

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

(IL)-6 followed by tumor necrosis factor (TNF)- α , Apolipoprotein E e4 allele-carriers, C-reactive protein contributed most to suicidal ideation. Although EOD is a strong determinant of suicidal ideation, other non-psychiatric factors, i.e., serum inflammation biomarkers, APOE e4 allele, and multimorbidity, should be taken into account when evaluating a suicidal ideation phenotype in older age.

Disclosure: No significant relationships.

Keywords: epigenetics; older age; Late-life depression; suicidal behaviour

S0060

E-Mental Health in Older Age

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E-Mental Health in older age Ulrich Hegerl, Caroline Oehler Department of Psychiatry, Psychosomatics, and Psychotherapy, Goethe Universität Frankfurt/M, Germany European Alliance against Depression e.V. (www.EAAD.net) The implementation and uptake of digital tools for self management or psychotherapy for people suffering from depression or other mental disorders has gained momentum during the Covid-19 pandemic. While studies using waiting list or treatment as usual control groups are of limited value, meta-analyses of RCTs with face-to-face psychotherapy as control condition have found a comparable antidepressant effect, especially when the interventions were provided together with professional guidance. The iFightDepression-tool offered by the European Alliance against Depression (EAAD) is available in 10 different languages and is broadly used in several European countries. Data will be presented concerning the attitude of older people concerning iCBT and also concerning effects of age, guidance, and gender on both adherence to the iFightDepression-tool and antidepressant effects.

Disclosure: No significant relationships.

Keywords: e-mental health; depression; self-management; CBT

S0061

Suicide and Ageism

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Suicide in old age is frequently considered the result of a rational decision. Accumulation of physical illnesses, frailty, dependence on others, loss of partner and loneliness are often seen as reasons that might justify suicidal acts. Depression is an important risk factor for suicidal behaviour even at very advanced age. However, ageistic views tend to consider depression as a normal feature of the aging process; it is possible that its presence can be overestimated or perhaps generalized more than necessary by making it the scapegoat of any situation related to suicide. In fact, adopting an attitude that involves excessive simplification of problems, where everything is attributable to 'depression', can induce a rigid prescriptive approach, often limited to the indication of an antidepressant drug.

In this way, the appreciation of the multifactorial nature of an individual's crisis becomes too narrow and the chances of counteracting the complexities of a dangerous suicide progression too modest. From a prospect of suicide prevention, approaching a patient carefully and prudently is always to be preferred to the disposition that considers life events as inevitable as well as all reactions related to them, including the most extreme, such as suicide. This attitude can lead to a poor involvement of the treating physicians, who might become too acceptant of the 'unavoidability' of the unfavourable progression of their patient. Such a passive approach may especially characterise the relationship with patients of very advanced age, where stressors of physical and non-physical nature easily aggregate, multiplying their impacting power.

Disclosure: No significant relationships.

Keywords: Suicide; prevention; ageism; old age

Forward and Backward Translation in Psychiatry: Lessons Learned

S0062

Network Analyses: Understanding the Pathways of Functional Improvement in Schizophrenia

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Improving real-life functioning is the main goal of the most advanced integrated treatment programs in people with schizophrenia. The Italian Network for Research on Psychoses used network analysis in a four-year follow-up study to test whether the pattern of relationships among illness-related variables, personal resources and context-related factors differed between patients who were classified as recovered at follow-up versus those who did not recover. In a large sample (N=618) of clinically-stable, community-dwelling subjects with schizophrenia, the study demonstrated a considerable stability of the network structure. Functional capacity and everyday life skills had a high betweenness and closeness in the network at both baseline and follow-up, while psychopathological variables remained more peripheral. The network structure and connectivity of non-recovered patients were similar to those observed in the whole sample, but very different from those in recovered subjects, in which we found few connections only. These data strongly suggest that tightly coupled symptoms/dysfunctions tend to maintain each other's activation, contributing to poor outcome in subjects with schizophrenia. The data suggest that early and integrated treatment plans, targeting variables with high centrality, might prevent the emergence of self-reinforcing networks of symptoms and dysfunctions in people with schizophrenia.