## EPV0824

### Myths of ADHD in the Kyrgyz Republic: Destigmatization and Challenges in Mental Health

E. Molchanova[1]

[1]Psychology, American University in Central Asia, Bishkek, Kyrgyzstan
doi: 10.1192/j.eurpsy.2025.1489

**Introduction:** As a neurodevelopmental disorder characterized by symptoms such as inattention, hyperactivity, and impulsivity, ADHD was once predominantly associated with Western medical discourse. However, recent years have seen a notable rise in self-diagnoses of ADHD among young people in Kyrgyzstan.
**Objectives:** This research aims to explore the myths surrounding ADHD in the Kyrgyz Republic, focusing on how these misconceptions contribute to the destigmatization of mental health disorders and create challenges for mental health professionals. The research also seeks to examine the gap between public awareness of ADHD and the actual resources available for diagnosis and treatment in Kyrgyzstan.
**Methods:** This analysis is qualitative and is based on, (1) observations of self-diagnosis trends among young people in Kyrgyzstan, and (2) anecdotal evidence from mental health professionals working in the country. In-depth interviews were conducted with 15 adolescents, self-diagnosed with ADHD, and 15 mental health care specialists working in Bishkek. Informed consent was presented before the interviews and both patients and specialists were rewarded by 15 dollars after the interview.
**Results:** Three key myths emerged from the analysis: (1) **ADHD as a Temporary Condition:** A prevalent belief in Kyrgyzstan is that ADHD can be easily cured by a few visits to a "good" psychologist. It reflects the unrealistic expectations of therapy and the lack of understanding that ADHD often requires long-term management. (2)**ADHD as a Fashionable Disorder:** There is a growing trend, particularly among urban youth, to romanticize ADHD as a "cool" or "fashionable" diagnosis. While this has contributed to greater awareness of ADHD, it also trivializes the disorder, promoting self-diagnosis and diluting the seriousness of the condition. (3) **ADHD as a Childhood Disorder:** Another widespread misconception is that ADHD primarily affects children and that individuals grow out of it with age. This myth prevents many from seeking early intervention.
**Conclusions:** The growing awareness of ADHD in the Kyrgyz Republic is a double-edged sword. On one side, it is helping to reduce the stigma associated with mental health disorders, providing people with a socially acceptable way to discuss and understand their struggles. Conversely, the myths accompanying this awareness hinder effective diagnosis and treatment, making it difficult for individuals to access proper care. Mental health professionals must not only treat ADHD but also work to correct these societal misconceptions, a task made more difficult by limited resources in Kyrgyzstan. A more nuanced public understanding of ADHD, supported by accurate information and improved mental health infrastructure, is essential for addressing these challenges

**Disclosure of Interest:** None Declared

## EPV0825

### Evaluating the implementation of the community mental health program GBV: service users' perspectives

A. S. Mueller-Stierlin[1,2*], S. Reuter[2] and R. Kilian[2]

[1]Institute for Epidemiology and Medical Biometry and [2]Department of Psychiatry II, University of Ulm, Ulm, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1490

**Introduction:** A multi-site randomized controlled study demonstrated that the community mental health intervention GBV, when combined with standard care in the German healthcare system, led to greater improvements in empowerment, quality of life, and needs-orientation for people living with severe mental illness. However, to gain a comprehensive understanding, it is essential to include service users' perspectives alongside effectiveness data.
**Objectives:** This study aimed to assess the implementation of GBV from the service users' viewpoint, providing a holistic evaluation of the intervention beyond randomized trial results.
**Methods:** A mixed-methods approach was used to evaluate the service users' experiences with GBV. Semi-structured interviews were conducted, transcribed, and analysed using thematic content analysis. Additionally, fidelity ratings were collected after 12 months of intervention, based on a scale developed from GBV quality standards, focusing on needs orientation, relationship building, and service availability.
**Results:** The process evaluation revealed a greater increase in empowerment, subjective quality of life and treatment satisfaction as well as a greater reduction in unmet needs with a subjectively higher perceived manual fidelity. Qualitative interviews supported these findings, emphasizing the critical role of strong relationships with GBV staff, personalized care tailored to individual needs, and adherence to GBV's quality criteria.
**Conclusions:** While the effectiveness of GBV has been established, ensuring fidelity to the intervention's manual is crucial for large-scale implementation. Key factors for success include a focus on relationship building and needs-orientation, ensuring that service delivery aligns with the predefined GBV quality standards.

**Disclosure of Interest:** None Declared

## EPV0826

### Psychosocial Interventions for the Caregivers of patients with Epilepsy

V. Patil[1]

[1]Neuropsychiatry, AIIMS New Delhi, New Delhi, India
doi: 10.1192/j.eurpsy.2025.1491

**Introduction:** Epilepsy, one of the most common neurological disorders, affects around 50 million people worldwide. It is unpredictable, intrusive illness that impacts not only the patients but also those who care for them.Caregivers are vulnerable to great burden; depressive and psychosomatic symptoms, as well as physical, emotional, and economic pressures.
**Objectives:** To explore the psychiatric comorbidities, attributes related to caregiver burden and psychosocial intervetions available to allivate the burden in **Caregivers of patients with Epilepsy**.

