urgence et. Conclusion : L'élaboration d'une liste de vérification du processus de congé et un mécanisme de coordination ont été identifiés comme deux processus favorisant la diminution de la récurrence de suicides suivant un congé de l'Urgence. La pertinence de cette démarche a été reconnue

par le Bureau du coroner du Québec. L'évaluation de l'implantation, de l'efficacité et des effets de cette liste de vérification et son processus de coordination pour les patients présentant un risque suicidaire représente une belle perspective de recherche future.

Supported by: Institut universitaire en santé mentale Douglas

E - Monday, June 10 17:15-18:45

Title: Who's responsibility? Suicide, risk and being sued

Authors: John McGowan, Lucy Hickey

Affiliation: Dept. of Applied Psychology, Canterbury Christ Church University (Salomons Campus)

Abstract:

Objectives: This paper considers the difficulties in managing risk in situations where suicide is a possibility and where the clinician may be held responsible for outcome. We outline a framework where a variety of sources of information can be used to make informed judgements about responsibility. Such a framework can be used to assist with judgements about liability as well as with clinical care. **Method** Building on previous work (McGowan and Hickey, 2012), epidemiological factors are considered, together with research on motivations prompting suicide attempts. Additionally consideration is given to contextual factors. In this regard particular attention is given to the way we have constructed suicide as a society, primarily interpreting it as a signifier of illness. The implications for clinical responsibility of treating suicide attempts in this way are discussed, including a common position where professionals end up being held responsible for actions which are relatively unpredictable. A clear distinction is drawn between the task of risk prediction and the task of clinical decision making and, it is argued that prediction is not the primary task of clinicians. Instead they should be focused on making decisions that best contribute towards therapeutic progress. **Results** In contrast to a position of being responsible for actions which are difficult to control, clinicians may be able to locate their themselves in such a way as to support «positive risks»(i.e. risks and responsibility sharing for identified therapeutic gain). However, such a stance may be more difficult to achieve by simply considering risk factors. Psychologically and socially informed formulation assists with this process and clinical examples of shared responsibility with clients are discussed. **Conclusions:** Moving from a position where a clinician is held liable for suicidal risks is only possible where motivational and contextual factors are considered in addition to factors which predict risk. Using such a broader frame provides a basis for a wider range of informed decisions about risk and, ultimately, a platform for positive risk taking. **Impact** In a number of countries clinicians, and in particular psychiatrists, have been involved in drafting guidance on the threat of potential legal action. A framework such as this to support decision making may help to support such efforts as well as broadening the range of information used in clinical practice.

Tuesday, June 11 / Mardi le 11 juin 17:15-18:45

01 - Tuesday, June 11 17:15-18:45

Title: Suicidalité chez les joueurs excessifs : investigation de 15 années de consultations dans un centre spécialisé

Authors: Andronicos, M., Nunweiler, S., Müller, S., Babel, H., Simon, O.

Affiliation: Centre du jeu excessif, Service de Psychiatrie Communautaire, CHUV, Lausanne

Abstract:

Contexte : Dans les pays industrialisés, la dépendance au jeu de hasard et d'argent est estimée entre 1.5 et 3.5% de la population adulte (Stucki & Rihs-Middel, 2007). Cette dépendance est souvent associée à un état dépressif, des situations de surendettement, des ruptures dans les relations personnelles ou professionnelles, des troubles liés aux substances (alcool principalement) et parfois aussi à des conduites suicidaires (Seguin et al., 2010 ; Anderson et al., 2011 ; Ashley & Boehlke, 2012).

En contrôlant la dépression, la dépendance à l'alcool, les soins en santé mentale, le genre, l'âge, le niveau d'éducation et le revenu, le risque relatif de tentative de suicide augmenterait de 3.4 fois plus chez les joueurs pathologiques (Newman & Thompson, 2007). Il semble en effet que de nombreux joueurs considèrent que le suicide pourrait être une solution à leur détresse émotionnelle et financière (Sullivan, 1994 ; Hodgins, Mansley & Thygesen, 2006). 32 à 81% de joueurs en consultation expriment des idées suicidaires (Petry et al., 2002 ; Petry & Weinstock, 2007; McCormick et al., 1984), alors que dans la population générale, ce taux est estimé entre 10 et 18% (Weissman et al., 1999).

Par ailleurs, les recherches post-mortem canadiennes ont rapporté que le passage à l'acte des joueurs pathologiques, comparativement à d'autres populations, pouvait être très rapide non seulement à cause d'une pathologie lourde et d'un fardeau d'adversité chargé déjà présent mais aussi à cause de pertes financières pouvant être très rapides (Séguin et al., 2005). Ces mêmes chercheurs ont estimé à 5% la prévalence de problèmes associés au jeu pathologique dans une population décédée par suicide (Séguin et al., 2006).

Objectif : L'objectif de cette investigation est d'identifier dans une population de joueurs pathologiques en consultation les caractéristiques cliniques associées à la suicidalité.

Méthode : Nous avons analysé les données cliniques de 477 joueurs ayant consulté un centre ambulatoire spécialisé du Centre hospitalier vaudois à Lausanne pendant une période de 15 ans entre 1997 et 2012. Nous nous sommes en particulier intéressés aux relations entre plusieurs variables sociodémographiques (genre, état-civil, assurance invalidité, dettes) et à des variables cliniques comme l'abus ou la dépendance à l'alcool et les comportements suicidaires.

Résultats attendus et discussion : Dans le cadre de cette étude rétrospective, 68 % des patients (n=329) ont été questionnés sur leur suicidalité. Nos résultats préliminaires nous révèlent que 35 % de ces derniers rapportent des idées suicidaires tandis que 18 % présentent des antécédents de tentative de suicide, dont 33% liés au jeu et 28% non liés au jeu.

Ces données soulignent d'une part l'importance de former les professionnels en contact avec les joueurs à la prise en charge de la crise suicidaire et à la comorbidité, et d'autre part, l'utilité d'instaurer un dépistage systématique du jeu excessif dans les trajectoires de soin de la population vulnérable, particulièrement dans les services d'urgence.

Une étude sur les suicides aboutis au sein de cette même population est actuellement en cours.

02 - Tuesday, June 11 17:15-18:45

Title: Risk factors and buffers against self-injurious thoughts and behaviors in LGB versus heterosexual young adults

Authors: Aliona Tsypes¹, Lillian Polanco-Roman^{1,2,3}, Ariella Soffer¹, Regina Miranda^{1,2}

Affiliation:¹ Hunter College, CUNY; ² The Graduate Center, CUNY; ³ City College of New York, CUNY

Abstract: Objectives. Lesbian, gay, and bisexual (LGB) individuals are at increased risk for self-injurious thoughts and behaviors (SITB) compared to their heterosexual counterparts (e.g., King et al., 2008). Importantly, even after adjusting for mental disorders, suicide attempts in LGB respondents remained 2-3 times higher than in heterosexual respondents (Belik & Sareen, 2010), suggesting the existence of additional, largely unknown, factors that might partially account for the relationships between psychological symptoms and SITB. We sought to elucidate risk and protective factors that might affect these relationships, separately for LGB and heterosexual participants.

Method. 129 LGB (83% female) and 652 heterosexual participants (74% female) from a university counseling center reported on a number of psychological symptoms, friend and family support and distress, financial concerns, importance of religion or spirituality, and suicidal ideation (SI), suicide attempts (SAs), and non-suicidal self-injury (NSSI).

Results. LGB individuals reported significantly higher rates of SI, SAs, and NSSI compared to heterosexuals. Among heterosexual participants, depressive symptoms were significantly associated with SI ($OR = 3.13, p < .01$), SAs ($OR = 2.98, p < .01$), and NSSI ($OR = 1.85, p < .01$). Financial concerns emerged as a risk factor. Among LGB participants, generalized anxiety symptoms were significantly associated with SI ($OR = 1.95, p < .05$), SAs ($OR = 3.15, p < .01$), and NSSI ($\beta = 0.82, OR = 2.27, p < .01$). Importance of religious or spiritual preferences, along with friend and family support weakened the relationships between generalized anxiety symptoms and SITB, whereas financial concerns and academic distress strengthened these relationships.

Conclusions. These findings suggest that anxiety symptoms might be more detrimental for LGB individuals, whereas depression might be more harmful for heterosexuals in increasing their risk for SITB. Importantly, a number of examined risk and protective factors were unique to LGB participants, suggesting differences in potential mechanisms of risk among LGB individuals.

Impact. These results contribute to the existing literature by demonstrating a differential association of anxiety and depression symptoms with SITB in LGB versus heterosexual young adults, as well as suggesting the importance of perceived social support and religious or spiritual preferences in

decreasing risk for SITB among LGB individuals.

Supported by: The project was funded in part by NIH Grant 5SC1 MH091873, awarded to Regina Miranda.

03 - Tuesday, June 11 17:15-18:45

Title: An experience in the management and prevention of suicidal acts in the South of Benin (Republic of Benin)

Authors: Olga Bamisso

Affiliation: Paris Ouest Nanterre La Défense

Abstract:

The present research focuses on the reactive suicide attempts of young adults aged 20 to 30 years received at the National University Hospital, located in Cotonou. The aim is to achieve a better psychodynamic approach of these acts within the Beninese context and to infer adapted settings to manage attempters for improving prevention of suicidal acts. The methodological procedure used is an action research. It comprised of a clinical intake protocol, adapted to the context, implemented to suicide attempters and anthropological interviews on views from oral traditions on suicide as part of treatment and analysis. This paper presents the methodology used by the research to care for attempters and prevent repetition of suicidal act.

