Image 2:

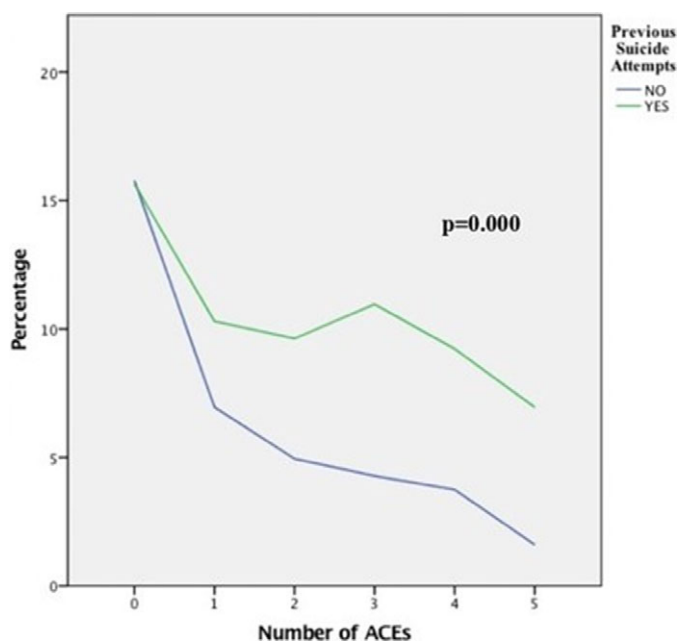**Conclusions:** This study contributes to clarify the role of childhood trauma in the number of suicide attempts in lifetime. This has important implications for reducing suicide rates, and preventing future re-attempts. Further studies analysing every construct of childhood trauma may contribute to the detection of suicidal behaviour.

References: Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: A comprehensive systematic review with meta-analysis. *Psychological Medicine*, 49 (7), 1057-1078. https://doi.org/10.1017/S0033291718003823
Fjeldsted, R., Teasdale, T. W., & Bach, B. (2020). Childhood trauma, stressful life events, and suicidality in Danish psychiatric outpatients. *Nordic Journal of Psychiatry*, 74(4), 280-286. https://doi.org/10.1080/08039488.2019.1702096

Disclosure of Interest: None Declared

EPP0902

Child and Adolescent Suicide Rates and Economic Crisis in South Korea using Hierarchical Age-Period-Cohort Analysis

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doi: 10.1192/j.eurpsy.2023.1183

Introduction: Suicide is a complex problem in which individual, family social factors are interrelated. The 1997 Asian financial crisis caused a major economic crisis in Korea, and Korea received bailout support from the International Monetary Funds(IMF) from December 23, 1997 to August 23, 1997.
Objectives: This study aimed to investigate the relationship between the suicide rate of children and adolescents who grew up during this economic crisis in Korea.
Methods: Suicide rates are calculated according to gender, region, and age of 5 years (10-14 years old, 15-19 years old, 20-24 years old) using suicide death data from the Korea National Statistical Office from 2000 to 2017. The cohort of interest in the study is the group that was in childhood and early adolescence between 1997-2000 and corresponds to 1986-1995 in terms of birth year. Cohorts are divided into 1986-1989 (G1), 1990-1992 (G2), and 1993-1995 (G3) according to birth year. These groups were 8-14 years old for G1 and 5-10 years old for G2, 2-7 years old for G3 during 1997-2000, during the economic crisis. The Age-Period-Cohort analysis and linear mixed-effects regression models are used and the moderating effect on region and age is also analyzed.
Results: The 10-24 year-old suicide rate was higher in males than females, in older age groups, earlier in birth years in the birth cohort, and in rural than urban areas. Suicide rates between the ages of 20-24 years were particularly high among men living in rural areas. During the national economic crisis, the suicide rate was higher among adolescents than preschoolers (G3 < G1) (p<0.001), and this trend was observed for both men and women. However, the main effect of the cohort was not observed at a statistically significant level.
Conclusions: The national economic crisis has a negative impact on the mental health of children and adolescents, and it is more negative for adolescents than for children, which can increase the suicide rate between the ages of 20-24.

Disclosure of Interest: None Declared

EPP0903

Telephone-Delivered Interventions for Suicide Prevention in Schizophrenia and Related Disorders: A Systematic Review

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doi: 10.1192/j.eurpsy.2023.1184

Introduction: Suicide is a health concern among individuals diagnosed with schizophrenia. Telehealth technology has become an emerging intervention that may afford opportunities for reaching this at-risk group. Consideration of the implementation of telehealth systems in the treatment of patients diagnosed with schizophrenia and suicidal behavior calls for a review of the evidence.

Objectives: The present aim was to explore the literature on the effectiveness of suicide prevention telephone delivered interventions among patients with schizophrenia and related disorders.

Methods: The bibliographic search was performed in the electronic databases PubMed, PsycInfo, Scopus, and Web of Science following PRISMA guidelines. Two reviewers independently conduct screenings, data extraction and methodological quality assessment. A total of 352 articles were retrieved, of which five studies met the eligibility criteria.

Results: Based on the limited data available, the use of modalities involving telephone contacts appears to be feasible in patients with schizophrenia and suicidal behaviors. In addition, preliminary evidence suggests this system appears to reduce suicidal ideation.

