

EPP0777

Mental pain and depressive symptoms in the determination of suicidal ideation among psychiatric patients

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Introduction: Though the literature suggests a strong association between depressive symptoms and suicidal ideation, in clinical practice, it is often observed that many patients who show those symptoms, even the most severe, do not experience suicidal ideation. Thus, the association between depressive symptoms and suicidal ideation is insufficient to explain the complexity behind suicide. From Shneidman's point of view, the common feature in patients with suicidal ideation and suicidal behavior seems to be mental pain, defined by the author as "psychache" and characterized by a distressed state of mind, in which the subject experiences extreme angst, hopelessness and in which pain is seen as unsolvable. Individuals with depressive symptoms are suicidal only when psychache is so unbearable that suicide is perceived as the only option.

Objectives: Our study aimed to investigate the association among depressive symptoms, mental pain, and recent suicidal ideation, specifically whether mental pain could mediate the relationship between depressive symptoms and current suicidal ideation in a sample of psychiatric patients.

Methods: Participants were 206 adult patients (49.5% females). Patients were assessed for psychiatric diagnoses according to DSM-5. For the study, the following instruments were administered: the Columbia-Suicide Severity Rating Scale (C-SSRS), the Beck Depression Inventory-2 (BDI-2), and the Orbach & Mikulincer Mental Pain Questionnaire (OMMP).

Results: 32.5% of the patients had bipolar disorder, 21.4% had MDD, 24.8% had schizophrenia or other psychotic disorders, and 15% had a personality disorder. About 34% of the patients reported recent suicidal ideation with at least some intent to act. Recent suicidal ideation was associated with both mental pain and depressive symptoms, but mental pain completely mediated the association between depression and suicidal ideation ($\beta=.04$, $SE=.01$, 95% CI (.01/.06)).

Conclusions: Our study indicated that patients with more severe depressive symptoms are more likely to report suicidal ideation and that the presence of mental pain could explain this association thoroughly. Thus, in clinical practice, the identification of mental pain confirms its crucial role in the assessment of suicide risk and in the understanding of the individual's unique pain.

Disclosure of Interest: None Declared

EPP0778

The interprofessional collaboration between police and crisis response team in managing suicide-related cases in Singapore

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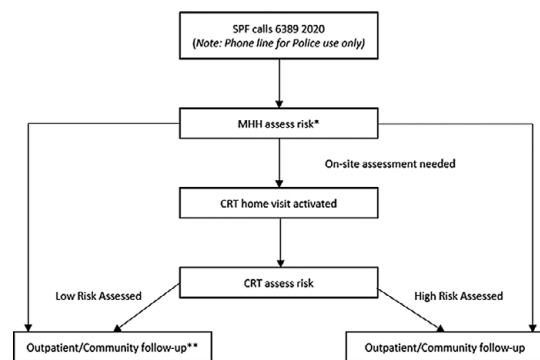
Introduction: The Crisis Response Team (CRT) is an interprofessional collaboration between the Singapore Police Force (SPF) and the Mental Health Helpline (MHH) of the Institute of Mental Health (IMH). Supported by a multidisciplinary team comprising of the SPF, IMH psychiatrists, community psychiatric nurses and crisis counsellors, and community partners, this intervention aims to support suicidal individuals, depending on their risk severity, residing in the community.

Objectives: To present the CRT work process and to explore the characteristics and outcomes of suicide-related cases referred.

Methods: In this descriptive research study, a quantitative approach is adopted. An Excel file shared across the helpline counsellors is used to collate information of the referred cases. Data collected from October 2021 to August 2022 were evaluated using the IBM SPSS Statistics for Windows v28.0. Descriptive statistics were used to summarise the characteristics and outcomes of the cases.

Results: Figure 1 shows the CRT work process. To standardise the method of assessing both suicide ideation and behaviour, the Columbia-Suicide Severity Rating Scale (C-SSRS) is utilised. As compared to other suicide ideation and behaviour scales, the C-SSRS has demonstrated good convergent and divergent validity, high sensitivity and specificity for suicidal classifications, and moderate to strong internal consistency (Cronbach's α : 0.73 - 0.95) (Posner et al. AJP 2011; 168(12) 1266-1277). A total of 3,386 suicide-related cases was referred. The age range of the suicide-related cases range from 8 - 97 years old ($M = 36$, $SD = 17.33$). Of these 3,386 cases, 627 cases were discharged back to their family members/ employer/friend/partner and with follow-up check-in calls by the MHH counsellors, 416 cases were sent to the restructured hospitals for organic workup, 2,268 cases were brought back to IMH, 55 cases were discharged back to the SPF for further investigation, and 20 cases warranted CRT home visit activations. Figure 2 shows the total number of referred cases and outcome of these cases in each month.

