questions in psychiatric practice are manifold: tensions between respect for autonomy versus care and protection from harm, problems with coercive therapy and capacity for judgement etc. To receive more information, the Committee on Ethical Issues conducted a survey on "Ethics in psychiatric practice" to collect information from inpatient treatment settings of individual wards in psychiatric hospitals Europe-wide on following topics:

- Experiences and practices addressing ethical conflicts and malpractice from the personal perspective of health care workers in these settings
- Identification and engagement with violence
- Measures for the reduction of restraints and coercion (violation of the autonomy of patients)

In this talk, the preliminary results of this survey will be presented and discussed.

Disclosure of Interest: None Declared

W0004

The World Network of Psychiatric Trainees' Human Rights Curriculum Initiative

V. Pereira-Sanchez* and NYU

Child and Adolescent Psychiatry, New York University Grossman School of Medicine, New York, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.159

Abstract: Dr. Pereira-Sanchez, Founder and Executive Director of the World Network of Psychiatric Trainees (WNPT) and responsible for the WNPT Human Rights Curriculum Initiative, will present an overview of the same, which aims at understanding the current state of human rights education for psychiatric trainees across the world and at partnering with relevant organizations to develop international standards on the topic. The talk will highlight pilot results and achievments of the initiative and invite feedback, discussion, and further collaboration.

Disclosure of Interest: None Declared

W0005

"Alcohol use and suicide in Lithuania: proximity shouting out loud"

D. Jokūbonis[1,2]

[1]Psychiatry, Lithuanian University of Health Sciences and [2]Kaunas branch, Republican Center for Addictive Disorders, Kaunas, Lithuania
doi: 10.1192/j.eurpsy.2023.160

Abstract: In the recent past, the standardized suicide mortality rate (SMR) in Lithuania was more than double the global SMR and nearly one and a half higher than in the EU. Herewith Lithuania has high male-to-female SMR ratios e.g., at 7.1 in 2016. Autopsy studies in Lithuania revealed that approximately two thirds of men and one third of women who died by suicide had a blood alcohol concentration level above 0.04 g/dL. Although suicide is a complex phenomenon, heavy alcohol use has been considered as it's important risk factor though the relationship was never systematically studied before in Lithuania. Experts have suggested that gender differences in excessive alcohol consumption can explain the gender disparity in suicide mortality and linked tackling the harmful use of alcohol as an opportunity for suicide prevention. Alcohol control policies may cause immediate effect on excessive alcohol consumption at both the population and individual-level and may be capable of impacting suicide mortality rates by altering alcohol use patterns at both domains. Implementation of alcohol taxation policy in Lithuania provided an opportunity to evaluate it's impact on suicide mortality in a country comparable to other high income countries with a comparable health care and medical education systems.

Disclosure of Interest: None Declared

W0006

Suicidality and self-injury behaviours due to the use of Novel Psychoactive Substances (NPS)

L. Orsolini

Unit of Clinical Psychiatry, Department of Neurosciences/DIMSC, Polytechnic University of Marche, Ancona, Italy
doi: 10.1192/j.eurpsy.2023.161

Abstract: Over the past twenty years a large number of new psychoactive substances (NPS) have entered and modified the recreational drug scene. Their intake has been associated with health-related risks, especially so for vulnerable populations such as people with severe mental illness, who might be at higher risk of suicidality or self-injurious behavior. The consumption and frequent poly-consumption of NPS result in death, suicide, serious self-injury behaviours as well as adverse effects on medical and mental health. Hence, the talk will deal with current data on suicidality and self-injury behaviours due to the use of NPS, particularly considering the suicide and self-injury risk due to the NPS intake among vulnerable people with preexisting severe mental illness.

Disclosure of Interest: None Declared

W0007

The experience of suicidal patients with inpatient nursing care

T. Maes[1,2]

[1]Psychiatric Care, GZA Hospitals and [2]Faculty of medicine and health services, University Antwerp, Antwerp, Belgium
doi: 10.1192/j.eurpsy.2023.162

Abstract: Worldwide, suicidal patients are treated in residential care. The used interventions and support systems during inpatient care are important in suicide prevention. Nurses are asking for guidelines on how to provide care for suicidal depressed patients. The aim of this study is to explore useful processes during the nursing care for suicidal patients. These processes are identified by exploring the suicidal patient's experiences with nursing care. We have developed a category system of helpful processes and

interventions that are observed in nursing care for suicidal patients. The category system contains four core themes; nurse behavioral interventions, nurse attitudes, and nurse conversational intervention and environment.

