

This is an epidemiological study of suicide in East of Algeria (15 wilayas) through psychological autopsies (from 2000 to 2008) or more variables were studied to establish a standard profile of suicide in Algeria. The variables studied were: age, sex, occupation, place of residence, the existence of life events, psychiatric history and possibly a history of TS, a source of information (from whom we collected Information: father, mother, brother, sister. . .) and the proceeds used for suicide. In total, we identified 1263 cases of suicide with age 15 and older occurred in populations of East of Algeria during the period 2000 to 2008. The conclusion focuses on the emergence of certain variables can be risk factors namely age between 30 and 45 years, male gender, social and financial difficulties especially difficult life, the presence of a psychiatric diagnosis on axis 1 of DSM-IV and finally the lack of access to primary care in urban areas.

Finally, the authors highlight the prevalence per 100,000 population per wilaya and the average prevalence for the whole of east of Algeria.

Keywords Psychological autopsies; Suicide; Risk factors; Prevention

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

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EV1461

Establishment of a comprehensive inpatient suicide prevention network: Taiwan experience and systemic review

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Introduction The complexity of inpatient suicide in a general hospital setting, whether medical or surgical, is not fully understood currently. It is a common sentinel event and an important problem of patient safety. However, its evidence is currently lacking. So, we present a healthcare system approach to enhance the effectiveness of inpatient suicide prevention in Taiwan.

Methods We reviewed available evidence about inpatient suicide. Some risk factors were detected. And we tried to improve our inpatient suicide prevention program with healthcare failure mode and effect analysis (HFMEA), which is a prospective qualitative analysis for numerous medical errors. In this study, HFMEA was used to reduce the likelihood of failure of current clinical practices in preventing inpatient suicide.

Results The psychiatric consultation rate increased after a series of improvement program. Besides, establishment of an integrated electronic medical system and the improvement of environment and facility safety are our main strategies. The HFMEA indicated that empowering staff with continuing education and case management by a full-time social worker and clinical psychologist were also needed. Furthermore, this hospital-based integrated suicide prevention program was accredited with the symbol of national quality of Taiwan in 2014.

Conclusion Our study provided systematic intervention to improve inpatient suicide prevention in a general hospital, and in Taiwan. The HFMEA is a useful tool to improve inpatient suicide prevention measures. We still need more information and evidence to promote the importance of inpatient suicide prevention.

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EV1462

characteristics of suicidal behavior in a rural population

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Introduction Suicidal behavior is defined as any behavior of self-harm with intent and knowledge of what is done. Suicide ranks among the 10 leading causes of death in the statistics of the world health organization.

Objectives The main objective of the study is to determine the sociodemographic characteristics of patients who have attempted suicide and the characteristics of this behavior.

Methods It is a descriptive cross-sectional study.

Results The sample consisted of 70 patients, with a mean age of 41.17 years, most of them were women (58.5%). In relation to employment status, 31.4% were working, 21.4% unemployed, 14.3% were retired and 32.9% had other employment status. Among the characteristics of suicidal behavior characteristics, mode, forecasting rescue, previous suicidal behavior, previous outpatient follow-up and consumption of toxic evaluated. The most frequent method chosen was the voluntary intake of drugs (77.1%). The 67.1% were diagnosed with depressive disorder followed by personality disorders (20%).

Conclusions In total there is a predominance of women in achieving some suicidal behavior, as well as a higher percentage among single, divorced or widowed (60%) versus married (40%). Also a higher percentage of patients unemployed, pensioners and others who do not receive income (68.5%) versus the occupationally active (22%). Another condition that must be evaluated in the suicide risk is having previously made a suicide attempt, in our study 54.3%. Since subjects with previous suicide attempt are four times more likely to try again. The results are also consistent with other studies that the most common disorder associated with suicide attempt is depressive disorder (67.1%).

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Impact of nonideation states on youth suicide attempts

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Background Youth nonideation suicidality (NIS), distinct from impulsive deliberate-self harm (DSH), is a potential consequence of adjustment disorder (AD) or selective serotonin reuptake inhibitor (SSRI) adverse reaction. It is characterized by the absence of transient or enduring ideation. A new measure was constructed to evaluate the impact of NIS on attempt rates.

Methods Youth 8 to 24-years-old were recruited in this case control study. Entry criteria included DSH ($n = 50$), AD ($n = 91$), and SSRI ($n = 29$) emergent events with overt or suspected NIS, worsening of existing or new onset suicidality, or abrupt mental status or behavioral change. Exclusion criteria included sensorimotor deficit or primary depressive disorder. Ratings from the new measure utilized dichotomous as well as outcome scores, and compared to ratings from other validated scales, after controlling for depression and other matched factors.

Results High risk AD and SSRI groups presented with abrupt onset, high lethality attempt, intense motor restlessness, great

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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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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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.