

REDUCTION OF PSYCHIC DAMAGE AND SUICIDE PREVENTION: A response in APS

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The impact that suicides have on a population, especially adolescents, is globally recognized. When a teenager and / or a referrer commit suicide, the situation is devastating for those close to them¹.

If for every completed suicide WHO recognizes the existence of approximately twenty suicide attempts (registered or unregistered), we must consider the immediate implementation of approaches that reduce the damage of the individual and collective psychic impact, and also allow the possibility of a consequent evaluation of a population at risk to be able to assist it.

So far the possibility of suicide risk is evaluated with different methods and scales, which differ in each country. The psychological autopsy - or *post-mortem* investigation - of the multifactorial causes of one or several suicides is a useful tool because of the diversity of motives that it addresses, both in family and non-family relatives, with the aim of collecting evidence and individual assistance and / or group in the risk groups. But this device is usually difficult to apply properly by people who do not have mental health training. That is why this multifactorial survey with the vectors that the autopsy needs, can not only be investigated by faster, simpler means of applying as well as complying with the guidelines of primary health care, given that they are addressed.

The **Reflection Workshops** in crisis situations and the **Workshops for personal discovery**, both for adolescents and adults, coordinated by professionals trained in risk issues have been an excellent **Model of Collective Meeting** strengthening of

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protective factors and, at the same time, of survey of the suicide risks that appear in a population nucleus.

Especially in small population groups of no more than 50,000 hab., and on which it is possible to work in proximity and efficiency, we find an adolescent population that is rapidly measurable, especially when it has schooling. Covering a population group of the last two years of the second cycle school - adolescents between 15 and 18 years old - presents access to a replication of the positive effects in adolescents close to 13 to 15 years old and 18 to 22 years old where they are linked. The dimension of the disruptive experience, its intrapsychic resonances, the evidence of experiences of emptiness, futility and / or helplessness, the individual and / or collective metabolizing resources, etc., can then be discriminated. They will be precise indicators of each population group on which to act in a way that respects their idiosyncrasies, their culture, their values and their creative potentials of coping with adversities.

During the last seven years - Project 2010/2019 - the Attention Team of the Suicide Chapter: prevention and clinical and social consequences of the AASM have attended and carried out surveys in the different populations to which it was summoned at the request of the national, municipal authorities and / or health care centers after situations of suicide attempts and repeated suicides.

These workshops are linked in a shortened time of two or three days with training and workshops for the adult population that assists these adolescents and young people. Therefore, these workshops whose precise objectives lie in the integration of professionals, teachers, health agents, NGOs, spontaneous groups, etc. seeks training and awareness about the problem of suicide and where the primary, secondary and tertiary care systems need to be strengthened to act jointly.

To visualize a problem is not only to train on it, it is to collect data for the benefit of the same population to be able to project medium and long term (from

one to six years at least) on the change that the victims recognize as their vulnerabilities and psychosocial deficiencies .

The need for a sense of life directly influences the way you conduct yourself in life. The workshops seek to be a space to make an adequate reflection on the difficulties suffered by the people who attend them and improve the ways of making a genuine change. Discover a better way to bond and a positive commitment with your own community.

The workshops, with the format of small discussion groups, are presented in three stages: The first stage seeks to positively reorient people and the community regarding the crisis situation, increase communication and make it a privileged element to work in the form of networks. The second stage seeks to complement communication with the integration of psychic and community values and resources for the establishment of strategies for the assistance and promotion of health in general and mental health in particular. The third stage seeks the effectiveness of the use of national care, prevention and post-intervention programs, endorsed by national teams through their local implementation with indicated devices, collaborating in their coordination and strengthening existing health and education resources.

The suicidal act imprints in the social imaginary and in the symbolic space breaks that fragment and disintegrate the existent resources necessary for the social bond. *Inoculates* in the psyche the idea of early death and rapid resolution. Both personal resources and social resources are essential to reverse and transform this situation.

It is essential that professionals directly and indirectly related to the health of a population have intervention, treatment and follow-up strategies for the evaluation and reduction of situations of suicide risk and / or pathologies of a

population, in the form of support networks, attention, assistance, containment and collective strengthening.

The workshops have turned out to be a tool that, with special parameters of instrumentation, allowed people in a situation of overwhelm, despair, disorientation and loss of vital sense, to reconstruct more effective ways of living and to recompose the social bond deeply damaged after suicide. The workshops have turned out to be a tool that also trains professionals in the construction of group dynamics with an axis in health and mental health to be recognized as promoters of their own mental health.

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