

we have the right tools in screening, identifying, treating, and saving more lives.

**Abbreviations:** *M*: Mean score; *CI*: Confidence Interval

**Disclosure of Interest:** None Declared

## EPP0347

### Preliminary results of “Choose Life!” - a county-wide programme for suicide prevention and mental health awareness

R. Wernigg

Department for Primary Care Planning and Development, National Directorate-General for Hospitals, Budapest, Hungary

doi: 10.1192/j.eurpsy.2024.519

**Introduction:** Suicidality and depression awareness still remains a concern in Hungary. This programme, based on the principles of the European Union Against Depression, implemented its five steps, such as: 1. improving family doctors' readiness to diagnose and treat depression, 2. increasing public awareness, 3. training stakeholders and community facilitators, 4. offering special help for risk groups, 5. facilitating self-help by the online tool “ifightdepression” in five of seven districts of Heves county from November 2014 until May 2016.

**Objectives:** We aimed to look at some clinical outcome measures of the programme, like diagnosis density of depression in primary care before and after the intervention; diagnosis density of depression in outpatient services; suicide attempts in specialised care; and completed suicide rates.

**Methods:** We extracted patient turnover data from the joint database of the National Healthcare Fund and the National Directorate-General for Hospitals. Raw patient turnover data were divided by the total patient turnover in order to obtain diagnosis density. For the diagnosis of depression, we used the sum of the ICD-10 diagnoses of F32 (depressive episode) to F33 (recurrent depression) plus F41.20 (mixed anxiety-depressive disorder), as family doctors tend to use these diagnoses interchangeably. For suicide attempts, we used the diagnoses X60 to X84, plus Y87.00. For completed suicides we used the same diagnoses with the “deceased” flag. Diagnosis densities were compared with concurrent national data and were standardised to the long-term average. In the case of outpatient services, we only could retrieve monthly data, which we smoothed out with three-monthly moving averages.

**Results:** Baseline diagnosis density of depression in primary care was already 44% above the national average when the program started and after the kickoff, it shortly went up to 53.3% and remained over the baseline for as long as until 2019. Also, the recognition rates of depression with no comorbidities in primary care increased by 6%, and steadily remained over the national average until 2019. For outpatient psychiatry, there was an 8% increase in depression turnover throughout the duration of the programme. As regards to suicide attempts treated in hospital, the rates went 20% below the national averages for the duration of the programme, and mostly remained there until 2020. Fatal suicidal events accounted for five to seven deaths a year per county, therefore, simple statistical methods could not uncover significant differences.

**Conclusions:** These early results indicate that the programme may have been effective in terms of reinforcing the diagnostic and treatment capacities of primary care for recognising a treating depression adequately, thereby eliminating suicide risk. Further statistical exploration of the data is still needed to confirm the magnitude and the validity of these results.

**Disclosure of Interest:** None Declared

## EPP0348

### Improving Skills and Knowledge: Adapting a Core Competencies Suicide Risk Assessment Training Program to Support Mental Health Professionals in Hungary

M. Bérdi<sup>1\*</sup> and R. J. Cramer<sup>2</sup>

<sup>1</sup>Psychiatry and Crisis Intervention, Peterfy Sandor Utcai Hospital-Clinic and Trauma Centre, Budapest, Hungary and <sup>2</sup>Public Health Sciences, University of North Carolina at Charlotte, Charlotte, United States

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.520

**Introduction:** Competency and skill-based education and assessment have become increasingly significant in mental health professional training. The conventional approach of acquiring knowledge is now being supplemented by emphasizing practical skills and implementing best practices that prove effective in the field. This emphasis on competencies is particularly apparent in the instruction regarding suicide risk evaluation and management. Cramer and colleagues have identified ten core competencies essential for working with patients at risk of suicide and developed a training material (Cramer et al. 2013, Train. Educ. Prof. Psychol; 1 1-11).

**Objectives:** We aim to tailor Cramer et al.'s training program to the Hungarian setting and assess its efficacy among mental health experts, including psychiatrists, clinical psychologists, and social workers. Additionally, we aim to validate the Suicide Prevention and Assessment - Competency Assessment Form (SCAF-R), which comprises a ten-item survey to measure the ten core competencies' levels with Likert scales and textual ratings by observers. Through this training program, we aim to offer mental health professionals an educational framework to enhance their skills in evaluating and managing suicide risk. Our goal is to provide a comprehensive approach to suicide risk assessment and better equip professionals to handle this emotionally difficult clinical task.

**Methods:** We have created a Hungarian version of the core competencies training material tailored to the culture. We are assessing changes in attitudes towards suicide behavior and prevention by administering pre- and post-training psychometric measures, such as Willingness to Intervene against Suicide (WISE), Suicide Behavior Attitude Questionnaire (SBAQ), Attitudes Toward Suicide Prevention Scale (ASP), and Suicide Competency Assessment Form - Revised (SCAF-R). A quantitative analysis will be performed on the responses. The research was approved by Péterfy Hospital's Institutional Review Board (IRB): approval number 07-2023.

**Results:** The questionnaires' results will be summarized with standard statistical methods.

**Conclusions:** Improving mental health education in healthcare with up-to-date knowledge of evidence-based best practices is a top priority. Enhancing skills and knowledge can lower clinicians' anxiety in this emotionally challenging and burdensome task. There is a high demand for mental health workshop training among healthcare workers in both undergraduate and post-graduate education. We expect positive changes in attitude and self-perceived competencies in participants.

