Клинические, образовательные и социальные аспекты психологии здоровья

УДК 159.972

EDN JGJEDB
https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

Research article

Suicidal activity and suicidal motivation among patients after their first psychotic episode

E. V. Shchetinina [✉1], O. Yu. Shchelkova [2, 3], N. V. Chernov [1], G. P. Kostyuk [1]

[1] N. A. Alekseev Clinical Hospital No. 1 of Moscow Health Department,
2 Zagorodnoe Hwy., Moscow 117152, Russia
[2] Saint Petersburg State University, 7–9 Universitetskaya Emb., Saint Petersburg 199034, Russia
[3] V. M. Bekhterev National Research Medical Center for Psychiatry and Neurology,
3 Bekhtereva Str., Saint Petersburg 192019, Russia

For citation: Shchetinina, E. V., Shchelkova, O. Yu., Chernov, N. V., Kostyuk, G. P. (2025) Suicidal activity and suicidal motivation among patients after their first psychotic episode. *Psychology in Education*, vol. 7, no. 2, pp. 256–274. https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274 EDN JGJEDB

Received 30 August 2024; reviewed 1 December 2024; accepted 26 February 2025.

Funding: The study did not receive any external funding.

Abstract

Introduction. Suicidal behavior among individuals with mental illness represents an acute medical and social problem. This study explores personality traits, primary stress-coping strategies, suicidal activity, and suicidal motivation in patients who have experienced their first psychotic episode and have a documented history of suicide risk.

Material and Methods. The study was conducted at N. A. Alekseev Clinical Hospital No. 1 of Moscow Health Department. A total of 72 patients (aged 27.69 ± 0.79) were examined, all undergoing treatment in the Clinic of the First Psychotic Episode and having a documented history of suicidal risk. The methods included: the Mini-Mult Questionnaire, the Coping Behavior Questionnaire, the Suicidal Motivation Test and the Anti-Suicidal Motivation Test (both by Yu. Vagin), the Suicide Risk Questionnaire, the SAD PERSONS Suicide Risk Scale, and the Pierce Suicide Intent Scale. Data processing was performed using SPSS v. 25.0 and Excel 2010.

Results. The respondents showed significant deviations from normative values in personality traits, behavioral characteristics, stress-coping strategies and suicidal motivation. In most cases, suicidal behavior after a first psychotic episode was limited to suicidal thoughts, with actual suicide attempts occurring less frequently. The motivation for suicide most often involved a loss of meaning in life and intolerance of suffering. Protective cognitive constructs against suicide comprised 'narcissistic' motivation (self-love), 'ethical' motivation (a sense of responsibility toward loved ones), and 'cognitive hope' (the hope to find a way out and overcome the situation), alongside a deeply held conviction that suicide is unacceptable and taboo. Patients within the suicide risk group diagnosed with schizophrenia spectrum disorders demonstrated a destructive personality profile, characterized by elevated scores on the 'depression', 'psychasthenia', 'hysteria', and 'schizoid traits' scales compared to normative data. This group predominantly employed maladaptive coping strategies focused on 'avoidance of problem-solving', 'confrontation', and 'distancing', while showing reduced use of constructive coping mechanisms.

Conclusions. Patients who have experienced a first psychotic episode and have a history of suicide risk differ from the normative population in several personality and behavioral parameters. The distinct features of their emotional experiences and motivational sphere represent important targets for psychological intervention.

Keywords: first psychotic episode, suicide, schizophrenia, suicidal motivation, coping strategies

Научная статья

Суицидальная активность и мотивация пациентов, перенесших первый психотический эпизод

Е. В. Щетинина [✉1], О. Ю. Щелкова [2, 3], Н. В. Чернов [1], Г. П. Костюк [1]

[1] Психиатрическая клиническая больница № 1 им. Н. А. Алексеева Департамента здравоохранения города Москвы, 117152, Россия, г. Москва, Загородное шоссе, д. 2
[2] Санкт-Петербургский государственный университет, 199034, Россия, г. Санкт-Петербург, Университетская наб., д. 7–9
[3] Национальный медицинский исследовательский центр психиатрии и неврологии им. В. М. Бехтерева, 192019, Россия, г. Санкт-Петербург, ул. Бехтерева, д. 3

Для цитирования: Щетинина, Е. В., Щелкова, О. Ю., Чернов, Н. В., Костюк, Г. П. (2025) Суицидальная активность и мотивация пациентов, перенесших первый психотический эпизод. *Психология человека в образовании*, т. 7, № 2, с. 256–274. https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274 EDN JGJEDB

Получена 30 августа 2024; прошла рецензирование 1 декабря 2024; принята 26 февраля 2025.

Финансирование: Исследование не имело финансовой поддержки.

Аннотация

Введение. Суицидальное поведение психически больных людей является острой медико-социальной проблемой. Цель исследования — изучить личностные особенности, основные стратегии совладающего со стрессом поведения, особенности суицидальной активности и мотивации пациентов, перенесших первый психотический приступ и имеющих риск суицида в анамнезе.

Материал и методы. Исследование проведено на базе Психиатрической клинической больницы № 1 им. Н. А. Алексеева Департамента здравоохранения города Москвы. Обследованы 72 пациента 27,69 ± 0,79 лет, проходящих лечение в Клинике первого психотического эпизода и (на основании изучения данных медицинской документации) имеющих повышенный риск суицидальной активности. Пакет диагностического инструментария включал: опросник Мини-Мульт, опросник «Способы совладающего поведения», тесты «Суицидальная мотивация» и «Противосуицидальная мотивация» Ю. Р. Вагина, «Опросник суицидального риска», «Шкала оценки риска суицида» (The SAD Persons Scale), «Шкала суицидальных интенций» (The Pierce Suicide Intent Scale). Математико-статистическая обработка данных проводилась с помощью программ SPSS v.25.0 и Excel 2010.

Результаты. Исследование выявило значимые отличия в личностных и поведенческих особенностях, стратегиях совладания со стрессом и характером суицидальной мотивации от нормы. В большинстве случаев суицидальное поведение у лиц, перенесших первый психотический эпизод, ограничивается суицидальными мыслями, значительно реже — предпринимаемыми попытками. Мотивацией к совершению самоубийства чаще всего выступает потеря смысла жизни, а также непереносимость страданий. Доминирующими когнитивными конструктами, «защищающими» от совершения суицида, являются «нарциссическая» (любовь к себе) и «этическая» (чувство долга перед близкими людьми) мотивации, мотивация «когнитивной надежды» (надежды как-то найти выход и преодолеть ситуацию), а также внутреннее убеждение в недопустимости самоубийства, табуированность поступка. Для потенциальных суицидентов, страдающих расстройствами шизофренического спектра, характерен деструктивный личностный профиль, представленный значительно отличающимися от нормативных показателей подъемами по шкалам «депрессии», «психастении», «истерии» и «шизоидности». Арсенал копинг-стратегий этой группы пациентов отличается неконструктивностью, преобладают механизмы, направленные на избегание решения проблем, на «конфронтацию» и «дистанцирование», в то время как показатели активных и конструктивных копингов снижены.

Заключение. Пациенты, перенесшие первый психотический эпизод и входящие в группу риска по суициду, отличаются от нормы рядом личностных и поведенческих параметров. Характер переживаний и специфика мотивационной сферы при суицидальном поведении представляет собой мишень для психокоррекционной работы.

Ключевые слова: первый психотический эпизод, суицид, шизофрения, суицидальная мотивация, копинг-стратегии

Introduction

As early as 1911, the eminent Swiss psychiatrist Eugen Bleuler, who coined the term 'schizophrenia' for a group of psychotic disorders, emphasised the high suicidal tendency of such patients (Bleuler 1911). A century later, contemporary statistics serve as a grim confirmation of this observation. Drawing on WHO and Rosstat data, A. A. Krasnov et al. report that in 2021 suicides associated with mental disorders accounted for 71–90% of all completed suicides in Russia (Krasnov et al. 2021).

Since Émile Durkheim's sociological theory of suicidal behaviour, the understanding of the nature and mechanisms of this phenomenon has expanded considerably, and an eclectic approach now predominates. In Russia, A. G. Ambrumova made a significant contribution to the field by conceptualising suicidal behaviour as a consequence of socio-psychological maladjustment in circumstances subjectively experienced as unbearable (Ambrumova, Tikhonenko 1978), while Yu. R. Vagin proposed the concept of avital activity (Vagin 2011). Contemporary understandings of suicidal behaviour are also informed by the 'diathesis–stress' framework (Polozhij, Raspopova 2008).

Given its social significance, the issue of suicide among patients with schizophrenia has been extensively investigated by numerous Russian (Vinnikova et al. 2019; Vishnevskaya, Petrova 2014; Zhuravleva, Dvoryanchikov 2017; Kasimova et al. 2014; Logutenko 2013; Lyubov, Tsuprun 2013; Neznanov et al. 2018; Petrova 2021; Subotich 2023; Syrchina et al. 2014; Toropova 2016) and international (Chai et al. 2024; Courtet 2018; Hettige et al. 2018; Nordentoft et al. 2015; Pompili et al. 2007; Sinyor et al. 2015; Tahmazov et al. 2024; Ventriglo et al. 2016; Wasserman et al. 2021; Wastler et al. 2024) researchers. The majority of these studies involved patients whose chronic illnesses persisted over multiple years. Currently, there is a growing focus on the early stages of the disorder and the first years following a first psychotic episode.

