

anxiety, and depression levels correlated with elevated FOMO scores ($p < 0.001$). Variations in FOMO scores were noted across university, gender, and college. Strong associations existed between severe nomophobia and heightened stress, anxiety, and depression ($p < 0.001$). The findings underscored contextual influences on nomophobia intensity among diverse individuals.

Conclusion. The study identified a high prevalence of nomophobia and FOMO among UAE university students. Significant correlations were observed between these digital-related fears and mental health issues like depression, anxiety, and stress. Our results delineate the necessity for exploring and implementing interventions that address smartphone-related phobias to safeguard the mental well-being of UAE university students, considering their unique cultural context.

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The Neurobiology of Depression, Burnout and Resilience Among Healthcare Students

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Aims. Adapting to academic and social demands may be challenging for university students. Healthcare students are thought to be at high risk of burnout and Major Depressive Disorder (MDD) due to the demands of their training and emotional toll of caring for patients. This risk extends well into physician years, suggesting the persistence of an abnormal psychological state developed during training years. We aimed to investigate the prevalence and severity of depressive symptoms, burnout, and resilience in healthcare students, examine their correlation with salivary cortisol levels, and assess how these factors change during examination periods.

Methods. This longitudinal study investigated the mental health and salivary cortisol levels of medical, dental, or health science students in the UAE at two distinct periods, at the start of the academic semester, and within one week of the examination period. A total of 147 students (51% females) were included, and their demographics and education variables, including cumulative GPA (cGPA), were assessed. Depression, resilience, and burnout scores were measured using the Patient Health Questionnaire-9, Nicholson-McBride Resilience questionnaire, and Maslach Burnout Inventory-Student-Survey, respectively. Participants who met the criteria for MDD were identified. Time-dependent cortisol levels were modelled using functional data analysis and standardised cortisol levels were calculated. Data analysis was done using mixed effect models in R 4.1.2.

Results. Among participants, 12.2% screened positive for MDD at the beginning of the semester, increasing to 16.6% during the examination period. Depression scores were higher during the examination period ($p = 0.011$). Female gender was significantly associated with higher levels of depression (median difference = 3.00; $p < 0.001$) and burnout but lower levels of resilience (mean difference = 3.27; $p < 0.001$). cGPA below 75% ($p = 0.009$) and history of mental illness ($p = 0.015$) were associated with increased levels of depression. High cortisol

responders (z -value > 1) developed higher depression scores ($p = 0.033$) compared with low cortisol responders (z -value < -1). Participants with higher resilience were less likely to develop depression and burnout ($p < 0.003$).

Conclusion. This study shows relatively high levels of depression among healthcare students in the UAE, particularly in females, students with history of mental illness, students with low cGPA, and students with high cortisol levels. Efforts to promote culturally appropriate resilience skills need to be developed to reduce distress and depression in this population.

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Navigating ADHD in Higher Education: Evaluating Psychosocial Interventions for Student Self-Esteem, Well-Being, and Quality of Life

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Aims. Several studies have shown that individuals diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have difficulties in maintaining their psychological well-being and are at risk of negative impacts on their psychological health during higher education. Consequently, it is crucial to introduce targeted interventions to promote self-esteem, quality of life, and overall well-being to minimise potential adverse outcomes. For this reason, the main objective of this systematic literature review was to identify and evaluate studies on the target population that explored the effects of psychosocial interventions on dimensions of psychological well-being, such as self-esteem, well-being, or quality of life.

Methods. A systematic literature review was conducted following the PICO approach and PRISMA guidelines. The electronic databases – MEDLINE, PsycINFO, Web of Science, PubMed, COCHRANE Central and Education Research Complete were searched for English-language studies published between 2013–2023 on interventions conducted in university-level ADHD students that impacted their psychological well-being. Exclusion criteria encompassed studies focusing on comorbid clinical diagnoses such as anxiety or depression outcomes and pharmacological interventions. Nine studies that met the inclusion criteria were identified.

Results. Cognitive-behavioural therapy (CBT), interpersonal group therapy, and coaching emerged as interventions with the strongest evidence base for improving psychological well-being in university students with ADHD. The ACCESS (Accessing Campus Connections and Empowering Student Success) intervention, a CBT and mentoring programme, demonstrated increased well-being over time ($p = 0.001$, $d = 0.45$). Interpersonal group therapy yielded significant improvements in global self-esteem ($p = 0.001$, $\eta^2 = 0.12$), with a significant difference from the control group ($p = 0.01$, $\eta^2 = 0.07$), while the coaching intervention revealed significantly higher well-being scores in participants compared with the control ($p = 0.05$, $R^2 = 0.11$).

Conclusion. This systematic review found psychosocial interventions focussing on CBT, interpersonal group therapy, and coaching were effective in improving the psychological well-being of university students with ADHD. Future intervention studies