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Keywords: PSYCHOLOGICAL WELL-BEING; comorbidity; Internet Gaming Disorder; Vulnerability to Stress

Suicidology and suicide prevention

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Suicide and self-harm in women with mental disorders during pregnancy and the year after birth

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Introduction: There is little prospective data on the risk factors for later suicide in women who experience perinatal mental disorders, particularly beyond one-year postnatal.

Objectives: Among a cohort of women who were in contact with a mental healthcare provider during the perinatal period, to: (1) Describe sociodemographic and clinical characteristics of the women who died by suicide (2) Understand when, in relation to childbirth, most suicides tended to occur.

Methods: Data-linkage of de-identified service-user electronic healthcare records, national hospital episode statistics and mortality data generated a cohort of women in contact with a mental healthcare service provider in London, UK, perinatally. Using Natural Language Processing and structured field extraction, we identified clinical, socio-demographic characteristics, self-harm exposure, and suicide.

Results: Among 5204 women, clinical and demographic characteristics of women who did and did not die by suicide were similar apart from indicators of illness severity including perinatal sedative medication prescription, clinician-rated functional impairment and smoking, which were more common in women who died by suicide. Suicide deaths occurred most frequently in the second year post-delivery. The most common method of suicide occurring within two years was by violent means, whereas after two years postnatal, the most common method was non-violent.

Conclusions: Our findings support the extension of perinatal mental healthcare service provision to two years post-delivery.

Disclosure: No significant relationships.

Keywords: Suicide; self-harm; perinatal; women's mental health

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Life stressors and resources as predictors of adolescent suicide attempt

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Introduction: Adolescent suicide poses a serious public health challenge. Several factors, such as early losses, discordant

relationships, poverty, abuse and other life crises have previously been associated with the rise in adolescent suicides. However, a dearth of information exists regarding South African research on adolescent suicide.

Objectives: This study investigated the role of gender, race and psychosocial stressors and resources in attempted suicide among 1033 South African adolescents.

Methods: Using a cross-sectional research design, participants completed a biographical questionnaire and the Life Stressors and Social Resources Inventory, Youth Form. Logistic regression analysis was used to identify which stressors, resources and demographic variables, best predicted attempted suicide among the sample.

Results: The findings suggest that 12.5% (129) of the sample had previously attempted suicide. Being of mixed race ($p \leq .01$) and female ($p \leq .01$) significantly increased the likelihood of attempting suicide. Stressors associated with the increased likelihood of attempting suicide were Parents ($p \leq .05$), Extended Family ($p \leq .01$), Home and Money ($p \leq .05$), and Negative Life Events ($p \leq .01$). Resources associated with the reduced likelihood of attempting suicide were supportive relationships with Parents ($p \leq .01$), with Boyfriend/Girlfriend ($p \leq .01$) and Positive Life Events ($p \leq .01$).

Conclusions: These findings highlight the importance of supportive relationships and stable home conditions for the well being of adolescents.

Disclosure: No significant relationships.

Keywords: life stressors; adolescence; Suicide; ethnic

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Trends in suicides among italian youth aged 10 to 25: A nationwide register study

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Introduction: Suicide continues to be a significant cause of mortality in most countries worldwide, especially among youth. Documenting current trends and sources of variation in youth suicide rates is critical to inform prevention strategies.

Objectives: We aimed to 1. document suicide mortality trends among Italian youth from 1981 to 2016 2. describe age, sex, and urbanization specific suicide rates in this period, and 3. describe suicide methods and their change over time.

Methods: We relied on official mortality data for the period 1981-2016 for adolescents and young adults (ages 10-25 years). We estimated standardized all-cause and suicide mortality rates per 100,000 individuals and used Joinpoint regression analysis to determine annual mortality trends and statistically significant changes in rate trends. Analyses were reported by sex, age group, urbanization level and suicide method.

