As it is in all cases, the first step of the diagnostic procedure of suicidal adolescents is creating an appropriate environment for the evaluation and rapport building.
More than 90% of suicidal adolescents has ongoing and usually untreated psychiatric disorder/s and about three-quarters of them has at least one subthreshold diagnosis. Potential common risk factors of adolescence suicide include both internalizing and externalizing disorders, such as major depressive episode, substance use and conduct disorder. The comorbidity of psychiatric disorders–both subthreshold and threshold - has been associated with increased risk for suicide. The careful assessment of subthreshold and full psychiatric disorders of suicidal adolescent is important in suicide prevention and the treatment of suicidal adolescents. The diagnostic procedure includes both clinical assessment and using validated (semi) structured diagnostic interviews. Rating scales can provide information on the severity of the patient's symptoms. Next to the assessment of the symptoms it is important to take the history and to get know about adolescents' possible life events. Clinicians should carefully screen potential suicidal behavior itself, which includes both clinical assessment and validated interviews and tests.Complex treatment of suicidal adolescents can include, if it is necessary hospitalization due to the management of acute suicide risk and the appropriate treatment of subthreshold and threshold psychiatric disorders with the consideration of possible life events.
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S113

When your patient dies by suicide; aftermath and implications

B. Sadock
New York University School of Medicine, New York

Over fifty percent of psychiatrists will have at least one patient die by suicide while in treatment and some will have more than one patient suicide during the course of their career. The impact of patient suicide on the personal and professional lives of those psychiatrists can be profound. Personally, many suffer a grief reaction than can progress to depression in some cases. Almost all experience a sense of shock upon first learning of the event. Feelings of guilt are also common. Professionally, many fear disapproval from peers and may never again treat a suicidal patient. Some psychiatrists leave the field completely or go into administration so that they never have to treat patients again.
Surveys of training programs have found that most provide training in the assessment of suicide risk and in the management of the suicidal patient but there is minimal training in how to deal with the aftermath of a patient suicide. There is a need to teach and to help practicing psychiatrists, at whatever stage in their career, cope with the stress that occurs when one of their patients dies by suicide during the course of therapy. Important issues are how and when to contact family members and other survivors, whether or not to attend a funeral or memorial service and what and what not to do regarding discussing the case with others. The risk of litigation also is influenced by how psychiatrists behave after patient suicide occurs. The case of Ernest Hemingway is used as an example to illustrate some of these concepts.
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Symposium: E-Mental Health in Psychiatry–Future Perspectives of an Emerging Field

S114

From Telepsychiatry to eMental Health–Experiences and Prospects in Europe

D. Mucic
The Little Prince Psychiatry Centre, eMental-Health, Copenhagen, Denmark

What started with telepsychiatry (videoconference) has been turned into e-Mental Health (eMH) due to rapid development of IT technology, decreased prices and increased user experiences. Access to mental health care is one of the identified problems within EU mental health services. Increased migration into and within EU cause the increased demands for clinicians with selected skills. Telepsychiatry is the oldest and most common eMH application. The first international telepsychiatry collaboration established between Sweden and Denmark back in 2006 was a success. This model might be used as collaboration prototype while speaking about current refugee crisis in Europe and treatment of mentally ill migrants. The experiences from this pioneer international transcultural telepsychiatry service in combination with various eMH applications may be used as an inspiration for conducting of larger international eMH service capable to provide mental health care toward diversity of patient populations underserved on their mother tongue within EU.
eMH applications could improve quality of care and access to mental health care in rural, remote and under-served as well as in metropolitan areas all around EU.
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S115

E-Mental health for mental disorders–focus on psychotic disorders and PTSD

W. Gaebel
Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany

Introduction E- mental health technologies have developed rapidly over the past years and may support finding solutions to challenges like scarce resources or the treatment gap in psychiatry.
Objectives Provision of guidance on eMental health technologies in the treatment of post traumatic stress disorder and psychotic disorders.
Methods Two evidence- and consensus-based EPA Guidance papers on eMental health technologies for the treatment of post-traumatic stress disorder and psychotic disorders were developed.
Conclusions The evidence on the efficacy of e-mental health interventions for the treatment of PTSD and psychotic disorders is promising. However, more research is needed in the field.
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