

## EPA GAINING EXPERIENCE PROGRAMME REPORT

on the observership visit at the Karolinska Institute, WHO Collaborating Center for Research, Methods Development and Training in Suicide Prevention, Stockholm, SWEDEN

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My interest in suicide research has emerged during the residency in psychiatry at the “Socola” Institute of Psychiatry from Iasi, increasing throughout the documentation on this subject during the doctoral studies at the “Fr.Rainer” Institute of Anthropology of the Romanian Academy. During this time, I had the opportunity to hear more of Professor Wasserman’s presentations at various international congresses. Being fascinated by Professor Wasserman’s personality and her vast knowledge in the field of suicidology, and finding that NASP is a prestigious suicide research center included in the EPA Advanced Experience Program, I was particularly interested in applying for this training course. One additional argument was that the NASP is a WHO Collaboration Center for Research, Training and Development of Suicide Prevention Methods, here being initiated internationally funded projects.

Thanks to this program, I had the opportunity to spend two weeks at the Karolinska Institute - the National Center for the Research and Prevention of Mental Ill-Health (NASP) under the guidance of Prof. Danuta Wasserman. The colleagues and professionals I met were friendly and I felt welcome to each of them and the whole experience exceeded all my expectations.



*In the NASP library with Prof. Danuta Wasserman*

Prof. Danuta Wasserman has designed a program that suits all my interests in suicide research, has facilitated contact with other colleagues from different organizations that offer support to people with

mental health problems or are in a suicide crisis, was available for discussions throughout the visit and made my experience useful and enjoyable.

During this programme, I received information on the four main areas where NASP focuses and I took part at the presentations on completed or ongoing projects by the Center's researchers. On this occasion, I learned the latest information on epidemiology and suicide risk assessment, and I got acquainted with the results of genetic studies on suicide.

I learned valuable information about the YAM (Youth Aware of Mental Health) project and the SEYLE (Saving and Empowering Young Lives in Europe) study from Eva Lundin, program coordinator, and Beatrice Johansson, YAM instructor. The effectiveness of the project was assessed in the SEYLE study, completed in 2015, which included 10 000 students from 168 schools from 10 European countries, and the main conclusion of the study was that the only interventions that led to a significant reduction of new suicide attempts, severe suicidal ideation and new cases of depression were those of the YAM project. In Sweden, the YAM project was funded for three years, 2016-2018, by the Karolinska Institute and Stockholm County Council, being led by the NASP. The project includes 10 000 students, 7th and 8th grade, from 163 schools, randomly divided into intervention schools and control schools. The aim of the project is to develop in Sweden a YAM educational program based on evidence and to observe the positive effect of the program, improving the student's well-being and behavior towards each other.



*Together with Beatrice Johansson and Maria Montzka in the NASP library*

A very interesting presentation was that of Maria Montzka, research assistant at NASP, entitled "Depression, suicidal ideation and suicide attempt: the importance of family factors among European youth". This study was focused on identifying specific factors in the family context, which are the most important for the risk of suicide and depression in young people. The family context has been divided into six categories: family composition, migration / relocation, family interactions / family relationship, parental role model, family economics and parental supervision. The presentation was followed by discussions on the results of the study and their possible explanations as well as on the conclusion of the study that the increased risk of suicide is the result of the complex interaction of several risk factors. According to the results of this study, young people whose parents regularly follow media coverage have a lower risk of suicide than others, and this can be explained by the fact that the children of these parents have more subjects to discuss with their parents, which are more anchored in everyday life, or these

parents are more willing to listen to their children's problems and have the ability to give them advice in line with the evolution of society.

Epidemiology of suicide was the subject of the research presented by Sebastian Hokby, one of the international contributors to the World Health Organization's report "Preventing suicide-A global imperative" published in 2014. The presentation generated discussions about the differences between the two countries, Sweden and Romania, being observed some similarities.

