This is an epidemiological study of suicide in East of Algeria (15 wilayas) through psychological autopsies (from 2000 to 2008) or more variables were studied to establish a standard profile of suicide in Algeria. The variables studied were: age, sex, occupation, place of residence, the existence of life events, psychiatric history and possibly a history of TS, a source of information (from whom we collected Information: father, mother, brother, sister. . .) and the proceeds used for suicide. In total, we identified 1263 cases of suicide with age 15 and older occurred in populations of East of Algeria during the period 2000 to 2008. The conclusion focuses on the emergence of certain variables can be risk factors namely age between 30 and 45 years, male gender, social and financial difficulties especially difficult life, the presence of a psychiatric diagnosis on axis 1 of DSM-IV and finally the lack of access to primary care in urban areas.

Finally, the authors highlight the prevalence per 100,000 population per wilaya and the average prevalence for the whole of east of Algeria.

Keywords   Psychological autopsies; Suicide; Risk factors; Prevention

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

EV1461

Establishment of a comprehensive inpatient suicide prevention network: Taiwan experience and systemic review

T.C. Changchien [*], Y.C. Yen
 EDA Hospital, Department of Psychiatry, Kaohsiung City, Taiwan, ROC
[*] Corresponding author.

Introduction   The complexity of inpatient suicide in a general hospital setting, whether medical or surgical, is not fully understood currently. It is a common sentinel event and an important problem of patient safety. However, its evidence is currently lacking. So, we present a healthcare system approach to enhance the effectiveness of inpatient suicide prevention in Taiwan.

Methods   We reviewed available evidence about inpatient suicide. Some risk factors were detected. And we tried to improve our inpatient suicide prevention program with healthcare failure mode and effect analysis (HFMEA), which is a prospective qualitative analysis for numerous medical errors. In this study, HFMEA was used to reduce the likelihood of failure of current clinical practices in preventing inpatient suicide.

Results   The psychiatric consultation rate increased after a series of improvement program. Besides, establishment of an integrated electronic medical system and the improvement of environment and facility safety are our main strategies. The HFMEA indicated that empowering staff with continuing education and case management by a full-time social worker and clinical psychologist were also needed. Furthermore, this hospital-based integrated suicide prevention program was accredited with the symbol of national quality of Taiwan in 2014.

Conclusion   Our study provided systematic intervention to improve inpatient suicide prevention in a general hospital, and in Taiwan. The HFMEA is a useful tool to improve inpatient suicide prevention measures. We still need more information and evidence to promote the importance of inpatient suicide prevention.

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

EV1462

characteristics of suicidal behavior in a rural population

G.M. Chauca Chauca [1,*], L. Carrión Expósito [1], M.J. Jaén Moreno [2]
[1] UGC-Salud Mental Hospital Infanta Margarita, Cabra, Córdoba, Spain
[2] Instituto Maimónides de Investigación Biomédica de Córdoba IMIBIC, Hospital Universitario Reina Sofía, Universidad de Córdoba, Córdoba, Spain
[*] Corresponding author.

Introduction   Suicidal behavior is defined as any behavior of self-harm with intent and knowledge of what is done. Suicide ranks among the 10 leading causes of death in the statistics of the world health organization.

Objectives   The main objective of the study is to determine the sociodemographic characteristics of patients who have attempted suicide and the characteristics of this behavior.

Methods   It is a descriptive cross-sectional study.

Results   The sample consisted of 70 patients, with a mean age of 41.17 years, most of them were women (58.5%). In relation to employment status, 31.4% were working, 21.4% unemployed, 14.3% were retired and 32.9% had other employment status. Among the characteristics of suicidal behavior characteristics, mode, forecasting rescue, previous suicidal behavior, previous outpatient follow-up and consumption of toxic evaluated. The most frequent method chosen was the voluntary intake of drugs (77.1%). The 67.1% were diagnosed with depressive disorder followed by personality disorders (20%).

Conclusions   In total there is a predominance of women in achieving some suicidal behavior, as well as a higher percentage among single, divorced or widowed (60%) versus married (40%). Also a higher percentage of patients unemployed, pensioners and others who do not receive income (68.5%) versus the occupationally active (22%). Another condition that must be evaluated in the suicide risk is having previously made a suicide attempt, in our study 54.3%. Since subjects with previous suicide attempt are four times more likely to try again. The results are also consistent with other studies that the most common disorder associated with suicide attempt is depressive disorder (67.1%).

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

EV1463

Impact of nonideaton states on youth suicide attempts

R. Copelan
 Formerly, University of Colorado, Emergency Psychiatry, Pensacola, USA

Background   Youth nonideation suicidality (NIS), distinct from impulsive deliberate-self harm (DSH), is a potential consequence of adjustment disorder (AD) or selective serotonin reuptake inhibitor (SSRI) adverse reaction. It is characterized by the absence of transient or enduring ideation. A new measure was constructed to evaluate the impact of NIS on attempt rates.

Methods   Youth 8 to 24-years-old were recruited in this case control study. Entry criteria included DSH ($n = 50$), AD ($n = 91$), and SSRI ($n = 29$) emergent events with overt or suspected NIS, worsening of existing or new onset suicidality, or abrupt mental status or behavioral change. Exclusion criteria included sensorimotor deficit or primary depressive disorder. Ratings from the new measure utilized dichotomous as well as outcome scores, and compared to ratings from other validated scales, after controlling for depression and other matched factors.

Results   High risk AD and SSRI groups presented with abrupt onset, high lethality attempt, intense motor restlessness, great