

need to adopt more comprehensive approaches that focus on the personal narrative crisis and SCS, as current evidence suggests that SCS is a strong predictor of actual suicidal behavior within 1-2 months after discharge.

Disclosure of Interest: None Declared

EPV1962

Suicidal Ideation Among College Students: cross-sectional study

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doi: 10.1192/j.eurpsy.2025.2362

Introduction: Suicidal ideation, encompassing thoughts, planning, and the desire for death, is a critical facet of the suicidal process, potentially leading to suicide attempts and completion. Understanding its prevalence and severity among college students is vital for preventive interventions.

Objectives: Our study aimed to estimate the prevalence and severity of suicidal ideation among college students.

Methods: We conducted a cross-sectional and analytical study among students from various faculties in Sfax between October 2022 and January 2023. Student recruitment occurred electronically through a Google Forms questionnaire, emphasizing anonymity and the study's scientific purpose. We utilized the Suicidal Ideation Attributes Scale (French Version) (SIDAS-FR) to identify and assess the severity of suicidal ideation.

Results: Our sample comprised 149 students, predominantly female (83,20%), with an average age of 26 years. Among them, 78,5% were single, and 81,9% lived with their families. Nearly half of the students were from the Sfax Faculty of Medicine, and 64,4% were in their 3rd cycle of education. The mean total score on the SIDAS scale was 1,21 +/- 3,84. Suicidal ideation was reported by 11,4% of participants, with 5,36% indicating moderate to high severity. Factors associated with suicidal ideation included psychiatric disorders ($p=0,00$), alcohol consumption ($p=0,033$), psychotropic medication use ($p=0,001$), and unsatisfactory intrafamily communication ($p=0,036$).

Conclusions: Suicidal ideation, a concerning issue, particularly among young people, demands focused attention in public health efforts. Understanding the associated factors is pivotal for prevention strategies, emphasizing the importance of mental health support and effective communication within families.

Disclosure of Interest: None Declared

EPV1963

Associated factors of suicide attempt among patients with major depressive disorder in Vietnam

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doi: 10.1192/j.eurpsy.2025.2363

Introduction: Suicide attempt is a person's suicidal behavior that does not result in death and may or may not result in injury. Understanding the factors associated with suicide attempts in patients with major depressive disorder is important to predicting future suicide attempts.

Objectives: To identify the associated factors with suicide attempts in patients with MDD at the University Medicine Center in Vietnam.

Methods: This cross-sectional analytical study was conducted in the psychiatry clinic of the University Medical Center of Ho Chi Minh City, Vietnam, from March to October 2023. Individuals aged 18 and more diagnosed with major depressive disorder as per DSM-5 TR were included. Exclusion criteria were current psychosis, severe intellectual disabilities, and acute medical illnesses.

Participants were interviewed using a questionnaire including sociodemographic criteria, clinical information, and the Hamilton Depression Rating Scale (HDRS).

Results: We collected 151 participants. The average age of participants was 41.3 ± 15.5 years, and they were predominantly female (78.8%) and living in urban areas (62.9%). Nearly four fifths (79.5%) of patients are currently in severe depression. The prevalence of suicide attempts in the lifetime and past 3-months were 7.9% and 5.3% respectively.

In univariate logistic regression analysis of sociodemographic factors and clinical features of depression associated with suicidal attempt among individuals with major depressive disorder, we found that young age ($OR=0,91$; $p=0,004$), single status ($OR=0,09$; $p=0,002$), early onset of illness ($OR=0,91$; 95% CI 0,85-0,97), and severe depression as measured by the total HDRS score ($OR= 1,19$; 95% CI 1,06-1,34). In particular, the risk of a suicide attempt was 72 times higher in patients with a history of self-harm ($OR=72,22$; 95% CI 13,71-380,49). There was no association between gender, area, education level, cohabitation status and employment status with lifetime prevalence of suicide attempts. After adjusting for covariates using a multivariable logistic regression model, only the severity of depressive episode and history of self-harm remained significantly associated with suicide attempts.

Conclusions: Suicide attempts were significantly high among patients of major depressive disorder in Vietnam. The severity of depression and previous self-harm was significantly associated with it. There is a need for more research and a better understanding of the associated factor with suicide attempts in this population which in turn could lead to the development and implementation of effective preventive interventions.