Decision-making and suicide risk assessment were addressed by researcher Gergo Hadlaczky, who spoke about the latest studies on the dissociable processes underpinning lowa Gambling Task decisions, the influence of serotonin-related genes on decision-making in suicide attempters and the neural basis of loss aversion in decision-making in risk situations. There are currently many standardized scales and questionnaires for suicide risk assessment, scale for lethality assessment of suicidal attempt, screening scales for suicidal ideation, scale for assessment of motivation to stay alive and scales that measure suicide attitude. Although, we have a multitude of scales assessing suicide risk in the general and psychiatric population, we can conclude that we are still far from a perfect scale that accurately determines the risk of suicide.

Researcher Marcus Sokolowski has provided a comprehensive overview of genetic studies in patients with suicidal behavior. The difficulties encountered in developing a genetic study and the need for co-operation of several genetic research centers on suicidal behavior have been discussed to include as many cases as possible in the study so that conclusive data can be obtained. Also, was been discussed the need to reproduce the results obtained in these studies through other studies.

I participated in the research seminar "Longitudinal course of irritability during childhood and prediction of suicidal behaviours in adolescence. Findings from a 17-year population-based cohort", by Massimiliano Orri, a psychologist, postdoctoral researcher at the University of Bordeaux, that was at the NASP for exchange experience.

Sebastien Hokby and Jennifer Lees shared valuable information about SUPREME project (Suicide Prevention through Internet and Media Based Mental Health Promotion), the NEVERMIND project (NEurobehavioural predictiVE and peRsonalised Modelling of depressive symptoms duriNg primary somatic Diseases with ICT-enabled self-management procedures) and internet-based interventions.

The SUPREME project had a duration of three years, starting in September 2010, and was funded through the Health Programme of the European Commission (60%) and participating centers (40%). The aim was to develop, implement and evaluate an internet and media-based peer facilitated mental health promotion and suicide prevention intervention.

The intervention included the presentation of a website for adolescents and young adults between 14-24 years of age and a set of guides aimed at the young audience, broadcast through the media. The content of the website includes interactive activities for mental health promotion and suicide prevention, and also youth oriented information on mental health issues, as well as culture and region-specific information on healthcare and treatment options. The content of the website is based on the knowledge provided by the Europe's scientific and professional communities, accessed through reviews of literature and focus groups.

Particularly valuable to me are information about the NEVERMIND project, coordinated by Prof. Enzo Pasquale Scilingo from the Research Center "E. Piaggio", which runs from 1 January 2016 to 31 December 2019. The project allows people suffering from depressive symptoms associated with a serious somatic disease, such as myocardial infarction, leg-amputation, cancer and kidney failure, to place themselves at the center of their mental healthcare. Equipped with a smartphone and a sensor t-shirt, patients interact with these devices to collect and display data about their mental and physical health and then get effective feedback. Lifestyle factors, which play a significant role in mediating the development, progression and

treatment of depression, are monitored by a real-time decision support system running on the patient's smartphone, assessing the onset of depressive symptoms and their severity by processing physiological data, body movement, speaking and maintaining social interactions. Data processing determines feedback that encourages the patient to perform or modify activities or lifestyle to reduce the risk of depression and the severity of depressive symptoms. The ultimate goal is to bring this system to the market, providing people with the tools to control depressive symptoms.

In the second week, I visited the organizations in Stockholm acting to prevent mental health problems and suicide, the National Helpline and PAM Ambulance. During the visit to the nonprofit organization Tilia, which provides support to young people with mental health problems through online chat, email and support groups, I found out from Annesofie Blixt, one of the founders, and Louise Aronsson, one of the active members of the organization, about the most common issues young Swedish have, the way the organization works and the difficulties it faces. Tilia organizes thematic camps twice a year for children with various psychological problems, where children together with volunteers learn theoretical information about that problem and then put into practice those learned through role playing. In schools are organized meetings with children, where both volunteers and children helped by the organization over time discuss various mental health issues and how Tilia helped them. Also, photo competitions and collages are organized on various mental health topics.

