

women also make substantial contributions to our societies and economies, including as informal caregivers, volunteers and community leaders. Ageing, however, is not gender-neutral and inequality and discrimination experienced by women during their lifespan is often exacerbated in older age. For example, older women are at a higher risk of living in poverty and of facing barriers in accessing basic rights such as health, adequate housing, and protection from violence, abuse and neglect. Yet, the specific challenges created by the intersection between age and gender often remain invisible and understudied. This also applies to people living in Europe. And elderly women with mental disorders face a triple stigma: suffering from mental disorders, being a woman, being old. The presentation emphasises the UN-decade of healthy ageing with fight against ageism, and a paper of the WHO and IPA on the topic of this presentation.

Disclosure: No significant relationships.

Keywords: societal contribution; poverty; older women; ageism

S0073

IPA and WPA-SOAP Strategies to Promote the Human Rights in Mental Health Care of Older Adults

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The number of persons with 60 years and more worldwide is estimated to triple by 2050. With the raising burden of the mental health conditions that accompany population ageing, mental health care for older adults has to be underpinned by a dignity and human rights based approach. The extraordinary number of human rights violations of the older population during the COVID-19 pandemic has come to the forefront, as consequence of this population vulnerability, the lack of political will to give prior attention to this group needs and the disseminated ageistic attitudes. Discrimination based on age can lead to catastrophic social consequences such as elder abuse, neglect and all forms of violence. Their access to services become reduced, including health, social and justice services. These negative attitudes, more than only morally unacceptable, are source of unnecessary suffering and increase morbidity and mortality rate. Intersecting across psychiatric diagnoses and interventions are the principles of dignity, autonomy, respect and equality which are all at the base of the call for an United Nations Convention of Rights of the Older People. Keeping all these points in mind, the World Psychiatric Association Section of Old Age Psychiatry and the International Psychogeriatric Association are working together to promote the Human Rights of Older Adults. The presentation of a webinar, the publication of joint position statements, the organization of symposia in several international congress and the publication of a recent special issue of the *American Journal of Geriatric Psychiatry* (October 2021 - [https://www.ajgp-online.org/issue/S1064-7481\(21\)X0010-3](https://www.ajgp-online.org/issue/S1064-7481(21)X0010-3)) are some examples of this common effort.

Disclosure: No significant relationships.

Keywords: Old Age Mental Health; Human Rights

Suicide Prevention and Social Connection

S0074

Social Cohesion, Connection and Prescription: Good ways for Preventing Suicide?

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Despite the multiplication of the therapeutic strategies for psychiatric disorders during the last decades, the incidence of suicide has not decreased substantially. Specifically, the most commonly used strategy, which is the use of antidepressant treatments, is clearly nonsufficient to attain the goal of a substantial reduction of suicides. Then, we will discuss the hypothesis that people who are more sensitive to experiences of social disconnection may activate a pathophysiological process which lead to a greater risk of suicide, and by such its study may offer new avenues for assessing the suicide risk as well as in providing new therapeutic targets. It is well demonstrated that both the objective condition of being alone and loneliness are strongly associated with suicide. From a series of cognitive imaging studies, it appears that suicidal patients are more sensitive to social exclusion, relying on a neural network implicated in the pain matrix, and individuals experiencing more psychological pain in daily life would be less prone to activate orbitofrontal cortex in social contexts which would facilitate disadvantageous decision-making, leading to choose options (i.e. suicidal act) with short-term reward (i.e. relief from pain) in spite of the risks (i.e. death). As psychological pain predicts suicidal behaviour, suggesting the need in assessing it in clinical practice, in using alleviating drugs i.e. opiates or ketamine, and in implementing evidence-based psychosocial strategies, based on caring contacts and social prescription. In conclusion, there are many innovations available to help tackle social vulnerability, which should be a priority in suicide prevention.

Disclosure: No significant relationships.

