

Results: From 1981 to 2016, 1,752 suicides were identified among youth aged 10-17 (boys/girls ratio in 2016, 5.3) and 9,897 among youth aged 18-25 years (boys/girls ratio in 2016, 4.0). While the all-cause mortality rate decreased over time for both boys and girls, overall suicide rates remained stable for boys and showed a small decrease for girls. For boys, suicide was most common in rural than to metropolitan areas, while it was the opposite for girls. The most common method for boys was hanging, while for girls was fall.

Conclusions: Differently from other countries, youth suicides were stable (boys) or slightly declining (girls). We found differences according to the urban vs. rural areas. Factors influencing these trends and sex differences are crucial in delivering prevention strategies.

Disclosure: No significant relationships.

Keywords: adolescence; Suicide

O295

Are demoralization and insight involved in suicide risk? An observational study on psychiatric inpatients

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Introduction: Although several authors have investigated the relationship between demoralization, insight, and suicide risk, the role of these factors in determining suicide risk in patients with psychiatric disorders is still unclear [Berardelli et al., 2019; Costanza et al., 2020].

Objectives: The main aim of this study was therefore to determine whether suicide risk was associated with better insight and worse demoralization in a sample of 100 adult psychiatric inpatients.

Methods: The study was performed on 100 psychiatric hospitalized adult patients consecutively enrolled between January 2019 and April 2020 at psychiatric units of Sant'Andrea Medical Center, Sapienza University of Rome. The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess suicide risk, Demoralization was assessed using the Demoralization Scale (DS) [Kissane et al., 2004] and for the assessment of insight we used the The Insight Scale (IS).

Results: Only age was significantly associated with higher suicide risk ($\chi^2=9.07$, $p<0.01$). The variable mood disorder was

significantly associated with higher suicide risk ($\chi^2=7.50$, $p<0.05$). Non-suicidal self-harm behaviors in the last 3 months ($\chi^2=5.89$, $p<0.05$) and lifetime suicide attempts ($\chi^2=21.80$, $p<0.001$) were significantly associated with higher suicide risk. Only the insight-high dimension ($\chi^2=8.01$, $p<0.01$) and lifetime suicide attempts ($\chi^2=12.33$, $p<0.001$) were significantly associated with higher suicide risk.

Conclusions: Our results don't confirm the role of demoralization in suicide risk. In our sample of patients, only high insight of illness and other psychological variables are involved in suicide risk.

Disclosure: No significant relationships.

Keywords: prevention; suicide risk; demoralization; insight

O297

Non-suicidal self-injury and suicide attempt: A continuum or separated identities?

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Introduction: Non-suicidal self-injury (NSSI) has been proposed as diagnostic entity and was added in the section 3 of the DSM 5. However, little is known about the long-term course of the disorder: NSSI and suicide attempt (SA) often lie on a continuum of self-harm, but it's still unclear if they represent two different nosographical entities. Both these groups are commonly enclosed in the term of Deliberate self-harm (DSH), also including self-harm with suicidal intent conditions.

Objectives: This study aims to explore differences between two clinical samples (NSSI and SA) to highlight the possible connection between these two categories, to better understand the risk of progression from NSSI into suicidal intent conditions.

Methods: 102 inpatients with DSH (62 NSSI; 40 SA; age range: 12 to 18 years) were assessed by self-report questionnaires: the Deliberate Self-Harm Inventory (DSHI) and the Repetitive Non-suicidal Self-Injury Questionnaire (R-NSSI-Q) to explore the severity and repetitiveness of self-injurious behaviors and by the Beck Hopelessness Scale (BHS) and Multi-Attitude Suicide Tendency scale (MAST), as indirect measures of suicidal risk.

Results: Preliminary results showed that inpatients with NSSI (62) presented high scores of indirect suicide risk, similar to SA sample (40).

Conclusions: This result highlights the possibility to consider NSSI and SA in a continuum of psychopathology and that repetitive self-harm even in the absence of clear suicidal intentions represent a significant risk factor in the development of suicidality in adolescence.

Disclosure: No significant relationships.

Keywords: Suicide Attempt; adolescence; non-suicidal self-injury; Suicidality

O298

EEG features in depressive female adolescents with suicidal and non-suicidal auto-aggressive behaviorE. Iznak^{1*}, E. Damyanovich¹, I. Oleichik² and N. Levchenko²¹Laboratory Of Neurophysiology, Mental Health Research Centre, Moscow, Russian Federation and ²Clinical Department Of Endogenous Mental Disorders And Affective States, Mental Health Research Centre, Moscow, Russian Federation