04 - Tuesday, June 11 17:15-18:45

Title: Mental health interventions strategies for Israeli adolescents: SEYLE project results

Authors: Shira Barzilay, Dana Feldman, Avigal Snir, Alan Apter

Affiliation: Schneider children medical center of Israel, Tel Aviv University; Bar Ilan University.

Abstract:

INTRODUCTION AND AIMS: Suicide is one of the most important causes of death in young people. In Israel, 400 people die by suicide each year and suicide is the most common cause of death in teenage boys. Thus, suicide prevention programs that are effective are imperative. However, research in this area is limited. Our objectives are to gather baseline information about adolescent life styles and risk factors for suicide to compare 3 alternative in-school suicide prevention strategies and finally to follow up pupils at 3-month and 12-month. **METHODS:** 12 high-schools were randomly chosen from schools throughout Israel. About 1200 pupils completed self-report questionnaires regarding suicide ideation or attempt (Paykel Suicide Scale), psychopathology (Strengths and Difficulties Questionnaire Beck

Depression Inventory Zung Self-Rating Anxiety Scale) life styles (Global School-based Student Health Survey), socio-demographic background, non-suicidal self-injury, stressful life events and social support. A priori cut off points were designated to determine which pupils were at high risk for suicide. Those subjects were interviewed by a school counselor and if found to be at risk, by a clinical psychologist. The schools were randomly assigned into 4 groups of intervention: Professional Screening Gate Keepers Training (QPR) Awareness Program and a control group. RESULTS: 9% of the pupils were identified as being at high risk for suicide, 5.41% were already in treatment and 35.14% were referred to in-school treatment or mental health clinics. The Screening Intervention identified an additional the most at risk pupils. The QPR and Awareness Interventions were conducted successfully but identify only few additional at risk pupils, respectively. CONCLUSIONS: The SEYLE study is feasible and practical in Israel. Self-report questionnaires were the most sensitive way of identifying pupils at risk but lacked specificity. The lack of specificity can be counteracted by direct interviewing.

05 - Tuesday, June 11 17:15-18:45

Title: Risks of adverse mental and physical health outcomes in partners bereaved by suicide: a population-based longitudinal study

Authors: Annette Erlangsen, Bo Runesson, James Bolton, Holly C.Wilcox, Jesper Krogh, Kathleen Shear, Yeates Conwell

Affiliation: Research Unit, Mental Health Centre Copenhagen, Denmark

Abstract:

OBJECTIVE: The aim of the current project is to examine whether partners bereaved by suicide are exposed to higher risks of adverse mental and physical health outcomes than control groups of bereaved by traffic accidents and the general population.

METHOD: Individual-level linkage records on all persons aged 15+ during Jan 1st, 1980 through 31st, 2010 in Denmark were assessed (N >6.9 mill. individuals). Partners were defined as married, registered partnerships, and cohabiting couples. Diagnoses given during psychiatric and somatic hospitalization were used as proxies for adverse health outcomes. Using survival analyses, risks were calculated relative to two control groups, a) partners bereaved by traffic accidents and b) the general population 15+, while adjusting for age, gender, socio-economic status, prior psychiatric hospitalization.

RESULTS: During the 31 years of follow-up, a total of 31,524 suicides were recorded among persons aged 15+. Of those, 19,786 suicides were linked to a bereaved partner. During the same period, 7,796 partners bereaved by traffic accidents were identified. Partners bereaved by suicide were observed during 266,996 person-years. The control groups, bereaved by traffic accidents and the general population, were observed during 95,573 and 127,504,102 person-years, respectively. Elevated risks of suicide attempts and death by suicide were identified for bereaved by suicide vs. bereaved by accidents. In addition, male partners bereaved by suicide were more likely to suffer from sleep disorders than

bereaved by motor vehicle accidents. Preliminary findings indicate elevated risk of mental and somatic disorders among partners bereaved by suicide. Specifically, we identified higher rate ratios of depression, anxieties, alcohol misuse disorders, suicide attempts and death by suicide among bereaved by suicide when compared to the general population. Although long term effects were found for outcomes of mental health and suicidal behavior, the time immediately after the bereavement seems to be most acute in terms of risk.

CONCLUSION: Identification of risk groups will allow us to develop supportive interventions that might assist surviving partners to navigate the grieving process while minimizing adverse outcomes.

Impact: Bereaved by suicide receive little or insufficient public health support. Population-based evidence, as the current study, will assist policy makers in designing better support and prevention schemes to avoid future health costs expenditures.

Supported by: American Foundation for Suicide Prevention, Augustus Foundation, EU-opSTART

06 - Tuesday, June 11 17:15-18:45

Title: Epigenetics of Suicide

Authors: Adel Farah, Benoit Labonté, Gustavo Turecki

Affiliation: McGill University

Abstract:

Background: Suicide is a worldwide public health problem accounting for more deaths than war and homicides combined. Among various risk factors, childhood sexual abuse (CSA) and childhood physical abuse (CPA) have been linked with higher risk for suicide. A growing body of evidence suggests that the hypothalamus-pituitary-adrenal axis (HPA) is susceptible to the effects of early life adversity and dysfunction in the HPA axis activity has been associated with suicidal behaviours 1,2. More recently, it has been suggested that epigenetic mechanisms underlie these alterations. Early life adversity has been shown to be linked to the differential methylation of various key HPA regulators like the hyper methylation of the glucocorticoid receptor which is associated with a decreased expression in the brain. However, it remains unknown whether other regulators of the HPA axis may be affected by similar mechanisms. **Results:** In this study, abused suicide completers were compared to non-abused suicide completers and accidental death controls. The results suggest site specific differential methylation in the promoter of key HPA associated genes in the hippocampus of abused suicide completers. In this same group, higher expression levels of those genes were also measured in the hippocampus. **Conclusion:** Taken together, these results suggest a putative locus of control whereby the environment might be affecting the activity of systems in the brain such as the HPA. These changes may lead to an increase in risk of suicidal behaviour. These results provide an insightful example of a brain system reacting to stressful environments and influencing individual behaviour.

07 - Tuesday, June 11 17:15-18:45

Title: Medical Students' Suicide Risk Assessment Proficiency after Interaction with a Virtual Patient in Crisis or a Video teaching module: Preliminary Results

Authors: Adriana Foster, MD¹, Josephine Albritton, MD¹, Benjamin Lok, PhD², Edna Stirewalt, BS¹, Rebecca Nichols, BS¹, Jennifer Waller, BS¹, Christie Palladino, MD¹, Peter Buckley, MD¹

Affiliation: ¹Medical College of Georgia, Georgia Regents University, ² Department of Computer Information Science and Engineering, University of Florida

Abstract:

Objectives: Suicide risk assessment skills are taught and evaluated inconsistently in medical schools. We studied the effect of 1) a Web-based interaction with a bipolar virtual patient (VP) who attempts suicide, or 2) completion of a video teaching module on interviewing a bipolar patient, on medical students' proficiency to assess suicide risk in standardized patients (SPs). We hypothesized that students who interacted with a bipolar-VP, would be more likely to assess suicide risk than their peers who completed a video-module.

Method: This AFSP-sponsored, randomized, controlled study is underway with 2nd-year students at Medical College of Georgia. We measured the frequency with which the VP-intervention and video-control groups' students asked each one of five suicide assessment questions, using SP-interview checklists. We assessed the satisfaction with the VP and video using student-surveys, and the SPs' satisfaction with the interviews with a communication checklist. We used Fisher's Exact, t-test, or Wilcoxon Rank Sum test to compare the VP to the video-group.

Results: Data is available from 24 students in the VP-intervention, and 22 in the video-control group. At baseline, when interacting with the VP-module, only 34% of students asked about suicide plan, and none asked about means or family history of suicide. Post-intervention, 91.7% of students in the VP-intervention and 81.8% in the video-control group asked the SP about suicide plan, 75% vs. 63.6% about past attempts, 54.2 vs. 45.4% about family history and 12.5 vs. 22.7% about suicide means. There were no statistically significant differences in demographic, suicide SP checklist, or communication checklist items, between the VP and video-groups for the bipolar-SP. However, the VP-group had significantly lower medians than the video on the survey items, including the rating of the technology module overall ($p=0.0007$), indicating that students found the VP less helpful than the video.

Conclusions: Our preliminary results show that both the VP and video teaching tools, although rated differently in student satisfaction, seem to improve students' assessment of suicide risk. The immediate post-interaction feedback given to students by the VP appears to contribute to their suicide risk assessment proficiency in SP interviews. Our study did not have a non-intervention control group and our sample was small. Impact: Interested medical students are able to improve their ability to perform

suicide risk assessments, with instruction. Despite improvement, students are not complete in their assessment of suicide risk, pointing to the need of further refinement of our teaching tools.

