

**Introduction:** Suicide is a challenging problem for a global public health and Latvia remains in the list of European countries with the highest rates of suicide deaths. Information about the epidemiology of suicidal behavior is required for suicide prevention strategy development.

**Objectives:** To determine the prevalence of suicidal behavior (suicidal ideation, plan, and attempts) and associated factors in Latvian general population.

**Methods:** Computer assisted face-to-face interviews were carried out between November 2019 and March 2020 to gather information on a representative sample of the Latvian adult population (n=2687). The study sample was selected using a stratified random sampling method. The Mini-International Neuropsychiatric Interview (MINI; version 7.0.2) was used to assess suicidality. Multinomial logistic regression was applied.

**Results:** There were 1238 males (46.1%) and 1449 females (53.9%) recruited. Mean age of respondents was 49.9 (SD 18.2). According to the MINI, 10.6% (n=285) of respondents reported at least some level of suicidal behaviour during the last month before interview and 7.1% (n=191) had shown current suicidal behaviour at the moment of interview, 4.0% (n=108) of respondents reported about previous suicide attempts. Non-cohabitation status, unfinished primary education and economical inactivity were statistically significant associated factors for suicidal behaviour among men, but only lower level of education was for women.

**Conclusions:** Comprehensive national suicide prevention strategy is required for reducing suicidality in Latvia. Special attention should be paid to women with lower education, and economically inactive, unmarried or non-cohabitant men, as well as man with unfinished primary education.

**Keywords:** suicidal behaviours; General population; prevalence

### EPP1428a

#### Italian validation of the ACSS-FAD in a sample of university students

F. Dolenz<sup>1</sup>, S. Magliocca<sup>2</sup>, A. Silva<sup>3</sup>, F. Madeddu<sup>4</sup> and R. Calati<sup>4,5\*</sup>

<sup>1</sup>Psychology, University of Milano-Bicocca, Rapallo (GE), Italy;

<sup>2</sup>Psychology, University of Milano-Bicocca, Barlassina, Italy;

<sup>3</sup>Psychology, University of Milano-Bicocca, Romanengo, Italy;

<sup>4</sup>Psychology, University of Milano-Bicocca, Milan, Italy and

<sup>5</sup>Psychiatry, Nîmes University Hospital, Nîmes, France

\*Corresponding author.

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**Introduction:** Suicide is one of the most relevant cause of death especially in young populations. The Interpersonal Theory of Suicide (Joiner, 2005) is an important contribution tends to explain variability in suicidal behavior, particularly the difference between suicidal ideation and suicide attempt.

**Objectives:** This study aimed at the Italian validation of the Acquired Capability for Suicide Scale – Fearlessness About Death (ACSS-FAD), assessing fearlessness about death, one of the facets of the acquired capability (AC) to commit suicide as postulated by the Interpersonal Theory of Suicide by Thomas Joiner.

**Methods:** This cross-sectional research was conducted on a sample of university students (n = 458) assessed with a battery including ACSS-FAD. The sample was evaluated for the presence of suicidal ideation and suicide risk. Factor structure, internal consistency and convergent/divergent validity of the scale were assessed.

**Results:** One-factor structure with good internal consistency (Cronbach's  $\alpha$ : 0.84) was derived. ACSS-FAD correlated with suicidal ideation and suicidal risk, and there was a tendency towards significance considering its capacity to discriminate between those who had a history of suicide attempts and those who did not. 4.1% of the sample attempted suicide at least one time. The tool showed good convergent/discriminant validity results, but the relationship between ACSS-FAD and pain needs further investigations.

**Conclusions:** ACSS-FAD seems to be a useful and valid measure of fearlessness about death especially in young adults, which could be really important to enhance suicide risk assessment.

