

0828 **OPTIMISING SUICIDE PREVENTION PROGRAMS AND THEIR IMPLEMENTATION IN EUROPE (OSPI-EUROPE) INTRODUCING THE OSPI MODEL INTERVENTION AND EVALUATION METHODS**

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Suicide is a significant public health issue. The highest rates for completed suicide are found in Europe. In 2005, the European Commission recommended multifaceted and community-based intervention for improving the care of depressed patients and for preventing completed and attempted suicides, and mentioned the European Alliance against Depression (www.EAAD.net, Hegerl *et al* 2004, 2006) as best practice example. Aim of OSPI-Europe with 14 cooperating European partners is to build on the materials, experiences and evidence base provided by EAAD in order to optimise, implement and evaluate a multi-level suicide preventive community intervention program in four European regions in Germany, Portugal, Ireland and Hungary. The intervention comprises education of GPs using training sessions and videos (level 1), public relations activities (level 2), training sessions for multipliers such as priests, social workers, and the media (level 3), offers for high risk groups (persons after suicide attempt) and support of self-help activities (level 4), as well as restriction of lethal means (level 5). The concept, intervention materials, achievements and evaluation activities of OSPI-Europe will be presented. The results will provide EU member states with evidence based concepts and materials for running suicide preventive programmes at regional and national level in Europe.

References

Hegerl U, Wittmann M, Pfeiffer-Gerschel T. European Alliance Against Depression (EAAD): Europaweites Interventionsprogramm gegen Depression und Suizidalität. *PsychoNeuro* 2004;**30**:677–79.

Hegerl U, Althaus D, Schmidtke A, Niklewski G. The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. *Psychological Medicine* 2006;**36**:1225–33.