

Introduction: Psychiatry has historically underserved Indigenous people. Earlier, cross-cultural psychiatry assumed that psychiatric disorders were universal and varied little across cultures. This approach has not worked well for Indigenous people who may have different views of mind and mental health. For example, Indigenous philosophy tend to explain the world and states of mental health from a storied approach encompassing relations to land, spiritual beings, ancestors, and the community which can result in different conclusions from conventional psychiatry.

Objectives: We wanted to explore what modifications in their approach practicing psychiatrists have made to be successful in Indigenous communities and to determine what was common among how communities in which they worked conceptualized mind and mental health.

Methods: We interviewed psychiatrists working in Indigenous communities regarding what was effective and how they had changed their practice to work in those communities and how those communities had changed them. We used the iterative processing of constructivist grounded theory to find commonalities in their responses. We present from rural and remote Indigenous settings in Canada (Saskatchewan and Northern Ontario), New Zealand, and Maine (USA).

Results: We found a modified approach to psychiatric services that emphasized Indigenous values and that determined positive aspects of the client's history as well as problem areas and engaged the client in therapy from the beginning of the evaluation. Some key concepts that emerged from qualitative analysis of interviews and case histories using constructivist grounded theory as a method of analysis included (1) reframing the person's self-story within a threat-power-meaning network, (2) working with stories about the spirit of the suffering, (3) exploring right relationships and meaningful conduct, (4) acknowledging the intergenerational transmission of suffering. Physicians came to understand that the client sets their goals and defines what recovery means for them in discussion with their family and important community members including elders. This led to a different understanding of what privacy meant to clients. Indigenous cultures encountered were different but appeared to share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, and a commitment to a biopsychosocial and spiritual approach.

Conclusions: Psychiatry can form effective collaborative relationships with Indigenous communities requiring modifications in the usual worldview and orientation to how psychiatry is practiced.

Disclosure of Interest: None Declared

E-mental Health

EPP026

Burnout among teachers in three Canadian Provinces: Findings from the Wellness4Teachers Support Program

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Introduction: Burnout is a longstanding issue among educators and has been associated with psychological and physical health problems such as depression, and insomnia. Chronic stress has been associated with burnout, defined by three dimensions of over-powering exhaustion (emotional exhaustion), cynicism (feelings of cynicism and detachment from work), and inefficacy (a sense of ineffectiveness and lack of accomplishment) which conceptualize the individual stressful experience in a social context.

Objectives: To assess the prevalence and predictors of the three dimensions of burnout (emotional exhaustion, depersonalization and lack of professional accomplishment) among elementary and high school teachers.

Methods: This is a quantitative cross-sectional study with data collected via an online survey. The Maslach Burnout Inventory-Educator Survey (MBI-ES), the Brief Resilience Scale (BRS) and the Perceived Stress Scale were used, respectively, to assess burnout, resilience and stress among teachers. Data was collected between September 1st, 2022 and August 30th, 2023. SPSS (version 28, IBM Corp) was used for the data analysis.

Results: Overall, 1912 educators received a link to the online survey via a text message, and 780 completed the burnout survey questions, resulting in a response rate of 41%. The prevalence of emotional exhaustion, depersonalization, and lack of professional accomplishment were 76.9%, 23.2%, and 30.8%, respectively. Participants with high-stress symptoms were 6.88 times more likely to experience emotional exhaustion (OR = 6.88; 95% CI: 3.31–14.29), 2.55 times (OR = 2.55; 95% CI: 1.65–3.93) more likely to experience depersonalization and 2.34 times (OR = 2.34; 95% CI: 1.64–3.35) more likely to experience lack of professional fulfillment. Additionally, respondents with low resilience were 3.26 times more likely to experience emotional exhaustion symptoms (OR = 3.26; 95% CI: 2.00–5.31,) than those with high resilience. Males were about 2.4 times more likely to present with depersonalization compared to female teachers, whilst those who indicated their marital status as partnered or cohabiting and those who selected "other" were 3.5 and 7.3 times respectively more likely to present with depersonalization compared with those who were single. Finally, Physical Education were 3.8 times more likely to present with depersonalization compared with English teachers.

Conclusions: The current study highlights the predictive effects of low resilience and high stress on the three dimensions of burnout among teachers in Canada. Interventions aimed at addressing systemic stress and fostering resilience are needed to reduce burnout among teachers.

