SUICIDE PREVENTION IN YOUNG POPULATION BY INTERNET: PRELIMINARY DATA FROM THE SUPREME PROJECT IN CATALONIA

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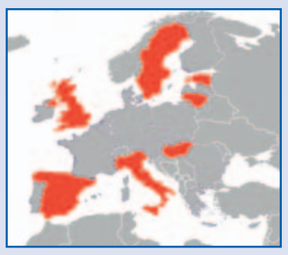

SUPREME (Suicide Prevention by Internet and Media Based Mental Health Promotion) is a European project focused on mental health that was launched in September 2010. It is led by the Karolinska Institute (Sweden) and funded by the European Union, DG SANCO. The project is being carried out in the following countries: Britain, Spain, Italy, Sweden, Hungary, Estonia and Lithuania.

Objectives

1.- To prevent suicide and mental health problems in young people aged 14 to 24 years by creating an interactive website, culturally adapting to the countries participating in the study, and broadcasting awareness through media such as press, television and social networks.

2.- To construct a professional health care circuit for early detection of risk situations for youth suicide, establish partnerships with other specialized services in suicide prevention, to expand and facilitate access to mental health services, and to provide places for talking about suicide and its prevention.

Material and methods

1.- Construction of the interactive website, which includes aspects of mental health and problems specific to the age group, such as drug use, nutrition, violence, emotional issues and internet use.

2.- Design an ad hoc assessment questionnaire translated and adapted in Spanish and Catalan. The questionnaire also included Paykel scales and DASS-42 to evaluate rates of suicidal ideation, anxiety, stress and depression.

3.- Application of the questionnaire in a sample of 182 public high school students in Barcelona, divided into 3 groups, two intervention and a control group.

4.- The three different interventions were carried out over six months. All groups had to answer a questionnaire to assess risk behaviors, the results were then evaluated to assess whether the website had developed any preventive effect on the students in the intervention group relative to the control group.

5.- We contacted the students at risk who had given their email, to see how they were feeling and offer the opportunity to consult with specialist services.

Results

We studied a homogeneous sample (45.5% women vs 54.4% men) of 182 students, with an average age of 15 years and middle socioeconomic class, 159 of which ended the study, (overall dropout rate is 12.6%).

In the first intervention were detected 40 students (22%) who scored suicide risk in the Paykel scale* and 69 (37.9%) students who scored depression. Overall 79 students (43.4%) were at risk in either scale.

In follow-up sessions we observed a decrease in risk score up to 29.4%. (Table 1) Among the students who did not score risk in the first visit, the dropout rate was 9.9%. Among students who scored risk, the dropout rate rises to 22.5%.

To find out if the overall drop in risk was due to the higher incidence of drop out, the McNemar test was applied (Table 2).

Of the 31 students who scored suicide risk in the first intervention and complete the study, there were 20 that were no longer at risk in the third. In contrast, only 8 students who were not at risk in the first intervention rated at risk at the final session. This difference tends toward statistical significance (0.052).

* Following the corrections used by Paykel ES, Myers JK, Lindenthal JJ, et al

Table 1.

	Scale Paykel	Scale DASS-42	TOTAL
First intervention	40(22%)	69 (37,9%)	79 (43,4%)
Second intervention	25 (14,9%)	46 (27,4%)	53 (31,5%)
Third intervention	20 (12,5%)	41 (25,6%)	47 (29,4%)

Table 2.

	Students who didn't score suicide risk in the first intervention	Students who scored suicide risk in the first intervention	Total
Students who didn't score suicide risk in the third intervention	120 (86,3%)	19 (13,7%) Risk ↓	139 (87,4%)
Students who scored suicide risk in the third intervention	8 (6,2%) Risk ↑	12 (38,7%)	20 (12,6%)
Total	128 (80,5%)	31 (19,5%)	159 (100%)

Conclusions

Preliminary results of Supreme study indicate a high frequency of suicide risk in the young population of our environment. After the intervention carried out by the project, the risk of suicide, depression, anxiety and stress drops globally, with no significant differences between the intervention and control groups.
Although the Supreme website has been little consulted, (only 5.4% of the students have visited it), the results indicate that addressing this issue among teenagers is not associated with an increasing risk of suicide but quite the opposite.
The dropout rate was higher in the population at risk, which indicates the importance of further work to reach these young people.
Given that suicide prevention strategies in our country are just being implemented and that the associations and organizations that address this issue are scarce, projects such as SUPREME are important to help us find out the actual status of the problem of suicide in our environment. We must follow the example and experience of other European countries that have a longer history of suicide prevention and patient support risk for their families.

The Supreme project addresses an issue of great importance and which requires an increase in prevention measures.

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