

Suicidology and suicide prevention

EPP0345

The link between personality dimensions, impulsivity, decision and coping style, and suicide attempts in affective patients.

J. M. Pawlak^{1*}, K. Bilśka¹, M. Skibińska¹, B. Narożna², P. Zakowicz¹, A. Rajewska-Rager¹, P. Kapelski¹ and M. Dmitrzak-Węglarz¹

¹Department of Psychiatric Genetics and ²Department of Pneumology, Pediatric Allergology and Clinical Immunology, Poznań University of Medical Sciences, Poznań, Poland

*Corresponding author.

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Introduction: Introduction: Affective patients, especially depressive, have an increased risk of suicidal behavior. Identifying individuals at increased risk remains a challenge. Among the correlates that may be crucial, the impact of personality is emphasized. Attention is paid to impulsivity, measured by subjective or objective tests. **Objectives:** Objectives: Comparative analyses were carried out to capture the differences and relationship between personality dimensions, impulsivity, and the decision-making style and coping with stress strategies in suicide attempters and non-attempters in the course of an affective disorder.

Methods: Methods: Data were obtained from 276 individuals diagnosed with unipolar and bipolar affective disorder, both sexes. The study group was disaggregated into a subgroup of patients with (N=95) and without (N=181) suicide attempts in an individual's history. The Temperament and Character Inventory (TCI) was used to assess personality dimensions. The Barratt Impulsiveness Scale version 11 (BIS-11) was used to measure impulsivity subjectively, and the Simple Reaction Time (SRT) test and the Continuous Performance Test (CPT) were objective assessment methods. The Coping Orientation to Problems Experienced (COPE) and Iowa Gambling Task (IGT) were applied to investigate coping and decision-making styles. Statistical analyses were performed in Statistica 13.3 StatSoft, Kraków, Poland.

Results: Results: In TCI, significant differences between suicide attempters and non-attempters concerned the following dimensions: harm avoidance (HA) ($p < 0.0000$), self-directedness (SD) ($p = 0.0001$), and cooperativeness (C) ($p = 0.0186$). In the CPT test, significant differences concerned correctly responded trials ($p = 0.0179$) and Bias response ($p = 0.0230$). In IGT, significant differences occurred in IGT block1_sum ($p = 0.0496$) only (Table 1). We did not observe any significant differences in other tests applied. In the Spearman rank correlation analysis in the group of suicide attempters, the following correlations ($p > 0.05$) with at least moderate strength $r > 0.4$ were revealed: Novelty seeking (NS), SD, and C correlated with several CPT parameters; Persistence (P) correlated with SRT variables; NS, HA and SD with BIS-11 variables.

Conclusions: Conclusions: Objective computerized tests (SRT; CPT; IGT) did not differentiate suicide attempters and non-attempters more clearly than self-reporting personality inventory TCI. Personality traits correlated with SRT and CPT variables. BIS-11 and COPE parameters did not enable to distinguish suicide attempters and non-attempters in the investigated group. This

suggests that tests used complement each other, and using a single tool may be insufficient to indicate patients at increased risk of suicidal behavior.

Disclosure of Interest: None Declared

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Mental health front-liners: Police officers' knowledge and attitudes towards suicide in Malta

D. Zammit* and M. Bezzina Xuereb

Mental Health Services, Mount Carmel Hospital, Attard, Malta

*Corresponding author.

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Introduction: Police-officers are in a strategic position of providing the first immediate response to a crisis as mental health frontliners.

Objectives: In this nation-wide cross-sectional study, we explored knowledge and attitudes towards suicide in the local police force, a crucial first step in the design and implementation of effective suicide prevention programmes.

Methods: An online, anonymous questionnaire was distributed to all local police-officers ($n = 2600$). It contained questions about their demographics and their experience with suicide while on duty, along with 34 statements from the validated tool Attitudes Towards Suicide (ATTS) (Renberg & Jacobsson. Suicide Life Threat Behav. 2003; 33 52-64), scored on a 5-point Likert Scale (1 = Strongly Disagree, 5 = Strongly Agree).

Results: The sub-scale "Suicide as a right" was positively correlated with "Tabooing" ($r(201) = .25, p < .001$), "Normal-common" ($r(201) = .29, p < .001$), and "Resignation" ($r(201) = .47, p < .001$), but negatively correlated with "Incomprehensibility" ($r(201) = -.26, p < .001$), and "Preparedness to Prevent" ($r(201) = -.19, p < .001$), meaning such individuals had a more permissive attitude towards suicide. On the other hand, the subscale *Preventability* was found to be positively correlated with *Incomprehensibility* ($r(201) = .21, p < .001$) and *Preparedness to Prevent* ($r(201) = .30, p < .001$).

Females scored higher in the sub-scale *Non-communication* ($M = 3.40, 95\% \text{ CI } [3.29, 3.51]$) while males scored higher in *Preventability* ($M = 3.35, 95\% \text{ CI } [3.27, 3.44]$). The higher the educational status of police-officers, the more they adopt a pro-prevention attitude to suicide ($M = 3.67, 95\% \text{ CI } [3.44, 3.89]$) and the more likely they are to appreciate that suicidal thoughts and behaviour can be common ($M = 3.40, 95\% \text{ CI } [3.20, 3.60]$). Participants with a mixed/different composition at home ($M = 4.05, 95\% \text{ CI } [3.86, 4.24]$) and/or have experienced only between 0 to 2 situations related to suicide in the past one year alone ($M = 4.05, 95\% \text{ CI } [3.94, 4.16]$), were the most likely to feel prepared to prevent suicide.

Conclusions: This study brings out different attitudes police-officers hold towards different aspects of suicide, influenced by their gender, educational background, personal life at home and total exposure to suicide during their career. Training programmes can help improve their knowledge and attitudes towards suicide, leading to a more positive behavioural response to individuals in crisis and create a safer environment. Malta, through an EU-funded programme, is currently investing its resources on drafting a national suicide prevention strategy, and such educational opportunities for our frontliners will ensure