

tion” were included. Articles that used the most reliable and valid measurement tools (i.e., Beck Scale for Suicide Ideation and Suicide Probability Scale) for patient evaluation were selected. World Health Organization guidelines and the Portuguese Suicide Prevention Plan were analyzed and an algorithm was designed based on the major risk factors identified.

Results No isolated risk factor was successful for preventing suicide: most are chronic and non-individualized. Having family history of suicide, a mental health disease, a suicide plan and previous suicide attempts are considered major risk factors. The algorithm is based on these factors and takes into account interpersonal variability.

Conclusions The best way to prevent a suicide is to ask patients for major risk factors, and then, by using this algorithm, treat them accordingly.

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EW0550

Acute psychiatric involuntary admissions in a general hospital after suicidal behavior. A 2-year follow-up

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Introduction Patients with a plan, access to lethal means, recent social stressors and symptoms suggestive of a psychiatric disorder should be hospitalized immediately. Sometimes involuntary hospital admission is used to avoid a suicidal behavior, taking into account that after a suicide attempt 25% of people repeat attempt and 10% die by suicide.

Objectives/aims To know hospital admission due to suicide attempts, and how many of them were involuntary.

Method A 2-year retrospective study (2014–2015) of all cases admitted after suicidal behavior in an acute psychiatric ward in a general hospital in Gijón (Spain). Reasons for hospital admission were registered, including suicide attempts. And also if admissions were involuntary.

Results The total number of admissions to the psychiatric unit in 2014–2015 was 2376. Admissions due to suicide attempts were 427; 300 of them were involuntary admissions. There were a total of 347 involuntary admissions these two years; among them, due to suicide attempt: 300.

Conclusions Most of involuntary admissions in the psychiatric unit of the hospital studied followed a suicide attempt, as a prevention of repeated suicidal behavior. Obvious high risk of repeat suicide attempt generates an urgency to make an accurate assessment and create a safe treatment plan and determine to retain suicidal patients.

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EW0551

Mental illness and mental health care as experienced by persons who die by suicide; a qualitative analysis of suicide notes

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While mental illness is a risk factor for suicidal behaviour and many suicide victims receive mental health care prior to death, there is a comparative lack of research that explores their narratives of care. Suicide notes offer unique insight into these subjective experiences. Our study explores the following questions: “How is mental health care experienced by those who die by suicide?” and “What role does this experience play in an individual’s journey to suicide?” Our sample is a set of 21 purposefully selected notes that explicitly make mention of mental illness and/or mental health care, from a larger sample of 255 notes obtained through the Toronto Coroner’s Office. We utilized a constructivist grounded theory framework to engage in line-by-line open coding, axial coding, memo-ing and theorizing of the data. Preliminary themes include (1) perception of recurrent utilization of mental health care as personal failure, (2) recurrent utilization of mental health care as a manifestation of accumulating hopelessness, (3) the construction of suicide as being beyond the scope of mental health care, (4) tensions between the conceptualization of mental illness as an inherent part of the self and mental illness as a disease to be fought or overcome, and (5) suicide as an exertion of self-autonomy, distinct from the influence of mental illness. An exploration of the complexity of an individual’s relationship with mental illness and mental health care can foster better identification, understanding and support for those at risk for suicide.

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EW0552

Understanding the role of bereavement in the pathway to suicide

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Introduction Bereavement is considered to be a common precursor of death by suicide. Studies suggest those bereaved by suicide may be particularly vulnerable to suicide themselves. Recently, there has been a concern over the number of deaths by suicide across UK and Europe. As a result, an increasing number have been exposed to bereavement by suicide. It remains unclear how these deaths might impact on future suicide rates.

Objectives To examine a two-year cohort of all suicides in Northern Ireland, in order to report on bereavements recorded in the records of those who died by suicide. To assess the bearing of these deaths on those left behind.

Aims To provide an estimate of the prevalence and types of bereavements that may have contributed towards the suicide.

Methods Following the sociological autopsy approach to studying death by suicide, data was collected from a range of sources, including GP records and Coroner records and interviews with bereaved relatives. The analyses draw on relatives’ accounts in order to increase our understanding of the impact of suicide bereavement. Interviews took place between 18 months and 5 years after the death by suicide.

Results Of the 403 deaths by suicide, 15% of the individuals experienced bereavement and 9% bereavement by suicide. The results support the assertion in the literature that bereavement by suicide increases the risk of suicide through a process of suicide contagion.

