***Out of Touch and out of Reach: Detecting and Finding Suicidal Patients who Find it Difficult to Disclose***

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This talk is based on my years of experience working in a psychiatric adolescent unit, an emergency room in a tertiary paediatric hospital, and in a large school based suicide prevention program the SEYLE study. The original idea came from psychological post mortem studies in the Israel Defence Force which were first published in 1993 under the title “Death Without Warning”. We found to our surprize that most of the actual suicides were high ranking ambitious soldiers who were ashamed to ask for help for serious depression or anxiety. This contrasted with the impulsive aggressive adolescents seen in the ER and in the adolescent unit who showed a wide spectrum of suicidal and aggressive behaviours but rarely died from suicide and coincided with a calculation made by David Shaffer that showed that the vast majority of adolescents presenting to the ER do not die from suicide. Further community studies by our group implied that although medically serious suicide attempters do not differ from medically non serious attempter in measures of depression and hopelessness they did differ in their tendency to share or disclose stressful feelings thus putting them in an “impossible situation” leading to serious suicide attempts and death. We also found that suicidal communications including attempts can have very different meaning as first described by Norman Kreitman as “para suicide” These findings have important theoretical implications as well as stressing the need for community programs such as teen screen and other programs which are proactive in asking students about suicidal feelings and intentions when thinking about prevention