The manifestation of a first functional psychosis typically occurs between 18 and 30 years of age (Kostyuk et al. 2017). Several contemporary authors have highlighted the need for precise diagnosis, timely medical intervention, and psychosocial rehabilitation for patients in hospital departments treating a first psychotic episode (Antokhin et al. 2024; Neznanov et al. 2018; Takkueva et al. 2019; Tarantova et al. 2022; Chernov, Karpenko 2019; Shashkova, Gazha 2020). While research into the causes and characteristics of suicidal behaviour across all stages of psychotic disorders is relevant, suicide risk is greatest in the first few years after diagnosis — that is, following the initial psychotic episode and first hospitalisation in a psychiatric unit. Some authors identify a high-risk period of 3–5 years from disease onset, while others note that at the time of a first suicide attempt, the illness duration may reach up to 10.3 years (Ambrumova, Tikhonenko 1978; Vinnikova et al. 2019; Ivanov, Egorov 2010; Courtet 2018; Nordentoft et al. 2015). Several studies have confirmed that suicidal behaviour in patients with schizophrenia is positively correlated with the severity of psychotic symptoms and with comorbid psychiatric conditions, particularly depressive disorders. (Zhuravleva, Dvoryanchikov 2017; Ivanova 2020; Toropova 2016).

Against this background, the present study aimed to examine personality traits, key stress-coping strategies, patterns of suicidal activity, and suicidal motivation in patients who have experienced their first psychotic episode and had a documented history of suicide risk.

Materials and Methods

The study was conducted at N. A. Alekseev Clinical Psychiatric Hospital No. 1 in Moscow (Chief Medical Officer: G. P. Kostyuk). A sample of patients from the Clinic of the First Psychotic Episode was selected according to the following criteria: ICD-10 diagnoses F20–F29 and disease duration of up to 5 years. In total, 139 patients were examined: 60 men (43.2%) and 79 women (56.8%), with a mean age of 25.65 ± 0.53 years.

Based on a review of medical records and hospitalisation circumstances, a subgroup with verified suicidal activity was identified — the suicide-risk group (n = 72; mean age 23.86 ± 0.65 years). All patients had a documented history of one or more suicide attempts or suicidal threats. Among these participants, 23% were diagnosed with schizophrenia, 34.5% with schizotypal personality disorder, 23.0% with acute and transient psychotic disorder, and 19.4% with schizoaffective disorder.

The psychosocial characteristics of the suicide-risk group were as follows: 20.9% had completed secondary education, 14.4% had completed vocational secondary education, 28.8% were university students (incomplete higher education), and 36% had completed higher education. Data were collected on the presence of ongoing psychotraumatic situations at the time of hospitalization (as a potential social factor contributing to suicide risk): 18.7% reported an ongoing psychotraumatic situation, 66.2% reported none, and 15.1% reported experiencing chronic stress in their lives (e. g., cramped living conditions, difficult or dysfunc-

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

tional relationships with parents or other family members, etc.).

Quantitative data on various manifestations of auto-aggressive behaviour that served as criteria for inclusion in the suicide-risk group were also collected. These included suicidal thoughts, suicidal intentions, episodes of self-harm, and actual suicide attempts. Analysis of patients' medical records yielded the sample statistics presented in Table 1.

The study employed adapted psychometric methods for assessing personality traits and coping strategies, alongside specialized instruments for examining different types of suicidal activity and motivation, suicidal intent, and current suicide risk. The psychological test battery comprised seven instruments: the Mini-Mult Questionnaire (Zajtsev 1981), the Ways of Coping Questionnaire (WCQ) by R. Lazarus (Vasserman et al. 2014), the Suicidal Motivation and Anti-Suicidal Motivation tests (Vagin 2011), the Suicide Risk Questionnaire in the modification of T. N. Razuvaeva (Pichikov, Popov 2022), the SAD PERSONS Suicide Risk Scale (Chistopolskaya et al. 2023), and the Pierce Suicide Intent Scale (Chistopolskaya et al. 2013).

Data were processed using SPSS v. 25.0 and Excel 2010. Analyses included descriptive statistics, frequency analysis (contingency tables), one-sample t-tests, and cluster analysis using Ward's method.

Results

At the first stage of the study, the severity of current suicide risk was assessed using the SAD PERSONS Scale. The results are summarised in Table 2.

The findings indicate that 44 out of 72 participants (61.1 %) exhibited a moderate risk, 19 participants (26.4 %) a low risk, and 9 participants (12.5 %) a high or very high risk of suicide. According to the design of the scale, suicide risk is evaluated based on the presence of risk factors previously identified in specialised studies. Thus, in the present sample, these factors were present in varying combinations and numbers in the vast majority of participants (almost three-quarters).

In addition to male gender and young age, suicide risk factors included psychosocial predictors such as a lack of social support (living alone, dysfunctional interpersonal relationships), absence of a spouse, the presence of severe disabling illness, as well as a range of psychopathological conditions (depression, thought disorders) and behavioural deviations (alcohol abuse).

At the next stage, data obtained using the Pierce Suicide Intent Scale were analysed in the same patient group. The results of this analysis are presented in Table 3.

The Pierce Suicide Intent Scale is designed to assess patients who have attempted suicide and consists of a checklist of specific preparatory actions, each scored to provide a total that reflects the seriousness of the suicidal intent. In the vast majority of patients (87.5%) in the present group, the level of suicidal intent was rated as low, since most individuals either sought psychiatric help themselves, alarmed by their own thoughts, or were attended by a psychiatric response team called by others, thereby preventing the suicide. Only 9.7% of participants, as shown in Table 3, engaged in serious preparation for ending their life, including

Table 1. Suicidal activity

Suicidal activity	n	%
Episodes of self-harm	15	20.3
Suicidal thoughts	74	100.0
Current suicide attempt	9	12.2
History of suicide attempts	8	10.8

Табл. 1. Суицидальная активность

Суицидальная активность	n	%
Эпизоды самоповреждения	15	20,3
Суицидальные мысли	74	100,0
Актуальная суицидальная попытка	9	12,2
Суицидальные попытки в анамнезе	8	10,8

Table 2. Assessment of the current risk of suicide

Suicide risk	Patient group N = 72	
	n	%
Low	19	26.4
Moderate	44	61.1
High	8	11.1
Very high	1	1.4
Mean suicidal intent score (M + m)	3.19 ± 0.129	

Табл. 2. Оценка актуального риска суицида

Риск суицида	Группа пациентов n = 72	
	n	%
Низкий	19	26,4
Средний	44	61,1
Высокий	8	11,1
Очень высокий	1	1,4
Средний показатель суицидальных интенций (M + m)	3,19 ± 0,129	

Table 3. Suicidal intentions

Level of suicidal intent	Patient group n = 72	
	n	%
Low	63	87.5
Moderate	2	2.8
High	7	9.7
Mean suicidal intent score (M + m)	1.89 ± 0.578	

Табл. 3. Суицидальные интенции

Уровень суицидальных интенций	Группа пациентов n = 72	
	n	%
Низкий	63	87,5
Средний	2	2,8
Высокий	7	9,7
Средний показатель суицидальных интенций (M + m)	1,89 ± 0,578	

having a concrete plan, means, a suicide note, and directly attempting the suicide.

The next step involved the use of the Suicide Risk Questionnaire (developed by A. G. Shmelev, modified by T. N. Razuvaeva) (Pichikov, Popov 2022). Unlike the previously used SAD PERSONS Scale, which assesses suicide risk on the basis of demographic, clinical and psychosocial characteristics, this instrument forecasts suicide risk primarily by assessing the intensity of certain individual

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

psychological characteristics of the respondents (Table 4).

According to the results, the most prominent suicide-risk factors in this patient group were the following: 'feeling of failure' (a negative self-concept characterised by beliefs in one's uselessness, incompetence, social weakness, and a sense of physical, moral or intellectual inferiority); 'maximalism' ('infantile maximalism of value orientations' — described by the instrument author as a tendency to fixate excessively on failures, to make selective, categorical judgments, to over-generalise experiences drawn from a specific, local conflict to other spheres of life); and 'emotional reactivity' ('the dominance of emotion over intellectual control when appraising a situation' — an immediate emotional reaction to a psychotraumatic event and difficulties with self-control).

Despite the prominence of some risk factors, the majority of respondents also displayed an anti-suicidal factor — a deep internal conviction that suicide is unacceptable, encompassing a set of moral, ethical and religious beliefs — which reduces the overall suicide risk and offers points of entry for psychotherapeutic intervention with these patients.

