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EPP417

Patient Journeys and Outcomes in Mental Healtcare Systems in Europe – Narrative Review and Study Protocol for a Trans-European Comparison

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Introduction: Mental healthcare systems in Europe differ greatly in terms of access and care settings. Whereas comparisons of the structures partly exist (e.g. REFINEMENT project), not much is known neither about the patient journeys for specific disease entities nor about outcomes of these differently organized systems. Objectives: The first objective is to review the existing literature on structural differences in mental healthcare systems in Europe. The second objective is to discuss options for studies that gather differences in patient journeys and outcomes for specific disease entities.

Methods: Narrative review about structural differences in mental healthcare in Europe and discussion of a study protocol for assessing patient journeys for 6 important disease entities (Severe Major Depressive Disorder, Schizophrenia, Behavioural disorders in Dementia, Borderline Personality Disorder, PTSD, Alcohol Addiction).

Results: European mental healthcare systems differ greatly in terms of structures of mental healthcare provision. E.g. Belgium had 141 hospital beds per 100,000 inhabitants, Germany 131, the Netherlands 112, Switzerland 95, Austria 75, and Denmark 5 (eurostat, 2024a). However, what these numbers mean for the patient journeys and for the systems outcomes is unclear. We discuss an approach for examining prototypical patient journeys for the above-mentioned disorders and for comparing their outcomes in terms of quality of life and global psychosocial functioning.

Conclusions: We are looking for European partner institutions for establishing a mental health systems research network. The goal is to set up studies that allow to compare patient journeys and outcomes within the differing European Mental Healthcare Systems as a basis for mutual learning from best practice examples.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP418

Studying loneliness and its impact on mental health among University students: the SONDEU Project

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Introduction: The challenge of loneliness underlines the need for studies that allow us to analyse and understand this phenomenon, particularly in vulnerable groups. Although loneliness can occur at any stage of life, it seems to be more prevalent during phases of transition, where changes in social relationships are frequent (Mund et al., 2020). In the younger population, a significant restructuring of social life is observed, with peer relationships becoming more central while family ties become less prominent. This often coincides with key life transitions such as change of residence, first romantic relationships, work experiences, etc. (von Soest et al., 2020). This is especially noticeable during the university stage, a period often accompanied by academic pressure due to personal, familial or societal expectations and/or needs. Furthermore, this stage is especially critical from a mental health perspective, as most mental health problems appear for the first time before the age of 25.

Objectives: 1) To analyse the impact that loneliness has on the student community at the Complutense University of Madrid (UCM). 2) To find out the prevalence and types of loneliness as well as its association with different problems of mental health.

Methods: This study follows a two-phase mixed-methods approach. In the first phase, two focus groups were conducted to explore the definition and characteristics of loneliness in-depth. The convenience sample consisted of 8 to 10 students per focus group from different educational levels and academic disciplines. A pre-designed guide with open-ended questions facilitated the session (e.g., "Reflecting on your university experience, what situations or experiences have made you feel lonely?"). In the second phase, a cross-sectional observational study was conducted. While we estimated a sample size of 246 participants to explore the prevalence of loneliness, we aim to obtain a representative sample of students from the UCM. The following measures were included: loneliness (frequency, type), mental health (depression, anxiety, psychotic experiences, suicidal behaviour), well-being and social relationships, academic performance, non-behavioural addictions and lifestyle. Data is being processed and analysed using appropriate statistical and qualitative analysis software. This study has received ethical approval from the participating institution.

Results: Data from the focus groups and the online survey were compared from different educational levels and academic disciplines to explore characteristics of loneliness and mental health problems.

Conclusions: This study seeks to gain a deeper understanding of loneliness among university students. These findings aim to promote changes that integrate a new form of care and promotion of mental health in this group (i.e., identification, prevention and management of loneliness) as well as to encourage further research in this area.

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EPP419

Comparing mental health levels between caregivers of patients with severe mental disorders and caregivers of patients with rare genetic diseases

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Introduction: Severe mental disorders and rare genetic diseases are chronic and highly disabling conditions requiring continuous assistance by caregivers, whose personal and social burden may result in mental health problems.

