

collective sensitivity may have preventive effects. This brings us to the discussion of the effects of big social turmoil or wars or pandemics on suicidal behavior.

**Disclosure:** No significant relationships.

**Keywords:** a personal act; a socio-cultural phenomenon; suicidal behavior

## Paving the Future of Mental Health Care: What can we Learn from Other Medical Disciplines?

S0057

### Public Mental Health Approaches for Building Resilience in Communities

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Crises such as the corona pandemic, but also climate change associated events such as extreme weather events are major stressors for people on an individual, but also on a population level. Such crises often lead to highly burdened individuals with reduced quality of life, decreased well-being, mental health problems and an accumulation of psychiatric illnesses, especially in vulnerable population groups. These create a high demand and need for low intensive (psychosocial) support and primary and clinical care that can often no longer be adequately met by the existing infrastructure. However, good mental health and mental health care is a necessary prerequisite for people to lead fulfilling and productive lives and for communities and their settings (such as families, schools and workplaces, etc.) to function well. Therefore efficient supporting (public mental health) approaches are urgently needed. This presentation will introduce and discuss public mental health approaches and their effectiveness with a focus on mental health promotion and prevention. The implementation and dissemination of these approaches may help to further strengthen psychological resilience in communities to be better prepared for coping with acute crises and long-term stressors.

**Disclosure:** No significant relationships.

**Keywords:** mental public health; resilience

S0058

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**Disclosure:** No significant relationships.

**Keywords:** Public Mental Health; mental health promotion; prevention

## Suicide in Old Age

S0059

### Risk Factors of Suicidal Behaviour in old age

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Several observational studies investigated risk factors for suicide attempts/completed suicides in older age with contrasting evidence from ongoing population-based research. The risk factors most associated to suicide attempts than other variables were: depressive disorders, methods employed to self-harm (particularly poisoning), and psychotropic drug utilization followed by psychological factors and disability. Moreover, male sex, violent methods to self-harm, any psychiatric disorder (depression, anxiety and bipolar disorders), a poor medical condition, stressors/bereavement, and living alone appeared to be more significant for predicting completed suicides in late life. There is growing evidence of a role of environmental exposures in the pathogenesis and epigenetics of suicidal behavior in older age. Little is known about the possible relationship between suicidal ideation in older age and its biopsychosocial predictors, although psychiatric disorders (among which late-life depression, LLD), play a fundamental role. LLD, distinguished as late-onset depression (LOD) and early-onset depression (EOD). Suicidal ideators accounted for 2.32% of subjects, were female, smokers and obese affected by multimorbidity. After adjusting for age, gender, education and social dysfunction, suicidal ideation was associated to LLD (EOD>LOD:OR:21.71, 95% CI:9.22-51.14). In the full random forest model, asthma was the most important contributor to suicidal ideation. Among biomarkers, interleukin