

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.

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**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