

the result of traumatic experiences in healthcare workers as part of their professional duties.

Objectives: Based on this we aimed to analyze the potential sources of traumatic experience at work and the severity of PTSD and depression symptoms among medical staff in war condition.

Methods: The online and paper-pencil survey was conducted in November 2023 - January 2024. The study included a sample of 96 health care workers (doctors, nurses and paramedics). We used the structured interview on work characteristics of physical and psychosocial factors and standardized questionnaires on PTSD (Posttraumatic Stress Disorder Checklist; PCL-5) and depression (Patient Health Questionnaire; PHQ-9) symptoms. Additionally the needed source of support to cope with stress at work has been investigated.

Results: The correlation and regression analysis allowed revealing patterns between potential sources of traumatic experience at work and the severity of PTSD and depression symptoms among Ukrainian medical staff. The results of the correlation analysis of physical and psychosocial stressors, depression and PTSD symptoms indicated that psychosocial stressors define PTSD development. There were detected job-related specific psychosocial stressors among medical staff in Ukraine led to PTSD and depression development: "Conflict in organization/community", "Being threatened/abused", "Lack of appreciation by the organization/community in which you work".

Conclusions: The analysis identified the most important factors (psychosocial stressors) determining levels of PTSD in medical personnel at war. These data contribute to a significant debate on the negative role of job conditions at war for health care workers.

Disclosure of Interest: None Declared

Cultural Psychiatry

O010

Open-label study: Exploring Culturally Adapted Psychosocial Programs for Haredi (Jewish Ultra-Orthodox) Parents of Children Exhibiting ADHD Symptoms

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Introduction: Parent-focused interventions are an important part of the treatment plan for children with Attention-deficit/hyperactivity disorder (ADHD). Minority families tend to be less involved in psychosocial treatments and are more likely to discontinue the intervention. The Haredi community in Israel is a cultural-religious minority of 1.2 million people

Objectives: We aimed to assess the feasibility and potential efficacy of culturally adapted psychosocial programs for attention-deficit/hyperactivity disorder (ADHD) within the Haredi community in Israel.

Methods: This was an open-label non-randomized study conducted within the Haredi community in Israel between 2018 and

2021. The participants (N=265) were parents of children aged 8-12 years who had been diagnosed with ADHD or exhibited ADHD symptoms. Three culturally adapted programs were compared: 1. A program involving only the parents (N=46), 2. A program involving both children and parents (N=155) and 3. Only recorded video lectures with no interaction (N=38). Parents completed questionnaires to assess their self-efficacy using the Parenting Self-Efficacy tool (TOPSE) and their child's ADHD symptom severity, using the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) both before and after the intervention.

Results: The programs demonstrated high feasibility. Of 335 referrals, 265 parents were recruited. Participation rates differed significantly between the video lectures program (60%) and the two interactive programs (80%, $p<0.001$). A significant interaction was found between time and program type for both parental efficacy ($F(2,213)=5.65$, $p=0.004$) and for ADHD symptomatology ($F(2, 213)=5.65$, $p=0.004$). Post hoc analysis revealed that the video lectures program showed no benefit, whereas both interactive programs (parents-only and parent-child) exhibited improvement in parental self-efficacy and reduction in reported ADHD symptom severity.

Conclusions: Despite certain limitations, this study suggests that culturally adapted psychosocial programs for ADHD in the Haredi community are feasible and that including an interactive component is crucial for effectiveness.

Disclosure of Interest: None Declared

O011

Public attitudes towards mental health stigma in Moldova: A comparative study

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Introduction: Mental health stigma remains a significant challenge in Moldova despite ongoing progress in mental health services. The negative perception and stereotypes about mental disorders have been socially ingrained, resulting in negative attitudes, fear, or even humor directed towards affected individuals. Addressing this stigma is essential to improve mental health outcomes and integrate services effectively.

Objectives: The study aimed to evaluate public perceptions and attitudes towards mental health stigma in Moldova, identify common stereotypes, and suggest actions to reduce stigma.