Image:



* May be sent to Restructured Hospital for medical check/treatment if required
** Community follow-up includes referrals to other mental health support organizations

Figure 1. CRT Work Process

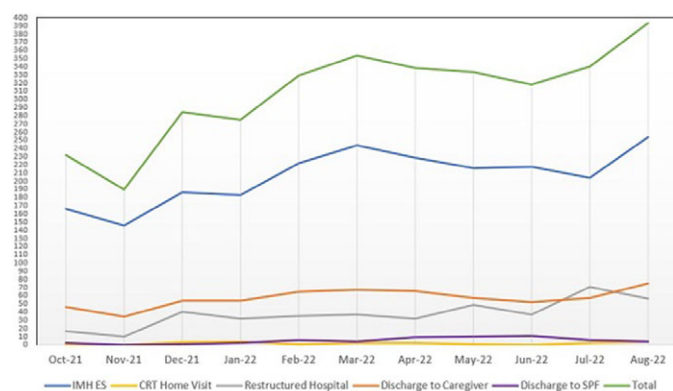
Image 2:

Figure 2. Total Number of Referred Cases and Outcome of These Cases

Conclusions: The CRT intervention could mitigate suicide risk and pressure on the mental health system (i.e., reduce unnecessary emergency room visits and hospital admissions), create greater mental health awareness, and facilitate individuals' connection to mental healthcare services (i.e., in hospitals and/or in the community) as evidenced by the increasing number of cases referred, and increased collaboration with the various stakeholders, ensuring timely intervention and necessary follow-ups thereafter.

Disclosure of Interest: None Declared

EPP0779

The assessment of the clinical usefulness of suicide-specific syndrome inventories – a retrospective study with psychiatric inpatients

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Introduction: There is growing evidence on the existence and the clinical usefulness of the recently described Suicide-Specific Syndromes (SSS), such as the *Acute Suicidal Affective Disturbance (ASAD)* and the *Suicidal Crisis Syndrome (SCS)*. Many researchers and clinicians agree that Suicide-Specific Syndromes, as a distinct diagnostic category should be included in the major diagnostic and classification systems, such as the Diagnostic and Statistical Manual of Mental Disorder (DSM) or the International Classification of Diseases (ICD). In addition to their novelty in symptomatic and nosologic classification, the recently developed *Acute Suicidal Affective Disturbance Inventory (ASADI)* and the *Suicidal Crisis Inventory (SCI)* also provide an opportunity to objectively measure the current suicidal emotional and mental state by validated tools. **Objectives:** To assess the clinical usefulness of the ASADI and the SCI compared to each other and to traditional suicide risk assessment tools based on classical suicide risk factors.

Methods: A self-administered questionnaire battery and a semi-structured interview were completed with 100 psychiatric inpatients consecutively treated with depressive disorders and/or

suicidal behaviour in a university clinic in 2021. Besides the ASADI and the SCI, the self-administered battery included depression screening tools, such as the Beck Depression Inventory - Short Form (BDI-SF) and the Patient Health Questionnaire - 9 items (PHQ-9). Traditional suicide risk factors were assessed by clinical judgement and with the Brief Suicide Questionnaire (BSQ).

Results: According to our preliminary results, the ASADI and the SCI recognize Suicide-Specific Syndromes as distinct diagnostic entities. Furthermore, ASADI and SCI detect suicidal behaviour as effectively as traditional suicide risk assessment tools, and may be more effective in assessing imminent suicide risk. There were no significant differences in detecting suicidal behaviour and in assessing suicide risk between the ASADI and the SCI.

Conclusions: Suicide-Specific Syndromes (ASAD, SCS) use well-defined diagnostic criteria for suicidal behaviour. The recently developed different tools for assessing Suicide-Specific Syndromes, such as the ASADI and the SCI may be helpful tools for the clinicians to assess suicidal behaviour and imminent suicide risk in their clinical practice.

Disclosure of Interest: None Declared

Women, Gender and Mental Health 01

EPP0780

Antenatal depression, obstetric outcomes, and post-partum depression: results from a longitudinal, real-world study

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Introduction: Changes in physiological and hormonal balance occurring during pregnancy and post-partum period can have relevant implications on woman's mental health. Up to 65% of pregnant women experience depressed mood, low self-esteem, cognitive impairment, fatigue, loss of appetite as well as suicidal ideation. Anxiety and depressive symptoms have been described as impactful on the newborn's health at the time of delivery. Despite this, few evidence exist on this topic.

Objectives: The present paper aimed at assessing: 1) prevalence and risk factors of antenatal depression (AD); 2) the impact of AD on adverse obstetric outcomes and the onset of post-partum depression.

Methods: Pregnant outpatients attending the Department of Gynecology and Obstetrics of University of Campania "Luigi Vanvitelli" in Naples were asked to complete the Italian version of Edinburgh Postnatal Depression Scale (EPDS), a 10-item self-reported questionnaire developed as screening tool of postnatal depression up to one year after delivery. Sociodemographic, clinical and gestational information was collected at baseline.

Results: A total of 268 pregnant women were recruited: 9.7% of them already suffered from depressive disorders and 22% from anxiety. EPDS mean total score was ≥ 10 in 36.2% of cases (97 out of 268). The presence of AD was longitudinally associated to a lower