

SP011

BREF: the value of a short early intervention for informal carers and families for reducing stress and burden of care

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Abstract: Introduction: Informal caregivers are essential in supporting individuals facing mental health challenges, yet the demanding nature of their role can lead to significant distress and long-term psychological strain. International guidelines consistently highlight the critical importance of early caregiver support and identify psychoeducation for caregivers as one of the most effective interventions to support them. However, psychoeducational programmes for caregivers remain significantly underutilised. To address this pressing gap in mental health support, Rey et al. (2020), in collaboration with Unafam, the French national family association, developed the BREF programme. This innovative psychoeducational intervention is designed to provide early and systematic support for caregivers of people with severe mental disorders.

Objectives: This study investigated the impact of the BREF programme, focusing on its potential to mitigate depressive symptoms and alleviate the psychological burden experienced by caregivers.

Methods: This study used a single-group pre-post design. It included family caregivers who participated in the BREF programme from November 2020 to March 2022. Changes in caregiver depressive symptoms (CES-D) and burden (ZBI) measured pre-, post- and 3 months after intervention. Caregivers' satisfaction and perceived usefulness were also assessed.

Results: Data from 206 family caregivers were analysed. The depression and burden scores significantly decreased immediately after the intervention ($p < 0.001$) and at the 3-month follow-up ($p < 0.05$). Additionally, 98% of participants reported being satisfied to very satisfied, 95% of them deemed it very to extremely useful.

Conclusions: The BREF programme demonstrated significant benefits, notably reducing caregivers' depressive symptoms and burden. Designed for early systematic implementation this standardized, time- and resource- efficient intervention, offers a promising foundation for a structured and graduated support pathway for caregivers.

Disclosure of Interest: None Declared

SP010

The use of apps in public mental health: assessing needs and re-developing programs for integration into society

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Abstract: In the last decennium there is an explosion of medical devices to help patients in their fight against their psychiatric disorder and if possible to take more control and responsibilities over their own lives. In our research on measurement instruments it was doubted that patients were able to use computers and apps. Happell, 2009, addressed that psychiatric patients were very interested in using apps and also were positive being partners in the development of apps that could enhance their quality of life. Their attitude towards apps in clinical practice was more positive than their clinicians who were afraid of being judged on their performance and are more hesitant (Buwalda, et al., 2015). 10-15 years later millions of patients and clinicians are using applications and other medical devices to enlighten their lives.

But what about the most vulnerable citizens, our patients, in the cities in the context of urbanisation. In Amsterdam the public mental health services developed the self-sufficiency matrix (SSM) to gain insight in the peoples individual possibilities. A measure that insights the adaptation to the complex city life and how they can take care of themselves in this ever changing world. How do they feel about using apps or their professionals in daily clinical practice?

This presentation is about the history of the development of a mental health app for psychiatric patients in the city to be used by the professionals. Through a small pilot the presenter will show the process of development of the SSM-app that gives insight in the wellbeing of the most vulnerable and their needs. We will also discuss the challenges and user-friendliness of the SSM- app in our PMH to make our work more digital proof.

Disclosure of Interest: None Declared

SP011

Patient perspectives on the development of a prescription opioid use disorder

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Abstract:

Introduction: In the past decade, prescription opioid use increased exponentially and concomitantly prescription opioid use disorders (OUD) are becoming more common. While substantial research has identified clinical risk factors, little attention has been paid to the lived experiences that contribute to the development of OUD.

Objectives: This study aimed to explore and document patients' experiences on how they developed a prescription OUD.

Methods: We conducted in-depth, semi-structured interviews with 25 adults with chronic non-cancer pain currently undergoing treatment for prescription OUD. The interviews explored their experiences with long-term opioid use, attitudes toward opioids, and access to prescriptions. Transcripts were analysed using directed content analysis to identify recurring themes.

