

EPP195

Suicide risk after discharge from in-patient psychiatric care: A 15-year retrospective cohort study of individual patient data

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doi: 10.1192/j.eurpsy.2025.517

Introduction: Suicide remains a leading cause of death worldwide, representing a significant public mental health challenge across all populations. Moreover, suicide rates are notably higher in patients following discharge from inpatient psychiatric care. Existing evidence regarding the specific risk factors for suicide in this population, however, remains contradictory. This study aims to systematically investigate those risk factors for post-discharge suicide death from a large psychiatric care facility.

Objectives: To identify the risk factors associated with suicide following discharge from psychiatric care.

Methods: Data from a 15-year single-centre cohort study were linked with national death registry records. Competing risk models were employed to calculate cumulative incidence rates. Key variables analyzed included sex, age at admission, discharge diagnosis, year of admission and length of stay. Subdistribution hazard ratios for these factors were computed using Fine-Gray models.

Results: In the sample of 18,425 discharges from 10,973 individual patients (57.03% female), a relative excess hazard to die by suicide of 1.4 additional suicides per 100,000 population the first year after discharge compared to the general population was found. That risk of suicide after discharge was significantly higher for males (SHR = 1.67; $p = 0.037$) as well as for patients diagnosed with affective disorders (SHR = 3.56; $p = 0.017$) and neurotic stress and somatoform disorders (SHR = 3.73; $p = 0.024$). The risk of suicide decreased significantly in more recent discharge periods (SHR = 0.93; $p = 0.006$). The length of hospital stay did not show a statistically significant association with suicide risk (SHR = 0.98; $p = 0.834$).

Image 1:

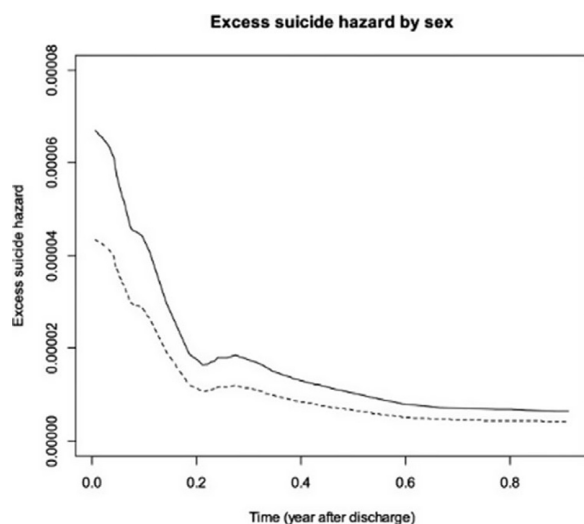


Image 2:

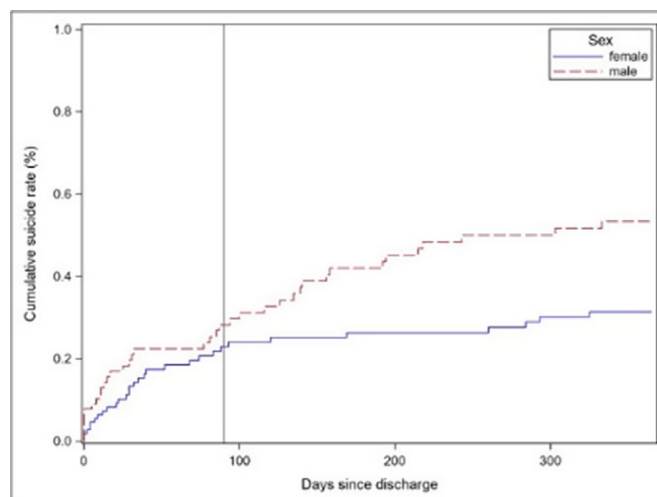
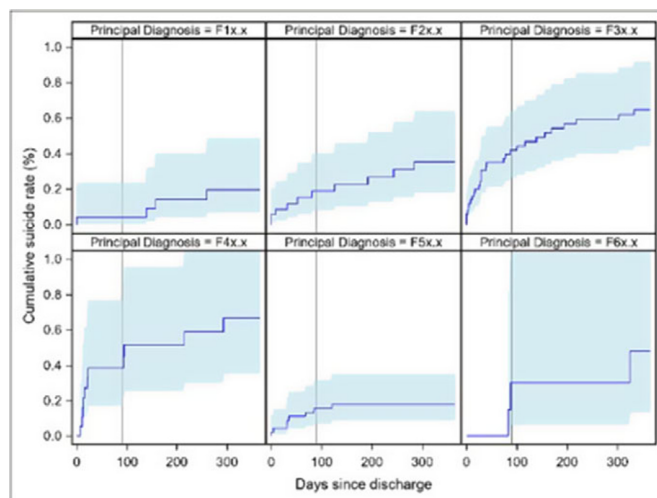


Image 3:



Conclusions: Male sex and specific diagnoses, notably affective and neurotic stress and somatoform disorders, were associated with an increased risk of suicide following discharge from psychiatric care. The observed decrease in risk over time could potentially point to improvements in post-discharge patient management and or treatment. These findings underscore the necessity for enhanced risk assessment tools and targeted interventions to address suicide risk in discharged psychiatric patients.

