

**Conclusions** Perseverance might be a discriminating element between patients that eventually commit a suicide attempt and those that do not.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.169>

#### EW0556

### Is there a case for using social outcomes in self-harm research?

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**Introduction** Self-harm is costly to individuals and health services and has high associated risks of further self-harm and completed suicide. Self-harm presentations to hospitals offer an opportunity to engage patients in interventions to help reduce future episodes and associated costs. This presentation reviews clinical trials for self-harm interventions conducted over the past twenty years in hospital emergency departments (1996–2016) comparing successful vs. unsuccessful trials (defined by the whole or partial achievement of trial defined outcomes) in terms of methodology, type of intervention and type of outcome measure.

**Method** Databases were searched using defined keywords. Randomized trials of adult subjects presenting to emergency departments were selected.

**Results** Twenty-four studies are included in the review. There was no significant difference between the type of intervention and “success”, nor were there index/control differences by sample size and follow-up length. Most trials (79%) used re-admission to hospital after a further episode as the primary outcome; only 4 (16%) of the studies reported social outcomes. As an example of social interventions and outcomes, we discuss trial results of a new social intervention for adults (many of whom do not receive a (UK-mandated) psychosocial assessment), and who are usually provided with little/no support after leaving the emergency room.

**Discussion** The findings suggest that the use of repetition and representation as outcome indicators may be missing the importance of social precipitants of self-harm and the need to assess social circumstances, interventions and outcomes. We discuss findings from a new social intervention trial, which addresses these limitations.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.170>

#### EW0557

### The spatial pattern of suicides in Europe

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**Introduction** The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIX century.

**Aims** The present study aims to assess the continuation of this phenomenon in XXI century.

**Methods** To explore this phenomenon, suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern, the data sets were subjected to Spearman's rank order correlation analysis.

**Results** The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ( $r_s = .91, .81, \text{ and } .80$ , respectively,  $P < .001$ ). The national suicide death indices show the significant positive correlation over the studied period, what means the definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus, the fixed gradient in suicide distribution with the growing to the north and northeast of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.

**Conclusions** The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.171>

#### EW0558

### Educational programme in primary care is the basic way of decreasing suicides

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**Introduction** The depressive disorder (DD) is a widespread disease described to be a severe burden and to have high suicide risk. Depression is not yet listed in the primary care (PC), Russian specific educational program.

**Objectives** To create educational Recognition of Depressive disorders Program (REDEP) in order to decrease suicides in Tomsk City and Tomsk Area (TA).

**Methods** Educational Program WPA/PTD on DD (Russian version) was used as a basis of REDEP, comparative analysis of mortality ratio of suicides (MRS) throughout the period of 2004–2015 among the population of the Russian Federation (RF), Siberian Federal Region (SFR) and TA, analysis of suicide decrease in Tomsk City. The Program is based on ideas of collaboration between the Primary Medical Care institutions and the Service of Mental Health Care. Depression and its consequences on people and the economy should be listed as a non-infectious illness.

**Results** We conducted a comparative analysis of suicides in RF, SFR and TA; we also assessed the dynamics of suicides reduction in TA under the influence of educational program on DD. The most prominent MRS decline was in TA: from 38.3 to 12.8 ( $P < 0.03$ ). During 2008–2015, MRS was being held below 10/100,000 in Tomsk City.

**Conclusions** Suicide prevention is possible if persistent and continual education of doctors in PC is in place. Such specialists are needed to recognize and manage depression and co-morbid conditions. The Program can be extrapolated to other regions of the country with high MRS.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.172>

#### EW0559

### Psychiatric ward consumption before suicide: A case-control study

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**Introduction** There is a need of identifying predictors of suicide. With effective treatment interventions for those at highest risk, suicide can be prevented.

**Aim** To investigate variables possibly associated with suicide, by comparing patients in psychiatry deceased by suicide to matched controls. We compared the psychiatric ward consumption two years prior to suicide, previous medical and psychological treatments, somatic co-morbidity and the professions of health care staff in previous visits.

