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Introduction: Alagoas is one of the poorest states of Brazil and its HDI is the country's worst.
Objectives: Present the epidemiological profile of suicides that occurred in the State of Alagoas from 2008 to 2018.
Methods: This research is epidemiological, descriptive and transversal. In this sense, data from the Universal Health System Informatics Department (DATASUS) were used to analyze the age range, marital status, race, sex, education and cause of death of the suicide victims.
Results: 1245 people committed suicide in Alagoas in the period of 10 years, they were 951 men (76%) and 294 women (24%). The main cause of death was self-harm caused by hanging, strangulation and suffocation (ICD X-70), occurring in approximately 67% of cases (836 people), followed by self-poisoning by drugs and medication (ICD X-64) 140 people, and pesticides (CID X-68) 92 people. The auto injuries caused by firearms (ICD X-72 to X-74) totalled 45 victims, while the self-inflicted injuries intentionally caused by precipitation from a high place (ICD X-80) totalled 38 victims. Most of those who took their lives were single (57%), brown (88%), had between 15 and 39 years old (55%) and did not have their education level informed (75%).
Conclusions: Thus, the present study demonstrated that there is a compromise of important statistical data on education level and there is the inexistence of data on family income and sexual orientation, which may help to understand the phenomenon of suicide in Alagoas. Despite all this, it was possible to identify a group of risk for suicide in the State: brown, single and young men.

Disclosure: No significant relationships.
Keywords: Suicide; epidemiology; Brazil; causa mortis

EPV0707

The suicidal survivor: Considerations for treatment in psychodynamic psychotherapy

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Introduction: Suicide is a phenomenon that is increasing in prevalence. Exposure to suicide by a loved one can be experienced as a traumatic event, capable of precipitating or aggravating preexisting psychiatric conditions. As much as we are clinically aware of gravity situation experienced by suicide survivors, there is a marked lack of studies on psychotherapeutic interventions in this population group.
Objectives: The present work aims to review the literature on the psychodynamic treatment of suicide survivors, considering their theoretical and technical aspects.
Methods: Narrative review of psychiatric and psychoanalytic literature.
Results: The initial reaction described on becoming aware of the suicide of someone close to you is of disbelief, shock and helplessness. This is followed by ambivalent feelings of hate and guilt, shame and hopelessness. Sometimes, a chronic depressive state expressed by the survivor's guilt can emerge. The mourning work will initially encounter resistance to face the loss of the object, through mechanisms such as denial, repression and psychotic fantasies. The lost suicide has a traumatic impact, modifying relational patterns and it is commonly associated with important isolation. The survivor will be able to transfer via fear the death of the therapist and even fantasize that he will also kill himself.
Conclusions: Psychodynamic psychotherapy with suicide survivors finds theoretical and practical foundations in the literature, mainly through discussions of reports clinical and theoretical reviews on the topic. Through transfer and therapeutic alliance, new patterns of object relation can be sketched, in a context of mourning so often complicated by shutdown pressures and loneliness.

Disclosure: No significant relationships.
Keywords: Suicide; Survivor; psychotherapy; trauma

EPV0709

Suicide postvention in psychiatry

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Introduction: During their career and sometimes during their training psychiatrists have to deal with the suicide of patients and have also to help other colleagues and families to cope with the situation. Suicide postvention should be integrated in psychiatric training and better implemented in both psychiatric and community contexts.
Objectives: To discuss the concept of suicide postvention in Psychiatry. To discuss the importance of addressing suicide postvention in psychiatric settings including during specialized training of Psychiatry residents.
Methods: MEDLINE and PubMed databases searches for peer-reviewed studies, published in the last ten years, using combinations of the key-words suicide postvention and psychiatry. Selection of the relevant studies according to the study aims.
Results: The literature search retrieved a total of 44 papers. All the articles that didn´t refer to the studied topic were excluded. Relevant articles discussing suicide postvention were selected, comprising a total of 22 articles. The reviewed papers discuss different contexts and strategies of suicide postvention that will be explored and critically discussed.
Conclusions: Addressing the topic of suicide postvention and implementing support programs and training in this field is crucial to psychiatry trainees, psychiatrists and other mental health professionals that integrate multidisciplinary teams, patients and their families and also to the community as a whole. Future research in this field can help to improve suicide postvention across different settings.

