

**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

## O295

### 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

## O297

### 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