

**Introduction:** The Covid pandemic has mental health consequences. This study examined service user suicides for thirteen months during the pandemic and “lock down” restrictions in Ireland. It compares variables from this group with a previous 2016 study examining service user suicides conducted in Ireland. Despite a previous trend of improving suicide there was an increase in people who were involved with mental health services completing suicide during the pandemic.

**Objectives:** To hypothesize that social disequilibrium caused by the Covid pandemic and its control measures may remove the benefit of protective factors in suicide.

**Methods:** The 2016 study used the Suicide Support and Information System- Psychological Autopsy Model as its methodology. The Rosenberg criteria were used to make a determination of suicide. This 2021 study used an anonymous clinical record review to repeat some key variables identified in the SSIS-PAM work. Statistical comparisons were made.

**Results:** The pandemic group had a different pattern of suicide with low levels of significance between four variables. The majority were female, in a relationship, had jobs, no history of self-harm, no family history of mental illness, less addiction problems and in-patient care. Like the 2016 group they did have diagnoses of mental illness, were in regular contact with services and were prescribed medication. Their suicides were predominantly hanging and drowning.

**Conclusions:** During the pandemic suicide increased. Protective factors such as relationships and employment were increased in pandemic suicides who also had less vulnerability factors such as addiction problems and self-harm. “Real time” suicide data collection such as a suicide observatory model might identify more significant trends.

**Disclosure:** No significant relationships.

**Keywords:** covid; Suicide; service user

## EPV1582

### Family history of mood disorder weakens the association between personality traits and suicidality in depressed patients

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**Introduction:** Depression is associated with a high risk of suicidal thoughts (ST) and behaviour (SB). Suicidality and depression have partially shared genetic underpinnings and family history of mood disorders (FH) can reflect genetic impact on specific features of

depression. Thus, in depressed patients, FH may affect suicidality and its associations with other risk factors, such as personality traits.

**Objectives:** We conducted a cross-sectional study to test the impact of FH on the association between suicidality and personality traits in depressed patients.

**Methods:** 200 depression in- and outpatients (64% (n=128) women, mean age (M(SD):36,21(15,09)) were enrolled. 28% (n=56) reported FH (“FH+” cohort), other patients comprised the “FH-” cohort. Columbia-Suicide Severity Rating Scale (C-SSRS) was used to assess ST and SB during the most suicidal period of life. Personality traits were assessed by Cloninger Temperament and Character Inventory (TCI-125). Information about FH and history of suicide attempts (SA) was obtained during the clinical interview.

**Results:** Personality traits and suicidality characteristics (ST, SB, SA) did not differ between FH+ and FH- patients. In FH+, no differences in TCI-125 scores between suicide attempters and non-attempters were found, while in FH-, attempters had higher scores of TCI-125 “Novelty seeking” (p=0.002) and “Self-transcendence” (p=0.031) subscales. Multiple correlations between ST, SB and TCI-125 subscales were found only in FH-. In FH+, only one correlation (between ST and TCI-125 “Persistence” subscale (r=-0.288, p=0.038) was found.

**Conclusions:** Our results showed a weakened association between personality traits and suicidality in depressed patients with FH of mood disorders, although more data on larger samples are needed.

**Disclosure:** The study was supported by RSF grant # 20-15-00132

**Keywords:** Suicide; Depression; Family history

## EPV1583

### Suicide prevention actions carried out by an academic psychiatry service in Rio de Janeiro city

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**Introduction:** Description of a structured work of primary prevention, based on a survey of the prevalence of suicidal behavior in the Brazilian population throughout life, performed by an academic service of psychiatry and chemical dependence. We describe a survey of the probability of suicide attempt in an academic internment service focused on psychiatry and drug addiction in the city of Rio de Janeiro.

**Objectives:** Raise awareness of the need to call for help and 24-hour distress hotline phone outreach. Calculate a possible demand for mental health services to patients with severe suicidal behavior aiming at the necessary equipment to attend this population.

**Methods:** Clarification actions through the press, development of a suicide prevention lecture program given in schools, surveillance cameras, military institutions, companies and laws, promotion of public events with music, activities, distribution of t-shirts, booklets and leaflets. Using the mental health care implementation system: identifying the patient, raising their needs and available resources, breaking resistance, advocating and treating, we raised in this institution that from January 01, 2019 to September 01, 2019, 137 patients were hospitalized with a serious suicide attempt.

