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.

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.

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.

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

women also make substantial contributions to our societies and economies, including as informal caregivers, volunteers and community leaders. Ageing, however, is not gender-neutral and inequality and discrimination experienced by women during their lifespan is often exacerbated in older age. For example, older women are at a higher risk of living in poverty and of facing barriers in accessing basic rights such as health, adequate housing, and protection from violence, abuse and neglect. Yet, the specific challenges created by the intersection between age and gender often remain invisible and understudied. This also applies to people living in Europe. And elderly women with mental disorders face a triple stigma: suffering from mental disorders, being a woman, being old. The presentation emphasises the UN-decade of healthy ageing with fight against ageism, and a paper of the WHO and IPA on the topic of this presentation.

Disclosure: No significant relationships.
Keywords: societal contribution; poverty; older women; ageism

S0073

IPA and WPA-SOAP Strategies to Promote the Human Rights in Mental Health Care of Older Adults

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The number of persons with 60 years and more worldwide is estimated to triple by 2050. With the raising burden of the mental health conditions that accompany population ageing, mental health care for older adults has to be under pined by a dignity and human rights based approach. The extraordinary number of human rights violations of the older population during the COVID-19 pandemic has come to the forefront, as consequence of this population vulnerability, the lack of political will to give prior attention to this group needs and the disseminated ageistic attitudes. Discrimination based on age can lead to catastrophic social consequences such as elder abuse, neglect and all forms of violences. Their access to services become reduced, including health, social and justice services. These negative attitutdes, more than only morally unacceptable, are source of unnecessary suffering and increase morbidity and mortality rate. Intersecting across psychiatric diagnoses and interventions are the principles of dignity, autonomy, respect and equality which are all at the base of the call for an United Nations Convention of Rights of the Older People. Keeping all thes points in mind, the World Pschiatric Association Section of Old Age Psychiatry and the International Psychogeriatric Association are working together to promote the Human Rights of Older Adults. The presentation of a webinar, the publication of joint position statements, the organization of symposia in several international congress and the publication of a recent special issue of the America Jornal of Geriatric Psychiatry (October 2021 - https://www.ajgponline.org/issue/S1064-7481(21)X0010-3) are some examples of this common effort.

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Keywords: Old Age Mental Health; Human Rights

Suicide Prevention and Social Connection

S0074

Social Cohesion, Connection and Prescription: Good ways for Preventing Suicide?

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Despite the multiplication of the therapeutic strategies for psychiatric disorders during the last decades, the incidence of suicide has not decreased substantially. Specifically, the most commonly used strategy, which is the use of antidepressant treatments, is clearly nonsufficient to attain the goal of a substantial reduction of suicides. Then, we will discuss the hypothesis that people who are more sensitive to experiences of social disconnection may activate a pathophysiological process which lead to a greater risk of suicide, and by such its study may offer new avenues for assessing the suicide risk as well as in providing new therapeutic targets. It is well demonstrated that both the objective condition of being alone and loneliness are strongly associated with suicide. From a series of cognitive imaging studies, it appears that suicidal patients are more sensitive to social exclusion, relying on a neural network implicated in the pain matrix, and individuals experiencing more psychological pain in daily life would be less prone to activate orbitofrontal cortex in social contexts which would facilitate disadvantageous decision-making, leading to choose options (i.e. suicidal act) with short-term reward (i.e. relief from pain) in spite of the risks (i.e. death). As psychological pain predicts suicidal behaviour, suggesting the need in assessing it in clinical practice, in using alleviating drugs i.e. opiates or ketamine, and in implementing evidence-based psychosocial strategies, based on caring contacts and social prescription. In conclusion, there are many innovations available to help tackle social vulnerability, which should be a priority in suicide prevention.

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Keywords: Suicide; Neuroimaging; pain; social connection

S0075

Long term Follow up Study of Phone Contacts in Catalonia

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We'll present the Catalan experience of follow up by phone contats of suicide attempters, and the results up to 10 years. We develop a