EPV1081

Suicide behaviour after hospitalisation and related factors: a case report.

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doi: 10.1192/j.eurpsy.2023.2371

Introduction: Suicide is a global epidemic, with the World Health Organization (WHO) estimating that there are roughly 800,000 suicides annually, accounting for 1.4% of all deaths, and making suicide the 18th leading cause of death in 2016 (World Health Organization. There is a pressing need to better understand factors that contribute to suicide risk. One important domain for suicide prevention is inpatient psychiatric treatment, as many patients are admitted precisely in order to reduce their risk of suicide. Although inpatient psychiatric treatment is often used for suicide risk prevention the risk of suicide after inpatient treatment remains high. Patients who have been recently discharged have a greater risk of suicide than non-hospitalised mentally ill people.
Objectives: Review suicidal risk after hospitalisations and the factors that may have an influence on it.
Methods: Presentation of a patient's case and review of existing literature, in regards to the rate of suicide after a patient is released from psychiatric hospitalisation and the factors that surround it.
Results: The patient in question is admitted into a psychiatric ward with a diagnosis of severe psychotic depression, after a suicide attempt trying to dissect his arms' blood vessels. Health professionals at the hospital attend to his needs and the patient sees improvement. Not long after his release, there is a second hospital admission, which doesn't have the same result and after his release he successfully ends his life. What comes to mind with these sorts of patients is: what kind of help would they have needed? Why hospital admission was not enough? And which factors and profile of patient is more prone to develop suicide behaviour?
Conclusions: Admissions at psychiatric wards always have to be thought of as a beneficial resource for patients. There are some cases in which patients do not get the help they need by being hospitalised, increasing the risk of comitting suicide. A lot more studies will have to be carried out to understand what variables play a part in this. Meanwhile an improvement in outpatient care to support patients after hospital release is crucial.

Disclosure of Interest: None Declared

EPV1082

Experiences of self-harm and suicidality in a community sample of Irish Travellers

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doi: 10.1192/j.eurpsy.2023.2372

Introduction: Irish Travellers are an indigenous minority in Ireland with distinct history and culture, of which nomadism was traditionally an important feature. Travellers experience disadvantages in education, employment, housing and health. Suicide is a big problem in the Traveller community, their suicide rate is 11%: 6 to 7 times higher than the general population. 59.4% of Traveller men and 62.7% of Traveller women reported that their mental health has not been good for one or more days in the last 30. Despite the high rates of suicide, there is a paucity of clinical research into mental health of Travellers.
Objectives: Aim was to improve the scientific knowledge of the mental health of Irish Travellers by addressing the gap in the scientific literature.
The objective was to conduct a qualitative assessment of Travellers who have experienced self-harm and suicidal thoughts themselves, or who have a family member who has experienced same, by exploring their personal experience of distress, adversity and illness.
Methods: We conducted semi-structured interviews exploring the following topics: self-harm, bereavement by suicide, experience of mental illness and of seeking treatment, stigma, discrimination and perceptions of research participation. Participants were recruited from community Traveller organisations in order to improve participation. Data were analysed using Nvivo software for thematic analysis.
Results: Our participants aged from 22-62. 67% reported a personal history of self-harm, 83% had a psychiatric diagnosis. None were actively engaged with a Psychiatric team.
The main themes from the data were discrimination, identity issues, cultural understanding in healthcare settings, mental health and wider societal issues. Our findings showed that many Travellers who suffer from mental health problems and suicidal thoughts, find it hard to discuss problems openly within their families and communities due to stigma and shame, despite the high incidence of suicide. Many reported experiencing idenity crises, and a sense of not belonging in society, particularly since the introduction of legislation preventing them from aspects of their traditional lifestyles. Other common topics were literacy issues, womens and LGBTQplus rights.
Conclusions: Travellers are a marginalised group in our society with high rates of socioeconomic deprivation, which we know is a factor in mental illness and thoughts of self-harm or suicide. There is a need for improved education for mental healthcare workers into the culture of Travellers and for increased sensitivity and awareness of how to engage with patients with literacy issues. Stigma remains an issue within the Travelling community and more work needs to be done to improve engagement between Travellers and mental health services in order to prevent acute mental health crises and/or suicidal behaviour. Travellers remain a difficult to reach and under-researched group in our society.

Disclosure of Interest: None Declared

EPV1083

Suicide among physicians: what do we know about it?

