

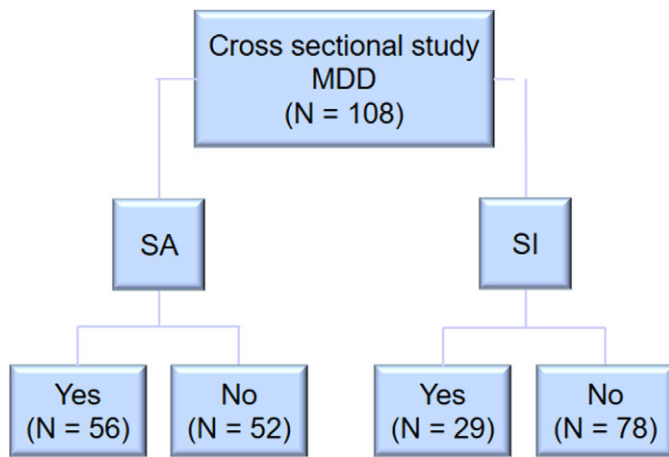
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Introduction: Suicidal behavior has a great impact on world public health. The literature describes the possible existence of an association between neurobiological, clinical and cognitive factors in suicidal behavior.

Objectives: To determine the possible relationship between clinical variables (history of abuse/maltreatment in childhood), psychopathology (impulsivity traits) and cognitive (decision-making) with a history of suicide attempt and/or current suicidal idea in patients with major depressive disorder.

Methods: Cross-sectional study in a sample of adult patients with major depressive disorder in which two types of comparisons are made. In the first case, two groups were compared based on the presence or absence of history of suicide attempt. In the second case, two groups were compared based on the presence or absence of suicidal ideation in the same sample of patients. Finally, sociodemographic, clinical and cognitive variables were evaluated in that population sample.



N = number; MDD = major depressive disorder, SA = suicide attempt; SI = suicidal ideation

Results: When the joint influence of sociodemographic, clinical and cognitive characteristics are present, it can be said that being single/

Variables associated with the history of suicide attempt							
	B	SE	Wald	df	p	OR	CI95%
Single/divorced/separated	1.228	0.526	5.452	1	0.020	3.415	1.218-9.574
CTQ – Sexual abuse	0.164	0.071	5.438	1	0.020	1.179	1.027-1.353
Deck D (IGT)	-0.048	0.020	5.533	1	0.019	0.953	0.916-0.992
Constant	0.154	0.690	0.050	1	0.824	1.166	

SE = standard error; df = degrees of freedom; p = statistical significance (p<0.05); OR = odds ratio; CI = confidence interval; CTQ = childhood trauma questionnaire; IGT = Iowa gambling task

Variables associated with suicidal ideation							
	B	SE	Wald	df	p	OR	CI95%
BIS-11 Total	0.042	0.020	4.349	1	0.037	1.043	1.003-1.085
Constant	-3.998	1.496	7.147	1	0.008	0.018	

SE = standard error; df = degrees of freedom; p = statistical significance (p<0.05); OR = odds ratio; CI = confidence interval; BIS = Barrat impulsivity scale

divorced/separated, a history of sexual abuse in childhood and an alteration in decision-making, specifically a lower number of choices of deck D in the IGT test, are associated with a higher probability of a personal history of suicide attempt. While a higher score on the Barrat impulsivity scale is associated with a greater probability of presenting current suicidal ideation once the influence of sociodemographic, clinical and cognitive variables has been taken into account.

Conclusions: Different sociodemographic, clinical and cognitive factors are associated with the presence of a history of suicide attempt and/or current suicidal ideation.

Disclosure: No significant relationships.

Keywords: childhood trauma; impulsiveness; Decision-making; Suicide

O307

Screening for suicide risk in medical settings: From research to implementation

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Introduction: Suicide is an international public health problem and a leading cause of death for youth and adults, worldwide. Prevention efforts in health care systems create opportunities for identifying medical patients with occult suicidality. Detecting suicide risk among patients in medical settings can be a challenge, but successful suicide risk screening programs have been demonstrated in hospital settings.

Objectives: This presentation will discuss how a suicide risk screening tool that was developed for the pediatric emergency department was tested and then implemented in other medical settings in order to leverage healthcare providers as partners in combating the public health crisis of youth suicide.

