

intra-psychic distress, and irresistible suicidality. AD symptoms overlapped with SSRI presentations. Eighty-one percent of the AD sample reported no ideation; however, 96% made an attempt. For the SSRI group, 52% reported no ideation; however, 95% made an attempt. Sensitivity 80.3%, specificity 98.1%. Internal consistency 0.75 to 0.92. Test-retest scores 0.78 to 0.98, and neurodiagnostic correlations 0.70 to 0.98. Some scores correlated significantly with the “gold standard” Barnes Akathisia Rating Scale.

**Conclusion** NIS is associated with alarmingly high rates of youth suicide attempt. The new neuropsychological measure demonstrates practical screening value in unobvious NIS proposed to represent a heretofore unrecognized neural mechanism.

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#### EV1464

### This paper discusses the relationship between alcohol consumption and suicidal behavior in Belarus

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**Introduction** Suicide is one of the main causes of premature mortality in Belarus. It is well recognized that drinking is among the major risk factors that are associated with suicidal behavior.

**Aims** This study was design to extend our understanding the relationship between alcohol and suicidal behavior.

**Methods** Risk factors for suicidal behavior (completed suicide and parasuicide) among residents of Minsk city and Gomel city were studied.

**Results** Among the residents of Minsk the maximum suicides risk was in the age of 46–60 years, and parasuicide at age 20–39 years. The ratio of men to women - 4:1; they were often BAC-positive (from 38.8% in 2015 to 42% in 2008). Among parasuicides sex ratio of about 1:1; 30% of men aged 20–39 years, were BAC-positive. Studies in the city of Gomel, has shown maximum number of parasuicides in the ages of 18–29 years (39.3% in women and 30.7% men). Among parasuicides the majority of men (57.8%) and a significant proportion of women (34.2%) were BAC-positive. Maximum number of those attempted suicide and dependent on alcohol were among men ages 30–39 years (66.15%) and 50–59 years (65.22%), among women in the age 30–39 years (45.45%).

**Conclusions** Acute alcohol intoxication is characteristic of young people who commit parasuicide. Chronic alcohol intoxication is a risk factor in middle-aged persons who commit suicide. Prolonged use of alcohol contributes to the development of comorbid mental disorders, during the crisis of middle age is manifested as an increased risk of suicides.

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#### EV1465

### Physician suicide

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**Introduction** Physician Suicide is a potential health risks resulting from strains and burden associated with medical education and profession. Suicide is an occupational hazard. Each year in the United States, 300 to 400 physicians take their own lives.

**Objective** To provide a summary about physician suicide and its risk factors and mental health issues associated.

**Methods** The search was conducted using PubMed with terms: “suicide in physicians”, “physician suicide”, “suicide in doctors”, “physician depression”, by using a review of literature with documents in English.

**Discussion** Suicide is a major health problem. Suicide death is a self-inflicted with evidence that the person aims die. Mental disorders represent a large burden of disease worldwide and can also damage to physical health. The most common psychiatric diagnoses among physicians who complete suicide are affective disorders, alcoholism, and substance use disorders. In physicians, the female suicide rates are higher than that in males. The most common means of suicide by physicians are lethal medication overdoses and firearms. There are common risk factors, such as work-related stress, depression, negative life events, alcohol and isolation. In addition, there is a physicians’ tendency not to recognize depression in themselves and not to seek help.

**Conclusions** Prioritize to physician mental health, change professional attitudes and institutional policies, learn to recognize depression and suicidality, educate medical students, residents, routinely screen all primary care patients for depression that can help physicians recognize depression in themselves and to seek treatment for depression and suicidality because there is “no health without mental health”.

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#### EV1466

### Suicide by jumping at beachy head in East Sussex – The impact of a suicide prevention patrol scheme

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**Introduction** Suicide is a major public health issue. It is the leading cause of death among younger adults in the UK. Suicide by jumping is an uncommon method. About 23 people die each year by jumping from the cliffs at beachy head, Sussex. The beachy head chaplaincy established a suicide-prevention patrol at beachy head in August 2004. To date there have been no studies evaluating the impact of a suicide patrol as a prevention strategy. This study aimed to assess the impact of this suicide-prevention patrol.

**Methods** Data from local and national official statistics was gathered to examine the overall suicide numbers and rates of suicide by jumping vs. other methods. This included an in-depth scrutiny of coroners’ data and reports from the beachy head chaplaincy. A qualitative, phenomenological approach using in-depth interviews was used to evaluate the “lived experiences” of members of the suicide-prevention patrol.

**Results** The statistics reveal unexpected and at times, conflicting, results which will be offered for discussion. The thematic analysis of the interviews reveals insights into the motivations for volunteering; how a faith-based patrol works; the physical and psycho-social impact of the work; volunteers’ stories; the centrality of God within their work and motivation. For copyright reasons full details of the analyses cannot be made available before the conference.

**Discussion** We welcome an interactive discussion of the results.