Objectives: General Objective: To assess the prevalence of suicide-related consultations within the total psychiatric emergencies attended in 2023.

Specific Objectives:

1. To identify demographic and temporal patterns in suicide-related consultations.
2. To compare the prevalence of suicide-related consultations with other types of psychiatric emergencies attended during the same period.

Methods: The study is observational and retrospective, based on the analysis of psychiatric emergency records from 2023. Demographic variables such as gender and age were analyzed, as well as the cause of the consultations, classified as "suicide-related" or "other psychiatric causes." Statistical tools were used to identify significant patterns and relationships.

Results:

1. **Gender distribution:** 55.2% of the patients were women, and 44.8% were men.
2. **Age distribution:** Most consultations involved adults (74.4%), followed by older adults (16.7%) and minors (8.9%).
3. **Cause of the consultation:** 36.15% of the cases were related to suicidal behavior, while 63.85% were due to other psychiatric emergencies.
4. **Temporal pattern:** There was an increase in consultations during the autumn months, particularly in September and November.

Conclusions: The study reveals that over one-third of psychiatric emergency consultations were related to suicide, underscoring the need to enhance prevention strategies and early intervention. The results also show significant differences by gender and age, as well as seasonal patterns that may be linked to emotional and social factors. The findings emphasize the importance of identifying specific risk factors associated with gender and age, as well as reinforcing the training of emergency personnel to effectively intervene in cases of suicidal behavior. Moreover, attention should be given to months with higher incidence of suicide-related consultations, such as the autumn season.

Disclosure of Interest: None Declared

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A Suicide Attempt Multicomponent Intervention Treatment (SAMIT Program): Study Protocol for a Multicentric Randomised Controlled Trial

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Introduction: Suicide has become a first-order public health concern, especially following the negative impact of COVID-19 on the mental health of the general population. Few studies analysed the effects of early psychotherapeutic interventions on subjects who have attempted suicide (SA), and even fewer have focused on those hospitalized in non-psychiatric units after a medically serious suicide attempt (MSSA).

Objectives: The main aim of this study is to describe the protocol designed to evaluate the effectiveness of individual psychological treatment for patients hospitalized after an MSSA. The secondary objectives of the study are: 1) to evaluate the impact on quality of life and other psychosocial variables of patients with a recent MSSA who receive early psychological intervention; 2) to analyse the biological, psychological, and clinical impact of early psychotherapeutic treatment on subjects hospitalized after an MSSA.

Methods: An experimental, controlled, and randomized trial will be conducted with patients over 16 years of age admitted to two general hospitals. The case intervention group will enrol for 8-sessions of individual psychotherapy, Suicide Attempts Multicomponent Intervention Treatment (SAMIT), combining Dialectical Behaviour Therapy (DBT), Mentalization-Based Therapy (MBT), and Narrative approach. In contrast, the control group will receive a treatment-as-usual intervention (TAU). Longitudinal assessment will be conducted at baseline (before treatment), post-treatment, and 3, 6, and 12 months after. The main outcome variable will be re-attempting suicide during follow-up.

Results: Results from the interim analysis will be presented at the congress. We are in the recruitment and data-gathering phase.

Conclusions: Some psychotherapeutic interventions, usually implemented in outpatient, have proven to be effective in preventing suicidal behaviours. Early intervention, combining powerful components of main treatments focused on suicidal behaviour can prevent future SA in patients hospitalized after an MSSA. Moreover, assessment of the biological, clinical, and psychometric impact of this new intervention on patients during the first year after the attempt may help understand some of the multi-level factors associated with the effectiveness of psychotherapeutic interventions in MSSAs. The prevalence of high suicide rates requires the design of effective psychological interventions for their prevention, and also in order to design new pharmacological and psychological treatments.

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