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### Are volunteering and caregiving associated with suicide risk? A census-based longitudinal study

D. O'Reilly<sup>1,\*</sup>, M. Rosato<sup>2</sup>, A. Maguire<sup>1</sup><sup>1</sup> Queen's University Belfast, Centre for Public Health, Belfast, United Kingdom<sup>2</sup> Ulster University, Bamford Centre, Belfast, United Kingdom

\* Corresponding author.

**Background** This record linkage study explores the suicide risk of people engaged in caregiving and volunteering. Theory suggests opposing risks as volunteering is associated with better mental health and caregiving with a higher prevalence and incidence of depression.

**Methods** A 2011 census-based study of 1,018,000 people aged 25–74 years (130,816 caregivers and 110,467 volunteers; 42,099 engaged in both). All attributes were based on census records. Caregiving was categorised as either light (1–19 hours/week) or more intense (20+ hours/week). Suicide risk was based on 45 months of death records and assessed using Cox proportional hazards models with adjustment for and stratification by mental health status at census.

**Results** More intense caregiving was associated with worse mental health (OR<sub>adj</sub> = 1.15; 95%CI = 1.12, 1.18); volunteering with better mental health (OR 0.87; 95%CI 0.84, 0.89). The cohort experienced 528 suicides during follow-up. Both volunteering and caregiving were associated with a lower risk of suicide though this was modified by baseline mental ill-health ( $P=0.003$ ), HR 0.66; 95%CI 0.49, 0.88 for those engaged in either activity and with good mental health at baseline and HR 1.02; 95%CI 0.69, 1.51 for their peers with poor mental health. There was some indication that those engaged in both activities had the lowest suicide risk (HR 0.34; 95%CI 0.14, 0.84).

**Conclusions** Despite the poorer mental health amongst caregivers they are not at increased risk of suicide. The significant overlap between caregiving and volunteering and the lower risk of suicide for those engaged in both activities may indicate a synergism of action.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.273>

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### Incidence and predictors of suicide attempts in bipolar I and II disorders: A five-year follow-up

S. Pallaskorpi<sup>1,\*</sup>, K. Suominen<sup>2</sup>, M. Ketokivi<sup>3</sup>, H. Valtonen<sup>2</sup>, P. Arvilommi<sup>2</sup>, O. Mantere<sup>4</sup>, S. Leppämäki<sup>5</sup>, E. Isometsä<sup>6</sup><sup>1</sup> Finnish National Institute for Health and Welfare - THL, Psychiatric and Substance Abuse Services, Helsinki, Finland<sup>2</sup> Helsinki City Department of Social Services and Healthcare, Psychiatric and Substance Abuse Services, Helsinki, Finland<sup>3</sup> IE Business School, Operations and Technology Department, Madrid, Spain<sup>4</sup> McGill University, Department of Psychiatry, Montreal, Canada<sup>5</sup> Helsinki University Central Hospital, Department of Psychiatry, Helsinki, Finland<sup>6</sup> University of Helsinki, Department of Psychiatry, Helsinki, Finland

\* Corresponding author.

**Introduction** Although suicidal behavior is very common in bipolar disorder (BD), few long-term studies have investigated incidence and risk factors of suicide attempts (SAs) specifically related to illness phases of BD.

**Objectives** We examined incidence of SAs during different phases of BD in a long-term prospective cohort of bipolar I (BD-I) and II

(BD-II) patients and risk factors specifically for SAs during major depressive episodes (MDEs).

**Methods** In the Jorvi bipolar study (JoBS), 191 BD-I and BD-II patients were followed using life-chart methodology. Prospective information on SAs of 177 patients (92.7%) during different illness phases was available up to five years. Incidence of SAs and their predictors were investigated using logistic and Poisson regression models. Analyses of risk factors for SAs occurring during MDEs were conducted using two-level random-intercept logistic regression models.

**Results** During the five-year follow-up, 90 SAs per 718 patient-years occurred. Compared with euthymia the incidence was highest, over 120-fold, during mixed states (765/1000 person-years [95% confidence interval (CI) 461–1269]) and also very high in MDEs, almost 60-fold (354/1000 [95%CI 277–451]). For risk of SAs during MDEs, the duration of MDEs, severity of depression and cluster C personality disorders were significant predictors.

**Conclusions** In this long-term study, the highest incidences of SAs occurred in mixed phases and MDEs. The variations in incidence rates between euthymia and illness phases were remarkably large, suggesting that the question “when” rather than “who” may be more relevant for suicide risk in BD. However, risk during MDEs is likely also influenced by personality factors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.274>

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### Cost-effectiveness of a specialised medium secure personality disorder service

R. Woodward\*, R. Lingam, F. Papouli

Bamburgh Clinic-Northumberland Tyne and Wear-Newcastle upon Tyne-UK, Forensic Personality Disorder Services, Newcastle upon Tyne, United Kingdom

\* Corresponding author.

**Introduction** The Oswin unit located in the North East of England is commissioned primarily for offenders screened on the offender personality disorder (OPD) pathway based on measures of personality disorder being linked to moderate to high risks to other persons.

**Objectives** The Oswin Unit was re-designed in early 2014 meeting commissioning specifications to meet objectives based on access, measuring quality and reducing. The primary objective of this pathway is to ensure personality Disorder offenders have access to “community-to-community”, joint-up care and monitoring of risks. The Oswin unit implemented a re-designed service offering individuals formulation based assessments and risk management embedded in the OPD pathway. The overall objective of this project is to evaluate the effectiveness and risk amelioration of this hospital-based service.

**Aim** As part of a broader service development and evaluation project, the cost-effectiveness of the current model of the unit was compared to that of the unit prior to the redesign of the service.

**Method** Collection of data on number of admission and length of stay and calculation of expenses per capita. Retrospective analysis of costs of care.

**Results** Analysis of comparative figures post-implementation of this new model of care found 41% more episodes of care. Cost-analysis indicated a saving of £200,000.

**Conclusion** The new Oswin Model meets commissioning objectives in offering access to hospital-based care and focused treatments for prisoners ‘stuck’ in prison pathways. This finding led to further investigation using thematic measures of quality of care to evaluate the effectiveness of this service and risk amelioration.