

Introduction: The prevalence of mental illness has increased worldwide over the past few years. At the same time, and even in the sense, there is also an increase in suicide rates with special incidence in certain risk groups, among which health professionals stand out.

In this particular group, physicians seem to represent a class particularly vulnerable by the stress and demand associated with it, but also by access and knowledge about potentially lethal means. For this very part, they have a higher risk of suicide than the general population.

Objectives: This paper aims to better understand the phenomenon of suicide among physicians and identify which medical specialties are most vulnerable.

Methods: Bibliographic research in the Pubmed® database using the terms “suicide and physicians”.

Results: The data obtained from the scientific literature consulted indicate that physicians have a higher risk of suicide than the general population, with greater emphasis on females who have higher rates compared to males.

Work factors that translate into higher levels of demand and stress combined with easy access and knowledge about the use of potentially lethal means seem to contribute very significantly to this phenomenon. Perfectionist personality traits with a high sense of responsibility and duty are also important characteristics that place these professionals in a position of greater vulnerability.

With regard to the different medical specialties, anesthesiology, psychiatry and general and family medicine are the ones with higher suicide rates among the medical class.

Conclusions: The risk of suicide, although admittedly high in the medical class, is not homogeneous among different countries, being naturally influenced by the satisfaction/gratification obtained in the performance of their profession. In this sense, countries such as Switzerland and Canada show higher levels of professional satisfaction. In the opposite direction, dissatisfaction in the exercise of clinical activity is associated with higher levels of fatigue and burnout.

Medical women, due to the need to combine the responsibility of family tasks with professional responsibility, are at greater risk.

In this sense, it is necessary to develop strategies that are more appropriate for the prevention and early identification of suicide risk situations that can be experienced not only by improving working conditions but also by better addressing professionals suffering from mental disorders.

Disclosure of Interest: None Declared

EPV1084

Development and Psychometric Testing The Suicide Risk Management Efficacy Scale

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Introduction: Current suicidology literature emphasizes the need for suicide prevention and awareness training that include specific approaches tailored for specific professional groups. However, it is

necessary that the scales used in the assessment of trainings contain the needs of the evaluated groups on risk management. Cancer patients are one of the groups with a high risk of suicide. Studies show oncology nurses have difficulties in recognising and managing the risk of suicide in oncology patients (Granek et al. *Psycho-Oncology* 2018; 27(1) 148–154, Öztürk and Hiçdurmaz. *Journal of Clinical Nursing* 2022; 1-15). Also, these studies underline the need to create training programmes peculiar to oncology that increase oncology nurses' awareness, knowledge, skills and efficacy in recognising and managing suicide risk. However, no study in the current literature presents scale that can assess the effect of these trainings on efficacy of oncology nurses or other professional who work oncology in the management of suicide risk. Valid and reliable scale is required to assess oncology nurses' efficacy in suicide risk management.

Objectives: This study aim to to develop and test the psychometric properties of the Suicide Risk Management Efficacy Scale (SRMES)

Methods: The study was conducted in two stages: (1) the creation of conceptual frameworks and scale items (2) assessing the scale psychometric properties. At the end of the feedback from 10 experts (Psychiatrists and Psychiatric Nurses), the scale content validity was completed and the scale was applied oncology nurses sample. Data were collected using a Descriptive Characteristic Form and the 26-item SRMES. Data were obtained from 234 oncology nurses. Exploratory, confirmatory factor analyses and reliability analyses were performed.

Results: Exploratory factor analyses extracted a unifactorial solution. Confirmatory factor analysis revealed that the unifactorial model presented highly satisfied and acceptable fit indexes (CMIN/df=1,927; CFI=.94; GFI=.844; IFI=0,941; TLI=.928; RMSEA=.063; NFI=0,884; RFI=0,86). According to the results of the principal component analysis, factor loads in the unifactorial structure are between 0.534 and 0.843. Cronbach's alpha value of the scale was 0,96, the inter-class reliability coefficient is 0.928.

Conclusions: The result of exploratory factor analysis and confirmatory factor analysis results were satisfactory. The SRMES is a valid and reliable scale that can be used to assess oncology nurses' efficacy perception on suicide risk management. The SRMES can also be used to evaluate the efficacy perceptions of other health professionals on suicide risk management who perform psychosocial assessments similar to nurses in oncology.

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Identifying Differences between Greek Adolescent Suicide Attempters and Adolescent Patients with No Suicidal Behavior

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Introduction: Youth suicide is a significant public health problem resulting in a major social and economic burden for communities and a devastating impact on families.