preventive strategies in ICU settings are limited, and psychiatric symptoms are frequently overlooked or misattributed to physical illness.
This study aims to synthesise current knowledge on suicidal tendencies among somatic ICU patients, identify key psychopathological predictors, and propose a multimodal psychotherapeutic prevention program tailored to this high-risk group.
Objectives: To review current knowledge on suicidal intentions and tendencies among patients in intensive care units (ICUs) of somatic hospitals, to identify key psychopathological predictors and to propose a multimodal preventive psychotherapeutic program.
Methods: A literature review of international and Ukrainian sources on suicidal behaviour in ICU patients, combined with clinical observations, was conducted. Factors such as psychiatric comorbidity, chronic somatic diseases, perioperative psychological stress, and cognitive-affective predictors were analyzed to develop structured prevention strategies.
Results: Key predictors of suicidal behavior among ICU patients included bradypsychia, delusional self-blame, hypomimia, attention disorders, and depressive affect, even in individuals without prior mental health disorders. A multimodal psychotherapy program was developed, integrating cognitive-behavioral therapy, EMDR techniques, and autogenic training, implemented in three stages: sedative-adaptive, therapeutic-corrective, and prophylactic-consolidating. The program emphasizes interdisciplinary collaboration, phased intervention, and combining biological and psychological approaches to reduce suicide risk and improve psychosocial adaptation.
Conclusions: Understanding specific suicidal predictors in ICU patients allows for prompt preventive interventions. The proposed multimodal program may reduce suicidal mortality, enhance rehabilitation outcomes, and facilitate patients' return to active social life. Future research should focus on protocol validation and integrating preventive strategies into routine ICU care.

Disclosure of Interest: None Declared

EPP392

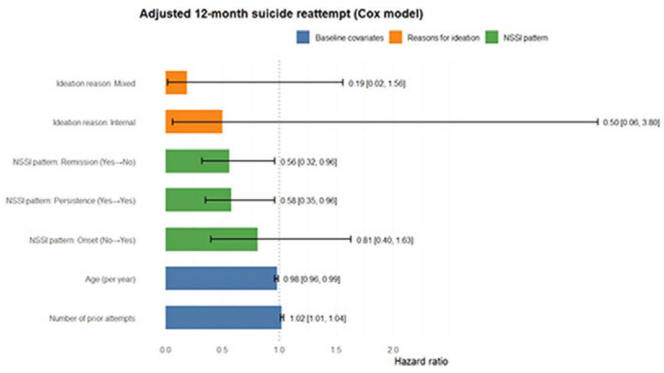
Onset and Persistence of NSSI Patterns and risk of Suicide Reattempt: Results from the SURVIVE Study

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Introduction: After a suicide attempt, reattempt risk is concentrated in the first year, yet how post-attempt non-suicidal self-injury (NSSI) patterns relate to the timing of reattempts remains unclear. Hazard-based models can quantify this association.
Objectives: To evaluate whether NSSI pattern membership predicts time to suicide reattempt over 12 months in a multivariable Cox model.
Methods: Adults with a recent suicide attempt (n=685) were assessed ≤15 days post-attempt and followed for 12 months. NSSI pattern (reference=NN: No→No) was coded as Onset (No→Yes), Remission (Yes→No), or Persistence (Yes→Yes). The initial covariates were age, sex, number of prior attempts, BIS-11 subscales, ACSS-FAD, MINI diagnoses (count), BSI-GSI, reasons for ideation, and NSSI pattern. Backward elimination by Akaike's Information Criterion (AIC) yielded the final model. We report hazard ratios (HR) with 95% CIs.
Results: The final Cox model (Figure 1) retained age, number of prior attempts, reasons for ideation (reference=External), and NSSI pattern (*AIC*=833.7; $\chi^2(7)=22.26$, $p<.002$; concordance=.632). Older age was associated with lower hazard (*HR*=0.98, 95% CI [0.96, 0.99]); more prior attempts with higher hazard (*HR*=1.02, 95% CI [1.01, 1.04]). Relative to NN, Remission (*HR*=0.56, 95% CI [0.32, 0.96]) and Persistence (*HR*=0.58, 95% CI [0.35, 0.96]) were associated with reduced 12-month hazard; Onset did not differ significantly.

Image 1:



Conclusions: After a suicide attempt, NSSI pattern membership provides prognostic information beyond age and attempt history. Compared with NN, Remission and Persistence were linked to lower 12-month reattempt hazard, whereas Onset was not. Tracking NSSI patterns may refine post-discharge risk stratification and follow-up planning.

