

Suicidology and suicide prevention

EPP0345

The link between personality dimensions, impulsivity, decision and coping style, and suicide attempts in affective patients.

J. M. Pawlak^{1*}, K. Bilka¹, M. Skibińska¹, B. Narożna², P. Zakowicz¹, A. Rajewska-Rager¹, P. Kapelski¹ and M. Dmitrzak-Węglarz¹

¹Department of Psychiatric Genetics and ²Department of Pneumology, Pediatric Allergology and Clinical Immunology, Poznan University of Medical Sciences, Poznan, Poland

*Corresponding author.

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Introduction: Introduction: Affective patients, especially depressive, have an increased risk of suicidal behavior. Identifying individuals at increased risk remains a challenge. Among the correlates that may be crucial, the impact of personality is emphasized. Attention is paid to impulsivity, measured by subjective or objective tests. **Objectives:** Objectives: Comparative analyses were carried out to capture the differences and relationship between personality dimensions, impulsivity, and the decision-making style and coping with stress strategies in suicide attempters and non-attempters in the course of an affective disorder.

Methods: Methods: Data were obtained from 276 individuals diagnosed with unipolar and bipolar affective disorder, both sexes. The study group was disaggregated into a subgroup of patients with (N=95) and without (N=181) suicide attempts in an individual's history. The Temperament and Character Inventory (TCI) was used to assess personality dimensions. The Barratt Impulsiveness Scale version 11 (BIS-11) was used to measure impulsivity subjectively, and the Simple Reaction Time (SRT) test and the Continuous Performance Test (CPT) were objective assessment methods. The Coping Orientation to Problems Experienced (COPE) and Iowa Gambling Task (IGT) were applied to investigate coping and decision-making styles. Statistical analyses were performed in Statistica 13.3 StatSoft, Krakow, Poland.

Results: Results: In TCI, significant differences between suicide attempters and non-attempters concerned the following dimensions: harm avoidance (HA) ($p < 0.0000$), self-directedness (SD) ($p = 0.0001$), and cooperativeness (C) ($p = 0.0186$). In the CPT test, significant differences concerned correctly responded trials ($p = 0.0179$) and Bias response ($p = 0.0230$). In IGT, significant differences occurred in IGT block1_sum ($p = 0.0496$) only (Table 1). We did not observe any significant differences in other tests applied. In the Spearman rank correlation analysis in the group of suicide attempters, the following correlations ($p > 0.05$) with at least moderate strength $r_s > 0.4$ were revealed: Novelty seeking (NS), SD, and C correlated with several CPT parameters; Persistence (P) correlated with SRT variables; NS, HA and SD with BIS-11 variables.

Conclusions: Conclusions: Objective computerized tests (SRT; CPT; IGT) did not differentiate suicide attempters and non-attempters more clearly than self-reporting personality inventory TCI. Personality traits correlated with SRT and CPT variables. BIS-11 and COPE parameters did not enable to distinguish suicide attempters and non-attempters in the investigated group. This

suggests that tests used complement each other, and using a single tool may be insufficient to indicate patients at increased risk of suicidal behavior.

Disclosure of Interest: None Declared

EPP0346

Mental health front-liners: Police officers' knowledge and attitudes towards suicide in Malta

D. Zammit* and M. Bezzina Xuereb

Mental Health Services, Mount Carmel Hospital, Attard, Malta

*Corresponding author.

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Introduction: Police-officers are in a strategic position of providing the first immediate response to a crisis as mental health frontliners.

Objectives: In this nation-wide cross-sectional study, we explored knowledge and attitudes towards suicide in the local police force, a crucial first step in the design and implementation of effective suicide prevention programmes.

Methods: An online, anonymous questionnaire was distributed to all local police-officers ($n = 2600$). It contained questions about their demographics and their experience with suicide while on duty, along with 34 statements from the validated tool Attitudes Towards Suicide (ATTS) (Renberg & Jacobsson. Suicide Life Threat Behav. 2003; 33 52-64), scored on a 5-point Likert Scale (1 = Strongly Disagree, 5 = Strongly Agree).

Results: The sub-scale "Suicide as a right" was positively correlated with "Tabooing" ($r(201) = .25, p < .001$), "Normal-common" ($r(201) = .29, p < .001$), and "Resignation" ($r(201) = .47, p < .001$), but negatively correlated with "Incomprehensibility" ($r(201) = -.26, p < .001$), and "Preparedness to Prevent" ($r(201) = -.19, p < .001$), meaning such individuals had a more permissive attitude towards suicide. On the other hand, the subscale *Preventability* was found to be positively correlated with *Incomprehensibility* ($r(201) = .21, p < .001$) and *Preparedness to Prevent* ($r(201) = .30, p < .001$).

Females scored higher in the sub-scale *Non-communication* ($M = 3.40, 95\% \text{ CI } [3.29, 3.51]$) while males scored higher in *Preventability* ($M = 3.35, 95\% \text{ CI } [3.27, 3.44]$). The higher the educational status of police-officers, the more they adopt a pro-prevention attitude to suicide ($M = 3.67, 95\% \text{ CI } [3.44, 3.89]$) and the more likely they are to appreciate that suicidal thoughts and behaviour can be common ($M = 3.40, 95\% \text{ CI } [3.20, 3.60]$). Participants with a mixed/different composition at home ($M = 4.05, 95\% \text{ CI } [3.86, 4.24]$) and/or have experienced only between 0 to 2 situations related to suicide in the past one year alone ($M = 4.05, 95\% \text{ CI } [3.94, 4.16]$), were the most likely to feel prepared to prevent suicide.

