suffers greatly, but also a minor group that reports positive changes and even lowered suicidality. Clinical implications for psychiatric healthcare professionals will be discussed.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP672

Differences in stigmatizing attitudes towards people with mental illness between psychiatry trainees and Family Medicine trainees: A comparative study

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Introduction: Mental illness stigma continues to be a significant challenge in healthcare. Trainees in different medical fields may have varying levels of exposure and understanding, which can shape their attitudes towards patients with mental health conditions.
Objectives: To examine differences in stigmatizing attitudes towards people with mental illness between Family Medicine trainees and psychiatry trainees.
Methods: A comparative study was conducted. Psychiatry trainees affiliated with the faculties of medicine in Tunisia (n=120) and Family Medicine trainees affiliated with the faculty of medicine of Sousse (n=206) were invited to respond to a survey comprising the Attribution Questionnaire (AQ-27), a measure that evaluates nine stigma factors, blame, pity, anger, help, dangerousness, fear, segregation, avoidance, and coercion. Higher scores indicated more endorsed stigma. Self-report measures of affirming attitudes were also used, including the Self-Determination Scale (SDS), the Empowerment Scale (ES), and the Recovery Scale (RS). Higher scores represent enhanced views of these concepts.
Results: In total, 94 psychiatry trainees and 66 Family Medicine trainees responded to the survey, with respective response rates of 78% and 32%. The two groups were comparable in terms of age, gender, family and personal psychiatric histories.
Family Medicine trainees reported significantly higher AQ-27 total scores (p=.042). Additionally, they reported significantly higher scores for blame (p=.025), dangerousness (p=.006), fear (p=.048), and segregation (p=.005) stigma factors.
No significant differences between the two samples were found in avoidance (p=.525), coercion (p=.379), pity (p=.741) and help (p=.092).
Concerning affirming attitudes, there were no significant differences between the two groups in SDS (p=.148), RS (p=.552), and ES (p=.727) scores.
Conclusions: Results revealed that psychiatry trainees endorse less stigmatizing attitudes towards patients with mental illness, particularly regarding the dangerousness of these patients. Nevertheless, they still endorse negative attitudes regarding the concept of recovery and affirming attitudes towards patients with mental illness. Anti-stigma interventions should promote not only increased contact but also other strategies that will promote believing in recovery and social inclusion.

Disclosure of Interest: None Declared

EPP673

Promotion of emotional competence in nurses who cares people in end of life: a continuous improvement project for mental health nursing care

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Introduction: The constant contact with death and dying processes increases the risk of mental suffering in nurses. The evidence suggests the need for training programs in the area of promoting emotional competence that allow the management of emotions and consequently the improvement of care for people at the end of life.
Objectives: Capacitate a group of nurses to promote emotional competence towards end-of-life patients, through a specialized intervention in Mental Health and Psychiatric Nursing; and evaluate attitudes and coping with death and levels of emotional competence [and respective capabilities], pre and post-intervention.
Methods: A continuous quality of care improvement project was carried out based on the Deming cycle, with pre and post intervention evaluation. The following instruments were applied: Veiga-Branco Emotional Competence Scale - Reduced (EVCE-reduced); Scale for Assessment of the Profile of Attitudes about Death; and, Coping with Death Scale. The training program consisted of seven in-person sessions, in groups, with approximation to the principles of psychoeducational intervention and based on the cognitive-behavioural sequence.
Results: Eleven nurses participate in program. Most of respondents were female (90%) aged between 26 and 50 years (M=36±7.98). Regarding the coping with death scale, it was possible to observe in the factor "coping with one's own death", after application of the program, an overall average of 73.38 (SD=4.21), verifying statistically significant differences between the pre- and post-intervention (Z=1.963, p< 0.05). It was also possible to observe an increase in the global score of EVCE-reduced (M=170.01; SD=20.88), accompanied by a slight increase in capabilities: self-awareness (M=45.88; SD=4.64) and empathy (M=28.13; SD=3.44). Regarding the scale referring to the profile of attitudes towards death, there was an increase in the attitude of acceptance by approach (M=44.00; SD=12.22). On the contrary, there was a decrease in the fear attitude (M=24.63; SD=9.61), in the avoidance attitude (M=11.25; SD=4.49) and the attitude of acceptance as an escape (M=14.25; SD=4.50), compared to pre-intervention values.
Conclusions: Our findings indicate that there is an integration of death as a natural event and an integral part of life. On the other hand, adequate management of fear of death and a non-avoidance attitude contribute to more compassionate care, and therefore more centered on the person at the end of life. Besides, this study allow us to confirm the importance of training programs in socio-emotional regulation, as they focus on the mobilization of intra and

interpersonal resources, as well as the expressiveness of emotions in the face of one's own death and the death of others, enabling the development of deeper levels of introspection.