Another nonprofit organization visited was Suicide Zero, founded in 2013 by journalist and writer Alfred Skogberg and physician Ludmilla Rosengren, a CBT psychotherapist, with the aim to influence politicians, journalists, organizations that come in contact with people at risk of suicide and the general public. Suicide Zero works to reduce suicide rates by increasing awareness and shaping public opinion about the social problem of suicide, highlighting innovative and practical solutions to save lives and reduce stigma of mental illness. Alfred Skogberg pointed out that, from the outset, Suicide Zero had a huge impact reflected on the many requests to organize mental health workshops for school and business staff. Members of this organization meet regularly with politicians to influence their decision-making, talk to the media to raise awareness of the gravity of the issue and increase people's knowledge, and collaborate with the most important experts in the country in the field of suicide prevention and other important players in society such as MIND, Friends International Center Against Bullying, National Association for Suicide Prevention and Survivors Support (SPES), Suicide Prevention in West Sweden (SPIV) and BRIS SWEDEN - Children's Rights in Society. Currently, this organization opens a subsidiary in Finland, and I hope that I have managed to stimulate their interest in opening a subsidiary in Romania as well.

It was particularly helpful to visit MIND Sweden, a non-profit association, set up in Stockholm in 1931, to promote mental health through help lines for parents and the elderly, and to help people at risk of suicide with the suicide hotline. Johanna Nordin, an operations manager at the organization, told me that MIND offers support, training and information for professionals and the general public. The association has 2300 members, representing mental health professionals, patients, relatives, and the general public. Last year, approximately 300 volunteers had 21000 phone contacts with people with mental health problems, including 12000 chats, 5000 phone calls and 3500 emails.

At the National Help Line, I met Maria Östling and Petter Björklund, two psychologists working here, from whom I found out that at the antisuicide department are working six professionals with extensive experience in supporting people in crisis situations, psychologists, assistants, social workers or nurses. The National Helpline provides psychological support by telephone, daily from 13-22 hours, to those in crisis, but does not offer treatment or repeated phone calls. Every year, the six professionals answer approximately 1400 phone calls, correspondence is anonymous and is intended to provide support to people in difficult situations.



*Together with Johanna Nordin at MIND Sweden*

By contacting the helpline, the person in crisis can share anonymously thoughts and feelings and receive tips on where to get help according to each problem. At the National Helpline can call people with various somatic illnesses or psychiatric disorders, on the website can be found information about illness, medication, pharmacies, and an online request can be made to the prescribing physician to renew the prescription, so you can pick up your medications directly from the pharmacy, anywhere in the European Union. Under the guarantee of anonymity, some socio-demographic data are collected, which are needed to report activity to the higher forums and to optimize the support of people who contact the helpline.



*At the National Helpline with Maria Östling and Petter Björklund*

During this programme I had the chance to see and understand what emergency psychiatric assistance means. When mentally ill people are in acute crisis and threaten to commit suicide, help must be fast. Now this help has become more professional with a special psychiatric emergency car instead of a police car, told me Fredrik Bengtsson, head of Stockholm's psychiatric emergency department and initiator of this project. After a visit to Saint Petersburg 17 years ago, Fredrik Bengtsson learned that in Russia are psychiatric ambulances since 1965. Considering that this was a useful innovation, he decided to take the necessary steps to have psychiatric ambulances in Stockholm. Although, the police intervention is important in the case of aggressive psychiatric patients, transporting them in the police car can show that mental illness is shameful, a semi-criminal act, and thus police carriage is a way to stigmatize patients with mental disorders, that is why emergency psychiatric care should be of the same type as for somatic diseases in which the ambulance is used.

During the EPA gaining experience programme I visited the PAM, the psychiatric emergency ambulance, the first of its kind in Sweden. PAM responds to suicide alerts and psychiatric cases requiring urgent assessment with two psychiatric nurses and a paramedic, seven days a week between 15:00 and 01:00 when most calls are made, the main priority being suicide prevention. The PAM goes to about five cases per shift, and the nurses decide if the patient needs to be hospitalized. The vehicle looks like an ordinary ambulance, has the same illumination, is equipped with a defibrillator, a computer with access to medical records and essential medication, four rotating seats, without stretcher, designed to provide both assessment and transportation of psychiatric patients. Health professionals also have the competence to assess whether the patient will be entrusted to dependence, somatic or psychiatric care. A great benefit for patients and their families is that trained healthcare specialists provide qualified care in emergency situations. The use of the PAM ambulance is advantageous in the case of suicide crisis and psychiatric problems requiring an urgent assessment. It is natural that people who are in suicidal crisis want to meet ambulances with professional staff rather than police or regular emergency ambulance. Prior to the PAM ambulance existence, the police often had to manage these situations.