Supported by: American Foundation for Suicide Prevention

08 - Tuesday, June 11 17:15-18:45

Title: The Role of Cytokines in the Pathophysiology of Suicidal Behavior

Authors: Licinia Gananca¹, Maria A. Oquendo¹, Audrey Tyrka², J. John Mann¹, M. Elizabeth Sublette¹

Affiliation: Columbia University¹, Brown University²

Abstract:

Objective: Suicide is a major concern in psychiatry and, despite decades of research, we still lack predictors or risk factors of suicidal behavior that are modifiable. The study of inflammatory changes may be a promising approach. This poster reviews the evidence for a role of cytokines in the pathophysiology of suicidal behaviors and completed suicide. Method: Review of the literature studies on cytokines and suicidal behaviors on PubMed. The search strategy included the use of the MeSH terms «Suicide» or »Suicidal ideation» and «Inflammation» or «Cytokines» or «Receptors, Cytokines» or «Tumor Necrosis Factor-alpha» or «Interferons» or «Interleukin». Papers were included if they focused on cytokine measurements in patients with suicidal behaviors. Results: Twelve studies were included, 8 regarding suicide attempts and the remaining concerning suicide completion. Analyses were performed in blood, cerebrospinal fluid and, in the case of completed suicide, in post-mortem tissue. The most consistent finding in depressed suicide attempters and/or completers compared with depressed non-attempters, was elevated Il-6, found in all but 4 of 5 studies, across CSF, blood, and postmortem methods. In one study, Il-6 was also found to be higher in violent than nonviolent attempters and to correlate with depression symptom severity. Additionally, low blood Il-2 was observed in 2 studies of suicide attempters, while divergent results were seen for TNF- α , IL-4, and soluble Il-2 receptors. Conclusions: The number of studies focusing on the relationships between cytokines and suicidal behaviors is still small, with modest sample sizes, and the methodologies employed are diverse. Elevated Il-6 among both attempters and completers is the most robust finding. Future studies could focus on whether Il-6 predicts risk of suicidal behavior, using prospective designs on associated clinical characteristics that could increase predictive power and on treatments that could potentially reduce Il-6. Impact: A better understanding of suicide risk factors that could be amenable to intervention, such as reducing neuro-inflammation, is of crucial importance to potentially decrease the devastating impact of suicidal behaviors on individuals, their families and society.

09 - Tuesday, June 11 17:15-18:45

Title: Characterizing a genomic map of 5-hydroxymethylcytosine in human brain through next-generation sequencing

Authors: Jeffrey Gross, Gustavo Turecki

Affiliation: McGill Group for Suicide Studies

Abstract:

The recent discovery that methylated cytosines are converted to hydroxymethylated cytosines (hmC) by the family of ten-eleven translocation enzymes has sparked significant interest in the field of epigenetics. This finding, along with that of Kriaucionis and Heintz who described the presence of hmC in purkinje neurons, stimulated growing interest in research describing the genomic location, the abundance in different tissues, and the putative functions of hydroxymethylation. Unfortunately, to date, there is a lack of reference maps of hmC in post-mortem brain tissue, which makes understanding the functional role of hmC a challenging task. To characterize hmC in human brain, DNA from post-mortem brain tissue from 25 subjects that died by natural causes was extracted, sheared, and enriched for hmC. DNA libraries were prepared and were sequenced on Illumina's HiSeq 2000 sequencers. The bioinformatics analysis pipeline, Site Identification from Short Sequence Reads (SISSRs), was used to determine enriched and depleted regions in the genome. These results present the genomic locations of hmC in human brain and provide an important reference for future research. Understanding the differences in the genomic locations of hmC will undoubtedly shed light on the growing debate as to whether hmC represents a novel epigenetic mark or whether it is simply an intermediate product of active DNA demethylation.

Supported by: FRSQ and CIHR

10 - Tuesday, June 11 17:15-18:45

Title: SSRI Versus Bupropion Effects on Symptom Clusters in Suicidal Depression: Post Hoc Analysis of a Randomized Clinical Trial

Authors: Michael Grunebaum

Affiliation: Columbia University - New York State Psychiatric Institute

Abstract:

Objective: Identifying the depression symptoms most closely associated with suicidal thoughts and which medications provide the fastest relief may help suicide prevention. Method: Post hoc analysis of data from a randomized, double-blind, 8-week clinical trial of the selective serotonin reuptake inhibitor paroxetine controlled release (n = 36) versus the norepinephrine-dopamine reuptake inhibitor

bupropion extended release (n = 38) was conducted in patients with DSM-IV major depressive disorder and past suicide attempt or current suicidal thoughts. Treatment effects on Hamilton Depression Rating Scale (HDRS) and Beck Depression Inventory symptom clusters were compared. We hypothesized that paroxetine would demonstrate a superior effect on non-suicidal, affective/cognitive depression symptom clusters that our prior work found to be associated with suicidal thoughts and attempts. Data were collected from February 2005 to January 2010. Results: There was a treatment main effect on HDRS psychic depression (depressed mood, guilt, retardation, helpless, hopeless, worthless) (estimate = $\hat{\alpha}^2.2$ 95% CI, $\hat{\alpha}^3.2$ to $\hat{\alpha}^1.1$ t67.16 = $\hat{\alpha}^4.01$ P

11 - Tuesday, June 11 17:15-18:45

Title: Moderation of the Seasonal Peak of Suicide across Hemispheres

Authors: Christopher R. Hagan, Carol Chu, & Thomas E. Joiner

Affiliation: Florida State University

Abstract:

Objectives: The winter nadir in suicide rates is a globally established phenomenon, however many still believe suicide rates peak in winter. This study brings together decades of research to examine the connection between seasons and suicide. We also examine our hypotheses that a spring peak (occurring roughly in December) in the southern hemisphere will exist and that this peak will be diminished compared to the spring peak (occurring roughly in June) in the Northern Hemisphere. We posit that this diminished peak may be due to increased levels of interpersonal connectedness in the Southern Hemisphere associated with the celebration of December holidays.

Method: Research articles on the seasonality of suicide written in English were gathered from PsycInfo, Web of Science, and PubMed. Articles were included if they reported information on where the data were collected and if suicide death statistics were divided by season or month and with data that could be converted to suicide rates of X deaths by suicide per 100,000 members of the population at the time of data collection. Analyses will be conducted to determine when the annual peak occurs in each hemisphere. Based on current literature, this peak is expected to occur in the late spring or early summer in both hemispheres. Further analyses will be conducted to determine if the peak in the Southern Hemisphere is significantly diminished when compared to the peak in the Northern Hemisphere.

Results: To date, 312 articles have been collected and data have begun to be culled from the articles in order to conduct the planned analyses. Analyses will be completed by late May 2013.

Conclusion & Impact: This paper will provide important information on the actual time of the year when higher numbers of people die by suicide around the world, which can influence risk management procedures for groups who work with suicidal clients. If our moderation hypothesis is correct, it will

provide evidence that can support the idea that celebrations and increased connectedness can lower suicide risk. If this is true, it also points to possible prevention strategies for those who are at risk of dying by suicide. Conversely, if our hypothesis is not supported, it will provide evidence that, although belongingness and connectedness are important factors in suicide, they may contribute to suicide deaths independently of the effect that climactic or other seasonal variables have on suicide.

12 - Tuesday, June 11 17:15-18:45

Title: Alcohol and substance abuse in parentally bereaved youth

Authors: Sami Hamdan; PhD, Nadine M. Melhem, PhD; Giovanna Porta, MS, Myung Soon Song, PhD, David A. Brent, MD.

Affiliation: The Academic College of Tel-Aviv Jaffa; the Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA

Abstract:

Objectives: Little is known about the role of parental bereavement with respect to alcohol and substance abuse (ASA). The aim of the presented study is to examine whether the incidence of alcohol and substance abuse is higher in parentally bereaved youth, and if so, what might explain this increased incidence. **Method:** in a longitudinal population-based study, the incidence of ASA over 5 years of follow up was examined in 154 bereaved families which include 235 offspring and their 147 adult caregivers and in a non-bereaved comparison group of 178 youths and their 98 adult caregivers. **Results:** We found that over five years subsequent to the death, bereaved youth had an increased incidence and earlier time to onset of ASA relative to non-bereaved controls. In addition, being over the age of 13, developing a disruptive behavior disorder, and having greater functional impairment were related to increased risk for ASA in the bereaved youths. However, after adjusting for the above-noted variables, bereavement no longer contributed to increased risk for ASA in youth. **Conclusions:** while bereaved youth are at greater risk for ASA than their non-bereaved counterparts, the effect of bereavement was explained in part by greater functional impairment in bereaved offspring. **Impact:** Interventions that help to improve offspring functioning, as well as to prevent or attenuate the development of DBDs have the potential to prevent ASA in bereaved youth.

Supported by: National Institute of Mental Health; and a young investigator award from the American Foundation for Suicide Prevention.

13 - Tuesday, June 11 17:15-18:45

Title: Masculine Ideals Among Older Men Who Experience Depression and Suicidal Ideation

Authors: John L. Oliffe¹, Christina S. Han¹, John S. Ogradniczuk¹, Craig Phillips¹, Philippe Roy²

Affiliation: ¹University of British Columbia; ²Laval University

Abstract:

Objectives: Suicide among elderly men is a major issue yet, much of the emergent literature on masculinity and men's suicidal behaviour overlooks this vulnerable sub-group. While various aspects of grief and loss have been linked to older men's suicide, including loss of gender identities and roles amid limited social supports for bereavement and/or retirement, the connections to masculinities are poorly understood. Drawing on qualitative interviews, this presentation describes linkages between masculinity, depression and suicide among older men, as a means to directing men-centred mental health care services.

