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RISK FACTORS FOR SUICIDAL BEHAVIOR IN ADOLESCENTS FROM EUROPEAN COUNTRIES WITH DIFFERENT SUICIDAL RATES: THE POSSIBLE ROLE OF CROSS-CULTURAL DIFFERENCES

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Sociomedical Institute at Scientific Research Centre SASA, ²Institute of Public Health of the Republic of Slovenia, Ljubljana, ³University Psychiatric Clinic, Ljubljana-Polje, Slovenia Introduction: Adolescence is a time of developmental shifts that may leave young people especially vulnerable to suicidal behaviour. Suicidal rates in different European countries differ, which may be due to many factors, including cross-cultural differences.

Aims: We aimed to explore differences in risk factors for suicidal behaviour (poor subjective health and low life satisfaction, health-related behaviours, including alcohol drinking habits, family and peer factors) between European countries with different suicidal rates.

Methods: The data were collected through questionnaires in the survey 'Health Behaviour in School-aged Children´, 2005/2006, using nationally representative samples of 15 year old students (N=11,093) from 7 countries (Lithuania, Finland, Ireland, Slovenia, Norway, Italy, Greece).

Results: Principal component analyses were used to characterize how selected risk factors for suicide cluster together into factors. Differences for these factors were compared between 3 groups of countries: countries with low, average and high magnitude of suicidal rates (SDR; suicide death rate per 100 000, 15-29 years). Between group differences on first two factors, loaded by items measuring health-related behaviours, were significant and medium-sized and indicated cultural differences in alcohol use. Youth from Northern European countries - with high SDR, reported greater number of drunkenness occasions, whereas frequency of alcohol intake was greater for youth from Southern European countries - with low SDR.

Conclusions: Results indicated a possible association of suicidal behaviour and different drinking cultures, arising from different geographical locations and socio-cultural environments. Therefore research and preventive measures should consider specific socio-cultural context.