Disclosure: No significant relationships.
Keywords: Suicide postvention; psychiatry

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Training in psychiatry

EPV0711

From the lecture theatre to your digital device: Reflections on the production of educational podcasts within undergraduate psychiatry training

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Introduction: The COVID-19 pandemic has highlighted a need for engaging online resources to enrich psychiatry training for undergraduate medical students. Podcasting is a well-established digital communication platform utilised daily in a myriad of capacities, including education. A group of medical students were tasked with creating their own educational podcasts covering specific aspects of psychiatry.
Objectives: Each pair was set a sub-topic of psychiatry and utilised software to produce educational resources. The objective of this project was to reflect upon production as well as explore the efficacy of podcasting as a tool within undergraduate training.
Methods: The medical students conducted research and contacted experts within the field to contribute to their podcasts. The majority of the students then conducted reviews of the literature surrounding podcasting within medical education, which informed the production of their own podcasts. From this, it was discussed how this project could impact future practice, and indicated that podcasts may become crucial asynchronous learning tools in medical education.
Results: Literature review and first-hand experience of podcast production enabled the students to appreciate the advantages of podcasting and the potential for its widespread future applications. Their wider reading revealed that podcast-using study participants outperformed or matched their peers in assessments, and overwhelmingly enjoyed using podcasts over traditional teaching methods.
Conclusions: The use of podcasting can complement traditional psychiatry training and appeal to a generation of digital natives that prefer this learning style. Podcast production is also an excellent revision method, highlighting the advantages of peer-to-peer education in both learning and increasing engagement with psychiatry.

Disclosure: No significant relationships.
Keywords: podcast; training; peer-to-peer; undergraduate

EPV0713

The psychopathology of the elderly with multimorbidity. Is an integrated training model feasible?

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Introduction: The aging of the population implies a greater risk of psychopathological events; at the same time multimorbidity constitutes the rule rather than the exception in the manifestations of the health problems of the elderly. Multimorbidity involves many diagnostic-therapeutic interventions, from general practitioners to neurology, geriatrics, psychiatry but these interventions do not appear integrated with each other.
Objectives: Evaluate the availability of psychogeriatrics training programs to increase the interest and skills of the medical profession on the multimorbidity of the elderly.
Methods: We have conducted a review of the scientific literature on integrated training programs in the field of psychogeriatrics over the past decade on pubmed, comparing the different training models proposed.
Results: A still limited amount of articles on integrated psychogeriatric training have been published although the demand for psychogeriatric care continues to increse. The frail elderly seems to have a connotation in terms of costs rather in terms of care; moreover, everything concerning the elderly is reduced to the organic dimension alone, neglecting psychopathology.
Conclusions: The feasibility of integrated training programs between primary care and specialists such as neurologists, geriatricians, psychiatrists is a priority in the field of psychogeriatrics in consideration of the relevant multimorbidity. It is appropriate both to update knowledge and to review the organizational models of care so that the frailty of the elderly with multimorbidity does not quickly translate into disabilities with high social welfare needs. It is also necessary for generalist psychiatry to return to the value of psychopathology of the elderly.

Disclosure: No significant relationships.
Keywords: psychogeriatrics; training; elderly; multimorbidity

EPV0715

Bridging the treatment gap in India: Online training of psychologists in basic mental health services

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Introduction: The National Mental Health Survey of India 2015-16 (Gururaj et al., 2016) indicated a large treatment gap of 70-92% for mental disorders and a paucity of mental health specialists in the country. In order to address this treatment gap and develop human resources, the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, India, with impetus from the Ministry of Health and Family Welfare, Govt. of India, launched the online course of Diploma in Community Mental Health for Psychologists.
Objectives: The course was designed with the objective of training individuals with a Master's Degree in Psychology, in providing first-level psychological care in the community.
Methods: The course is a 3-month online programme comprising of approximately 25 hours of self-paced e-learning and 11 hours of live real-time interactive discussion via video conference. The course comprises of 6 modules, with an assessment at the completion of each module. Pre- and Post-Assessment is conducted to evaluate competencies achieved.

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