observed during the first two pandemic years. Detailed demographic data and potential risk factors are also to be presented in the lecture.

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EPV1069

A Pilot Predictive Model for Indirect Assessment of Suicidal Ideation

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Introduction: In recent years, there has been a concerning increase in suicidal thoughts and, in some countries, completed suicides, amplified by the COVID-19 pandemic. Screening for suicidal ideation (SI) in the general population is limited due to ethical, effectiveness, and feasibility concerns. Identifying individuals at risk of suicide remains a complex challenge. Our study aimed to develop a predictive model using COVID-19 data, gathering psychometric information from 1790 respondents in Slovenia via an online survey conducted between July 2020 and December 2020, with a second wave of data (ne=1200) collected from January 2022 to February 2022.
Objectives: With 9.7% of respondents reporting recent SI in the first wave of data, our primary goal was to estimate SI indirectly using SIDAS. We examined changes in habits, demographics, coping strategies, and satisfaction in key life aspects to discreetly identify potential risk factors.
Methods: We employed four machine learning algorithms (logistic regression, random forest, XGBoost, and support vector machines) and assessed model performance using the area under the receiver operating characteristic curve (AUC). Initial assessment used a held-out dataset, followed by validation with a new cohort of 1,200 users from the late COVID-19 period.
Results: Logistic regression, random forest, and XGBoost achieved comparable AUCs, reaching 0.83 on unseen data. Our analysis revealed significant associations between Brief-COPE subscales and SI. Self-Blame emerged as a strong SI indicator, followed by increased Substance Use, reduced Positive Reframing, Behavioral Disengagement, dissatisfaction with relationships, and younger age, in both 2020 and 2022 models. The model consistently performed well, even with varying population characteristics.
Conclusions: These results suggest that SI presence can be reasonably estimated using selected indicators, offering promise for developing an indirect screening tool without explicit questioning about suicidal thoughts. However, individuals flagged as at-risk should undergo clinical examination, as this model serves as an initial step in identifying SI risk factors in the context of the stressful event's (COVID-19 pandemic) impact on mental health.

Disclosure of Interest: None Declared

EPV1070

The Epidemic of Non-Suicidal Self-Harm in Adolescents and Young Adults in the Kyrgyz Republic

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Introduction: During the last two years, many young people and adolescents in the Kyrgyz Republic started to visit specialists due to Non-suicidal self-harm. A significant rise in the amount of such cases allowed specialists from the Republican Center of Psychiatry in Bishkek to think about an "epidemic "of self-harming behavior. Non-suicidal self-harm (NSSH) is defined as repeated, deliberate, direct injury to the body without suicidal intent that is not socially acceptable (Nixon et al., 2002) to reduce psychological discomfort in the absence of a conscious intention to take one's life (ICD-10 codes X60-X84, and ICD-11 codes PB80-PD3Z).
Objectives: To determine the causes of NSSH among adolescents and young adults who approached specialists in mental health sphere at Institute of Behavioral Health at the American University of Central Asia.
Methods: Over two years, forty-five adolescents and young adults under twenty-five who had committed self-harm visited specialists from the Behavioral Health Institute at the American University of Central Asia.
All the patients received either dialectical behavioral treatment or cognitive processing treatment, medication (paroxetine) was used in three cases.
Results: Thirty patients were girls under twenty-one, and fifteen were boys and young male adults. The overwhelming majority (40 people) had self-inflicted cuts, two had imposed burns with matches and cigarettes, and one had used self-suffocation without a bond. Reasons for self-harm were the following: releasing internal tension and anxiety, getting some rest from intrusive thoughts, relieving the inner pain, and a desire to "feel as a whole person." All the patients underlined that they did not want to attract attention from their family members; moreover, they tried to hide the consequences of self-harm.
Teens and young adults (twelve patients) from Kyrgyz traditional families visited a consultant or psychiatrist after a long drive through conventional or religious healers. All of the patients knew that they were addicted to self-harm, wanted to stop a problematic behavior, and could not stop it on their own. Ten patients have been diagnosed with borderline personality disorder. Two of them also had eating disorders. Five patients had PTSD, and five had social phobia. The others had recognizable anxiety symptoms.
Conclusions: The enormous rise of non-suicidal self-harm is a phenomenon that needs further research. Those cases often resist treatment due to the "addictive" component in the pathogenesis.

Disclosure of Interest: None Declared

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