

Conclusions: To our knowledge, this is the first systematic review of studies reporting on the prevalence of insomnia symptoms in adults with depression. The main finding is that at least three in four adults with depression have clinically meaningful insomnia symptoms; such high prevalence rates are consistent with previously reported figures. Therefore, given the positive clinical outcomes from treatment, services for adults with depression should routinely offer targeted interventions in identifying and managing co-incident insomnia symptoms. Future research should aim to refine the estimates of co-occurrence of insomnia and depression in different clinical populations.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP718

Evaluation of Hospital Applications of Former Earthquake Victims Due to Re-Traumatization Through Media

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Introduction: The 2020 Aegean Sea earthquake occurred on October 30, 2020, 23 km from the Seferihisar district of İzmir, with a magnitude of 6.9. It caused the death of a total of 119 people and the injury of 1053 people in Turkey and Greece. After this earthquake, many people were observed to have symptoms of post-traumatic stress disorder and received treatment. The two major earthquakes centered in Kahramanmaraş on February 6, 2023 also caused great destruction in Turkey. After this earthquake, an increase in the mental complaints of people who had previously experienced the earthquake in İzmir Seferihisar was observed and these people applied to the psychiatry outpatient clinic.

Objectives: Revealing how much former earthquake victims are affected by similar events through the media.

Determining the situations that cause people to be re-traumatized. Observing the effects of the media on mental health.

Methods: This study investigated the effects of former earthquake victims who applied to İzmir Seferihisar State Hospital after these new earthquakes, and who were not in the earthquake region at the time of the earthquake and who did not have any losses or injuries to relatives or acquaintances, through the media. For this purpose, after the earthquake centered in Kahramanmaraş, the Adult Resilience Scale and the Post-Traumatic Stress Disorder Checklist for DSM-5 were applied to these individuals at their first application, and it was questioned whether the individuals had received pharmacotherapy and psychotherapy after the previous Aegean Sea earthquake. It was also investigated how the individuals followed the news about the new earthquake. Afterwards, whether the individuals received treatment and the duration of this treatment were recorded, and the Post-Traumatic Stress Disorder Checklist for DSM-5 was applied to the individuals at the 1st, 3rd, 6th, 9th and 12th months.

Results: People who have received psychotherapy are 1.9 times less likely to need treatment afterwards.

Women are 4.1 times more likely to be affected by the media and use SSRIs.

People who have lost their homes need treatment as often as those whose close relatives have died.

The risk of people who do not receive treatment after a disaster being affected by the media and receiving treatment is 3.4 times higher than those who received treatment during the first disaster.

Conclusions: After disasters, when another disaster occurs, PTSD symptoms can be observed again in former disaster victims. Post-traumatic psychotherapy can also be protective in terms of future situations. Watching traumatic events in the media can cause PTSD symptoms to be seen even if no relatives have been harmed.

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Suicidology and Suicide Prevention

EPP720

An audit on sensitive documentation of suicide attempts and behaviour in Mount Carmel Hospital discharge summaries

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Introduction: Suicide attempts should always be recorded in a patient's discharge summary as this aids risk assessment and management. Discharge letters provide valuable information to outpatient and emergency services and guide risk assessment. However, they are available to be read by patients and their loved ones. Insensitive wording or graphic detail can contribute to feelings of shame and guilt and perpetuate stigma towards our patients.

Objectives: This audit aimed to assess quality of documentation of suicide attempts and behaviour on Mount Carmel Hospital (MCH) discharge summaries with respect to the International Association of Suicide Prevention (IASP)'s Language guidelines. It also aimed to assess the effectiveness of a short presentation intervention on suicide given to foundation (FY) doctors.

Methods: For the first cycle, discharge letters of patients admitted to MCH between January and July 2023 were screened according to inclusion criteria. Included discharges were assessed for adherence to IASP's language guidelines. The authors then gave a short presentation to FY doctors during their rotation, highlighting the importance of using sensitive language on suicide in discharge summaries. The second cycle was carried out between January and July 2024 and results were compared to the first cycle.

Results: In the first cycle, a total of 1393 patients were admitted between January and July 2023. 26% of discharge letters did not use appropriate suicide-related terminology. Of these, the most common issues were with excessive description of the attempt (53%) and use of the phrase 'commit suicide' (28%). In the second cycle, a total of 1335 patients were admitted between January and July 2024. 20% of discharges did not use appropriate suicide-related terminology (n = 34). The intervention significantly reduced the use of the phrase 'commit suicide' (OR 0.279; CI 0.0921 to 0.8452, p = 0.0240).