After evaluating the actual level of suicide risk and suicidal intent in the respondents, we sought

Table 4. Statistical characteristics of the scales of the Suicide Risk Questionnaire (modified by T.N. Razuvaeva)

Suicide risk factors	Patient group n = 72	
	M	σ
Demonstrativeness	0.93	1.510
Effectiveness	1.97	2.039
Uniqueness	1.18	1.605
Failure	2.10	2.319
Social pessimism	1.51	1.617
Breaking down cultural barriers	1.41	1.522
Maximalism	2.08	2.266
Time perspective	1.24	1.770
Anti-suicidal factor	5.11	1.985

Табл. 4. Статистические характеристики шкал методики суицидального риска (в модификации Т. Н. Разуваевой)

Факторы суицидального риска	Группа пациентов n = 72	
	M	σ
Демонстративность	0,93	1,510
Аффективность	1,97	2,039
Уникальность	1,18	1,605
Несостоятельность	2,10	2,319
Социальный пессимизм	1,51	1,617
Слом культурных барьеров	1,41	1,522
Максимализм	2,08	2,266
Временная перспектива	1,24	1,770
Антисуицидальный фактор	5,11	1,985

to determine the motivational orientation of their suicidal behaviour. Assessment was conducted using Yu. R. Vagin's Suicidal Motivation and Anti-Suicidal Motivation tests; the results are presented in Tables 5 and 6.

Table 5 shows that the predominant motives for suicide in these patients were 'anemic' motivation (loss of meaning in life) and 'anesthetic' motivation (intolerance of suffering), whereas 'heteropunitive' suicidal motivation (an intent to punish others) was the least common at the onset of illness among patients with schizophrenia-spectrum disorders.

Many authors emphasise that a valid assessment of suicide risk requires consideration of both suicidal motivation and anti-suicidal (protective) motivation — the 'anti-suicidal personality factors' of individuals at risk of suicide (Ambrumova, Tikhonenko 1978; Vagin 2011). Table 6 shows that the dominant anti-suicidal motivations in our sample were 'narcissistic' motivation (self-love), 'cognitive hope' (the hope of somehow resolving the situation or finding a way out), and 'ethical' motivation (a sense of duty towards close others). In this sample, 'religious' motivation was the least prevalent protective motive.

Of particular research interest was the assessment of personality characteristics and coping strategies among patients with a history of suicidal activity. The comparison of these patients' scores with national normative data is presented in Table 7.

Patients at suicide risk who had experienced a first psychotic episode showed markedly elevated scores on the Mini-Mult scales for 'depression', 'hysteria', 'psychasthenia' and 'schizoid traits' compared with normative values, whereas scores on the 'hypomania' scale (reflecting activity and a positive mood tone) were, as expected, reduced relative to the mean norm. Overall, the personality profile of patients at elevated risk of suicidal activity was unfavourable compared with the normative profile: both neurotic and psychotic-spectrum scales were elevated, indicating an increased level of psychological strain and discomfort as well as difficulties in psychological and social adaptation. In particular, the combination of elevated 'depression' and

Table 5. Statistical characteristics of the scales of the Suicidal Motivation Test

Suicidal motivation	**Patient group n = 72**	
	M	**σ**
Altruistic	5.26	5.597
Anemic	7.93	5.562
Anesthetic	7.71	5.890
Instrumental	2.74	3.838
Autopunitive	3.67	3.580
Heteropunitive	1.82	2.879
Post-vital	2.32	3.476

Табл. 5. Статистические характеристики шкал методики «Суицидальная мотивация»

Суицидальная мотивация	**Группа пациентов n = 72**	
	M	**σ**
Альтруистическая	5,26	5,597
Анемическая	7,93	5,562
Анестетическая	7,71	5,890
Инструментальная	2,74	3,838
Аутопунитическая	3,67	3,580
Гетеропунитическая	1,82	2,879
Поствитальная	2,32	3,476

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

Table 6. Statistical characteristics of the scales of the Anti-Suicidal Motivation Test

Anti-suicidal motivation	Patient group n = 72	
	M	σ
Provital	7.07	5.450
Religious	3.89	5.131
Ethical	11.01	4.790
Moral	7.18	4.886
Aesthetic	6.61	4.656
Narcissistic	12.17	3.958
Cognitive hope motivation	11.82	4.153
Temporary inflation motivation	9.24	5.095
Final uncertainty motivation	6.17	5.140

Табл. 6. Статистические характеристики шкал методики «Противосуицидальная мотивация»

Противосуицидальная мотивация	Группа пациентов n = 72	
	M	σ
Провитальная	7,07	5,450
Религиозная	3,89	5,131
Этическая	11,01	4,790
Моральная	7,18	4,886
Эстетическая	6,61	4,656
Нарциссическая	12,17	3,958
Мотивация когнитивной надежды	11,82	4,153
Мотивация временной инфляции	9,24	5,095
Мотивация финальной неопределенности	6,17	5,140

Table 7. Comparison of the indicators of the Mini-Mult Questionnaire and the Coping Behavior Questionnaire with normative data in patients at suicide risk

Indicators of the Mini-Mult Questionnaire and the Coping Behavior Questionnaire	M	δ	M	δ	T-criterion	Significance of differences (*p*)
	Norm		Group 1			
The Mini-Mult Questionnaire						
D — Depression	50.0	10.0	57.42	13.66	4.577	0.000
Hy — Hysteria	50.0	10.0	54.34	12.97	2.817	0.006
Pt — Psychasthenia	50.0	10.0	60.00	13.70	6.150	0.000
Sc — Schizoid	50.0	10.0	60.00	12.50	6.743	0.000
Ma — Hypomania	50.0	10.0	47.45	11.84	–1.815	0.074

Table 7. Completion

Indicators of the Mini-Mult Questionnaire and the Coping Behavior Questionnaire	M	δ	M	δ	T-criterion	Significance of differences (*p*)
	Norm		Group 1			
The Coping Behavior Questionnaire						
Confrontation	50.0	10.0	44.02	14.73	–3.038	0.004
Distancing	50.0	10.0	44.55	14.07	–2.897	0.005
Self-control	50.0	10.0	46.54	14.60	–1.776	0.081
Acceptance of responsibility	50.0	10.0	46.61	13.51	–1.879	0.066
Escape–avoidance	50.0	10.0	57.04	14.98	3.515	0.001
Positive reappraisal	50.0	10.0	43.68	14.33	–3.300	0.002

Табл. 7. Сравнение показателей методик Мини-Мульт и «Способы совладающего поведения» с нормативными данными в группе пациентов с риском суицида

Показатели методик Мини-Мульт и «Способы совладающего поведения»	M	δ	M	δ	Т-критерий	Значимость различий (*p*)
	«Норма»		Группа пациентов			
Мини-Мульт						
D — Депрессия	50,0	10,0	57,42	13,66	4,577	0,000
Ну — Истерия	50,0	10,0	54,34	12,97	2,817	0,006
Pt — Психастения	50,0	10,0	60,00	13,70	6,150	0,000
Sc — Шизоидность	50,0	10,0	60,00	12,50	6,743	0,000
Ma — Гипомания	50,0	10,0	47,45	11,84	–1,815	0,074
Способы совладающего поведения						
Конфронтация	50,0	10,0	44,02	14,73	–3,038	0,004
Дистанцирование	50,0	10,0	44,55	14,07	–2,897	0,005
Самоконтроль	50,0	10,0	46,54	14,60	–1,776	0,081
Принятие ответственности	50,0	10,0	46,61	13,51	–1,879	0,066
Бегство-избегание	50,0	10,0	57,04	14,98	3,515	0,001
Положительная переоценка	50,0	10,0	43,68	14,33	–3,300	0,002

'psychasthenia' scales relative to norms suggests the possibility of affective disturbances of an anxious-depressive character, while a disharmonious combination of the rise in both 'schizoid' and 'hysteria' scales indicates possible impairment of social adaptation, along with unpredictable or demonstrative (possibly, overly elaborate) patterns of behaviour.

In terms of coping, patients at suicide risk showed reduced scores on five of the eight scales of the Ways of Coping Questionnaire compared with normative means; the exception was the Escape-Avoidance scale, which significantly exceeded the corresponding normative value. Overall, these data indicate that patients at suicide risk make insufficient use of the full range of coping strategies when confronted with stressful and problematic life situations, preferring the non-constructive strategy of avoidance and, among other things, employing maladaptive forms of distancing from the problem.

In the next stage, Ward's cluster analysis was employed to identify groups (clusters) of patients with similar psychological profiles, and one-way ANOVA was used to determine statistically significant differences between clusters on the

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

psychological measures studied. Cluster analysis yielded two groups of participants that differed on the following psychological characteristics.

The first cluster (Cluster 1), conventionally labelled 'Maladaptive', comprised patients characterised by general psychological strain, depressive features, a number of accentuated personality traits, and elevated suicide risk. It included more than half of the patients subjected to the cluster analysis (n = 46; 63.9%), with a mean age of 23.1 ± 4.8 years. The second cluster (Cluster 2), conventionally labelled 'Relatively Adaptive', comprised 26 patients (36.1%), with a mean age of 25.1 ± 6.8 years.

