Results: Both patients with SI and SA have higher anxiety (STAI), depression (BDI), mental pain (MPQ), perceived burdensomeness (INQ), thwarted belongingness (INQ), fearlessness about death (ACSS_FAD) and lower self-esteem (RSES), beliefs about coping strategies (RFLI) and moral objections (RFLI). Depression (BDI) and beliefs about coping strategies (RFLI) were the variables most strongly associated with SI; higher fearlessness about death (ACSS-FAD) and low self-esteem levels (RSES) were the variables most strongly associated with history of SA. The SI model was able to predict 84% of ideation cases; the SA model was able to predict 74% of the attempts.
Conclusions: The results supported that improving the ability to cope with suicidal thoughts is a key component of therapeutic work with suicidal patients. In addition, according to the IPTS, the history of SA has been particularly explained by fearlessness about death. Hence it may be important to focus on these aspects in suicide prevention.

Disclosure of Interest: None Declared

EPP0388

Saving and Empowering young lives in PAKistan (SEPAK): An Exploratory Cluster Randomized Controlled Trial (cRCT)

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Introduction: Suicide is a leading cause of death among young people and most deaths by suicide occur in low and middle-income countries. School is the best place where we can identify and respond to youth suicide risk. School-based interventions for suicide prevention in young people have been successful across US, Europe and Australia, but require adaptations to be acceptable and feasible in Pakistan.
Objectives: To develop and test culturally adapted preventative interventions for suicidal behaviours among pupils in secondary schools in Pakistan. The qualitative component aimed at exploring the views of students, parents, teachers and general practitioners on cultural adaptation, experience of participation, areas of improvement and suggestions for scale-up of the school-based suicide prevention program (SEPAK).
Methods: A clustered randomised controlled trial. The four culturally modified interventions 1) Linking Education and Awareness of Depression and Suicide Awareness (LEADS) Training for pupils (students=260) 2) the Question, Persuade, and Refer (QPR) for teachers (students=203) 3) QPR for parents (students=445); 4) Screening by Professionals (Profscreen) (students=260) were compared against control intervention (educational posters) (students=227). Structured questionnaires were administered at baseline and 1-month post-intervention to assess suicidal behaviours, psychological well-being and quality of life. A total of 8 focus groups (FGs) were conducted at pre and post intervention stage with each stakeholders.
Results: Patient and public involvement and Engagement (PPIE) was strongly embedded in the project to ensure meaningful benefits for participants. A total of 40 schools were recruited from 8 cities across Pakistan. A total of 243 students attended LEADS intervention, 92 teachers and 304 parents completed QPR training, and 9 general practitioners were trained in ProfScreen. The retention rate at follow-up was 99% that shows feasibility of delivering intervention package in Pakistan. All participants marked SEPAK as effective in identifying risk of and preventing self-harm and suicide in young people and in improving pathways to treatment. Interventions were perceived as helpful in improving knowledge about mental health, impact of mental health difficulties on functioning, reducing stigma, equipping stakeholders to identify and signpost at-risk people. Improvement in clinical and teaching practice as well as understanding others behaviors were also reported.
Conclusions: This study suggest feasibility of integrating a suicide prevention program in existing educational system and highlights positive role of creating awareness about suicide in youth, introduction of school-based mental health programs, parental counseling and strengthening of the health system by training general practitioners in early identification of suicide risk and promoting suicide prevention strategies

Disclosure of Interest: None Declared

EPP0389

Suicidality in Treatment-Resistant Depression Patients

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Introduction: Depression and treatment-resistant depression (RD) are associated with suicidal behavior (SB) at a higher rate.
Objectives: 1) determination prevalence of RD in district outpatient psychiatric clinics (i.e., dispensaries) and the sociodemographic characteristics of RD patients with SB.
Methods: In this multicenter (3 sites), retrospective, observational epidemiological study, patients (n=148) with diagnoses F 30-39 (ICD-10) were recruited in 2020. Patients (n=22) were assessed for RD, defined as failure to respond to ≥ two antidepressant medications of adequate dose and duration for at least three months.
Results: The prevalence of depression is ≤ 2% of the outpatient population. RD prevalence ˜15%. SB (i.e., suicidal attempts) was noted in every fifth (n=5) for the index year. SB patients differed in the following typical features: a woman (82%) mean age, 46.8 years with long-term (≥ 10 years) depression and annual hospitalizations

for three years (61.4 days per patient), and with suicidal attempts (repeated within the last two years) through (80%) self-poisoning with psychotropic drugs. Nobody worked, and everyone was divorced.
Conclusions: On the background of ubiquitous underdiagnosis of depressive disorders in routine practice, RD patients with SP represent a high-resource users group with combined clinical and social problems requiring pharmacotherapy and target psychosocial rehabilitation.

