therapeutic strategies to address the specific needs of individuals with this comorbid profile.

Disclosure of Interest: None Declared

EPV0382

Sail training as a blue intervention. Strenghtening hardiness and resilience of adolescents

M. W. Romaniuk[1]* and M. Gawrych[1]

[1]The Maria Grzegorzewska University, Warsaw, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1173

Introduction: Nature based interventions are becoming more popular in mental health prevention and treatment. Blue therapies are rarely known because of limited access and high costs. The poster presents the results of research on the level of the hardiness and resilience of high sea cruises participants. The study involved 123 people, including 65 girls and 58 boys, and 55 young adults, including 15 women and 39 men.
Objectives: The aim of the study was to assess the impact of blue intervention on the level of the hardiness and resilience of high sea cruises participants.
Methods: Pre-posttest study with questionnaires issued on the first and last day of each cruise. Dispositional Resilience Scale (Bartone et. al., 1989) was used to measure mental hardiness, commitment, openness to challenges and a sense of control of participants. EEA Resilience Scale (Maltby et. al., 2015) was used to measure ecological and engineering resilience and adaptive capacity of partifcipants.
Results: The results show a statistically significant increase in hardiness level. There was also a significant increase in commitment, openness to challenges and a sense of control of participants, which are measured by subscales of the DRS. Significant increase of ecological resilience and adaptive capacity has been noted.
Conclusions: Hardiness and resilience are key protective factors for mental health. Blue interventions can be effetcive ways of mental wellbeing improvement.

Disclosure of Interest: None Declared

EPV0383

Anxiety and Depressive Symptoms in Parents of Extremely Preterm Newborns and Their Association with Parent-child Bond

A. Romero Teruel[1]*, M. J. Molina-Aguilera[2], J. Merchán-Naranjo[2], E. Rodriguez-Toscano[2], B. Almansa[3], S. Zeballos-Serrato[4], D. Blanco-Bravo[4], A. Garcia-Blanco[3] and L. Pina-Camacho[2]

[1]Department of Psychiatry, Hospital Dr. Rodríguez Lafora; [2]Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Mental Health, Hospital General Universitario Gregorio Marañon, CIBERSAM, IiSGM, School of Medicine, Universidad Complutense, Madrid; [3]Neonatal Research Group, Health Research Institute La Fe, University and Polytechnic Hospital La Fe, Valencia and [4]Neonatology Service, Hospital General Universitario Gregorio Marañon, IiSGM, School of Medicine, Universidad Complutense, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1174

Introduction: Extreme preterm birth (<28 weeks) is a significant risk factor for adverse neurodevelopmental outcomes in infants but also for heightened psychological stress in parents, both of these impacting on parent-child bonding style. Abnormal parent-child bonding may impact, in turn, on child's emotional development. Longer stays at NICUs, with their stressful environment and caregiving demands, alongside psychosocial factors and perinatal complications can exacerbate parental emotional stress.
Objectives: (i) To compare, around birthtime, levels of anxiety and depressive symptoms in parents of extremely preterm newborns (EPTN) compared to parents of born-at-term healthy control (HC) newborns; (ii) to assess, in parents of EPTN, longitudinal changes in levels of anxiety and depressive symptoms from birth up to 40 postmenstrual weeks (40PMW), and their association with demographic, clinical and environmental risk factors; (iii) to assess, in parents of EPTN, the impact of NICU-related stress and psychosocial / family context on levels of symptoms; and (iv) to examine, in parents of EPTN, the association between levels of anxiety and depressive symptoms and parent-child bonding quality around hospital discharge.
Methods: Observational, longitudinal, prospective, 24-month follow-up study. We recruited a cohort of n=150 EPTN and n=50 HC (the PeriStress-PremTEA cohort) in two tertiary hospitals in Spain. Of those, parents of n=70 EPTN and n=42 HC successfully completed, around birthtime (and at 40 PMW in EPTN) the STAI state & trait, BDI, PBQ, MSPSS and PPS at NICU questionnaires. We also gathered demographic, clinical and obstetric data from all patient & HC families. We compared, in EPTN vs HC, parental symptom levels around birth. Using logistic regression, we assessed, in EPTN, the association between demographic/perinatal variables, parental symptom levels around birth time and parent-child bonding quality at discharge.
Results: Both fathers and mothers of EPTN showed higher anxiety and depressive symptom levels than those of HC (all p<.01). In EPTN, parental symptom levels around birth time were highly correlated with PSS NICU scores (p<.01). Levels of anxiety and depressive symptoms in mothers of EPTN predicted parent-child bonding quality at discharge, above and beyond other potential risk factors, as did level of depressive symptoms in fathers of EPTN (p<.01).
Conclusions: Our findings support the need to establish screening and longitudinal monitoring programs of psychopathology in parents of EPTN, both for mothers and fathers of these children, and even more so in higher-risk subgroups, such as those with higher perception of NICU-related stress.

Disclosure of Interest: None Declared

EPV0386

Auditory hallucinations in a young person with Jacobsen Syndrome and Partial Trisomy 10q Syndrome

J. Sánchez-Cerezo[1]* and P. Del Sol Calderon[1]

[1]Division of Child and Adolescent Psychiatry, Department of Psychiatry, Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1175

Introduction: Jacobsen syndrome (JS) is a rare genetic disorder caused by a partial deletion of the long arm of chromosome