Comparison of scale scores reflecting the emotional–personality and behavioural domains in Cluster 1 and Cluster 2 produced the following statistically significant and near-significant differences (Table 8). As shown in Table 8, participants in Cluster 1 displayed more pronounced accentuated personality traits, higher levels of emotional strain, and greater problems of social adaptation according to the Mini-Mult Questionnaire. The largest statistical differences between clusters were obtained for hysteria and depression, which characterise Cluster 1 patients as more demonstrative in presenting their emotions, more prone to manipulative behaviour, and more likely to fixate on and dramatize their emotions.

Table 9 presents statistically significant and near-significant differences between Cluster 1 and Cluster 2 patients on measures reflecting various aspects of suicidal activity and motivation; Table 10 reports differences on measures of suicide risk and suicidal intent.

Comparison of the clusters on suicidal activity and suicidal motivation indicators showed that participants in Cluster 1 ('Maladaptive') exhibited greater suicidal readiness: their suicide risk and level of intent were substantially higher than those of the second group ('Relatively Adaptive'). Suicidal motivation in these patients was high, and their feelings were most often characterised by the sense of meaninglessness of life ('anemic' motivation) and an intolerance of suffering ('anesthetic' motivation). These patients also exhibited pronounced specific suicide-risk factors — notably demonstrativeness and feelings of personal failure combined with a sense of uniqueness of their personality; their judgments were underpinned by a sort of social pessimism. By contrast, patients in Cluster 2 ('Relatively Adaptive'), although classified during inpatient treatment as at risk of suicide, displayed low levels

Table 8. Statistical characteristics of psychodiagnostic instrument scales reflecting emotional-personal and behavioural characteristics of patients comprising Cluster 1 and Cluster 2

Psychodiagnostic indicator	Cluster 1		Cluster 2		F	*p*
	M	σ	M	σ		
The Mini-Mult Questionnaire						
Hs — Hypochondria	55.88	16.739	48.92	13.974	3.159	0.080
D — Depression	60.19	14.850	53.35	10.885	4.155	0.045
Hy — Hysteria	57.33	12.398	49.27	12.460	6.817	0.011
Pd — Psychopathy	53.67	10.288	49.27	12.460	2.918	0.092

Табл. 8. Статистические характеристики шкал методик, отражающих эмоционально-личностные и поведенческие особенности пациентов, составивших «Кластер-1» и «Кластер-2»

Психодиагностический показатель	«Кластер-1»		«Кластер-2»		F	*p*
	M	σ	M	σ		
Мини-Мульт						
Hs — Ипохондрия	55,88	16,739	48,92	13,974	3,159	0,080
D — Депрессия	60,19	14,850	53,35	10,885	4,155	0,045
Hy — Истерия	57,33	12,398	49,27	12,460	6,817	0,011
Pd — Психопатия	53,67	10,288	49,27	12,460	2,918	0,092

Table 9. Statistical characteristics of psychodiagnostic instrument scales reflecting suicidal activity and suicidal motivation of patients comprising Cluster 1 and Cluster 2

Psychodiagnostic indicator	Cluster 1		Cluster 2		F	*p*
	M	σ	M	σ		
The Suicidal Motivation Test						
Altruistic	7.78	5.444	0.81	1.812	39.953	0.000
Anemic	11.26	3.549	2.04	2.946	126.172	0.000
Anesthetic	11.26	4.090	1.42	2.023	131.588	0.000
Instrumental	3.61	4.047	1.19	2.912	7.154	0.009
Autopunitive	4.91	3.776	1.46	1.679	19.452	0.000
Heteropunitive	2.37	3.248	0.85	1.736	4.906	0.030
Post-vital	2.87	3.822	1.35	2.545	3.295	0.074
The Anti-Suicidal Motivation Test						
Provital	6.20	5.119	8.62	5.769	3.385	0.070
Religious	2.89	4.388	5.65	5.919	5.093	0.027
Ethical	11.76	4.089	9.69	5.676	3.194	0.078
Narcissistic	11.54	4.375	13.27	2.836	3.259	0.075

Табл. 9. Статистические характеристики шкал методик, отражающих суицидальную активность и мотивацию пациентов, составивших «Кластер-1» и «Кластер-2»

Психодиагностический показатель	«Кластер-1»		«Кластер-2»		F	*p*
	M	σ	M	σ		
Суицидальная мотивация						
Альтруистическая	7,78	5,444	0,81	1,812	39,953	0,000
Анемическая	11,26	3,549	2,04	2,946	126,172	0,000
Анестетическая	11,26	4,090	1,42	2,023	131,588	0,000
Инструментальная	3,61	4,047	1,19	2,912	7,154	0,009
Аутопунитическая	4,91	3,776	1,46	1,679	19,452	0,000
Гетеропунитическая	2,37	3,248	0,85	1,736	4,906	0,030
Поствитальная	2,87	3,822	1,35	2,545	3,295	0,074
Противосуицидальная мотивация						
Провитальная	6,20	5,119	8,62	5,769	3,385	0,070
Религиозная	2,89	4,388	5,65	5,919	5,093	0,027
Этическая	11,76	4,089	9,69	5,676	3,194	0,078
Нарциссическая	11,54	4,375	13,27	2,836	3,259	0,075

https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

Table 10. Statistical characteristics of psychodiagnostic instrument scales reflecting factors of suicide risk and suicidal intentions of patients comprising Cluster 1 and Cluster 2

Psychodiagnostic indicator	Cluster 1		Cluster 2		F	*p*
	M	σ	M	σ		
The Suicide Risk Questionnaire						
Demonstrativeness	1.20	1.734	0.46	0.837	4.148	0.045
Uniqueness	1.54	1.801	0.55	0.913	6.770	0.011
Failure	2.52	2.393	1.36	2.016	4.373	0.040
Social pessimism	1.92	1.706	0.77	1.142	9.476	0.003
Maximalism	2.57	2.365	1.23	1.828	6.179	0.015
The SAD PERSONS Scale and the Pierce Suicide Intent Scale						
The Pierce Suicide Intent Scale	2.96	5.891	0.00	0.000	6.507	0.013
The SAD PERSONS Scale	3.57	1.148	2.54	0.582	18.089	0.000

Табл. 10. Статистические характеристики шкал методик, отражающих факторы суицидального риска и суицидальных интенций пациентов, составивших «Кластер-1» и «Кластер-2»

Психодиагностический показатель	«Кластер-1»		«Кластер-2»		F	*p*
	M	σ	M	σ		
Факторы суицидального риска						
Демонстративность	1,20	1,734	0,46	0,837	4,148	0,045
Уникальность	1,54	1,801	0,55	0,913	6,770	0,011
Несостоятельность	2,52	2,393	1,36	2,016	4,373	0,040
Социальный пессимизм	1,92	1,706	0,77	1,142	9,476	0,003
Максимализм	2,57	2,365	1,23	1,828	6,179	0,015
Оценка риска суицида и уровень интенций						
Шкала суицидальных интенций Пирса (ШСИ)	2,96	5,891	0,00	0,000	6,507	0,013
Шкала оценки риска суицида (ШОРС)	3,57	1,148	2,54	0,582	18,089	0,000

of genuine suicidal motivation alongside pronounced anti-suicidal motivation. Their scores on suicide-risk scales were not high, and they exhibited no destructive personality traits.

Discussion

Research on suicidal behaviour among psychiatric patients has generally focused on patients with schizophrenia as a single population. In our study, however, we sought to specifically investigate patients after their first psychotic episode, examining personality characteristics, primary stress-coping strategies, and features of suicidal activity and motivation.

We did not aim to reconfirm the well-documented positive correlation between the 'extent' of psychosis or the content of psychotic manifestations and suicide risk, as reported by R. M. Logutenko (Logutenko 2013), I. A. Toropova (Toropova 2016), T. V. Zhuravleva and N. V. Dvoryanchikov (Zhuravleva, Dvoryanchikov 2017), L. A. Ivanova (Ivanova 2020), and others. Similarly, we did not aim to rediscover associations between suicide risk and sociodemographic parameters, which are already well established (Kasimova et al. 2014; Subotich

2023; and many others). Our objective was to gain insight into the purely psychological mechanisms underlying suicidal behaviour in first-episode patients.

The examination of *personality profiles* in our sample aligns with previous findings, particularly regarding the obvious contribution of depression and the presence of depressive personality traits (Zhuravleva, Dvoryanchikov 2017; Syrchina et al. 2014). However, we also managed to extend the psychological portrait of first-episode schizophrenic patients at risk of suicide: in addition to depressive traits, we identified psychasthenic, schizoid, and hysterical traits, which were significantly elevated compared to normative values.

Investigation of *suicidal activity* and *suicidal motivation* revealed that the primary motivators were the loss of meaning in life and intolerance of suffering. These feelings clearly contribute to the development of post-psychotic depression, thereby increasing patients' suicide risk, in agreement with the aforementioned studies. Additional suicide-risk factors included feelings of personal failure, immature 'maximalism' in value orientations, and emotional reactivity, acting as additional characteristics of psychological immaturity and emotional instability in patients at risk of suicide.