Method: To address the overarching research question, «How does masculinity shape older men's perspectives and practices around depression and suicide?» findings drawn from semi-structured, individual interviews with 22 men (55-79 years old) who self-identified or were formally diagnosed with depression are presented.

Results: Three discreet themes were inductively derived and reflect connections between older men's depression and suicide. Our findings revealed how cumulative losses amid stoicism and/or social isolation were central to men's unresolved grief. Such experiences fuelled profound sadness and anxiety. Also prominent were issues around self-assessing as a failed provider and protector, judgements that led men to ruminate while recognizing their older age and mortality as eroding opportunities for redemption. Detailed by participants also were their failings to build a career and amass wealth as means to fulfilling breadwinner roles. Moreover, noteworthy was how masculine ideals and participants' alignment to specific masculine roles influenced their actions and non-actions around suicide. For example, men's family-man roles acted as barriers for acting on suicidal ideations fearing that stigma would be endured by their bereaved family. As result, many participants considered how an inconspicuous self-induced death not identified as suicide, might protect their family from the shame and stigma surrounding suicide and to make available their life-insurance dividends to their family.

Conclusions: The findings shared in this presentation highlights potential benefits, as well as threats to mental health, and more specifically depression and suicide that can accompany older men's alignments to masculine ideals.

Impact: In concluding the presentation offered recommendations for how the diversity of masculinities that emerge around older men's mental depression and suicide might inform aspects of targeted suicide prevention programs for this vulnerable sub-group.

Supported by: This research and article were made possible by the Social Sciences and Humanities Research Council of Canada (SSHRC: Grant No. 11R28234).

14 - Tuesday, June 11 17:15-18:45

Title: Le suicide est-il affaire de génération au Québec : une analyse des effets âge-période-cohorte entre 1950 et 2009

Authors: Gilles Légaré

Affiliation: Institut national de santé publique du Québec, Université du Québec à Rimouski (UQAR)

Abstract:

CONTEXTE Le Québec se démarque du reste de l'Amérique du Nord avec un taux de suicide historiquement plus élevé. Le taux de suicide québécois a connu de fortes variations au cours de la seconde moitié du XX siècle, mais très peu d'études ont vérifié la présence d'un éventuel effet de cohorte.

OBJECTIFS Cette étude vise à estimer les effets potentiels d'âge, de période ou de cohorte (APC) dans l'évolution des suicides au Québec entre 1950 et 2009. Cette étude permet aussi de comparer les effets de cohortes du suicide entre les États-Unis et le Québec.

MÉTHODES Une approche multiphase combinant une analyse graphique suivie d'une approche statistique permettant d'isoler l'effet de cohorte des effets d'âge et de période a été utilisée pour effectuer ces analyses APC (régression des résidus obtenus par polissage des taux sur médiane). Cette analyse avait été utilisée aux États-Unis pour l'analyse des homicides et des suicides du siècle passé. Les analyses ont été menées séparément par sexe.

RÉSULTATS L'analyse graphique de l'évolution des taux laisse entrevoir des effets combinés d'âge, de période et de cohortes tant chez les hommes que chez les femmes. Toutefois, l'analyse de polissage sur médiane permet d'identifier d'abord des effets de période, puis d'âge et aussi des effets de cohorte faibles, significatifs uniquement chez les hommes nés entre 1950 et 1979. Les effets de cohortes observés aux États-Unis étaient plus prononcés qu'au Québec et seraient attribuables à d'autres facteurs.

CONCLUSION La variation des taux de suicide au Québec serait principalement associée à la période temporelle et l'âge et, dans une moindre mesure, à la cohorte de naissances. \

RETOMBÉES Au Québec, le choix de groupe à risque pour la prévention du suicide devrait davantage reposer sur le sexe, l'âge et la période temporelle plutôt que la cohorte de naissance.

15 - Tuesday, June 11 17:15-18:45

Title: The ACCESS study: A zelen randomised controlled trial of a complex intervention in people who present to hospital with intentional self-harm

Authors: Simon Hatcher¹, Cynthia Sharon², Allan House³, Nicola Collins², Sunny Collings⁴

Affiliation: 1.University of Ottawa, Canada 2. University of Auckland, New Zealand 3. University of Leeds, United Kingdom 4. University of Otago, New Zealand

Abstract:

The ACCESS study is a trial of a package of interventions for people who have presented to hospital with intentional self-harm. The reasons for focusing on this group of people is that presentation to hospital with self-harm is common, they are at high risk of subsequent suicide and the mortality rate from other causes after presentation is high. ACCESS attempted to answer the question «if we offer a package of measures to this group of people in addition to usual care do they do better than people who receive usual care alone?» The package consisted of six components, problem solving therapy, patient support, regular postcards, risk management, cultural assessment and a voucher allowing a free visit to a GP.

Method: The design of the study was unusual in that it was a Zelen design which has some advantages in health services research, the main one being that the findings are more generalizable than conventional randomised controlled trials. The study recruited participants between August 2009 and May 2011 completing the last twelve month follow up in June 2012. The primary outcome was hospital re presentation with self-harm 12 months after the index presentation.

Results: 1474 people were eligible for inclusion and were randomized. Seven hundred and thirty seven people were randomised to the intervention group and of these, 327 consented to participate. Seven hundred and thirty seven people were also randomized to the control group, and of these 357 agreed to participate. There were no significant differences in outcomes with either an intention to treat or per protocol analysis. About a third of people who consented to receive the package chose not to receive problem solving therapy.

Conclusion: The reasons for the lack of difference may have been because the study was too small to find a difference but it is unlikely that the study was underpowered to detect large differences and that any differences missed are likely to have been small. Secondly there was the problem of engagement which was exacerbated by the barriers created by having to get individual consent to participate in the study. This is a recognized difficulty in research in emergency departments and probably leads to an underestimation of effectiveness. Lastly the dose of problem solving therapy (mean of four sessions) in this study was low compared to our previous study (mean of six sessions) which did show a difference in those people with a history of self-harm.

Supported by: New Zealand Ministry of Health

16 - Tuesday, June 11 17:15-18:45

Title: Clinical Features of Treatment Resistant Depression in a Sample of Psychiatric Outpatients

Authors: Eduardo Chachamovich, MD, PhD; Marcelo Berlim, MD, MSc; Fabrice Jollant, MD, PhD; Diane Daneau, MSc, RN; Annie Roy, RN; Evan Gilmer, BA (presenter); Marie-Martine Beaulieu; Gustavo Turecki, MD, PhD

Affiliation: McGill Group for Suicide Studies, Douglas Hospital Research Center, McGill University, Montreal, Quebec, Canada H4H 1R3

Abstract:

Objectives: Treatment Resistant Depression (TRD) is defined as an insufficient response to prolonged or adequate antidepressant treatment among patients diagnosed with unipolar depressive disorders (Fava, 2003). It is mostly agreed upon within the field that insufficient response is further defined as the failure to achieve remission. Specifically, our aim for this study was to investigate the socio-demographic and clinical characteristics, including abuse and suicidal history, of TRD among a sample of psychiatric outpatients.

Method: Our sample consisted of 438 adult psychiatric outpatients between ages 18 and 70. Subjects were referred to the Douglas Hospital Research University Institute community Psychiatric Clinic in Montreal, QC, Canada by their primary physicians whereupon they were assessed by a team of clinicians and research personnel. Standardized interviews were conducted with the Structured Clinical Interview for DSM-IV Axis I and II Disorders for mood and personality disorders. Demographic information including history of suicidal behavior as well as abuse was collected on intake.

Results: The average age at intake for our sample was 43.6 (SD=11.32, range 18-70) consisting more of females (n=230, 59.4%) than males. All subjects were diagnosed with a current Axis I diagnoses of one or more depressive disorders including major depressive disorder (MDD) (n=297, 76.7%), dysthymic disorder (n=6, 1.6%), as well as depressive disorder NOS (n=25, 6.5%). All subjects also had a lifetime history of MDD (284, 73.4%) or depressive disorder NOS (n=68, 17.6%).

Axis II diagnoses were present for 92 subjects (23.7%) meeting criteria mostly for cluster B (n=26, 6.7%) and cluster C (n=55, 14.2%) personality disorders. A total of 51 (11.6%) of subjects were missing information regarding the aforementioned Axis I and II diagnoses.

141 subjects (36.4%) had a history of one or more suicide attempts. Of those attempting suicide, 22 (5%) subjects required medical evaluation and treatment (2 or above on lethality scale) whereas 11 (2.5%) subjects required emergency medical attention due to severe medical consequences resulting from the suicide attempt (lethality index 4 or above).

Concerning abuse, 167 subjects (38.1%) reported being physically (15.3%), sexually (16.7%) or psychologically (18.3) abused whilst 38 subjects (8.7) reported abuse falling into 2 or more of the aforementioned categories.

Conclusions: Our sample represents a diverse and complicated clinical picture of pathology among patients presenting with TRD. Our report highlights several group and risk factors related to variables such as age, gender, Axis I & II diagnoses, suicidal history and abuse. These variables may be taken into account to improve treatment services, prevention, and mental health promotion.

