

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?

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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.

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EPV1952

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

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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 preferent 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 preferent attendance and the improvement it implies in the therapeutic bond. Indicators of relapse reflect global good evolution at the most of the sample.

Conclusions: Preferent 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.).

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EPV1953

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

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Introduction: Suicidal poisoning represents a significant yet frequently underreported public health concern, particularly in regions where surveillance systems fail to fully capture the scope of the issue.

Objectives: This study aims to bridge this critical gap by estimating the total number of intentional poisoning cases and evaluating the completeness of the national toxicovigilance system in the Tanger-Tétouan-Al Hoceima region of northwest Morocco.

Methods: This study analyzed data from suicidal poisoning cases recorded over a three-year period in the Tanger-Tétouan-Al Hoceima region. We sourced data from the Moroccan Poison Control Center (MPCC) and hospital registers in the region. The two-source capture-recapture method was employed to evaluate the completeness of the poisoning surveillance system.

Results: A total of 824 suicidal poisoning cases were identified after removing duplicates, with 578 cases reported by MPCC and 286 cases from hospital records. Forty duplicates were found between the two sources. The capture-recapture method estimated a total of 4,133 cases (95% CI: 3,548-4,718), revealing that an additional 3,309 cases were not captured by the two data sources. The completeness of the surveillance was estimated at 13.98% for MPCC data and at 6.92% for hospital records.

Conclusions: Despite the presence of a toxicovigilance system in Morocco, significant deficiencies remain in its completeness. There is an urgent need to enhance this system by promoting greater awareness among healthcare professionals regarding the critical importance of spontaneous reporting of intentional poisoning cases.

Disclosure of Interest: None Declared

EPV1954

Exacerbation of suicidal risks among women during the COVID-19 crisis: Insights into epidemiological trends and intervention strategies

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Introduction: The COVID-19 pandemic has significantly impacted mental health globally, disproportionately affecting women. The widespread repercussions highlight the necessity to delve into the factors exacerbating these impacts and tailor effective mitigation strategies to the unique challenges faced by women.

Objectives: This study aims to identify and delineate specific risk factors that have escalated suicidal behaviors among women during the COVID-19 pandemic and to suggest targeted prevention strategies that address these identified factors.

Methods: Employing a narrative review approach and adhering to the PRISMA guidelines, this study systematically examined literature from PubMed and Scopus on the impact of the COVID-19 pandemic on women's suicide rates. This review focused on studies published between January 2020 and December 2024 that explored the pandemic's effects on women's mental health.

Results: The findings indicate a profound deterioration in mental health among women during the pandemic, characterized by a spike in depression, anxiety, post-traumatic stress disorder, and suicidal behaviors. The impact was notably severe among women facing unstable living conditions, single mothers, and those experiencing domestic violence. Social isolation emerged as a critical factor exacerbating these conditions, particularly pronounced among young women and those from socioeconomically disadvantaged backgrounds. The literature also underscores a significant increase in suicide attempts, with these groups most profoundly impacted.

Conclusions: This review confirms that the pandemic has exacerbated various risk factors associated with suicidal behaviors in women, particularly due to increased domestic violence, economic instability, and increased caregiving burdens, underscoring the critical need for tailored prevention strategies that specifically address women's unique challenges. These should include measures to protect women from domestic violence, enhance access to mental health services, and increase economic support to buffer the adverse effects of health crises on women's mental health.

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EPV1955

Systematic review of Acceptance and Commitment Therapy in suicide prevention in adults. Current perspective

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Introduction: Suicidal behavior is a public health problem in which the entire society must commit to implementing all available strategies to prevent it (Tighe et al., 2018), as more than 800,000 people die worldwide each year (Pedrola-Pons et al., 2024).

Objectives: The objective is to determine the efficacy of ACT in reducing suicidal behaviors through a systematic review.

Methods: A systematic review was conducted following the PRISMA 2020 methodology, searching the Cochrane, EMBASE, PubMed, PubPsych, and MEDLINE databases for scientific literature published between 2013 and March 31, 2024, using the keywords: "suicidal behavior" and "acceptance and commitment therapy" in Spanish and English. After applying inclusion and exclusion criteria, 7 studies were finally included in the systematic review.

Results: After conducting the search, 7 studies were included, among which were 1 meta-analysis of randomized controlled trials, a systematic review and meta-analysis, two randomized clinical trials, a systematic review of 5 studies, a program analysis, and an