

and may also help disentangle their overlapping genetic architecture with psychiatric disorders.

**Objectives:** Our aim was to carry out a GWAS for suicidal ideation in a well-phenotyped sample.

**Methods:** We conducted a genome-wide association study (GWAS) in the NewMood (New Molecules in Mood Disorders, Manchester and Budapest) database, 1820 subjects were involved (533 males, 1287 females), the suicidal ideation and behaviour were investigated with a suicide-focused item of the Brief Symptom Inventory (BSI). SNP-level association was assessed employing linear regression models, assuming additive genetic effects, using PLINK2.0, with gender, age and the first ten principal components (PCs) of the genetic data as covariates. Bonferroni-corrected significance threshold on SNP-level was  $p \leq 5.0 \times 10^{-8}$ , and the suggestive significance threshold was  $p \leq 1.0 \times 10^{-5}$ . GWAS results including the identified significant results were interpreted using FUMA v1.5.2.

**Results:** 9 SNPs were identified, 2 with genome-wide significance and 7 with suggestive significance. The most significant SNP, rs79912020 ( $\beta =$ ,  $P = 3.21 \times 10^{-10}$ , Chr4) was located in the *MANBA* gene and the other genome-wide significant variant, rs10236520 ( $\beta =$ ,  $P = 1.706 \times 10^{-8}$ , Chr7) is located near the gene *LOC124901613*. Furthermore, we have found more important variants with suggestive significance, rs117677616 ( $\beta =$ ,  $P = 1.199 \times 10^{-6}$ , Chr20) is identified in *PTPRT* gene, rs34475 ( $\beta =$ ,  $P = 1.981 \times 10^{-6}$ , Chr12) is located in *CFAP54*, rs711180 ( $\beta =$ ,  $P = 2.934 \times 10^{-6}$ , Chr12) is near the gene *VWA1* and the variant rs2655484 ( $\beta =$ ,  $P = 5.717 \times 10^{-6}$ , Chr12) is located near the *GRIP1*. No genes were identified in gene-level analysis with genome-wide significance.

**Conclusions:** We identified 9 SNPs with genome-wide or suggestive significance in association with suicidal ideation, with several lines of converging evidence supporting their involvement in the development of suicide risk. *MANBA* gene has role in the development of unipolar depression, *PTPRT* is associated with appearance of major depressive disorder, and the *GRIP1* gene may be considered also as a potential biomarker for suicide, as it has been previously associated with psychiatric phenotypes indirectly linked to suicidal behaviour and in patients with increasing suicidal ideation during antidepressant treatment. The prevention of the suicides is a prominent aim in mental healthcare and these new variants may be helpful in establishing novel, focused and more filters for this vulnerability.

**Funding:** NAP2022-I-4/2022, K143391, 2019-2.1.7-ERA-NET-2020-00005, TKP2021-EGA-25

**Disclosure of Interest:** None Declared

## EPP191

### Relation Between Physicians' Emotional Response and Stigma Around Suicide

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doi: 10.1192/j.eurpsy.2025.514

**Introduction:** Suicide is a global health issue. Clinicians still have difficulties to differentiate patients who will or not commit suicide. This process is influenced by emotional and rational factors. Emotional responses (also known as countertransference) refers to what emotions clinicians experience. When working with suicidal patients, clinicians frequently experience negative emotions, such as fear, guilt and hopelessness. Clinicians' negative emotions responses contribute to their assessment of risk. Possible factors that influence emotional responses are myths and beliefs around suicide, contributing to stigma.

**Objectives:** This study aims to investigate the relationship between emotional responses, knowledge and stigma about suicide when providing care to suicidal patients.

**Methods:** An anonymous web-based survey was implemented through the software REDCap. Data were collected by snowball sampling. Participation was voluntary and participants had the ability to opt out at any time. The study was approved by the University Ethics Committee. The survey consisted of the Informed Consent Form (ICF), Sociodemographic Questionnaire, Scale of Myths, Beliefs and Attitudes About Suicide (SMBAS) - which evaluates stigma about suicide through true or false questions. We also included the Rating Scale for Countertransference (RSCT) which evaluates the main emotional responses towards suicidal patients, divided in approach, indifference or rejection. Other questionnaires were included for future research, beyond the scope of this study.

