and gaming disorder, and each has online specifiers given the relevance of the internet to each of these conditions in modern societies. This presentation will consider problematic usage of the internet with respect to formally specified disorders (gambling, gaming) as well as other online behaviors (e.g., use of social media) for which problematic engagement may be considered as an "other specified disorder due to addictive behaviors" in the ICD-11. European and global initiatives (e.g., the Lancet Psychiatry Commission on Problematic Usage of the Internet and the development of screening and diagnostic instruments involving World Health Organization workgroups) will be discussed. Clinical, developmental and public health implications will be presented to provide an up-to-date understanding of rapid changes in this area.

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STA003

New conceptualization of suicidal behaviour

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Abstract: Suicide is a huge public health problem with 700,000 deaths per year. United Nations are aiming to reduce suicide rates with 33 percent before 2030. Some countries have experienced declining trends, especially in Asia, partly due to restrictions in access to highly lethal pesticides. USA are facing increasing trends and in many western European countries there has been declining tendencies, but most recently rates have been rather stable.
Suicide preventive strategies have focused on universal prevention, thus intervention targeting the who population, selective prevention aiming to reduce risk in different high risk groups, and indicated prevention targeting people who are already having suicidal behavior. In most cases, suicidal acts are carried out within a short period of time, and in many cases without a long period of warning signals. In a way, suicidal acts resemble heart attacks or epileptic episodes more than other complications that often develop slowly and gradually. This makes the task of creating awareness programmes even more difficult.
However, a thorough mapping of risk groups and risk situations will enable us to plan a more targeted intervention. Thus, epidemiology and clinical research can play together.
The most important task is to identify those of immediate risk of suicide and provide treatment and support. There are four distinct risk groups with a very high suicide rate. These are 1) people sent home from psychiatric emergency room visits, 2) people recently discharged from psychiatric hospitalization 3) people who were hospitalized due to attempted suicide 4) people who have called lifeline or other NGO-driven helplines because of suicidal thoughts. It can be helpful to evaluate the population attributable risk associated with different risk factors. The population attributable risk is an estimate of the proportion of the problem that could be avoided if the increased risk in a specific risk group could be reduced to the level of the general population. All these four groups have a very high risk of suicide and together they accounted for 25 - 50 percent of all suicides in Denmark, and the help they are offered are in most countries fragmented and not well organized. Coherent and assertive interventions are needed in order to reduce suicide rates. Interventions will need to involve monitoring persons in high-risk groups for longer periods.
All mental disorders are associated with increased risk of suicide, especially the first years after first hospital contact.
Safety plans have proven to be an effective tool for suicide prevention, and this concept will be presented

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STA004

The social determinants of mental health: new insights for mental health professionals

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Abstract: People exposed to more unfavourable social circumstances are more vulnerable to poor mental health over their life course, in ways that are often determined by structural factors which generate and perpetuate intergenerational cycles of disadvantage and poor health. Addressing these challenges has become an imperative matter of social justice. In this paper we provide a roadmap to address the social determinants that cause mental ill health. Relying as far as possible on high-quality evidence, we first map out the literature that supports a causal link between social determinants and later mental health outcomes. Given the breadth of this topic, we focus on the most pervasive social determinants across the life course, and those that are common across major mental disorders. We draw primarily on the available evidence from the Global North, acknowledging that other global contexts will face both similar and unique sets of social determinants that will require equitable attention. Much of our evidence focuses on mental health in groups who are marginalized, and thus often exposed to a multitude of intersecting social risk factors. These groups include refugees, asylum seekers and displaced persons, as well as ethnoracial minoritized groups; lesbian, gay, bisexual, transgender and queer (LGBTQ+) groups; and those living in poverty. We then introduce a preventive framework for conceptualizing the link between social determinants and mental health and disorder, which can guide much needed primary prevention strategies capable of reducing inequalities and improving population mental health. Following this, we provide a review of the evidence that has tested candidate preventive strategies to intervene on social determinants of mental health. These interventions fall broadly within the scope of universal, selected and indicated primary prevention strategies, but we also briefly review important secondary and tertiary strategies to promote recovery in those with existing mental disorders. Finally, we provide seven key recommendations, framed around social justice, which constitute a roadmap for action in research, policy and public health. Adoption of these recommendations would provide an opportunity to advance efforts to intervene on modifiable social determinants that affect population mental health.

Disclosure of Interest: None Declared

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