Methods: Implementation and quality improvement projects in various medical settings that have adapted the ASQ will be described. Effective management of pediatric patients that screen positive for suicide risk and how mental health clinicians can best be utilized in efficient ways will also be discussed.

Results: Average time to administer the ASQ was 20 seconds. Positive screen rates across ED, inpatient and outpatient settings ranging from 2-14% equating to one additional psychiatric consultation per week. The ASQ Toolkit was developed to help medical providers implement screening including scripts for nurses, flyers for parents and a brief suicide safety assessment (ASQ BSSA) to operationalize next steps for patients at risk.

Conclusions: The medical setting is a key venue for youth suicide risk detection and linking patients with effective interventions. Mental health clinicians have a role in guiding non-mental health

providers in the identification and management of patients found to be at risk.

Disclosure: No significant relationships.

Keywords: medical settings; Suicide; Screening; suicide risk

Training in psychiatry

O308

5 years follow up study on changes of romanian psychiatric residents' opinion on factors which influence their decision to emigrate

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Introduction: Important changes have been done in economic status of residents in 2018. The impact of these measures in changing opinion was checked.

Objectives: The prioritization exercises of main factors related with psychiatric residents' decision to emigrate could be a starting point of elaboration of a strategy of reforms.

Methods: The study was cross sectional evaluation at national level on a randomized selected sample of Romanian psychiatric residents' opinion on factors which influence decision of migration in EU countries in two time points: 2015 and 2020.

Results: 38% of residents intend to work abroad comparing with 78% before the economic changes (25.84% versus 71.66% for a limited period of time and 15.73% versus 28.33% intend to emigrate) and 2% versus 5% intend to leave the speciality. The most important factors for decision to emigrate changed from "Better working conditions" (15.73 versus 37.31% residents) to "Better training" 20.25% residents and the factor "respect and appreciation by colleagues" remained important for 19.10% versus 17.91%. "Lack of working place for partner" was considered by 26.96% of responders as an important disadvantage of working abroad. "Being far from family members" which was considered 5 years ago by 64.18% of responders as an important disadvantage of working abroad, nowadays concerns only 6.74%, probably because it seems easier to go abroad together with the family members.

Conclusions: The factors (better training in psychiatry and psychotherapy, better supervision, more involvement in research) which influence the residents' decision to emigrate represent the starting points on futures reforms in educational and medical system in psychiatry.

Disclosure: No significant relationships.

Keywords: emigration; mental health; residents; training

Women, gender and mental health

O309

Association between hair loss severity and risk for later mental health problems in women irradiated for tinea capitis in childhood

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Introduction: Hair loss resulting from childhood irradiation for tinea capitis has been linked to mental health effects in women. However, the association of hair loss severity with mental health in this population is unknown.

Objectives: The aim of this study is to examine the association between hair loss severity and mental health outcomes in women irradiated for tinea capitis in childhood and to identify contributing factors to these outcomes.

Methods: Medical records, held at the archives of Israel National Center for Compensation of Scalp Ringworm Victims, were retrospectively reviewed for 2509 women who received compensation for full or partial alopecia resulting from irradiation in childhood for tinea capitis. Mental health outcomes were determined by the number of mental health conditions reported.

Results: Among women with high hair loss levels, risk was increased for a range of mental health problems, including depression symptoms, emotional distress, social anxiety, low self-esteem, and suicidal ideation. Hair loss severity emerged as a significant predictor of mental health, adding to the effects of other predictors such as family, and social and physical health problems. Effects of hair loss severity on mental health outcomes were mediated by women's negative social experiences.

Conclusions: Hair loss severity is a significant risk factor for mental health problems in women irradiated for tinea capitis in childhood. Further research is needed to assess mental health risks among women with severe hair loss associated with additional diseases.

Disclosure: No significant relationships.

Keywords: hair loss severity; mental health problems; irradiation treatment; women

O310

Restraint theory: Significance of rumination

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Introduction: Restraint theory (Herman and Polivy, 1975) suggests that human eating behaviour is under cognitive control and this leads to reduced sensitivity to internal cues for satiety, resulting in overeating in situations where cognitive control is under-mined (Johnson et al., 2012). In other words, restraint theory suggests that