Disclosure of Interest: None Declared

W0008

Gender differences in suicide and suicide attempts among patients in AUD treatment

J. G. Bramness

Department of alcohol, drug and tobacco research, Norwegian Institute of Public Helath, Oslo, Norway
doi: 10.1192/j.eurpsy.2023.163

Abstract: Alcohol plays a part in suicide risk in two ways. Alcohol intoxication is often a preceding factor in the acute suicidal phase. But also, chronic overuse or Alcohol Use Disorder (AUD) is a risk factor for suicide attempts and suicides over time. At least 1 in 4 AUD patients have serious lifetime suicide attempts. Standardized mortality rates (SMR) for suicide in AUD lie around 15-25. Gender differences in suicide risk and suicide attempts are influenced by at least 2 phenomena. Firstly, suicide attempts are more common and competed suicide is less common among females in the general population. Secondly, female AUD is rarer and female AUD patients tend to be sicker and have more mental health co-morbidities than male AUD patients. This leads to SMRs for suicide in female AUD patients being higher than in male AUD patients, even if suicides are more common in male AUD patients. Also, for suicide attempts, these are more common in female AUD patients. Suicide attempts seem to be more related to AUD severity in male AUD patients, but more related to mental heath co-morbidities in female AUD patients.

Disclosure of Interest: None Declared

W0009

Personalisation of the management of schizophrenia and other primary psychoses

S. Galderisi

Psychiatry, University of Campania Luigi Vanvitelli, Napoli, Italy
doi: 10.1192/j.eurpsy.2023.164

Abstract: In the treatment of persons with schizophrenia the goal has gradually shifted from the reduction of symptoms and prevention of relapse to recovery. However, this goal is achieved for a minority of persons with schizophrenia, while for most of them the disorder still is a major cause of disability, poor quality of life and premature death, and presents considerable social and economic costs.
Studies aimed at identifying variables with a significant impact on schizophrenia outcome indicate that early intervention, shared decision making, treatment continuity, physical comorbidities, negative symptoms, deficits in cognitive functions and functional capacity account for most of the functional impairment of patients but are often neglected in current clinical practice.
In this presentation, I will illustrate the role of these variables and the need for an in-depth clinical characterization of persons with primary psychoses to implement personalized treatment plans and improve the care of people with schizophrenia.

Disclosure of Interest: None Declared

W0010

The role of tDCS in psychiatrists toolbox

K. Järventausta

Clinical Medicine, Tampere University, Tampere, Finland
doi: 10.1192/j.eurpsy.2023.165

Abstract: tDCS is a low-cost and well-tolerated neuromodulation treatment of depression. It seems to be a good and effective option to start the treatment of depression along or instead of medication in mild or moderate depression. tDCS can be used as an add-on treatment with psychotherapy or medication. Home based tDCS is easy to conduct. However, tDCS should be used with qualified protocols like any other neuromodulation treatment. When the tools in psychiatry are diversifying the precise diagnostics, careful defining of the clinical picture and effective early and individually planned management of depression are key elements gaining better outcomes and preventing treatment resistant depression.

Disclosure of Interest: None Declared

W0011

Cost-utility of tDCS in depression treatment

A. Sauvaget

Psychiatry, Nantes University, Nantes, France
doi: 10.1192/j.eurpsy.2023.166

Abstract: Depression is one of the most common psychiatric disorders causing considerable economic burden. However, the current treatment as usual, pharmacotherapy and psychotherapy, provides unsatisfactory treatment outcome for majority of the patients and in most cases fails to prevent treatment resistance and chronicity. tDCS, has emerged as a new neuromodulation treatment and has shown efficacy in depressed patients. To provide important insight to the payers, the cost-utility of tDCS in comparison to treatment as usual, should be clarified.

Disclosure of Interest: None Declared

W0012

tDCS home based treatment following accelerated dTMS in the elderly depressed

C. Baeken[1,2]

[1]Department of Psychiatry UZGent, Ghent University, Ghent and [2]Department of Psychiatry UZBrussel, Vrije Universiteit Brussel, Brussel, Belgium
doi: 10.1192/j.eurpsy.2023.167