

effectiveness study. The review showed a significant reduction in suicidal behavior in patients who received ACT (Calati et al., 2024). A relationship was observed between increased psychological flexibility and decreased suicidal ideation (Macri et al., 2024). The efficacy of ACT was comparable or superior to other interventions in some of the studies included in the review (Kumpula et al., 2019).

Conclusions: ACT shows promising results in reducing suicidal behaviors. However, more studies with long-term follow-up are needed to confirm its efficacy.

More studies with larger sample sizes and longer participant follow-up are needed to establish the long-term efficacy of ACT in reducing suicidal behavior.

Disclosure of Interest: None Declared

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Intent to Die and Suicide Attempts: Exploring Clinical and Circumstantial Correlates

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Introduction: Intent to die is a crucial factor in assessing the risk of suicide attempts, which is difficult to measure.

Objectives: This study examined the characteristics of suicide attempters based on intent to die and aimed to investigate whether clinical and circumstantial evidence can support the assessment of the intent to die.

Methods: A total of 3486 suicide attempters who visited emergency department were divided into two groups: intent to die ($n=1085$, 31.1%) and no intent to die ($n=2401$, 68.9%). Demographic variables, clinical characteristics, and factors related to suicide attempt between the two groups were analyzed.

Results: Suicide attempters who reported an intent to die were older (46.7 ± 21.7 vs. 40.5 ± 19.3 , $t=8.460$, $p < 0.001$), had a higher proportion of males (41.1% vs. 33.4%, $\chi^2=19.174$, $p < 0.001$), were more likely to be unemployed (60.6% vs. 51.0%, $\chi^2=26.954$, $p < 0.001$), had lower socioeconomic status (34.1% vs. 23.4%, $\chi^2=44.365$, $p < 0.001$), and experienced more severe depression (76.6% vs. 49.6%, $\chi^2=230.442$, $p < 0.001$), intense emotions (92.9% vs. 80.0%, $\chi^2=91.138$, $p < 0.001$), agitation (45.5% vs. 40.4%, $\chi^2=7.734$, $p < 0.01$), and hopelessness/helplessness (86.1% vs. 60.7%, $\chi^2=221.980$, $p < 0.001$) compared to those who did not report an intent to die. Moreover, suicide attempters who reported an intent to die showed more repetitive/intense/continuous suicide ideation (79.8% vs. 42.8%, $\chi^2=410.830$, $p < 0.001$), a higher rate of multiple attempts (46.5% vs. 41.1%, $\chi^2=8.637$, $p < 0.005$), higher medical risk of death (3.6 ± 1.3 vs. 3.0 ± 1.1 , $t=15.633$, $p < 0.001$), a higher total risk score (9.5 ± 2.2 vs. 8.3 ± 2.0 , $t=25.596$, $p < 0.001$), and a lower total rescue score (12.1 ± 2.0 vs. 12.7 ± 1.9 , $t=8.649$, $p < 0.001$) compared to those who did not report an intent to die. Some circumstantial factors such as planned attempts (19.4% vs. 2.3%, $\chi^2=307.079$, $p < 0.001$), presence of suicide notes (21.3% vs. 9.8%, $\chi^2=83.625$, $p < 0.001$), absence of regret (75.1% vs. 51.2%, $\chi^2=174.849$, $p < 0.001$), and high lethality of suicide methods

(18.0% vs. 9.2%, $\chi^2=56.161$, $p < 0.001$) showed statistical significant differences, but some proportions of suicide attempters who did not report an intent to die also exhibited these circumstantial factors.

Conclusions: The present study suggests that suicide attempters who reported an intent to die tend to have more severe psychopathologies and serious suicide attempts related to direct factors than suicide attempters who did not report an intent to die.

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The unmet needs in suicide prevention among nursing staff

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Introduction: Nurses can play a critical role in suicide prevention, especially in hospital settings. The management of patients at risk of suicide requires specific nursing skills, including early recognition of warning signs and knowledge of preventive and protective strategies. Knowing risk factors and recognizing warning signs for suicide should be part of the professional background of any nurse training programs.

Objectives: In this study we aimed to investigate nurses's comfort, confidence and competence related to preventing suicide with a view to identify correct preventive strategies regarding the nursing management of patients at risk of suicide.

Methods: Our study presents the preliminary descriptive findings from an online survey in nursing staff working in different areas (medical, surgical, critical and emergency) in the Puglia Region. The survey aimed to assess the current knowledge, attitudes, behaviors and training needs of nurses regarding suicide prevention. 84 nurses working in the Puglia Region filled out the questionnaire.

Results: Data highlighted that the majority of participants (81%) recognized the significant role of the nurses in the management of a patient at risk for suicide but only 14.3% believed they had specific training on patients at risk of suicide. 50% of them stated they do not have adequate preparation regarding the possible preventive strategies in suicidal patient. 57.1% of interviewed reported that they had never become aware of protocols or guidelines on the prevention and management of hospitalized patients at risk of suicide. Only 14.3% of those interviewed are satisfied with adequate training on suicidal risk factors in hospitalized patients and even only 7.1% state that they have never received adequate training on possible nursing interventions for the prevention of suicidal risk. Although endorsed suicide prevention guidelines in the health institution where they work, 57.1% responded that they have never viewed them and only 38.9% partially.

Conclusions: Our study highlighted the need to implement specific training programs for nurses on the management of patients at risk of suicide.

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