

diagnosis and seeking help. A significant relationship was found between compliance and first or repeated attempts and also between diagnosis and first or repeated attempts. The most frequently used type of attempted suicidal method was the use of medications in 41.3% of cases.

Conclusions: The pattern presented in the study group in relation to the characteristics of patients who commit suicide attempts, is close to the patterns presented by similar studies. Differences and non-correlations are attributed to local factors. Identification of suicide behaviors pave the way for treatment and assistance for anyone considering suicide. Further research is needed to examine outpatient and community samples.

Disclosure of Interest: None Declared

EPV1950

Assessing suicidality assessments in physician assisted death applications: Do they filter out traditional suicidality?

K. S. Gaind¹

¹University of Toronto, Toronto, Canada
doi: 10.1192/j.eurpsy.2025.2353

Introduction: Physician Assisted Death (PAD) has been legalized or decriminalized in over a dozen jurisdictions around the world, and many other jurisdictions are considering assisted dying laws. Most jurisdictions only allow PAD in terminal conditions while a minority allow PAD outside end-of-life situations, with a small number allowing PAD for sole mental illness conditions. A key element in assessments of PAD requests is whether those assessments can filter out traditional suicidality, for which suicide prevention is provided, from other motivations for assisted death, for which PAD may be provided.

Objectives:

1. To recognize the range of factors that may motivate assisted dying requests.
2. To understand the factors that inform assisted dying assessments, specifically how the assessments attempt to identify suicidality.
3. To appreciate the degree of certainty or uncertainty that assisted dying assessments actually identify suicidality in different patient populations.

Methods: This presentation briefly reviews evidence related to motivations leading to assisted dying requests in different populations, and then focuses on reviewing guidelines PAD assessors use to attempt to identify traditional suicidality, and to distinguish that from other motivations leading to PAD requests. These guidelines are compared to established evidence and factors related to suicide risk and suicide prevention.

Results:

1. Different factors motivate different populations to seek assisted death, with those making PAD requests in terminal situations frequently seeking PAD in efforts to preserve dignity, and those seeking PAD outside terminal conditions or for sole mental illness citing feeling a burden, or an accumulation of multiple life stressors, as fueling their PAD requests.
2. Most of the factors presented in guidance on distinguishing and separating suicidality from PAD requests equally apply to traditionally suicidal individuals and to those requesting PAD.

3. Evidence shows that the few distinguishing factors used to attempt to separate suicidality from PAD requests, specifically impulsivity and acting on one's own, do not actually filter out suicidality.

Conclusions: While a key goal of physician assisted death assessments is to identify and separate traditionally suicidal individuals from those seeking and receiving assisted death, current assessment techniques are unable to filter out suicidal individuals in an unknown number of cases.

Disclosure of Interest: None Declared

EPV1952

ARSUIC Protocol: results in suicide prevention at a Mental Health Community Center

R. Huerta-Ramírez^{1*} and Á. Vivero¹

¹Mental Health, Tajo University Hospital, Aranjuez (Madrid), Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2354

Introduction: Suicide has a growing importance as a mental health problem, being now the first cause of not-natural death at Spain. Developing suicide prevention strategies is a priority goal at mental health care. In our community, ARSUIC protocol was developed as a way to provide specialized preferential care to people with suicide attempts.

Objectives:

- Measure results of ARSUIC protocol at suicide attempts prevention.
- Study level of satisfaction of patients assisted at ARSUIC protocol.

Methods: A qualitative ad-hoc phone interview has been made to patients attended at ARSUIC protocol of our community mental health center, in order to measure their level of satisfaction. Descriptive quantification of new suicide attempts, visits to Emergency Service and incomings at Psychiatry Hospitalization in the last 6 months has been performed, using clinical history data.

Results: Global level of satisfaction is high at the most of the sample, mainly because of the preferential attendance and the improvement it implies in the therapeutic bond. Indicators of relapse reflect global good evolution at the most of the sample.

Conclusions: Preferential attendance reveals as a proper way to improve clinical care and prevention at people with suicide attempts. Strategies to maintain that kind of frequent attendance along the main risk period of relapse are in develop (group therapy, etc.).

Disclosure of Interest: None Declared

EPV1953

Assessing the completeness of suicidal poisoning surveillance systems in Northwest Morocco: A capture-recapture method

S. Hmimou¹, S. Boukhorb¹, O. Erefai², S. Elkafssaoui³, S. Irnat^{1*}, N. Rhalem⁴, M. A. Bellimam⁵, A. Soulaymani¹, A. Mokhtari¹, R. Soulaymani-Bencheikh⁴ and H. Hami¹