

Introduction: The life changes and limitations associated with Covid-19 clearly have serious psychological implications. The life of adolescents has also changed significantly in many areas: study, communication with peers, contact with family, etc. and not all adolescents have adapted to these changes equally easily.

Objectives: Study adolescents' perception of Covid-19, describe the effect of self-isolation on adolescent emotional well-being, and examine changes in the family system through the eyes of a teenager.

Methods: The study involved two groups of adolescents: the first (G1) - 174 students of a Moscow school and the second (G2) - 39 adolescents hospitalized in a children's psychiatric clinic in connection with suicidal actions. Teenagers filled out the author's questionnaire, Short Health Anxiety Inventory (Salkovskis), Analysis of Family Anxiety (Eidemiller, Yustickis), Prohibition on the expression of feelings (Kholmogorova).

Results: Participants in G2 significantly more often than G1 reported that their functioning worsened (it became more difficult to study - 72% versus 51%; more difficult to communicate - 76% versus 41%, more conflicts with family members - 49% versus 25%). G2 demonstrated a significantly higher level of family anxiety ($M = 17.3$ and $M = 12.1$ $p < 0.01$), a more pronounced prohibition on expressions of negative emotions ($M = 37.2$ and $M = 21.3$ $p < 0.01$). The level of anxiety (for one's own health, well-being of relatives and financial stability) is also significantly higher in G2.

Conclusions: Many adolescents in self-isolation need the support of relatives and the help of specialists. For a number of teenagers, self-isolation has become a crisis situation.

Keywords: quarantine; adolescent; Suicide action; COVID-19

EPP1413

Covid 2019 and suicide - a global pandemic: How to prevent?

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doi: 10.1192/j.eurpsy.2021.1568

Introduction: The mental health effects of Coronavirus2019 (COVID-19) outbreak might be profound, including higher suicide rates. This phenomena is likely to become a more pressing concern as the pandemic spreads. While remarkable social distancing interventions have been implemented to reduce the rate of new infections, the potential for adverse outcomes on suicide risk is high, especially among vulnerable populations.

Objectives: The aim is to do a review of the literature of suicide prevention during the COVID-19 outbreak.

Methods: Non-systematic review of the literature with selection of scientific articles published in the last 7 months; by searching the Pubmed databases, the following MeSH terms were used: Suicide prevention; COVID-19

Results: In order to prevent suicide, urgent consideration must be extend beyond general mental health approaches. A wide-ranging

interdisciplinary response that recognises how the pandemic might heighten risk is needed. The application of knowledge about effective suicide prevention is the key. Mental health services should develop clear remote assessment and care pathways, and staff training to support new ways of dealing with. Publications on mental health and psychological effects of COVID-19 outbreak provide important information and recommendations for all three levels of suicide prevention: primary, secondary, and tertiary.

Conclusions: The challenge of the COVID-19 outbreak might bring with it an opportunity to advance the field of suicide prevention and, thus, to save lives, which also represent a public health priority. The mental health community, backed by active vigilance and international collaboration, should be prepared and can use this challenging period to advance suicide prevention.

Keywords: COVID-19; Suicide prevention; Suicide

EPP1414

Sociodemographic and clinical profile of attempted suicide patients

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doi: 10.1192/j.eurpsy.2021.1569

Introduction: Suicide attempts are common and constitute a serious problem for public health. Thus, it is very important to evaluate risk factors for suicidal behavior.

Objectives: The purpose of this study was to explore the socio-demographic and clinical profile of attempted suicide patients consulting in the psychiatry department in Gabes (southern of Tunisia).

Methods: It was a retrospective descriptive and analytical study covering all patients who had attempted suicide during the period from the 1st of May, 2009 to September 25th, 2020 and who were referred to the psychiatry department in the regional hospital of Gabes. Sociodemographic and clinical data of the patients as well as characteristics of the suicide attempts were assessed.

Results: Socio-demographic profile of the suicidal consultant in psychiatry department corresponded to a single (73.4%) female (78.8%), with a mean age of 26 years, from an urban area (46%). Suicide attempts were most often by the intentional drug ingestion (67.8%), committed between March and August in 54% of cases. At most of the time, the suicidal person was alone (85%) at home (94%) when he committed his suicidal attempt. He did not communicate his intention to commit suicide in 46% of the cases and only 22 cases (7.9%) notified a person before the suicide attempt and 12.6% afterwards. Suicide behavior was impulsive in 79.5% of the cases and a verbal expression of a desire to die was only noted in 24.5% of cases.

Conclusions: Our results suggest a systematic and specific psychiatric evaluation of any patient who attempts suicide.

Conflict of interest: No significant relationships.

