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Original article

## How to stay in touch with adolescents and young adults after a suicide attempt? Implementation of a 4-phones-calls procedure over 1 year after discharge from hospital, in a Parisian suburb

*Garder un lien après l'urgence, dispositif de rappels téléphoniques auprès d'adolescents et de jeunes adultes suicidants*

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### ABSTRACT

**Objectives.** – Post-discharge treatment is a major part of youth suicide prevention. However, many adolescents and young adults suicidal patients released from emergency department (ED) fail to follow through with subsequent outpatient psychiatric appointments. The aims were to (1) implement a one-year follow-up phone-call program for adolescent and young adults suicide attempters admitted at the ED (2) assess its feasibility (3) describe outcomes measures (repeated suicide attempt and observance of outpatient care) and (4) access risk factors to be out of sight at one year follow up and (5) elicit subjective feedback after one year, using narrative data.

**Method.** – A cohort of adolescents and young adults aged 15–21 years admitted to Avicenne University Hospital ED for suicide attempt (SA) was created and re-contacted using phone calls at one week, one month, six months and twelve months after discharge. Sociodemographic information was collected at baseline. At one year, qualitative data was collected from patients or their parents.

**Results.** – One hundred and seventy-three adolescents and young adults were included. At 1 year, 93 young patients had been successfully contacted, among whom 23 had reattempted suicide, at least once. Adolescents and young adults that were unreachable at one year showed a higher rate of school dropout and had more migration history at baseline. Feedback showed that the intervention was experienced as supportive.

**Conclusion.** – Phone-calls after discharge from hospital might help enhance compliance to aftercare treatment, and were well-accepted by both adolescents and parents. Nevertheless, half of our sample was lost of sight at one year. Further studies are needed to find the most effective prevention strategy with young suicide attempters, especially for migrants and school droppers.

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### R É S U M É

**Objectifs.** – La prise en charge après une tentative de suicide est essentielle dans la prévention du suicide chez les adolescents et les jeunes adultes. Toutefois, peu d'adolescents suicidants adhèrent aux suivis ambulatoires proposés et les dispositifs interventionnels sont rares avec des résultats peu concluants. Les objectifs de notre étude étaient de (1) mettre en place un dispositif de rappels téléphonique sur un an auprès d'adolescents et de jeunes adultes admis aux urgences pour tentative de suicide ; (2) d'évaluer la

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faisabilité du dispositif ; (3) de décrire les variables de devenir (les récidives suicidaires et le suivi de soins ambulatoires) ; (4) d'évaluer les facteurs de risque de perte de vue à un an et (5) d'évaluer la perception du dispositif chez ces patients.

*Méthode.* – Une cohorte d'adolescents et de jeunes adultes de 15 à 21 ans admis aux urgences du CHU d'Avicenne pour tentative de suicide a été créée et recontactée par téléphone à une semaine, un mois, six mois et 12 mois. Des données sociodémographiques ont été recueillies à l'inclusion. À un an, des données qualitatives ont été recueillies auprès des patients ou des parents.

*Résultats.* – Cent soixante-treize adolescents et jeunes adultes ont été inclus. À un an, 93 ont été recontactés avec succès. Vingt-trois d'entre eux avaient récidivé au moins une fois. Les perdus de vue à un an avaient des taux de déscolarisation plus élevés à l'inclusion et étaient plus souvent d'origine migrante. À un an, l'intervention était vécue comme positive et soutenante.

*Conclusion.* – Les rappels téléphoniques après une tentative de suicide sont bien acceptés et pourraient améliorer l'adhésion aux soins des adolescents et des jeunes adultes. Néanmoins, plus de la moitié de l'échantillon était perdue de vue à un an. D'autres études sont nécessaires pour trouver la stratégie la plus efficace en termes de prévention auprès des adolescents et des jeunes adultes suicidants, en particulier pour les déscolarisés et les migrants.

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## 1. Introduction

Suicide is the second leading death cause for 15–24 year-olds in France, meaning 455 deaths per year [1]. At age 17, 8.2% of French adolescents reported history of suicide attempt (SA) in a cross-sectional sample [2].