Conclusions: The current data presented here reflect an early stage of effectiveness of telephone-delivered interventions targeted at suicide prevention in patients with schizophrenia. Further research is needed to design evidence-based future interventions and to determine whether this approach can improve patient outcomes.

Disclosure of Interest: None Declared

EPP0904

Individual psychotherapy may help to reduce suicidal ideation in first episode psychosis: results from a 2-year Italian follow-up study

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Introduction: Suicidal thinking is relevant in patients with First Episode Psychosis (FEP). However, longitudinal studies specifically examining treatment response for suicidal ideation in FEP are still relatively scarce, especially with long-term design and in real-world clinical settings.

Objectives: The aims of this research were (A) to longitudinally assess suicidal thoughts in people with FEP along a 2-year follow-up period and (B) to overtime investigate any significant association of suicidal ideation levels with the specific treatment components of an 'Early Intervention in Psychosis' (EIP) protocol along the 2 years of follow-up.

Methods: At entry, 232 FEP participants (aged 12–35 years) completed the Brief Psychiatric Rating Scale (BPRS), including a 'Suicidality' item subscore. Multiple linear regression analysis was then performed.

Results: Across the follow-up, FEP subjects showed a relevant decrease in suicidal thinking levels overtime. This was specifically predicted by the total number of individual psychotherapy sessions offered within the 2-year EIP protocol and antidepressant dose (at least as regards the first year of our intervention).

Image:

Variable	T0	T1	T2	z (T0-T1)	z (T0-T2)	z (T1-T2)
BPRS 'Suicidality' item 4 scores	2 (1-3)	1 (1-2)	1 (1-2)	-6.98*	-6.08*	-2.74**

T0-T1 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower upper	β	p	$R^2 = 0.130$ $F_{(df = 8)} = 4.138$ $p = 0.001$
Constant	-0.148	0.219	-0.580 0.285	-	0.502	
T0 equivalent dose of chlorpromazine (mg/day)	0.021	0.030	-0.038 0.081	0.045	0.481	
T0 equivalent dose of fluoxetine (mg/day)	0.001	0.003	-0.005 0.006	0.016	0.805	
T1 equivalent dose of chlorpromazine (mg/day)	0.005	0.003	-0.002 0.011	0.094	0.143	
T1 equivalent dose of fluoxetine (mg/day)	0.006	0.002	0.001 0.010	0.161	0.015	
T1 number of individual psychotherapy sessions	0.037	0.010	0.016 0.057	0.244	0.001	
T1 number of psychoeducational sessions for family members	0.011	0.017	-0.023 0.044	0.045	0.530	
T1 number of case management sessions	0.003	0.005	-0.006 0.012	0.043	0.519	
DUP (in months)	0.005	0.011	-0.017 0.026	0.027	0.677	

T0-T2 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower upper	β	p	$R^2 = 0.101$ $F_{(df = 10)} = 2.035$ $p = 0.044$
Constant	-1.162	0.750	-2.642 0.319	-	0.123	
T0 equivalent dose of chlorpromazine (mg/day)	0.035	0.100	-0.162 0.231	0.027	0.729	
T0 equivalent dose of fluoxetine (mg/day)	0.008	0.015	-0.021 0.038	0.047	0.569	
T1 equivalent dose of chlorpromazine (mg/day)	0.004	0.009	-0.014 0.021	0.033	0.680	
T1 equivalent dose of fluoxetine (mg/day)	-0.003	0.008	-0.019 0.013	-0.034	0.695	
T2 equivalent dose of chlorpromazine (mg/day)	0.030	0.032	-0.034 0.094	0.071	0.358	
T2 equivalent dose of fluoxetine (mg/day)	0.006	0.008	-0.009 0.022	0.067	0.432	
T2 number of individual psychotherapy sessions	0.042	0.021	0.001 0.083	0.169	0.044	
T2 number of psychoeducational sessions for family members	-0.017	0.038	-0.091 0.057	-0.039	0.650	
T2 number of case management sessions	0.006	0.008	-0.010 0.022	0.062	0.455	
DUP (in months)	0.038	0.035	-0.031 0.108	0.084	0.274	

Note: Median (and interquartile range) and Wilcoxon test (z) values are also reported. Statistically significant p values are in bold.
Abbreviations: β, standardized regression coefficient; B, regression coefficient; BPRS, Brief Psychiatric Rating Scale; df, degrees of freedom; DUP, duration of untreated psychosis; F, statistic test value for linear regression; FEP, first-episode psychosis; p, statistical significance; Pr-EP, Parma-Early Psychosis Program; R^2, R-squared or coefficient of determination; SE, standard error; T0, baseline; T1, 1-year assessment time; T2, 2-year assessment time; 95% CI = 95% confidence intervals for B.
* $p < 0.001$.
** $p < 0.01$.

Conclusions: Suicidal ideation is clinically relevant in FEP but seems to improve overtime together with the provision of specific, patient-tailored and integrated EIP treatments, especially individual psychotherapy.

Disclosure of Interest: None Declared

Addictive Disorders 05

EPP0906

Cannabis and cognitive deficiency: a descriptive study

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Introduction: Cannabis is the most widely used illicit drug; 3.8% of the world's population consumes cannabis on a regular basis.