

## EPV1081

**Suicide behaviour after hospitalisation and related factors: a case report.**

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doi: 10.1192/j.eurpsy.2023.2371

**Introduction:** Suicide is a global epidemic, with the World Health Organization (WHO) estimating that there are roughly 800,000 suicides annually, accounting for 1.4% of all deaths, and making suicide the 18th leading cause of death in 2016 (World Health Organization). There is a pressing need to better understand factors that contribute to suicide risk. One important domain for suicide prevention is inpatient psychiatric treatment, as many patients are admitted precisely in order to reduce their risk of suicide. Although inpatient psychiatric treatment is often used for suicide risk prevention the risk of suicide after inpatient treatment remains high. Patients who have been recently discharged have a greater risk of suicide than non-hospitalised mentally ill people.

**Objectives:** Review suicidal risk after hospitalisations and the factors that may have an influence on it.

**Methods:** Presentation of a patient's case and review of existing literature, in regards to the rate of suicide after a patient is released from psychiatric hospitalisation and the factors that surround it.

**Results:** The patient in question is admitted into a psychiatric ward with a diagnosis of severe psychotic depression, after a suicide attempt trying to dissect his arms' blood vessels. Health professionals at the hospital attend to his needs and the patient sees improvement. Not long after his release, there is a second hospital admission, which doesn't have the same result and after his release he successfully ends his life. What comes to mind with these sorts of patients is: what kind of help would they have needed? Why hospital admission was not enough? And which factors and profile of patient is more prone to develop suicide behaviour?

**Conclusions:** Admissions at psychiatric wards always have to be thought of as a beneficial resource for patients. There are some cases in which patients do not get the help they need by being hospitalised, increasing the risk of committing suicide. A lot more studies will have to be carried out to understand what variables play a part in this. Meanwhile an improvement in outpatient care to support patients after hospital release is crucial.

**Disclosure of Interest:** None Declared

## EPV1082

**Experiences of self-harm and suicidality in a community sample of Irish Travellers**

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doi: 10.1192/j.eurpsy.2023.2372

**Introduction:** Irish Travellers are an indigenous minority in Ireland with distinct history and culture, of which nomadism was traditionally an important feature. Travellers experience disadvantages in education, employment, housing and health. Suicide is a big problem in the Traveller community, their suicide rate is 11%: 6 to 7 times higher than the general population. 59.4% of Traveller men and 62.7% of Traveller women reported that their mental health has not been good for one or more days in the last 30. Despite the high rates of suicide, there is a paucity of clinical research into mental health of Travellers.

**Objectives:** Aim was to improve the scientific knowledge of the mental health of Irish Travellers by addressing the gap in the scientific literature.

The objective was to conduct a qualitative assessment of Travellers who have experienced self-harm and suicidal thoughts themselves, or who have a family member who has experienced same, by exploring their personal experience of distress, adversity and illness.

**Methods:** We conducted semi-structured interviews exploring the following topics: self-harm, bereavement by suicide, experience of mental illness and of seeking treatment, stigma, discrimination and perceptions of research participation. Participants were recruited from community Traveller organisations in order to improve participation. Data were analysed using Nvivo software for thematic analysis.

**Results:** Our participants aged from 22-62. 67% reported a personal history of self-harm, 83% had a psychiatric diagnosis. None were actively engaged with a Psychiatric team.

The main themes from the data were discrimination, identity issues, cultural understanding in healthcare settings, mental health and wider societal issues. Our findings showed that many Travellers who suffer from mental health problems and suicidal thoughts, find it hard to discuss problems openly within their families and communities due to stigma and shame, despite the high incidence of suicide. Many reported experiencing identity crises, and a sense of not belonging in society, particularly since the introduction of legislation preventing them from aspects of their traditional lifestyles. Other common topics were literacy issues, womens and LGBTQplus rights.

**Conclusions:** Travellers are a marginalised group in our society with high rates of socioeconomic deprivation, which we know is a factor in mental illness and thoughts of self-harm or suicide. There is a need for improved education for mental healthcare workers into the culture of Travellers and for increased sensitivity and awareness of how to engage with patients with literacy issues. Stigma remains an issue within the Travelling community and more work needs to be done to improve engagement between Travellers and mental health services in order to prevent acute mental health crises and/or suicidal behaviour. Travellers remain a difficult to reach and under-researched group in our society.

**Disclosure of Interest:** None Declared

## EPV1083

**Suicide among physicians: what do we know about it?**

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doi: 10.1192/j.eurpsy.2023.2373