Conclusions Perseverance might be a discriminating element between patients that eventually commit a suicide attempt and those that do not.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0556

Is there a case for using social outcomes in self-harm research?

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Introduction Self-harm is costly to individuals and health services and has high associated risks of further self-harm and completed suicide. Self-harm presentations to hospitals offer an opportunity to engage patients in interventions to help reduce future episodes and associated costs. This presentation reviews clinical trials for self-harm interventions conducted over the past twenty years in hospital emergency departments (1996–2016) comparing successful vs. unsuccessful trials (defined by the whole or partial achievement of trial defined outcomes) in terms of methodology, type of intervention and type of outcome measure.
Method Databases were searched using defined keywords. Randomized trials of adult subjects presenting to emergency departments were selected.
Results Twenty-four studies are included in the review. There was no significant difference between the type of intervention and "success", nor were there index/control differences by sample size and follow-up length. Most trials (79%) used re-admission to hospital after a further episode as the primary outcome; only 4 (16%) of the studies reported social outcomes. As an example of social interventions and outcomes, we discuss trial results of a new social intervention for adults (many of whom do not receive a (UK-mandated) psychosocial assessment), and who are usually provided with little/no support after leaving the emergency room.
Discussion The findings suggest that the use of repetition and representation as outcome indicators may be missing the importance of social precipitants of self-harm and the need to assess social circumstances, interventions and outcomes. We discuss findings from a new social intervention trial, which addresses these limitations.
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EW0557

The spatial pattern of suicides in Europe

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Introduction The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIX century.
Aims The present study aims to assess the continuation of this phenomenon in XXI century.
Methods To explore this phenomenon, suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern, the data sets were subjected to Spearman's rank order correlation analysis.
Results The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ($rs = .91$, .81, and .80, respectively, $P < .001$). The national suicide death indices show the significant positive correlation over the studied period, what means the definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus, the fixed gradient in suicide distribution with the growing to the north and northeast of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.
Conclusions The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.
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Educational programme in primary care is the basic way of decreasing suicides

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Introduction The depressive disorder (DD) is a widespread disease described to be a severe burden and to have high suicide risk. Depression is not yet listed in the primary care (PC), Russian specific educational program.
Objectives To create educational Recognition of Depressive disorders Program (REDEP) in order to decrease suicides in Tomsk City and Tomsk Area (TA).
Methods Educational Program WPA/PTD on DD (Russian version) was used as a basis of REDEP, comparative analysis of mortality ratio of suicides (MRS) throughout the period of 2004–2015 among the population of the Russian Federation (RF), Siberian Federal Region (SFR) and TA, analysis of suicide decrease in Tomsk City. The Program is based on ideas of collaboration between the Primary Medical Care institutions and the Service of Mental Health Care. Depression and its consequences on people and the economy should be listed as a non-infectious illness.
Results We conducted a comparative analysis of suicides in RF, SFR and TA; we also assessed the dynamics of suicides reduction in TA under the influence of educational program on DD. The most prominent MRS decline was in TA: from 38.3 to 12.8 ($P < 0.03$). During 2008–2015, MRS was being held below 10/100,000 in Tomsk City.
Conclusions Suicide prevention is possible if persistent and continual education of doctors in PC is in place. Such specialists are needed to recognize and manage depression and co-morbid conditions. The Program can be extrapolated to other regions of the country with high MRS.
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Psychiatric ward consumption before suicide: A case-control study

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