whether PI (a) explains enhanced distress beyond negative automatic thoughts, and (b) moderates the negative thoughts-distress association in adults with cancer. In a cross-sectional survey, 381 adult patients (mean age = 50.5, SD = 9.61) recruited at Santa Chiara Hospital (Pisa, Italy) completed self-report measures of negative automatic thoughts, PI, anxiety and depression. Hierarchical regression models indicated that negative thoughts and PI were each associated with higher anxiety and depression. PI explained unique variance in both outcomes beyond negative thoughts, supporting incremental validity. PI also moderated the thoughts–distress association for both outcomes; moderation effects were modest, with a slight attenuation of the thoughts–distress association at higher PI. Overall, findings support PI as a clinically relevant vulnerability process beyond cognitive content, and suggest it may primarily elevate distress broadly while only subtly altering the impact of negative thoughts. Clinically, interventions targeting PI may reduce anxiety and depressive symptoms and may also influence how strongly negative thoughts translate into distress.

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112827

Trends and social inequalities in adolescent suicidal behaviors in Luxembourg: Evidence from HBSC Surveys (2006–2022)

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Aims

Suicide remains one of the leading causes of death among adolescents worldwide. This study examined long-term trends in suicidal behaviors among adolescents in Luxembourg and assessed social inequalities by gender, age, and socioeconomic status to inform population-level prevention strategies.

Methods

A representative sample of 24,528 adolescents aged 13–18 years participated in four waves of the Luxembourg Health Behaviour in School-aged Children (HBSC) surveys (2006, 2010, 2014, 2022) using a repeated cross-sectional design. Data were collected anonymously during school hours. Outcomes included prolonged sadness, suicidal ideation, suicide planning, and suicide attempts in the past 12 months. Trends and group differences were examined using descriptive statistics.

Results

Between 2006 and 2022, prevalence increased for prolonged sadness (26.9% to 37.7%), suicidal ideation (15.6% to 23.7%), suicide planning (11.2% to 20.9%), and suicide attempts (6.7% to 11.7%). Prolonged sadness increased with age, while suicide planning and attempts were more frequent in early adolescence. Girls consistently reported higher levels of suicidality than boys, with a widening gender gap over time. Adolescents perceiving their families as less well off reported the highest levels of suicidal behaviors, whereas those from well-off families reported the lowest. Sadness and suicidality were consistently higher in general than in classical secondary education.

Discussion and conclusion

These increases align with broader evidence of declining adolescent mental health in Luxembourg and neighbouring countries, suggesting heightened distress and reporting among younger adolescents. Suicide prevention should adopt equity-oriented, multi-level strategies targeting vulnerable groups within schools, families, and communities.

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112828

Prevention of psychosocial distress consequences in somatic hospital inpatients via a stepped and collaborative care model: Results from 'SomPsyNet', a stepped-wedge cluster randomised trial (NCT04269005)

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Background and aims

Psychosocial distress affects >1/3 of somatic hospital inpatients and is associated with reduced quality of life (QoL) and other adverse outcomes (1). Nevertheless, psychosocial needs are often insufficiently identified and addressed within routine care. “SomPsyNet” targets patients from SOMatic hospitals and aims to prevent PSYchosocial distress consequences by establishing a stepped and collaborative care model (SCCM) within a NETwork. This study evaluated the impact of the SCCM.