

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.