

we have the right tools in screening, identifying, treating, and saving more lives.

Abbreviations: *M*: Mean score; *CI*: Confidence Interval

Disclosure of Interest: None Declared

EPP0347

Preliminary results of “Choose Life!” - a county-wide programme for suicide prevention and mental health awareness

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Introduction: Suicidality and depression awareness still remains a concern in Hungary. This programme, based on the principles of the European Union Against Depression, implemented its five steps, such as: 1. improving family doctors' readiness to diagnose and treat depression, 2. increasing public awareness, 3. training stakeholders and community facilitators, 4. offering special help for risk groups, 5. facilitating self-help by the online tool “ifightdepression” in five of seven districts of Heves county from November 2014 until May 2016.

Objectives: We aimed to look at some clinical outcome measures of the programme, like diagnosis density of depression in primary care before and after the intervention; diagnosis density of depression in outpatient services; suicide attempts in specialised care; and completed suicide rates.

Methods: We extracted patient turnover data from the joint database of the National Healthcare Fund and the National Directorate-General for Hospitals. Raw patient turnover data were divided by the total patient turnover in order to obtain diagnosis density. For the diagnosis of depression, we used the sum of the ICD-10 diagnoses of F32 (depressive episode) to F33 (recurrent depression) plus F41.20 (mixed anxiety-depressive disorder), as family doctors tend to use these diagnoses interchangeably. For suicide attempts, we used the diagnoses X60 to X84, plus Y87.00. For completed suicides we used the same diagnoses with the “deceased” flag. Diagnosis densities were compared with concurrent national data and were standardised to the long-term average. In the case of outpatient services, we only could retrieve monthly data, which we smoothed out with three-monthly moving averages.

Results: Baseline diagnosis density of depression in primary care was already 44% above the national average when the program started and after the kickoff, it shortly went up to 53.3% and remained over the baseline for as long as until 2019. Also, the recognition rates of depression with no comorbidities in primary care increased by 6%, and steadily remained over the national average until 2019. For outpatient psychiatry, there was an 8% increase in depression turnover throughout the duration of the programme. As regards to suicide attempts treated in hospital, the rates went 20% below the national averages for the duration of the programme, and mostly remained there until 2020. Fatal suicidal events accounted for five to seven deaths a year per county, therefore, simple statistical methods could not uncover significant differences.

Conclusions: These early results indicate that the programme may have been effective in terms of reinforcing the diagnostic and treatment capacities of primary care for recognising a treating depression adequately, thereby eliminating suicide risk. Further statistical exploration of the data is still needed to confirm the magnitude and the validity of these results.

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EPP0348

Improving Skills and Knowledge: Adapting a Core Competencies Suicide Risk Assessment Training Program to Support Mental Health Professionals in Hungary

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Introduction: Competency and skill-based education and assessment have become increasingly significant in mental health professional training. The conventional approach of acquiring knowledge is now being supplemented by emphasizing practical skills and implementing best practices that prove effective in the field. This emphasis on competencies is particularly apparent in the instruction regarding suicide risk evaluation and management. Cramer and colleagues have identified ten core competencies essential for working with patients at risk of suicide and developed a training material (Cramer et al. 2013, Train. Educ. Prof. Psychol; 1 1-11).

Objectives: We aim to tailor Cramer et al.'s training program to the Hungarian setting and assess its efficacy among mental health experts, including psychiatrists, clinical psychologists, and social workers. Additionally, we aim to validate the Suicide Prevention and Assessment - Competency Assessment Form (SCAF-R), which comprises a ten-item survey to measure the ten core competencies' levels with Likert scales and textual ratings by observers. Through this training program, we aim to offer mental health professionals an educational framework to enhance their skills in evaluating and managing suicide risk. Our goal is to provide a comprehensive approach to suicide risk assessment and better equip professionals to handle this emotionally difficult clinical task.

Methods: We have created a Hungarian version of the core competencies training material tailored to the culture. We are assessing changes in attitudes towards suicide behavior and prevention by administering pre- and post-training psychometric measures, such as Willingness to Intervene against Suicide (WISE), Suicide Behavior Attitude Questionnaire (SBAQ), Attitudes Toward Suicide Prevention Scale (ASP), and Suicide Competency Assessment Form - Revised (SCAF-R). A quantitative analysis will be performed on the responses. The research was approved by Péterfy Hospital's Institutional Review Board (IRB): approval number 07-2023.

Results: The questionnaires' results will be summarized with standard statistical methods.