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Introduction: Severe mental disorders and rare genetic diseases are chronic and highly disabling conditions requiring continuous assistance by caregivers, whose personal and social burden may result in mental health problems.

Objectives: The current study aims to compare objective and subjective burden as well as levels of general well-being, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality between caregivers of patients with severe mental disorders, caregivers of patients aged 0-18 with rare genetic diseases, and caregivers of patients aged 50-85 with rare genetic diseases.

Methods: Caregivers of patients with severe mental disorders were recruited at the Department of Psychiatry of University of Campania, Naples, if they were more than 18 and released consent. Caregivers of all patients with rare genetic diseases were recruited at the Inherited and Rare Cardiovascular Disease Unit of University of Campania, Naples, if they were more than 18 and released consent. Caregivers' levels of personal and social burden, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality were assessed through standardized tools and compared between groups by carrying out analyses of variance.

Results: Seventy-seven caregivers were included, mostly women (74.0%) with a mean age of 52.2 ± 12.5 years. Caregivers of patients with severe mental disorders were mainly mothers (31.8%) or partners (31.8%) of patients, showing the highest levels of subjective burden, as well as avoidance and need to be informed about the illness adopted as problem-solving strategies. Caregivers of patients aged 0-18 with rare genetic diseases were mainly mothers of patients (76.5%), reporting the highest levels of received support and PTSD symptoms. Caregivers of patients aged 50-85 were usually partners of patients (52.4%), who showed the lowest levels of need to be informed about the illness and PTSD symptoms.

Conclusions: Caregivers of patients suffering from chronic and disabling diseases such as severe mental disorders and rare genetic diseases are prone to develop mental health problems due to the persistent exposure to high levels of personal and social burden. To this extent, family psychosocial interventions may be effective strategies to be implemented in order to relieve the levels of burden, by taking into account the features of patient's disease.

Disclosure of Interest: None Declared

EPP420

Beyond symptoms: How mental health competencies shape everyday well-being among psychiatric patients

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Introduction: Just as our bodies have immune systems to defend against harmful biological agents, our souls also need psychological "immune competencies" to cope with stress. These competencies include effective emotional, psychological, social and spiritual functioning, resilience, creative and executive efficiency, self-regulation and savoring, the ability to enjoy positive experiences.

Objectives: The aim of the present study was to investigate whether the mental health competencies, the symptoms of mental disorder, or the interaction of the two have a stronger predictive power on subjective well-being among Hungarian adult psychiatric patients.

Methods: The psychiatric sample of 129 patients (44 men, 85 women) was recruited in a cross-sectional design in four Hungarian health care facilities. Participants completed the Symptom Checklist-90-Revised, the Mental Health Test and six well-being questionnaires.

Results: Mental health competencies are stronger predictors of the three indicators of well-being ($\beta = 0.61; 0.79; 0.51$, $p < 0.05$) than mental disorder symptoms ($\beta = 0.17; 0.12; 0.25$, $p < 0.05$). Including both mental health competencies and mental disorder symptoms in a regression model more accurately predicts indicators of well-being (BIC = 310; 359.7; 170; AIC = 289; 337.3; 148.3; $R^2 = 0.74; 0.52; 0.58$, $p < 0.05$) than either the effect of the two separately (BIC = 310.3; 365.4; 170.2; AIC = 291.1; 345.8; 151.1; $R^2 = 0.73; 0.48; 0.56$, $p > 0.05$) or the effect of their interaction (BIC = 314.9; 363.6; 173.6; AIC = 290.3; 338.4; 149.1; $R^2 = 0.74; 0.52; 0.57$, $p > 0.05$). Mental health competencies were positively ($B = 0.88; 1.64; 0.54$, $p < 0.05$) while mental disorder symptoms were negatively ($B = -0.50; -0.28; -0.17$, $p < 0.05$) related to indicators of subjective well-being.

Conclusions: The results underscore the potential of mental health competencies as protective factors that can enhance well-being and restore daily functioning even in the presence of mental disorder symptoms.

Disclosure of Interest: None Declared

EPP422

Patterns of service use in a culturally adapted NAVIGATE program for first-episode psychosis and their association with clinical and functional outcomes

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Introduction: NAVIGATE, is a comprehensive manual based intervention developed in the US for young people experiencing a first episode psychosis (FEP). The intervention is based on four main service components: Individual Resilience Training (IRT), supported employment and education (SEE), family psychoeducation (FEP) and medication management.

