

all, human. In older adults, homicide and suicide may present together in the homicide-suicide phenomenon. The most common motive underlying this behavior in intimate partner relationships is the so-called “mercy killing”, where the perpetrator kills the partner to eventually allow relief from declining health conditions, and then commits suicide. Actually, older adults account for a disproportionately high number of suicide deaths and approximately 55% of late-life suicides are associated with physical illness, notwithstanding psychiatric comorbidity. Physical illness is more likely to eventually lead to suicidal behaviour when it represents a threaten for the individual’s independence, autonomy, self-esteem and dignity, and when it impacts on quality of and pleasure with life, sense of meaning, usefulness and purpose in life. As the current historical period is one marked by opportunities which have allowed a rapid increase of life expectancy and longevity, it clearly emerges the need to balance benefits and harms of curative and palliative therapies, especially for painful, terminal illnesses. The expression of suicidal thoughts in older adults, as well as behaviours suggesting “silent” or indirect suicidal attitudes, should be carefully investigated and clinicians should try to decode the possible communicative role of suicidal behaviour while avoiding premature conclusions about the “rationality” of patients’ decision to die.

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Keywords: Suicide; Homicide; Older Adults; risk factors

Racism and Mental Health and the Role of Mental Health Professionals

S0070

Clarifying Definitions of „Race“, Racism, and Ethnocentrism

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Human beings need social group identities. These may be based on age, sex, gender and gender identity, ethnicity, religious beliefs, language, nationality and etc. In fact, in-group identities, collaborations and reference systems have positive effects on health / mental health. But, the problematic issue is the process of Othering and Dehumanization of the group designated to be the Other. Othering, rising from imagined or the expectation of generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination. Social power relations determine the stratification of ‘them’ and ‘us’. Whether a group is to be designated as the Other and labelled with prejudice will depend on the zeitgeist of the current dominant social power. Dehumanization created many tragedies via genocide, slavery, racism, sexism, and other intolerant forms of violence. Theories, generally termed as scientific racism of late 19th. & early 20th. centuries, times of colonialism, assumed that some races are inferior to others, and that differential treatment of races is consequently justified. Such approaches led to movements of unification / purification practices which cannot be legitimate and caused vast individual and institutional racial discrimination, human rights violations and violence. As a social determinant of health, racial discrimination and ethnocentrism, a powerful force that weakens

human relations, continue to afflict the health and mental health conditions of people. Albeit racial discrimination, peoples of the world also have a history of effective praxis of inclusive ways of solving conflicts of interests between in-groups and out-groups.

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Keywords: mental health; Othering; Dehumanization; Racial Discrimination

Human Rights in Old Age

S0071

Suicide in Old Age: a threaten to Human Rights?

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Mental health care remains a pillar of suicide prevention also in late, but the range of interventions should include attention to the many socio-environmental conditions that are relevant to this stage of life. Community programs that promote a sense of worthiness and belonging should be strongly encouraged in order to preserve personal identity and social integration. Loneliness has to be counteracted in its many facets and with vigour, given its multiple negative impacts. The fight against stigma and ageistic views - still deeply rooted even among health workers - should be carried out with determination. Active promotion of a culture of resilience and adaptation to different phases of life and the changes imposed by them should constitute the founding bases of all efforts aimed at promoting a successful aging process. Combating discrimination against older people, as well as promoting basic social determinants of health, would help prevent suicide. However, these issues are still very underrepresented in the global agenda of health care. While having an effective impact on the numerous forms of discrimination would require legal interventions by governments, fighting stigma would primarily involve education aimed at changing beliefs and attitudes. Promotion of human rights, with particular regard to protection against abandonment, abuse and violence - particularly deleterious aspects in old age - appears as essential for personal empowerment of older individuals. Once become more powerful, older people may become more capable of defending their interests in terms of quality of life and protection against risk factors for suicide.

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S0072

Human Rights and Mental Health of Older Women

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Older persons represent a large, and the fastest growing, segment of the global population. Women form the majority of older persons with global demographic data consistently showing that women tend to live longer than men, especially at advanced ages. Older