

0051

Are volunteering and caregiving associated with suicide risk? A census-based longitudinal study

D. O'Reilly^{1,*}, M. Rosato², A. Maguire¹¹ Queen's University Belfast, Centre for Public Health, Belfast, United Kingdom² Ulster University, Bamford Centre, Belfast, United Kingdom

* Corresponding author.

Background This record linkage study explores the suicide risk of people engaged in caregiving and volunteering. Theory suggests opposing risks as volunteering is associated with better mental health and caregiving with a higher prevalence and incidence of depression.

Methods A 2011 census-based study of 1,018,000 people aged 25–74 years (130,816 caregivers and 110,467 volunteers; 42,099 engaged in both). All attributes were based on census records. Caregiving was categorised as either light (1–19 hours/week) or more intense (20+ hours/week). Suicide risk was based on 45 months of death records and assessed using Cox proportional hazards models with adjustment for and stratification by mental health status at census.

Results More intense caregiving was associated with worse mental health (OR_{adj} = 1.15; 95%CI = 1.12, 1.18); volunteering with better mental health (OR 0.87; 95%CI 0.84, 0.89). The cohort experienced 528 suicides during follow-up. Both volunteering and caregiving were associated with a lower risk of suicide though this was modified by baseline mental ill-health ($P=0.003$), HR 0.66; 95%CI 0.49, 0.88 for those engaged in either activity and with good mental health at baseline and HR 1.02; 95%CI 0.69, 1.51 for their peers with poor mental health. There was some indication that those engaged in both activities had the lowest suicide risk (HR 0.34; 95%CI 0.14, 0.84).

Conclusions Despite the poorer mental health amongst caregivers they are not at increased risk of suicide. The significant overlap between caregiving and volunteering and the lower risk of suicide for those engaged in both activities may indicate a synergism of action.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.273>

0052

Incidence and predictors of suicide attempts in bipolar I and II disorders: A five-year follow-up

S. Pallaskorpi^{1,*}, K. Suominen², M. Ketokivi³, H. Valtonen², P. Arvilommi², O. Mantere⁴, S. Leppämäki⁵, E. Isometsä⁶¹ Finnish National Institute for Health and Welfare - THL, Psychiatric and Substance Abuse Services, Helsinki, Finland² Helsinki City Department of Social Services and Healthcare, Psychiatric and Substance Abuse Services, Helsinki, Finland³ IE Business School, Operations and Technology Department, Madrid, Spain⁴ McGill University, Department of Psychiatry, Montreal, Canada⁵ Helsinki University Central Hospital, Department of Psychiatry, Helsinki, Finland⁶ University of Helsinki, Department of Psychiatry, Helsinki, Finland

* Corresponding author.

Introduction Although suicidal behavior is very common in bipolar disorder (BD), few long-term studies have investigated incidence and risk factors of suicide attempts (SAs) specifically related to illness phases of BD.

Objectives We examined incidence of SAs during different phases of BD in a long-term prospective cohort of bipolar I (BD-I) and II

(BD-II) patients and risk factors specifically for SAs during major depressive episodes (MDEs).

Methods In the Jorvi bipolar study (JoBS), 191 BD-I and BD-II patients were followed using life-chart methodology. Prospective information on SAs of 177 patients (92.7%) during different illness phases was available up to five years. Incidence of SAs and their predictors were investigated using logistic and Poisson regression models. Analyses of risk factors for SAs occurring during MDEs were conducted using two-level random-intercept logistic regression models.

Results During the five-year follow-up, 90 SAs per 718 patient-years occurred. Compared with euthymia the incidence was highest, over 120-fold, during mixed states (765/1000 person-years [95% confidence interval (CI) 461–1269]) and also very high in MDEs, almost 60-fold (354/1000 [95%CI 277–451]). For risk of SAs during MDEs, the duration of MDEs, severity of depression and cluster C personality disorders were significant predictors.

Conclusions In this long-term study, the highest incidences of SAs occurred in mixed phases and MDEs. The variations in incidence rates between euthymia and illness phases were remarkably large, suggesting that the question “when” rather than “who” may be more relevant for suicide risk in BD. However, risk during MDEs is likely also influenced by personality factors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.274>

0053

Cost-effectiveness of a specialised medium secure personality disorder service

R. Woodward*, R. Lingam, F. Papouli

Bamburgh Clinic-Northumberland Tyne and Wear-Newcastle upon Tyne-UK, Forensic Personality Disorder Services, Newcastle upon Tyne, United Kingdom

* Corresponding author.

Introduction The Oswin unit located in the North East of England is commissioned primarily for offenders screened on the offender personality disorder (OPD) pathway based on measures of personality disorder being linked to moderate to high risks to other persons.

Objectives The Oswin Unit was re-designed in early 2014 meeting commissioning specifications to meet objectives based on access, measuring quality and reducing. The primary objective of this pathway is to ensure personality Disorder offenders have access to “community-to-community”, joint-up care and monitoring of risks. The Oswin unit implemented a re-designed service offering individuals formulation based assessments and risk management embedded in the OPD pathway. The overall objective of this project is to evaluate the effectiveness and risk amelioration of this hospital-based service.

Aim As part of a broader service development and evaluation project, the cost-effectiveness of the current model of the unit was compared to that of the unit prior to the redesign of the service.

Method Collection of data on number of admission and length of stay and calculation of expenses per capita. Retrospective analysis of costs of care.

Results Analysis of comparative figures post-implementation of this new model of care found 41% more episodes of care. Cost-analysis indicated a saving of £200,000.