17 - Tuesday, June 11 17:15-18:45

Title: Investigating the Association between Perceived Autonomy and Suicide Ideation Among Older Adults

Authors: Marnin Heisel, Gordon Flett

Affiliation: Western University Canada

Abstract:

Background: Older adults have high rates of suicide and employ lethal means of self-injury with a high intent to die. Explanatory models are needed identifying psychological processes involved in the onset or exacerbation of older adult suicide risk, in order to enhance risk detection and intervention in this rapidly growing cohort (Heisel & Duberstein, 2005). Theorists have posited that losses and transitions associated with the aging process can induce narcissistic injury, threaten an older adult's perceived autonomy and control, and thereby contribute to risk for suicide. Research is needed investigating this theoretical process of later life suicide risk. Objectives: To investigate cross-sectional and longitudinal associations between perceived autonomy and suicide ideation among older adults. Methods: One hundred and seventy-three community-residing older Canadians were recruited into a 2-year longitudinal study of the onset and/or exacerbation of suicide ideation. Participants completed a demographics questionnaire and measures of suicide ideation, depressive symptom severity, self-rated health, and perceived autonomy at baseline, 2-4 week, 6-12 month, and 1-2 year follow-up assessments. Cross-sectional and longitudinal associations between autonomy and suicide ideation were investigated. Results: Perceptions of autonomy were significantly negatively associated with suicide ideation at baseline assessment employing bivariate correlations ($r=-.24$, p INCOMPLETE)

18 - Tuesday, June 11 17:15-18:45

Title: Nightmares and Self-harm: An Exploratory Comparison of Linguistic Frequency in Negative Dream Reports from Self-Harming and Control Participants.

Authors: Kevin Hochard, Samuel Ashcroft, Nadja Heym, Ellen Townsend

Affiliation: University of Nottingham

Abstract:

Objective: Research has shown a robust association between nightmares and suicidal ideation, suicide attempts and completed suicide. However the vast majority of the literature focuses on the experience of nightmares, rather than the content of the experience. Moreover, existing prior research on dream content in suicidal individuals is subject to validity issues and based on retrospective dream reports. The present study prospectively explored whether certain negative dream content was specific to self-harm regardless of suicidal intent using Linguistic Inquiry and Word Count (LIWC - Pennebaker, Francis & Booth, 2001) software. We investigated whether dream content varies in those currently self-harming, those with a history of self-harm and a control group with no self-harm. Method: Participants completing a screening questionnaire measuring depressive symptoms and self-harm regardless of suicidal intent were invited to take part in a «nightmare» diary study with reports being submitted daily over the course of a working week. Of the 399 participants invited, 76 responded to take part in the study. Nightmare reports were obtained from 47 participants. LIWC 2007 software was used to objectively analyse the dream reports. Results: Default LIWC dictionary means were calculated and

compared between student controls (n=14), participants with a recent history of self-harm (>1 month) (n=6) and participants currently engaging in self-harm (<1 month) (n=27). Our analysis revealed group differences on dictionary categories pertaining to body (e.g. leg, nose), feeling (e.g. feel, press), family and money while controlling for the effects of depressive symptoms on linguistic frequency. Conclusions: While exploratory, our findings indicate that linguistic frequencies in nightmare reports are significantly different between self-harming participants and controls. Moreover, frequency differences exist between recent (<1 month) and history of self-harm (>1 month). As such, changes in an individual's dream content may serve as a marker of increased vulnerability for self-harm.

19 - Tuesday, June 11 17:15-18:45

Title: Neural and cognitive basis of suicide vulnerability in depressed adolescents: a research project

Authors: Alexandra Hoehne, Valentin Mbekou, Gustavo Turecki, Johanne Renaud, Fabrice Jollant

Affiliation: McGill University, McGill Group for Suicide Studies, Douglas Mental Health University Institute

Abstract:

Background: In adolescents, suicide represents the second cause of death following accidents. The prevention of adolescent suicide constitutes a major societal challenge. Neurobiological and neuroimaging research provide strong evidence for a specific vulnerability to suicidal behavior in adults; and early findings suggest a similar trend in adolescents. Better understanding of the pathophysiology of adolescent suicidal behavior is necessary to improve prevention. *Objective:* I will present here a research project aiming at increasing our understanding of the neurocognitive aspects of the vulnerability to suicidal behavior in depressed adolescents. *Method:* Male and female adolescents from 11 to 17 years old, suffering from Major Depressive Disorder and referred to the adolescent depressive program at the Douglas Mental Health Institute, Montreal, Canada. 20 depressed adolescents with a history of suicidal behavior will be compared to 20 depressed adolescents with no prior history of suicidal behavior. Clinical history and symptoms will be assessed by an experienced psychologist using questionnaires and a standardized interview. The following classical neuropsychological variables will be evaluated: 1) cognitive inhibition with the Stroop Color Test, the Trail Making Test, and the Hayling Sentence Completion test; 2) decision-making with the Iowa Gambling Task; 3) verbal fluency as measured by the FAS verbal fluency test; 4) working memory subscale of WISC-IV. An MRI session will be carried out at the Douglas Brain Imaging Center on a 3T Siemens Magnetom MRI scanner, including: 1) a resting state session; 2) a classical GoNoGo task (commonly used to measure cognitive inhibition); 3) a peer exclusion task, constituted of a computerized game called "Cyberball" in which peer rejection is simulated. Following the MRI session, participants will be given a full debriefing discussing the peer exclusion task; 4) High-resolution Diffusion Tensor Imaging (DTI); 5) a high resolution, whole brain T1 acquisition. *Predicted Results:* We hypothesize that depressed adolescents with a personal history of suicide attempt vs. no suicide attempt history, will show: (1) reduced cognitive control; (2) disadvantageous decision

making; (3) a decreased response of the dorsomedial and dorsolateral prefrontal cortex in No-Go vs. Go conditions during the Go/No-Go task; (4) increased response of the orbitofrontal cortex and anterior cingulate in the social exclusion task; (5) structural alterations in various brain regions including the orbitofrontal and dorsolateral prefrontal cortices, the amygdala and related white matter connections. Impact: This project will add new relevant data to our very limited knowledge on neurocognitive factors related to suicidal vulnerability in depressed adolescents. This research will contribute to the identification of specific vulnerability biomarkers to suicidal behavior in depressed adolescents, and allow the development of new prevention strategies and organization of available resources.

Supported by: *Standard Life Research Fund in Teen Depression*

20 - Tuesday, June 11 17:15-18:45

Title: Barriers to Formal Help-Seeking among Manitoba First Nations Community Members

Authors: Corinne A. Isaak¹, Maria Medved², Laurence Y. Katz¹, Jitender Sareen^{1,2,3}

Affiliations: ¹ Department of Psychiatry, University of Manitoba, Winnipeg, Manitoba, ² Department of Psychology, University of Manitoba, Winnipeg, Manitoba, ³ Department of Community Health Sciences, University of Manitoba, Winnipeg, Manitoba

Objectives: To explore First Nations (FN) youth and adults' perspectives on barriers to formal help-seeking

Method: Using a participatory research process, individual interviews and focus groups were conducted with community youth, family members, elders, and other key informants (n≈141), in 8 Northern Manitoba (Canada) First Nations communities. Interviews and focus groups were audio taped, transcribed, and managed using NVivo 10 software. Analysis was conducted using a grounded theory approach.

Findings: **While some participants who used mental health services shared positive comments about their experiences, many expressed distrust and a negative bias towards the health care and mental health services available in their First Nations communities. The main identified roadblocks to seeking formal help were: lack of trust in healthcare workers,** fear of gossip, judgment and exposing one's problems among community members, as well as embarrassment and/or shame and confidentiality issues. Some also noted that the term "mental (health)" might be a barrier to seeking formal help.

Conclusions: Substantial barriers to formal help-seeking present significant concern for mental health and suicide prevention in these First Nations communities.

Impact: The emerging themes and knowledge gained from this investigation are being used to inform the design of psychosocial and suicide prevention strategies at targeted levels.

21 - Tuesday, June 11 17:15-18:45

Title: Neuropsychological Tests of Suicidal Vulnerability in Mood Disorders: a Meta-Analysis.

Authors: Stéphane Richard-Devantoy M.D., Ph.D. , Marcelo T. Berlim M.D., M.Sc. , Fabrice Jollant M.D., Ph.D.

Affiliation: McGill University, Department of Psychiatry & Douglas Mental Health University Institute McGill Group for Suicide Studies Montréal (Québec), Canada

Abstract:

Objective: A robust literature suggests that suicidal behaviour results from a complex interplay between stressful events and vulnerability factors including cognitive deficits. In this meta-analysis, we assessed the potential for a series of neuropsychological tests to discriminate patients at higher risk of suicide among patients with mood disorders.

Method: A systematic Medline literature search was performed. Twenty-five studies (for a total of 2,502 participants) met the selection criteria. Seven neuropsychological tests (Iowa Gambling Task IGT, Stroop test, Trail Making Test part B, Wisconsin Card Sorting Test, Category (animals) and semantic (FAS) verbal fluencies, and Continuous Performance Test) have been used in a sufficient number of studies to be assessed. A random-effects model was used and pooled Hedges'g effect sizes were computed.

Results: IGT ($g=-0.55$; 95% CI [-0.78 – -0.32]) and category verbal fluency ($g=-0.32$; 95% I [-0.60 – -0.04]) performances were lower in suicide attempters than in patients without any history of suicidal act and healthy controls, with no difference between the last two groups.

Performance at the Stroop task ($g=0.35$ (95% CI [0.09 – 0.6]) was lower in suicide attempters than in both control groups with additional lower performance in patient than healthy controls. Other tests showed variable profiles with no difference between suicide attempters and patient controls.