Results: From 1981 to 2016, 1,752 suicides were identified among youth aged 10-17 (boys/girls ratio in 2016, 5.3) and 9,897 among youth aged 18-25 years (boys/girls ratio in 2016, 4.0). While the all-cause mortality rate decreased over time for both boys and girls, overall suicide rates remained stable for boys and showed a small decrease for girls. For boys, suicide was most common in rural than to metropolitan areas, while it was the opposite for girls. The most common method for boys was hanging, while for girls was fall.

Conclusions: Differently from other countries, youth suicides were stable (boys) or slightly declining (girls). We found differences according to the urban vs. rural areas. Factors influencing these trends and sex differences are crucial in delivering prevention strategies.

Disclosure: No significant relationships.

Keywords: adolescence; Suicide

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Are demoralization and insight involved in suicide risk? An observational study on psychiatric inpatients

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Introduction: Although several authors have investigated the relationship between demoralization, insight, and suicide risk, the role of these factors in determining suicide risk in patients with psychiatric disorders is still unclear [Berardelli et al., 2019; Costanza et al., 2020].

Objectives: The main aim of this study was therefore to determine whether suicide risk was associated with better insight and worse demoralization in a sample of 100 adult psychiatric inpatients.

Methods: The study was performed on 100 psychiatric hospitalized adult patients consecutively enrolled between January 2019 and April 2020 at psychiatric units of Sant'Andrea Medical Center, Sapienza University of Rome. The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess suicide risk, Demoralization was assessed using the Demoralization Scale (DS) [Kissane et al., 2004] and for the assessment of insight we used the The Insight Scale (IS).

Results: Only age was significantly associated with higher suicide risk ($\chi^2=9.07$, $p<0.01$). The variable mood disorder was

significantly associated with higher suicide risk ($\chi^2=7.50$, $p<0.05$). Non-suicidal self-harm behaviors in the last 3 months ($\chi^2=5.89$, $p<0.05$) and lifetime suicide attempts ($\chi^2=21.80$, $p<0.001$) were significantly associated with higher suicide risk. Only the insight-high dimension ($\chi^2=8.01$, $p<0.01$) and lifetime suicide attempts ($\chi^2=12.33$, $p<0.001$) were significantly associated with higher suicide risk.

Conclusions: Our results don't confirm the role of demoralization in suicide risk. In our sample of patients, only high insight of illness and other psychological variables are involved in suicide risk.

Disclosure: No significant relationships.

Keywords: prevention; suicide risk; demoralization; insight

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Non-suicidal self-injury and suicide attempt: A continuum or separated identities?

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Introduction: Non-suicidal self-injury (NSSI) has been proposed as diagnostic entity and was added in the section 3 of the DSM 5. However, little is known about the long-term course of the disorder: NSSI and suicide attempt (SA) often lie on a continuum of self-harm, but it's still unclear if they represent two different nosographical entities. Both these groups are commonly enclosed in the term of Deliberate self-harm (DSH), also including self-harm with suicidal intent conditions.

Objectives: This study aims to explore differences between two clinical samples (NSSI and SA) to highlight the possible connection between these two categories, to better understand the risk of progression from NSSI into suicidal intent conditions.

Methods: 102 inpatients with DSH (62 NSSI; 40 SA; age range: 12 to 18 years) were assessed by self-report questionnaires: the Deliberate Self-Harm Inventory (DSHI) and the Repetitive Non-suicidal Self-Injury Questionnaire (R-NSSI-Q) to explore the severity and repetitiveness of self-injurious behaviors and by the Beck Hopelessness Scale (BHS) and Multi-Attitude Suicide Tendency scale (MAST), as indirect measures of suicidal risk.

Results: Preliminary results showed that inpatients with NSSI (62) presented high scores of indirect suicide risk, similar to SA sample (40).

Conclusions: This result highlights the possibility to consider NSSI and SA in a continuum of psychopathology and that repetitive self-harm even in the absence of clear suicidal intentions represent a significant risk factor in the development of suicidality in adolescence.

Disclosure: No significant relationships.

Keywords: Suicide Attempt; adolescence; non-suicidal self-injury; Suicidality