

## EW0861

### The impact of trait emotional intelligence and resilience on suicidal behavior in university students

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**Introduction** Suicidal ideation has repeatedly been reported as a predecessor of suicidal behavior. Several neuropsychological parameters have been associated with suicidal ideation. Emotional intelligence (EI) and resilience, which play an important role in the emergence of psychiatric disorders may also be related with suicidality.

**Objectives** The main objective of this study was to investigate the relationship of trait EI and resilience with suicidal ideation. Moreover, we hypothesized that EI and resilience would be correlated with each other and that they were moderating variables between stressful life events and suicidal ideation.

**Methods** A total of 277 male and female students without current psychiatric diseases were recruited per online questionnaire asking for lifetime and 4-weeks suicidal ideation and demographic data and containing the Resilience Scale of Wagnild and Young, the Connor Davidson Resilience Scale and, for the measurement of trait EI, the Self-Report Emotional Ability Scale. Additionally, we applied the Social Readjustment Rating Scale to assess stressful life events.

**Results** We found significant negative correlations between lifetime and in part 4-weeks suicidal ideation and intrapersonal trait EI as well as resilience. Trait EI and resilience were interrelated. There was no significant moderating effect of trait EI or resilience on the relationship between SRRS score and suicidality.

**Conclusion** Assessing EI and resilience as trait factors might be helpful in the prospective identification of suicidal individuals.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW0862

### Comparative analysis of suicidality in two Bulgarian regions

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**Introduction** Suicidality is still an understudied problem in Bulgaria especially on a subnational (regional) level.

**Objectives** To collect data on suicidality in two major regions of Bulgaria with a population over 250,000 each (Plovdiv and Pleven) for a six years period (2009–2015).

**Aims** To analyze demographic, health-related and other characteristics associated with suicidal behavior as well as motives and methods of suicide.

**Methods** Data were extracted from relevant documentation (medical records, public health reports, etc.) and statistically processed upon collection.

**Results** Majority of suicide victims were males between 45 and 64 years while most suicide attempts occurred among 18–29 years old females.

Leading method of suicide was hanging, followed by jumping from high places and use of firearm.

Prevailing suicidal motives were psychotic symptoms, serious somatic illnesses and family problems. Depression accounted for 25% of all suicide cases and in another 25% motivation could not be identified because of insufficient data.

The proportion of unemployed among suicide committers was not significantly higher than that of employed and retired.

**Conclusions** Severe mental disorders are a major trigger of suicidal behavior.

Personal relationships should be targeted by suicide prevention interventions.

Somatic illnesses are increasingly important suicide risk factor driven by the ongoing process of population aging.

Frontline healthcare professionals should be trained to explore underlying suicidal motives and actively probe for depression in each case of suicidal behavior.

Unemployment related suicide risk is most likely mediated through an adaptation crisis mechanism induced by the abrupt change of social status.

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## EW0863

### Risk factors for multiple suicidality in Hungary

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**Introduction** Suicide rate in Hungary is among the highest in the European Union (2015: 18.9/100,000 inhabitant). Although there is no national registration system of suicide attempts in Hungary, according to previous studies Hungarian Romas have three times higher suicide attempt rate than non-Romas.

**Objectives** The aim of this study was to explore socio-demographic and mental health risk factors of multiple suicide attempts in Hungary.

**Methods** A total of 1547 suicide attempts were assessed via retrospective data analysis using patient records. Data on socio-demographic variables, psychiatric diagnoses, methods and reported reasons of suicide attempts were investigated. Binary logistic regression analyses were performed to identify potential risk factors for multiple suicide attempts.

