

traumatic process that involves multiple ER visits and attempts at receiving care.

Conclusions: We propose formally distinguishing between two forms of waiting for services: passive waiting, which is the state of being on a wait-list, and active waiting, which begins at symptom onset and includes the complex struggle to receive stable care. Early intervention programs' efforts to reduce passive waiting are important, but the high burden of active waiting suggests a need for larger efforts such as clinician education and systemic changes in how patients access healthcare. Reducing active wait times could truly transform how first episode psychosis is managed and improve outcomes for those in urgent need.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

O073

Perfectionistic concern profile as a risk factor for suicide-related behaviour in adolescents: Results from the EPISAM-School Study

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Introduction: Adolescents are at increased risk of developing suicide-related behaviour (SRB). Varying contributing factors may play an important role across the different forms of SRB. Perfectionistic concerns may become a cognitive moderator influencing volitional moderators (e.g., non-suicidal self-harm, NSSH) and suicidal ideation escalation.

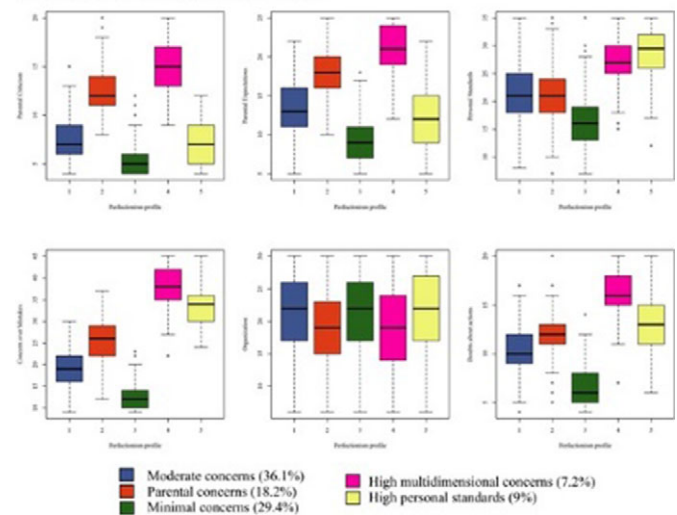
Objectives: To identify profiles of perfectionistic concerns in a community sample of adolescents. Also, to study the relationship between suicide-related outcomes and NSSH, according to perfectionism profile.

Methods: A sample of 1,526 adolescents (54.3% female; $M = 13.81$ years, $SD = 1.28$) participated in our study. A wide range of SRB and motivational and volitional risk factors were evaluated in school settings. Six types of perfectionistic concerns, assessed by the Frost Multidimensional Perfectionism Scale (FMPS), were used to identify perfectionism profiles, through latent profile analysis.

Results: Almost one in five adolescents (19.5%) showed SRB risk and more than one in three adolescents (35.1%) engaged in NSSH in the last year. Five profiles of perfectionism were identified (Figure 1). The profile featured by higher concerns across perfectionistic domains (7.2% of participants) showed significant relationship with SRB risk ($OR = 2.84$) and suicidal ideation ($OR = 1.22$), in comparison to the minimal concern profile. On the other hand, the profile featured by high parental concerns (18.2% of adolescents) was associated with increased risk of ideation ($OR = 2.75$) and NSSH ($OR = 1.51$).

Image 1:

Figure 1. Perfectionism profiles across the perfectionistic concerns measured. The percentage of cases within profile is displayed on the legend (between brackets).



Conclusions: Perfectionism may constitute a key risk factor for NSSH and SRB development. The promotion of prevention programmes to enhance cognitive regulation skills may help prevent suicide in adolescents.

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O074

Epidemiology of suicidal behavior in Catalonia, Spain

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Introduction: Suicide is a global public health issue. According to the World Health Organization (WHO), more than 700,000 people die by suicide worldwide each year. In 2019, it was the fourth leading cause of death among those aged 15 to 29 globally. In Spain, suicide has been the leading cause of external death in recent years, which has motivated in some regions the implementation of preventive strategies, such as *Codi Risc de Suïcidi* (Suicide Risk Code). **Objectives:** This study examines the epidemiology of suicidal behavior in the Catalan population between 2010 and 2019, exploring geographical disparities and the influence of different socio-demographic and clinical variables on the incidence of suicidal ideation and suicide attempt.

Methods: All residents in Catalonia who attended the public health system from 2010 to 2019 were included in the study. Data were obtained from the *Program d'anàlisi de dades per a la recerca i la innovació en salut* (PADRIS) of the *Agència de Qualitat i Avaluació Sanitàries de Catalunya* (AQuAS). Data on geographical,

sociodemographic, and clinical variables were collected for subsequent statistical analysis. Statistical significance was set at $p < 0.05$.

