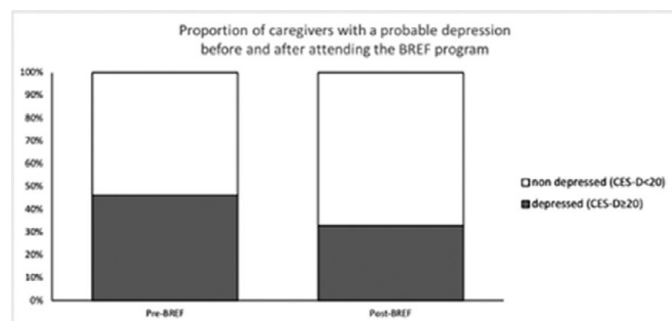


Image 3:



Conclusions: The BREF program is associated with a therapeutic benefit for caregivers. In addition, BREF demonstrates a high level of caregiver satisfaction which is critical for a program intended to be provided early and systematically. The BREF program could reduce the French shortage in PEC provision. These results strongly support the national dissemination of the BREF program.

Disclosure of Interest: None Declared

EPP0384

The National School of Rehabilitation, Integration and Recovery in Mental Health- A case study of a unique academic and working model in the community

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Introduction: The National School of Rehabilitation, Integration and Recovery in Mental Health was established in 2011 at Ono Academic College. Its operation is supervised and funded by the Department of Rehabilitation in the Mental Health Division of the Israel Ministry of Health. The School offers courses for a broad variety of mental health professionals and others involved in the mental health field (service users and family members) to promote professional competencies, social cohesion, learning from experience, and to advance mental health rehabilitation. In recent years, the School has become increasingly involved in multiculturalism, providing special courses and workshops for both the Palestinian-Arab and ultra-Orthodox Jewish sectors in Israel. The School is based on the belief in the ability of service users to recover, integrate, and live meaningful lives in the community. This belief is consistent with values of the recovery approach (Slade et al., 2017). The School is constantly in dialogue with the community, and provides training for interventions that promote recovery, as well as social cohesion in the field of psychiatric rehabilitation.

Objectives: To describe the process of foundation, implementation, and outcomes of the unique model of the School; to discuss the multicultural and social opportunities and challenges; to portray major elements of the school methodology and practice.

Methods: Work model presentation through qualitative analyses of social and academic processes, alongside quantitative descriptive data.

Results: Every year, 700 students from various helping professions in the field of psychiatric rehabilitation study at the School, as well as service users. The school operates as a bridge between academy and the field and encourages learner and staff diversity, joint learning, and discourse. Over 30 courses are conducted annually including evidence-based intervention courses such as IMR, and training courses such as knowledge by experience, supervision, rehabilitation coordinators, etc. In addition, unique courses are given, such as eating disorders, DBT, and social cognitive intervention training with multicultural adaptations. Lastly, the school offers consultation in implementing interventions within services.

Conclusions: The working model of the School operates under the framework and values of recovery, social integration and cohesion, and multiculturalism. To this day, the School offers courses, symposiums, conferences, and professional publications, to educate for values of recovery and community inclusion, alongside improving the quality of services.

Disclosure of Interest: None Declared

Suicidology and suicide prevention 01

EPP0385

Is lethality different between males and females? Clinical and gender differences in inpatients suicide attempters

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Introduction: According to the gender paradox, in suicidology an important sex difference has been reported with a preponderance of females in nonfatal suicidal behavior and a preponderance of males in completed suicide. The lethality of suicidal behavior in females is lower most likely because males choose more violent suicide methods. Furthermore, women more frequently present traditional risk factors for suicide than do men, including depression, childhood sexual abuse, and prior suicidal ideation and attempts.

Objectives: The purpose of this study was to explore possible clinical differences between male and female psychiatric inpatients who had recently attempted suicide. We hypothesized that clinical characteristics such as psychiatric diagnosis, the methods and lethality of the suicide attempt, the history of suicide attempts, age at onset of psychiatric illness, the presence of substance or alcohol use and the length of stay differ between male and female suicide attempters.

Methods: The study included 177 adult inpatients at the University Psychiatric Clinic, Sant'Andrea Hospital, Sapienza University of Rome hospitalized following a suicide attempt, between January 2018 and May 2022. Clinical features assessed included psychiatric diagnosis, method and lethality of suicide attempts using the Risk-Rescue Rating Scale, the history of suicide attempts, age at onset of psychiatric illness, the presence of substance or alcohol use, and the

length of stay. All statistical analyses were performed with the Statistical Package for Social Sciences (SPSS 27.0).

