

Results: In the first case, the victim died from cut injuries by using a kitchen knife on the lateral-cervical region of neck; the inspection revealed superficial lesions (test cuts) which, with progressive depth, reached the vascular-nervous bundle. In the second case, in a family context of apparent welfare, the victim decided to go out home in the middle of the night, to reach an isolated place: there, when he still was in his car, he spilled on his head flammable liquid to accelerate fire effects.

In the case number 3, the victim was found at the bottom of a cliff with earplugs; maybe she was hearing voices in her mind that induced her to death. At home, police found a message on paper about her autopsy will.

Conclusions: The autopsy findings on the cases described are atypical. In every three cases of atypical suicide, the victim was not being treated with therapy, and all victims, probably, were very able to hide their socio-relational malaise. Forensic investigations for the study of suicides must not be limited to the study of fatal injuries. Forensic study about the modalities used to commit suicide wants to be a help to improve knowledge on certain psychiatric pathologies at high risk of suicide.

Disclosure of Interest: None Declared

EPV1088

Growing together: Longitudinal trajectory of posttraumatic growth among suicide-loss survivors and its interpersonal predictors

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doi: 10.1192/j.eurpsy.2023.2378

Introduction: Background: Recent studies have indicated that grieving after suicide loss can be particularly complex and traumatic. However, studies have recognized the opportunity for personal growth among suicide-loss survivors.

Objectives: This study signifies an effort to develop a comprehensive understanding of the underlying interpersonal facilitators of posttraumatic growth (PTG) among suicide-loss survivors in a longitudinal design.

Methods: Participants included 189 suicide-loss survivors (155 females), aged 21–73, who completed questionnaires of thwarted belongingness (TB), perceived burdensomeness (PB), and self-disclosure at T1. Moreover, participants were assessed on PTG levels at T1, 18 months (T2), and 42 months (T3).

Results: The integrated mediation model indicated that both TB and PB contributed to the PTG trajectory. PB and self-disclosure contributed to PTG at T3 beyond the PTG trajectory across time. We also found self-disclosure to mediate the association of TB and PTG at T2 and T3.

Conclusions: These findings suggest that interpersonal factors play critical roles in contributing to PTG over time among suicide-loss survivors. Basic psychoeducational interventions designed to foster interpersonal behaviors may facilitate achieving PTG among survivors in the aftermath of suicide loss.

Disclosure of Interest: Y. Levi-Belz Shareholder of: no, Grant / Research support from: no, Consultant of: no, Employee of: no, Paid Instructor of: no, Speakers bureau of: no

EPV1089

Moral injury and suicide ideation among combat veterans: The moderating role of self-disclosure

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doi: 10.1192/j.eurpsy.2023.2379

Introduction: Modern warfare in a civilian setting may expose combatants to severe moral challenges. Whereas most of these challenges are handled effectively, some *potentially morally injurious events* (PMIEs) may have deleterious psychological effects on the combatants, such as suicide ideation (SI). Self-disclosure, which includes sharing distressing thoughts and emotions, has been recognized as a protective factor against SI in the aftermath of stressful events.

Objectives: The current study is the first to examine the moderating role of self-disclosure in the relationship between PMIEs exposure and SI among combat veterans.

Methods: A sample of 190 recently discharged Israeli combat veterans completed validated self-report questionnaires in a cross-sectional design study, tapping combat exposure, PMIEs, depressive symptoms, SI, and self-disclosure.

Results: PMIE dimensions, and self-disclosure significantly contributed to current SI. Importantly, the moderating model indicated that self-disclosure moderated the link between PMIE-Self and current SI, as PMIE-Self and current SI were more strongly associated among veterans with low levels of self-disclosure than among high self-disclosing veterans.

Conclusions: Self-disclosure, as a factor promoting a sense of belongingness, interpersonal bonding, and support, might reduce SI risk following PMIE exposure. Various mechanisms accounting for these associations are suggested, and clinical implications of these interactions are discussed.

Disclosure of Interest: Y. Levi-Belz Shareholder of: no, Grant / Research support from: no, Consultant of: no, Employee of: no, Paid Instructor of: no, Speakers bureau of: no

Training in Psychiatry

EPV1090

European Journal of Psychiatric Trainees - a new scientific peer-reviewed Journal in Psychiatry

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