Dominant cognitive constructs protecting against suicide (anti-suicidal motivation) included 'narcissistic' motivation (self-love), 'ethical' motivation (a sense of duty towards close others), 'cognitive hope' (belief in the possibility of finding a solution and overcoming the situation), and, in many patients, a profound internal conviction regarding the unacceptability of suicide.

The *repertoire of coping strategies* in this patient group was largely non-constructive, limiting their ability to manage stress effectively and rationally. This pattern was, as expected, associated with auto-aggressive behaviour and supports A. G. Ambrumova's perspective that suicide results from personality maladaptation. Compared with normative values, our sample predominantly employed strategies oriented toward avoidance of problem-solving, further accumulation of negative affect, confrontation, and distancing, whereas active and constructive coping strategies were reduced. The non-constructive nature of stress-coping strategies aligns with findings by A. P. Kotsyubinskij et al. (Kotsyubinskij et al. 2018) in general schizophrenia samples.

The relationship identified between emotional–personality and behavioural characteristics in first-episode patients, on the one hand, and their suicidal behaviour, on the other, is consistent with recent studies by E. Yu. Antokhin et al. (Antokhin et al. 2024) and P. Courtet (Courtet 2018), which highlight the role of premorbid characteristics in designing rehabilitation programs for patients with endogenous psychoses.

Based on the collected data, we identified two personality profiles of patients at risk of suicide ('Maladaptive' and 'Relatively Adaptive'), allowing for more tailored approaches to psychological rehabilitation.

Limitations of the study include the relatively small sample size and variable expression of genuine suicidal tendencies: the majority of participants experienced suicidal thoughts, while those with actual attempts were in the minority. To obtain more informative data applicable to suicide prevention and rehabilitation following a first psychotic episode, broader inclusion criteria, larger sample sizes, and additional comparison groups (e. g., patients with longer illness duration) are required.

Conclusions

1. The psychological profile of patients who experienced a first psychotic episode and exhibited high suicidal intent differs from normative averages, with elevated depressive ($p = 0.000$), psychasthenic ($p = 0.000$), schizoid ($p = 0.000$), and hysterical ($p = 0.006$) traits.
2. The primary motivation for suicide in this patient category is 'anemic' (loss of meaning in life) and 'anesthetic' (intolerance of suffering).
3. Predominant anti-suicidal motivations among first-episode patients include 'narcissistic' motivation (self-love), 'ethical' motivation (sense of duty towards close others), and 'cognitive hope' (belief in the possibility of finding a solution and overcoming the situation), as well as a conviction in the unacceptability of suicide.
4. Additional suicide-risk factors in this patient group include indicators of emotional–personality immaturity and emotional instability, notably feelings of personal failure, immature 'maximalism' in value orientations, and heightened emotional reactivity. These characteristics were observed in many respondents.
5. Stress-coping strategies in psychotic patients at suicide risk are more destructive compared to normative values, notably avoidance ($p = 0.000$), confrontation ($p = 0.004$), and distancing ($p = 0.005$), while active and constructive strategies are reduced.
6. Cluster analysis identified two personality profiles among first-episode patients at risk of suicide: 'Maladaptive' and 'Relatively Adaptive'.

Thus, examining suicidal behaviour in first-episode patients with a history of suicide risk allows a conclusion that, beyond the known suicide-risk

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274

factors in this group (psychosocial parameters, comorbid pathology, severity and content of distressing feelings, etc.), there exist distinct subgroups of patients with different suicide risk profiles: one with relatively favourable traits in terms of rehabilitation potential, and another characterised by a destructive emotional background, rigidity and passivity in stress-coping strategies, and a tendency to accumulate negative, psychotraumatic feelings.

These findings support the development of rehabilitation pathways tailored to each patient category and may guide prospective psycho-corrective interventions.

Conflict of Interest

The authors declare that there is no conflict of interest, either existing or potential.

Конфликт интересов

Авторы заявляют об отсутствии потенциального или явного конфликта интересов.

Ethics Approval

The authors declare that the study complies with all ethical principles applicable to human and animal research.

Соответствие принципам этики

Авторы сообщают, что при проведении исследования соблюдены этические принципы, предусмотренные для исследований с участием людей и животных.

Data Availability Statement

Data are available upon request to the corresponding author.

Заявление о доступности данных

Данные доступны по запросу, адресованному автору-корреспонденту.

Author Contributions

E. V. Shchetinina — conducted the literature review, designed the research, collected and analyzed the empirical data, wrote and proofread the article; O. Yu. Shchelkova — developed the methodology, analyzed the empirical data, and proofread the article; N. V. Chernov — developed the research concept, analyzed the empirical data, and formulated the conclusions; G. P. Kostyuk — developed the methodology and proofread the article.

Вклад авторов

Щетинина Е. В. — обзор литературы, разработка дизайна исследования, сбор и анализ эмпирических данных, написание статьи и подготовка окончательной редакции текста; Щелкова О. Ю. — разработка методологии исследования, анализ эмпирических материалов, редактирование текста статьи; Чернов Н. В. — разработка концепции статьи, анализ эмпирических данных, формулирование выводов; Костюк Г. П. — разработка методологии исследования, редактирование текста статьи.

References

Ambrumova, A. G., Tikhonenko, V. A. (1978) Suitsid kak fenomen sotsial'no-psikhologicheskoj dezadaptatsii lichnosti [Suicide as a phenomenon of socio-psychological maladjustment of personality]. In: *Aktual'nye problemy suitsidologii. Sbornik nauchnykh trudov Moskovskogo NII psikhiatrii [Current problems of suicidology. Collection of scientific papers of the Moscow Research Institute of Psychiatry]*. Moscow: [s. n.], pp. 6–26. (In Russian)

Antokhin, E. Yu., Vasil'eva, A. V., Boldyreva, T. A., Antokhina, R. I. (2024) Individual'no-psikhologicheskie kharakteristiki i osobennosti sovladaniya s zabolevaniem u patsientov s pervym psikhoticheskim epizodom i postpsikhoticheskoj depressiej kak misheni dlya psikhosotsial'nykh interventsij [Individual psychological characteristics and features of coping with the disease in patients with the first psychotic episode and postpsychotic depression as targets for psychosocial interventions]. *Obozrenie psikhiatrii i meditsinskoj psikhologii imeni V. M. Bekhtereva — V. M. Bekhterev Review of Psychiatry and Medical Psychology*, vol. 58, no. 1, pp. 78–90. https://doi.org/10.31363/2313-7053-2024-775 (In Russian)

Bleuler, E. (1911) *Dementia Praecox: Oder Gruppe der Schizophrenien [Dementia Praecox: Or group of schizophrenias].* Leipzig: Franz Deuticke Publ., 420 p. (In German)

Chai, Y. Tang, J. Y.-M., Ma, D. C. F. et al. (2024) Self-harm and suicide rates before and after an early intervention program for patients with first-episode schizophrenia. *JAMA Network Open*, vol. 7, no. 8, article e2426795. https://doi.org/10.1001/jamanetworkopen.2024.26795 (In English)

Chernov, N. V., Karpenko, O. A. (2019) Psikhosotsial'naya reabilitatsiya v Klinike pervogo psikhoticheskogo epizoda GBUZ "PKB № 1 DZM" [Psychosocial rehabilitation in the Clinic of the first psychotic Episode Psychiatric Clinical Hospital No. 1 of the Moscow Department of Health]. In: G. P. Kostyuk (ed.). *Mezhdistsiplinarnye podkhody k izucheniyu psikhicheskogo zdorov'ya cheloveka i obshchestva. Materialy nauchno-prakticheskoj konferentsii. Ch. 2 [Interdisciplinary approaches to the study of human and social mental health. Proceedings of the scientific and practical conference. Pt. 2].* Moscow: KDU Publ., pp. 412–415. (In Russian)

Chistopolskaya, K. A., Enikolopov, S. N., Magurdumova, L. G. (2013) Mediko-psikhologicheskie i sotsial'no-psikhologicheskie kontseptsii suitsidal'nogo povedeniya [Medical-psychological and socio-psychological approaches to suicidal behavior]. *Suitsidologiya — Suicidology*, vol. 4, no. 3 (12), pp. 26–36. (In Russian)

Chistopolskaya, K. A., Kolachev, N. I., Enikolopov, S. N. (2023) Voprosy diagnostiki suitsidal'nogo riska: gde, kogda i kak provodit' otsenku [Issues of suicide risk diagnosis: Where, when and how to evaluate]. *Konsul'tativnaya psikhologiya i psikhoterapiya — Counseling Psychology and Psychotherapy*, vol. 31, no. 2, pp. 9–32. https://doi.org/10.17759/cpp.2023310201 (In Russian)

Courtet, P. (2018) Risque suicidaire lors du premier épisode psychotique [Suicidal risk during the first psychotic episode]. *L'Encéphale*, vol. 44, no. 6 (Suppl.), pp. S39–S43. https://doi.org/10.1016/S0013-7006(19)30078-8 (In French)

Durkheim, E. (1998) *Samoubiystvo: sotsiologicheskiy etyud [Suicide: a sociological study]*. Saint Petersburg: Soyuz Publ., 493 p. (In Russian)