Results: Males and females differed according to the method used for suicide attempt ($\chi^2=10.96, p<0.05$), the scores for risk and rescue ($t_{175}=2.55, p<0.05; t_{146.6}=-1.99, p<0.05$, respectively), and the length of stay ($U=3084.5, p<0.05$). Females were more likely to use drug/poisoning ingestion as method for suicide attempt than were males (72.8% vs. 51.4%), whereas males were more likely to use hanging than were females (20.3% vs. 6.8%). The risk score was higher for males (3.76 ± 0.68) than for females (3.49 ± 0.72), and the rescue score was higher for females than for males (2.79 ± 1.09 vs. 2.43 ± 1.22). Finally, the length of stay was longer for males than for females (10.66 ± 8.09 vs. 8.25 ± 6.48). These results confirm the role of difference in suicide methods used by males and females for explaining the “gender paradox.”

Conclusions: The present study illustrates the usefulness of the Risk-Rescue Rating Scale which is a descriptive and quantitative method of assessing the lethality of suicide attempts. Identifying sex related characteristics of suicide risk in patients is important for implementing specific suicide prevention strategies to reduce suicidal intent, psychological pain and rehospitalization in patients with psychiatric disorders. Men and women may need different strategies for the prevention of future suicidal behavior.

Disclosure of Interest: None Declared

EPP0386

The Last Straw: Conflicts and Suicide Attempts in Armenian Adolescents

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Introduction: Adolescence is, arguably, the most vulnerable period of a person’s development when the susceptibility to emotional-affective and behavioural disorders is at its height and conflict situations can result in self-injuries and suicide attempts, some with lethal outcomes (Woycex W., *Clinical Suicidology*, 2007.-280p). Research indicates that conflict with family is associated with suicide attempts in adolescents (Elise P. *JAD*, 2018; 241:499-504). There is a small body of research on the risk factors for suicide attempts in Armenian adolescents. However, there is a lack of research on understanding what role conflict can play in developing suicidal thoughts and behaviour.

Objectives: The present research aims to understand the role of conflict in suicide attempts among Armenian adolescents.

Methods: The researcher conducted a qualitative analysis of 39 patient histories of adolescents hospitalised after a suicide attempt using the documentary method. The patient histories included, among others, the results of psychiatric tests using Hamilton’s Rating Scale for Depression (HAM-D), Hamilton’s Rating Scale for Anxiety (HAM-A), Columbia Suicide Severity Rating Scale (C-SSRS), and the records of psychiatric consultation.

Results: The psychiatric tests showed that all adolescents suffered either mild, moderate or severe levels of depression and anxiety. They also exhibited mild, moderate or severe suicide risk, based on C-SSRS. The results revealed that before the suicide attempt, adolescents were exposed to continuous distress and traumatic events

at home that lasted for months, sometimes years. They often witnessed domestic abuse and attempted to protect one of the parents (usually their mother) from being physically and psychologically abused. In some cases, the distress was the result of parents trying to end the adolescent’s relationship with their boyfriend. During psychiatric consultation, adolescents disclosed reoccurring suicidal thoughts and suicidal ideation when exposed to continuous trauma and distress at home. In most cases, conflict with parents was the trigger that made adolescents act. The conflict was the last straw that pushed them to attempt suicide.

Conclusions: Suicide attempt in Armenian adolescents remains one of the least investigated areas. Domestic abuse is often silenced and almost never reported to authorities. This usually leaves adolescents one-on-one with their struggles. The needs of adolescent witnesses of domestic abuse and those suffering controlling behaviour and developing suicidal thoughts, some of them eventually attempting suicide - remain largely unaddressed. More research is needed to understand factors associated with suicidal behaviour in Armenian adolescents. Research studies can hopefully become a basis for a future centralised mental health strategy aimed at helping adolescents find a way out and not resort to suicidal attempts.

Disclosure of Interest: None Declared

EPP0387

Factors linked to suicide risk in a diverse sample of psychiatric patients

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Introduction: Suicidal behavior is a global public health problem. Among the most investigated theories for the explanation of suicide there is the interpersonal-psychological theory of suicide (IPTS) by Thomas E. Joiner. IPTS focuses on 3 variables related to lethal suicide attempt: thwarted belongingness, perceived burdensomeness and acquired capability for suicide.

Objectives: We aimed to understand which variables were mostly related to suicidal ideation (SI) and suicide attempts (SA) in a sample of psychiatric patients.

Methods: A sample of 80 psychiatric patients including inpatients (n=18), outpatients (n=21) and patients from various Italian rehabilitative psychiatric communities (n=41) was recruited between June 7th, 2021 and September 12th, 2022. We administered a battery of various scales, including State-Trait Anxiety Inventory, STAI, Beck Depression Inventory, BDI, Reasons For Living Inventory, RFLI, Acquired Capability for Suicide Scale-Fearlessness About Death, ACSS-FAD, Rosenberg self-esteem scale, RSES, Mental pain questionnaire, MPQ, Interpersonal Needs Questionnaire, INQ. For each scale we compared a) patients with and without lifetime SI; b) patients with and without history of SA. Then, we performed two logistic regression models (stepwise backward method), one for SI and one for SA.