



Focusing on Suicidal Behaviours – 11th EPA Summer School experience

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For 11 years now, the European Association of Psychiatry has been organizing the EPA Summer School, an intensive program that aims to support and promote the education of young psychiatry professionals through numerous activities in the form of presentations, discussions, role-play, workshops, and much more.

After the cancellation of summer school due to the pandemic in 2020, and the organization of the first online school in 2021, this year's program returned to being an in-person event. 21 participants from 16 different European countries gathered in Strasbourg to be part of two intensive days of the EPA Summer School program on the topic “Focus on Suicidal Behaviours – One Step Beyond”.

What made this year's event unique was the blended learning format. Thus, the participants were required to attend and complete a 6-week online course “Focus on Suicidal Behaviors”, before coming to the in-person sessions. This course allowed all their participants to get more information



about the topic and to ease the active participation in the tasks developed during the summer school days.

The activities were organized from September 29 to October 2, and regardless of the cold that covered Europe during these days, the very good energy shared among the participants reminded us once again of the much-desired warmth of summer.

Participants were selected from 16 different European countries. The selection was made by the EPA Committee on Education after reviewing the applications that included a Curriculum Vitae which reflected the experience, interests, and directions of each participant along with a letter of motivation. They were residents or young professionals of General Psychiatry or Child and Adolescent Psychiatry, all under the age of 40.

The list of participants in alphabetical order included: Anastasia Sikora (Ukraine), Anna Giménez-Palomo (Spain), Anu-Helmi Halt (Finland), Aram Mamikonyan (Armenia), Chrysostomi-Maria Platsa (Greece), Claudia Romina Ionescu (Romania), Enita Metaj (Albania), Fabian Kraxner (Switzerland), Giovanna Fico (Spain), Kamen Hinkov (France), Kateryna Melamud (Ukraine), Magdalena Janusz (Poland), Marija Spasić Stojaković (Serbia), Marijana Batković (Croatia), Mehtap Az Genç (Türkiye), Natalia Ovelian (Russian Federation), Pasquale Paribello (Italy), Pauline Rolland (France), Raluca-Andra Bursan (Romania), Sara Rodrigues (Portugal), Selin Tanyeri Kayahan (Türkiye).

All the above participants had the opportunity to benefit from the knowledge and experience of a distinguished group of lecturers that included members of the EPA Committee on Education; Dr. Cécile Hanon (EPA Secretary for Education), Dr. Julian Beezhold and Dr. Defne Eraslan and prominent professionals in the field of suicidology: Prof. Emilie Olié, Prof. Jorge López-Castromán, and Prof. Carla Gramaglia. The faculty members helped not only to increase the audience's knowledge about suicide and related issues but also facilitated the sharing of experiences from different European countries and encouraged critical thinking about what can be done more or better.

The purpose of this article is to reflect a summary of the activities organized during the EPA 2022 summer school and to express the impact they had on the participants of this event.

First Day

The first-day activity, September 29th, offered upon registration, started with the visit of The Council of Europe, where participants gathered to attend an impressive and comprehensive tour. The tour together with the rich information it offered not only aroused the curiosity of the participants but also facilitated socialization so that at the exit, we all knew not only the members of the Council of Europe but also the participants of the EPA 2022 Summer School and where they came from. The next stop was at the European Youth Center for the Opening Ceremony. A very generous welcome by the EPA members took place and all participants got to know each other more with ice-breaking activities, which were an excellent beginning for the days that followed.

Second Day



The second day, September the 30th, included both fully informative and interactive sessions consisting of the following:

Suicidal behavior as a clinical entity on its own:- The first plenary lecture concerned different viewpoints on suicidal behavior as a clinical entity and highlighted the need for recognizing it as one. Suicidal behavior, as part of a major health issue that affects, in its full manifestation, nearly 10.7 per 100K globally, meets the criteria for diagnostic validity set^[1]: it is clinically well described, both postmortem and in vivo laboratory markers have been identified, it can be subjected to differential diagnosis (i.e., non-suicidal self-injury), the rates are higher in those with a past suicidal behavior diagnosis and a familial suicide risk transmission has also been identified, which is independent of the transmission of other psychiatric disorders. Pharmacological treatment options are available for suicidal patients, such as lithium salts, clozapine, and ketamine, along with non-pharmacological treatment options, namely psychotherapies and psychosocial interventions.

Management of suicidal crisis:- The “**Zero Suicide**” model^[2] for the management of the suicidal crisis was the subject of the second lecture. The proposed model is the “Assess, Intervene, Monitor for Suicide Prevention” (AIM-SP) model. Assessment consists of systematic screening in order to identify at-risk patients and focuses on patient safety from the beginning. Among others, Columbia Suicide Severity Rating Scale (C-SSRS) is a questionnaire developed for implementing assessment of individuals at risk for suicide. However, a comprehensive clinical interview might be the most effective assessment method. The intervention consists of the necessary steps that aim to perform suicide-specific brief and psychosocial interventions. An introduction and development of a safety plan is beneficial and includes lethal means restriction, coping skills generation, as well as social support enhancement through emergency contact list development, in order to be used during a suicidal crisis. Monitoring consists of the steps that provide strategies for ongoing monitoring and increased contact during known periods of suicidal crisis. Family, psychosocial and clinician peer support involvement is necessary.