Conclusion The new Oswin Model meets commissioning objectives in offering access to hospital-based care and focused treatments for prisoners ‘stuck’ in prison pathways. This finding led to further investigation using thematic measures of quality of care to evaluate the effectiveness of this service and risk amelioration.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.275>

0054

Psychoeducational family intervention: Benefits and obstacles reported by mental health professionals



B. Pocal*, M. Savorani, G. Borriello, V. Del Vecchio, G. Sampogna, C. De Rosa, C. Malangone, M. Luciano, V. Giallonardo, A. Fiorillo

University of Naples SUN, Psychiatry, Napoli, Italy

* Corresponding author.

Introduction Despite several guidelines recommend the use of psychoeducational family interventions (PFIs) as add-on in the treatment of patients with bipolar I disorder (a), their implementation on a large scale remains limited (b).

Objectives To identify benefits and obstacles in implementing a PFI in the clinical routine care.

Methods This was a multicentre, real-world, controlled, outpatient trial, carried out in 11 randomly recruited Italian mental health centres. Mental health professionals received a training on PFI and provided the intervention to patients with bipolar I disorder and their relatives. Difficulties and benefits in performing PFI were collected through an ad-hoc schedule, which was administered at baseline and 5 times during the different stages of the intervention.

Results Mental health professionals report significant improvements in the intervention-related benefits over time ($T_0 = 5.3 \pm 2.0$ vs. $T_5 = 7.9 \pm 0.9$; $P < .0001$), in particular in their professional skills ($T_0 = 6.5 \pm 2.3$ vs. $T_5 = 8.0 \pm 0.8$; $P < .01$). They also report to be more satisfied with their own work ($T_0 = 6.6 \pm 2.3$ vs. $T_5 = 8.0 \pm 1.3$; $P < .05$). The most relevant difficulties were related to the need to integrate the PFI with other work responsibilities and to the lack of time, which did not decrease overtime.

Conclusions PFIs are feasible in routine care for the treatment of patients with bipolar I disorder and their relatives, and main obstacles are related to the organization of mental health centres, and not to the characteristics of the intervention itself.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.276>

0055

Aberrant salience and alexithymia in subthreshold psychotic experiences among adolescent migrants in Italy: A comparison with native Italian adolescents



A. Pozza^{1,*}, D. Dèttore²

¹ University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy

² University of Florence, Department of Health Sciences, Florence, Italy

* Corresponding author.

Introduction In this decade in the Italian context, there has been a significant increase of the immigration phenomenon. Consistent data indicated higher risk of psychotic experiences among migrants. Poor work investigated clinical variables associated with stronger subthreshold psychotic experiences among this population of adolescents. Aberrant salience, the biased assignment of significance to otherwise innocuous stimuli, and alexithymia, the difficulty identifying/describing feelings are believed to have a role in the onset and maintenance of psychotic symptoms. No

study evaluated whether they could moderate the relation between migrant status and psychotic experiences among in adolescence.

Objectives The current study investigated whether salience and alexithymia predicted more intense subthreshold psychotic experiences and moderated the effect of migrant status among migrant and native Italian adolescents.

Methods Seventy-three adolescents born in other countries than Italy and 75 native Italian adolescents (mean age = 17.57, SD = 2.08, 47.30% females) completed the aberrant salience inventory, the Toronto Alexithymia Scale-20 and the screening for psychotic experiences.

Results Migrant adolescents had higher levels of subthreshold psychotic experiences ($F = 10.65$, $P < 0.01$), alexithymia ($F = 8.93$, $P < 0.01$) and salience ($F = 4.38$, $P < 0.05$) than native Italian adolescents. A main effect of aberrant salience and alexithymia on subthreshold psychotic experiences emerged. An interaction effect between migrant status and alexithymia was found: migrant adolescents with stronger alexithymia had more intense subthreshold psychotic experiences.

Conclusions Public health policies should consider migrant adolescents as a group at risk for stronger subthreshold psychotic experiences. Prevention programs could take into account alexithymia as a target of intervention for this population of adolescents.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.277>

0056

Suicidal ideation amongst adolescent suffering from disordered eating: The Young-HUNT study



F. Saeedzadeh Sardahaee^{1,2,*}, T. Lingaas Holmen¹, N. Micali^{3,4}, K. Kvaløy^{1,5}

¹ Norwegian University of Science and Technology, ISM, Trondheim, Norway

² Levanger Hospital, Adult Psychiatry Department, Levanger, Norway

³ University College London, Behavioural and Brain Science Unit, London, United Kingdom

⁴ Icahn School of Medicine at Mount Sinai, Department of Psychiatry, NY, USA

⁵ Levanger Hospital, Department of Research and Development, Levanger, Norway

* Corresponding author.

Introduction Suicide takes a great toll on both individuals and societies. Successful preventive measures would require a careful understanding of the scope of suicidal ideation as well as its associated factors. Amongst mental disorders, anorexia nervosa has the highest mortality rate due to suicide.

Objective and aims Studying the prevalence of suicidal ideation and its associated factors in adolescents (13–19 years old) affected by disordered eating (DE).

Methods Logistic regression was employed to study associations between suicidal ideation and age, gender and disordered eating in adolescents from a population-based prospective study, The Young-HUNT 3 cohort, 2006–8. DE cases were defined using the self-reported questionnaire (Eating Attitude Test-7) and then grouped into two subscales, poor appetite/under-eating and uncontrolled appetite/overeating.

Results A total of 3933 (boys 49% and 51% girls) were included. In total, 177 poor appetite/under-eating and 365 uncontrolled appetite/overeating cases were identified. Prevalence of suicidal ideation was 24.5% in total sample with girls being more affected (27.1%). Prevalence of suicidal ideation amongst poor appetite/under-eating case group and uncontrolled appetite/overeating cases was respectively 43.5 and 39.2%. The odds-ratio of suicidal ideation amongst poor appetite/under-eating