**Conflict of interest:** No significant relationships.

### EPP1430

#### Standardized training in the rating of the six-item positive and negative syndrome scale (PANSS-6)

P. Kølbaek<sup>1,2,3\*</sup>, D. Dines<sup>3</sup>, J. Hansen<sup>3</sup>, M. Opler<sup>4,5,6</sup>, C. Correll<sup>7,8,9</sup>, O. Mors<sup>1,3</sup> and S. Østergaard<sup>1,2,3</sup>

<sup>1</sup>Department Of Clinical Medicine, Aarhus University, Aarhus, Denmark; <sup>2</sup>Department Of Affective Disorders, Aarhus University Hospital - Psychiatry, Aarhus, Denmark; <sup>3</sup>Psychosis Research Unit, Aarhus University Hospital - Psychiatry, Aarhus N, Denmark; <sup>4</sup>Office Of The Executive Director, PANSS Institute, New York City, United States of America; <sup>5</sup>Department Of Psychiatry, New York University School of Medicine, New York, United States of America; <sup>6</sup>Medavante-prophase Inc, MedAvante-ProPhase Inc, New York, United States of America; <sup>7</sup>Department Of Psychiatry, The Zucker Hillside Hospital, Glen Oaks, New York, United States of America; <sup>8</sup>Department Of Child And Adolescent Psychiatry, Psychosomatic Medicine And Psychotherapy, Charité University Medical Center, Berlin, Charité Berlin, Padua, Germany and <sup>9</sup>Department Of Psychiatry And Molecular Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell School of Medicine, Aarhus, Denmark

\*Corresponding author.

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**Introduction:** The six-item Positive And Negative Syndrome Scale (PANSS-6) is short psychometric valid scale quantifying the severity of core schizophrenia symptoms. Using PANSS-6 to guide treatment decision-making requires that staff members' ratings are valid and reliable.

**Objectives:** The objective of the study was to evaluate whether such valid and reliable PANSS-6 ratings can be obtained through a video-based training program.

**Methods:** One-hundred-and-four staff members from Aarhus University Hospital - Psychiatry, Denmark participated in the training. Participants conducted baseline PANSS-6 ratings based on a video of a patient being interviewed using the Simplified Positive And Negative Symptoms interview (SNAPSI). Subsequently, a theoretical introduction video was displayed followed by five SNAPSI patient interviews. After each SNAPSI video, individual ratings were performed before a video providing the gold standard scores was displayed. The validity of ratings was estimated by calculating the proportion of participants not deviating from the gold standard scores with >2 points on individual items or >6 points on the PANSS-6 total score. Reliability was evaluated after each step in the training by means of Gwet's Agreement Coefficient (Gwet).

**Results:** By the end of the training, 72% of the participants rated within the acceptable deviations of the gold standard, ranging from 60% (nurses) to 91% (medical doctors/psychologists). The reliability improved (Gwet baseline vs. endpoint) for all PANSS-6 items, except for Blunted affect.

**Conclusions:** The majority of the staff members conducted valid PANSS-6 ratings after a brief standardized training program, supporting the implementation of PANSS-6 in clinical settings to facilitate measurement-based care.

**Conflict of interest:** Dr. Opler is a full-time employee of MedAvante-ProPhase Inc. Dr. Correll has been a consultant and/or advisor to or have received honoraria from: Acadia, Alkermes, Allergan, Angelini, Axsome, Gedeon Richter, Gerson Lehrman Group, Indivior, IntraCellular T

**Keywords:** schizophrénia; psychopathology; rater training; PANSS

### EPP1431

#### Collaborative development of course feedback with students for psyched up. Put more in, get more out.

L. Zac-Williams<sup>1\*</sup>, S. Kohara<sup>1</sup>, A. Canon<sup>2</sup>, C. Saunders<sup>3</sup> and S. Zhang<sup>4</sup>

<sup>1</sup>Gkt School Of Medical Education, King's College London, London, United Kingdom; <sup>2</sup>Lambeth Child And Adolescent Mental Health Services, South London and Maudsley NHS Foundation Trust, London, United Kingdom; <sup>3</sup>Lishman Unit, Bethlem Royal Hospital, South London and Maudsley NHS Foundation Trust, London, United Kingdom and <sup>4</sup>Service For Complex Autism And Associated Neurodevelopmental Disorders, South London and Maudsley NHS Foundation Trust, London, United Kingdom

\*Corresponding author.

