and monitoring system. This was provided via a desktop computer with a secured login. The data were kept on a secured encrypted server. The number of professionals accessing the system was limited to two per SMHI or other chain partner. They could only see patients in their subregion, not in the whole of the province. The pillars of our systems intervention for suicide prevention are:
1. Swift identication of people at risk for suicide by triage on the spot after a non-fatal suicide attempt.
2. Provision of swift access to specialised mental health care for those at risk
3. Accommodating transitions in care following a collaborative care approach
4. Prevention of suicidal attempts after discharge or treatment dropout by 12 months telephone follow-up.
Suicide rates dropped 17.8% (p=.013) from baseline (2017) to implementation in 2018 and 2019. This is a significant reduction (p=0.043) compared to the non-significant drop in the rest of the Netherlands. Suicide rates dropped further by 21.5% (p = 0.002) in 2021. Noord-Brabant also dropped in the relative rank of the number of suicides, from second place in 2015 to third in 2018.
Conclusions: During the SUPREMOCOL systems intervention, over a period of 4 years, there was a sustained and significant reduction of suicides in Noord-Brabant. We attained a reduction of 21,5% in total. Noord-Brabant dropped in the relative rank of the number of suicides, from second place in 2015 to third in 2018. This is a result that warrants further research and implementation into system interventions for suicide prevention with digital support such as SUPREMOCOL.

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EPP0898

Suicide and Violence against Women in Azerbaijan: Risk Factors and Barriers for Seeking Mental Healthcare

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Introduction: Azerbaijan ranks among the top 3 countries with the highest rates of suicide in the Muslim world. Yet, research indicates an underestimate of risk due to cultural stigma related to suicidal behavior that may influence reporting and given that many Muslim-majority countries, where populations exceed 100 million, do not report any data on suicide rates. Violence against women also occurs at alarming rates in Azerbaijan and is a significant risk factor for suicide.
Objectives: We examine perspectives towards suicide and violence against women and barriers to care among key stakeholders.
Methods: Thirty qualitative interviews and 4 semi-structured focus groups were held with female survivors of suicide and mental health professionals working with individuals at risk of suicide to assess for perspectives on suicide and violence against women, factors influencing help-seeking, and the nature of existing resources.
Results: Most participants viewed suicide (83%) and violence against women (73%) as problems. Nevertheless, 33% reported negative stereotypes regarding suicide and 50% reported psychological treatment as unaccepted in Azerbaijan. Findings highlight that domestic violence is the strongly identified as risk factor for suicide among women in Azerbaijan. Stigma and related cultural values regarding gender norms are significant contributors to violence against women and suicide. Existing services are underrecognized and perceived of as unavailable or insufficient.
Conclusions: Employing a social determinants of health lens, multi-level programming is needed that spans micro (individual level supports), mezzo (family level supports), and macro (advocacy and outreach) levels to support a comprehensive strategy that beings with prevention and extends to address intervention, management, and capacity building to halt the increasing rates of suicide and deter violence against women.

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EPP0900

Psychopathological symptoms as clinical phenotypes in suicide attempters: relation in terms of suicidal ideation, suicidal related behaviors and medical damage of the attempt

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Introduction: Suicide behaviour is a complex and multifactor concept that includes different risk factors. According with literature a dimensional concept of illness could help to understand this complexity and clarify clinical aspects of suicide risk.
Objectives: The aim of this study is to identify different profiles of symptoms in a sample of suicide attempters and the relationship between this profiles and suicide behaviour in terms of outcome: presence and intensity of suicidal ideation, presence and number of attempts and severity of the medical damage in the current attempt.
Methods: 634 patients were recruited at the psychiatry emergency of eight public general hospitals in Spain between November 2020 until February 2022 in the SURVIVE protocol. The patients were assessed in 15 days using a battery of clinical tools that includes Brief Symptom Inventory, a sociodemographic interview, Mini Clinical Interview and C-SSRS, ACSS and BIS-11 scales. Latent profile analysis was applied to obtain profile symptoms. Logistic and multivariant regression was used to obtain data about outcome.
Results: Three clinical profiles of psychiatric symptoms were described in suicide attempters ($p < 0.01$): high symptoms (HS) (45.02%), moderate symptoms (MS) (42.5 %) and low symptoms (LS) (12.48%). Significant differences were found between classes in four symptom domains (Figure 1): anxiety, obsessive-compulsive, sensitivity, and somatization ($p < 0.01$). Participants of the HS class showed higher values in relation with the BSI summary indexes, and more diagnoses, higher levels of suicidal ideation and suicidal related behaviour as well as higher acquired capability for suicide.