**Results:** From 210 respondents, 179 (85.2%) completed the questionnaire. Sociodemographics: 108 (60.3%) were female; 166 (92.7%) were self-declared white-colored skin; The mean age was 37.22 ( $SD = 12.33$ ), with 6 (0 to 48) median years of professional life [65(36.3%) were medical residents; 112(62.6%) were already specialists, 54(48.2%) of those declared to be psychiatrists]. Psychiatrists had highest rate of correct answers ( $M = 28.96$ ,  $SD = 1.84$ ) in SMBAS when compared with non-psychiatrists ( $M = 27.86$ ,  $SD = 2.39$ ,  $p = 0.008$ ); Psychiatrists presented more emotional responses of interest ( $M = 2.58$ ,  $SD 0.68$ ,  $p < 0.001$ ), solidarity ( $M = 2.81$ ,  $SD 0.45$ ,  $p < 0.001$ ) and desire to help ( $M = 2.83$ ,  $SD 0.38$ ,  $p = 0.010$ ). Non-psychiatrists presented more emotional responses of hostility ( $M = 0.06$ ,  $SD 0.25$ ,  $p = 0.040$ ) and distance ( $M = 0.32$ ,  $SD 0.56$ ,  $p = 0.002$ ). Psychiatrists presented more approach ( $p = 0.03$ ) and non-psychiatrist indifference ( $p = 0.03$ ).

**Conclusions:** We find preliminary evidence that psychiatrist present higher knowledge around suicide theme, having lower stigma around suicide. Psychiatrists also present more countertransference of approach and less of indifference.

**Disclosure of Interest:** None Declared

## EPP192

### Severe Personality Disorder with Chronic Suicidal Ideation Treated through an Intensive Acute Care Program

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doi: 10.1192/j.eurpsy.2025.515

**Introduction:** 34-year-old patient with multiple sporadic and brief contacts with mental health services, which he unilaterally chooses to discontinue. He has a long history of parasuicidal behavior dating back to adolescence. The patient does not report any prior diagnoses and has no history of inpatient admissions. The patient describes experiencing social isolation, lacking contact with his family of origin, and having no significant peer relationships.

**Objectives:** The primary goal is to improve the patient's engagement with mental health services, particularly in a case experiencing chronic, unaddressed symptoms, by utilizing intensive and structured programs. An additional objective is to address the patient's self-identification with suicidal ideation.

**Methods:** The patient's first contact with mental health services in this region of Spain was through the emergency department following a suicidal episode. During this encounter, the clinician introduced an intensive program designed to address suicidal ideation through regular visits over a set period. The patient agreed to participate and was subsequently enrolled in the PRISURE program at HGUGM in Madrid, where he received multiple sessions each month (between 2 and 4) with both a psychiatrist and a nurse from March to June 2024.

**Results:** At the beginning of the program, the patient was fixated on the idea of suicide from a romantic/nihilistic perspective, displaying a pervasive rejection of interpersonal contact and a narcissistic element in interactions. He expressed persistent suicidal ideation. Over the course of frequent visits, the patient gradually began to connect with the chronic nature of his behaviors and started to identify additional symptoms. Despite partial engagement in the program, in this case with some missing consultations, his attendance at consultations improved significantly compared to his prior behaviors. An inpatient stay was initially offered and declined by the patient; however, after further consideration, he later presented to the emergency room and agreed to inpatient treatment. During the admission, a diagnostic assessment was carried out and discussed with the patient, revealing challenges in identity, object relations, and moral functioning, which were positioned within the spectrum of personality disorders, particularly highlighting narcissistic and antisocial traits.

**Conclusions:** Initially focused on his suicidal ideation, the patient, through the PRISURE program, gradually explored underlying difficulties contributing to his suicidal behavior. This process allowed him to accept further support, ultimately leading to an inpatient stay. Potential diagnoses were discussed openly with the patient, helping him to gain a clearer understanding of his lifelong challenges and enabling him to articulate these difficulties within the therapeutic context.

**Disclosure of Interest:** None Declared

## EPP193

### Suicide Prevention Strategies in Europe: A Comparative Analysis of National Approaches

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doi: 10.1192/j.eurpsy.2025.516

**Introduction:** Inspired by discussions at the EPA Summer School 2024 on suicide prevention, this poster explores local strategies implemented across European nations. Emphasizing the importance of tailored approaches, the study analyses successful initiatives and community-based programs, and investigates how country-specific factors influence suicide rates. Key findings from research papers on innovative methodologies were also examined, offering insights to inform future practices in suicide prevention.

**Objectives:** The poster aims to:

- Present local strategies for suicide prevention across European countries, focusing on the contributions of clinicians who attended the EPA Summer School.
- Highlight how knowledge of diverse strategies can impact clinical practice in mental health across Europe.

#### Methods:

- **Categorization:** European countries are grouped by suicide rates—high, medium, and low—using WHO and European CDC data.
- **Summarization:** Local prevention strategies and programs in each group are summarized.
- **Analysis:** Various socio-economic and cultural factors influencing suicide rates are discussed, including stigma, economic conditions, and access to healthcare.
- **Comparative Approach:** Strategies are compared to identify common successful elements and contextual challenges.

#### Results:

**Conclusions:** Local strategies tailored to national contexts are essential in suicide prevention efforts. Comparing diverse strategies reveals that approaches addressing cultural and economic factors hold the most promise for reducing suicide rates across Europe. This analysis underscores the need for continued cross-border collaboration and the exchange of best practices to create more effective, context-specific interventions.

**Disclosure of Interest:** None Declared