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**Introduction:** PsychED Up is an extra-curricular course for 3<sup>rd</sup> year medical students at King's College London delivered by psychiatry trainees, senior students and actors. It focuses on the hidden medical curriculum, exploration of holistic care and communication skills.

**Objectives:** Develop a responsive and sustainable template for course evaluation Obtain rich and specific feedback across multiple domains which can be translated into course improvements Work collaboratively with former students Empower current students with the knowledge that their input is valuable

**Methods:** Embedded evaluation in start of term course development sessions to engage faculty in evaluation processes Faculty survey to determine what student feedback would be most useful Questionnaire finalised Collaborative design and refinement of questions, confirmed sub-sections and scope

**Results:** Revised questionnaire: - Included rationale at the start - Questions tailored to faculty development needs - Greater quantity of prompted questions - Specific questions for large group presentation, small group teaching, actors' performances and students' reflections - Quantitative ratings and open-space questions thoughtfully paired Reduced time between sessions and obtainment of feedback Quality and quantity of feedback: - High response rates: 32/30 (2 duplicates) mid-term, 29/30 end-of-term - High-quality filling of open-space feedback allowed consolidation of themes to improve the course

**Conclusions:** Co-designed questionnaire brought focus and organisation to questions leading to richer, more personalised responses

for faculty More detailed reflections were attributed to better student understanding of the questionnaire rationale, and knowledge that they would aid course improvement Created a robust system for collecting long-term feedback for PsychED Up and will continue making iterative amendments

**Keywords:** Evaluation; Medical Education; Collaboration

### EPP1432

#### Adapting the traditional case report to a biopsychosocial format

R. Wynn<sup>1\*</sup> and L. Myklebust<sup>2</sup>

<sup>1</sup>Department Of Clinical Medicine, UiT The Arctic University of Norway, Tromsø, Norway and <sup>2</sup>Psychiatric Research Centre Of Northern Norway, Nordland Hospital Trust, Bodø, Norway

\*Corresponding author.

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**Introduction:** The medical case report (CR) is a vital and viable medical genre with a history of more than 3000 years. With a few exceptions, the CR has had a typical format that has been consistent with the ideals of brevity, conciseness, and a matter-of-fact approach. CR in general and psychiatric CR especially, may benefit from more systematically emphasising and integrating relevant biopsychosocial (BPS) aspects.

**Objectives:** To discuss how to emphasise and integrate the BPS perspective in the CR.

**Methods:** Drawing on CR literature and our own experience as CR authors, we discuss how a broader BPS approach successfully can be included in the CR format.

**Results:** Some central factors that could be considered when including a BPS perspective in the CR are: 1) Actively eliciting the patient's perspective and including this in the final report. 2) Including relevant information about the life and circumstances of the patient beyond the basic demographic information. 3) Making an effort to preserve the patient's privacy also when more BPS information is included. The psychological and social constituents of the patient's life should be central in the BPS-inspired psychiatric CR.

**Conclusions:** The traditional CR has a long-standing history in medicine and follows a typical concise and brief format. 'Hard facts' and biological information have typically filled most of the text. We argue that giving psychological and social information more attention would improve the quality of many CR, and that this is especially relevant for psychiatric CR.

**Keywords:** medical literature; case report; biopsychosocial

### EPP1433

#### Professional development: Training in ethics

O. Shchedrinskaya\*, M. Bebtshuk and E. Snarskaya

Science, Moscow State Budgetary Health Care Institution "Scientific and Practical Center for Mental Health of Children and Adolescents named after G.E.Sukhareva of Moscow Health Department, Moscow, Russia, Moscow, Russian Federation

\*Corresponding author.

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