Hettige, N. C., Bani-Fatemi, A., Sakinofsky, I., De Luca, V. (2018) A biopsychosocial evaluation of the risk for suicide in schizophrenia. *CNS Spectrums*, vol. 23, no. 4, pp. 253–263. https://doi.org/10.1017/S1092852917000128 (In English)

Ivanov, O. V., Egorov, A. Yu. (2010) Kliniko-statisticheskij analiz suitsidov v populyatsii psikhicheski bol'nykh (po dannym PND) [Clinical and statistical analysis of suicides in the population of mentally ill people (according to the data of neuropsychiatric dispensaries)]. *Psikhicheskoe zdorov'e — Mental Health*, vol. 8, no. 1 (44), pp. 14–18. (In Russian)

Ivanova, L. A. (2020) Suitsidal'noe povedenie pri shizofrenii i rasstrojstvakh shizofrenicheskogo spectra [Psychopharmacotherapy of suicidal behavior in schizophrenia and schizophrenic spectrum disorders]. *Acta Biomedical Scientifica*, vol. 5, no. 1. pp. 60–64. https://doi.org/10.29413/ABS.2020-5.1.7 (In Russian)

Kasimova, L. N., Vtyurina, M. V., Svyatogor, M. V. (2014) Otsenka faktorov suitsidal'nogo riska u bol'nykh shizofreniej [Evaluation of suicidal risk factors in schizophrenic patients]. *Sotsial'naya i klinicheskaya psikhiatriya*, vol. 24, no. 1, pp. 10–13. (In Russian)

Kostyuk, G. P., Shmukler, A. B., Golubev, S. A. (2017) Epidemiologicheskie aspekty diagnostiki shizofrenii v Moskve [Epidemiological aspects of the diagnosis of schizophrenia in Moscow]. *Sotsial'naya i klinicheskaya psikhiatriya*, vol. 27, no. 3, pp. 5–9. (In Russian)

Kotsyubinskij, A. P., Guseva, O. V., Butoma, B. G. (2018) Suitsidal'noe povedenie psikhicheski bol'nykh: biopsikhosotsial'nyj podkhod [Suicidal behaviour of mental patients: A biopsychosocial approach]. *Sotsial'naya i klinicheskaya psikhiatriya*, vol. 28, no. 2, pp. 5–11. (In Russian)

Krasnov, A. A., Sinenchenko, A. G., Rutkovskaya, N. S. (2021) Analiz mnogoprofil'nogo podkhoda k lecheniyu psikhicheskikh rasstrojstv, oslozhnennykh suitsidnoj popytkoj [Analysis of the multidiscipline approach to the treatment of mental disorders complicated by suicidal attempt]. *Vestnik psikhoterapii — Bulletin of Psychotherapy*, no. 1 (79), pp. 24–33. (In Russian)

Logutenko, R. M. (2013) Klinicheskie osobennosti gallyutsinatorno-paranoidnogo sindroma i autoagressii na fone religioznykh bredovykh idej pri paranoidnoj shizofrenii [Clinical features of hallucinatory paranoid syndrome and autoaggression on the background of religious delusions in paranoid schizophrenia]. *Akademicheskij zhurnal Zapadnoj Sibiri — Academic Journal of West Siberia*, vol. 9, no. 3 (46), p. 61. (In Russian)

Lyubov, E. B., Tsuprun, V. E. (2013) Suitsidal'noe povedenie i shizofreniya: biopsikhosotsial'nyj podkhod v diagnostike, lechenii i profilaktike [Suicidal behavior and schizophrenia: A biopsychosocial approach to diagnosis, treatment, and prevention]. *Suitsidologiya — Suicidology*, vol. 4, no. 3 (12), pp. 3–16. (In Russian)

Neznanov, N. G., Shmukler, A. B., Kostyuk, G. P., Sofronov, A. G. (2018) Pervyj psikhoticheskij epizod: epidemiologicheskie aspekty organizatsii pomoshchi [The first psychotic episode: Epidemiological aspects of care provision]. Nordentoft, M., Madsen, T, Fedyszyn, I. (2015) Suicidal behavior and mortality in first-episode psychosis. *The Journal of Nervous and Mental Disease*, vol. 203, no. 5, pp. 387–392. https://doi.org/10.1097/NMD.0000000000000296 (In English)

Petrova, N. N. (2021) Faktory riska i preventsiya suitsida pri shizofrenii: fokus na roli sovremennykh in'ektsionnykh antipsikhotikov-prolongov [Risk factors and suicide prevention in schizophrenia: Focus on the role of modern injectable antipsychotics-prolongs]. *Sovremennaya terapiya psikhicheskikh rasstrojstv — Current Therapy of Mental Disorders*, no. 3, pp. 31–37. https://doi.org/10.21265/PSYPH.2021.15.71.003 (In Russian)

Pichikov, A. A., Popov, Yu. V. (2022) Suitsidal'nyj krizis u podrostka: printsipy provedeniya klinicheskogo interv'yu i okazaniya ambulatornoj pomoshchi [Suicidal crisis in adolescents: Principles of conducting clinical interviews

and outpatient care]. In: N. V. Semenova, N. G. Neznanova (eds.). *Diagnostika i lechenie psikhicheskikh i narkologicheskikh rasstrojstv: sovremennye podkhody. Sbornik metodicheskikh rekomendatsij. Vyp. 5 [Diagnosis and treatment of mental and drug-related disorders: Modern approaches. Collection of methodological recommendations. Iss. 5]*. Saint Petersburg: Kosta Publ., pp. 343–364. (In Russian)

Polozhij, B. S., Raspopova, N. I. (2008) Psikhopatologicheskie, lichnostnye i situatsionnye faktory v strukture mekhanizmov suitsidal'nogo povedeniya u lits s psikhicheskimi rasstrojstvami [Psychopathological, personality and situational factors in the pattern of suicidal behavior of persons with mental disorders]. *Rossijskij psikhiatricheskij zhurnal — Russian Journal of Psychiatry*, no. 6, pp. 46–50. (In Russian)

Pompili, M., Amador, X. F., Girardi, P. et al. (2007) Suicide risk in schizophrenia: Learning from the past to change the future. *Annals of General Psychiatry*, vol. 6, article 10. https://doi.org/10.1186/1744-859X-6-10 (In English)

Shashkova, N. G., Gazha, A. K. (2020) Pervyj psikhoticheskij epizod: osobennosti okazaniya psikhiatricheskoj pomoshchi bol'nym v sovremennykh usloviyakh [The first psychotic episode: Peculiarities of providing mental health services to patients under modern conditions]. *Sotsial'naya i klinicheskaya psikhiatriya*, vol. 30, no. 2, pp. 80–90. (In Russian)

Sinyor, M., Schaffer, A., Remington, G. (2015) Suicide in schizophrenia: An observational study of coroner records in Toronto. *The Journal of Clinical Psychiatry*, vol. 76, no. 1, pp. e98–e103. https://doi.org/10.4088/JCP.14m09047 (In English)

Subotich, M. I. (2023) Kliniko-psikhologicheskie i sotsiodemograficheskie faktory suitsidal'nogo povedeniya i riska ego khronifikatsii: obzor issledovanij [Clinical-psychological and socio-demographic factors of suicidal behavior and the risk of its chronicity: A review of studiesh]. *Konsul'tativnaya psikhologiya i psikhoterapiya — Counseling Psychology and Psychotherapy*, vol. 31, no. 1, pp. 9–30. https://doi.org/10.17759/cpp.2023310101 (In Russian)

Syrchina, T. D., Starichkov, D. A., Zhdanok, D. N. (2014) Vyyavlenie suitsidal'nogo riska u bol'nykh shizofreniej na rannikh etapakh zabolevaniya [Identification of suicidal risk in patients with schizophrenia in the early stages of the disease]. *Meditsina i obrazovanie v sibiri — Journal of Siberian Medical Sciences*, no. 3, p. 73. (In Russian)

Tahmazov, E., Blachier, A., Nabbe, P. et al. (2024) Effect of early intervention for early-stage psychotic disorders on suicidal behaviours — a systematic review protocol. *Frontiers in Psychiatry*, vol. 15, article 1359764. https://doi.org/10.3389/fpsyt.2024.1359764 (In English)

Takkueva, E. V., Kholmogorova, A. B., Palin, A. V. (2019) Konsolidatsiya dostizhenij organizatsionnoj i klinicheskoj psikhologii v reabilitatsii bol'nykh shizofreniej: integrativnaya programma motivatsionnogo treninga [Consolidation of achievements of organizational and clinical psychology in the rehabilitation of patients with schizophrenia: An integrative programme of motivational training]. *Sovremennaya terapiya psikhicheskikh rasstrojstv — Current Therapy of Mental Disorders*, no. 1, pp. 38–48. https://doi.org/10.21265/PSYPH.2019.36.92.005 (In Russian)

