

Image 1:

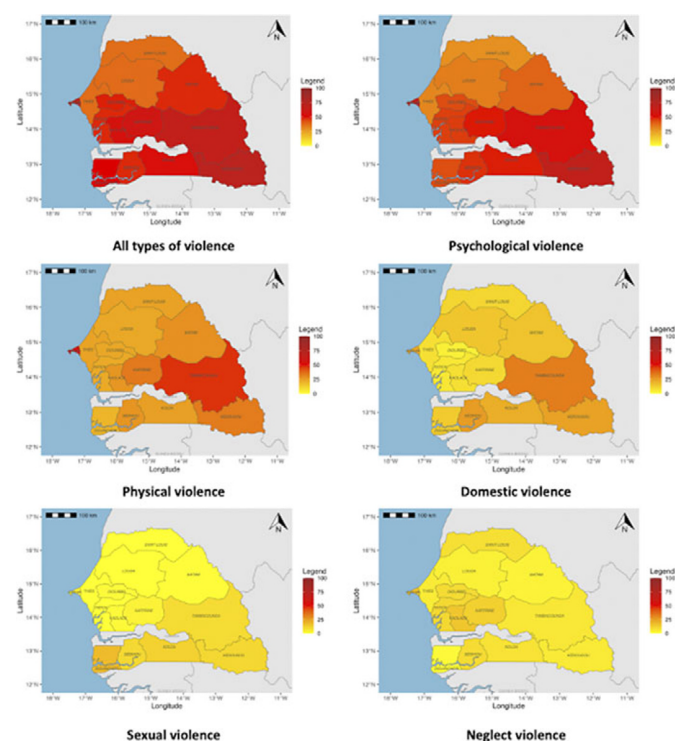
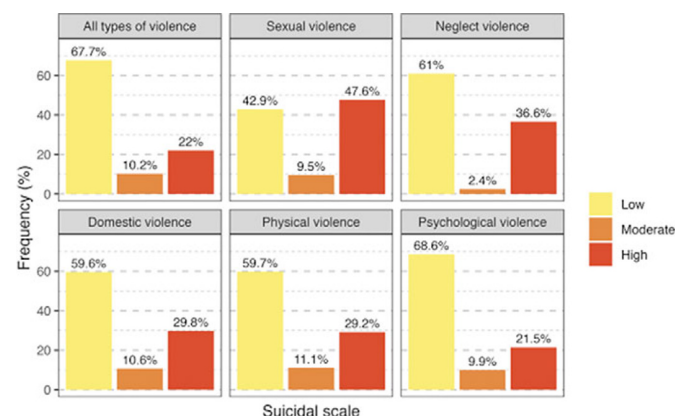


Image 2:



Conclusions: Violence was significant in Senegal, with gaps in administrative and medicopsychological assistance. The suicide risk is high, but suicide remains underreported. It is crucial for Senegal to have a political and health framework with a public health approach centered on vulnerable groups for managing violence and suicide risks.

Keywords: Violence, Suicide risk, Senegal, Africa

Disclosure of Interest: None Declared

EPP727

Readiness of Pediatric General Emergency Department Personnel to Provide Initial Intervention for Suicidal Patient

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Introduction: Youth suicide is a significant public health issue, ranking as the third leading cause of death among youth worldwide. Pediatric emergency departments (PEDs) play a critical role as the first line of care for suicidal patients. However, PED personnel, who often lack psychiatric training, need to be equipped with the skills necessary to assess suicidality and provide immediate intervention. This study explores the readiness of non-psychiatric medical personnel in Israeli PEDs to identify and care for suicidal children and adolescents.

Objectives: The primary objective is to evaluate the readiness of non-psychiatric PED personnel to detect and intervene with suicidal youth. Specific objectives include assessing:

1. Frequency of suicidal patient encounters in PEDs.
2. Training and confidence in managing suicidal cases.
3. Experience and self-assessed ability to provide immediate care to suicidal patients.

Methods: This cross-sectional study surveyed 87 non-psychiatric PED medical staff across Israel using a questionnaire distributed through REDCap. The survey included both quantitative questions on a 5-point Likert scale and open-ended qualitative questions. Data were analyzed using descriptive statistics for quantitative responses and thematic analysis for qualitative data.

Results: A majority (76%) reported treating suicidal patients within the past year, though only 35% felt confident in providing care. Training levels were insufficient, with participants scoring an average of 2.25/5 on whether they had received adequate training. Most respondents (45%) expressed a need for further education in pediatric psychiatry, and 60% disagreed with the adequacy of current tools for identifying and managing suicidality. The qualitative analysis revealed a perceived gap in training and preparedness, emphasizing the importance of specialized education.

