

complex social and personal phenomenon. Such knowledge forms the foundation for the creation of effective prevention strategies.

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EPV1042

Design of a homelessness-focused suicide prevention program

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Introduction: This project proposes a program for the promotion of mental health and prevention of suicidal behavior among individuals experiencing homelessness, with the aim of reducing suicidal ideation and suicide mortality within this vulnerable population.

Objectives: The project aims to implement an evidence-based program to reduce suicidal ideation and suicide mortality among homeless individuals. This will be achieved through two phases: a review of scientific literature and the development of the program in collaboration with experts and homeless individuals.

Methods: The first phase of the project involved a review of scientific literature to identify the most effective content and programs for improving mental health and preventing suicide. These findings were adapted for application in the program and for dissemination to professionals who will directly engage with individuals experiencing homelessness.

In the second phase, the program content was designed in collaboration with experts and validated through the input of educational professionals. Additionally, individuals experiencing homelessness actively participated in the creation of materials and the definition of the approach to be utilized. Subsequently, a four-hour training was provided to professionals working in specialized homeless shelters to guide groups of individuals experiencing homelessness.

Results: The program consists of the following components:

- Training and Awareness: Workshops and campaigns to reduce the stigma surrounding suicide.
- Early Detection and Risk Assessment: Staff training in recognizing suicide indicators and risk assessment protocols.
- Psychological and Social Interventions: Crisis teams, individual and group therapy.
- Access to Services: Mobile mental health clinics and collaborations with healthcare professionals.
- Ongoing Support and Monitoring: Temporary housing programs and support groups.

Conclusions: The proposed program seeks to mitigate the risk of suicide among individuals experiencing homelessness through a comprehensive approach. The collaboration of experts and homeless individuals ensures that the solutions are appropriate and effective. The implementation of this program has the potential to make a significant difference in promoting mental health and preventing suicide within this vulnerable population.

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EPV1044

Suicidal impulsivity secondary to traumatic brain injury

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Introduction: I present the case of a 58-year-old patient who developed frequent, unpredictable and prolonged suicidal impulsivity (more than 8 years of evolution) after one year of suffering a traumatic brain injury, with very serious suicide attempts in the context of very brief periods of dysthymia and no history of mental illness or any other accompanying psychopathology.

Throughout this admission, a progressive dehospitalization has also been carried out, with afternoon outings in the company of his wife or son up to a full weekend.

Objectives: Shortly before, frequent “déjà vu” crises had also begun. Additional imaging tests (CT and cranial MRI) had been performed privately, which had been normal, and an EEG with sleep deprivation had been requested, but the patient had not attended.

For 8 years he had started various successive antidepressant treatments that had always been ineffective or had produced agitation, which was diagnosed as akathisia, after a week of treatment. In a single previous hospital admission, with the initial diagnosis of major depressive disorder finally ruled out, he was discharged apparently asymptomatic, and was readmitted after making three new successive serious attempts at self-harm a week after discharge.

Methods: Throughout this hospitalization (37 days), a practically invariable mental state is observed from the first day in which only rambling thoughts with very limited content stand out, with permanent and apparently credible criticism regarding previous self-harming behaviors, without appearance of new impulses or self-harming behaviors and reporting a significant decrease in the frequency and emotional impact of “déjà vu” type crises, which are now limited to the moment of waking up in the afternoon, after a brief nap, and occasionally.

Results: He was discharged from the hospital with the diagnosis of post-concussive syndrome (ICD 10-F0.78.2) and remains stable for the moment (one month later) in improvement, maintaining anxiolytic and antidepressant treatment, as well as anticonvulsants, and pending continuation of the study for part of neurology.