Conclusion: IGT, category fluency test and, to a lesser extent, Stroop test appear to be significantly altered in patients at risk of suicide independently of mood disorders. These tests may become part of a systematic assessment of suicide vulnerability.

22 - Tuesday, June 11 17:15-18:45

Title: The differences of the effect of risk factors between high suicidal regions and low suicidal regions among Korean adolescents

Authors: Jong-Min Woo, Gyung-Mee Kim, Min-Kyung Hyun, Sung-Mi Choi

Affiliation: Seoul Paik Hospital, Inje University School of Medicine/ Stress Research Institute

Abstract:

Objectives: Youth suicide is one of the most importance issues of health care among developed country. The suicide rate of adolescent is increasing in Korea during the last ten years, while decreasing in most other Organization for Economic Co-operation and Development countries. The purpose of this study is to examine the regional risk factors of suicide in Korea adolescents. **Methods:** We used the data of suicide rates of the Korea national statistical office from 2001 to 2010 and calculated the standardized suicide rates. We divided into two regions according to the regional suicide rate. For the assessment of adolescent's regional suicide risk factors, we used the data from the Korea national statistical office, National Police Agency, and Health Insurance Review and Assessment Service for socio-environmental variables, and Korean Youth Risk Behavior Web-based Survey for individual variables. We used t-test to evaluate differences between the top 25% suicide rate regions and lower 25% suicide rate regions. Also we used univariate spatial regression analysis to analyses the relationship between regional suicide rate and socio-environmental / individual variables. **Results:** There were significant differences in number of single-parent households, level of household education, and number of basic living security received people between top 25% suicide rate regions and low 25% suicide rate regions(p

23 - Tuesday, June 11 17:15-18:45

Title: Client characteristics and the therapeutic alliance: A study of depressed and suicidal adolescents

Authors: Valentin MBEKOU, Lavanya Sampassivvam, Jean-Chrysostome Zanga, Johanne Renaud

Affiliation: Douglas Mental Health Institute

Abstract:

One of the most consistent findings in the psychotherapy research literature is that the therapeutic alliance, assessed during the early stages of therapy, is moderately associated with therapy outcome (e.g., Shirk & Karver, 2003). Client characteristics that lead to the formation of a good alliance, such as motivation for change, may also lead to better outcomes (DeRubeis, Brotman, & Gibbons, 2005). There is a paucity of work in this area and past research has identified few client variables that influence therapeutic alliance ratings (e.g., Johansson & Eklund, 2006). **Objective:** The present study examined whether clients' motivation for change, depressive, and hopelessness symptom severity affect their therapeutic alliance ratings in a sample of adolescents presenting with borderline personality traits (BPD). The therapeutic alliance may be particularly important for effectively working with this population, given their difficulty maintaining stable relationships (Gunderson, 2008). It was hypothesized that adolescents with higher motivation for change, lower depressive symptomology, and lower hopelessness scores would report higher alliance ratings. **Method:** Adolescents aged 14-17 (N = 13) attending a 20-week Dialectical Behavior Therapy Multifamily skills training group completed pre-treatment measures of their motivation for change (University of Rhode Island Change Assessment Scale DiClemente & Hughes, 1990), depressive (Beck Depression Inventory-II Beck, Steer, & Brown, 1996) and hopelessness (Beck Hopelessness Scale Beck, 1988) symptoms. They completed measures of their

therapeutic alliance (Working Alliance Inventory, Short Form Hatcher & Gillaspy, 2006) during the orientation phase of therapy (i.e., within 3-5 sessions). Results: Motivation for change ($r = .65$, p

24 - Tuesday, June 11 17:15-18:45

Title: Nursing terminally ill patients who want to die: a discourse analysis

Authors: David Wright, Vasiliki Bitzas

Affiliation: McGill University Biomedical Ethics Unit

Abstract:

Objectives: The objective of this project is to better understand the nature of nursing practice with patients who desire death. Currently, Canadian society is debating the ethics of medically hastened death (e.g., assisted suicide) in situations of extreme suffering. While nurses in their everyday practice are intimately familiar with the dying process and the bio-psychosocial implications for patient and family, they are remarkably absent from current public and academic discourses around the ethics of assisted suicide. **Method:** Systematic literature review of academic sources (empirical and conceptual), public documents (e.g., policy, position papers), and materials for the professional education of nurses (e.g., textbooks, university curricula). Using discourse analysis, we examine how the role of nursing is portrayed in these documents. **Results:** This analysis uncovers expectations about the professional practice of nursing with regard to patients who desire death, and reveals challenges that nurses face in meeting these expectations. Specifically, the findings describe how desire for death is conceptualized by nurses, and how nurses can respond as effective members of the interdisciplinary team in order to ensure holistic, compassionate, and ethical care of the dying patient and his or her family. **Conclusions:** Desire for death is a complex phenomenon that requires an engaged response from healthcare providers. The ethics of responding to patients who wish to die are complex and require a thoughtful analysis of the role that caregivers should play in responding to suffering and maximizing quality of life. **Impact:** The moral acceptability of medically hastening the death of terminally ill patients through assisted suicide is currently being debated amongst clinicians, policy makers, the legislature, and the general public. The results of this project are relevant and timely. An empirical articulation of the role of nursing with respect to desire for death provides an evidence base from which to develop educational interventions for nurses and members of the interdisciplinary team.

25 - Tuesday, June 11 17:15-18:45

Title: A Novel Issue for the Prevention of Suicide Death by Self-Poisoning: A Review of Policies and Procedures for the Disposal of Medications Found in the Possession of Deceased Individuals.

Authors: Catherine Reis, BA, Mark Sinyor, MD, FRCPC, Ayal Schaffer, MD, FRCPC

Affiliation: Sunnybrook Health Sciences Centre

Abstract:

Objectives: Suicide by self-poisoning accounted for 17.0% of all suicides in Toronto from 1998 to 2009. Understanding the means of accessing pharmaceuticals taken in self-poisoning is relevant to the development of targeted suicide prevention strategies. One source of medications used in suicide deaths by self-poisoning that we identified, and that may be underappreciated, is medication returned to at-risk individuals that belonged to family members or friends who have passed away. Methods: An investigation into Canadian federal and/or provincial policy around the confiscation of medications of deceased individuals in hospitals, funeral homes and/or the police services took place. A review of current drug control policies was completed. Results: Our investigation into Canadian federal, provincial and municipal policies around the confiscation of medications of deceased individuals in hospitals, coroners, funeral homes and police services found no policies specifically addressing this issue. Conclusions: Consideration should be given to the development of policies and procedures that address the issue of access to medications of deceased individuals. It is unclear whether this is also an issue in other jurisdictions around the world but this should be investigated given potential suicide prevention and public health implications. Impact: Returning medications to family members or friends is not consistent with the current standard that people only receive prescription medications under the guidance of a treating physician. Guidelines requiring appropriate disposal of such substances may prevent suicides as well as accidental deaths and other serious morbidity.

Supported by: Physicians' Services Incorporated Foundation (PSI Foundation)

26 - Tuesday, June 11 17:15-18:45

Title: The effects of post-mortem interval on genetic and epigenetic integrity in the brain

Authors: Corina Nagy, Marissa Maheu, Jeffrey Gross, Juan Pablo Lopez, Mitchell Arnovitz, Cristiana Cruceanu, Kathryn Vaillancourt, Naguib Mechawar, Gustavo Turecki

Affiliation: McGill Group for Suicide Studies (MGSS), McGill University

Abstract:

The use of post-mortem brain tissue has been invaluable toward the research of many of neurological and neuropsychiatric disorders including: Alzheimer's disease, schizophrenia, depression and suicide. However, one of the major confounding issues to using this tissue is post-mortem interval –the amount of time between a subject's death and processing of the brain. During this time it is believed that the much of the molecular material is susceptible to degradation. Here we examined a series of molecular marks and material at various post-mortem intervals including DNA methylation, histone modification, hydroxymethylation, RNA and microRNA to assess their robustness and usability for experimentation. Objectives: To assess the usability of molecular material at various post-mortem intervals. Methods:

Sprague Dawley rats were selected as a model for post-mortem delay for their highly similar genetic background and litter sizes. The animals were attained in early adulthood (60 days old), caged independently and allowed to habituate to the environment for a week. After one week, all the animals were sacrificed by gas asphyxiation and left in open air for various post mortem time intervals. In order to mimic natural biological circumstances, the rats were subjected to two conditions: a variable post mortem interval at room temperature followed by a fixed time of 24hrs at 4°C, which simulates the time a subject spends in the morgue before dissection. Eight time points were investigated: Control, 0hr, 6hr, 12hr, 24hr, 48hr, 72hr and 96hr, each time point was replicated in 2 animals. All but the control animals, which were processed immediately after death with no post-mortem delay, were kept at 4°C for 24hrs before processing. DNA methylation was analyzed using EpiTyper, Chromatin immunoprecipitation (ChIP) was used to study histone modifications and DNA binding proteins, microRNA and RNA were tested using TAQman and SYBR gene, hydroxymethylation was assessed using β -glucosyltransferase, and protein was quantified with western blotting. Results: DNA methylation showed an impressive robustness to post-mortem intervals, histone modification show a threshold between 72 hours and 96 hours mirroring results from westerns showing degraded histone protein at 96hrs. MircoRNA also prove to be very robust showing no change across time intervals. Impact: Our results suggest that molecular material is highly robust, particularly epigenetic modifications. These results support the continued research of post-mortem tissue for epigenetic modifications in psychiatric research including suicide.