Disclosure of Interest: None Declared

EPP393

The PROTEGE program, A Gatekeeper Program for Suicide Prevention: Validity evidence from Focus Group Evidence

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Introduction: PROTEGE constitutes a brief gatekeeper program on suicide prevention literacy and skills, intended to train secondary school teachers to identify, assess, and appropriately initiate

referral paths for adolescents at risk of suicidal behavior. The program is 6-hour long and combines theoretical and practical contents, including real-case discussions and role-play activities.
Objectives: This study aims to provide qualitative evidence on the usefulness and feasibility of the PROTEGE program from relevant stakeholders in school-based settings.
Methods: PROTEGE was evaluated on a 2-hour focus group, with 11 experts and stakeholders that included clinical psychologists, educational psychologists, teachers, school administrators, a psychiatrist, and a bereaved parent who had lost a child due to suicide. Participants received the training materials and were asked to review and evaluate the program using in terms of clarity and comprehension, relevance and applicability, methodology and materials, cultural adaptation, and overall satisfaction. In addition, participants rated the program's potential to prepare educators to identify and support at-risk students and indicated whether they would recommend it. An open-ended question invited further suggestions for improvement.
Results: The PROTEGE program was evaluated very positively across most items. For clarity, 63.6% strongly agreed that the content was easy to understand, while 72.7% agreed that the information was sufficient, and 72.7% strongly agreed that the key concepts were accessible. Regarding relevance, 18.2% agreed and 81.8% strongly agreed the program was pertinent to their context, while 54.5% agreed and 36.4% strongly agreed that the strategies were applicable. Methodology and materials were well valued, with 91% endorsement of the program structure. Cultural adaptation received somewhat mixed views, with most agreeing (72.7%) or strongly agreeing (9.1%) that the program reflected the local context, while over half (54.5%) strongly agreed and 27.3% agreed that the program would benefit from cultural or contextual improvements. Finally, 72.7% agreed and 27.3% strongly agreed that the program met expectations. All participants stated they would recommend the program to other professionals.
Conclusions: Overall, the PROTEGE program was evaluated positively by relevant experts and stakeholders. The combination of theoretical instruction and interactive methods, such as case discussions and role-playing, was considered effective to enhance teachers' ability to identify and support students at risk of suicide. Although some participants suggested improvements related to cultural adaptation, the realism of activities, and the presentation format, overall satisfaction was very high. These findings suggest that PROTEGE is a feasible and well-received initiative with strong potential to strengthen suicide prevention efforts in schools.

Disclosure of Interest: None Declared

EPP394

The Effectiveness of the RACE Against Suicide Gatekeeper Training on the Knowledge, Perceived Skills, and Attitudes in Suicide Prevention of School Personnel in Higher Education Institutions in the Philippines

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Introduction: Suicide remains a major public health challenge among Filipino youth, with rising rates of suicidal ideation and attempts. Schools are critical venues for prevention, yet few locally evaluated gatekeeper training (GKT) programs exist. The RACE Against Suicide GKT was designed to empower school personnel to identify, respond to, and refer at-risk students. While its effectiveness has been demonstrated in basic and secondary education, evidence from higher education institutions (HEIs) is limited.
Objectives: This study evaluated the effectiveness of the RACE Against Suicide GKT program in improving knowledge, perceived skills, and attitudes of HEI personnel toward suicide prevention. It also examined whether outcomes varied by geographic location (Luzon, Visayas, Mindanao), institution type (public, private), and professional role (guidance counselors, non-counselors).
Methods: A quasi-experimental pre-test/post-test design was used among 97 HEI personnel who completed a two-day training. The intervention consisted of three modules on basic suicide prevention, advanced suicide prevention, and postvention strategies delivered through lectures and demonstrations. Outcomes were assessed using true-or-false items for knowledge and self-rated scales for perceived skills and attitudes. Paired t-tests assessed pre- to post-training changes, while independent t-tests and ANOVA examined subgroup differences.
Results: Significant improvements were observed across all domains. The largest gains were in perceived advanced skills (+19.43%, $p<0.001$), basic knowledge (+18.35%, $p<0.001$), and perceived basic skills (+17.22%, $p<0.001$). Advanced knowledge (+9.07%, $p<0.001$) and attitudes (+5.91%, $p<0.001$) also improved. Outcomes did not differ significantly by professional role or institution type, though attitude gains were greater in public institutions. Geographic variation was noted: participants from Visayas showed the largest increase in basic skills but a decline in advanced knowledge, whereas those from Luzon and Mindanao showed consistent improvements.
Conclusions: The RACE Against Suicide GKT effectively enhanced suicide prevention knowledge, skills, and attitudes among HEI personnel. Findings suggest the program is broadly applicable across roles and institutions, though regional tailoring may optimize outcomes. Limitations include self-report measures with variable reliability, self-selection bias, and absence of long-term follow-up. Nevertheless, results support further integration of culturally relevant gatekeeper training into higher education settings and expansion across the school system.

Disclosure of Interest: I. M. A. Divinagracia Paid Instructor of: Unilab Foundation for training activities, K. R. Javate Consultant of: Unilab Foundation

EPP395

Alcohol Consumption Patterns and Psychological Pain Among Patients Hospitalized After Self-Harm

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Introduction: Self-harm is a complex multifactorial issue that involves various aspects, including psychiatric, psychological and social factors, which influence person's propensity to engage in self-harm. Maladaptive coping strategies, such as alcohol use and self-harm, are