assessed using the Iowa gambling task (IGT) for DM under ambiguity and the game of dice task (GDT) for DM under risk.
Results A total of 78 participants (SA group, $n = 21$; NSA group, $n = 31$; CG, $n = 26$) were included into the study. Significant between group differences were found regarding marital status, current partnership, smoking status, depression score, impulsiveness score and family history of psychiatric disorders (all discriminating controls from patients but not between SA and NSA groups). The three groups did not differ with regard to IGT scores. Concerning GDT, the SA group showed significantly lower scores compared to the two other groups, implying a readiness for more risky decisions in suicide attempters versus non-attempters and controls.
Conclusion Suicide attempters appear to make more risky decisions compared to depressed non-attempters as well as healthy controls even if the DM under ambiguity patterns do not differ.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0547

In-patient and post-discharge suicides in Tyrol 2004–2011

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Introduction Psychiatric patients constitute a high-risk population for suicide. In-patient status and the period after discharge are of particular interest concerning risk assessment.
Objective To assess risk factors for in-patient and post-discharge suicides.
Methods The Tyrol suicide register was linked with the registers of three psychiatric departments/hospitals of the region. Suicides were categorized according to whether the suicide was committed during a hospital stay or within 12 weeks after discharge or whether the suicide subject had not recently been hospitalized. Groups were compared with regard to demographic and clinical variables. Further, case-control comparisons were performed for the in-patient and post-discharge groups.
Results During the study period (2004–2011) 30 in-patients, 89 post-discharge and 592 not recently hospitalized suicides were identified. Groups differed in terms of gender distribution, history of suicide attempts, warning signals and suicide methods. Compared with controls matched for a number of variables, in-patient suicides were significantly more suicidal and depressed at admission, reported more often a recent life event and showed less often aggressive behavior and plans for the future. Post-discharge suicides had more often a history of attempted suicide, depressive and thought disorder symptomatology, a ward change and an unplanned discharge and less often a scheduled appointment with a non-psychiatric physician.
Conclusions Suicide victims differ with regard to whether they die during, shortly after or not associated with a hospitalization. Compared to controls there are specific risk factors for those who commit suicide during a hospital stay and within 12 weeks after discharge.
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EW0548

A descriptive analysis of psychological factors and childhood trauma in a sample of suicide attempters

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Introduction Childhood trauma, especially sexual abuse, is associated with an increased risk of suicidal behavior. However, studies also show that according to the stress-vulnerability model, not all individual exposed to this kind of trauma exhibit suicidal behaviors as some protective factors could diminish the aforementioned risk, such as personality factors. Resilience might be one such a protective factor. Furthermore, there has been growing evidence to support the role of impulsive and aggressive behavior in the risk of suicide.
Objectives To compare suicide attempters to non-suicide attempters (patients admitted for any other reason) for as far as psychological features and childhood trauma. To verify the role of resilience and coping strategies as protective factor for suicide attempt, mitigating the risk of an individual who has experienced childhood trauma.
Methods We recruited patients referred to the inpatient and outpatient facilities of psychiatry ward of "Maggiore della Carità" hospital in Novara during the period November 2015–December 2016. We included all patients from 18 to 65 years with a psychiatric disorder that met DSM–5 diagnostic criteria. For the analysis, we divided patients into two subgroups according to the presence/absence of suicidal behaviors. The assessment included: Resilience Scale for Adult (RSA), Brief cope, Rosenberg Self-esteem Scale (RSES), childhood trauma questionnaire (CTQ), temperament and character inventory (TCI).
Results and discussion Although, the recruitment is still ongoing preliminary results seem to confirm the role of resilience and coping strategies as protective factor mitigating the risk of an individual who has experienced childhood trauma from making a suicide attempt.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0549

Risk evaluation in the emergency department: An algorithm for suicide prevention

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Introduction Suicide is one of the biggest challenges that psychiatrists face, especially in the emergency room. According to the World Health Organization, there are approximately 3000 suicides every day: one every 40 seconds. About half of all violent deaths in the world are suicides with economic costs of billions of euros. The risk assessment is still based on a subjective approach, with no screening or evaluation tools that support the decision about in-hospital or ambulatory treatment for these patients.
Objectives Creation of a decision tree algorithm that can be used in the emergency room to guide the clinical decision.
Aims Increase the number of avoided suicides.
Methods PubMed database was searched and articles with the words "emergency", "suicide", "attempt" "screening" and "preven-