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doi: 10.1192/j.eurpsy.2023.2373

https://doi.org/10.1192/j.eurpsy.2023.2373 Published online by Cambridge University Press

Introduction: The prevalence of mental illness has increased worldwide over the past few years. At the same time, and even in the sense, there is also an increase in suicide rates with special incidence in certain risk groups, among which health professionals stand out.
In this particular group, physicians seem to represent a class particularly vulnerable by the stress and demand associated with it, but also by access and knowledge about potentially lethal means. For this very part, they have a higher risk of suicide than the general population.
Objectives: This paper aims to better understand the phenomenon of suicide among physicians and identify which medical specialties are most vulnerable.
Methods: Bibliographic research in the Pubmed® database using the terms "suicide and physicians".
Results: The data obtained from the scientific literature consulted indicate that physicians have a higher risk of suicide than the general population, with greater emphasis on females who have higher rates compared to males.
Work factors that translate into higher levels of demand and stress combined with easy access and knowledge about the use of potentially lethal means seem to contribute very significantly to this phenomenon. Perfectionist personality traits with a high sense of responsibility and duty are also important characteristics that place these professionals in a position of greater vulnerability.
With regard to the different medical specialties, anesthesiology, psychiatry and general and family medicine are the ones with higher suicide rates among the medical class.
Conclusions: The risk of suicide, although admittedly high in the medical class, is not homogeneous among different countries, being naturally influenced by the satisfaction/gratification obtained in the performance of their profession. In this sense, countries such as Switzerland and Canada show higher levels of professional satisfaction. In the opposite direction, dissatisfaction in the exercise of clinical activity is associated with higher levels of fatigue and burnout.
Medical women, due to the need to combine the responsibility of family tasks with professional responsibility, are at greater risk.
In this sense, it is necessary to develop strategies that are more appropriate for the prevention and early identification of suicide risk situations that can be experienced not only by improving working conditions but also by better addressing professionals suffering from mental disorders.

Disclosure of Interest: None Declared

EPV1084

Development and Psychometric Testing The Suicide Risk Management Efficacy Scale

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doi: 10.1192/j.eurpsy.2023.2374

Introduction: Current suicidology literature emphasizes the need for suicide prevention and awareness training that include specific approaches tailored for specific professional groups. However, it is necessary that the scales used in the assessment of trainings contain the needs of the evaluated groups on risk management. Cancer patients are one of the groups with a high risk of suicide. Studies show oncology nurses have difficulties in recognising and managing the risk of suicide in oncology patients(Granek et al. Psycho-Oncology 2018; 27(1) 148–154, Öztürk and Hiçdurmaz. Journal of Clinical Nursing 2022; 1-15). Also, these studies underline the need to create training programmes peculiar to oncology that increase oncology nurses' awareness, knowledge, skills and efficacy in recognising and managing suicide risk. However, no study in the current literature presents scale that can assess the effect of these trainings on efficacy of oncology nurses or other professional who work oncology in the management of suicide risk. Valid and reliable scale is required to assess oncology nurses' efficacy in suicide risk management.
Objectives: This study aim to to develop and test the psychometric properties of the Suicide Risk Management Efficacy Scale (SRMES)
Methods: The study was conducted in two stages: (1) the creation of conceptual frameworks and scale items (2) assessing the scale psychometric properties. At the end of the feedback from 10 experts (Psychiatrists and Psychiatric Nurses), the scale content validity was completed and the scale was applied oncology nurses sample. Data were collected using a Descriptive Characteristic Form and the 26-item SRMES. Data were obtained from 234 oncology nurses. Exploratory, confirmatory factor analyses and reliability analyses were performed.
Results: Exploratory factor analyses extracted a unifactorial solution. Confirmatory factor analysis revealed that the unifactorial model presented highly satisfied and acceptable fit indexes (CMIN/df=1,927; CFI=.94; GFI=.844; IFI=0,941; TLI=.928; RMSEA=.063: NFI=0,884; RFI=0,86). According to the results of the principal component analysis, factor loads in the unifactorial structure are between 0.534 and 0.843. Cronbach's alpha value of the scale was 0,96, the inter-class reliability coefficient is 0.928.
Conclusions: The result of exploratory factor analysis and confirmatory factor analysis results were satisfactory. The SRMES is a valid and reliable scale that can be used to assess oncology nurses' efficacy perception on suicide risk management. The SRMES can also be used to evaluate the efficacy perceptions of other health professionals on suicide risk management who perform psychosocial assessments similar to nurses in oncology.

Disclosure of Interest: None Declared

EPV1085

Identifying Differences between Greek Adolescent Suicide Attempters and Adolescent Patients with No Suicidal Behavior

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doi: 10.1192/j.eurpsy.2023.2375

Introduction: Youth suicide is a significant public health problem resulting in a major social and economic burden for communities and a devastating impact on families.