Disclosure of Interest: None Declared

EPV1964

Collaboration Between Nursing, Psychology and Psychiatry in an Intensive Outpatient Program for Suicidal Ideation

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doi: 10.1192/j.eurpsy.2025.2364

Introduction: The collaboration between nursing, psychology, and psychiatry is essential for delivering comprehensive and effective mental health care. A multidisciplinary approach ensures that patients receive holistic support where everyone is aligned on the patient's needs, treatment progress, and level of risk, and drawing on the unique skills and expertise of each discipline. Without proper coordination, there is a higher risk of gaps in care, conflicting interventions, or misunderstandings that could negatively impact the patient's safety and well-being.

Objectives: To highlight the importance of collaborative work between nursing, psychology, and psychiatry within the context of an acute, short-term, intensive outpatient program for suicidal ideation, such as PRISURE, is essential. For patients at high risk of suicide, particularly those experiencing acute symptoms, a combined multidisciplinary approach is critical to providing effective and timely care.

Methods: The program distinguishes between two types of interventions: an intensive program and a regular program, both offering a couple months long intervention but differing in the frequency of visits. The entire team meets weekly to assess new cases and discuss patients within the intensive program. An additional meeting is held to coordinate care for patients in the regular program between nursing and psychiatry. Regular multidisciplinary meetings are key to ensuring a coherent and unified approach across both programs. Appointment schedules are carefully coordinated to minimize the time between consultations, ensuring continuous and consistent follow-up for patients. The program also coordinates with regular mental health out-patient clinics within the public health system, to guarantee a good transition of care.

Results: During these collaborative meetings, each specialist shared their assessments and observations on the patient's progress, enabling the team to develop a unified therapeutic plan. Any changes in symptoms or new events are promptly communicated among all treating professionals, allowing for a rapid and coordinated multidisciplinary response. The diverse perspectives of each team member contribute to a more nuanced and comprehensive understanding of the patient's needs and treatment.

Conclusions: In summary, the collaboration between nursing, psychology and psychiatry creates a synergistic approach that is essential for delivering high-quality, patient-centered mental health care, particularly for those experiencing suicidal ideation.

Disclosure of Interest: None Declared

EPV1965

The association between use of benzodiazepines and risk of suicide: A systematic review

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doi: 10.1192/j.eurpsy.2025.2365

Introduction: Benzodiazepines are widely prescribed for the management of common mental health disorders. Although a direct relationship between benzodiazepines and suicide risk reduction has not been described, they can be an adequate choice to palliate anxiety and insomnia in patients with suicidal ideation. This is of special interest considering that both anxiety and insomnia are risk factors for suicidal behaviours themselves (May and Klonsky. Clin Psychol: Science and Practice. 2016; 23 5–20)(Park *et al.* J Psychiatr Res. 2020; 131 1-8). Nonetheless, paradoxically, there is a rising concern regarding an increase in suicide risk associated to benzodiazepine use, as some recent evidence seems to suggest (Dodds. Prim Care Companion CNS Disord 2017; 2;19)(McCall *et al.* Am J Psychiatry 2017; 1;174 18-25). Clarifying this potential association can help guide clinical decision-making to promote suicide prevention.

Objectives: To review the currently available evidence regarding the relationship between the use of benzodiazepines for common mental disorders and subsequent suicide, suicidal behaviours and self-injurious behaviours.

Methods: A systematic review of the literature was conducted using a combination of search terms related to “suicide” and “benzodiazepine” to assess publications from inception to February 2024 in 3 different databases (Scopus, PsychInfo, MEDLINE). Eligibility criteria included experimental, observational studies and previous systematic reviews while excluding conference proceedings, case reports/series, editorials, opinion papers and letters. Studies involving individuals with severe psychiatric disorders, dementia or personality disorder were also excluded. Risk of bias was assessed in RCTs with the RoB 2 tool while EPHPP Assessment Tool 2010 was applied for other study types.

Results: A total of 2090 titles and abstracts were screened; 19 papers were reviewed for inclusion and 8 were included in this review for data extraction. Most of the included publications consisted of observational studies. Results tended to indicate a higher risk of suicide, suicidal behaviour and/or self-injurious behaviours in relation to benzodiazepine use although data was contradictory and affected by confounding.

Conclusions: Evidence seems to suggest a positive relationship between benzodiazepines and suicide, suicidal behaviour and/or self-injurious behaviours although, due to the predominant observational study designs and the presence of unadjusted confounding, these results must be extrapolated with care and no causality can be inferred. An interesting approach for future research to palliate such limitations could be Target Trial Emulation (Hernán and Robins. Am J Epidemiol 2016; 15;183(8) 758-64), which has already been adopted to guide decision-making in absence of randomized trials in many fields of medicine.

Disclosure of Interest: M. Oliveró: None Declared, M. Martínez García: None Declared, V. Pérez Grant / Research support from: Has received honoraria or grants from AB-Biotics, AstraZeneca,