Results: A total of 1,421,510 individuals were included. Overall, 6921 cases of suicidal ideation (0.5%) and 1143 suicide attempts (0.1%) were registered, which an accumulated incidence of 487/100,000 inhabitants for the first outcome and 804/1,000,000 inhabitants for the second. From the whole sample, 83,592 individuals (5.9%) had a severe mental illness (SMI), whereas the proportion of patients with a SMI in the group of suicide attempters was 9.6%. The majority of individuals who attempted suicide were women (64.1%). The highest proportion of individuals with suicidal thoughts or attempts was found in the age range from 15 to 19 years. The presence of a somatic illness, low socioeconomic status, tobacco use and the presence of a severe mental illness were significantly associated with suicidal ideation and attempt. Those patients with suicidal behavior had a higher number of emergency visits during the 10-year period, and also a higher probability of being prescribed antidepressants, antipsychotics, benzodiazepines or lithium. Geographical disparities in the incidence of suicidal behavior were found, with specific regions showing higher rates. In a logistic regression analysis, all associations remained significant.

Conclusions: This study highlights the association between socio-demographic and clinical factors, which should have been assessed in clinical practice, with suicidal behavior. Geographical disparities may be attributed to various factors, including access to mental health services and socioeconomic factors. This study underscores the importance of identifying specific profiles at a higher risk for committing suicide, and also to implement policies and prevention programs in order to address this public health issue comprehensively.

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O075

Risk of Suicide Related to Mental Disorders in Catalonia, Spain: A Population Registry-Based Cohort Study

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Introduction: Registry-based studies are efficient to investigate population mental health and suicide risk, but are largely absent in Europe outside of Scandinavia and the UK.

Objectives: To investigate suicide risk associated with mental disorders in the Catalan population (7.6 million), stratified by gender and history of psychiatric hospitalization.

Methods: Population-representative retrospective registry-based cohort study including 764,938 Catalan residents in the period 2014-2019. Data sources included suicide mortality, electronic health registries from five healthcare settings, and administrative data. Suicide deaths were identified through judicial death registers using ICD-10 codes X60-X84. ICD-9CM and ICD10CM codes from all inpatient and outpatient healthcare contacts were used to categorize 109 mental disorders. Age-sex standardized mortality ratios (SMRs) were calculated using indirect standardization, with expected deaths based on official general population mortality rates in Catalonia.

Results: Suicide risk was significantly elevated among Catalan residents diagnosed with any mental disorder (SMR [95%CI] = 1.6 [1.3-1.9] for females; SMR = 1.8 [1.6-2.0] for males). In females, suicide risk was highest for sedative or hypnotic abuse (SMR = 46.1 [3.7-88.5]), cocaine abuse (SMR = 42.8 [9.0-76.6]), borderline personality disorder (SMR = 33.0 [10.7-55.3]), poly-substance abuse (SMR = 32.9 [2.1-63.8]), and mental disorder not otherwise specified (SMR = 24.9 [11.7-38.1]). In males, risk was highest for obsessive-compulsive disorder (SMR = 20.2 [10.7-29.8]), acute and transient psychotic disorders (SMR = 17.9 [1.1-34.8]), mental disorder not otherwise specified (SMR = 17.2 [10.1-24.3]), paranoid schizophrenia (SMR = 16.8 [9.4-24.1]), and opioid abuse (SMR = 16.1 [1.6-30.6]). Suicide risk was substantially elevated in individuals with a history of psychiatric hospitalization (SMR = 18.3 [15.5-21.2]) for females; SMR = 13.4 [12.0-14.8] for males). In females with psychiatric hospitalization history, risk was highest for dependence on stimulants other than cocaine (SMR = 105.4 [11.6-199.3]), attention deficit hyperactivity disorder (SMR = 86.2 [19.2-153.2]), polysubstance abuse (SMR = 66.0 [33.6-98.3]), opioid abuse (SMR = 60.1 [2.1-118.1]), and cocaine abuse (SMR = 57.2 [32.6-81.8]). In males with psychiatric hospitalization history, risk was highest for obsessive-compulsive disorder (SMR = 45.7 [30.6-60.8]), schizoid personality disorder (SMR = 36.9 [13.5-60.2]), unspecified disorders of adult personality and behaviour (SMR = 35.0 [9.6-60.3]), schizotypal disorder (SMR = 34.3 [6.7-61.9]), and histrionic personality disorder (SMR = 32.5 [1.2-63.9]).

Conclusions: Risk of suicide in the Catalan population varies substantially by mental disorder type, gender, and psychiatric hospitalization history, highlighting the need for targeted and diversified prevention strategies.

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