Disclosure of Interest: None Declared

EPP675

"Postnatal" Outpatient Program for Postpartum Women at the University Psychiatric Hospital Vrapce, Zagreb

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Introduction: Postpartum mental health challenges are common, with some women experiencing anxiety, depressive symptoms, or difficulties related to childcare and familial support. To address these issues, the University Psychiatric Hospital Vrapče in Zagreb, Croatia, launched the "Postnatal" outpatient program in 2023, offering structured support for women in the postpartum period.
Objectives: The objective of the program is to provide psychological support for women with children aged 0–2 years through a combination of online and in-person group therapy, to address postpartum mental health issues and provide a supportive environment.
Methods: The program is promoted through the clinic's website, social media, maternity hospitals, pediatric centers, and visiting nurse services. Women join the program through self-referral or on the recommendation of healthcare professionals. A team of three psychiatrists conduct an initial assessment, and approximately 80% of those evaluated are admitted into the program. The program comprises two 90-minute weekly sessions: an online educational workshop and an in-person group therapy session. Each cycle lasts for 8 weeks, followed by monthly 90-minute in-person group meetings.
Results: A total of 45 participants have completed the program so far. About 30% of participants met the clinical criteria for anxiety or depressive disorders, while there were two cases of postpartum psychosis. The majority reported non-specific concerns, such as tension, insomnia, fatigue, and emotional instability. Around 30% indicated a lack of support from their partners, and 10% had pre-existing psychological diagnoses (including OCD, borderline personality disorder, and anxiety-depressive disorder). Most participants were first-time mothers, with around 10% being second or third-time mothers. In the program, participants share experiences related to conception, pregnancy, maternity hospital stays, postpartum mental health changes, and the challenges of maternal care. Participation rates have been consistently high, with only one dropout. Post-program evaluations show a high level of satisfaction, with participants highlighting the group meetings and peer support as the most valuable aspects.
Conclusions: The "Postnatal" program has demonstrated positive outcomes in providing support to postpartum women. The combination of educational workshops and group therapy has been effective in addressing both clinical and non-specific postpartum challenges.

Further cycles and long-term follow-ups are recommended to evaluate the program's sustained impact.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP676

Examining the impact of loneliness and resilience on mental health: Empirical evidence from a nationally representative sample of American college students

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Introduction: Mental health disorders, including anxiety and major depressive disorder, are highly prevalent among college students, often leading to significant impairments in academic functioning and psychosocial well-being. Loneliness, characterized as subjective distress arising from a perceived deficit in social connectivity, is frequently associated with the exacerbation of psychiatric symptoms. In contrast, psychological resilience, defined as the capacity to adaptively manage stress and adversity, is increasingly recognized as a key protective factor against the development of psychopathology.
Objectives: Despite understanding the roles of loneliness and resilience, their combined effects on mental health, specifically anxiety and depression, have not been fully explored in a large-scale, diverse population of college students in the United States. This study seeks to address this gap.
Methods: Using data from the 2023-2024 Healthy Mind Study (N=104,729), we employed logistic regression to assess the predictors of anxiety and depression, focusing on two key predictors: loneliness and resilience. Our models also controlled for other relevant factors, such as campus climate, financial stress, and sociodemographic control variables, including sex, race/ethnicity, and traditional student status. Analysis was conducted with a sample delimited to undergraduate students (n=22,927).
Results: Feeling lonely was positively related to moderate-to-severe depression (β = 2, $p < 0.001$) and moderate-to-severe anxiety (β = 1.45, $p < 0.001$). Resilience was a protective factor and was negatively associated with self-reported moderate-to-severe depression (β = -1.54, $p < 0.001$) and moderate-to-severe anxiety (β = -1.54, $p < 0.001$). The effect of loneliness and resilience on depression and anxiety remains consistent with the baseline models after controlling for campus climate, financial stress, and sociodemographic variables. High levels of financial stress and perceived poor campus climate were positively related to moderate-to-severe depression and anxiety. Finally, female, non-White, and non-traditional-aged students were less likely to exhibit moderate-to-severe depression and anxiety.
Conclusions: The findings highlight the importance of loneliness and resilience in shaping mental health outcomes among undergraduate college students. Loneliness was negatively associated with