

psychotic problems. Furthermore, they thought the APPA had clear instructions and a good scaling (5-point-Likertscale). Two out of the 36 questions were considered more difficult to comprehend. Eight MH care professionals (one nurse, one nurse practitioner, two psychiatrists, and four psychologists) were interviewed about the APPA. They considered the instrument to be clear and complete with regard to psychotic symptoms, with clear instructions and good scaling. In their opinion two questions were vague, 14 questions contained ambiguous words and five questions were formulated in a complicated way. Based on the findings of the target population and professionals, several questions were adjusted, or reformulated into multiple questions, resulting in a 41-item questionnaire on a 5-point-Likertscale.

Conclusions: The APPA was found to be a comprehensible, clear instrument, giving a good reflection of psychotic problems according to the target population and professionals. The content validity of the APPA was found to be good. As a next step we are collecting data within the target population to establish reliability, this will be followed by a study measuring other psychometric properties, in which the APPA will also be compared to gold standard instruments. The APPA thus far seems a promising instrument for both research and daily practice.

Disclosure of Interest: None Declared

EPP449

The effect of a mindfulness based-group psychotherapy on stress parameters in schizophrenia spectrum disorders

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Introduction: Recent studies have demonstrated the positive effects of mindfulness-based interventions on stress reduction in healthy individuals. Individuals with schizophrenia spectrum disorders (SSD) often experience elevated stress levels due to multiple factors. According to literature, plasma and saliva levels of oxytocin (OXT) and cortisol can serve as biological stress markers. However, the interaction between mindfulness, stress, and the oxytocinergic system in SSD remains unexplored.

Objectives: This exploratory study investigates the impact of mindfulness-based group therapy (MBGT) on biological stress parameters, including OXT and cortisol levels in plasma and saliva, and changes in psychological stress parameters.

Methods: A blinded, randomized, and controlled study was conducted. Participants were assigned to either MBGT with four weekly sessions in addition to treatment as usual (MBGT+TAU) or only treatment as usual (TAU). Venous blood and saliva samples were collected before and after the MBGT sessions to determine OXT and cortisol levels. Self-reported questionnaires measured stress via visual analogue scales before and after the MBGT sessions.

Results: A total of 48 outpatients with SSD received either MBGT+TAU (n=25) or TAU (n=23). Analyses revealed a significant reduction in subjective stress levels during each MBGT session. After the MBGT sessions, a significant reduction in cortisol levels was observed, which correlated with the reduction in subjective stress experience. During the first session, oxytocin levels significantly increased in the saliva. However, in the last session, there was a significant decrease in oxytocin levels in both blood and saliva. Additionally, the MBGT+TAU group showed significantly lower OXT plasma levels at the end of the intervention compared to the TAU group.

Image 1:

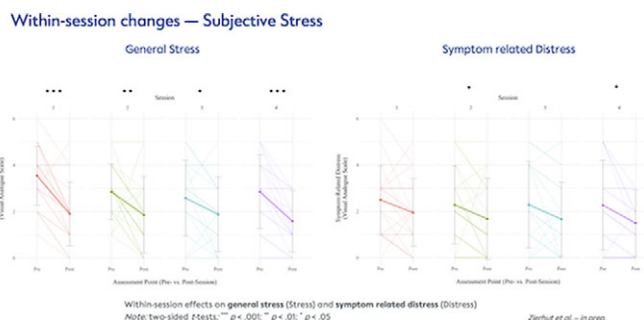


Image 2:

Within-session changes — Cortisol saliva levels

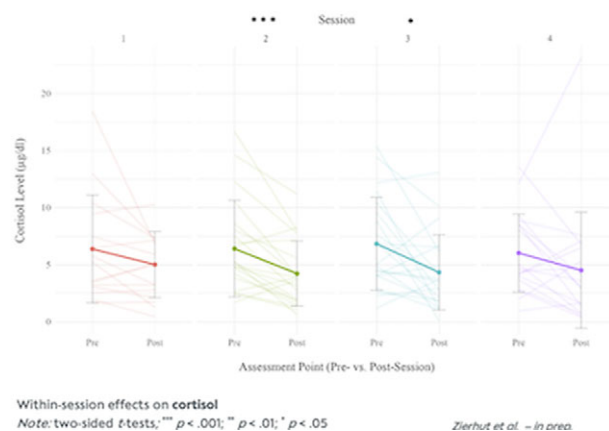
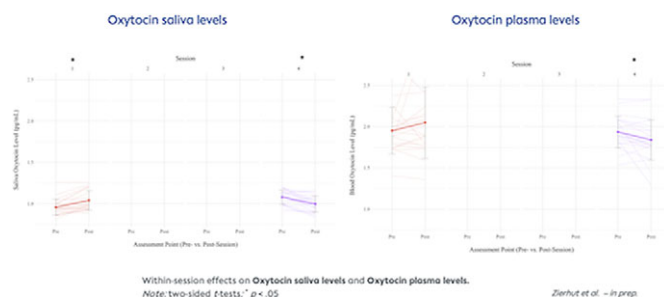


Image 3:

Within-session changes — Oxytocin levels



Conclusions: The outcomes of this study provide insights into the potential effects of mindfulness on biological and psychological stress parameters in SSD. Consistent with recent research, we found significant effects on subjective stress and changes in oxytocin and cortisol levels throughout the MBGT intervention. A fully powered trial is needed to determine the efficacy of these findings.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPP450

Shattered Dreams: Dysfunctional Families and Suicidal Behaviour among Armenian Adolescents

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Introduction: The family is the cornerstone of a child's physical, emotional, and psychological development (Masteller & Stoop. Servant Pub. 1996; Ubaidi. J Fam Med Dis 2017; 3:059). While a stable family fosters healthy growth and positive interpersonal relationships, a dysfunctional family can lead to severe consequences, especially in adolescence (Kurtz & Derevensky. Can. J. Sch. Psychol 1994; 9(2) 204-216; Holland *et al.* J. Youth Adolesc. 2017; 46(7) 1598-1610). In Armenia, where domestic violence is widespread and underreported due to societal norms prioritising family unity and reputation preservation (Kharatyan & Tovmasyan. Eur. J. Soc. Sci. Educ. Res. 2021; 8 (1) 56-65), research on the effects of dysfunctional family dynamics on adolescent suicidality remains notably scarce.

Objectives: This study explores the role of dysfunctional family structures in suicidal behaviour among adolescents in Armenia.

Methods: A qualitative analysis employing the documentary method was conducted on the patient histories of 67 adolescents hospitalised at 'Muratsan' University Hospital Complex following suicide attempts.

Results: Of the 67 adolescents, 30 had divorced parents, and 37 had intact families. Five key themes—pathological, authoritarian, conflict-driven, chaotic, and neglectful family environments—emerged, highlighting the development of adolescent suicidal behaviour. Adolescents from pathological families, where one or both parents struggled with substance abuse or mental health conditions, frequently witnessed and experienced ongoing domestic violence. In authoritarian families, adolescents were subjected to coercive and controlling behaviour, while those from conflict-driven families were often caught in intense interpersonal strife or between feuding, divorced parents. In chaotic families, parents were unable to meet the adolescents' emotional needs due to their overwhelming focus on financial responsibilities and coping with the fallout of divorce. In neglectful families, adolescents experienced a profound lack of parental involvement and support, often feeling abandoned. These dysfunctional family environments fostered suicidal behaviour, with adolescents attempting suicide as they 'couldn't bear their situation any longer', wanted to 'escape reality', 'couldn't see a way out', 'didn't feel needed by their parents', 'couldn't find a reason to live' and 'wished to die'.

Conclusions: The study revealed that adolescent suicidality arose within dysfunctional family environments characterised by ongoing exposure to domestic violence, coercive and controlling

behaviour, conflicts, parental neglect, and a lack of emotional support. These findings highlight the critical need for targeted interventions to support at-risk youth, emphasising the urgency of addressing domestic violence against women and children in Armenia and assisting parents in fostering a caring and safe family environment.

Disclosure of Interest: None Declared

EPP453

Thyroid hormone levels are linked to history of suicidal behavior in individuals with anxiety and mood disorders

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Introduction: The relation between thyroid function and depression has long been recognized. However, studies analyzing coexistence of thyroid dysfunction and suicidal behavior still offer contradictory results. Thyroid hormones that may play an important role in suicidal behavior have not been thoroughly investigated in the sample of individuals with comorbid anxiety and mood disorders (AMD).

Objectives: The aim of this cross-sectional study was to identify potential associations between thyroid function and suicide attempts (SA) in individuals with AMD.

Methods: This study comprised 147 consecutive participants (mean age 42.4±13.1 years; 69% women). Thirty-five percent (n=51) of the sample was hospitalized after a suicidal attempt, 34 percent (n=50) patients with AMD and without a history of SA, and 31 percent (n=46) individuals without a life time history of mental disorders or suicidal attempt (control group). All participants were interviewed for current psychiatric diagnoses and suicidal behavior using the Mini International Neuropsychiatric Interview. The biochemical blood tests were performed for the concentrations of free thyroxine (FT4), free triiodothyronine (FT3) and thyroid stimulating hormone (TSH). All data were reported as means, standard deviations, or medians (interquartile range [IQR]). Analysis of variance (ANOVA), chi-square test, independent samples t-test, Kruskal-Wallis test, were used for the group comparisons. Multivariable logistic regression analyses were used to assess the associations between thyroid hormones parameters and SA.

Results: All participants had serum FT4, FT3 and TSH level within normal range. Patients with AMD and SA were more likely to be younger than patients with AMD only and the control group (36.1 ± 13.6 vs. 41.5 ± 11.9 and 48.4±12.1 years; p<0.001). There were no significant differences according to gender, BMI, mean values of TSH and FT4 between groups. In our study, FT3, but not the other thyroid axis hormones, was independently associated with suicidal behavior. Patients with AMD and SA had lower FT3 levels in comparison to patients with AMD without SA and the control group (5.20 (0.65) pmol/L vs. 5.52 (0.62) and 5.65 (0.71, p=0.005)). A multivariable logistic regression revealed that FT3 levels of female SA were significantly lower than non-attempters (4.92 (0.64)