Disclosure of Interest: None Declared

EPP0390

Psychiatric comorbidity profiles among suicidal attempters: A cohort study

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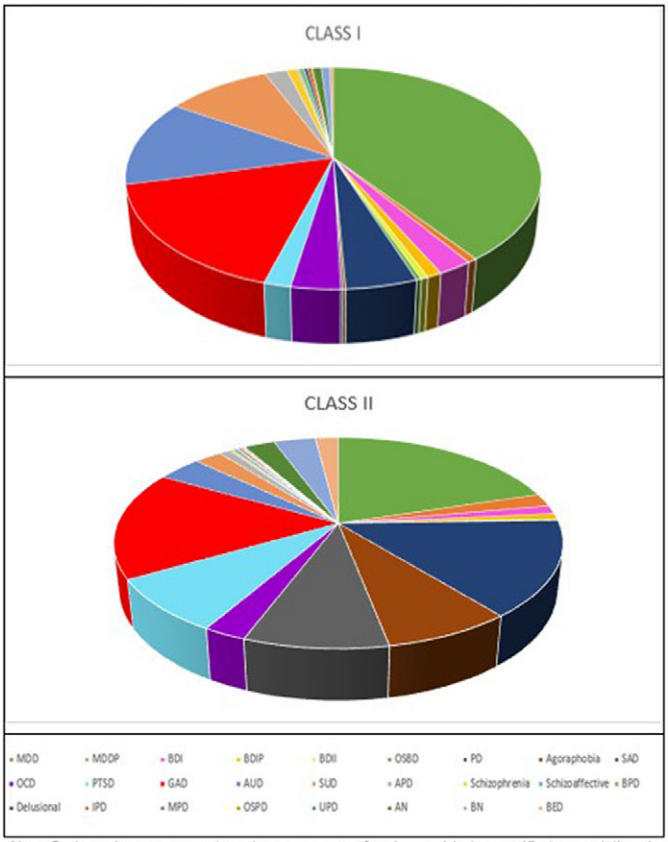
Introduction: More than 700,000 people die by suicide in 2019 globally (World Health Organitation 2021). Mental health problems constitute a risk factor for suicidal behavior and death by suicide (Hoertel et al. Mol Psychiatry 2015; 20 718–726). Different mental disorders have been related to different forms of suicidal ideation and behavior (Conejero et al. Curr Psychiatry Rep 2018; 20, 33) (Quevedo et al. Compr Psychiatry 2020; 102 152194). However, little is known on comorbidity profiles among suicide attempters.
Objectives: The aim of our work was to identify the psychiatric comorbidity profiles of individuals who were admitted a hospital emergency department due to a suicide attempt. Moreover, it intended to know their clinical characteristics according to comorbidity profile.
Methods: A sample of 683 attempters (71.30% female; M age= 40.85, SD= 15.48) from the SURVIVE study was used. Patients were assessed within the 15 days after emergency department admission. Sociodemographic (i.e., sex, age, marital status and employment status) and clinical data were collected. The International Neuropsychiatric Interview (MINI) was used to assess DSM-V Axis 1 mental health diagnoses and the Columbia Suicide Rating Scale (C-SSRS) to assess suicidal ideation and behavior. The Acquired Capacity for Suicide-Fear of Death Scale (ACSS-FAD), the Patient Health Questionnaire (PHQ-9) to assess the frequency of depressive symptoms during the past 2 weeks, and the General Anxiety Disorder-7 (GAD-7) scale to assess symptoms of worry and anxiety were also conducted. For the identification of comorbidity profiles, latent class analysis framework was followed considering diagnosis to each individual disorder as clustering variables. On the other hand, binary logistic regression was used to study the relationship between comorbidity profile membership and clinical factors.
Results: Two classes were found (Class I= mild symptomatology class, mainly featured by emotional disorder endorsement; and Class II= high comorbidity class, featured by a wide amount of endorsed diagnoses) (see figure 1). Individuals from the High comorbidity class were more likely to be female (OR= 0.98, p<.05), younger in age (OR= 0.52, p< .01), with more depressive symptoms (OR=1.09, p<.001) and have greater impulsivity (OR= 1.01, p<.05).
Image:

Figure 1. Percentage of patients with psychiatric disorder according to class.



Note. Each section corresponds to the percentage of patients with the specified mental disorder according to the assigned color.
MDD= Major Depressive Disorder, MDDP=MDD with psychotic features, BDI= Bipolar Disorder type I, BDIP=BDI with psychotic features, BDII= Bipolar Disorder type II, OSBD=Other specified and related BD, PD= Panic Disorder, SAD= Social Anxiety Disorder, OCD= Obsessive Compulsive Disorder, PTSD=Post-Traumatic Stress Disorder, GAD=Generalized Anxiety Disorder, AUD= Alcohol Use Disorder, SUD=Substance Use Disorder, APD= Any psychotic disorder, BPD=Brief psychotic disorder, IPD=Substance_Medication-Induced Psychotic Disorder, MPD= Psychotic disorder due to another medical condition, OSPD= Other specified schizophrenia spectrum and