Results: A total of 106 patients were enrolled. The mean age was 43.8 ± 10.3 years with a gender ratio of 0.53 (F/H). Fifty six percent (n=59) were married and had at least one child. The majority had an average socio-economic status (72.6%). Among the patients, 41.5% (n=44) were active smokers and 12.3% (n=13) misused alcohol. The most common occupational categories were nurses (18.9%) and laborers (14.2%). The average length of service was 17.41 ± 8.7 years. Only 9.4% of patients (n=10) had a history of redundancy. Amid the patients, 33.9% (n=36) had atypical working hours. A history of long-term sick leave for psychiatric reasons was present in 88.7% of cases (n=94). Sixty-eight patients were being treated for type 2 BD (64.2%) with an average age of onset of 29.7 ± 4.9 years. The mean number of mood episodes was 6.5 ± 3.5. The average length of hospitalization was 6.4 ± 14 days. The majority of patients (n=93, 86.9%) were receiving anticonvulsants and atypical antipsychotics. The mean total ISMI was 2,58 ± 0,87. More than half of our patients (56,6%) were self-stigmatized. Social withdrawal and alienation were found in 78,3% and 55,7% of cases, followed by assimilation of stereotypes (43,4%), discrimination (39,6%) and resistance to stigma (32,1%). Univariate analysis has revealed statistically significant associations between higher self-stigma scores and gender (p = 0,038), single or divorced status (p = 0,012), low socio-economic level (p = 0,002) and atypical working hours (p <0,001).
Conclusions: Preventive strategies including workplace accommodations and psychoeducation are essential to reduce stigma and support functional outcomes.

Disclosure of Interest: None Declared

EPP386

Functional impairment and its associated factors in a working population with bipolar disorder

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Introduction: Bipolar disorder (BD) is commonly associated with a significant functional impairment across multiple domains. Even during euthymic phases, many individuals with BD exhibit deficits in cognitive, social and occupational functioning. These impairments are often under-diagnosed in clinical practice despite their strong association with relapse risk and long-term disability.
Objectives: To assess the overall functional impairment among working patients with BD using a validated questionnaire and to identify its main associated risk factors.
Methods: This cross-sectional study was conducted over a one-year period (2024–2025) among consenting patients with BD referred for fitness-for-work evaluation at Charles Nicolle Hospital in Tunisia. Socio-demographic, clinical and occupational data were collected via a self-administered questionnaire. Functional impairment was assessed using the Functioning Assessment Short Test (FAST), a 24-item clinician-rated scale covering six domains: autonomy, occupational functioning, cognitive functioning, financial management, interpersonal relationships, and leisure activities. Each item is scored on a four-point Likert scale, with a total score >11 indicating global functional impairment.
Results: A total of 106 patients were enrolled. The mean age was 43.8 ± 10.3 years with a gender ratio of 0.53 (F/H). Fifty six percent (n=59) were married and had at least one child. The majority had an average socio-economic status (72.6%). Among the patients, 41.5% (n=44) were active smokers and 12.3% (n=13) misused alcohol. The most common occupational categories were nurses (18.9%) and laborers (14.2%). The average length of service was 17.41 ± 8.7 years. Amid the patients, 33.9% (n=36) had atypical working hours. A history of long-term sick leave for psychiatric reasons was present in 88.7% of cases (n=94). More than half of the patients had type 2 BD (64.2%, n = 68) with an average age of onset of 29.7 ± 4.9 years. The mean number of mood episodes was 6.5 ± 3.5. The average length of hospitalization was 6.4 ± 14 days. The majority of patients (n=93, 86.9%) were receiving anticonvulsants and atypical antipsychotics. Good treatment compliance was observed in 73.6% of cases. The mean FAST score was 21,98 ± 8,20. More than three-quarters of the patients (89,6%) had a global functional impairment. The most affected domains were occupational functioning (64,2%) and interpersonal relationships (63,2%). Univariate analysis has revealed statistically significant associations between higher FAST scores with gender (p = 0,02) and benzodiazepines use (p = 0,012).
Conclusions: These findings highlight the need for routine functional assessments and considered reducing benzodiazepine use and promoting targeted psychosocial interventions may help improve occupational functioning.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPP387

Addressing student challenges in poland: policy recommendations for enhancing academic success

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Introduction: Suicide is a leading cause of death in young people, and university students show substantial prevalence of suicidal thoughts and behaviors (Mortier et al. *J Am Acad Child Adolesc Psychiatry* 2018;57:263–273). In Europe, high psychological distress and unmet support among students—conditions linked to suicide risk—have been repeatedly documented (Ochnik et al. *Sci Rep* 2021;11:18644). This study quantifies equity-related challenges in Polish students and tests their association with academic struggles to inform prevention-focused policy.
Objectives: This study aims to: 1. Identify the key challenges affecting university students in Poland. 2.Analyze the statistical relationship between these challenges and academic struggles.

