

## EPP411

### Effectiveness of Guided Self-Help Versus Internet-Delivered or Face-to-Face Cognitive Behavioral Therapy for Depression and Anxiety: a Randomized Controlled Non-Inferiority Trial of the Finnish First-Line Therapies –Initiative (FLT-Step)

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**Introduction:** Depression and anxiety are among the most prevalent mental health conditions, particularly in Western countries. Access to effective treatments, such as cognitive behavioral therapy (CBT), in publicly funded primary care settings is often insufficient.

**Objectives:** This study aims to evaluate, within a non-inferiority framework, the effectiveness and cost-effectiveness of three treatment modalities for depression and anxiety within the Finnish public healthcare system: 1) a stepped care model, which involves sequential guided self-help (GSH) followed by face-to-face CBT for non-responders; 2) internet-delivered CBT (iCBT); and 3) face-to-face CBT.

**Methods:** Our objective is to recruit 948 adults (16+ yrs) exhibiting symptoms of depression (scoring  $\geq 10$  on the Patient Health Questionnaire, PHQ-9) and 948 adults exhibiting symptoms of anxiety (scoring  $\geq 10$  on the Generalized Anxiety Disorder scale, GAD-7). These participants should be suitable for step 1 or step 2 treatments, such as GSH, iCBT or CBT, within the Finnish public healthcare system. Individuals currently receiving psychological treatment, those with severe suicidal ideation, cognitive impairment, or those with substance abuse issues will be excluded from the study. Participants will be randomly assigned to one of three groups: GSH, iCBT, or face-to-face CBT. Those who do not respond adequately to GSH will be stepped up for further treatment with face-to-face CBT. Participants will complete symptom measures, such as PHQ-9, GAD-7, measures of function, work ability and social support at various stages over the course of the study to track changes in their mental health. The trial and follow-up period will span 5 years. In addition to data collected from the study participants, the study incorporates direct and indirect healthcare, social care, employment, and societal cost data from Finnish national registries. These registries will also be utilized to create population-matched controls for the study participants. The study will be conducted within several wellbeing service counties in Southern Finland and Western Finland. It is part of the Finnish First-Line Therapies –initiative in Finland's public healthcare system.

**Results:** Recruitment of study participants began in autumn 2024 and is expected to take approximately one year. Initial results are anticipated by 2026. The study protocol has been registered in the ISRCTN registry prior to the commencement of participant recruitment. The study is primarily funded by grants from the Ministry of Social Affairs and Health in Finland (VN/29619/2023 and VN/29613/2023).

**Conclusions:** The study aims to improve access to effective, evidence-based treatments for depression and anxiety within the public healthcare system.

**Disclosure of Interest:** None Declared

## EPP412

### Therapy Sessions as Part of the Prenatal Care Programme

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**Introduction:** Prevention is key to maintain a healthy lifestyle and to ensure a positive outcome of any given condition, especially in such a vulnerable one, as is pregnancy. The progress made in prenatal care in the last century is astounding and professionals nowadays are able to provide state of the art investigations and inventions throughout pregnancy and even before, but there is a dire need to address the mental health approach of the soon-to-be mothers. Since studies have shown the link between mother's emotions and the child's well-being, providing support in order to maintain a good mental health status should be part of the prenatal care programmes.

**Objectives:** The initial hypothesis is that pregnancy is a delicate period for the mother to be, therefore anxiety levels can be high or prenatal depressive episodes can occur in the absence of good psychological support. We aim to prove that integrating psychotherapy as part of the prenatal care programmes has benefits for both mothers and child and can significantly reduce the struggle of battling these symptoms on one's own.

**Methods:** We launched an online questionnaire on groups and sites that targeted pregnant women or women who have just given birth. The questions were designed to address the anxiety and/or depressive symptoms throughout the pregnancy, the support they received from the health care providers and the impact these had on how they handled the pregnancy period. Anxiety symptoms were assessed using the HAM-A scale, meanwhile for depressive symptoms we used PHQ9 questionnaire. The study was conducted anonymously and was approved by the local ethics committee.

**Results:** We received 200 answered questionnaire, from which 189 were valid and relevant to the study.

The results showed that the majority of pregnant women (83%) have struggled with anxiety and/or panic attack throughout the pregnancy and the prenatal care appointments proved insufficient to alleviate their concerns. Most of them (94%) turned to the internet for answers, which was an aggravating factor for the symptoms. The impact these symptoms had on their pregnancy varied from tensions between them and their partners, insomnia, feelings of worthlessness and irritability to moderate depressive episodes. Almost all the respondents (91%) have answers affirmatively to the proposal to undergo a few therapy sessions to manage

these symptoms, if they were to be part of the prenatal care programme.