History of SA is associated with a range of negative outcomes, such as risk of further suicidal behaviour and completed suicide [3,4]. Most post-hospitalization suicides occur in the first month after discharge [5]. Moreover, evidence suggests that having lost contact with clinicians one year after SA is a real risk factor for reattempt in adolescence [6].

Post-discharge risk assessment and immediate aftercare treatment are therefore a major part of suicide prevention [7]. However, many adolescent suicidal patients discharged from emergency departments (ED) fail to follow through with subsequent outpatient psychiatric appointments [8,9].

Growing evidence shows that post-discharge follow-up contacts might be an effective suicide prevention strategy for adults [10]. Many randomized controlled trials (RCT) have been conducted in adult population comparing intervention vs. control groups, and using different intervention protocols. In 1976, American researchers used "caring postal letters" and telephone to contact high-risk patients after discharge showing a significant reduction in completed suicide after two years, but only a preventive trend after five years [11,12]. More recently an Australian team tested a postcard follow-up intervention after SA showing significant reduction in further self-harm and hospitalization at one year [13]. A French study tested the effect of telephone contacts on suicide attempters [14], at both one and three months after discharge. Results suggest early contacts may be more effective. The WHO SUPRE-MISS study [15] conducted in five countries tested an intervention combining telephone with in-person contacts showing reduction in completed suicide.

Motto supports numerous repeat contacts, suggesting that one contact would not have sufficient impact [11].

A recent meta-analysis on suicide prevention strategies hypothesized that the degree to which follow-up contact providers get to know patients before re-contacting them could play an important role in the effectiveness of the intervention [10]. Moreover, the level of satisfaction with immediate care received before discharge may also influence the patient's perception of the intervention [10,16]. Qualitative studies [14,17,18] showed that a large majority of the patients considered telephone contacts beneficial: they were experienced as caring gestures, counteracting feelings of loneliness [19].

### 1.1. What about adolescent suicide prevention?

All previously cited studies were conducted in adult suicidal populations. Interventional prevention strategies are rare in adolescent suicidal populations, and their results remain inconclusive.

An Australian RCT tested a postcard intervention strategy among at-risk young people aged 15–24, showing no significant effect on suicide risk [20]. An American team evidenced a positive effect of phone calls in an adolescent suicidal population aged 12–18 on their compliance with aftercare treatment at three months [19]. A French study [21], did a one-year descriptive telephone follow-up study with suicidal adolescents under 15, contacting the adolescents and different caregivers on a regular basis, showing enhanced compliance with treatment and lower levels of reattempts than those found in similar cohorts.

Reviews [22,23] conclude to insufficient data, making it impossible to recommend one intervention over another. In addition, methodological and ethical questions arise when dealing with this particularly vulnerable population [19,24].

Overall, it appears that interventions for suicidal adolescents were proven more effective in improving service utilization and delivery than reducing rates of SA. "Connectedness care" seems easy to use, has low-cost [25] and may be appropriate for adolescents: therapeutic alliance with young patients is not easy to achieve and the telephone is a media they are familiar with [26]. Kapur et al. [27] suggest using qualitative research methods to help characterize the "active ingredients" of contact following SA.

We implemented a pilot follow-up program, using four phone calls over one year for young suicide attempters aged 15–21, in a public hospital located in an economically deprived Paris suburb. The objectives of our pilot study were to (1) implement a one-year follow-up phone-call program for adolescent and young adults suicide attempters; (2) assess its feasibility; (3) describe outcomes measures (repeat SA and observance of outpatient care); (4) assess risk factors to be out of sight at one year follow up; and (5) elicit subjective feedback after one year, using narrative data.

We also aimed to improve aftercare treatment by ensuring a reliable, continuing link with an embodied healthcare professional.

## 2. Method

### 2.1. Study design

We created a cohort of adolescents and young adults admitted to the ED for SA and re-contacted them using personalized phone calls at one week, one month, six months and 1 year after discharge.

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