Conclusions The conclusion explains how the findings will be fed into knowledge translation processes, to provide future programs of suicide prevention research and changes to practice.

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EW0553

Socio-demographic and clinical features of patients referred to emergency room psychiatric consultation between 2006 and 2015. A comparison between migrants and natives

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In recent decades, Italy has become a desirable destination for immigrants. It should be noted that the organization of mental health services in Italy strongly relies on outpatient services, while the psychiatric wards usually accommodate patients in acute phases of their disorder. Nonetheless, migrants' first contact often happen in a psychiatry ward when they are in a severe and acute psychopathological condition. The research was performed in the Emergency Department (ED) of the Maggiore della Carità Hospital, Novara, Italy. We collected data about 3781 consecutive patients, 3247 Italian natives and 421 migrants, assessed in the ER of the Maggiore della Carità Hospital, and referred to psychiatric assessment after ER triage. From 1st January 2006 to 31st December 2007, only data for migrant patients were available. From 1st January 2008 to 31st December 2015, data were available for all consecutive patients assessed in the ER. An experienced psychiatrist assessed patients with a clinical interview, including the assessment of suicidal intent, suicidal behaviors and attempts. The psychiatrist filled in for each patient a data sheet, reporting demographic data and clinical features. The high frequency of substance use disorders was higher in the migrant population than in the native one. The request for psychiatric consultation for self-injury behaviors was more frequent in migrants and also suicide attempts were more common. Nonetheless, being a migrant was not a predictor of suicide attempt in our sample.

Several differences were found between migrants and natives in socio-demographic, clinical and treatment variables. Clinical implications will be discussed.

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EW0554

Clinical features of ADHD: An assessment of suicide risk and substance abuse

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Introduction Several studies show that attention-deficit/hyperactivity disorder (ADHD) may persist into adulthood, increasing the risk of antisocial behaviour, drug abuse, psychiatric comorbidities, aggressive behaviour, social impairment and suicide risk.

Objectives Analyze correlations among ADHD, substances abuse, alcoholism and suicide risk.

Aim The aim of our study is to better understand the clinical features of ADHD during adulthood.

Methods We analyzed the presence of ADHD symptoms, suicide risk and levels of hopelessness, alcoholism and substance abuse in a sample of 50 (40% males) in/outpatients of S. Andrea Hospital in Rome, between February and May 2016. We administered the following scales: Adult-Self Report Scale (ASRS), Columbia Suicide Severity Rating Scale (C-SSRS), Beck Hopelessness Scale (BHS), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST).

Results In our sample of 50 adult patients, 20% had ADHD symptoms (10 subjects). We found that those with ADHD showed more frequently death desires (85.7%; $\chi^2 = 1.31$; $P = 0.25$) and higher levels of hopelessness (66.7%; $\chi^2 = 0.83$; $P = 0.36$) if compared to subjects without ADHD symptoms (respectively 63% and 45.8%). In the overall group of ADHD patients, 10% showed severe alcoholism, 20% ($\chi^2 = 1.39$; $P = 0.49$) had a borderline behavior, whereas 40% presented a substance abuse ($\chi^2 = 1.75$; $P = 0.18$).

Conclusions ADHD may represent a psychiatric disorder with an increased suicide risk. It would be important to screen for suicidality and comorbid symptoms routinely in ADHD in order to improve the treatment of the patients.

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EW0555

Impulsivity as a risk factor for suicidality in depressed patients

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Introduction Suicide behavior is an important and preventable cause of injury, disability and death in the world, and, at the same time, a major economic and social burden for modern societies. The majority of suicide attempts and completions are associated with psychiatric disorders, especially major depressive episode. Impulsivity has been associated with suicidality in major depressive disorder patients.

Aim The current study aims to evaluate impulsivity in major depressive disorder patients with a history of suicide attempts as compared to major depressive disorder patients without a history of suicide attempts.

Methods One hundred and twelve patients with major depressive disorder, aged 51.91 ± 10.72 (70% females) were included through convenient sampling procedure from the patient population of the 3rd Psychiatry Clinic of the Cluj County Emergency Hospital. Impulsivity was assessed through Barratt Impulsiveness Scale (BIS-11).

Results In total, 27.8% of the patients had a history of suicide attempts. Significant differences between the two groups were obtained only for the Perseverance subscale of the BIS-11. (12.7 ± 1.8 vs. 7.13 ± 2.1 , $P = 0.005$ –Mann Whitney U-test).