Conclusions: In the first cycle, one out of every four patients admitted on a background of suicidal behaviour received a discharge summary that it potentially insensitive or stigmatising in nature. This decreased to one in five after the short intervention. These results are promising especially given that the intervention is neither time consuming nor costly. Simply making foundation year doctors aware and guiding them on how to write about suicide can not only

improve the quality of patient care but also reduce iatrogenic harm. Additionally, foundation doctors should be supported and supervised by more senior firm members to ensure that discharge letters are not only of good quality but also written sensitively and sensibly.

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EPP722

Intensive Care and Emergency Nurses' Attitudes and Stigma Towards Suicidal Behavior and Related Factors

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Introduction: The first place to intervene in individuals who have attempted suicide is often the emergency department. These individuals may then be referred to intensive care units for close monitoring of physical findings and treatment, depending on the results of the suicide attempt. The attitudes and stigmatisation of nurses in the emergency department and intensive care unit toward suicide affect the quality of care provided. It is important to determine the attitudes and stigmatisation of nurses.

Objectives: This study aims to determine the attitudes and stigma levels of nurses working in intensive care and emergency services towards suicidal behaviour and to examine the related factors.

Methods: The research is descriptive, cross-sectional and correlational. The research was conducted with 82 volunteer nurses working in the emergency room and intensive care unit of a hospital in Turkey between January and March 2023, with approval from the ethics committee and the institution. Nurses filled out the Personal Information Form, Attitude Towards Suicide Attempt Scale and Stigma of Suicide Scale. In data analysis; Independent samples t-test, One-way ANOVA, and Welch test were used in cases where variances were not homogeneously distributed. Bonferroni and Games-Howell methods were preferred among post hoc multiple comparison tests. Pearson correlation was used for the relationship between continuous variables, and Spearman correlation analysis was used for categorical variables.

Results: The mean score of the nurses' Attitudes Towards Suicide Attempt Scale was 98.78±9.16. The mean scores of the Stigma of Suicide Scale; Stigma, Isolation\Depression, Sublimation\Normalization sub-dimensions were 71.95±18.09, 57.68±10.94, 27.11±6.86, respectively. The mean score of the Sublimation\Normalization sub-dimension of the Stigma of Suicide Scale of those who had attempted suicide in their close circle was higher than those who had not, and the results were significant ($p<0.05$). In the same sub-dimension, the mean scores of those who gave care to patients who attempted suicide were lower than those who did not, and the results were significant ($p<0.05$). The total score of the Attitude Towards Suicide Attempt Scale had a positive and statistically significant effect on the Stigma of Suicide Scale ($\beta=0.562$, $t=6.071$, $p<0.001$).

Conclusions: These results indicate that nurses have high levels of negative attitudes towards suicidal behaviour, stigmatize it,

associate suicide with depression and isolation, consider suicide normal, or glorify people who commit suicide. The presence of those who have attempted suicide in the immediate environment and providing care to individuals who have attempted suicide was associated with nurses' attitudes and stigmatisation towards suicidal behaviour. It was found that nurses' negative attitudes towards suicide had an increasing effect on their stigmatisation.

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EPP723

Prevalence and risk factors of passive suicidal ideation among healthcare professional during residency

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Introduction: Health professionals are a vulnerable population, prone to mental health problems such as suicidal behaviors. Suicidal ideation (passive and active) is a potential indicator of committing suicide. Passive suicide ideation has been undervalued as an indicator of suicide risk for not having a plan to commit suicide. Despite the high risk, few studies have examined the prevalence and factors related to the presence of passive suicidal ideation in healthcare residents.

Objectives: Determine the prevalence and associated factors of passive suicidal ideation among resident healthcare professionals, including physicians, nurses, and psychologists.

Methods: This cross-sectional study involved a non-probabilistic sample of 775 healthcare professionals. Data were collected via a self-administered survey distributed to teaching units in hospitals across Spain. Key variables included passive suicidal ideation (yes/no), year of residency, and personality traits (neuroticism, extraversion, openness, agreeableness, conscientiousness), assessed with the Spanish adaptation of the NEO-PI-R Personality Inventory. Descriptive analyses summarized categorical and continuous variables. Associations between passive suicidal ideation and independent variables (age, gender, personality traits, drug consumption, mental health specialization, residency program) were analyzed using logistic regression models.

Results: Among the total sample, 13.42% exhibited passive suicidal ideation. In terms of personality traits, individuals with higher levels of neuroticism and openness demonstrated an increased likelihood of experiencing passive suicidal ideation, whereas higher scores in extraversion were associated with a decreased probability of such ideation. Additionally, the use of prescribed medication and instances of self-medication were found to be related to passive suicidal ideation.

Conclusions: A notable proportion of healthcare professionals experience suicidal ideation during their residency. The findings of this study indicate that preventive measures for suicidal ideation should be implemented during the residency period for healthcare professionals.

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