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Introduction: In adolescents, both non-suicidal self-injuries (NSSI) and previous suicidal attempts (SA) represent significant risk factors for future suicide. Thus, the search for EEG markers of these forms of auto-aggressive behavior seem to be an actual task.**Objectives:** The aim of the study was to reveal the differences of baseline EEG features in depressive female adolescents with auto-aggressive behavior such as NSSI or SA.**Methods:** The study included 45 depressive female in-patients aged 16–25 years. 21 of them showed only NSSI (NSSI subgroup), 24 patients had a history of SA (SA subgroup). Subgroups did not differ in clinical and social-demographic parameters. Baseline EEG spectral power (SP) and its asymmetry were measured.**Results:** SA subgroup had higher parietal-occipital alpha-2 (9-11 Hz) SP than NSSI subgroup. Its focus was located in the right hemisphere, and alpha-3 (11-13 Hz) SP was higher than alpha-1 (8-9 Hz). In contrary, in NSSI subgroup alpha-1 SP was higher than alpha-3; and foci of alpha-2 and alpha-3 SP were localized in the left hemisphere.**Conclusions:** Spatial distribution and the ratio of EEG alpha frequency components SP in the SA subgroup reflect greater activation of brain cortex, especially of the left hemisphere that is more typical for EEG of individuals with increased risk of suicide. In NSSI subgroup, the right hemisphere is relatively more activated that is more typical for EEG in depression without SA. The study supported by RBRF grant No.20-013-00129a.**Disclosure:** No significant relationships.**Keywords:** female adolescents; non-suicidal self-injury; suicidal attempts; Depression

O299

Sociodemographic, personality and symptomatologic profiles associated with an increased likelihood of suicidal risk in patients hospitalized for recurrent depressive disordersR. Kalinovic^{1*}, G. Vlad², O. Neda-Stepan², M. Dinescu², C. Giurgi-Onu³, I. Enatescu⁴ and V.R. Enatescu³¹Biochemistry, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania; ²Psychiatry I, “Pius Brinzeu” Emergency County Hospital-Psychiatric Clinic, Timisoara, Romania; ³Psychiatry, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania and ⁴Neonatology And Childcare, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

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Introduction: According to WHO statistics, 800,000 suicides occur annually, representing the second leading cause of death in people aged 15 to 29. The contributing factors for suicidal risk are multifactorial and multileveled.**Objectives:** We aimed to analyze the predictive value of distinct sociodemographic, personality and symptomatology characteristics in predicting the presence of suicidal risk in patients hospitalized for the analyzed mood disorder.**Methods:** A longitudinal retrospective case-control study was performed on medical data records of 90 patients admitted in the Timisoara Psychiatric Clinic during 2018 – 2020. Besides the parametric and non-parametric statistical analyses, logistic binary regression analyses were done.**Results:** Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. 51 (56.7%) of the total patients have presented different degrees of suicidal risk (from suicidal ideation to suicide attempt). Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. Personality traits has not influenced suicidal risk. Presence of intimate partner (OR = 0.135; $p < 0.001$) and the presence of psychotic symptoms during recurrent depression (OR = 7.309; $p = 0.004$) have presented predictive value on suicide risk.**Conclusions:** Psychiatrist practitioners should be aware of the clinical and sociodemographic characteristics that put recurrent depressive patients at risk of suicidal behaviors.**Disclosure:** No significant relationships.**Keywords:** depression; suicidal risk; sociodemographic

O300

Factors associated with same-sex experience in people with non-psychotic mental disorders and suicidal ideationM. Zinchuk^{1*}, M. Beghi², E. Beghi³, G. Kustov¹, E. Pashnin¹, N. Voinova¹, A. Avedisova¹ and A. Guekht¹¹Suicide Research And Prevention, Moscow Research and Clinical Center for Neuropsychiatry, Moscow, Russian Federation;²Department Of Mental Health, AUSL Romagna, Cesena, Italy and³Laboratory Of Neurological Disorders, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy

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Introduction: People with mental disorders who had same-sex experience (SSE) are at increased risk of self-injurious behavior probably due to the double stigma phenomenon, which severity varies in different societies. So far, there is a knowledge gap on factors associated with SSE in Russian psychiatric patients.**Objectives:** We aimed to investigate variables associated with homosexual experience in Russian patients with non-psychotic mental disorders (NPMD) and suicidal ideation (SI).**Methods:** In a case-control study (1:1.5): 92 female patients with NPMD and SI with lifetime SSE were compared with 138 patients without homosexual experience. All patients underwent a psychiatric examination, Self-Injurious Thoughts and Behaviors Interview (Nock MK, 2007) and semi-structured interview to assess demographic, clinical, and behavioral features. Mann-Whitney, Fishers exact test and Pearson's chi-squared were used as statistical methods.**Results:** Groups did not differ in education level, marital status, family history of suicidal behavior, traumatic events exposure and lifetime eating disorders (all: $p > 0.05$). More patients with SSE had family history of non-suicidal self-injuries (NSSI), were dissatisfied