Disclosure of Interest: None Declared

EPP029

Evaluating the Prevalence and Correlates of Low Resilience in Patients Before Discharge from Acute Mental Health Units in Alberta, Canada

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Introduction: Many people experience at least one traumatic event in their lifetime. Although such traumatic events can precipitate psychiatric disorders, many individuals exhibit high resilience by adapting to such events with little disruption or may recover their baseline level of functioning after a transient symptomatic period.

Objectives: To investigate the prevalence and correlates of low resilience in patients before discharge from psychiatric acute care facilities.

Methods: Respondents for this study were recruited from nine psychiatric in-patient units across Alberta. Demographic and clinical information were collected via a REDCap online survey. The brief resilience scale (BRS) was used to measure low resilience. A chi-square analysis followed by a binary logistic regression model was employed to identify significant predictors of low resilience.

Results: Overall, 1004 participants took part in this study; 360 (35.9%) were less than 25 years old, 269 (34.7%) were above 40 years old, and most participants were females 550 (54.8%) and Caucasians 625 (62.3%). The prevalence of low resilience in this cohort was (555/1004, 55.3%). Respondents who identified as female were one and a half times more likely to show low resilience (OR=1.564; 95% C.I.=1.79-2.10), while individuals with 'other gender' identity were three and a half times more likely to evidence low resilience (OR=3.646; 95% C.I.=1.36-9.71) compared to male gender persons. Similarly, Caucasians were two and one-and-a-half times respectively more likely to present with low resilience compared with respondents who identified as Black people (OR=2.21; 95% C.I.=1.45-3.70) and Asians (OR=1.589; 95% C.I.=1.45-2.44). Additionally, persons with a diagnosis of depression were more than two times and four times, respectively, more likely to present with low resilience than those with bipolar disorder (OR=2.567; 95% C.I.=1.72-3.85) and those with schizophrenia (OR=4.081; 95% C.I.= 2.63-6.25)

Conclusions: Several demographic and clinical factors were identified as predictors of likely low resilience. The findings may facilitate the identification of vulnerable groups to enable their increased access to support programs that may enhance resilience.

Disclosure of Interest: None Declared

EPP030

The Integration of AI-Driven Wearable Technology in Psychiatry: Advancing Early Detection and Personalized Management of Psychiatric Disorders

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Introduction: Psychiatric disorders, such as anxiety, depression, bipolar disorder and schizophrenia, remain major global health challenges. Although prevalence has not recently increased, mental health care struggles with early diagnosis, real-time monitoring and personalized treatment. Traditional methods,

relying on self-reports and clinical assessments, often miss the dynamic nature of these conditions. AI and wearable technology offer a new approach, enabling continuous data collection and real-time analysis to improve early detection and optimize patient care

Objectives: This study aims to assess the role of AI-driven wearables in diagnosing, monitoring and managing psychiatric disorders by:

Evaluating AI's effectiveness in predicting psychiatric episodes using wearable sensor data

Exploring clinical applications to improve patient outcomes

Identifying challenges and ethical considerations in the broader use of this technology in mental healthcare

Methods: A systematic review of studies (2018-2023) on AI and wearable technology in psychiatry was conducted using PubMed, Scopus and Google Scholar. Studies were selected based on their focus on AI-driven wearables for predicting or managing psychiatric conditions. These devices typically captured physiological and behavioral data, such as heart rate variability, sleep patterns and movement. The accuracy of AI algorithms in predicting psychiatric episodes was compared to traditional methods, with statistical analysis used to assess outcomes

Results: The review showed that AI-driven wearable devices significantly improved early detection and prediction of psychiatric episodes, with accuracy rates over 80% for depression, anxiety and bipolar disorder. Wearables, combined with AI algorithms, effectively monitored physiological data like heart rate and sleep patterns, providing real-time insights for personalized, timely interventions. For example, changes in sleep and activity levels, alongside heart rate variability, strongly predicted depressive episodes. In patients diagnosed with bipolar disorder, AI detected mood swings early by analyzing behavioral data from wearables, enabling stabilization. Wearables also helped monitor medication adherence and reduced relapse rates in patients diagnosed with schizophrenia by identifying early signs of psychotic episodes

Conclusions: AI-driven wearable technology has the potential to transform psychiatric care by enabling continuous monitoring and personalized interventions. These tools enhance early detection and prediction of psychiatric episodes, offering a more dynamic approach than traditional methods. However, challenges such as data privacy, ethical concerns and the lack of regulatory frameworks must be addressed before widespread clinical use. Further research is needed to refine AI algorithms, validate the long-term effectiveness of wearables and ensure patient safety through regulations and privacy protections

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP031

The Association Between Occupation, Attitudes Towards Mental Health Problems in the Workplace and Mental Health Stigma

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