for three years (61.4 days per patient), and with suicidal attempts (repeated within the last two years) through (80%) self-poisoning with psychotropic drugs. Nobody worked, and everyone was divorced.
Conclusions: On the background of ubiquitous underdiagnosis of depressive disorders in routine practice, RD patients with SP represent a high-resource users group with combined clinical and social problems requiring pharmacotherapy and target psychosocial rehabilitation.

Disclosure of Interest: None Declared

EPP0390

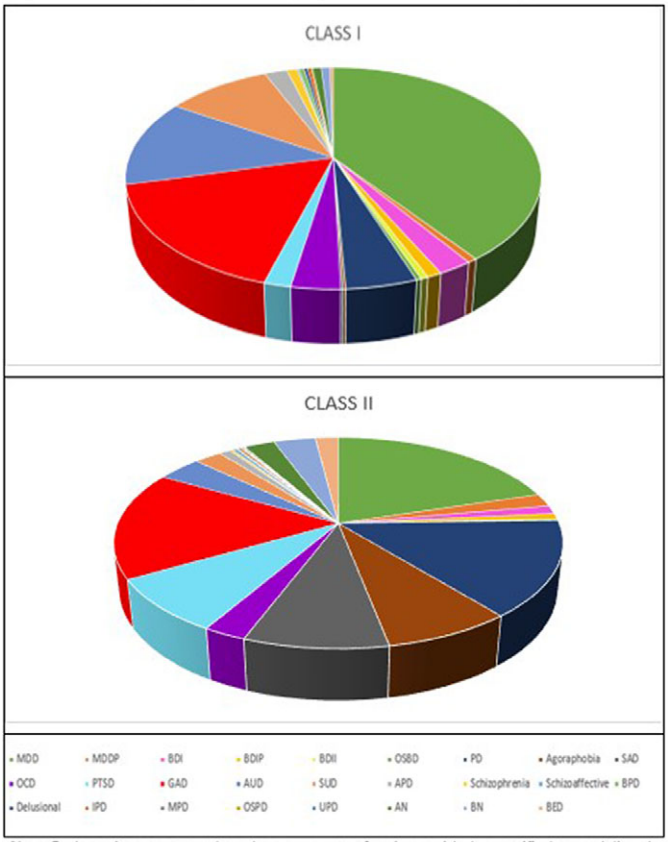
Psychiatric comorbidity profiles among suicidal attempters: A cohort study

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Introduction: More than 700,000 people die by suicide in 2019 globally (World Health Organitation 2021). Mental health problems constitute a risk factor for suicidal behavior and death by suicide (Hoertel et al. Mol Psychiatry 2015; 20 718–726). Different mental disorders have been related to different forms of suicidal ideation and behavior (Conejero et al. Curr Psychiatry Rep 2018; 20, 33) (Quevedo et al. Compr Psychiatry 2020; 102 152194). However, little is known on comorbidity profiles among suicide attempters.
Objectives: The aim of our work was to identify the psychiatric comorbidity profiles of individuals who were admitted a hospital emergency department due to a suicide attempt. Moreover, it intended to know their clinical characteristics according to comorbidity profile.
Methods: A sample of 683 attempters (71.30% female; M age= 40.85, SD= 15.48) from the SURVIVE study was used. Patients were assessed within the 15 days after emergency department admission. Sociodemographic (i.e., sex, age, marital status and employment status) and clinical data were collected. The International Neuropsychiatric Interview (MINI) was used to assess DSM-V Axis 1 mental health diagnoses and the Columbia Suicide Rating Scale (C-SSRS) to assess suicidal ideation and behavior. The Acquired Capacity for Suicide-Fear of Death Scale (ACSS-FAD), the Patient Health Questionnaire (PHQ-9) to assess the frequency of depressive symptoms during the past 2 weeks, and the General Anxiety Disorder-7 (GAD-7) scale to assess symptoms of worry and anxiety were also conducted. For the identification of comorbidity profiles, latent class analysis framework was followed considering diagnosis to each individual disorder as clustering variables. On the other hand, binary logistic regression was used to study the relationship between comorbidity profile membership and clinical factors.
Results: Two classes were found (Class I= mild symptomatology class, mainly featured by emotional disorder endorsement; and Class II= high comorbidity class, featured by a wide amount of endorsed diagnoses) (see figure 1). Individuals from the High comorbidity class were more likely to be female (OR= 0.98, p<.05), younger in age (OR= 0.52, p< .01), with more depressive symptoms (OR=1.09, p<.001) and have greater impulsivity (OR= 1.01, p<.05).
Image:

Figure 1. Percentage of patients with psychiatric disorder according to class.



