

Suicide Prevention Program that started with the EAAD project in 2008 in a 0,5 M people catchment area, later generalized to 7,5 M people through the Catalonia Suicide Risk Code (SRC-Cat). The SRC-cat is a real-time registry of suicide attempts (65% women) that allows immediate attention and telephone follow-up and ensures continuity of care for 12 months. To evaluate the effectiveness of our telephone management plan, we conducted two types of analysis; a) 12-month short-term analysis: non-randomised controlled analysis of suicide reattempts comparing two cities (2007-2008); b) 8-year long-term analysis with the evolution of suicide rates (men and women) between our area, and two other cities (territorial differences and over time from 2010 to 2017). Results: a) the SRC-Cat in our catchment area reduced significantly the proportion of people who re-attempt suicide by 57% over 12 months (from 14% to 6 %); b) we found lower standardized suicide death rate among women in our catchment area (both territorially and over time). Conclusions: a) Short-term telephone management (12-month), ensuring chain of care after hospital discharge, reduces more than 50% the proportion of patients who re-attempt; b) Long-term telephone management (8-year) of suicide attempt survivors over 12 months, significantly reduces suicide deaths in women only (64% of patients in telephone follow-up are women).

Disclosure: No significant relationships.

Keywords: telephone; attempts; Suicide; prevention

How to Prevent and Combat Violence against Women: An Urging Topic

S0076

Mental Health and Human Rights of Women

M. Amering

Medical University of Vienna, Department Of Psychiatry And Psychotherapy, Vienna, Austria
doi: 10.1192/j.eurpsy.2022.129

Gender equality leads to better health and mental health for women and girls as well as to better public health and mental health for all. Inequality, discrimination and social exclusion are both cause and consequence of mental health problems for all and affecting women and girls in specific and substantial ways. Equality through the realization of non-discrimination, respect and enablement of autonomy as well as full inclusion in all spheres of life are demands of gender equality legislation as well as human rights obligations for persons with mental health problems. Essentials of non-discrimination laws concern key areas, including health, family planning, marriage and parenthood, employment, housing, education, standards of living and social, political and cultural participation, along with the right to be free from exploitation, violence and abuse. Gender-specific attention to the risks, rights and needs of women and girls and their families are legal obligations as well as clinical and scientific responsibilities. Because of the cumulative and interacting gender-based and other forms of discrimination, regulations such as those following the adoption of the UN-Convention on the Rights of Persons with Disabilities include specific provisions for women with psychosocial disabilities. Other examples for the urgent necessity of a gender-sensitive approach are – among many others - safety and gender-responsiveness of community and hospital settings, humanitarian crisis response,

working with family carers, and of course, mental health teaching and research, including efforts towards gender parity in academic psychiatry.

Disclosure: No significant relationships.

Keywords: women's mental health; women's rights; Human Rights

S0077

The Impact of Violence and Abuse on Mental Health of Women – Current Data

M. Schouler-Ocak* and E.J. Brandl

Charité – Universitätsmedizin Berlin, Psychiatric University Clinic At St. Hedwig Hospital, Berlin, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.130

Violence against women is widely recognised as a violation of human rights and a public health problem. The most common forms of violence against women are domestic abuse and sexual violence, and victimisation is associated with an increased risk of mental disorders. It is reported that a three times increase in the likelihood of depressive disorders, a four times increase in the likelihood of anxiety disorders, and a seven times increase in the likelihood of post-traumatic disorder (PTSD) for women who have experienced domestic violence and abuse. Significant associations between intimate partner violence and symptoms of psychosis, substance misuse, and eating disorders have also been reported. Furthermore, systematic reviews of predominantly cross-sectional studies report consistent relationships between being a victim of domestic violence and abuse and having mental disorders across the diagnostic spectrum for men and women, but since women are more likely to be victims, the population attributable fractions are higher for women. In this presentation, the focus will also be on clinical guidance on the role of mental health professionals in identifying violence against women and responding appropriately, poor identification persists and can lead to non-engagement with services and poor response to treatment. After a literature review, we will present and discuss current data from parental consultation and a survey on violence during the Covid-19 pandemic in Berlin.

Disclosure: No significant relationships.

Keywords: violence against women; mental health; current data; role of mental health professionals

Compulsory Admissions of Patients with Mental Disorders

S0078

Involuntary Treatments in Italy: a Debated Issue

B. Carpiniello

Department of Medical Sciences and Public Health University of Cagliari, Italian Psychiatric Association; Secretary Of The Epa-council Of Npas, Cagliari, Italy

doi: 10.1192/j.eurpsy.2022.131

Involuntary treatments probably are the most critical issue for psychiatric practice all over the world, including Italy, where the public debate about involuntary admissions and related coercive