EPV1960

"Second victim" as a psychiatrist: a cross-sectional survey about consequences of patient suicide on European early careers psychiatrists and psychiatric trainees

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Introduction: Suicide involves not only patients but also families and communities, causing long-lasting effects on those who "survive". The term "second victim" is used to define people who experience significant distress after a patient suicide (PS). For mental health professionals, PS could be considered an "occupational hazard".

Objectives: To assess the impact of patient death on psychiatric trainees and early career psychiatrists (ECPs), comparing PS to other causes of death.

Methods: Participants completed a socio-demographic section and a section about the experience of PS. Impact of event scale–revised version (IES-R) based on the last 7 days and the 7 days after the most recent patient death, Suicide Knowledge and Skills Questionnaire (SKSQ), the Impact of a Patient's Suicide on Professional and Personal Lives Scale and the Maslach Burnout Inventory (MBI) were administered.

Results: 110 subjects were recruited from 23 European and 1 Asian countries. The mean age was 31.9 (SD=4.7). Most were trainees (66.4%, n=73), worked in a psychiatric ward (61.8%, n=68), and in general adult psychiatry (83.6%, n=92). Patient death was experienced by 51.8 % (n=57) of the participants. 17.3% (n=19) experienced a PS, 12.7% (n=14) experienced multiple PS, 13.6% (n=15) had patients who died both by suicide and other medical conditions, and 8.2% (n=9) had patients who died from other medical conditions. The most reported feelings were sadness, regret, guilt, helplessness and frustration. Among participants who experienced at least one PS, 89.7% (n=35) developed symptoms. The most common were increased awareness of risk (40.4%; n=19), low mood (34.0%; n=16), anxiety (32.6%; n=15) and lack of concentration (26.1%; n=12). 6.5% (n=3) experienced suicidal thoughts/passive death wishes, and 6.5% (n=3) received individual psychotherapy treatment for their symptomatology. Having experienced a patient loss influenced clinical practice in 33.3% (n=19) of the sample, with 10.5% (n=6) reporting the affliction of the ability to carry out clinical duties. 12.7% (n=14) considered changing careers, 10.5% (n=6) took sick leave, 57.8% (n=33) received helpful support from colleagues. However, 52.3% (n=30) felt they needed additional support. According to the total score of IES-R scored on the 7 days after the most recent patient death, 22.9% (n=11) of the sample who experienced at least one PS had a score indicating a risk of PTSD, compared to 22.2% (n=2) of participants who experienced other type of patient death. No difference in all scales was observed in those experienced PS rather than any other kind of patient death ($p>0.05$).

Conclusions: Our results confirm that PS affects the mental health of ECPs and psychiatric trainees, and impacts their daily lives. A larger sample should be collected to strengthen our results and better characterize the impact of these events.

Disclosure of Interest: None Declared

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Beyond Self-Report: Addressing Suicide Risk in Personal Narrative Crisis

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Introduction: Effective suicide risk assessment remains a significant challenge in psychiatric care, particularly when dealing with patients undergoing acute crises. This case study highlights the limitations of current assessment practices and underscores the need for a more nuanced understanding of suicide risk, particularly through the lens of personal narrative crisis and Suicide Crisis Syndrome (SCS).

Objectives: The objective of this study is to describe a clinical case involving a patient with Suicide Crisis Syndrome (SCS), which emerged from a fundamental alteration in his personal life narrative. Additionally, this study reflects on the existing clinical gap due to the lack of consensual or homogeneous approaches for detecting suicide risk in psychiatric patients experiencing a crisis.

Methods: Methodology: A detailed review of the clinical process and hetero-anamnesis was conducted. The case explores the concept of SCS—an acute mental state that precedes a genuine suicide attempt.

Results: The patient, a 45-year-old single male with no children, had a biographical history marked by traumatic events during military service and the loss of a child in combat at age 30. For years, he exhibited symptoms consistent with Post-Traumatic Stress Disorder (PTSD), which he managed effectively through meditation and martial arts, resulting in total symptom remission for over a decade. However, following complex cardiac surgery two years ago, he experienced a significant loss of functionality and autonomy, leading to the abandonment of his martial arts practice and lifelong profession as a rehabilitation therapist. This change had profound emotional, behavioral, and socio-economic impacts, resulting in depressive symptoms. During psychiatric evaluation, the patient exhibited affective dysregulation, marked hopelessness, a sense of loss of meaning, feelings of non-belonging, social defeat, and difficulty adjusting unrealistic goals to his current situation. Although he denied active suicidal ideation, he reported intrusive thoughts of death.

