

Introduction: The global burden of common mental disorders is high, particularly for migrants and people living in low-resource settings. Although psychosocial interventions delivered by locally available lay or community health workers are effective, the mechanisms of intervention response are poorly understood. One of the major barriers is that psychosocial interventions are delivered as complex, multi-component ‘packages of care’.

Objectives: The aim of the project is to systematically review all randomized controlled trials (RCTs) that have tested the efficacy of task-sharing psychosocial interventions for the treatment of people suffering from common mental disorders (depression, anxiety, and related somatic complaints), to dismantle the intervention protocols, to create a taxonomy of active intervention components, and to re-evaluate their efficacy.

Methods: This project uses a mixed methods approach. In the first phase (qualitative), intervention manuals are reviewed and components are extracted to create a component taxonomy. The components and manual files were transferred to Dedoose, a qualitative data analysis computer software package. An initial two manuals were reviewed by two coders who piloted the entire codebook and assessed inter-rater reliability; any code discrepancies were discussed with a senior author. The two coders independently coded the same manual and repeated until an 80% IRR was achieved. The two coders then divided 12 manuals and coded them separately. In the second phase (quantitative analysis), we will use component network meta-analysis (cNMA) methodology. The main advantage of cNMA is the ability to disentangle intervention components and examine their effectiveness separately or in different combinations. According to the additive cNMA model which we will implement, adding a component “c” to a composite intervention “X” will lead to an increase (or decrease) of the effect size by an amount only dependent on “c”, and not on “X”. We will denote the corresponding component specific incremental standard mean difference (iSMD) so that $iSMD_c = SMD(X+c) - SMD(X)$. Combining these component-specific iSMDs will allow the estimation of SMD between any two composite interventions.

Results: The component taxonomy will be presented at the conference, along with a network of comparisons and a hierarchy of all intervention components expressed as iSMD, indicating the added benefit of adding a component to an intervention.

Conclusions: By selecting the most effective components, it will be possible to outline a novel task-shifting psychosocial intervention to be tested in future RCTs for the benefit of people with common mental disorders living in low-resource settings. These findings will form the basis for further investigations in the field of precision medicine.

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Others

EPP580

Evaluating the Prevalence and correlates of high stress and low resilience among Educators

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Introduction: High-stress levels can be problematic for teachers and indirectly affect students. Knowledge about the prevalence and predictors of high-stress and low resilience will provide information about the extent of the problem among teachers in Canada.

Objectives: To examine the prevalence and correlates of perceived stress and low resilience among Alberta, Nova Scotia, Newfoundland and Labrador teachers.

Methods: This is a cross-sectional study. Participants self-subscribed to the Wellnes4Teachers text-messaging program and completed the online survey on enrollment. Data collection occurred from September 2022 to August 2023. Resilience and stress were respectively assessed using the Brief Resilience Scale (BRS) and the Perceived Stress Scale (PSS-10). Data was analyzed with SPSS version 28.

Results: A total of 1912 teachers subscribed to the Wellnes4Teachers program, and 810 completed the baseline survey, yielding a response rate of 42.40%. The prevalence of high stress and low resilience were respectively 26.3%, and 40.1%. Participants with low resilience were 3.10 times more likely to experience high-stress symptoms than those with normal to high resilience (OR = 3.10; 95% CI: 2.18–4.41). Conversely, participants who reported high stress were 3.13 times more likely to have low resilience than those with low to moderate stress (OR = 3.13; 95% CI: 2.20–4.44).

Conclusions: Our study findings infer there’s an incidence of high levels of stress and low resilience among teachers in the three Canadian provinces. Governments and policymakers in the education field should integrate stress management and resilient building strategies into teachers’ ongoing professional development programs to help prevent and address high stress.

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EPP582

Postnatal depression and bonding disorder: A tautology or two overlapping phenomena?

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Introduction: Perinatal disorders occur in 25% of childbearing women. Postnatal depressive symptoms (PDS) have been widely studied, whilst PDS usually overshadows bonding disorder (BD) in clinical practice and research. BD includes mild disorders, such as delay, ambivalence or loss of maternal emotional response, and severe disorders, such as pathological anger or rejection of the child (Brockington et al., Arch Womens Ment Health 2006; 9 (5) 243-251).

Objectives: To estimate the prevalences of PDS and BD in mothers during the six months after birth.

Methods: Women and their male partners aged ≥ 18 , without delivery and neonatal complications, were recruited at the Maternity Ward in a public hospital in Madrid, during 2021-2022. Data was collected at immediate puerperium (T0), sixth week (T1), fourth month (T2), and sixth month (T3). The last observation carried forward (LOCF) was used. An Ad hoc Socio-Demographic questionnaire was used. To determine the presence of PDS and BD, respectively, there were used the Edinburgh Postnatal Depression Scale (EPDS), cut off ≥ 11 (Ascaso-Terrén et al., Med Clin (Barc) 2003; 120(9) 326-329) and Postpartum Bonding Questionnaire (PBQ), cut off ≥ 13 for BD, and ≥ 18 for severe BD (Torres-Giménez et al., Span J Psychol. 2021; 24, e47, 1-9).

