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psychiatric wards among suicide victims in Taiwan. Methods: We linked two databases: the nationwide mortality database and the Inpatient Medical Claims Database of the National Health Insurance. The study subjects committed suicide within one year of discharge from psychiatric wards between January 1, 2000 and December 31, 2004. We compared two groups: those who suicided within a week of discharge and those who suicided later. We conducted a parallel analysis for suicide within one month and suicide thereafter. We used logistic regressions that adjusted for age and gender to find the associations between people's characteristics and early suicide. Results: Patients with schizophrenia tended to commit suicide within a week of discharge (odds ratio [OR] = 2.098, 95% confidence interval [CI] = 1.110-3.962). This positive association remained significant until one month after discharge (OR = 1.585, 95% CI = 1.005-2.500). Disease duration over 12 months was negatively associated with early suicide within a week (OR = .574, 95% CI = .353-.934) or a month after discharge (OR = .576, 95% CI = .397-.835). Concurrent diagnosis of cancer was a risk factor for early suicide within a month of discharge (OR = 2.508, 95% CI = 1.186-5.302). Conclusions: Patients with schizophrenia, recent onset of mental illnesses and co-morbidity with cancer should receive special monitoring for suicide after discharge from psychiatric wards. Policy implications include psychosocial interventions, intensive outpatient follow ups and outreach programs.

A0051

Religion and suicide research

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Introduction: Numerous international studies have mentioned religion as a protective factor against suicidal behaviour. Religion, on a par with medicine, is an established subject. It has its own terms, theories, and research methods, which constitutes the basis of research. However, there is great uncertainty on how to define religion and how it may figure in suicide research. Objective: The objective of this study is to examine whether religion is a risk or protective factor for persons going through vulnerable phases in life, who have experienced suicide ideation or attempted to commit suicide. In this study, religion is defined in accordance with the theories and research methods employed in the subject of religion. Method: 1) Questionnaire (age group: from 18 years) - Answers from 82 individuals who have experienced severe suicide ideation and 119 individuals who have attempted to commit suicide. 2) Interview (age group: from 18 years) -13 interviews with persons who have experienced severe suicide ideation and 20 interviews with individuals who have attempted to commit suicide. Results: Results show that the various elements within religion can be either protective or straining, or be of no importance. Believing in God does not constitute a protective factor; however, ethical principles and moral instructions act as protective factors prior to suicidal behaviour. Another significant protective factor is the value

of life itself. The various aspects in religion must be viewed in relation to age group. The research shows the necessity of defining religion and pinpointing which aspects are protective and which are straining.

A0052

Suicidal behaviour, coping style and substance use in young people

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Background: Research suggests that an association exists between avoidance coping and mental health problems such as depression. Both substance use disorders (SUD) and deliberate self-harm are risk factors for suicidal behaviour (SB) and have been described as avoidant coping behaviours. Additionally, adolescents with poor problem-solving skills are more likely to engage in SB in response to stressors. Aim: To explore the relationship between coping style, SUD and SB in a sample of young help-seekers. To identify whether avoidance coping and SUD predict SB in adolescents. Method: Participants were drawn from a sample of 171 adolescents (aged 15-24) referred to a specialist youth mental health service in Melbourne, Australia. Diagnosis, depressive symptoms, and SB were assessed at baseline and 12 months. Coping style was assessed at 12 month follow-up. Results: At baseline 60% (n = 103) of participants met the criteria for a current mood disorder, and 23% (n = 39) for a SUD. Fifty per cent (n = 85) of participants had attempted suicide at least once, while 24% (n = 41) had attempted suicide two or more times. Of those who reported a suicide attempt, 76% (n = 65) expressed moderate to high suicidal intent during their last attempt. Results presented will be from the 12 month follow-up assessments. Discussion: The identification of those at risk could be enhanced if avoidance coping and SUD are shown to predict SB. Furthermore, this result could provide support for treatment and prevention-based initiatives that target coping strategies of adolescents.

A0054

Transformation from a griever to a supporter: Empowerment programs for survivors of suicide loss in Hong Kong

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Suicide Prevention Services (SPS) has launched a pioneer project -- "Project BLESS" (Befriending service for Lighting up and Empowerment Suicide Survivors) in 2008. It is specifically providing care for suicide survivors in Hong Kong context. Care for suicide survivors can be divided into two tiers. The first tier is to provide individual / family counseling, mutual support groups and programs for suicide survivors. The second tier is to render empowerment programs for those suicide survivors who have gone through the bereavement