

among religious immigrants, including eliciting experiences within the mental health care system.

Methods: To meet these aims, we employed a qualitative community-based approach, conducting in-depth semi-structured interviews with 58 first- or second-generation immigrants to Canada who identified as people of religious faith, comprising Christians, Muslims and Jews. All participants had used a mental health service in recent years, and they reported a variety of mental disorders, mostly depression and anxiety. Interviews were transcribed and data was analyzed using thematic analysis techniques.

Results: Analysis revealed three core barriers to service utilizations. First, participants often reported that some people in their social circle (such as parents and clergy) held stigmatizing views of mental illness, including sceptical views about the reality of mental illness. This contributed to self-stigma, inhibited disclosure and delayed help-seeking. Second, participants stated that service providers typically had a very limited understanding of the cultural and religious context of their lives, and sometimes conveyed a dismissive or ignorant attitude towards their deeply-held religious beliefs and practices. This negatively affected service utilization and the development of a therapeutic alliance. Third, some participants noted that they (and other members of their communities) lacked knowledge about mental illness, available treatments, and effective therapies, meaning they were unaware of potential services and supports.

Conclusions: The results suggest an urgent need for a multi-pronged approach to better engage religious minorities with mental distress. On the clinical side, there is a need for more religious and cultural competence training for Canadian clinicians. On the community side, culturally-appropriate anti-stigma and mental health literacy interventions may need to be co-created and implemented in partnership with different immigrant communities in Canada.

Disclosure of Interest: None Declared

Others

EPP046

CLINICAL AND PSYCHOSOCIAL VARIABLES ASSOCIATED TO HIGHER COSTS IN SCHIZOPHRENIA SPECTRUM DISORDERS

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Introduction: In Italy, in 2000, the estimated annual economic burden of schizophrenia was 25.000 € per patient, of which 30% were direct costs and 70% indirect costs (Tarricone et al., 2000). Yet, a steep growth has been observed throughout the years: a study showed a yearly expenditure of 41.290 € per patient in 2020 (Latorre et al., 2022).

Objectives: The aim of this study was to better characterize the association between direct costs and clinical and psychosocial variables in schizophrenia spectrum disorders (SSD).

Methods: A total of 276 individuals with schizophrenia spectrum disorders receiving treatment from the Community Mental Health Centers of Brescia (Italy) were included in the study: for each participant socio-demographic, clinical and functional characteristics were assessed, and data related to the use of services in 2022 (then converted to costs) were collected. Clinical and functional characteristics were assessed using the Clinical Global Impression-Severity (CGI-S) scale, the Personal and Social Performance Scale (PSP) scale and the Positive and Negative Syndrome Scale (PANSS). Correlations between the included variables were performed using SPSS v28; values of $p < 0.05$ were considered statistically significant.

Results: Our analyses identified a direct healthcare expenditure of 16477.23 € per patient per year. A positive correlation was observed between higher costs and higher scores at the CGI-S ($p < 0.001$), the PANSS total ($p < 0.001$) and all the PANSS subscales (all $p < 0.001$). Moreover, a negative correlation between higher costs and age of onset ($p = 0.010$) and PSP total score ($p < 0.001$), were observed.

Conclusions: An earlier age of onset, a more severe clinical presentation and a worse psychosocial functioning are associated to a higher expenditure in terms of direct costs associated to use of services in SSD. These results prompt to the implementation of interventions that aim at improving not only clinical aspects, but also functional ones: a full functional recovery would not only benefit patients, but also lead to a lower impact of SSD on healthcare systems. One limitation of the present study is that the estimation of the costs was based on a direct analysis of costs related to the use of services, therefore excluding indirect costs. Future studies should include data on pharmacological treatments, comorbidities and other clinical variables central to the disorder, such as cognition.

Disclosure of Interest: None Declared

EPP047

The Role of Religiosity in Anxiety and Life Satisfaction: Insights from Sociodemographic Data

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Introduction: The connection between well-being and various sociopsychological factors such as age, gender, education level, and more is a growing and significant area of interest in today's studies.

Objectives: The aim of this study is to examine the relationship between sociodemographic factors, life satisfaction, levels of anxiety, and religiosity. To achieve this goal, the study explored whether religiosity has an effect on anxiety and life satisfaction on the one hand, and whether sociodemographic variables influence the centrality of religion in participants' lives on the other.

Methods: To ensure honest responses, the surveys were filled out anonymously. Statistical analyses were conducted using the SPSS program, applying Pearson Correlation and Analysis of Variance

(ANOVA) to determine if there was a correlation between socio-demographic data and questionnaire scores.