Results: 1502 couples were recruited at T0. The main characteristics of female participants were: mean age 34.1 years, 53.9% married, 54.1% primiparous, 27.8% migrants, 67.3% university degree or higher, 83.2% employed, 14.8% financial difficulties, 4.9% smoking during pregnancy and, 21.7% c-section. At T0, the prevalences of PDS were 13.0% of mothers, 10.5% of fathers, and 3.5% of both parents. Applying LOCF, 874 women responded to the questionnaires at some timing during the follow-up. The results were divided into two groups (see Table 1 and Table 2) depending on whether they presented PDS at T0. In mothers with PDS at T0, PDS and BD rates eventually decrease at T3. In the other group, while BD rates decrease at T3, a slight increase in PDS presentation at T3 is observed.

Table 1. LOCF of mothers with PDS at T0

N	Follow-up	No-PDS	BD	Severe BD
106	T1	53/87 (60.9%)	49/87 (53.3%)	32/87 (36.78%)
PDS at T0	T2	47/74 (63.5%)	33/74 (44.6%)	19/74 (25.7%)
	T3	44/73 (60.3%)	30/73 (41.1%)	14/73 (19.2%)

Table 2. LOCF of mothers without PDS at T0

N	Follow-up	PDS	BD	Severe BD
768	T1	46/638 (7.2%)	225/638 (35.3%)	106/638 (16.6%)
No-PDS at T0	T2	47/575 (8.2%)	147/575 (25.6%)	66/575 (11.5%)
	T3	45/525 (8.6%)	122/525 (23.2%)	57/525 (10.9%)

Conclusions: Depressive symptoms and impaired bonding could have different severity and timing during the postnatal period. More research on bonding disorder is needed to clarify more accurately the psychopathological features that distinguish it from postnatal depression to provide more targeted treatment that will also reduce the associated stigma of childbearing difficulties.

Disclosure of Interest: None Declared

Quality Management

EPP583

SOCIODEMOGRAPHIC ANALYSIS OF THE PSYCHIATRIC DOMICILIARY HOSPITALIZATION (DH) PROGRAM AT HOSPITAL GENERAL UNIVERSITARIO OF CIUDAD REAL (HGUCR), SPAIN

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Introduction: Domiciliary hospitalization emerged in the late 20th century as a new mental health intervention, designed to providing care of patients with mental disorders at home. This approach offers benefits to hospitals, patients and their surrounding support systems (Megías, F. et al. EVES 2004; 16: 11-107). Although numerous international studies have evaluated the quality and advantages of domiciliary hospitalization, there is a paucity of research in Spain.

Objectives: To describe and compare the sociodemographic characteristics of psychiatric patients admitted to the Short-term Hospitalization Unit (UHB) at HGUCR with those of patients admitted to DH Unit from January 1 to December 31, 2019; and to compare this results with the statistics found in other similar studies.

Methods: This study is a descriptive observational analysis of 281 patient admissions to psychiatric hospitalization units (UHB or DH) in 2019 at HGUCR. The variables analyzed include the type of hospitalization, age, sex, marital status, type of cohabitation and employment status. SPSS was used as a statistical analysis tool. A literature review was carried out, using PubMed to identify comparable national and international studies.

Results: The mean age of patients was 44 ± 15 years, with no significant differences between patients admitted to UHB and those admitted to DH unit, consistent with findings from other studies. The percentage of men and women is similar, with a majority of singles (40%) or married/in partnership (38%) compared to those who were separated or widowed. Regarding types of cohabitation, 37% of patients lived with their own family, 35% with their family of origin and 18% lived alone, with no significant differences between the two types of hospitalization. As regards employment status, the largest group (27%) was inactive, followed by 18% who were incapacitated and 17% of active workers. Significant differences were found in employment status: there were more active people in DH and more incapacitated individuals in UHB. However, we found that in other studies from Germany, there were significantly more unemployed people in DH (Bechdorf et al. FDNP 2011; 79 (1): 26-31). This can be explained by the exclusion criteria for DH at HGUCR, which include patients with severe social problems and multiple or decompensated organic comorbidity. Therefore, it is consistent that most of DH patients were in relatively good health and capable of working actively before admission.

Conclusions: No significant differences between DH and UHB were observed in most variables. Where differences were observed, they could be explained by the differing exclusion criteria between the two types of hospitalization. Our results are similar to those reported in other studies.

Disclosure of Interest: None Declared