Keywords: Suicide; Neuroimaging; pain; social connection

S0075

Long term Follow up Study of Phone Contacts in Catalonia

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We'll present the Catalan experience of follow up by phone contacts of suicide attempters, and the results up to 10 years. We develop a

Suicide Prevention Program that started with the EAAD project in 2008 in a 0,5 M people catchment area, later generalized to 7,5 M people through the Catalonia Suicide Risk Code (SRC-Cat). The SRC-cat is a real-time registry of suicide attempts (65% women) that allows immediate attention and telephone follow-up and ensures continuity of care for 12 months. To evaluate the effectiveness of our telephone management plan, we conducted two types of analysis; a) 12-month short-term analysis: non-randomised controlled analysis of suicide reattempts comparing two cities (2007-2008); b) 8-year long-term analysis with the evolution of suicide rates (men and women) between our area, and two other cities (territorial differences and over time from 2010 to 2017). Results: a) the SRC-Cat in our catchment area reduced significantly the proportion of people who re-attempt suicide by 57% over 12 months (from 14% to 6 %); b) we found lower standardized suicide death rate among women in our catchment area (both territorially and over time). Conclusions: a) Short-term telephone management (12-month), ensuring chain of care after hospital discharge, reduces more than 50% the proportion of patients who re-attempt; b) Long-term telephone management (8-year) of suicide attempt survivors over 12 months, significantly reduces suicide deaths in women only (64% of patients in telephone follow-up are women).

Disclosure: No significant relationships.

Keywords: telephone; attempts; Suicide; prevention

How to Prevent and Combat Violence against Women: An Urging Topic

S0076

Mental Health and Human Rights of Women

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Gender equality leads to better health and mental health for women and girls as well as to better public health and mental health for all. Inequality, discrimination and social exclusion are both cause and consequence of mental health problems for all and affecting women and girls in specific and substantial ways. Equality through the realization of non-discrimination, respect and enablement of autonomy as well as full inclusion in all spheres of life are demands of gender equality legislation as well as human rights obligations for persons with mental health problems. Essentials of non-discrimination laws concern key areas, including health, family planning, marriage and parenthood, employment, housing, education, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Gender-specific attention to the risks, rights and needs of women and girls and their families are legal obligations as well as clinical and scientific responsibilities. Because of the cumulative and interacting gender-based and other forms of discrimination, regulations such as those following the adoption of the UN-Convention on the Rights of Persons with Disabilities include specific provisions for women with psychosocial disabilities. Other examples for the urgent necessity of a gender-sensitive approach are – among many others - safety and gender-responsiveness of community and hospital settings, humanitarian crisis response,

working with family carers, and of course, mental health teaching and research, including efforts towards gender parity in academic psychiatry.

Disclosure: No significant relationships.

Keywords: women's mental health; women's rights; Human Rights

S0077

The Impact of Violence and Abuse on Mental Health of Women – Current Data

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Violence against women is widely recognised as a violation of human rights and a public health problem. The most common forms of violence against women are domestic abuse and sexual violence, and victimisation is associated with an increased risk of mental disorders. It is reported that a three times increase in the likelihood of depressive disorders, a four times increase in the likelihood of anxiety disorders, and a seven times increase in the likelihood of post-traumatic disorder (PTSD) for women who have experienced domestic violence and abuse. Significant associations between intimate partner violence and symptoms of psychosis, substance misuse, and eating disorders have also been reported. Furthermore, systematic reviews of predominantly cross-sectional studies report consistent relationships between being a victim of domestic violence and abuse and having mental disorders across the diagnostic spectrum for men and women, but since women are more likely to be victims, the population attributable fractions are higher for women. In this presentation, the focus will also be on clinical guidance on the role of mental health professionals in identifying violence against women and responding appropriately, poor identification persists and can lead to non-engagement with services and poor response to treatment. After a literature review, we will present and discuss current data from parental consultation and a survey on violence during the Covid-19 pandemic in Berlin.

Disclosure: No significant relationships.

Keywords: violence against women; mental health; current data; role of mental health professionals

Compulsory Admissions of Patients with Mental Disorders

S0078

Involuntary Treatments in Italy: a Debated Issue

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Involuntary treatments probably are the most critical issue for psychiatric practice all over the world, including Italy, where the public debate about involuntary admissions and related coercive