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tion" were included. Articles that used the most reliable and valid measurement tools (i.e., Beck Scale for Suicide Ideation and Suicide Probability Scale) for patient evaluation were selected. World Health Organization guidelines and the Portuguese Suicide Prevention Plan were analyzed and an algorithm was designed based on the major risk factors identified.
Results No isolated risk factor was successful for preventing suicide: most are chronic and non-individualized. Having family history of suicide, a mental health disease, a suicide plan and previous suicide attempts are considered major risk factors. The algorithm is based on these factors and takes into account interpersonal variability.
Conclusions The best way to prevent a suicide is to ask patients for major risk factors, and then, by using this algorithm, treat them accordingly.
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EW0550

Acute psychiatric involuntary admissions in a general hospital after suicidal behavior. A 2-year follow-up

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Introduction Patients with a plan, access to lethal means, recent social stressors and symptoms suggestive of a psychiatric disorder should be hospitalized immediately. Sometimes involuntary hospital admission is used to avoid a suicidal behavior, taking into account that after a suicide attempt 25% of people repeat attempt and 10% die by suicide.
Objectives/aims To know hospital admission due to suicide attempts, and how many of them were involuntary.
Method A 2-year retrospective study (2014–2015) of all cases admitted after suicidal behavior in an acute psychiatric ward in a general hospital in Gijón (Spain). Reasons for hospital admission were registered, including suicide attempts. And also if admissions were involuntary.
Results The total number of admissions to the psychiatric unit in 2014–2015 was 2376. Admissions due to suicide attempts were 427; 300 of them were involuntary admissions. There were a total of 347 involuntary admissions these two years; among them, due to suicide attempt: 300.
Conclusions Most of involuntary admissions in the psychiatric unit of the hospital studied followed a suicide attempt, as a prevention of repeated suicidal behavior. Obvious high risk of repeat suicide attempt generates an urgency to make an accurate assessment and create a safe treatment plan and determine to retain suicidal patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0551

Mental illness and mental health care as experienced by persons who die by suicide; a qualitative analysis of suicide notes

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While mental illness is a risk factor for suicidal behaviour and many suicide victims receive mental health care prior to death, there is a comparative lack of research that explores their narratives of care. Suicide notes offer unique insight into these subjective experiences. Our study explores the following questions: "How is mental health care experienced by those who die by suicide?" and "What role does this experience play in an individual's journey to suicide?" Our sample is a set of 21 purposefully selected notes that explicitly make mention of mental illness and/or mental health care, from a larger sample of 255 notes obtained through the Toronto Coroner's Office. We utilized a constructivist grounded theory framework to engage in line-by-line open coding, axial coding, memo-ing and theorizing of the data. Preliminary themes include (1) perception of recurrent utilization of mental health care as personal failure, (2) recurrent utilization of mental health care as a manifestation of accumulating hopelessness, (3) the construction of suicide as being beyond the scope of mental health care, (4) tensions between the conceptualization of mental illness as an inherent part of the self and mental illness as a disease to be fought or overcome, and (5) suicide as an exertion of self-autonomy, distinct from the influence of mental illness. An exploration of the complexity of an individual's relationship with mental illness and mental health care can foster better identification, understanding and support for those at risk for suicide.
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EW0552

Understanding the role of bereavement in the pathway to suicide

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Introduction Bereavement is considered to be a common precursor of death by suicide. Studies suggest those bereaved by suicide may be particularly vulnerable to suicide themselves. Recently, there has been a concern over the number of deaths by suicide across UK and Europe. As a result, an increasing number have been exposed to bereavement by suicide. It remains unclear how these deaths might impact on future suicide rates.
Objectives To examine a two-year cohort of all suicides in Northern Ireland, in order to report on bereavements recorded in the records of those who died by suicide. To assess the bearing of these deaths on those left behind.
Aims To provide an estimate of the prevalence and types of bereavements that may have contributed towards the suicide.
Methods Following the sociological autopsy approach to studying death by suicide, data was collected from a range of sources, including GP records and Coroner records and interviews with bereaved relatives. The analyses draw on relatives' accounts in order to increase our understanding of the impact of suicide bereavement. Interviews took place between 18 months and 5 years after the death by suicide.
Results Of the 403 deaths by suicide, 15% of the individuals experienced bereavement and 9% bereavement by suicide. The results support the assertion in the literature that bereavement by suicide increases the risk of suicide through a process of suicide contagion.