Conclusions: Conclusion and Implications: The assessment of self-reported suicidal ideation is often unreliable. There is an urgent

need to adopt more comprehensive approaches that focus on the personal narrative crisis and SCS, as current evidence suggests that SCS is a strong predictor of actual suicidal behavior within 1-2 months after discharge.

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EPV1962

Suicidal Ideation Among College Students: cross-sectional study

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Introduction: Suicidal ideation, encompassing thoughts, planning, and the desire for death, is a critical facet of the suicidal process, potentially leading to suicide attempts and completion. Understanding its prevalence and severity among college students is vital for preventive interventions.

Objectives: Our study aimed to estimate the prevalence and severity of suicidal ideation among college students.

Methods: We conducted a cross-sectional and analytical study among students from various faculties in Sfax between October 2022 and January 2023. Student recruitment occurred electronically through a Google Forms questionnaire, emphasizing anonymity and the study's scientific purpose. We utilized the Suicidal Ideation Attributes Scale (French Version) (SIDAS-FR) to identify and assess the severity of suicidal ideation.

Results: Our sample comprised 149 students, predominantly female (83,20%), with an average age of 26 years. Among them, 78,5% were single, and 81,9% lived with their families. Nearly half of the students were from the Sfax Faculty of Medicine, and 64,4% were in their 3rd cycle of education. The mean total score on the SIDAS scale was 1,21 +/- 3,84. Suicidal ideation was reported by 11,4% of participants, with 5,36% indicating moderate to high severity. Factors associated with suicidal ideation included psychiatric disorders (p=0,00), alcohol consumption (p=0,033), psychotropic medication use (p=0,001), and unsatisfactory intrafamily communication (p=0,036).

Conclusions: Suicidal ideation, a concerning issue, particularly among young people, demands focused attention in public health efforts. Understanding the associated factors is pivotal for prevention strategies, emphasizing the importance of mental health support and effective communication within families.

Disclosure of Interest: None Declared

EPV1963

Associated factors of suicide attempt among patients with major depressive disorder in Vietnam

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Introduction: Suicide attempt is a person's suicidal behavior that does not result in death and may or may not result in injury. Understanding the factors associated with suicide attempts in patients with major depressive disorder is important to predicting future suicide attempts.

Objectives: To identify the associated factors with suicide attempts in patients with MDD at the University Medicine Center in Vietnam.

Methods: This cross-sectional analytical study was conducted in the psychiatry clinic of the University Medical Center of Ho Chi Minh City, Vietnam, from March to October 2023. Individuals aged 18 and more diagnosed with major depressive disorder as per DSM-5 TR were included. Exclusion criteria were current psychosis, severe intellectual disabilities, and acute medical illnesses.

Participants were interviewed using a questionnaire including sociodemographic criteria, clinical information, and the Hamilton Depression Rating Scale (HDRS).

Results: We collected 151 participants. The average age of participants was 41.3±15.5 years, and they were predominantly female (78.8%) and living in urban areas (62.9%). Nearly four fifths (79.5%) of patients are currently in severe depression. The prevalence of suicide attempts in the lifetime and past 3-months were 7.9% and 5.3% respectively.

In univariate logistic regression analysis of sociodemographic factors and clinical features of depression associated with suicidal attempt among individuals with major depressive disorder, we found that young age (OR=0,91; p=0,004), single status (OR=0,09; p=0,002), early onset of illness (OR=0,91; 95% CI 0,85-0,97), and severe depression as measured by the total HDRS score (OR= 1,19; 95% CI 1,06-1,34). In particular, the risk of a suicide attempt was 72 times higher in patients with a history of self-harm (OR=72,22; 95% CI 13,71-380,49). There was no association between gender, area, education level, cohabitation status and employment status with lifetime prevalence of suicide attempts. After adjusting for covariates using a multivariable logistic regression model, only the severity of depressive episode and history of self-harm remained significantly associated with suicide attempts.

Conclusions: Suicide attempts were significantly high among patients of major depressive disorder in Vietnam. The severity of depression and previous self-harm was significantly associated with it. There is a need for more research and a better understanding of the associated factor with suicide attempts in this population which in turn could lead to the development and implementation of effective preventive interventions.

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EPV1964

Collaboration Between Nursing, Psycology and Psychiatry in an Intensive Outpatient Program for Suicidal Ideation

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