

EPP409

Effect of Sports Therapy Interventions on Severity of Symptoms in the Inpatient Treatment of DepressionM. Ziegenbein^{1*}, M. Wendt¹ and K. Friedrich¹¹Psychiatry and Psychotherapy, Wahrendorff Clinic, Sehnde, Germany

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Introduction: Physical activity has been identified as a therapeutic intervention for the treatment of depressive disorders. It can be conducted as a standalone intervention or as a complementary therapy method within a multimodal treatment framework. Engaging in physical activity is important for maintaining physical and mental health. There is a need for research on the implementation of exercise therapy interventions that takes into account everyday clinical practice outside the controlled conditions in study protocols. Physical activity is particularly promoted in the context of sports therapy.

Objectives: Therefore, the objective of this study is to examine the impact of exercise therapy in a day clinic setting on depressive symptom severity and cardiovascular fitness.

Methods: The study sample includes patients with a primary diagnosis of depression who had completed a minimum of four and a maximum of nine weeks of inpatient treatment in a psychotherapeutic and psychosomatic hospital in Germany. Patients in the intervention group (IG) receive exercise therapy at least twice a week throughout their treatment, while patients in the control group received a maximum of 0.5 units/week of exercise therapy. As part of the multimodal treatment setting, the exercise therapy interventions in both groups include spinal exercises, equipment-based strength and endurance training, soccer and table tennis. The BDI-II is administered to both groups to assess the severity of depressive symptoms. Cardiovascular fitness of IG is monitored using a submaximal cycle ergometer aerobic fitness test (PWC test) at baseline and at the end of treatment.

Results: The total number of patients included in the analysis was $n=37$ in IG (male=78%, $M\text{ age}=42.05$) and $n=20$ in CG (male=60%, $M\text{ age}=47.35$). A significant reduction in the BDI-II score was observed in both the IG ($M\Delta\text{BDI-II}=-16.0$, $p<.001$) and CG ($M\Delta\text{BDI-II}=-8.0$, $p<.05$) from the beginning to the end of the treatment period. When comparing reduction in depressive symptoms between two groups, IG achieved statistically significant greater reduction in depressive symptoms compared to the CG ($M\Delta\text{BDI-II}=-8.0$, $p<.01$). Participants in the IG showed a statistically significant improvement in performance, with an increase of 7 watts for the PWC130 and 12 watts for the PWC150 ($p<.05$), as measured by the submaximal cycle ergometer aerobic fitness test throughout treatment.

Conclusions: The integration of exercise therapy into a multimodal treatment framework was observed to positively impact both physical and mental health outcomes. Given the presence of physical comorbidities and relapses, further research should investigate the long-term impact of behavioral changes related to physically active lifestyle.

Disclosure of Interest: None Declared

Mental Health Care

EPP410

Addressing Mental Health Priorities in Mexican Youth: Developing a Primary Health Care and Psychiatry Model (MAP-PSI for its acronym in Spanish)L. Diaz-Castro^{1*} and N. Bautista-Aguilar¹¹National Institute of Psychiatry Ramon de la Fuente, Mexico City, Mexico

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Introduction: Depressive disorders among young people are a significant public health concern, particularly in underserved areas where access to mental health services is limited. The MAP-PSI model was developed to address this gap through a comprehensive approach that integrates promotion, prevention, and remote care strategies. Implemented in Ciudad Fernández, San Luis Potosí, Mexico, the model is designed to be adaptable and scalable, allowing it to meet the varying needs of different communities and leverage telemedicine and digital tools to extend mental health care.

Objectives: The MAP-PSI model aims to improve mental health outcomes for young people by providing an adaptable framework for addressing depressive disorders. Its goals are to enhance accessibility to mental health services in underserved areas, utilize bilingual and culturally sensitive materials, and integrate actions across various community settings. The model seeks to empower healthcare providers and decision-makers to implement effective, sustainable interventions that can be adapted for other health issues and locations.

Methods: The MAP-PSI model is implemented in four phases: Exploration-Planning: This phase involves community engagement, conducting needs assessments, and training local staff to ensure that the intervention is tailored to the specific needs of the community. Initial and Total Implementation: Active monitoring and real-time adjustments are made to the model to ensure its effectiveness and responsiveness to emerging needs. Sustainability: Focuses on maintaining and expanding the model's reach through continuous improvement processes, ensuring long-term impact and adaptation.

Results: Key components of the model include psychoeducation, psychological support, telepsychiatry, and community-based promotion and prevention efforts. The use of bilingual and culturally sensitive materials is emphasized to cater to diverse populations, including indigenous groups. Integration across primary health care centers, schools, and community settings enhances the support for mental health and prevention of depressive disorders.

Conclusions: The MAP-PSI model demonstrates promising social returns on investment by effectively addressing depressive disorders through a scalable and adaptable framework. Its integration of telemedicine and digital tools enhances accessibility to mental health care in underserved areas, while its culturally sensitive approach ensures relevance across diverse populations. The model's phased implementation framework supports both immediate effectiveness and long-term sustainability. The MAP-PSI model offers a valuable guide for health care providers and decision-makers, with the potential for adaptation and expansion to other health issues and regions, thereby contributing to improved mental health outcomes and sustainable intervention practices.

Disclosure of Interest: None Declared