After the two theoretical sessions, participants were divided into two groups for the workshop sessions. They had the opportunity to present and discuss their activities on research, both providing and receiving useful feedback on each other’s projects. In addition, they gained new skills in therapeutic innovations, participating in an enlightening and interactive workshop session.

Assisted suicide in psychiatric patients:- This was the last topic of the day. Drawing the full attention of the participants, Prof. Carla Gramaglia and Prof Emilie Olié discussed the main issues related to euthanasia and assisted suicide in psychiatric patients. Euthanasia is legal in five countries in Europe: Belgium, the Netherlands, Luxembourg, and more recently Germany and Spain. Assisted suicide, in which somebody is given the means to end their own life, has been legal in Switzerland since 1942 but not active euthanasia. Other countries such as Austria, Finland, and Norway allow passive euthanasia under some strict circumstances. Concepts related to unbearable suffering, its irreversibility and resistance, and the capacity to consent were discussed without forgetting the ethical and medico-legal aspects of the topics.

Third Day



The third day of the summer school, October 1st, was also organized in a way that included theoretical and practical activities during the day. The participants had the opportunity to be part of two theoretical sections focused on: “*The state of the art on research on suicidal behaviors (biomarkers, neuroimaging, and e-health)*” and “*Prevention strategies*”.

A biomarker is a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention. Biomarkers’ role is considered particularly important concerning the prediction, diagnosis, and treatment of suicidal ideation, suicide attempt, and death by suicide, as putative intervention currently relies heavily on clinician observation and self-report measures that can be unreliable. Personalizing treatment by identifying reliable biomarkers is essential for targeting suicidal ideation, suicide attempt, and death by suicide. Serotonin, HPA-axis dysregulation, inflammatory markers, lipids, neuroactive steroids, endocannabinoids, Brain-Derived Neurotrophic Factor (BDNF), and biometals are considered the main biomarkers related to suicide^[3].

The presentation section on neuroimaging offered data from studies employing structural magnetic resonance imaging (MRI), functional MRI, and positron emission tomography (PET). Brain imaging studies report both structural and functional abnormalities in the brains of suicide attempters^[4]. Most MRI studies find smaller GMV in suicide attempters, involving primarily prefrontal and temporal cortical sub-regions and insula. There seems to be greater prefrontal activation when engaging in emotional processing tasks, and less activation when assessing risk, evaluating reward, and making decisions carrying some risk, reflecting perhaps impaired top-down control while PET studies show a deficit of serotonin transporter binding in the serotonin neurons of people with depression who have attempted suicide compared with those of people with depression who did not attempt suicide or those of healthy individuals^[4].

In the presentation on prevention strategies, we learned that prevention efforts have proven difficult to develop, possibly because not one risk factor predicts suicide with high enough accuracy. Strategies categorized into primary, secondary, and tertiary were addressed, providing data and studies for each. In a systematic review called “Improving suicide prevention through evidence-based strategies”, the best options for suicide prevention included: training primary care physicians in depression recognition and treatment and suicide risk assessment, educating youths on depression and suicidal behavior, predischARGE education, follow-up contact and active outreach for psychiatric patients and for patients after a suicide crisis discharged from the emergency department or hospital, means restriction, cognitive-behavioral therapy and dialectical behavior therapy, antidepressants, education of gatekeepers about youth suicidal behavior^[5].

During the practical part of the program, the whole group was divided into two in order to be able to carry out the foreseen sections more closely.

One-half of the practical part consisted of the presentations of pre-prepared materials in digital presentations by each participant on local strategies and means related to suicide in their home country. The value of this section was the possibility of discussion and information on what was



done in different European countries, having the opportunity to reflect which of these strategies could be applied or improved in the countries of origin of each participant.

The second half of the practical part consisted of the simulation section led by Dr. Julian Beezhold, Dr. Defne Eraslan, and Mrs. Seçil Fox. The very talented actress Mrs. Seçil Akmirza Fox performed different roles of psychiatric patients and their suicidal tendencies while volunteers from the group conducted psychiatric interviews with the patient. The interview was conducted in a special room, it was recorded and shown in real-time to the rest of the group in the adjacent room. The group members had to think critically to identify elements that they liked during the interview or elements that could have been performed differently. The interviewer himself could ask for feedback on certain aspects and also the actress herself talked about her thoughts and feelings she had while being interviewed.

Fourth Day

The concluding section held on the 2nd of October (the last day of summer school) was built in a very comfortable and informal way, with the aim of receiving feedback from the participants regarding all aspects of the activity. It was concluded that for most of the participants the three days of activities were very effective, informative, and inspiring. The message that each participant took home from these three days was that regardless of the situation or the limited resources in different countries, there is much that can be done and the desire and will to change things are the first steps toward improvement.

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