Supported by: FRSQ, CIHR, RQRS

27 - Tuesday, June 11 17:15-18:45

Title: Etude exploratoire de facteurs psychologiques et organisationnels ayant pu contribuer à des suicides et tentatives de suicide dans le secteur industriel

Authors: Caroline NICOLAS, Monique SEGUIN, Lucy BAUGNET, Pascale DESRUMAUX

Affiliation: CRP-CPO. EA7273. CIFRE Technologia. Université de Picardie Jules Verne, Amiens (France), Université du Québec en Outaouais. GMES, Université McGill, Montréal (Canada), PSITEC, Université de Lille 3, Villeneuve d'Ascq (France)

Abstract:

L'acte suicidaire est la résultante dramatique d'une situation complexe et unique. Multifactoriel, il convoque l'ensemble des sphères de la vie, est associé à certains évènements de vie précoces et récents, à de la détresse psychologique et le plus souvent, au diagnostic de troubles mentaux (Joiner, Brown & Wingate, 2005 Séguin et al., 2006). Concernant un salarié, il interroge en outre, la contribution des difficultés professionnelles (Gournay, Lanière et Kryvenac, 2004).

Objectif L'objectif de cette étude était d'étudier les caractéristiques d'une organisation concernée par la suicidalité et les conséquences sur la santé mentale. Nous supposons que plusieurs passages à l'acte suicidaire de salariés peuvent témoigner de conditions de travail délétères.

Méthode Une étude par entretiens semi-directifs a été menée auprès de 23 cadres travaillant dans une organisation de l'industrie lourde confrontée aux passages à l'acte suicidaire de plusieurs salariés, certains sur le lieu de travail.

Résultats Les données ont été traitées par le logiciel ALCESTE, version 4.9. La taille du corpus est de 93ko. L'analyse factorielle des correspondances montre que les trois classes, révélées par la classification descendante hiérarchique, partagent un socle commun correspondant largement à la classe 2, tandis que les classes 1 et 3 s'éloignent dans des directions opposées l'une de l'autre.

Conclusions Les discours révèlent une charge de travail perçue comme forte ainsi qu'un sentiment de manque d'autonomie et de temps, conséquences de restructurations successives perçues comme mal accompagnées, provoquant au niveau psychologique, surtout du stress et de la détresse. En outre, la perception d'un système d'évolution professionnelle inéquitable fait émerger des sentiments d'injustice, de manque de reconnaissance ainsi que de la souffrance psychologique. Enfin, des conduites alcooliques et des actes de harcèlement moral au travail sont soulevés.

Références Gournay, M., Lanièce, F., & Kryvenac, I. (2004). Étude des suicides liés au travail en Basse-Normandie, *Travailler*, 12(2), 91-98. Joiner, T.E., Brown, J.S., & Wingate, L.R. (2005). The psychology and neurobiology of suicidal behavior. *Annual Review of Psychology*, 56, 287-314. Séguin, M., Lesage, A., Chawky, N., Guy, A., Daigle, F., Girard, G., & Turecki, G. (2006). Suicide cases in New Brunswick from April 2002 to May 2003: the importance of better recognizing substance and mood disorder comorbidity. *Canadian Journal of Psychiatry*, 51(9), 35-40.

28 - Tuesday, June 11 17:15-18:45

Title: Ethnic differences in risk and protective factors for NSSI and Suicide Attempts among Young Adults in the Northeastern U.S.

Authors: Lillian Polanco-Roman ^{1,2,3}, Aliona Tsypes ², Ariella Soffer ², Regina Miranda ^{1,2}

Affiliation: ¹ The Graduate Center, CUNY; ² Hunter College, CUNY; City College of New York, CUNY

Abstract:

Objectives: There are unique risk and protective factors associated with different types of self-harm behaviors (Taliaferro et al, 2012), but the research that has identified these factors relied largely on predominately white samples. It remains unclear whether these findings generalize to ethnic minorities. One study reported ethnic differences in psychosocial risk and protective factors (e.g., impulsivity, self-efficacy) uniquely associated with NSSI, suicide attempts (SA), and both NSSI and SAs in adolescents (Swahn et al., 2012). The present study expanded on previous research by exploring ethnic differences in risk (i.e., depression, generalized anxiety, social anxiety, hostility, substance use) and protective factors (i.e., history of counseling, psychotropic medication, family support, religiosity) linked to self-harm behaviors. Moreover, we examined the unique association between said risk and protective factors with NSSI, SA, and both NSSI and SAs among white, compared to ethnic minority young adults.

Methods: Participants (N = 785; 72% female 53% racial/ethnic minority, Mean age = 25, SD = 7) were recruited from the counseling center of a public university in the northeastern U.S. They completed self-report questionnaires and a clinical interview about recent psychological symptoms and history of self-harm behaviors and mental health treatment. Results: Multinomial logistic regression models demonstrated that depressive symptoms were associated with higher odds of NSSI history among white young adults (O.R. = 1.73, 95% CI = 1.12-2.69), but higher odds of SA history among minorities (O.R. = 2.57, 95% CI = 1.21-5.47). Depressive symptoms increased the odds of having a history of both NSSI and SAs among white young adults (O.R. = 3.72, 95% CI = 1.79-7.75), while anxiety (O.R. = 2.13, 95% CI = 1.25-3.64) and substance use (O.R. = 1.59, 95% CI = 1.06-2.38) increased the odds in minorities. There were also differences in family support, history of counseling and psychotropic medication as predictors of self-harm history between whites and minorities. Conclusion: These findings suggest that vulnerability to NSSI and SA may differ between white and ethnic minority young adults. While depression may be more indicative of NSSI in whites, it is more strongly associated with SA among minorities. Further, anxiety and substance use are more relevant risk factors for ethnic minorities. Impact: This study highlights the need to better understand ethnic differences in vulnerability to NSSI and SA in young adults, as this information could improve early detection and prevention services.

Supported by: The project was funded in part by NIH Grant 5SC1 MH091873 awarded to Regina Miranda.

29 - Tuesday, June 11 17:15-18:45

Title: The experiences of nurses working in remote and isolated regions of Northern Quebec surrounding their encounters with suicide

Authors: Norma Ponzoni

Affiliation: McGill University, Ingram School of Nursing

Abstract:

Nurses working in remote and isolated regions of Northern Quebec are exposed to high rates of mental health issues among Aboriginal populations. Rates of teen suicide can be as high as eleven times the national average. Multiple suicides often occur in clusters, over a short period of time, which is devastating to these small communities and to the nurses providing care to these communities. The objective of this presentation is to communicate the experiences of nurses working in remote and isolated regions of Northern Quebec surrounding their encounters with suicide. Qualitative analysis will be performed on nurses' written narratives of their experiences with suicide. The results of this study are still pending.

30 - Tuesday, June 11 17:15-18:45

Title: Preventing suicide in Nunavik: a learning journey from recommending to acting

Authors: Andr ee-Anne Proven al ¹, V ronique Paradis¹, Philippe-Alexandre Bourgouin¹, Daniellie Qinuajuak²

Affiliation: ¹Nunavik Regional Board of Health and Social Services, ² Inuulitsivik Health Center, Chairman of the Regional Nunavik Suicide Prevention Working Committee

Abstract:

This poster will describe the lessons learned from a regional project in Nunavik to review the suicide prevention services offered to the Inuit population.

Objectives: The objectives of this project were to create opportunities for the different stakeholders of the region to look into the services available from all partners of the health and social services network, voice their concerns, choose priorities for action, devise recommendations for services, implement the new services and activities and monitor the implementation and results.

Method: This project, inspired by the «clinical and organizational projects» of the Quebec Ministry of Health and Social Services, has led to the creation of regional committees in Mental Health, Addictions and Youth in difficulty. Those regional advisory committees have given tasks to working committees responsible for researching specific questions, interviewing key workers and drafting recommendations to be presented back to the Advisory committee. This was the case of the Suicide Prevention Working Committee.

Results: The working committee on suicide prevention has workers from different organizations sharing their experience, expertise and ideas. They have proposed recommendations on training, prevention, follow-up and intervention that have all been adopted by the Nunavik Regional Mental Health Advisory Committee and the Board of Directors of the Nunavik Regional Board of Health and Social Services. Those recommendations are included in the Regional Strategic Plan to secure the funding of new services and activities. The Working Committee is also part of the evaluation of the implementation of the recommendations, through their work on implementation result indicators and implementation evaluation plan. This process, still ongoing, has taken over two years and the different partners are still participating.

Conclusions: Although it has been a long process, having all the partners around the table and having time to discuss has been proven a key element to the success of this project. Furthermore, having the political will and structure to implement recommendations is creating a shared desire to partner up and work on the issues of the communities.

Impact: The project has had impacts on many levels: implementation of recommendations and most importantly learning by community members of different tools and processes to partner, discuss, plan and monitor for change. Most importantly, the project has given a voice to the Inuit population of Nunavik in addressing an issue so important to the region and given back hope that change is possible.

31 - Tuesday, June 11 17:15-18:45

Title: Weighing Out the Concurrent Effect of Social Support on Suicidal Ideation in Community Adolescents

Authors: Cintia Quiroga (1-2), Martine Flament (2), Monique Seguin (3), Irene Vitoroulis (2)

Affiliation: (1) Children's Hospital of Eastern Ontario, University of Ottawa; (2) Institute for Mental Health Research, University of Ottawa; (3) Université du Québec en Outaouais (UQO).

