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#### EW0864

### Suicide-related Internet use among university students

V. Voros\*, P. Osvath, Z. Szabo, Z. Nagy, S. Fekete  
University of Pecs, Department of Psychiatry, Pecs, Hungary

\* Corresponding author.

*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

G. Pyliagina

Shupyk National Medical Academy of Postgraduate Education,  
Department of Psychiatry, Psychotherapy and Medical Psychology,  
Kyiv, Ukraine

*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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