mental and physical health services. The investigation of how affirming healthcare access influences resilience building among transgender and gender non-binary individuals highlighted the urgent need for additional interventions in public healthcare systems. Following this, a mental health program for LGBTQIA+ individuals was launched within the Croatian healthcare system to buffer the negative health effects of minority stress and improve mental health among sexual minorities and gender-diverse populations.

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EPP666

Unveiling Loneliness in Multiple Sclerosis: Insights from a Nationwide Cross-Sectional Study in Greece

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Introduction: Multiple sclerosis (MS) is a chronic and progressive inflammatory autoimmune disease of the central nervous system. Beyond physical symptoms, it can cause various socio-affective symptoms such as depression, anxiety, sleep disorders and loneliness, leading to a significant psychosocial burden.
Objectives: This study aimed to identify factors contributing to loneliness in MS patients and to examine its associations with psychological distress, stigma, and resilience.
Methods: We conducted a nationwide cross-sectional study of patients with MS from October 2022 to January 2023. Data were collected using an online questionnaire, which included socio-demographic information, disease characteristics, experiences of social stigma, psychological distress, coping strategies, and perceived social support. Validated tools used were the Stigma Scale of Chronic Illness (SSCI-8), Kessler Psychological Distress Scale (K10), Brief Resilient Coping Scale (BRCS), and UCLA Loneliness Scale.
Results: A total of 108 patients, 69.4% women, mean age 44.8 years, participated in the study. Higher loneliness scores were associated with greater psychological distress (p<0.001) and higher perceived stigma (p<0.001). Inversely, higher loneliness levels correlated with lower resilience (p<0.001). Patients living in small urban or rural areas reported higher levels of loneliness compared to those in large urban centers (p=0.002). Additionally, full-time employment (p=0.032) and better financial status (p = 0.025) were associated with reduced loneliness, while a family history of psychiatric illness was linked to higher loneliness (p=0.043).
Conclusions: This study reveals that loneliness is an important issue in MS patients and is associated with mental health problems, stigma and reduced coping resilience. Patients living in smaller urban areas, with poorer financial status, or a family history of psychiatric illness are particularly vulnerable. Addressing loneliness should be a priority in psychosocial interventions to improve quality of life. Future research with larger samples is recommended to confirm and extend these findings.

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EPP667

Recognition of Mental Illness among Primary Care Providers in Hungary: Strengths and Limitations

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Introduction: With 1 in every 8 people living with a mental disorder according to the World Health Organization, the need for appropriate identification and treatment of mental health conditions is paramount. As the majority of people with mental health problems seek help and receive their mental health care from primary care providers (PCPs), PCPs assume an important role in the identification of mental illness.
Objectives: This study examined mental health literacy and predictors of disorder recognition among primary care providers (PCPs) in Hungary.
Methods: Hungarian PCPs (n = 208) completed a survey assessing demographics, mental health stigma, and exposure to mental health. Participants read six vignettes describing obsessive-compulsive disorder (OCD) harm/aggression subtype (OCD-Aggression), OCD order/symmetry subtype (OCD-Order), generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), and major depressive disorder (MDD) and were asked to identify each condition and provide treatment referrals. Descriptive analyses were used to characterize disorder recognition rates, perceived disorder causes, and treatment referrals. Binary logistic regression analyses were conducted to examine the degree to which demographic characteristics, mental health stigma, and exposure to mental health predict accurate disorder recognition.
Results: Identification rates for each vignette were: OCD-Aggression (27.9%), OCD-Order (75.5%), SAD (34.1%), GAD (76.0%), PD (78.8%), and MDD (91.3%). First-choice treatment referrals were a psychiatrist for OCD-Aggression (63%), OCD-Order (53.8%), and MDD (46.6%), a psychologist/therapist for SAD (58.7%) and GAD (48.6%), and a PCP for PD (39.9%). Anxiolytics (e.g., benzodiazepines) were the most commonly recommended medication for the anxiety disorders. Mislabeling conditions was significantly associated with older age (for GAD, OCD-Aggression, PD and MDD), male gender (for GAD), greater mental health stigma (for OCD-Order), and not having a family member/friend with a mental health condition (for SAD).
Conclusions: Findings highlight strengths (e.g., depression recognition) and limitations (e.g., OCD-Aggression) in knowledge of mental health conditions among PCPs in Hungary. Our findings add to the literature by outlying potential intervention targets (e.g., increasing education on appropriate anxiolytic use) to improve mental health literacy in primary care. Future research should investigate the efficacy of psychoeducation interventions, particularly for