**Results:** According to a survey of the prevalence of suicidal behavior in the Brazilian population over the course of life, where out of 100 patients, 17 had suicidal thoughts, 5 planned, 3 attempted suicide and 1 was treated in the emergency room.

**Conclusions:** The suicide prevention program has been very successful as the press promotes of the telephone number for immediate relief. His survey highlighted the need to create a specific suicide treatment and prevention program.

**Disclosure:** No significant relationships.

**Keyword:** suicide treatment

## EPV1584

### Antisuicidal (protective) factors in recovery from schizophrenia

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**Introduction:** Determination of antisuicidal factors (AF) in balance with risk factors for suicidal behavior (SB) is essential for treatment and prophylactic measures.

**Objectives:** Study AF in a sample of schizophrenic recovered patients (F.20, ICD-10) according to operational criteria R.P. Liberman et al. (2002).

**Methods:** The content analysis of published self-reports of a sample (n = 13) of Russian and foreign psychiatrists and clinical psychologists with psychotic experience was used as a part of a more extensive qualitative analysis of «wounded healers».

**Results:** In the history of > ½ (i.e., 7) ex-patients, repeated SPs (aborted suicides), as well as non-suicidal self-harm (e.g., self-cutting), were noted during the active period of the disease, and in four of them – during untreated psychosis. Following AFs can be distinguished in recovery state: clinical (absence of potentially suicidogenic residual depression or/and anxiety, according to criteria N.C. Andreasen et al. (2005) social (professional goals, coping with stigmatization), and existential (e.g., hope, gaining a whole Self).

**Conclusions:** AF is an important integral component of recovery in schizophrenia as a process of personality development despite a burden of severe mental disorders.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; Recovery; self-reports; antisuicidal factors

## EPV1586

### A Multidisciplinary Approach to Suicide Prevention in an Outpatient Setting

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**Introduction:** The incidence of suicide is much higher in people with mental health disorders, estimating that up to 9 out of 10 people who commit suicide suffer from at least one of them. For this reason, suicide is considered by many authors as the most serious complication of psychiatric disorders. The literature and the experience of clinicians support the potential usefulness of specific measures and programs aimed at its prevention.

**Objectives:** Congruently, throughout the last decade, consecutive strategic mental health plans in the Autonomous Community of Madrid, Spain, have included suicide prevention plans among their priorities, setting the objective of reducing suicidal behavior in the population of Madrid by implementing practical measures in the healthcare system.

**Methods:** In the presented work we aim to summarize the multidisciplinary therapeutic process in the context of this program and the results obtained during its years of experience.

**Results:** Retiro Community Mental Health Treatment Center launched a specific program in 2013 to meet these objectives. This initiative, that received the name PRISURE (Spanish acronym for Suicide Risk Prevention Program in Retiro), is an outpatient intervention program for immediate care, as the first appointment is scheduled within a week after referral. Intensive, comprehensive and multidisciplinary care is provided for patients with moderate to severe suicide risk.

**Conclusions:** All professional categories that work in the Community Mental Health Treatment Center actively participate. In parallel with clinical performance, these professionals also carry out coordination tasks with other entities that are dedicated to suicide prevention, as well as with patients' and families' associations.

**Disclosure:** No significant relationships.

**Keywords:** suicide prevention; multidisciplinary approach; Outpatient program; community mental health center

## EPV1587

### Formation of reflexive skills as prevention of suicidal behavior in adolescents

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**Introduction:** An important task of psychiatrists and psychologists is the prevention of suicidal behavior in adolescents.

**Objectives:** Highlighting the stages of the formation of reflexive skills for the development of training sessions on the prevention of adolescent suicide.

**Methods:** Analysis of the results of theoretical and empirical studies of reflection and suicide by psychiatrists and psychologists.

**Results:** Reflexive skills are a system of deliberate actions aimed at understanding and evaluating "I" and one's own behavior. Theoretical analysis made it possible to distinguish three stages in the formation of reflexive skills. EMOTIONAL - evaluation of "I" as the