

EPV1038

Suicide prevention project with young people in the Rocinha slum in Rio de Janeiro

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Introduction: The 2019 WHO report on suicide warned of a serious public health problem. It was found that suicide is a serious problem for global public health, causing approximately 703 thousand deaths every year. Self-extinction is among the leading causes of death worldwide, with more deaths than from malaria, HIV/AIDS, breast cancer, war and homicide. More than one in every 100 deaths (1.3%) in 2019 were the result of suicide. Suicide is the fourth leading cause of death in older adolescents (15–19 years). Risk factors are multifaceted and include harmful use of alcohol, which includes abuse during childhood, stigma against seeking help, barriers to accessing care and means of suicide. The total number of deaths due to self-extinction registered in the adolescent population in the period from 2016 to 2021 was 6,588. According to the WHO director-general, “attention to suicide prevention is even more important now, after many months of living with the pandemic and many of the risk factors, such as loss of employment, financial stress and social isolation, still very present.” Therefore, suicide prevention work with young adolescents in Rocinha, one of the largest slums in Rio de Janeiro, is extremely important, given the increase in suicide rates and mental health problems in this age group. This approach must be thoughtful, culturally sensitive, and involve a range of strategies to address the complex issues affecting adolescents in the community. The Community of Rocinha was chosen to host this prevention project. **Objectives:** Create a preventive event by surveying participants’ opinions, integrating, welcoming and deconstructing stigmas about suicide.

Methods: This study investigated, in a population of 140 young adolescents with cultural differences in a theater class, their level of knowledge regarding relevant information about suicide. A structured questionnaire was presented and answered before and after a lecture, resulting in a class at the end, carried out by the young participants themselves. The scenes were filmed and a film produced. This dynamic process also included the distribution of a shirt alluding to the fact, making the participants multiplier references.

Results: The results of the lecture showed a significant improvement in mental health awareness and willingness to seek help among young people, totaling a 20% increase in knowledge.

Conclusions: Students attended the event in significant numbers, taking into account that the slum had a curfew due to armed conflict. The results of the lecture showed a significant improvement in mental health awareness and willingness to seek help among young people, totaling a 20% increase in knowledge. The young people reported a feeling of support and belonging to the community, highlighting the importance of the debate in a final lecture given by them.

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EPV1040

Suicide across time and cultures: from a philosophical debate to network analysis

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Introduction: Suicide is a multifaceted subject that encompasses a broad spectrum of perspectives, spanning philosophy, the arts, social sciences, neuroscience, neuropsychiatry, and public health. The history of suicide is intricately intertwined with the history of humanity itself, and examining the shifting attitudes towards suicide holds significant implications for the field of suicide prevention.

Objectives: The objective of this paper is to offer a timeline of the social perspectives about suicidal behavior throughout history in order to showcase the influence of cultural and contextual factors.

Methods: This poster is based on the Massive Open Online Course (MOOC) “Focus on Suicidal Behaviour” provided by the European Psychiatric Association. We performed a brief overview of the chapter on history of suicide and updated data on this topic with recent literature findings.

Results: In antiquity, suicide was sometimes regarded as justifiable, whether to preserve honor or protest injustices. However, during the Middle Ages, suicide was primarily seen as a criminal act, violating the rules of the Christian religion. The Renaissance brought about a shift in the perception of suicide, as it began to be depicted in art as a heroic or philosophical act. Moving into the Romantic period, suicide took on a tragic and noble connotation, often seen as an escape from unbearable suffering.

The 19th century marked a significant turning point when the social context started being recognized as a crucial factor in the development of suicidal behavior. In the 20th century, suicide was increasingly considered a public health problem. In the 21st century, the discourse on suicide has become multifaceted. On one hand, network analysis has enabled the development of an integrated model of suicide, emphasizing the complex interactions among various risk and protective factors. On the other hand, ethical and moral debates persist regarding assisted suicide and its indications.