**Disclosure of Interest:** None Declared

## EPP0349

### Basic beliefs about self and the world in people with suicidal ideation

T. I. Medvedeva<sup>1</sup>, O. M. Boyko<sup>1\*</sup>, O. U. Vorontsova<sup>1</sup> and S. N. Enikolopov<sup>1</sup>

<sup>1</sup>Clinical psychology, Federal State Budgetary Scientific Institution "Mental Health Research Center", Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.521

**Introduction:** Basic beliefs can be defined as a person's implicit, global, stable ideas about the world and about himself. The psychological features of people with suicidal ideas can be considered as characteristics of the value sphere of a person who is ready to choose a destructive way of solving problems.

**Objectives:** The relationship of basic beliefs regarding the general «Benevolence of the surrounding world», its «Meaningfulness» and «Worthiness of the Self» with the presence of suicidal ideas was investigated.

**Methods:** The study involved 140 people, (117 women). The Janoff-Buhlman World Assumptions Scale (WAS), the short Epstein Rational-Experiential Inventory (REI), Symptom Check List-90-Revised (SCL-90R), moral dilemmas (proposed by J.D. Green), as well as separate questions about the suicidal ideation, risk tendency were used.

For analysis, the subjects were divided into two subgroups: 98 people without thoughts of suicide; and 42 people answered that they had thoughts of suicide of varying severity. The subgroups did not differ by gender; in the group with suicidal ideation, the average age of the subjects was lower.

**Results:** In the subgroup with suicidal ideas, almost all indicators of basic assumptions, such as "Benevolence of the World" (average values of  $16.10 \pm 3.28$  and  $12.13 \pm 4.80$  for the control subgroup and the subgroup with suicidal ideas), were lower: "Benevolence of the People" ( $15.35 \pm 3.07$  and  $12.42 \pm 4.97$ ), "justice" ( $12.46 \pm 3.30$  and  $10.46 \pm 3.60$ ), "value of one's own self" ( $16.21 \pm 3.93$  and  $11.83 \pm 5.15$ ), etc., with the exception of the "Self-controllability", which does not differ between subgroups. Also, in the subgroup with suicidal ideas, the indicators of "randomness" were increased ( $15.67 \pm 3.64$  and  $18.67 \pm 3.96$ ). Indicators on the clinical scale "Hostility" of the SCL-90R questionnaire are also significantly higher in the group with suicidal ideation (average values  $0.53 \pm 0.5$  and  $1.29 \pm 0.8$ ). In the group with suicidal ideation, there is a higher tendency to take risks. At the level of a statistical trend, the rational method of decision-making in the

"Rational - Intuitive" questionnaire is lower (average values 14.3 and 13.0; significance level of differences 0.05). In the "Moral Dilemmas" test, in the subgroup with suicidal ideas, the ratio of choices in personal and impersonal dilemmas is statistically higher (0.67 and 0.93).

**Conclusions:** It was shown that the presence of suicidal ideas is associated with a reduced indicator of the Worthiness of the Self, the meaningfulness of the world and its benevolence, and with an increased sense of randomness as a principle for distributing ongoing events, which can manifest itself in a propensity for risk, impulsive decisions, devaluation of human life.

**Disclosure of Interest:** None Declared

## Addictive Disorders

### EPP0351

#### Relationship between childhood stressful events and drug consumption among university students

S. Rey-March<sup>1</sup>, C. Giralt<sup>2</sup>, S. Font-Mayolas<sup>3</sup> and F. Calvo<sup>1\*</sup>

<sup>1</sup>Departament de Pedagogia, Institut de Recerca sobre Qualitat de Vida;

<sup>2</sup>Institut Català de la Salut, Centre d'Atenció Primària Blanes 2 and

<sup>3</sup>Departament de Psicologia, Institut de Recerca sobre Qualitat de Vida, Girona, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.522

**Introduction:** The purpose of this study is to investigate the potential relationship between stressful events experienced in childhood and subsequent toxic substance consumption among university students majoring in Social Education at a Spanish university during the academic year 2022-2023.

**Objectives:** The primary objective is to analyze whether an association exists between stressful life events in childhood and patterns of substance consumption among university students.

**Methods:** A cross-sectional, observational, and analytical design was employed. The target population encompassed 258 students enrolled in the Social Education program in 2023. The final sample consisted of 161 students. A questionnaire incorporating the Childhood Trauma Questionnaire - Short Form (CTQ-SF) and the Severity of Dependence Scale (SDS) was administered to assess trauma history and substance consumption.

**Results:** A high percentage (95.03%) of students reported having consumed toxic substances at some point in their lives. The most common substances were alcohol (95.03%) and cannabis (52.8%). A statistically significant correlation was observed between childhood emotional abuse and increased alcohol consumption currently ( $p = 0.015$ ). Furthermore, a significant relationship was identified between childhood sexual abuse and heightened alcohol consumption ( $p = 0.015$ ). Moreover, positive correlations were found between sexual abuse and the consumption of specific drugs, such as cocaine and psychopharmaceuticals ( $p < 0.05$ ).

No statistically significant differences were observed in drug consumption with regard to other forms of childhood maltreatment, such as emotional or physical neglect.