**Conclusions:** Pregnant women are at risk for various mental health issues which can be prevented with proper care, thus addressing further risk for both the mother and the baby. The need for integrating therapy in prenatal care programmes could have a great impact on the outcome of the pregnancy and even in women desire to bear children.

**Disclosure of Interest:** None Declared

## EPP414

### Trauma matters! Trauma-informed care among allied health professionals working with children and youth and its associations with personal factors

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**Introduction:** Childhood trauma can significantly impact development, function, and well-being. Allied health professionals often support individuals exhibiting trauma-related signs, but the extent of trauma-informed care (TIC) understanding and application remains unclear. Moreover, secondary traumatic stress (STS) is a significant concern for professionals who treat traumatized children and youth. Thus, it is essential to provide TIC training to these professionals while also addressing the potential effects of STS.

**Objectives:** The current study mapped the knowledge of trauma, the perceived relevance of TIC, and its implementation among allied health professionals working with children and youth. It also examined the relationships between knowledge of trauma, TIC perceived relevance and implementation, and relevant personal factors (resilience, self-compassion, and empathy).

**Methods:** 176 allied health professionals (nutritionists and occupational, speech, and physical therapists) answered an online survey including a demographic questionnaire, Trauma-Informed Approach Questionnaire, Connor-Davidson Resilience Scale, Self-Compassion Scale, and Interpersonal Reactivity Index. Descriptive statistics and ANOVA were used to describe the sample and assess differences between knowledge, attitudes, and implementation. Pearson correlations were used to assess relationships with personal factors.

**Results:** Significant differences were found between trauma knowledge, TIC relevance perception, and TIC implementation among the entire sample,  $F(2, 352) = 127.5, p < .001, \eta^2 = 0.43$ . Perception of TIC relevance was higher than knowledge of trauma ( $p < .001$ ) and TIC implementation ( $p < .001$ ). Positive correlations were found between resilience and knowledge of trauma ( $r = .22, p < .01$ ), TIC perception relevance ( $r = .17, p < .05$ ), and TIC implementation ( $r = .23, p < .05$ ). Self-compassion was positively correlated with knowledge of trauma ( $r = .18, p < .05$ ) and TIC implementation ( $r = .22, p < .01$ ). Perspective-taking (empathy) was positively

correlated with knowledge of trauma ( $r = .15, p < .05$ ), perception of TIC relevance ( $r = .39, p < .01$ ), and TIC implementation ( $r = .31, p < .01$ ), and empathic concern was positively correlated with perception of TIC relevance ( $r = .33, p < .01$ ).

**Conclusions:** The findings highlight the limited knowledge of trauma and TIC implementation among allied health professionals, emphasizing the lack of TIC training. Resilience, self-compassion, and empathy can be strategies to cope with treating children and youth who have experienced trauma and prevent STS.

**Disclosure of Interest:** None Declared

## EPP415

### Community mental health centres in Slovenia: assessment of the situation and needs

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**Introduction:** Mental health reform was accepted in Slovenia in 2018 to provide accessible community treatment and care regionally for 40-70000 population. The implementation took place mostly with establishment of community mental health centers (CMHC), which included around 20 000 patients in 16 community centers for the adult population. These CMHCs provide triage, needs assessment and treatment plans. The National Mental Health Plan did not address the development of rehabilitation services. The institutional costs of treatment and care were not reduced, as well as not the number of institutional beds.

**Objectives:** To assess the development of CMHC's in Slovenia on the grounds of the data from the CMHC Logatec.

**Methods:** The data about 5761 patients included in the treatment process in one of the CMHCs were gathered regarding basic demographic data, diagnosis and treatment mode, including the definition of care coordination.

**Results:** 2654 patients were treated in the home environment. Medical nurses were coordinating treatment in the majority of these patients. Occupational therapist, social worker and psychiatrists were part of the team in this group. 816 patients in this group were diagnosed with dementia and had also somatic illness. 1011 were diagnosed with schizophrenia or other psychotic disorders. 3107 patients were treated in the outpatient care, the majority of them by psychologists. Psychiatrists and social worker were included in these care coordinating teams. 1219 of them were diagnosed with depressive and 1001 anxiety disorders.

**Conclusions:** Community care teams in Slovenia included around 20 000 patients in three years time. The majority of these, specifically in Logatec are diagnosed with schizophrenia, dementia, depressive and anxiety disorders. Immediate access to service is still granted, with exception of psychological treatment which does not reach everybody in need in time. Development of CMHC's should be led by needs assessment on the ground of developing data. It's already obvious that increase of the number of psychologists to