**Results** The ratio of multiple attempters were 37.7% in the sample, with a Roma predominance (Roma: 51.8%, non-Roma: 34.8%,  $\chi^2_{(1)} = 27.64$ ;  $P < 0.001$ ). Of the potential factors examined, Roma ethnicity (OR: 2.03; CI: 1.53–2.70;  $P < 0.001$ ), economic inactivity (OR: 1.7; CI: 1.36–2.18;  $P < 0.001$ ), mood disorders (OR: 1.58; CI: 1.25–1.99;  $P < 0.001$ ), personality disorders (OR: 2.09; CI: 1.45–3.01;  $P = 0.00$ ), organic mental disorders (OR: 1.76; CI: 1.01–3.07;  $P = 0.44$ ) and mistreatment as reported reasons (OR: 3.95; CI: 1.17–13.32;  $P = 0.02$ ) were found as significant risk factors of multiple suicide attempts.

**Conclusion** National registration of suicide attempts would be necessary for a more thorough analysis. Beside the more advanced treatment of mental health disorders, increased efforts in prevention are recommended with a special focus of low SES groups and Roma ethnicity. The specific background factors in Roma ethnic group should be further examined.

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#### EW0864

### Suicide-related Internet use among university students

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*Introduction* Nowadays, mobile and Internet communication is widely used and has a special role in mental health prevention. Besides, websites targeting suicide prevention, pro-suicide contents (methods for suicide, suicide pacts) are also easily available, which may increase the risk for suicide in vulnerable people.

*Aims* Our aim was to assess the relation between Internet use and suicidal behaviour among university students and also to assess online activity regarding suicidal contents and help-seeking behaviour.

*Methods* Self-administered questionnaires were completed by university students.

*Results* Most of the 101 students who completed the survey use the Internet 3 hours or more a day. They are facing suicidal contents numerous times. Professional websites providing information and the common popular sites were mainly visited, sites providing help were less screened (10%). More than quarter of the students felt discomfort when looking at sites dealing with suicide. Almost one-third of the subjects had suicidal thoughts during their lives and 15% already planned suicide. In case of suicidal thoughts, subjects would seek help mainly from friends and family, but online help-seeking was not preferred.

*Conclusions* Despite of the extensive Internet use, students rarely seek help for emotional problems on the Internet. Development of websites controlled by professionals is essential, especially for those who would not benefit from traditional psychological/psychiatric care. Future research is needed regarding the characteristics of Internet use and the potentials and limits of help-seeking via the Internet in order to prevent people from pro-suicide websites and to improve professional websites.

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#### EW0865

### Differential diagnostic of self-destructive behaviour via structural-dynamic model

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*Objectives* Structural-dynamic model (SDM) of self-destructive behaviour (SdB) is needed for differential diagnostic of numerous features of SdB. SDM is based on an awareness that self-destructiveness has different variants with diversity of psychophysical damage as its outcome. SDM describes whole continuum of SdB variations and helps to differentiate them, to assess risk of suicidal or non-suicidal activity and to do long-term prognosis for SdB development as well.

*Methods* SDM of SdB is a generalized conception, which is a result of consequent scientific researches. The clinical criteria by ICD-10 and semi-structured suicidological interview were used in all of the surveys. In general, we observed 860 patients with suicidal attempt, suicidal ideas and self-destructive injuries.

*Results* Our researches proved that SDM of SdB determine suicidological diagnosis implementing all-round assessment of SdB features of patient using kinds, forms and clinical-pathogenetic types as main categories of this concept. The kinds of SdB are: self-aggressive behaviour, self-destructive behaviour (it includes non-suicidal or psychotic variants) and suicidal behaviour. Each kind of SdB helps to detect pathogenetic mechanisms and dynamic tendencies in development of it. The form of SdB discloses behavioural specification in each case. There are equivalent, internal and external forms. The clinical-pathogenetic types of SdB are: suicidal, parasuicidal, pseudosuicidal or asuicidal. Each of them discloses significant clinical characteristics of actual self-destructive episode (nosology, syndrome, psychological traits, situation peculiarities, etc.). The differential diagnostic of SdB by SDM concept will allow doctors to treat patients more accurately and effectively.

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