Results: In the Analysis of Variance (ANOVA) of total STAI-G scores and religiosity, a significance level of 0.010 was observed, while the Post-Hoc Test suggested that this significance may be found between atheist participants and those who identified with a religion other than Islam, Christianity, or Judaism, with a value of 0.019. Additionally, there is a strong significant correlation of 0.018 between participants' native language and total CRS-10 scores, which may imply that native language, encompassing important factors like cultural background, can influence participants' religious beliefs and practices. Lastly, a significant correlation of 0.041 was found between alcohol consumption and total CRS-10 scores. This correlation could indicate that religious participants are more likely to consume less alcohol compared to non-religious participants, possibly due to their religious beliefs.

Conclusions: This study highlights the importance of examining the connections between sociodemographic factors, life satisfaction, anxiety, and religiosity in relation to mental well-being. The findings aim to provide useful guidance for the evolution of interventions that focus on and enhance well-being and continuity, while emphasizing the quality of life experienced by patients from diverse cultures and backgrounds.

Disclosure of Interest: None Declared

EPP048

ADHD AND DECISION PARALYSIS: OVERWHELM IN A WORLD OF CHOICES

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Introduction: Decision paralysis, defined as the inability to make decisions due to overwhelming options or uncertainty, is an often overlooked symptom of Attention-Deficit/Hyperactivity Disorder (ADHD). Individuals with ADHD frequently struggle with executive dysfunction, making it difficult to prioritize tasks, evaluate choices, and make timely decisions. Despite its significance, decision paralysis remains under-researched, particularly in terms of its impact on daily functioning and quality of life.

Objectives: This study aims to assess the prevalence and severity of decision paralysis in adults with ADHD, explore its relationship with executive dysfunction, and analyze its impact on various life outcomes such as career performance, interpersonal relationships, and overall well-being.

Methods: A total of 50 adults diagnosed with ADHD participated in this study. Self-report measures, including the Decision-Making Competence (DMC) scale and the ADHD Executive Dysfunction Questionnaire (AEDQ), were administered to assess participants' decision-making difficulties, indecision, and executive functioning. Additional data were collected on life satisfaction, perceived stress levels, and the degree of daily functional impairment due to decision paralysis.

Results: The results indicate that 82% of participants reported frequent difficulties with decision-making, with 68% indicating

that decision paralysis significantly affected their work performance. Decision paralysis was strongly correlated with executive dysfunction scores and was a significant predictor of reduced life satisfaction and increased perceived stress. Additionally, 74% of participants reported that indecision contributed to delays or avoidance in making important life choices, such as career changes or financial decisions, leading to long-term dissatisfaction. Notably, 58% of participants experienced decision paralysis at least once a week, with 35% reporting daily occurrences. Furthermore, 61% of participants indicated that decision paralysis led to missed opportunities in both personal and professional contexts, contributing to feelings of regret and frustration.

Conclusions: This study highlights the widespread impact of decision paralysis in adults with ADHD, significantly affecting both personal and professional domains. The strong correlation between decision paralysis and executive dysfunction suggests that addressing this symptom could be critical in improving quality of life for individuals with ADHD. Further research is needed to explore the development of specific interventions targeting decision paralysis.

Disclosure of Interest: None Declared

EPP050

Assessing impact of passive virtual reality exposure intervention on physiological parameters in caregivers of individuals suffering from schizophrenia: A pilot study protocol

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Introduction: Caregiving to individuals with schizophrenia is intensive, complex, and long lasting. In developing countries, the primary caregivers are family members who rarely receive adequate preparation for their role. The diversity and intensity of caregiving roles also may result in caregiver strain and burden. Interaction with nature even in form of hearing sounds have been found to reduce stress markers. Immersive Virtual Environments (IVEs) can result in restorative effects such as increased positive affect, decreased negative affect, and decreased stress.

Objectives: To assess and compare the effect of combined use of nature-based VR and nature-based sounds to nature-based sounds only on physiological parameters (heart rate, respiratory rate, oxygen saturation, systolic and diastolic blood pressure) in caregivers of individuals having schizophrenia.

Methods: Sixty caregivers (aged more than 18 years) of inpatients with schizophrenia as per Diagnostic & Statistical Manual (DSM-5) will be recruited with consecutive sampling. Caregivers should have been staying with patient for at least previous 1 year and have been staying in the ward for previous 7 days for at least 12 hours/day. Individuals with hearing or visual deficits, history of having received treatment for mental illness/epilepsy, or taking sleeping pills/sedatives/hypnotics/cough syrup currently would be excluded. Paid caregiver and those not willing to provide written informed consent would be excluded from the study. Data collection tools will include a semi-structured proforma for mentioning the