This summary primarily centers on the historical context of suicide within Europe. However, attitudes toward suicide vary significantly across cultures. For instance, in China, suicide rates are higher for women than for men, while Japan has historically displayed a relatively tolerant attitude toward suicide, particularly within the military. In contrast, Islamic countries consider suicide a major sin and implicitly associate it with stigma.

Conclusions: The understanding of suicide evolves over time and is deeply influenced by cultural contexts. Familiarizing ourselves with the historical perspectives on suicide is essential for comprehending this

complex social and personal phenomenon. Such knowledge forms the foundation for the creation of effective prevention strategies.

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EPV1042

Design of a homelessness-focused suicide prevention program

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Introduction: This project proposes a program for the promotion of mental health and prevention of suicidal behavior among individuals experiencing homelessness, with the aim of reducing suicidal ideation and suicide mortality within this vulnerable population.

Objectives: The project aims to implement an evidence-based program to reduce suicidal ideation and suicide mortality among homeless individuals. This will be achieved through two phases: a review of scientific literature and the development of the program in collaboration with experts and homeless individuals.

Methods: The first phase of the project involved a review of scientific literature to identify the most effective content and programs for improving mental health and preventing suicide. These findings were adapted for application in the program and for dissemination to professionals who will directly engage with individuals experiencing homelessness.

In the second phase, the program content was designed in collaboration with experts and validated through the input of educational professionals. Additionally, individuals experiencing homelessness actively participated in the creation of materials and the definition of the approach to be utilized. Subsequently, a four-hour training was provided to professionals working in specialized homeless shelters to guide groups of individuals experiencing homelessness.

Results: The program consists of the following components:

- Training and Awareness: Workshops and campaigns to reduce the stigma surrounding suicide.
- Early Detection and Risk Assessment: Staff training in recognizing suicide indicators and risk assessment protocols.
- Psychological and Social Interventions: Crisis teams, individual and group therapy.
- Access to Services: Mobile mental health clinics and collaborations with healthcare professionals.
- Ongoing Support and Monitoring: Temporary housing programs and support groups.

Conclusions: The proposed program seeks to mitigate the risk of suicide among individuals experiencing homelessness through a comprehensive approach. The collaboration of experts and homeless individuals ensures that the solutions are appropriate and effective. The implementation of this program has the potential to make a significant difference in promoting mental health and preventing suicide within this vulnerable population.

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EPV1044

Suicidal impulsivity secondary to traumatic brain injury

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Introduction: I present the case of a 58-year-old patient who developed frequent, unpredictable and prolonged suicidal impulsivity (more than 8 years of evolution) after one year of suffering a traumatic brain injury, with very serious suicide attempts in the context of very brief periods of dysthymia and no history of mental illness or any other accompanying psychopathology.

Throughout this admission, a progressive dehospitalization has also been carried out, with afternoon outings in the company of his wife or son up to a full weekend.

Objectives: Shortly before, frequent “déjà vu” crises had also begun. Additional imaging tests (CT and cranial MRI) had been performed privately, which had been normal, and an EEG with sleep deprivation had been requested, but the patient had not attended.

For 8 years he had started various successive antidepressant treatments that had always been ineffective or had produced agitation, which was diagnosed as akathisia, after a week of treatment. In a single previous hospital admission, with the initial diagnosis of major depressive disorder finally ruled out, he was discharged apparently asymptomatic, and was readmitted after making three new successive serious attempts at self-harm a week after discharge.

Methods: Throughout this hospitalization (37 days), a practically invariable mental state is observed from the first day in which only rambling thoughts with very limited content stand out, with permanent and apparently credible criticism regarding previous self-harming behaviors, without appearance of new impulses or self-harming behaviors and reporting a significant decrease in the frequency and emotional impact of “déjà vu” type crises, which are now limited to the moment of waking up in the afternoon, after a brief nap, and occasionally.

Results: He was discharged from the hospital with the diagnosis of post-concussive syndrome (ICD 10-F0.78.2) and remains stable for the moment (one month later) in improvement, maintaining anxiolytic and antidepressant treatment, as well as anticonvulsants, and pending continuation of the study for part of neurology.