

## Suicidology and suicide prevention

### FC100

#### The effects of the last global economic crisis on the suicide rate in Europe

M.M. Dumitru<sup>1,\*</sup>, B.S. Constantin<sup>2</sup>

<sup>1</sup> Romanian Academy, “Francisc Rainer” Institute of Anthropology, Iasi, Romania

<sup>2</sup> Romanian Academy, “Francisc Rainer” Institute of Anthropology, Bucharest, Romania

\* Corresponding author.

**Introduction** Since 1897, Émile Durkheim noted that suicides occur more often during the economic changes that disrupt the social structure of society.

**Objective and aims** The objective of this study is to analyze the consequences of last global economic crisis on mortality by suicide in the EU countries in period 2007–2012.

**Material and method** We extracted data on mortality from the WHO database and unemployment trends from the EUROSTAT database. We had used this data to calculate the effect of unemployment on suicide rate, in pre-2004 and post-2004 EU countries.

**Results** If the number of suicides from 2007 was maintained in 2008–2012 period, EU 27 countries would have registered with 16,572 fewer suicides. The increase of suicides is based on the increasing number of suicides in men. The small increase in the suicide rate was recorded in Austria, France, Hungary and Slovenia. Luxembourg was the only country where the number of suicides was lower compared to 2007. In 2008, we can notice a slight decrease in the unemployment rate compared to 2007 and an increase in suicide by 3% in both groups of countries, followed by increasing suicide only in the post-2004 EU, where reach 10% in 2010, followed by a slight decrease in the coming years, while the unemployment rate gradually increases to 46% compared with 2007.

**Conclusions** In European Union countries, suicides have increased both before and during the crisis, in periods in which unemployment rose. States that joined the EU after 2004 are more vulnerable in times of crisis.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.104>

### FC101

#### Childhood trauma in suicide attempters: Case-control study

L. Jimenez-Trevino<sup>1,\*</sup>, L. Gonzalez-Blanco<sup>2</sup>, M.P. Garcia-Portilla<sup>1</sup>, H. Blasco Fontecilla<sup>3</sup>, J. Lopez Castroman<sup>4</sup>, P. Courtet<sup>4</sup>, V. Carli<sup>5</sup>, M. Sarchiapone<sup>6</sup>, E. Baca-Garcia<sup>7</sup>, P. Saiz Martinez<sup>1</sup>, J. Bobes Garcia<sup>1</sup>

<sup>1</sup> Universidad de Oviedo, Department of Psychiatry, CIBERSAM, Oviedo, Spain

<sup>2</sup> Universidad de Oviedo, Department of Psychiatry, Oviedo, Spain

<sup>3</sup> Hospital Universitario Puerta de Hierro, Department of Psychiatry, Madrid, Spain

<sup>4</sup> University of Montpellier, Department of Psychiatry, Montpellier, France

<sup>5</sup> Karolinska Institute, Department of Psychiatry, Solna, Sweden

<sup>6</sup> University of Molise, Department of Psychiatry, Molise, Italy

<sup>7</sup> Fundacion Jimenez Diaz, Department of Psychiatry, Madrid, Spain

\* Corresponding author.

**Introduction** An expanding body of research suggests that childhood trauma and adverse experiences can lead to a variety of negative health outcomes, including substance abuse, depressive disorders, and attempted suicide among adolescents and adults. Alcoholism, depressed affect, and illicit drug use, which are strongly

associated with such experiences, appear to partially mediate this relationship as observed in population studies.

**Objectives** We have tested the association between early trauma and suicide attempts in a sample of suicide attempters from the Eureka International Project and a matched healthy control sample.

**Methods** We have studied the prevalence of childhood stressful events compared with healthy controls in a multicentre sample of 791 suicide attempters (SA) and 630 healthy controls (C), we have measured childhood parental neglect, physical abuse, sexual abuse, and emotional abuse, using the Childhood Trauma Questionnaire (CTQ). Chi<sup>2</sup> tests were performed using SPSS v15.0.