Conclusions: Israeli PED personnel frequently encounter suicidal youth but often feel underprepared to provide appropriate care. There is a clear need for enhanced training programs, particularly in suicide prevention, to equip medical staff with the tools necessary to effectively identify and treat at-risk patients. Recommendations include curricular updates and specialized workshops for PED personnel to improve suicide intervention outcomes.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP728

Evaluation of the Adequacy of Eating Disorder Training in Psychiatric Residency Programs in Turkey: A Cross-Sectional Study

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Introduction: Eating disorders (ED) are serious mental illnesses affecting both physical and psychological health. In Turkey, no systematic research has been conducted on the adequacy of ED education in psychiatric residency programs. This study aims to evaluate the perceptions of psychiatric residents regarding the adequacy of their ED training and to offer suggestions for curriculum development.

Objectives: The primary objective is to assess psychiatric residents' perceptions of the adequacy of their training in EDs and compare this with their training in other psychiatric disorders. Additionally, the study aims to propose improvements to the training curriculum.

Methods: A cross-sectional online survey was conducted among 133 psychiatric residents across Turkey. Participants were recruited through social media groups for psychiatric residents, and data were collected in August 2024. The minimum sample size was determined to be 111, based on power analysis. The survey included sociodemographic questions (age, gender, institution type, years of residency) and questions regarding ED training, supervision experience, and other psychiatric disorders. Categorical variables were summarized using percentages and frequencies, while continuous variables were presented as means and medians. McNemar's test was used to assess differences in training and self-efficacy between two diagnostic groups. Ethical approval was obtained from Başkent University (KA24/297).

Results: The mean age of the participants was 28.3 years (SD: 2.1), and the average duration of their residency was 2.6 years (SD: 1.1). Regarding ED training, 46.2% (n=62) reported receiving theoretical lessons, while 84.2% (n=112) reported no supervision. Additionally, 56.4% (n=75) considered their ED training insufficient, and 55.2% (n=73) felt inadequately prepared to manage EDs, which was significantly different from other disorders (for psychotic disorders: $\chi^2 = 34.225$, $p < .001$; $\chi^2 = 29.167$, $p < .001$, anxiety disorders: $\chi^2 = 9.031$, $p = .003$; $\chi^2 = 35.027$, $p < .001$, sleep disorders: $\chi^2 = 18.581$, $p < .001$; $\chi^2 = 34.028$, $p < .001$, neurocognitive disorders: $\chi^2 = 34.028$, $p < .001$; $\chi^2 = 30.031$, $p < .001$).

Conclusions: This study demonstrates that psychiatric residents in Turkey, perceive their training in EDs as inadequate. This may stem from the limited time allocated to ED education, lack of supervision, and insufficient clinical experience. The perception that EDs are less common and complex could contribute to limited resources being allocated to their education. These inadequacies may affect residents' ability to manage ED patients effectively. A comprehensive review of training programs, including more practical experience and supervision, could address these deficiencies.

Disclosure of Interest: None Declared

EPP729

Balint group putting on medical trainees in psychiatric internship: first findings and pilot project at Fribourg University, Switzerland

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Introduction: Balint groups are recognized for preventing burn-out and enhancing empathy by general practitioners. Since few years, they are also identified for enhancing empathy by medical students for difficult patients. With the introduction of a six weeks psychiatric internship during the master medical studies at Fribourg University, a compulsory participation in four Balint Group sessions was implemented for medical trainees during their clinical psychiatric rotation.

Objectives: Highlighting main psychiatric topics concerns by medical trainees during the first and the second years of implementation. Hypothesizing about imposition participation for medical trainees versus a freely participation.

Methods: An intervention space between group leaders take place to supervising this new design. Each group leader made a presentation about the groupal dynamic and the broached subjects during their session with medical trainees.

These findings were written, discussed between and compiled, in order to target a future enquiry's questions.

Results: The first year, main topics concern psychiatry's foundations: what to do when a relative or friend is hospitalized? How to manage relational distance? How far should one be empathetic towards suicidal patients or directive with the setting of care? It was noticed an emotionally context where the tendency of students to identify with the patient was prevalent.

In consequence's, the groupal dynamic required a great attention on the part of the moderators, to enhancing and building the medical identity of the trainees.

During the second year, in contrast, the emotional climate was quieter, the cases presented in a more balanced way. Trainees were distanced from the patient's position as victim and accept better identify to the therapists.

Image 1:

Table 1: Content of sessions presented during the first year

Number	Clinical vignette	Peer review	Thematics
1.1	Hospitalization in PAFA ¹ mode of a patient who was a friend	Peers find him too smiley: defensive mechanism?	Mental illness affects all of us
1.2	Family interview where the trainee feels that the clinic manager has been "too distant".	Peers find it difficult to manage the loyalty conflict	The asymmetry of the relationship is more extensive in psychiatry
1.3	The child psychiatry trainee is on the same bus as the teenager who has just run away...	Peers support him	The trainee's vulnerability is greater
1.4	The trainee attends the announcement of a restraint measure ² to a demented patient in psycho-geriatrics	Peers re-identify with the 'victim' patient	Dismay and incomprehension about MLLs ³
1.5	Trainee attends a warrant for a "suicidal" patient and feels the need to comfort him with a gesture	Awareness of their tendency to identify with the "victim" patient	Difficulty in assuming the protection of a patient against their will and the need to comfort them with a gesture