EPP1415

Individual factors associated with suicidal recurrence in patients of southern tunisia

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doi: 10.1192/j.eurpsy.2021.1570

Introduction: Nowadays, suicide is a global public health problem thus detection of risk factors more specifically individual factors can be used as a method for prevention and intervention.

Objectives: The aims of our study were to assess the incidence of suicidal recurrence and its individual associated factors.

Methods: A retrospective descriptive and analytical study was undertaken including all patients consulting for the first time at Gabes psychiatry department (in southern Tunisia) from the 4th March 2009 to the 25th September 2020 for suicidal attempt. Sociodemographic and clinical data as well as suicidal attempts' characteristics were assessed. The statistical analysis was executed on the software SPSS (20th edition).

Results: 278 patients were collected including 217 female. The mean age was 26. Suicidal patients were unmarried (75.9%), childless (79.1%) and unemployed (47.5%). The common suicidal attempt method was voluntary drug intoxication (67.8%). Interference of individual factors was reported in 77% of cases, especially difficulties to cope with stress (46.4%), followed by low self-esteem (36.5%), personal psychiatric history (17.3%), personal medical history (8.3%) and alcohol or drug abuse (6.1%). A suicidal re-attempt was noted in 24.9% of cases. Recurrence was associated with the female gender (72.4%), difficulties to cope with stress ($<10^{-3}$) and low self-esteem ($p=0.012$).

Conclusions: After the first suicidal attempt, it's crucial to identify the individual factors that seems to have an influence on subsequent suicidal behaviour in order to ensure a proper treatment.

Keywords: suicidal attempts; suicidal recurrence; individual factors; Suicide prevention

EPP1416

Warning signs of suicide attempts and risk of suicidal recurrence

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doi: 10.1192/j.eurpsy.2021.1571

Introduction: Detecting warning signs of suicide attempts is a particular difficult task. However, people who plan to commit suicide almost always announce it to someone in some way.

Objectives: Aims of this study were to describe signs preceding the suicide attempt in a group of suicidal persons and its links with suicidal recurrence.

Methods: It was a retrospective study that included all the patients who attempted suicide during the period from May 1st, 2009 to September 25th, 2020 and who were referred to the psychiatry department of the regional hospital of Gabes. Sociodemographic and clinical data as well as suicidal attempts characteristics were assessed.

Results: 278 patients were included (female=78.1%), with mean age of 26. The common suicidal attempt method was intentional drug intoxication (67.8%). At least, one clinical manifestation was reported by 75.2% of suicide patients. The most common signs were the tendency to isolation (47.1%), a change in character or behavior (46.6%), thoughts of death (29.6%), anxiety or agitation (24.8%) and recent worsening of the pre-existing psychiatric symptoms (24.3%). Suicidal recurrence affected 24.8% of patients. It was correlated to the presence of a mental disorder ($p<10^{-3}$), the presence of reflections on death ($p=0.02$), the onset of a state of anxiety or agitation ($p<10^{-3}$), recent worsening of pre-existing psychiatric symptoms ($p = 0.001$) and verbal expression of suicidal thoughts ($p<10^{-3}$).

Conclusions: The pre-suicidal syndrome is frequently heralded by changes in the patient's character or behavior. Some suicidal warning signs are associated with the risk of suicidal recurrence.

Conflict of interest: No significant relationships.

EPP1418

Relationship to pain and suicidal-related experience: Validation of discomfort intolerance scale and the pain catastrophizing scale in russian female adolescents

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doi: 10.1192/j.eurpsy.2021.1572

Introduction: Perception of and relationship to pain are considered as important factors of suicidal behavior (Joiner, 2005, Klonsky & May, 2015, O'Connor & Kirtley, 2018, Galynker, 2017). Some studies of pain demonstrated that there are common mechanisms of emotional and physical pain (DeWall & Baumeister, 2006, MacDonald & Leary, 2005, Eisenberger, Lieberman, & Williams, 2003).

Objectives: The aim was to validate Discomfort Intolerance Scale and Pain Catastrophizing Scale on the female adolescent sample and to reveal their relationship to suicidal experience.

Methods: 183 adolescents females (13-21 years old) filled Discomfort Intolerance Scale (Schmidt, Richey, & Fitzpatrick, 2006) and The Pain Catastrophizing Scale (Sullivan, Bishop, & Pivik, 1995). Then they replied to items related to their own or their friends' suicidal experience.

Results: Factor analysis for PCS explained 73.6% of variance with Cronbach's alphas .77-.91. Factor analysis of DIS explained 67.1% of variance with Cronbach's alphas .63-.70. There were no relationships between suicidal-related experience and pain-related experience.