**Results** A significant increase in prevalence of childhood trauma was found in the suicide attempters sample for all types of trauma: childhood physical abuse: 25.3% (SA) vs. 11.1% (C) (Chi<sup>2</sup> test: 120,108  $P=0.000$ ); childhood sexual abuse: 18.2% (SA) vs. 2.4% (C) (Chi<sup>2</sup> test: 88,212  $P=0.000$ ); parental neglect 25.3% (SA) vs. 1.1% (C) (Chi<sup>2</sup> test: 164,910  $P=0.000$ ); childhood emotional abuse: 34.9% (SA) vs. 5.6% (C) (Chi<sup>2</sup> test: 176,546  $P=0.000$ ).

Suicide attempters were increasingly overrepresented compared with controls if experiencing more than 1 trauma: represented 77% of the sample who suffered 1 type of childhood trauma vs. more than 90% of the sample with 2 or more types of trauma.

**Conclusions** A powerful graded relationship exists between adverse childhood experiences and risk of attempted suicide.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.105>

## TeleMental Health

### FC102

#### Profile of users of a new E-Mental Health ecological momentary assessment web-based program: MEMind

C. Bonal<sup>\*</sup>, M.L. Barrigon, J.J. Carballo,

E. Baca-Garcia, MEMind studygroup

IIS-Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

\* Corresponding author.

**Background** e-Mental Health is an emergent area within e-Health. In the evaluation area, ecological momentary assessment (EMA) has been used to investigate separately on different psychiatric disorders while a comprehensive tool to cover the entire spectrum of mental health has not yet been developed. In this study, we aimed to present the MEMind wellness tracker and to characterize the group of patients who use it.

**Methods** We developed an EMA web application: MEMind, accessed through the web page <http://www.memind.net>. Since 20th May 2014 on, adult outpatients ( $n=13,883$ ) attended in all psychiatric services within the Psychiatry Department of Fundación Jiménez Díaz in Madrid were proposed to use MEMind and then registered. Data collected from first year of implementation of the tool were transferred to an SPSS sheet and then analysed. A comparison between patients using and not using MEMind were performed.

**Results** MEMind users ( $n=2842$ ) were significantly younger than MEMind non-users ( $n=11,041$ ) ( $42.2 \pm 13.5$  vs.  $48.5 \pm 16.3$ ;  $P=0.000$ ) and mostly women (65% vs. 61.4%;  $P=0.001$ ). Also, patients with neurotic disorders were the main users of MEMind (see Table 1). Furthermore, patients with thoughts about death and suicide were more likely to use MEMind (Table 2).

**Conclusions** Women, young people and patients with neurotic disorder were the main users of MEMind. Furthermore, people with

suicidal thoughts were willing to use MEMind. Novel interventions for suicide prevention could be developed with the use of EMA web-based tools. Further studies are warranted.

Table 1

Demographic & Clinical Characteristics	All participants (N=13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Age, years (mean ± SD)	47.2 ± 15.9	42.2 ± 13.5	48.5 ± 16.3	0.000
Sex (% males)	38% (5242)	35% (1003)	38.6% (4239)	0.001
Marital status (% married)*	49.1% (6339/12859)	53.7% (143/267)	48% (4902/10222)	0.000
Job status (% currently employed)*	47.6% (6076/12765)	54.6% (1440/2637)	45.8% (4636/10128)	0.000
CGI-Severity (% moderately ill and more)	45% (5410/12023)	43.4% (1080/2489)	45.4% (4330/9535)	0.036
<b>ICD-10 Diagnosis (n=12809)</b>				
(F10-F19)	2.8% (365)	1% (27)	3.3% (338)	0.000
(F20-F29)	7.7% (993)	4.8% (128)	8.5% (863)	0.000
(F30-F39)	11.9% (1533)	6.7% (180)	13.3% (1353)	0.000
(F40-F49)	23.4% (3004)	22.9% (614)	23.6% (2390)	0.260
(F50-F59)	49% (6284)	57.9% (1549)	46.7% (4735)	0.000
(F60-F69)	4.8% (614)	5.6% (150)	4.6% (464)	0.035
(F70-F79)	12.4% (1587)	13.4% (359)	12.1% (1228)	0.036
(F80-F89)	1.4% (183)	0.7% (19)	1.6% (164)	0.000
(F90-F99)	0.3% (38)	0.2% (6)	0.3% (35)	0.293
(F90-F99)	20.1% (2573)	19.7% (526)	20.2% (2047)	0.283