Methods: The research employed a comparative study design using a structured questionnaire across two different time points: 2018 and 2022. Data were collected through face-to-face interviews utilizing the Computer-Assisted Personal Interviewing (CAPI) method, ensuring data accuracy and consistency. The study covered eight districts, with a total sample of 2973 participants stratified by geographic region and demographic characteristics.

Results: The findings highlighted that the level of acceptance towards individuals with mental health issues was moderate, with participants showing more acceptance at a distance, indicating

persistent stigma. Notable differences between urban and rural areas were observed, with urban areas showing a higher level of openness. Furthermore, stigma was significantly influenced by the level of education and age of the respondents.

Conclusions: Mental health services are currently available across all districts of Moldova, but there remains a need for ongoing improvements to ensure equal access to high-quality care and to minimize both geographical and stigma-related barriers. Ongoing training programs for healthcare professionals are vital for effectively reducing stigma and improving the quality of care for those facing mental health challenges, with a specific focus on non-discriminatory practices and empathetic approaches. To achieve successful mental health care, a collaborative approach that involves healthcare professionals, policymakers, and community stakeholders is essential. This multidisciplinary coordination is key to establishing a supportive and comprehensive care environment. Additionally, public awareness campaigns and educational initiatives targeting both the general population and healthcare providers are critical in reducing stigma and changing attitudes towards mental health, thereby encouraging more people to seek care. Finally, integrating mental health services into primary healthcare should be prioritized to enhance accessibility and continuity of care. This integration will also facilitate early diagnosis and timely intervention, leading to improved outcomes for patients.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

0012

Suicide-related features in migrant people with a recent suicide attempt: Results from the SURVIVE Study

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Introduction: Migrant people may constitute a vulnerable population with an increased risk of suicide-related behaviour due to the accumulation of multiple risk factors, such as migration-related stress, the history of traumatic experiences and socioeconomic situation in the country of immigration.

Objectives: To study the prevalence of suicide attempts from migrant population in hospital emergency departments. Moreover, it aimed to study suicide-related outcomes, according to migration status.

Methods: Data from 754 patients (73.1% female; $m = 40.23$, $sd = 15.72$) with a recent suicide attempt from 10 Spanish hospitals were included. Assessment protocols were delivered within the 15 days

after the index attempt. Suicide-related outcomes, clinical and sociodemographic factors were assessed by administering a wide range of clinical tools (C-SSRS, MINI, BIS-21, BSI, ACSS-FAD, CTQ).

Results: One in four patients was foreign-born, mostly being from Latin American countries (74% of foreign-born patients). Foreign-born patients were younger, higher psychopathology symptom severity, child trauma scores (Figure 1), than their counterparts ($p < .01$). Higher proportion of employed people and lower amount of people receiving pension benefits, were found in the foreign-born group. No between-group differences were observed regarding suicide-related outcomes. Finally index attempt in foreign-born group was featured by using more lethal methods ($p < .05$) (Figure 2).

Image 1:

Figure 1. Group differences in child trauma scales. Between-group differences were significant ($p < .01$), except for the Emotional neglect scale (*ns*).

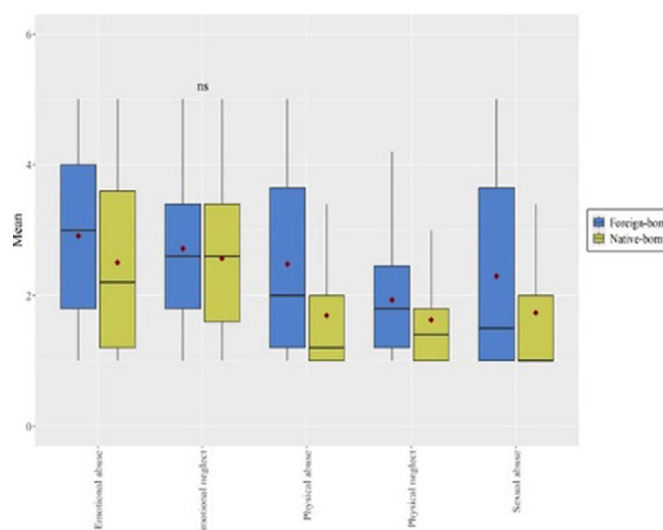


Image 2:

Figure 2. Method used for the index attempt, according to group.

