

Objectives: This study aims to explore the association between ECMHP's stigma towards mental health and their QoL, and to identify predictors of QoL among this population.

Methods: In this cross-sectional study, we designed an online survey to collect data among ECMHP, identified as having completed training since less than 7 years. QoL was assessed using the WHO-QoL. Stigma towards mental health was measured with the Opening Minds Stigma Scale for Health Care Providers (OMS-HC). Other general sociodemographic data were also collected. Descriptive results are resumed in absolute and relative frequencies for categorical variables. Student's t-test and ANOVA were used to analyse scores in WHO-QoL and OMS-HC according to categorical variables. Pearson's correlation coefficient was used to assess the association between WHO-QoL and OMS-HC. Simple and multiple linear regression were used to study the effect of stigma on QoL, taking into account potential confounders.

Results: We collected data from 277 ECMHP from Europe (54.15%) and Asia (45.85%). Only 20% of our sample knew that their workplace has staff dedicated for mental health practitioners support, and among those, only 44% had visited it. OMS-HC total scores were significantly higher ($p < 0.05$) in nurses and practitioners without a sufficient support system and without a mental disorder. WHO-QoL total scores were significantly higher in participants with sufficient support systems, and without a mental or physical illness. There was a negative correlation between OMS-HC and WHO-QoL total scores. Univariate analysis showed that OMS-HC total scores predicted WHO-QoL total scores. In the multivariate analysis, OMS-HC total scores, having a mental illness and having sufficient support, independently predicted WHO-QoL total scores, even when adjusted for sociodemographic variables.

Conclusions: Stigma towards mental health is related to QoL in ECMHP. Also, having sufficient support in the workplace improves QoL in this population. More studies are needed to help clarify the relationship between stigma and QoL using a longitudinal design.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

O0032

BDNF plasma concentrations, cognitive test performances and lifetime suicide ideation in psychotic disorders: a secondary analysis.

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Introduction: Psychotic disorders present a significant lifetime risk for suicide. Past estimates suggest that up to 25-50% of individuals with schizophrenia (SCZ) may attempt suicide during their lifetime. A growing body of literature indicates that the level of cognitive performances may be associated with a differing level of lifetime suicide attempts, albeit inconsistently depending on the diagnostic category and study setting. However, the vast majority of the literature in the field is composed of cross-sectional studies, limiting the overall interpretation of the available evidence.

Objectives: In the present study, we probed the possible association of BDNF plasma levels, cognitive functions assessed through the Brief Assessment of Cognition in Schizophrenia (BACS) and lifetime suicide ideation and/or attempts (LSI+LSA). More specifically, we tested whether such association would persist during the 2 years follow-up divided in 5 different timepoints at 6-month intervals, if present.

Methods: The present study represents a secondary analysis of a previously described cohort (Manchia et al. Brain Sci. 2022 Dec 4;12(12):1666). The sample comprised 105 subjects with SZC or schizoaffective disorder. We employed the 1) Wilcoxon test for non-parametric data 2) linear modelling to test the possible association of BACS-defined cognitive task performances with LSI+LSA. We also investigated if either BDNF plasma levels or four tested BDNF SNP genes would mediate this association.

Results: From a total of 105 subjects, data relevant to the analysis were available for 89 subjects. We observed a significant association between BACS-Letter fluency task (BACS-LF) with LSI+LSA, persisting even when adjusting for gender, duration of untreated psychosis, total Positive and Negative Syndrome Scale score, age, chlorpromazine equivalents of antipsychotic therapy and for the effect of time. The association remained significant even when adjusting with the Bonferroni-Holms method for multiple comparisons ($p=0.002$). No association was found either for BDNF plasma levels or the tested BDNF genes for the tested outcomes.

Conclusions: In our sample, higher BACS-LF performances appeared to be associated with a higher lifetime risk of LSI+LSA. This report adds to the previous literature suggesting that different cognitive performance levels may represent one of the many chronic risk factors associated with LSI+LSA, and that may ultimately complexly interact with more proximal ones.

Disclosure of Interest: None Declared

O0034

Examination of Speech Analysis to Predict Suicidal Behavior in Depression

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Introduction: Suicide is one of the leading causes of preventable deaths worldwide. The psychiatric disorder that is most strongly