

socioeconomic disadvantages. Meanwhile, a referral to psychiatric services was associated with suicide risk, and the risk was particularly high for patients who received the referral but did not attend psychiatric treatment. The observed effect was more pronounced during the early years, and in patients of young or middle age and those with a clear intent of self-harm.

**Conclusions:** The insightful findings highlight the importance of patients' attendance and engagement in follow-up psychiatric care on risk for subsequent mortality.

**Disclosure:** No significant relationships.

**Keywords:** deliberate self-harm; prospective outcome; mental healthcare; treatment engagement

## O0151

### Estimation of future suicide risk in psychiatric inpatients with 6-item questionnaire

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**Introduction:** Estimation of suicide risk is difficult task, and the clinical utility of different suicide risk scales is far from ideal.

**Objectives:** Previously we developed a 6-item clinician rated (yes/no) questionnaire (score range:0-28) that is able to detect current and past suicide risk with high sensitivity and specificity among acutely admitted psychiatric inpatients (Rihmer et al, 2017).

**Methods:** The 151 (75 suicidal and 76 non-suicidal) psychiatric inpatients, admitted between 1 November 2016 and 31 March 2017 were followed till 31 August 2021. Cases of completed suicides and suicide attempters receiving medical attention were recorded.

**Results:** During the 53-month follow-up 3 patients (2%) completed suicide (a 46 year old male with bipolar II disorder, a 57 year old female with schizoaffective disorder, a 55 year old male with schizoaffective disorder). Both of them were at baseline among the 75 suicidal inpatients and belonged to the group of "Marked suicide risk" (range:16-28 points) and scored 28,26 and 25 points, respectively. Suicide attempts have been made by 6 patients, all of them belonged to initially "Marked suicide risk" group (one initially non-suicidal, 16 points; 5 initially suicidal 22,26,26,26 and 28 points, respectively). 141 from the 151 patients received regular personal and/or on-line psychiatric care (including patients who died by suicide).

**Conclusions:** Despite the small number of suicidal cases, our results suggest that this short, simple questionnaire might be helpful not only in detecting current and past suicidality, but also predicting future risk among discharged psychiatric inpatients.

**Disclosure:** No significant relationships.

**Keywords:** suicide; questionnaire; prediction; risk

## O0152

### Does country of resettlement influence the risk of suicide in refugees? A case-control study in Sweden and Norway

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**Introduction:** Little is known regarding how the risk of suicide in refugees relates to their host country. Specifically, to what extent, inter-country differences in structural factors between the host countries may explain the association between refugee status and subsequent suicide is lacking in previous literature.

**Objectives:** We aimed to investigate the risk of suicide among refugees in Sweden and Norway according to their sex, age, region/country of birth and duration of residence.

**Methods:** Each suicide case between the age of 18-64 years during 1998 and 2018 (17,572 and 9,443 cases in Sweden and Norway, respectively) was matched with up to 20 population-based controls, by sex and age. Multivariate-adjusted conditional logistic regression models yielding adjusted odds ratios (aORs) with 95% confidence intervals (95% CI) were used to test the association between refugee status and suicide.

**Results:** The aORs for suicide in refugees in Sweden and Norway were 0.5 (95% CI: 0.5-0.6) and 0.3 (95% CI: 0.3-0.4), compared with the Swedish-born and Norwegian-born individuals, respectively. Stratification by region/country of birth showed similar statistically significant lower odds for most refugee groups in both host countries except for refugees from Eritrea (aOR 1.0, 95% CI: 0.7-1.6) in Sweden. The risk of suicide did not vary much across refugee groups by their duration of residence, sex and age.

**Conclusions:** The findings of almost similar suicide mortality advantages among refugees in two host countries may suggest that resiliency and culture/religion-bound attitudes could be more influential for suicide risk among refugees than other post-migration environmental and structural factors in the host country.

**Disclosure:** No significant relationships.

**Keywords:** Suicide; Country of birth; Duration of residence; Refugee

## O0153

### Use of hormonal contraception and attempted suicide: a nested case-control study

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