Table 2

Suicidal Thoughts&Behaviours	All participants (N=13883)	MEMind users vs. MEMind non-users		P value
		Participants using MEMind (N=2842)	Participants not using MEMind (N=11041)	
Death Desire	17.8% (2472)	24% (682)	16.2% (1790)	0.000
Desire to Self-Harm	7.2% (1003)	8.4% (240)	6.9% (763)	0.003
Thoughts about Suicide	9.8% (1360)	12% (341)	9.2% (1019)	0.000
Suicide Plan	2.8% (395)	3.9% (110)	2.6% (285)	0.000
Suicide attempt	8.5% (1185)	8.5% (242)	8.5% (943)	0.498

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.106>

## FC103

### A randomized controlled trial of an internet-delivered treatment: Its potential as a low-intensity community intervention for adults with symptoms of depression

D. Richards<sup>1,2,\*</sup>, L. Timulak<sup>2</sup>, N. Viganò<sup>1</sup>, E. O'Brien<sup>1</sup>, G. Doherty<sup>3</sup>, J. Sharry<sup>4</sup>, C. Hayes<sup>5</sup>

<sup>1</sup> SilverCloud Health, Clinical Research & Innovation, Dublin, Ireland

<sup>2</sup> Trinity College Dublin, School of Psychology, Dublin, Ireland

<sup>3</sup> Trinity College Dublin, School of Computer Science & Statistics, Dublin, Ireland

<sup>4</sup> Parents Plus, Parents Plus Charity, Dublin, Ireland

<sup>5</sup> Aware, Aware Charity Ireland, Dublin, Ireland

\* Corresponding author.

**Introduction** Internet-delivered treatments for depression have proved successful, with supported programs offering the potential for improved adherence and outcomes. Internet interventions are particularly interesting in the context of increasing access to interventions, and delivering interventions population-wide.

**Objective** Investigate the potential feasibility and effectiveness of an online intervention for depression in the community.

**Aims** Establish the effectiveness of a supported online delivered cognitive behavioural intervention for symptoms of depression in adults in the community.

**Methods** The study was a randomized controlled trial of an 8-module internet-delivered cognitive behavioral therapy (iCBT) program for adults with depressive symptoms ( $n=96$ ) compared to a waiting-list control group ( $n=92$ ). Participants received weekly support from a trained supporter. The primary outcome was depressive symptoms as measured by the Beck Depression Inventory (BDI-II). The program was made available nationwide from an established and recognized charity for depression.

**Results** For the treatment group, post-treatment effect sizes reported were large for the primary outcome measure ( $d=0.91$ ). The between-group effects were moderate to large and statistically significant for the primary outcomes ( $d=0.50$ ) favoring the treatment group. Gains were maintained at 6-month follow-up.

**Conclusion** The study has demonstrated the efficacy of the online delivered space from depression treatment. Participants demonstrated reliable and statistically significant changes in symptoms from pre- to post-intervention. The study supports a model for delivering online depression interventions population-wide using trained supporters.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.107>

## Treatment practice

## FC104

### Preventing weight gain and increased waist circumference during the first two years after antipsychotic initiation in youth with first-episode psychosis

P. Ward<sup>1,\*</sup>, J. Curtis<sup>2</sup>, S. Rosenbaum<sup>1</sup>, A. Watkins<sup>2</sup>, S. Teasdale<sup>2</sup>, O. Lederman<sup>2</sup>, M. Kalucy<sup>2</sup>, K. Samaras<sup>3</sup>

<sup>1</sup> University of NSW, Psychiatry, Sydney, Australia

<sup>2</sup> Southeastern Sydney Local Health District, Mental Health, Bondi Junction, Australia