Disclosure of Interest: None Declared

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Good News? Assessing Time-Trends in Fidelity to Responsible Reporting of Suicide Guidelines in the Canadian News Media from 2019-2023

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doi: 10.1192/j.eurpsy.2025.518

Introduction: Research indicates that detailed and sensational media coverage of suicide can contribute to suicide mortality, known as the Werther Effect. Other research indicates that responsible reporting of suicide can promote hope and resilience, which can reduce suicidality, known as the Papageno effect. This has led to the development of responsible reporting of suicide guidelines. In Canada, these are contained in a booklet called *Mindset*, which was co-created by journalists and mental health experts. *Mindset* lists bullet-pointed recommendations for journalists, and has been widely disseminated to newsrooms, journalism schools and media professionals across the country, in tandem with educational activities aimed at journalists by suicide prevention experts.

Objectives: The overall aim of this study is to assess fidelity to *Mindset* responsible reporting of suicide guidelines in the Canadian media over a multi-year period. A secondary objective is to assess whether fidelity to responsible reporting of suicide guidelines during the COVID-19 pandemic was significantly different to pre/post pandemic reporting of suicide.

Methods: We collected articles from 47 different Canadian national and regional news sources mentioning the word *suicide* on a daily basis from April 1st 2019 to March 31st 2023 (N=3,232). Each article was read and assessed for adherence to 12 key suicide reporting guidelines using a purposely-built coding sheet, derived from the *Mindset* guidelines. Trends in reporting were analyzed through time series analyses using a GLARMA model in R. software, including measuring for change during the COVID-19 pandemic.

Results: Significant increases in putatively protective content were observed over the four years, including rises in the inclusion of help-seeking information and the quotation of experts. Similarly, there was a general decrease in content that is putatively harmful, for example significantly fewer articles in latter years gave a monocausal explanation of suicide, used sensational language or described in detail any suicide method. That said, fewer than one-third of articles in the final year included educational content about suicide, help-seeking information, or quotes from suicide experts. Reporting of suicide during the COVID-19 pandemic showed some positive improvements compared to pre-pandemic reporting, but these were not sustained post-pandemic.

Conclusions: Fidelity to responsible reporting of suicide guidelines improved over the four-year period, especially recommendations concerning putatively helpful content. However there remains room for improvement regarding inclusion of putatively protective content such as including help-seeking information and educating the public about suicide. As such, further educational outreach to journalists is needed to encourage greater inclusion of protective content, while avoiding harmful content.

Disclosure of Interest: None Declared

E-mental Health

EPP196

ChatGPT and Psychiatric Discharge Summaries: The Assistant We've Been Dreaming of?

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doi: 10.1192/j.eurpsy.2025.519

Introduction: ChatGPT is a language model based on artificial intelligence (AI) that is designed to generate human-like text. It offers potential applications in automating and simplification of clinical documentation tasks, addressing the increasing administrative burden that contributes to high rates of burnout in psychiatry. As discharge summaries are typically structured and repetitive, the use of ChatGPT to automate this task could offer significant benefits, such as reducing clinical workload, improving summary quality, and preventing delays in patient discharges. However, concerns about reliability, accuracy, and ethical considerations persist.

Objectives: Explore the feasibility and implications of using ChatGPT to assist in writing discharge summaries in psychiatric settings.

Methods: A narrative review was conducted by searching PubMed and Google Scholar with the keywords "ChatGPT", "discharge" and "psychiatry". Relevant articles, including empirical studies, case reports, reviews, and expert opinions were selected.

Results: We found only one empirical study that evaluated psychiatric discharge summaries generated with ChatGPT-4: human-written discharge summaries were rated significantly higher in quality than those generated by ChatGPT; the ChatGPT summaries fell short, particularly in coherence and specificity of formulations, though they performed reasonably well in summarizing relevant case information. Most of the literature consisted of theoretical discussions and expert opinions related to the broader use of AI in psychiatry. Despite this, the potential benefits, such as improving the efficiency and consistency of documentation, were frequently highlighted. However, concerns related to accuracy, the need for clinician oversight, and ethical implications were consistently noted.

Conclusions: ChatGPT shows promise in assisting with the generation of psychiatric discharge summaries, potentially alleviating the documentation burden faced by clinicians. However, further refinement of the model, integration with electronic health records, and the establishment of clear ethical safeguards are necessary for its safe and effective use. The current lack of empirical evidence highlights the need for targeted research that should also address challenges related to data governance, patient acceptance, and error management. Additionally, studies should evaluate the direct impact on clinician workload and compare the quality of AI-generated summaries with those written by psychiatrists and residents. Such research will be essential to facilitate the broader integration of ChatGPT in real-world psychiatric practice.

Disclosure of Interest: None Declared