Tarantova, K. A., Zyablov, V. A., Trushchelev, S. A. (2022) Mediko-sotsial'naya kharakteristika patsientov kliniki pervogo psikhoticheskogo epizoda [Medical and social characteristics of patients of the first psychotic episode clinic]. *Zhurnal nevrologii i psikhiatrii im. S. S. Korsakova — S. S. Korsakov Journal of Neurology and Psychiatry*, vol. 122, no. 1–2, pp. 35–40. https://doi.org/10.17116/jnevro202212201235 (In Russian)

Toropova, I. A. (2016) Suitsidal'noe povedenie bol'nykh, stradayushchikh shizofreniej [Suicidal behavior of patients suffering from schizophrenia]. *Mezhdunarodnyj studencheskij nauchnyj vestnik — European Student Scientific Journal*, no. 2. [Online]. Available at: https://eduherald.ru/ru/article/view?id=16619 (accessed 21.08.2024). (In Russian)

Vagin, Yu. R. (2011) Voprosy fenomenologicheskoj suitsidologii [Questions of phenomenological suicidology]. *Suitsidologiya — Suicidology*, no. 3, pp. 3–17. (In Russian)

Vasserman, L. I., Ababkov, V. A., Trifonova, E. A. et al. (2014) Psikhologicheskaya diagnostika sovladayushchego so stressom povedeniya [Psychological diagnosis of coping with stress behavior]. In: L. I. Vasserman, O. Yu. Shchelkova (eds.). *Psikhologicheskaya diagnostika rasstrojstv emotsional'noj sfery i lichnosti [Psychological diagnosis of emotional and personality disorders].* Saint Petersburg: Saint Petersburg State University Publ., pp. 323–345. (In Russian)

Ventriglo, A., Gentile, A., Bonfitto, I. et al. (2016) Suicide in the early stage of schizophrenia. *Frontiers in Psychiatry*, vol. 7, article 116. https://doi.org/10.3389/fpsyt.2016.00116 (In English)

Vinnikova, I. N., Dmitriev, A. S., Polozhij, B. S. et al. (2019) Suitsidal'noe povedenie kak faktor riska sotsial'noj opasnosti patsientov s rasstrojstvami shizofrenicheskogo spectra [Suicidal behavior as a risk factor for social danger in patients with schizophrenic spectrum disorders]. *Suitsidologiya — Suicidology*, vol. 10, no. 4 (37), pp. 76–84. https://doi.org/10.32878/suiciderus.19-10-04(37)-76-84 (In Russian)

Vishnevskaya, O. A., Petrova, N. N. (2014) Suitsidal'noe povedenie bol'nykh v remissii shizofrenii [Suicidal behavior of patients in remission of schizophrenia]. *Suitsidologiya — Suicidology*, vol. 5, no. 1 (14), pp. 35–41. (In Russian)

Wasserman, D., Carli, V., Iosue, M. et al. (2021) Suicide prevention in psychiatric patients. *Asia-Pacific Psychiatry*, vol. 13, no. 3, article e12450. https://doi.org/10.1111/appy.12450 (In English)

Wastler, H. M., Mengda, Y., Pan, X. et al. (2024) Trajectories of suicidal risk among individuals with first-episode psychosis: Relationship to recovery and symptoms. *Psychiatry Research*, vol. 338, article 115978. https://doi.org/10.1016/j.psychres.2024.115978 (In English)

Zajtsev, V. P. (1981) Variant psikhologicheskogo testa Mini-Mult [A variant of the Mini-Mult psychological test]. *Psikhologicheskij zhurnal — Psychological Journal*, vol. 2, no. 3, pp. 118–123. (In Russian)

Zhuravleva, T. V., Dvoryanchikov, N. V. (2017) Kliniko-psikhologicheskie aspekty suitsidal'nogo povedeniya lits s shizofreniej [Clinical and psychological aspects of suicidal behavior of people with schizophrenia]. *Mezhvuzovskaya nauchno-prakticheskaya internet-konferentsiya po yuridicheskoj psikhologii [Interuniversity Scientific and Practical Internet Conference on Legal Psychology].* [Online]. Available at: http://www.jp.mgppu.ru/forum/index.php?topic=196.0 (accessed 28.07.2024). (In Russian)

Литература

Амбрумова, А. Г., Тихоненко, В. А. (1978) Суицид как феномен социально-психологической дезадаптации личности. В кн.: *Актуальные проблемы суицидологии. Сборник научных трудов Московского НИИ психиатрии*. М.: [б. и.], с. 6–26.

Антохин, Е. Ю., Васильева, А. В., Болдырева, Т. А., Антохина, Р. И. (2024) Индивидуально-психологические характеристики и особенности совладания с заболеванием у пациентов с первым психотическим эпизодом и постпсихотической депрессией как мишени для психосоциальных интервенций. *Обозрение психиатрии и медицинской психологии имени В. М. Бехтерева*, т. 58, № 1, с. 78–90. https://doi.org/10.31363/2313-7053-2024-775

Вагин, Ю. Р. (2011) Вопросы феноменологической суицидологии. *Суицидология*, № 3, с. 3–17. EDN: OWECLL

Вассерман, Л. И., Абабков, В. А., Трифонова, Е. А. и др. (2014) Психологическая диагностика совладающего со стрессом поведения. В кн.: Л. И. Вассерман, О. Ю. Щелкова (ред.). *Психологическая диагностика расстройств эмоциональной сферы и личности*. СПб.: Изд-во СПбГУ, с. 323–345.

Винникова, И. Н., Дмитриев, А. С., Положий, Б. С. и др. (2019) Суицидальное поведение как фактор риска социальной опасности пациентов с расстройствами шизофренического спектра. *Суицидология*, т. 10, № 4 (37), с. 76–84. https://doi.org/10.32878/suiciderus.19-10-04(37)-76-84

Вишневская, О. А., Петрова, Н. Н. (2014) Суицидальное поведение больных в ремиссии шизофрении. *Суицидология*, т. 5, № 1 (14), с. 35–41. EDN: SBPVLN

Дюркгейм, Э. (1998) *Самоубийство: социологический этюд*. СПб.: Союз, 493 с.

Журавлева, Т. В., Дворянчиков, Н. В. (2017) Клинико-психологические аспекты суицидального поведения лиц с шизофренией. *Межвузовская научно-практическая интернет-конференция по юридической психологии*. [Электронный ресурс]. URL: http://www.jp.mgppu.ru/forum/index.php?topic=196.0 (дата обращения 28.07.2024).

Зайцев, В. П. (1981) Вариант психологического теста Mini-Mult. *Психологический журнал*, т. 2, № 3, с. 118–123. EDN: UEMUQH

Иванов, О. В., Егоров, А. Ю. (2010) Клинико-статистический анализ суицидов в популяции психически больных (по данным ПНД). *Психическое здоровье*, т. 8, № 1 (44), с. 14–18. EDN: NTYBUH

Иванова, Л. А. (2020) Суицидальное поведение при шизофрении и расстройствах шизофренического спектра. *Acta Biomedical Scientifica*, т. 5, № 1, с. 60–64. https://doi.org/10.29413/ABS.2020-5.1.7

Касимова, Л. Н., Втюрина, М. В., Святогор, М. В. (2014) Оценка факторов суицидального риска у больных шизофренией. *Социальная и клиническая психиатрия*, т. 24, № 1, с. 10–13. EDN: SEPROL

Костюк, Г. П., Шмуклер, А. Б., Голубев, С. А. (2017) Эпидемиологические аспекты диагностики шизофрении в Москве. *Социальная и клиническая психиатрия*, т. 27, № 3, с. 5–9. EDN: ZHBFWJ

Коцюбинский, А. П., Гусева, О. В., Бутома, Б. Г. (2018) Суицидальное поведение психически больных: биопсихосоциальный подход. *Социальная и клиническая психиатрия*, т. 28, № 2, с. 5–11. EDN: XWCPZB

Краснов, А. А., Синенченко, А. Г., Рутковская, Н. С. (2021) Анализ многопрофильного подхода к лечению психических расстройств, осложненных суицидной попыткой. *Вестник психотерапии*, № 1 (79), с. 24–33.

Логутенко, Р. М. (2013) Клинические особенности галлюцинаторно-параноидного синдрома и аутоагрессии на фоне религиозных бредовых идей при параноидной шизофрении. *Академический журнал Западной Сибири*, т. 9, № 3 (46), с. 61. EDN: QCOJAD

Любов, Е. Б., Цупрун, В. Е. (2013) Суицидальное поведение и шизофрения: биопсихосоциальный подход в диагностике, лечении и профилактике. *Суицидология*, т. 4, № 3 (12), с. 3–16.