Conclusions: This study brings out different attitudes police-officers hold towards different aspects of suicide, influenced by their gender, educational background, personal life at home and total exposure to suicide during their career. Training programmes can help improve their knowledge and attitudes towards suicide, leading to a more positive behavioural response to individuals in crisis and create a safer environment. Malta, through an EU-funded programme, is currently investing its resources on drafting a national suicide prevention strategy, and such educational opportunities for our frontliners will ensure

we have the right tools in screening, identifying, treating, and saving more lives.

Abbreviations: *M*: Mean score; *CI*: Confidence Interval

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EPP0347

Preliminary results of “Choose Life!” - a county-wide programme for suicide prevention and mental health awareness

R. Wernigg

Department for Primary Care Planning and Development, National Directorate-General for Hospitals, Budapest, Hungary

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Introduction: Suicidality and depression awareness still remains a concern in Hungary. This programme, based on the principles of the European Union Against Depression, implemented its five steps, such as: 1. improving family doctors' readiness to diagnose and treat depression, 2. increasing public awareness, 3. training stakeholders and community facilitators, 4. offering special help for risk groups, 5. facilitating self-help by the online tool “ifightdepression” in five of seven districts of Heves county from November 2014 until May 2016.

Objectives: We aimed to look at some clinical outcome measures of the programme, like diagnosis density of depression in primary care before and after the intervention; diagnosis density of depression in outpatient services; suicide attempts in specialised care; and completed suicide rates.

Methods: We extracted patient turnover data from the joint database of the National Healthcare Fund and the National Directorate-General for Hospitals. Raw patient turnover data were divided by the total patient turnover in order to obtain diagnosis density. For the diagnosis of depression, we used the sum of the ICD-10 diagnoses of F32 (depressive episode) to F33 (recurrent depression) plus F41.20 (mixed anxiety-depressive disorder), as family doctors tend to use these diagnoses interchangeably. For suicide attempts, we used the diagnoses X60 to X84, plus Y87.00. For completed suicides we used the same diagnoses with the “deceased” flag. Diagnosis densities were compared with concurrent national data and were standardised to the long-term average. In the case of outpatient services, we only could retrieve monthly data, which we smoothed out with three-monthly moving averages.

Results: Baseline diagnosis density of depression in primary care was already 44% above the national average when the program started and after the kickoff, it shortly went up to 53.3% and remained over the baseline for as long as until 2019. Also, the recognition rates of depression with no comorbidities in primary care increased by 6%, and steadily remained over the national average until 2019. For outpatient psychiatry, there was an 8% increase in depression turnover throughout the duration of the programme. As regards to suicide attempts treated in hospital, the rates went 20% below the national averages for the duration of the programme, and mostly remained there until 2020. Fatal suicidal events accounted for five to seven deaths a year per county, therefore, simple statistical methods could not uncover significant differences.

Conclusions: These early results indicate that the programme may have been effective in terms of reinforcing the diagnostic and treatment capacities of primary care for recognising a treating depression adequately, thereby eliminating suicide risk. Further statistical exploration of the data is still needed to confirm the magnitude and the validity of these results.

Disclosure of Interest: None Declared

EPP0348

Improving Skills and Knowledge: Adapting a Core Competencies Suicide Risk Assessment Training Program to Support Mental Health Professionals in Hungary

M. Bérdi^{1*} and R. J. Cramer²

¹Psychiatry and Crisis Intervention, Peterfy Sandor Utcai Hospital-Clinic and Trauma Centre, Budapest, Hungary and ²Public Health Sciences, University of North Carolina at Charlotte, Charlotte, United States

*Corresponding author.

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Introduction: Competency and skill-based education and assessment have become increasingly significant in mental health professional training. The conventional approach of acquiring knowledge is now being supplemented by emphasizing practical skills and implementing best practices that prove effective in the field. This emphasis on competencies is particularly apparent in the instruction regarding suicide risk evaluation and management. Cramer and colleagues have identified ten core competencies essential for working with patients at risk of suicide and developed a training material (Cramer et al. 2013, Train. Educ. Prof. Psychol; 1 1-11).

Objectives: We aim to tailor Cramer et al.'s training program to the Hungarian setting and assess its efficacy among mental health experts, including psychiatrists, clinical psychologists, and social workers. Additionally, we aim to validate the Suicide Prevention and Assessment - Competency Assessment Form (SCAF-R), which comprises a ten-item survey to measure the ten core competencies' levels with Likert scales and textual ratings by observers. Through this training program, we aim to offer mental health professionals an educational framework to enhance their skills in evaluating and managing suicide risk. Our goal is to provide a comprehensive approach to suicide risk assessment and better equip professionals to handle this emotionally difficult clinical task.

Methods: We have created a Hungarian version of the core competencies training material tailored to the culture. We are assessing changes in attitudes towards suicide behavior and prevention by administering pre- and post-training psychometric measures, such as Willingness to Intervene against Suicide (WISE), Suicide Behavior Attitude Questionnaire (SBAQ), Attitudes Toward Suicide Prevention Scale (ASP), and Suicide Competency Assessment Form - Revised (SCAF-R). A quantitative analysis will be performed on the responses. The research was approved by Péterfy Hospital's Institutional Review Board (IRB): approval number 07-2023.

Results: The questionnaires' results will be summarized with standard statistical methods.