**Method** The 153 suicide cases, 101 (66%) men and 52 (34%) women, aged between 13 and 96 years, were identified from the National Cause of death registry. All cases had previous contact in psychiatry in Örebro County and died between January 1st 2007 through December 31st 2013. Each case had one gender-, age- and diagnosis matched patient control from psychiatry. Data on care usage were collected from medical records. Correlations were calculated between ward variables and the outcome variable suicide yes/no. Variables significantly correlated to suicide were used in an adjusted logistic regression model to analyse possible associations with suicide.

**Results** Among the cases deceased by suicide, we found significantly fewer psychiatric outpatient visits ( $P < .01$ ), a smaller amount receiving systematic psychological treatment ( $P < .01$ ), less pharmacological interventions ( $P < .01$ ) and a smaller amount of treatment provided by a multi-professional team ( $P < .01$ ). Less occurrence of psychological treatment (OR(adj): 0.459; 95% CI 0.224–0.874,  $P < .05$ ) was significantly associated to suicide.

**Conclusions** Results indicate that not only repeated visits in psychiatric care, but the content of visits (i.e. psychological interventions) seems to make an important difference between life and death.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.173>

## e-Poster Walk: Training in psychiatry

EW0560

### Quality improvement project: Mentoring, career advice and placement introduction session for year 5 imperial college medical students. Should induction go beyond facts and numbers?

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**Introduction** Feedback received from previous rotations of year 5 Imperial College medical students in West London Mental Health NHS Trust has consistently shown that medical students feel uncertain about what to expect in their psychiatric placements and are sceptical about psychiatry as a future career option. This prevents them from maximizing the educational benefit and potential in their training.

**Aims and objectives** Tutorial aims to prepare medical students for their psychiatric placements and create the opportunity for informal discussion about psychiatry as future career option. The session aspires to motivate students to be more involved and active partic-

ipants and invite them to think about their future career option at an early stage.

**Methodology** A 1-hour tutorial has been added to medical students' induction in two successive rotations (July–October 2016). Thirty-seven (37) medical students have attended the tutorial so far. Tutorial provides information about psychiatric placements, learning opportunities as well as structural and operational issues. Besides, it encourages discussions about psychiatry as a future career option, informing students about psychiatric sub-specialties, career pathways and NHS operational structure. Feedback questionnaire is handed over at the end.

**Results** Data were collected and analysed and findings are outlined in the diagram below (Fig. 1).

**Conclusions and recommendation** The majority of medical students have feedback they found tutorial relevant and useful. Current tutorial formula will be revised based on feedback collated so far.

Findings are going to be shared with local Undergraduate Educational Committee and Imperial College medical school board.

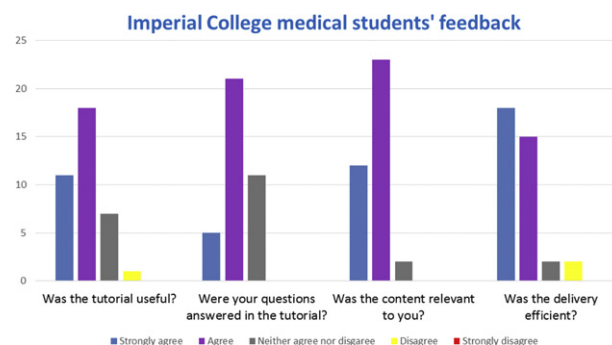


Fig. 1 Imperial College medical students' feedback.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.174>

EW0561

### Workplace assessment in crisis? – The way forward

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**Introduction** A recent Royal College of Physicians' (RCP) study on assessment raises serious questions for workplace assessment. To address these, a system that bridges the gap from competence to performance and integrates supervised learning events (SLEs) that are formative in purpose with summative assessment of performance by entrustable professional activities (EPAs) is recommended.

**Aims and objectives** As a working group on assessment in psychiatry, we were interested in the RCP findings which represent a significant milestone in studies of workplace assessment. The RCP aims were to evaluate the feasibility, validity and educational value of using existing WPBA tools but for different assessment purposes and processes.

**Results** These were based on the General Medical Council (GMC) working party on assessment. The RCP revised its assessment processes to differentiate between assessments of development and performance. The former are formative and aim to identify a trainee's areas of strength and development; the latter are summative and aim to determine fitness to progress. Of note is that the same workplace based assessment (WPBA) tool can be used for each type of assessment; the assessment's purpose is the discriminating factor.