Незнанов, Н. Г., Шмуклер, А. Б., Костюк, Г. П., Софронов, А. Г. (2018) Первый психотический эпизод: эпидемиологические аспекты организации помощи. *Социальная и клиническая психиатрия*, т. 28, № 3, с. 5–11. EDN: XYHKKL

Петрова, Н. Н. (2021) Факторы риска и превенция суицида при шизофрении: фокус на роли современных инъекционных антипсихотиков-пролонгов. *Современная терапия психических расстройств*, № 3, с. 31–37. https://doi.org/10.21265/PSYPH.2021.15.71.003

Пичиков, А. А., Попов, Ю. В. (2022) Суицидальный кризис у подростка: принципы проведения клинического интервью и оказания амбулаторной помощи. В кн.: Н. В. Семенова, Н. Г. Незнанова (ред.). *Диагностика и лечение психических и наркологических расстройств: современные подходы. Сборник методических рекомендаций. Вып. 5*. СПб.: Коста, с. 343–364. EDN: RZCLVT

Положий, Б. С., Распопова, Н. И. (2008) Психопатологические, личностные и ситуационные факторы в структуре механизмов суицидального поведения у лиц с психическими расстройствами. *Российский психиатрический журнал*, № 6, с. 46–50.

Суботич, М. И. (2023) Клинико-психологические и социодемографические факторы суицидального поведения и риска его хронификации: обзор исследований. *Консультативная психология и психотерапия*, т. 31, № 1, с. 9–30. https://doi.org/10.17759/cpp.2023310101

Сырчина, Т. Д., Старичков, Д. А., Жданок, Д. Н. (2014) Выявление суицидального риска у больных шизофренией на ранних этапах заболевания. *Медицина и образование в Сибири*, № 3, с. 73. EDN: SQRHUB

Таккуева, Е. В., Холмогорова, А. Б., Палин, А. В. (2019) Консолидация достижений организационной и клинической психологии в реабилитации больных шизофренией: интегративная программа мотивационного тренинга. *Современная терапия психических расстройств*, № 1, с. 38–48. https://doi.org/10.21265/PSYPH.2019.36.92.005

Тарантова, К. А., Зяблов, В. А., Трущелев, С. А. (2022) Медико-социальная характеристика пациентов клиники первого психотического эпизода. *Журнал неврологии и психиатрии им. С. С. Корсакова*, т. 122, № 1–2, с. 35–40. https://doi.org/10.17116/jnevro202212201235

Торопова, И. А. (2016) Суицидальное поведение больных, страдающих шизофренией. *Международный студенческий научный вестник*, № 2. [Электронный ресурс]. URL: https://eduherald.ru/ru/article/view?id=16619 (дата обращения 21.08.2024).

Чернов, Н. В., Карпенко, О. А. (2019) Психосоциальная реабилитация в Клинике первого психотического эпизода ГБУЗ «ПКБ № 1 ДЗМ». В кн.: Г. П. Костюк (ред.). *Междисциплинарные подходы к изучению психического здоровья человека и общества. Материалы научно-практической конференции. Ч. 2.* М.: Издательский дом КДУ, с. 412–415. EDN: JIUBDX

Чистопольская, К. А., Ениколопов, С. Н., Магурдумова, Л. Г. (2013) Медико-психологические и социально-психологические концепции суицидального поведения. *Суицидология*, т. 4, № 3 (12), с. 26–36. EDN: RCWHKL

Чистопольская, К. А., Колачев, Н. И., Ениколопов, С. Н. (2023) Вопросы диагностики суицидального риска: где, когда и как проводить оценку. *Консультативная психология и психотерапия*, т. 31, № 2, с. 9–32.

Шашкова, Н. Г., Гажа, А. К. (2020) Первый психотический эпизод: особенности оказания психиатрической помощи больным в современных условиях. *Социальная и клиническая психиатрия*, т. 30, № 2, с. 80–90.

Bleuler, E. (1911) *Dementia Praecox: Oder Gruppe der Schizophrenien.* Leipzig: Franz Deuticke Publ., 420 p.

Chai, Y. Tang, J. Y.-M., Ma, D. C. F. et al. (2024) Self-harm and suicide rates before and after an early intervention program for patients with first-episode schizophrenia. *JAMA Network Open*, vol. 7, no. 8, article e2426795. https://doi.org/10.1001/jamanetworkopen.2024.26795

Courtet, P. (2018) Risque suicidaire lors du premier épisode psychotique. *L'Encéphale*, vol. 44, no. 6 (Suppl.), pp. S39–S43. https://doi.org/10.1016/S0013-7006(19)30078-8

Hettige, N. C., Bani-Fatemi, A., Sakinofsky, I., De Luca, V. (2018) A biopsychosocial evaluation of the risk for suicide in schizophrenia. *CNS Spectrums*, vol. 23, no. 4, pp. 253–263. https://doi.org/10.1017/S1092852917000128

Nordentoft, M., Madsen, T, Fedyszyn, I. (2015) Suicidal behavior and mortality in first-episode psychosis. *The Journal of Nervous and Mental Disease*, vol. 203, no. 5, pp. 387–392. https://doi.org/10.1097/NMD.0000000000000296

Pompili, M., Amador, X. F., Girardi, P. et al. (2007) Suicide risk in schizophrenia: Learning from the past to change the future. *Annals of General Psychiatry*, vol. 6, article 10. https://doi.org/10.1186/1744-859X-6-10

Sinyor, M., Schaffer, A., Remington, G. (2015) Suicide in schizophrenia: An observational study of coroner records in Toronto. *The Journal of Clinical Psychiatry*, vol. 76, no. 1, pp. e98–e103. https://doi.org/10.4088/JCP.14m09047

Tahmazov, E., Blachier, A., Nabbe, P. et al. (2024) Effect of early intervention for early-stage psychotic disorders on suicidal behaviours — a systematic review protocol. *Frontiers in Psychiatry*, vol. 15, article 1359764. https://doi.org/10.3389/fpsyt.2024.1359764

Ventriglo, A., Gentile, A., Bonfitto, I. et al. (2016) Suicide in the early stage of schizophrenia. *Frontiers in Psychiatry*, vol. 7, article 116. https://doi.org/10.3389/fpsyt.2016.00116

Wasserman, D., Carli, V., Iosue, M. et al. (2021) Suicide prevention in psychiatric patients. *Asia-Pacific Psychiatry*, vol. 13, no. 3, article e12450. https://doi.org/10.1111/appy.12450

Wastler, H. M., Mengda, Y., Pan, X. et al. (2024) Trajectories of suicidal risk among individuals with first-episode psychosis: Relationship to recovery and symptoms. *Psychiatry Research*, vol. 338, article 115978. https://doi.org/10.1016/j.psychres.2024.115978

Authors

Evgeniya V. Shchetinina, Medical Psychologist, Head of Pathopsychological laboratory of the Clinic of the first psychotic episode, N. A. Alekseev Clinical Hospital No. 1 of Moscow Health Department
ORCID: 0009-0007-5060-8881, e-mail: evvladi@list.ru

Olga Yu. Shchelkova, Doctor of Sciences (Psychology), Professor, Head of the Department of Medical Psychology and Psychophysiology, Saint Petersburg State University; Senior Research Fellow, Bekhterev National Medical Research Centre of Psychiatry and Neurology
Scopus AuthorID: 6506644008, ORCID: 0000-0001-9444-4742, e-mail: o.shhelkova@spbu.ru

Nikita V. Chernov, Head of the Department of Psychotherapy and Social Rehabilitation, N. A. Alekseev Clinical Hospital No. 1 of Moscow Health Department
SPIN: 9649-8443, Scopus AuthorID: 57217293125, e-mail: n.chernov.psy@bk.ru

Georgy P. Kostyuk, Doctor of Sciences (Medicine), Professor, Chief Specialist-Psychiatrist of the Department of Health of Moscow, Chief Physician of N. A. Alekseev Clinical Hospital No. 1 of Moscow Health Department
Scopus AuthorID: 57200081884, ORCID: 0000-0002-3073-6305, e-mail: pkb1@zdrav.mos.ru

Сведения об авторах

Евгения Владимировна Щетинина, медицинский психолог, заведующий патопсихологической лаборатории Клиники первого психотического эпизода, Психиатрическая клиническая больница № 1 им. Н. А. Алексеева ДЗМ
ORCID: 0009-0007-5060-8881, e-mail: evvladi@list.ru

Ольга Юрьевна Щелкова, доктор психологических наук, профессор, заведующий кафедрой медицинской психологии и психофизиологии, Санкт-Петербургский государственный университет; старший научный сотрудник лаборатории клинической психологии и психодиагностики, Национальный медицинский исследовательский центр психиатрии и неврологии им. В. М. Бехтерева
Scopus AuthorID: 6506644008, ORCID: 0000-0001-9444-4742, e-mail: o.shhelkova@spbu.ru

Никита Владимирович Чернов, заведующий отделением психотерапевтической помощи и социальной реабилитации, Психиатрическая клиническая больница № 1 им. Н. А. Алексеева ДЗМ
SPIN-код: 9649-8443, Scopus AuthorID: 57217293125, e-mail: n.chernov.psy@bk.ru

Георгий Петрович Костюк, доктор медицинских наук, профессор, главный внештатный специалист психиатр Департамента здравоохранения города Москвы; главный врач Психиатрической клинической больница № 1 им. Н. А. Алексеева
Scopus AuthorID: 57200081884, ORCID: 0000-0002-3073-6305, e-mail: pkb1@zdrav.mos.ru

 https://www.doi.org/10.33910/2686-9527-2025-7-2-256-274