

## EPP0777

### Mental pain and depressive symptoms in the determination of suicidal ideation among psychiatric patients

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**Introduction:** Though the literature suggests a strong association between depressive symptoms and suicidal ideation, in clinical practice, it is often observed that many patients who show those symptoms, even the most severe, do not experience suicidal ideation. Thus, the association between depressive symptoms and suicidal ideation is insufficient to explain the complexity behind suicide. From Shneidman's point of view, the common feature in patients with suicidal ideation and suicidal behavior seems to be mental pain, defined by the author as "psychache" and characterized by a distressed state of mind, in which the subject experiences extreme angst, hopelessness and in which pain is seen as unsolvable. Individuals with depressive symptoms are suicidal only when psychache is so unbearable that suicide is perceived as the only option.

**Objectives:** Our study aimed to investigate the association among depressive symptoms, mental pain, and recent suicidal ideation, specifically whether mental pain could mediate the relationship between depressive symptoms and current suicidal ideation in a sample of psychiatric patients.

**Methods:** Participants were 206 adult patients (49.5% females). Patients were assessed for psychiatric diagnoses according to DSM-5. For the study, the following instruments were administered: the Columbia-Suicide Severity Rating Scale (C-SSRS), the Beck Depression Inventory-2 (BDI-2), and the Orbach & Mikulincer Mental Pain Questionnaire (OMMP).

**Results:** 32.5% of the patients had bipolar disorder, 21.4% had MDD, 24.8% had schizophrenia or other psychotic disorders, and 15% had a personality disorder. About 34% of the patients reported recent suicidal ideation with at least some intent to act. Recent suicidal ideation was associated with both mental pain and depressive symptoms, but mental pain completely mediated the association between depression and suicidal ideation ( $\beta=.04$ ,  $SE=.01$ , 95% CI (.01/.06)).

**Conclusions:** Our study indicated that patients with more severe depressive symptoms are more likely to report suicidal ideation and that the presence of mental pain could explain this association thoroughly. Thus, in clinical practice, the identification of mental pain confirms its crucial role in the assessment of suicide risk and in the understanding of the individual's unique pain.

**Disclosure of Interest:** None Declared

## EPP0778

### The interprofessional collaboration between police and crisis response team in managing suicide-related cases in Singapore

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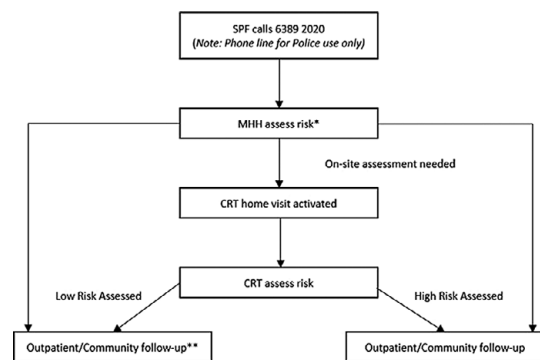
**Introduction:** The Crisis Response Team (CRT) is an interprofessional collaboration between the Singapore Police Force (SPF) and the Mental Health Helpline (MHH) of the Institute of Mental Health (IMH). Supported by a multidisciplinary team comprising of the SPF, IMH psychiatrists, community psychiatric nurses and crisis counsellors, and community partners, this intervention aims to support suicidal individuals, depending on their risk severity, residing in the community.

**Objectives:** To present the CRT work process and to explore the characteristics and outcomes of suicide-related cases referred.

**Methods:** In this descriptive research study, a quantitative approach is adopted. An Excel file shared across the helpline counsellors is used to collate information of the referred cases. Data collected from October 2021 to August 2022 were evaluated using the IBM SPSS Statistics for Windows v28.0. Descriptive statistics were used to summarise the characteristics and outcomes of the cases.

**Results:** Figure 1 shows the CRT work process. To standardise the method of assessing both suicide ideation and behaviour, the Columbia-Suicide Severity Rating Scale (C-SSRS) is utilised. As compared to other suicide ideation and behaviour scales, the C-SSRS has demonstrated good convergent and divergent validity, high sensitivity and specificity for suicidal classifications, and moderate to strong internal consistency (Cronbach's  $\alpha$ : 0.73 - 0.95) (Posner et al. AJP 2011; 168(12) 1266-1277). A total of 3,386 suicide-related cases was referred. The age range of the suicide-related cases range from 8 - 97 years old ( $M = 36$ ,  $SD = 17.33$ ). Of these 3,386 cases, 627 cases were discharged back to their family members/ employer/friend/partner and with follow-up check-in calls by the MHH counsellors, 416 cases were sent to the restructured hospitals for organic workup, 2,268 cases were brought back to IMH, 55 cases were discharged back to the SPF for further investigation, and 20 cases warranted CRT home visit activations. Figure 2 shows the total number of referred cases and outcome of these cases in each month.

**Image:**



\* May be sent to Restructured Hospital for medical check/treatment if required  
\*\* Community follow-up includes referrals to other mental health support organizations

Figure 1. CRT Work Process