

# EP.1052 Implementation of the "Suicide Risk Code" Program in the Barcelona Litoral and Barcelonés Nord area (provisional results)

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## Introduction

Suicidal behavior comprise several phenomena as completed suicide, suicide attempt and suicidal ideation [1]. Risk factors are defined by an interaction of genetic and environmental factors. Organizations around the world put their efforts into suicide prevention. Results of a review suggest that prevention programs have a limited impact on seeking help [2].

Catalonia has implemented the prevention of suicide in the European Action Plan for Mental Health with the implementation of the "Suicide Risk Code"(SRC) program throughout the territory during 2014 and 2015 (7.5 million inhabitants). The SRC defines the care circuit to follow before a suicide attempt, it consists of an early detection and enhanced follow-up intervention to each subject presenting a suicide attempt, i.e., a mental healthcare visit within 10 days, and a phone call at day 30.

## Hypotheses and objectives of the study

Describe and analyse the follow-up data from emergency attentions that contacted the public health system of Catalonia for behavior and or suicidal ideation in a specific area from Barcelona, and period, prior to the SRC, and after implementation. Our hypothesis is that program's implementation will increase follow-up of patients with suicidal ideation and or suicidal behaviour.

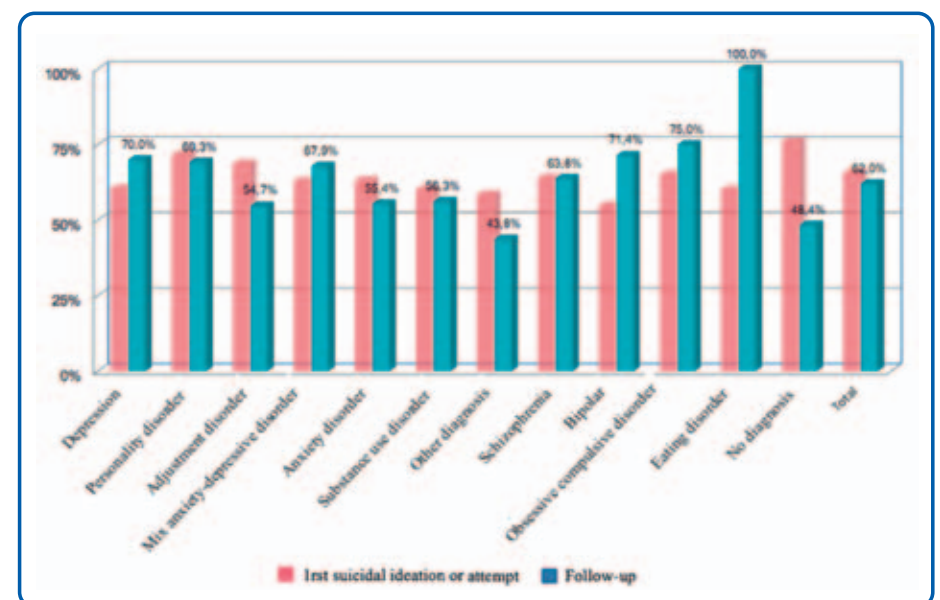
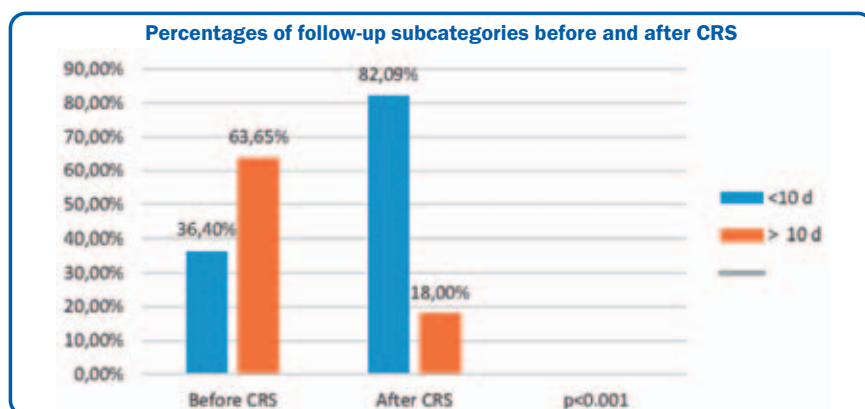
## Population and Method

Throughout 2013, all emergency consultations with suicide ideation or self-injury behavior carried out in the reference area were recorded (Barcelona Litoral and Barcelonés Nord, about 800.000 inhabitants). Retrospectively, they were checked for derivation after discharge and days elapsed until the first consultation in case of referral to mental health resource (data from Medical records). The SRC records all patients attended for self-injury behaviour or ideation and activates a proactive follow-up after discharge, when emergency psychiatrist evaluates appropriate. Data from 2014 to 2016 were included. Referrals to mental health services and days elapsed until visit in both groups are analyzed (Data from SRC program and Medical records). Chi-squared is applied.

Personal information is at all times anonymous and deidentified under the established criteria to ensure respect for ethical and safety principles and always under the endorsement of an ethical research committee.

## Results

In 2013, 421 emergency attentions with suicide attempt or ideation were identified, 870 with SRC. In 2013 group 68,6% were subsequently visited in mental Health outpatients resources, 76,9% in SRC,  $p<0,1$ . The rest (31,4% in 2013 group and 23,1% from SRC) were referred to a general practitioner or no referral was considered. 36,4% of 2013 patients were scheduled for visits before 10 days, 82% in SRC group,  $p<0,001$ .



## Discussion

These preliminary results suggest an increase in the number of patients visited in a mental health resource after emergency psychiatric attention for suicide attempt or ideation, with a decrease in the time of care from the consultation to the first specialized post-discharge visit.

## Conclusions

Specific programs allow to increase the number of patients visited in mental health after the suicidal behaviour and to decrease the time from attention until specialized follow-up. Studies indicate the importance of early care.

## References

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