Abstract:

Objectives: Studies have shown that adolescents who experience multiple mental health issues are at greater risk of suicidal ideation. Understanding the extent to which other factors, such as social and family supports, can offset mental health issues in suicidal ideation has important implications for prevention. This study examined correlates of suicidal ideation in a community sample of adolescents, including mental health issues, and social and family support. We examined the aggregated effect of social and family support, (a) by testing the effect of having one, two, three or four supportive factors, while controlling for the cumulative effect of mental health issues (one, two, three or four mental health issues). **Method:** This study draws on data collected in Ottawa (Ontario, Canada) among 2400 adolescents age 12 to 20 years-old. Participants were recruited through their school (grades 7 to 12), and completed self-report questionnaires during regularly scheduled class time. A total of 2119 participants (1244 girls and 875 boys) answered the question about suicidal ideation in the survey. Suicidal ideation was measured with one item from Kovac's CDI asking participants to report on suicidal thoughts in the past two weeks. Other measures included the CDI, the Multidimensional Anxiety Scale for Children (MASC-10), the Eating Disorders Diagnostic Scale (EDDS), and the substance use subscale from the McKnight Risk Factor Survey-IV (MRFS-IV), the anger in and anger out scales from the State-Trait Anger Expression Inventory (STAXI), school performance, and life events (MRFS-IV). Social and family support was measured on four dimensions including three subscales from the MRFS-IV assessing the number of supportive persons reported, self-perceived social support and sharing, having a role model and family cohesion measured with the Family Adaptability and Cohesion Evaluation Scale (FACES-II). **Results:** Findings indicated that 13% of participants presented suicidal ideation. Girls (15.2%) reported significantly more suicidal ideation than boys (10.1%). Results from logistic regression analyses indicated that receiving social support, having on a role model and close family relationships reduced the probability of having suicidal ideation even after controlling for mental health symptoms, and life events. The cumulative effect of supportive factors compensated in part the effect of mental health issues. The probability of experiencing suicidal ideation decreased as the number of supportive factors increased. **Conclusions:** The aggregated effect of social and family support can substantially reduce the risk of suicidal ideation in adolescents. **Impact:** We discuss the importance of fostering social support in adolescents to prevent suicidality.

Supported by: University of Ottawa Medical Research Fund (UMRF)

32 - Tuesday, June 11 17:15-18:45

Title: The Balancing Proximity and Perimeter Process: A grounded theory study of child and youth care professionals' practice with suicidal adolescents

Authors: Patti Ranahan

Affiliation: Concordia University

Abstract:

Objectives. Suicide intervention with adolescents is an important topic for research as amongst a third of developing and developed countries, young people are at highest risk of suicide (WHO, 2008). In Canada, suicide is a leading cause of death for people age 15-24 (Langlois & Morrison, 2002). Many adolescents do not seek help from anyone at all when faced with a health-related concern (Booth, et al., 2004 Cheung & Dewa, 2007), however, help-seeking may be facilitated by someone who notices their distress and is concerned (Boyd, et al., 2007). Child and youth care [CYC] workers who are in relationships with often vulnerable adolescents need to be aware of their role in mental health promotion, prevention and intervention (Rickwood, Deane, Wilson & Ciarrochi, 2005). There is a paucity of research examining how such workers provide suicide care and how mental health literacy is realized in these interactions. **Method.** Grounded theory method is highly suitable for investigating the interactional social processes around events within practice settings and can explain what is happening around a particular event (Morse, 2009, p. 13). This constructivist grounded theory study examined CYC professionals' mental health literacy practices in response to suicidal adolescents. Interviews were conducted with 19 participants including CYC professionals with pre-service CYC qualifications, supervisors at youth-serving agencies, educators in schools of child and youth care, and textual analysis of policies, suicide assessment tools, and curricula. **Results.** The Balancing Perimeter and Proximity process was identified as the core category in the analysis that suggested professionals' mental health literacy practices fluctuate between circling care and circling defensively. Circling defensively refers to the professional taking up literacy practices that establish a perimeter of protection whereas literacy practices within circling care position the professional in relational proximity where they connect and attend to the adolescent holistically. **Conclusions.** Participants were located as in-between professionals in the provision of suicide care, challenged by competing influences of protocol implementation and relational proximity, illuminating the need for further research and understanding into the role this professional group plays in the mental health system of care, and how mental health literacy matters to child and youth care practice. **Impact.** By using a grounded theory approach whereby the meaning of mental health literacy practices was derived directly from the data, this study extends current conceptualizations of mental health literacy from a fix, measureable attribute located within individuals to a social practice situated within interactions.

E - Tuesday, June 11 17:15-18:45

Title: Refugee camp drug abuse relapse

Authors: Barbara Harvey, Risatul Islam, Anit Mishra, Bimal Acharaya, & Anita Gagnon

Affiliation: McGill University, Ingram School of Nursing

Abstract:

Background & Objectives Substance abuse is a significant contributor to the global burden of disease, but little is known about substance abuse in settings of forced displacement. Drug abuse in two refugee camps in southeastern Nepal has come to the attention of service providers in recent years. In response, a three-month residential substance abuse rehabilitation program has been established. The current project investigated why residents of the camps who participated in the rehabilitation program relapsed to drug abuse after program completion.

Methods A focused ethnography was conducted, drawing upon data collection techniques including semi-structured interviews with refugees and camp service providers, participant observation and document review. All data were reviewed to identify common themes associated with drug abuse relapse.

Results Two of the key themes that were identified as affecting drug abuse relapse were the camp environment and resettlement. Each theme highlighted some of the unique dimensions of drug abuse relapse in a forced displacement setting. Aspects of the camp environment that were reported to affect drug abuse relapse included the ease of access to drugs, exposure to drug using peer groups, and the difficulty of finding ways to stay busy and pass the time. The resettlement process was reported to affect drug abuse relapse by causing uncertainty and distress, disrupting social support networks, encouraging disengagement from local activities, and producing inflows of remittances that could be used to purchase drugs.

Conclusions & Impact This project represents what we believe is the first examination of drug abuse relapse in a forced displacement setting. It serves as a useful starting point for designing effective interventions that take into account refugee camp environments, resettlement processes, and other unique dimensions of such settings.

Supported by: This project was supported by l'Axe Sciences infirmières du Réseau québécois de recherche sur le suicide (RQRS)

E - Tuesday, June 11 17:15-18:45

Title: The costs and benefits associated with population suicide prevention programs in Quebec

Authors: Helen-Maria Vasiliadis¹, Alain Lesage², Eric Latimer³, Monique Séguin⁴

Affiliation: Université de Sherbrooke¹, Université de Montréal², McGill University³, Université du Québec en Outaouais⁴

Abstract:

Objectives: To (i) assess the cost of a death by suicide in Quebec and (ii) assess the incremental cost-effectiveness ratio (ICER) of implementing 4 suicide prevention programs highlighted in the Nuremberg Alliance against Depression (NAD) trial. **Methods:** I. The prevalence of suicide, attempted suicide requiring hospitalization or emergency service use, and depression in the province of Quebec in 2007 were ascertained from Quebec's public managed care physician billings database (RAMQ) and Public Health Agency (INSPQ). All suicide cases were confirmed by the Coroner's report. The cost analyses were taken from a government and societal perspective. The costs considered in the analyses included, for all subjects, costs incurred during a hospitalization and emergency department visits, ambulatory visits and physician fees paid and outpatient medication use, autopsy and costs related to a Coroner's investigation. Costs related to police investigation and funeral costs were also considered from the societal perspective. Depression related indirect costs associated with loss of productivity and short term disability were also considered. Loss of productivity due to mortality by suicide was considered using the friction cost method and human capital approach (HCA). Costs and effects were discounted at a rate of 3% (0% and 5% was used in sensitivity analyses SA). II. The NAD suicide prevention strategies retained included: (i) the training of family physicians in the detection and treatment of depression, (ii) population campaigns aimed at increasing awareness about depression and possible treatment, (iii) development of community leaders among first responders (iv) follow-up of people who attempted suicide and for bereaved individuals. Program costs were ascertained from published reports and interviews with key decision makers. The effect of the NAD trial on the prevalence of suicidal acts was ascertained by published data. **Results:** The average annual cost of a suicide reached \$31 943 (\$17 414 to \$129 060) using the FCM and \$528 310 (\$ 430 532 to \$802 481) using the HCA. With the NAD program, one would see 27% and 16% less suicide attempts and suicides, and an additional 7% of people with major depression being treated. The NAD program specific costs reached \$23 982 293. The incremental analyses associated with the NAD program showed (i) that the average cost for one averted suicide was \$17 412 (-\$20 009 to \$19 296) and (ii) cost savings reaching \$ 6 062 per life year saved (up to -\$15 364). The Markov analysis showed that the NAD program is dominant, i.e. it costs less and yields higher QALYs [ICUR= - \$ 3 986 854]. Probabilistic sensitivity analyses, with a willingness to pay of <50000\$, showed that the NAD program was recommended 80% of the time. **Conclusion:** The NAD suicide prevention program is cost-effective and if implemented can result in important cost-savings due to averted suicide deaths.

Supported by: The Fonds de Recherche en Santé du Québec