Objectives: To describe the process of implementing NAVIGATE in Israel with an emphasis on cultural adaptation, fidelity, patterns of use and their relation to outcomes.

Methods: Between 2017-2021 demographic and diagnostic, service utilization data and ratings of functioning and symptoms were collected from clinical registries of 142 NAVIGATE participants.

Results: Most participants were males (70%), aged 23.5 (SD 5.5, Range 16-43). On average, participated in the program over a year. IRT was the most utilized intervention (M=23, SD 11.51). Overall, three clusters of program usage were found. Number of sessions and their frequency were highly correlated. Number of family psychoeducation meetings showed the highest correlation with improvement overtime in functioning and symptoms severity. Program Fidelity rates ranged from 2.8 to 3.3 (range 0-4).

Conclusions: The NAVIGATE program in Israel demonstrated significant clinical and functional outcomes across all service use patterns. NAVIGATE was formally offered for two years and included four components, in reality, service users attended less than what was offered. It is possible that when an effective comprehensive team-based intervention is offered flexibly to meet the often rapid changes needs of young people with FEP, the actual use is less than one might expect, which has important implications for policy and practice.

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EPP423

Using a co-design approach to develop, implement, and evaluate a Preventative Online Mental Health Program for Youth (POMHPY)

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Introduction: From March 2020 to 2021, the risk of youth developing a mental health issue increased by 50% in Canada. To address the detrimental effects of the COVID-19 pandemic, this project collaborated with youth and community partners in Ontario, Canada, to co-design a Preventative Online Mental Health Program for Youth (POMHPY) focused on improving mental, physical, and social well-being.

Objectives:

- (1) To co-design a preventative online mental health program tailored to the needs of Ontario youth.
- (2) To evaluate the program's efficacy in improving mental well-being and health-related quality of life.
- (3) To engage youth in the development and continuous improvement of the program.

Methods: Initially, literature reviews were conducted to identify evidence-based programs that could be integrated into POMHPY. Surveys and focus groups were used to capture youths' mental

health concerns and program needs. The findings were presented to community partners for additional feedback and refinement of the program. A second survey and focus group explored the likelihood of program use and piloted the first session. Subsequently, 53 youths (mean age=19.15) participated in the POMHPY program during the summer of 2023. Pre-, post-, and follow-up surveys measuring mental well-being were administered. Preliminary descriptive statistics and t-test analysis were conducted to measure the program's efficacy. A subset of participants (n = 21) attended 90-minute focus groups to discuss program perceptions, perceived benefits, impact on personal life, and areas of improvement.

Results: Youths' mental well-being, measured by the Warwick-Edinburgh Mental Well-being Scale, significantly improved after the completion of the program [t (24) = -2.91, p=.008]. Health-related quality of life, measured by the AqoL-6D, also significantly improved [t (6) = -3.34, p=.016]. These improvements were maintained one month after completing the program. Participants viewed the skills and strategies learned in POMHPY as beneficial in improving their stress and well-being. Peer facilitators in the same age range as participants contributed to meaningful discussions and interactive activities that contrasted with a lecture-style learning environment. Suggestions for improvement included flexible scheduling, increasing reminders, and enhancing understanding of program components.

Conclusions: Preliminary analysis supports the program's efficacy in improving mental well-being and health-related quality of life. Participants also reported a positive experience with the program and suggested improvements for integration. The program will be scaled nationally in the next phase, ensuring broader access to preventative mental health care for youth across Canada.

Disclosure of Interest: None Declared

Mental Health Policies

EPP425

Transforming Mental Health Care – Policy Implementation

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Introduction: The Autonomous Region of the Azores faced considerable challenges in providing comprehensive, efficient, and integrated mental health care services, exacerbated by geographical isolation, resource constraints, and the absence of a cohesive system for referrals and quality assessment in mental health care.

Objectives: Despite the recognized need, the integration of mental health services into primary health care (PHC) and the broader health system in the Azores was fragmented. Key issues included lengthy waiting lists, inadequate referral systems between primary care and specialized psychiatric services, and a lack of standardized quality assessment and performance indicators for mental health care. Additionally, there was a significant need for community mental health teams, emergency management of agitated patients, and comprehensive training for health professionals in psychiatric care.