**Methods:** A narrative review of the relevant studies focusing on psychiatric comorbidities and psychosocial interventions for reducing the caregiver burden in caregivers of patient with epilepsy was comducted.
**Results:** Caregivers of patient with epilpsy have poor quality of life and are at risk of developing psychiatric illnesses.Caregiving was reported to negatively impact one's physical and mental health, overall family functioning, and financial status. Psychological interventions such as **psychoeducation, individual, group or family counselling, Interpersonal and social support networks, relaxation therapy and cognitive behaviour therapy** have been used to treat caregiver burden associated with epilepsy caregiving.
**Conclusions:** Caring for patients with epilepsy is challenging and it is associated with enormous burden. It can lead to mental health problems which ultimately affects the compliance to treatment and overall prognosis. Psychosocial interventions can prepare caregivers for a better role of caregiver and better management of the care process. There is increased need to focus on this unexplored area through research and to provide effective interventions as a part of clinical services.

**Disclosure of Interest:** None Declared

## EPV0827

## The Burden of Mental Disorders in the world – a GBD 2021 analysis in the WHO regions

V. Pinheiro[1,2,3]* and J. V. Santos[2,3,4]

[1]ULS Matosinhos, Matosinhos; [2]University of Porto; [3]RISE-Health/Cintesis and [4]ULS Santo António, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1492

**Introduction:** The Global Burden of Disease (GBD) study has generated a plethora of worldwide data on mortality and disability, including the disease burden due to mental disorders, often amenable to interventions, essential for health planning.
**Objectives:** This work aims to report the burden of mental disorders in disability-adjusted life years (DALYs), from 2001 to 2021, globally and in the six World Health Organization (WHO) regions.
**Methods:** Retrospective descriptive study, using secondary data from the GBD 2021 Results Tool. Globally and for each of the six WHO regions, age-standardised DALY rates are reported and respective 95% uncertainty intervals, between 2001-2021, for both sexes and for males and females. All data analysis was performed using R version 4.0.5.
**Results:** In 2021, the both-sex age-standardised DALY rate due to mental disorders was 1909.15 (1440.16 – 2437.88) DALYs per 100,000 globally, with great heterogeneity across regions: the Americas with 2379.96 (1786.30 – 3026.74) DALYs per 100,000, the highest burden, and the Western Pacific with 1517.45 (1159.48 – 1910.43) DALYs per 100,000, the lowest. Between 2001-2021, the global both-sex age-standardised DALY rate remained relatively stable and even decreased slightly until 2019 but a sharp increase occurred in 2020 and 2021. This pattern generally held up across regions, with the Americas consistently the region with the highest burden, followed by Eastern Mediterranean, Europe, Africa, South-East Asia and Western Pacific. The European region showed the largest increase in 2001-2021 (from 1895.12 (1435.12 – 2420.97) to 2162.03 (1609.92 – 2777.89)). The same pattern occurred in females across regions, but an important difference in males was observed, with the Eastern Mediterranean region presenting the highest burden in 2021 (2012.54 (1523.41 – 2569.42), after overtaking the Americas in 2008.
**Conclusions:** The burden of mental disorders remained relatively stable between 2001-2019 with a sharp increase in 2020-2021 globally, and great heterogeneity between regions and some important differences between sexes. Besides opportunities for mutual learning, essential for health planning, cultural sensitivities and social/economic contexts can be important factors associated to these patterns: the COVID-19 pandemic may have been an important trigger for this sharper increase in burden. These results highlight the different patterns of disease burden due to mental disorders in the world and the need for tailored strategies.

**Disclosure of Interest:** V. Pinheiro Conflict with: This article was supported by National Funds through FCT - Fundação para a Ciência e a Tecnologia, I.P., within CINTESIS, R&D Unit (reference UIDB/4255/2020)., J. V. Santos: None Declared

## EPV0828

## Mortality Rates from Suicide in Brazil in 2021: A Comprehensive Demographic Analysis by Sex and Age Group

J. R. Pinto Nasr[1]

[1]Universidade Paulista - Campus Campinas, Campinas, Brazil
doi: 10.1192/j.eurpsy.2025.1493

**Introduction:** Suicide represents a significant and growing public health challenge in Brazil, reflecting a complex interplay of social, economic, and mental health factors.
The increasing rates of suicide highlight the need for targeted interventions and policies. Understanding the demographic characteristics associated with suicide, particularly in relation to sex and age, is crucial for developing effective prevention strategies and health policies. This study utilizes data from the 2024 epidemiological bulletin, "Panorama dos Suicídios e Lesões Autoprovocadas no Brasil de 2010 a 2021."
**Objectives:** This study aims to provide an analysis of the mortality rates from suicide in Brazil for the year 2021. The primary focus is on exploring the distribution of suicide rates by sex and age group, as well as evaluating the proportional mortality in relation to the total number of deaths in the country.
**Methods:** The study utilized data sourced from the Mortality Information System (SIM) and the aforementioned epidemiological bulletin, which compiles comprehensive mortality data across Brazil. We analyzed the rates of mortality from suicide, categorizing the data by age groups: 05 to 14 years, 15 to 19 years, 20 to 29 years, 30 to 49 years, 50 to 69 years, and 70 years and older. The analysis further differentiated the data by sex, allowing for a nuanced understanding of demographic variations.
**Results:** In 2021, Brazil reported a total of 15,507 deaths attributed to suicide. Of these, 12,072 (1.21% proportional mortality) were male, and 3,431 (0.43% proportional mortality) were female, indicating a substantial gender disparity in suicide rates. The mortality rates from suicide per 100,000 inhabitants varied significantly by age group: 0.7 for males and 0.9 for females in the 05 to 14 years age group; 9.3 for males and 4.5 for females in the 15 to 19 years group; 14.6 for males and 3.9 for females in the 20 to 29 years group; 14.9 for males and 3.8 for females in the 30 to 49 years group; 15.4 for