Results: Participants identified three key themes influencing the development of OUD: (1) experiences driving initiation, (2) experiences driving continuation, and (3) experiences with prescription OUD. Beyond pain management, factors such as patient-provider communication, care coordination, provider vigilance, and environmental support significantly shaped opioid use patterns. Participants cited a lack of guidance during both initial and long-term opioid use, easy access to prescriptions, and insufficient monitoring as major contributors to OUD. Poorly controlled pain and high levels of stress were also highlighted as critical drivers of continued opioid use.

Conclusions: Patients described a distinctive pathway to prescription OUD, contrasting with other substance use disorders, with negative reinforcement playing a particularly prominent role in the early stages of opioid use. Their perspectives reveal critical gaps in guidance and monitoring during opioid therapy, highlighting opportunities for intervention and improvement.

This talk will explore how these insights can inform prevention strategies, improve care coordination, and support better outcomes for patients at risk of OUD.

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SP012

Prevention of prescription opioid use disorder

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Abstract: It is important to address the prevention and early detection of opioid addiction with a comprehensive approach. The collaboration and early attention are essential to mitigate the risks associated with opioid misuse. In this session we will review the myths associated with high risk of opioid addiction and how to address when it has been developed.

Some key strategies could be: Provide accurate and understandable information about the risks associated with opioid use, as well as the early signs of addiction. Consider alternative options for pain management, such as physical therapies, exercise, and medications non-opioids, before prescribing opioids. It is important balance pain relief with control of possible addiction risks. The appropriate and controlled indication of opioids is of vital importance to prevent and detect inappropriate use. Prescribe the lowest dose and duration shortest possible. It is important to visit frequent monitoring to detect signs of misuse and/or addiction.

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SP014

Tapering in patients with chronic pain and prescription opioid use

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Abstract: Opioid use disorder in patients with chronic pain poses a specific clinical challenge. Tapering opioids can initially increase pain, while continuing opioids is associated with tolerance and opioid induced hyperalgesia, resulting in inadequate analgesia. In the long run tapering of opioids or rotation to long-acting alternatives, such as buprenorphine or methadone, have been associated with less pain and better quality of life. In this presentation, evidence for various tapering and rotation strategies will be presented, as well as the possibilities for integrated pain management and addiction care. After this session you will know how to prepare your patient with prescription opioid use disorder and chronic pain for tapering of opioids, how to support your patient with tapering, including the pace of tapering and the use of supporting pharmacological and non-pharmacological interventions. Finally, it will be discussed who is more likely to benefit from rotation to long-acting opioids, and why some patients might be better off without opioid tapering.

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SP015

Determinants of Mental Health in Europe

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Abstract: Introduction This presentation will provide an up-to-date cross-national comparison of the individual, environmental and socioeconomic determinants of the European population mental health (MH). Methods The European House & Ambrosetti-funded 2023 Headway Mental Health Index 3.0 initiative collected data on 19 Key Performance Indicators (KPIs) in individual (e.g., smoking), environmental (e.g., air pollution) and socioeconomic (e.g., poor housing conditions) determinants of MH for the European Union 27 countries and the UK. KPIs scores were standardised in a 1-10 Likert Scale (1: worst performance; 10: best performance), thus allowing between-country comparisons of the relative performance. Unadjusted bivariate correlations between KPIs scores were run. Results Finland (8.0), Sweden and Estonia (7.5) had the lowest MH risk, while France (3.1) and Romania (2.8) had the highest MH risk. Smoking ($r=-0.43$, $p=.021$), alcohol use ($r=0.57$, $p=.002$), daylight hours ($r=0.74$, $p<.001$), ecoanxiety ($r=-0.51$, $p=.005$), air pollution ($r=-0.46$, $p=.015$), commuting time ($r=0.42$, $p=.026$) and Fragile State Index ($r=-0.44$, $p=.018$) correlated with overall MH status, thus emerging as common determinants of MH across the board. Conclusions The determinants of MH varied across European countries, although the correlation between determinants-based MH risk and MH status was relatively weak, including 'low-risk, poor MH status' and 'high-risk, good MH status' countries. Further non-tested determinants of MH and/or between-country differences in their responsiveness to the population MH needs may explain this discrepancy. These results may inform future evidence-based public MH policymaking and universal preventive strategies in Europe.