Objectives: The current study aims to compare objective and subjective burden as well as levels of general well-being, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality between caregivers of patients with severe mental disorders, caregivers of patients aged 0-18 with rare genetic diseases, and caregivers of patients aged 50-85 with rare genetic diseases.

Methods: Caregivers of patients with severe mental disorders were recruited at the Department of Psychiatry of University of Campania, Naples, if they were more than 18 and released consent. Caregivers of all patients with rare genetic diseases were recruited at the Inherited and Rare Cardiovascular Disease Unit of University of Campania, Naples, if they were more than 18 and released consent. Caregivers' levels of personal and social burden, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality were assessed through standardized tools and compared between groups by carrying out analyses of variance.

Results: Seventy-seven caregivers were included, mostly women (74.0%) with a mean age of 52.2±12.5 years. Caregivers of patients with severe mental disorders were mainly mothers (31.8%) or partners (31.8%) of patients, showing the highest levels of subjective burden, as well as avoidance and need to be informed about the illness adopted as problem-solving strategies. Caregivers of patients aged 0-18 with rare genetic diseases were mainly mothers of patients (76.5%), reporting the highest levels of received support and PTSD symptoms. Caregivers of patients aged 50-85 were usually partners of patients (52.4%), who showed the lowest levels of need to be informed about the illness and PTSD symptoms.

Conclusions: Caregivers of patients suffering from chronic and disabling diseases such as severe mental disorders and rare genetic diseases are prone to develop mental health problems due to the persistent exposure to high levels of personal and social burden. To this extent, family psychosocial interventions may be effective strategies to be implemented in order to relieve the levels of burden, by taking into account the features of patient's disease.

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EPP420

Beyond symptoms: How mental health competencies shape everyday well-being among psychiatric patients

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Introduction: Just as our bodies have immune systems to defend against harmful biological agents, our souls also need psychological "immune competencies" to cope with stress. These competencies include effective emotional, psychological, social and spiritual functioning, resilience, creative and executive efficiency, self-regulation and savoring, the ability to enjoy positive experiences.

Objectives: The aim of the present study was to investigate whether the mental health competencies, the symptoms of mental disorder, or the interaction of the two have a stronger predictive power on subjective well-being among Hungarian adult psychiatric patients.

Methods: The psychiatric sample of 129 patients (44 men, 85 women) was recruited in a cross-sectional design in four Hungarian health care facilities. Participants completed the Symptom Checklist-90-Revised, the Mental Health Test and six well-being questionnaires.

Results: Mental health competencies are stronger predictors of the three indicators of well-being ($\beta=0.61;\,0.79;\,0.51\,\,p<0.05$) than mental disorder symptoms ($\beta=0.17;\,0.12;\,0.25,\,p<0.05$). Including both mental health competencies and mental disorder symptoms in a regression model more accurately predicts indicators of well-being (BIC = 310; 359.7; 170; AIC = 289; 337.3; 148.3; $R^2=0.74;\,0.52;\,0.58,\,p<0.05$) than either the effect of the two separately (BIC = 310.3; 365.4; 170.2; AIC = 291.1; 345.8; 151.1; $R^2=0.73;\,0.48;\,0.56,\,p>0.05$) or the effect of their interaction (BIC = 314.9; 363.6; 173.6; AIC = 290.3; 338.4; 149.1; $R^2=0.74;\,0.52;\,0.57,\,p>0.05$). Mental health competencies were positively (B = 0.88; 1.64; 0.54, p < 0.05) while mental disorder symptoms were negatively (B = -0.50; -0.28; -0,17, p < 0.05) related to indicators of subjective well-being.

Conclusions: The results underscore the potential of mental health competencies as protective factors that can enhance well-being and restore daily functioning even in the presence of mental disorder symptoms.

Disclosure of Interest: None Declared

EPP422

Patterns of service use in a culturally adapted NAVIGATE program for first-episode psychosis and their association with clinical and functional outcomes

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