The fact that there are healthcare professionals also contributes to the destigmatization of psychiatry. By using the psychiatric ambulance it is demonstrated that psychiatric emergency assistance is as important as emergency somatic assistance. The socio-economic benefits of the PAM are that the police and ambulance activities are reduced, the resources are used more efficiently, and the request of the

psychiatric emergency department is lower. As the PAM ambulance is considered to be a success by patients and their families, as well as by medical and police staff, this project, planned to last two years until March 2017, will be continued in Stockholm and will extend in the big cities from Sweden, like Gothenburg and Malmö.

Every week, police report approximately 100 psychiatric emergency alerts, but only one PAM ambulance can not respond to all requests. This is the reason why Fredrik Bengtsson believes that in the near future there will be several PAM ambulances in Stockholm.

A model of psychiatric ambulance also works in Norway with good results. In the United States, police officers are educated to be the first to respond to calls involving a person with mental illness through the Crisis Intervention Team. In Australia, there is PACER, a partnership between mental health services and emergency services, which provides an alternative pathway for patients with mental health problems, with improved care outcomes.

Then I visited the psychiatric emergency service of St. George's Hospital, who provides non-stop emergency psychiatric care. PAM ambulance brings here psychiatric emergencies and can call a hospital doctor for guidance if problems appear, such as a person suffering from a serious mental disorder, a behavioral crisis or a very aggressive patient and is needed the police intervention, in which case the on-call doctor will make a request for police intervention. Also, the hospital has a mobile emergency unit, which daily, between 8:00 and 22:00, provides telephone counseling for patients, their families and friends, and emergency visits at home for evaluation and counseling. In the psychiatric emergency department there are about 17000 consultations each year, about 45 every day.



***Psychiatric Emergency mobile (PAM), exterior and interior***

During the NASP research seminar I made a presentation entitled "Suicide in Romania - the current situation and the suicide prevention initiatives" based on the results of the doctoral thesis. My communication was followed with much interest and provoked intense discussion. A special part of my presentation referred to the suicide prevention initiatives in Romania, which were initiated in 3 university centers, Cluj, Bucharest and Constanta. In Cluj, Prof. Cosman established the Antisucide Alliance in 1993 and the first helpline for people in a suicide crisis. In Bucharest, in 2009, was founded the Suicide Association and an emergency telephone line for children and adolescents with self-destructive behavior. In Constanta, the suicide research began in 1990 and was conducted by researchers from "Andrei Saguna" University and the "Francisc I. Rainer" Anthropology Institute of the Romanian Academy of Scientists under the supervision of Academician Constantin-Balaceanu Stolnici. From 2015, "Andrei Saguna" University of Constanta and the Romanian Academy of Scientists organize annually the Conference "Suicide - Major Public Health Problem", which offers a complex, multidisciplinary approach to the suicidal phenomenon through the participation of various professionals: physicians, psychologists, jurists, theologians,

journalists, educators and politicians. During the 2nd edition of the Conference "Suicide - Major Public Health Problem" was presented a plan for a national strategy for suicide prevention, elaborated by Academician Constantin-Balaceanu Stolnici, Professor Aurel Papari and me. This was discussed at the conference and after improvements was approved in the final form, which was submitted to the Romanian Ministry of Health.

The EPA Gaining Experience Program gave me the opportunity to improve my research skills and receive cutting-edge information on the approach to suicidal behavior research. It also gave me the opportunity to develop new professional relationships that are particularly useful for future international collaborations.

During this program, I gained a much clearer view of organizing an antisuicide phone line, which I intend to set up in Romania within the Psychosociology Faculty of "Andrei Şaguna" University from Constanţa.

I am grateful to those who have made this possible: EPA, for giving me the opportunity to participate in this program; Professor Danuta Wasserman, who has made an outstanding contribution in making my experience very effective; and to all those I had the pleasure of meeting during these two weeks in Stockholm.