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3. Propose data-driven policy recommendations to enhance student support services.
Methods: Using a mixed-method approach, data were collected from 303 university students in Poland (January 2025) via selected questions of HESP-CCB survey created as part of the IASP Special Interest Group Education and Training in Suicide Prevention multicountry initiative, with quantitative analysis performed through descriptive statistics, chi-square tests, and logistic regression modeling. Qualitative responses were examined using thematic analysis to highlight key concerns.
Results: Quantitative data highlighted financial hardship (17.5%), living in rural or remote areas (16.2%), disabilities (5.6%), LGBTQIA2S+ identity (4.3%), and an immigration background (1.7%) as relevant challenges. The most commonly selected response was "None of the above" (51.5%), indicating that over half of the students did not identify with the predefined categories. The response "Other" (10.2%) suggested the existence of additional, unlisted barriers. Thematic analysis of qualitative data emphasized mental health challenges, academic pressure, and the need for stronger institutional support.
Conclusions: Based on the above findings, ten targeted policy recommendations are proposed including enhancing university support systems, improving mental health literacy and services, increasing financial aid opportunities, and introducing flexible academic policies. Addressing these challenges is crucial for improving student retention and academic success.

Disclosure of Interest: None Declared

EPP388

Studying Suicidality Among Psychiatric Nurses in Tunisia

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Introduction: Psychiatric nurses are frequently exposed to emotionally demanding and potentially traumatic events, including workplace aggression and patient suicide attempts. These experiences can increase psychological distress and elevate the risk of suicidality. Understanding the role of coping strategies in this context is essential for designing effective preventive interventions.
Objectives: To assess the prevalence of suicidality among psychiatric nurses and examine its association with workplace trauma, coping strategies and psychological distress
Methods: An exhaustive cross-sectional study was conducted among 237 psychiatric nurses in every public psychiatric unit in Tunisia. Data were collected using the Suicidal Behaviors Questionnaire-Revised (SBQ-R) to assess suicidality, the Brief COPE inventory to identify coping strategies, The Depression Anxiety Stress Scale (DASS-21) to measure psychological distress, Exposure to workplace aggression and witnessing patient suicide attempts was also documented through interviews.
Results: Among the 237 participants, 4.2% were identified as high risk for suicidality according to SBQ-R scores. Exposure to workplace aggression was reported by 67.5% of nurses, while 45.1% had witnessed a patient suicide attempt. On the DASS-21, 28.3% of participants had moderate to severe depression, 24.9% had moderate to severe anxiety, and 31.2% had moderate to severe stress. Suicidality scores were positively correlated with DASS-21 subscale scores, with higher suicidality observed among participants reporting elevated depression, anxiety, and stress. Regarding coping strategies, 38.4% predominantly used avoidant coping (e.g., behavioral disengagement, denial), whereas 61.6% reported frequent use of problem-focused strategies (e.g., planning, active coping). Both witnessing patient suicide attempts and experiencing workplace aggression were associated with higher SBQ-R scores ($p < 0.05$). Suicidality scores were higher among participants using avoidant coping strategies ($p = 0.002$), while lower scores were observed in those using problem-focused strategies.
Conclusions: Suicidality among psychiatric nurses is strongly linked to workplace trauma and maladaptive coping, whereas adaptive coping strategies appear protective. These findings underscore the importance of institutional support and training in adaptive coping skills to safeguard nurses' mental health. Prospective studies are needed to confirm causal relationships and guide preventive interventions.

Disclosure of Interest: None Declared

EPP389

Difficulties of describing suicide statistics in an international environment: Towards a new European solution?

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Introduction: In our previous work (European Psychiatry. 2025;68 (S1):S1161-S1161), we highlighted challenges in suicide statistics in an international context, using Luxembourg as an example. With a population below 680,000, the country attracts around 200,000 daily cross-border workers. These workers may die by suicide either in Luxembourg or their country of residence, while Luxembourg residents may also die by suicide abroad. Assessing the impact of these demographics is hindered by reporting issues: about 6.7% of deaths of Luxembourgish residents occur abroad and are included in mortality counts, yet their causes are not always reported back. Conversely, around 3.7% of suicides in Luxembourg involve non-residents, but data do not distinguish between commuters and travelers.
This issue extends beyond Luxembourg. Across the EU, an estimated 1.8 million residents work as cross-border commuters, yet most countries lack complete data on the causes of death of their citizens when they die abroad. In a united Europe, this raises a critical question: how does this reality distort suicide statistics? Failure to account for suicide risk in minority or transnational groups limits our prevention strategies.
In 2025, the European Union adopted a regulation establishing the European Health Data Space (EHDS) (Regulation (EU) 2025/327, 2025), which will enable access to patient data across the EU for care and research from 2027 onward.

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