Abstract half time seminar:

**Title**
Risk factors and treatment of individuals who have attempted suicide

**Background**
Suicide is a preventable cause of premature death and is highly associated with mental distress. The most well-documented risk factor for suicide is a history of attempted suicide. The incidence of suicide is highest within the first years of the attempt but the risk of suicide seems to persist for many years after a suicide attempt. The problem is multifaceted and efforts are needed in many different domains in society, including a great need for new health care strategies to reduce suicide deaths. There are great gains in improving the care of people who have made suicide attempts and, if possible, preventing new attempts and completed suicides.

**Aims and methods:** The overall aim of this thesis is to examine factors of importance for the improvement of the healthcare of suicide attempters. More specifically, we aim to better understand risk factors over time in people who have made suicide attempts, identify which coping strategies are associated with repeated suicide attempts and gain knowledge about what care has been offered to people with previous suicide attempts, who have later died by suicide and to provide the means to be able to test a new promising therapeutic suicide prevention intervention. The methods includes a long-term follow up of 1052 suicide attempters for the identification of risk factors, a medical record screening of healthcare provided to around 850 individuals two years before they completed suicide, a user-friendliness and interrater reliability examinations of the Attempted Suicide Short Intervention Program adherence and competence scale and an examination of the “pathways” (SEM) between coping style, repeated suicide attempts and suicidal intent in around 400 depressed patients.

**Preliminary results and significance**
Project 1: At follow-up, 7.2% were dead in suicide. 53% of those who died by suicide, died within 5 years after the suicide attempt. Relevant risk factors were psychosis or depression at the time of the suicide attempt, as well as a history of previous suicide attempts. Suicidal intent was a relevant risk factor only within the first five years.

An earlier suicide attempt should be considered a risk factor for completed suicide regardless of when the attempt occurred. It seems important to take on a very long-term - perhaps even a life-time – perspective when it comes to preventive interventions for suicide attempters, especially those with repeated suicide attempts, and/or major depression and/or a psychotic disorder.