age 25 and the incidence and reoccurrence of suicide ideation (SID), suicide attempts (SAT), and suicide attempts among those with suicide ideation (SATID) at age 28. Second, to test whether these associations were impacted by adjusting for cannabis and alcohol use disorder, nicotine dependence, sexual orientation and depression.
Methods: Based on two waves of a prospective cohort study of 5,428 young Swiss men, nested models with and without adjustment for risk factors were used to regress SID, SAT and SATID on preceding behavioural addictions.
Results: Without adjustment, each of the behavioural addictions at age 25 significantly predicted the incidence of SID and SAT at age 28. Gambling and cybersex addiction furthermore predicted SATID. When adjusting for other risk factors, associations with behavioural addictions were reduced, whereas depression and cannabis use disorder were the most important and consistent predictors for the incidence and recurrence of SID, SAT and SATID.
Conclusions: Among young Swiss men, behavioural addictions are important predictors of SID and SAT, however a large part of their association is shared with depression and cannabis use disorder. Treatment for addictive behaviors, especially cannabis use can open the door to larger mental health screening and targeted intervention. Crisis intervention among men presenting addictive behaviours with or without substance may therefore be key to preventing suicidal behaviour.

Disclosure: No significant relationships.
Keywords: suicide ideation and attempts; cohort study; addictive behaviours; Depression

O304

The reciprocal relation between stigma and suicidality in a sample of patients with affective disorders

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Introduction: Suicide is one of the major public health concerns worldwide, currently listed as the 15th most common cause of death. Mental illness stigma may contribute to suicidality and is associated with social isolation and low self-esteem among people with affective disorders.
Objectives: The aim of the present study is to assess, in a sample of people with affective disorders, whether high levels of internalized stigma are associated to suicidal thoughts and behaviours.
Methods: 60 outpatients diagnosed with depression or bipolar disorder according to DSM-5 have been recruited. Suicidal behaviours and ideation were assessed through the Columbia Suicide Severity Rating Scale (C-SSRS); internalized stigma through the Internalized Stigma of Mental Illness (ISMI) scale. Socio-demographic characteristics have been collected through an ad hoc schedule.
Results: 62.9% of the sample was female, with a mean age of 45.7 (±14) years. About half of the sample had a diagnosis of major depression (54.8%). Patients with suicidal ideation reported higher score at ISMI "alienation" subscale ($p<0,05$), compared to those without suicidal ideation. Patients with a previous history suicide attempts reported higher score at "alienation" and "social withdrawal" ISMI subscales ($p<0,05$). Moreover, "alienation" ISMI subscale significantly correlated with suicidal ideation and behaviours ($p<0,01$).
Conclusions: These results are in line with the available literature, highlighting that stigma and suicidality are strongly correlated. This underline the importance of interventions at addressing internalizing stigma, in particular to those with previous suicidal attempts and with an active suicidal ideation.

Disclosure: No significant relationships.
Keywords: Stigma; Suicide; sucideprevention

O305

Outcomes of a regional suicide prevention systems intervention study: Suicide prevention by monitoring and collaborative care (SUPREMOCOL) in noord-brabant in the netherlands

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Introduction: Since 2007, suicide rates increased in the Netherlands and the province of Noord-Brabant ranked second nationally with a 64% increase. 60% of people who died by suicide did not receive treatment at the time of their death. Gap analysis showed 1) lack of expertise to explore suicide risk in health care or community settings where persons at risk presented; 2) lack of swift access to specialist care addressing suicidality; 3) lack of oversight of the care process and 4) lack of follow up.
Objectives: We developed a regional suicide prevention systems intervention with chain partners at community, general health and mental health care level to address these gaps in Noord-Brabant, aiming at a 20% decrease in the number of suicides.
Methods: The project started October 2016 and lasted 4 years. The intervention has four pillars: 1) Online decision aid for health care professionals to assess suicidal risk and to communicate with chain partners; 2) swift access to care; 3) facilitation of care through the care chain by a dedicated nurse; and 4) 12 months follow up monitoring if the patient still receives appropriate care. We examined the effect of SUPREMOCOL on suicides in a pre-post design.
Results: During the implementation year of the intervention, suicides in Noord-Brabant dropped 17% whereas nationally they dropped 5%, and this effect was sustained after one year.
Conclusions: This suicide prevention systems intervention is effective in reducing suicide rates. Long-term follow-up and implementation is warranted.

Disclosure: No significant relationships.
Keywords: SUPREMOCOL; Digital monitoring; Suicide prevention; Systems intervention

O306

Association of traumatic events in childhood, impulsivity and decision-making with previous suicide attempt and/or current suicidal ideation in adult patients with major depressive disorder

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