

Regional crisis management for the care of suicidal young people
(„Regionales Krisenmanagement zur Versorgung von jungen Menschen mit suizidalen Handlungen“)

In the Federal Republic of Germany more than 12.000 people commit suicide annually. 1.200 are younger than 30. According to statistics broken down in different age groups 52 were under 15, 286 belonged to the group of 15 to 20 year-olds and a further 520 young people between the age of 20 to 25 had committed suicide. For this group of young people one can assume that approximately 10 to 15 suicide attempts were effective. Moreover, one must take into consideration that in all likelihood some unaccounted for deaths may have been undetected suicides. For example, the substantial increase of fatal casualties in connection with young people and drugs and traffic accidents may be concealing an increasing number of suicides.

The project “Regional Crisis Management for Young People and Suicides” aims to ensure - especially after a suicide attempt followed by medical treatment - the examination by a consultant specialist, and if necessary a psychiatric/specialist treatment as well as the required psychosocial support. The regional pilot project which is being promoted by the State Foundation of Baden-Württemberg includes three district counties with approximately 1,2 million inhabitants. Apart from medical institutions the planned interdisciplinary network will include resident psychotherapists, psychological help lines, psychological help lines at schools, social psychiatrist services, counselling services, the league of independent welfare agencies, their organisations as well as independent youth welfare bodies.

When dealing with young people and suicidal life crises rapid and reliable treatment and psychosocial counselling is of the utmost importance, otherwise the initial responsiveness of those involved might be lost. In literature, it is widely recognised that the “drop-out-risk “ in out-patient care after an attempted suicide is a problem which considerably contributes to recurrent suicide attempts in young people, if their disorders – especially depressions, addictions and unchanged psychosocial risk constellations – are not treated. Moving from in-patient care to out-patient care is often seen as a precarious moment. Estimates according to which 25-50% of those involved do not make use of the agreed aftercare seem clinically realistic.

Thus, in addition to the necessity of an immediate consulting examination by a psychiatrist for children and adolescents and clarification as to whether in-patient treatment is required, appointments will have to be made promptly for out-patient psychiatric treatment as well as psychosocial crisis counselling and a catalogue of essential measures might have to be drawn up.

With the help of the centres (“Anlauf- und Koordinierungsstelle – AKOS”) set up by the pilot project which serve as central service agencies the specialist services and helpers are to be supported when coordinating individually required measures for examinations, help and treatment. If AKOS is consulted in a specific case, this must be in strict accordance with the adolescent’s prior consent or in the case of minors the consent of the person in whose custody the minor is.

In order to ascertain the effectiveness and the suitability of the help offered by the network for each individual, the results of the examination collected in a documentation and the measures planned are to be evaluated with the adolescent’s consent - or in the case of minors with the consent of the person - having custody of the minor in a statistically anonymized form.

Efforts undertaken to offer qualified cooperative help are an important investment for the future of these young people. With reference to the high number of suicides committed by people suffering from depression - it is estimated that 45-70% of all suicide victims suffered from some form of depression -, these measures are in accordance with the different aims: “prevention, diagnostic, indication and therapy” and “strengthening the patient and those involved” of the “6th national aim for good health: depressive illnesses: prevention, early detection, sustainable treatment (gesundheitsziele.de)”.