Note. Each section corresponds to the percentage of patients with the specified mental disorder according to the assigned color.
MDD= Major Depressive Disorder, MDDP=MDD with psychotic features, BDI= Bipolar Disorder type I, BDIP=BDI with psychotic features, BDII= Bipolar Disorder type II, OSBD=Other specified and related BD, PD= Panic Disorder, SAD= Social Anxiety Disorder, OCD= Obsessive Compulsive Disorder, PTSD=Post-Traumatic Stress Disorder, GAD=Generalized Anxiety Disorder, AUD= Alcohol Use Disorder, SUD=Substance Use Disorder, APD= Any psychotic disorder, BPD=Brief psychotic disorder, IPD=Substance_Medication-Induced Psychotic Disorder, MPD= Psychotic disorder due to another medical condition, OSPD= Other specified schizophrenia spectrum and

Conclusions: We found two profiles of people with suicidal behavior based on the presence of mental disorders. Each of the suicidal subtypes had different associated risk factors. They also had a different profile of suicidal behavior.

Disclosure of Interest: None Declared

EPP0391

Suicide in adolescents exposed to the youth justice system: A 22-year retrospective data linkage study from Queensland, Australia

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Introduction: Little is known about the epidemiology of suicide in young people exposed to the youth justice system (YJS).
Objectives: We aimed to estimate the suicide rate in a large cohort of young people exposed to the YJS in Australia, and to identify the demographic/criminogenic risk factors associated with these deaths.
Methods: Data relating to all young people who had any contact with the YJS in Queensland between January 1993 and December 2014 (N=49,228) were linked to Australia's National Death Index. We calculated the incidence rate of suicide within the cohort, stratified by sex and Indigenous status. Poisson regression was used to assess the change in suicide rates over time. Crude mortality rates (CMRs) were calculated for all-suicide and method-specific suicides, both overall and within subgroups.
Results: Of the 48,228 participants, 1452 (3%) died during the follow-up period. For 31% (458) of decedents, the cause of death was suicide. The proportion of deaths due to suicide was highest for Indigenous females (37.9% of all deaths), followed by Indigenous males (36.8%), non-Indigenous males (30.1%) and non-Indigenous females (25.8%). Hanging was the most common method of suicide (83%).
Conclusions: The disproportionately high incidence of suicide following contact with the YJS is a cause for concern. There is a pressing need to better understand the trajectories of young people after discharge from the YJS. This missing epidemiological knowledge would inform targeted, preventive interventions to be implemented during the window of opportunity when these vulnerable young people are under the care of the YJS.

Disclosure of Interest: None Declared

EPP0392

Attitudes towards suicidal behavior in medical students of Lahore, Pakistan

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Introduction: The increasing global suicide rates pose a considerable strain on healthcare professionals. Subsequently, their attitudes toward suicide prevention may influence suicide risk and management, affecting the quality of care.
Objectives: To investigate the attitudes of Pakistani medical students toward suicide and its comparison with different sociodemographic factors.
Methods: A total of 1392 undergraduate medical students belonging to all five years took part in the cross-sectional study conducted in September 2022. In addition to socio-demographic factors, participants were asked about their attitudes toward suicide on a 5-point Likert scale using the ATTS (Attitudes towards suicide) questionnaire. Questions explored competence, religion, experience, and views on suicidal behavior and its treatment. Data were analyzed by using SPSS 26.
Results: The majority of respondents had no prior experience of looking after patients with suicide attempts (88.9%), the experience of having known someone who died by suicide (67.1%), or participation in suicide workshops (94.3%). Statistically significant items showed that males believed more strongly that suicide could be used to end suffering and would consider the possibility of doing it, revenge is the major driving factor, talking about suicide lessens its incidence, and people should have the right to take their own lives. Females more strongly believed that loneliness is the major driving factor, and that suicide is preventable. Preclinical students more strongly believed thought suicide was less justified, especially among young people, not a solution to end incurable illnesses, and that people should not have the right to take their own lives. 996 (71.6%) of respondents expressed their willingness to participate in workshops regarding suicide.
Conclusions: Our study suggests that medical students have little experience in handling suicidal patients and vastly differ in their attitudes. There is a need for suicide management training and further study data to support these findings.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP0393

When Will Life Return to Normal? Parental Mental Health Post Quarantine and Extended Lockdown

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Introduction: Research exploring the mental health impact of the early stages of the pandemic among parents has found that 1 in 4 parents experienced increased psychological distress and reported more than one negative mental health symptom, especially quarantined parents. Ongoing stressors for parents related to the Covid-19 pandemic abound, yet the long-term impact of the pandemic on parental mental health remains largely unexplored, limiting the development and effectiveness of prevention and intervention efforts.

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