

including practicum in Community Mental Health Centers and that CMH can potentially become a subspecialty for public health professionals and psychiatrists. Conducting more comprehensive quantitative and qualitative studies on this subject, and enriching existing postgraduate education programs in terms of Community Mental Health, are of great importance for protecting and promoting community mental health.

**Disclosure of Interest:** None Declared

## EPP0191

### Motivation to Motivate: Pilot of motivational interview training in a tertiary university hospital

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**Introduction:** Motivational interviewing (MI) is an evidence-based communication style that is effective in facilitating behaviour change and patient engagement. Originally developed in the field of addiction, MI can be applied to address a range of health behaviours including smoking cessation, medication adherence and diabetes and weight management. Given its demonstrated efficacy, training clinicians in medical and psychiatry specialties in MI has potential to enhance patient outcomes.

**Objectives:** 1. Enhance awareness and understanding of the basic concepts and methods of MI among NCHDs (Non-Consultant Hospital Doctors) and hospital staff.

1. Assess the perceived effectiveness of the training and help foster a culture of teaching and learning within the hospital.

**Methods:** MI training was organised by the psychiatry department and delivered by a certified external trainer. The training was structured into 2 sessions, each lasting three hours, with a six-week gap between sessions. The training was integrated into the regular academic teaching for psychiatry trainees and a circular email invite was sent to the medical NCHD cohort and psychology department. Pre and post-training questionnaires were collected from participants with five-point Likert scales used to gather responses

**Results:** There were 40 attendees across the two sessions. In total, 25 questionnaire responses were collected for the pre training (62.5%) and 30 responses were collected post-training (75%).

Prior to training 48% (12/25) indicated they were familiar with MI, 48% felt confident in using MI and 88% (22/25) felt it was applicable to their practice. Post-training, 73% (22/30) felt confident in using MI, 90% (27/40) felt MI was applicable to their practice and 100% indicated they would use MI in their practice. The perception of applicability ( $p=0.011$ ) and likely utilisation of MI skills ( $p<0.001$ ) significantly increased over the course of the training as measured by paired t-test ( $n=23$ ). Ninety-seven percent of responders stated they would recommend the training and 57% (17/30) indicated that they would use MI on a weekly basis in the future.

**Conclusions:** NCHDs and other staff welcomed this training and indicated the training was relevant to their practice. MI demonstrated a positive effect on staff perceptions of applicability and future utilisation of MI skills. Increasing clinician self-perceived

efficacy through training events may help contribute to a culture of learning and teaching in hospital settings.

**Disclosure of Interest:** None Declared

## Suicidology and suicide prevention

### EPP0192

#### Transcranial Magnetic Stimulation and its Efficacy in Alleviating Depressive Symptoms in Patients with Suicidal Ideation

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**Introduction:** Suicide is a global public health issue. According to the latest available data from the National Institute of Statistics, 4,003 people died by suicide in 2021, reaching a new historical high. Approximately 90% of suicide victims suffer from one or more severe psychiatric disorders, and there is a documented 20-fold higher risk of suicide in individuals with affective disorders compared to healthy subjects (Abdelnaim et al., 2020). Repetitive transcranial magnetic stimulation (rTMS) has been established as an effective alternative or complementary treatment option for patients with depressive disorders, but little is known about its effects on suicide risk.

**Objectives:** To assess the efficacy of rTMS in reducing depressive symptoms in patients with suicidal ideation and behaviors.

**Methods:** Population and Methods: A retrospective analysis was conducted on a sample of 28 psychiatric patients (23 females; mean age  $49.36 \pm 16.23$ ) with suicidal ideation identified by item 3 (suicidality) of the Hamilton Depression Rating Scale (HDRS), who were treated with rTMS. All patients received a minimum of 30 sessions, consisting of the application of a high-frequency ( $>10\text{Hz}$ ) or intermittent theta burst stimulation (TBS) over the left dorsolateral prefrontal cortex (DLPFC) at an intensity of 120% of the resting motor threshold (RMT), and repeated low-frequency pulses (1Hz) or continuous TBS over the right DLPFC with an intensity of 110% of the RMT.

**Results:** Results: The results show a statistically significant improvement in depressive symptoms following rTMS intervention ( $p < 0.001$ ). Furthermore, remission was observed in 46% of the sample ( $\text{HDRS} < 8$ ).

**Conclusions:** Discussion: In line with recent studies (Abdelnaim et al., 2020; Hines et al., 2022) and systematic reviews (Cui et al., 2022; Bozzay et al., 2020) on suicidal ideation in the context of psychiatric disorders, the findings of this study demonstrated that rTMS achieved satisfactory results in reducing depressive symptoms and suicidal ideation.

**Conclusions:** This clinical study indicates preliminary promise for the prevention of suicidal acts and underscores the need for more detailed and specific research on rTMS in the field of suicide.

**Keywords:** rTMS, neuromodulation, depression, suicide.

**Disclosure of Interest:** None Declared