

Risk (CHR) and Familial High Risk (FHR) populations is vital for identifying cognitive impairments related to vulnerability. CHR populations exhibit cognitive changes, but the evidence on FHR populations remains less clear, even though offspring of individuals with severe mental disorders face a high risk of developing these conditions.

**Objectives:** This study aims to perform a meta-analysis of neurocognitive functioning in offspring of individuals with affective psychoses and non-affective psychoses, compared to healthy controls (HC-Off). This meta-analysis seeks to improve statistical power of individual studies and offer more reliable estimates of cognitive deficits related to genetic vulnerability to psychotic disorders.

**Methods:** Following PRISMA, MOOSE, and EQUATOR guidelines, a systematic literature search was conducted up to December 12th 2023. Articles were screened, and those relevant were assessed for eligibility. The inclusion criteria focused on original studies comparing neurocognitive performance between offspring of individuals with affective or non-affective psychoses and healthy controls. The primary outcome was the difference in performance across neurocognitive domains. Meta-analyses were conducted on the overall sample and separately for affective and non-affective offspring, using a random-effects model.

**Results:** Within the analyzed domains, individuals with affected parents performed significantly worse in every domain in comparison with control group, except in Motor Functioning domain. When studied separately, offspring of parents with affective psychosis showed significant cognitive impairments in visual and verbal learning, processing speed, and memory, with smaller deficits in other domains. In contrast, offspring of parents with non-affective psychosis exhibited more severe impairments. Social cognition and motor functioning were less affected in both groups.

**Conclusions:** Key deficits in learning, memory, and general intelligence highlight the potential for these cognitive domains to serve as markers of vulnerability to psychosis. While both groups of offspring show impairments, the more pronounced deficits in the non-affective group indicate a distinct cognitive risk profile. These insights may inform early interventions tailored to the specific cognitive challenges faced by high-risk populations.

**Disclosure of Interest:** None Declared

## Promotion of Mental Health

### EPP160

#### Mindsets of Negative Emotions Mediate the Impact of Self-Compassion on Youth Mental Health: Evidence from a Three-Annual Wave Study

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**Introduction:** Accumulating evidence supports the mental health benefits of self-compassion. However, longitudinal research unravelling how self-compassion affects mental health outcomes is scarce.

**Objectives:** This study aimed to clarify whether mindsets of negative emotions serve as a mechanism of how self-compassion exerts impacts on youth mental health.

**Methods:** The longitudinal school-based survey was conducted annually across three years among 719 secondary school students (mean age: 14.65, SD: 0.72). Mediation models were examined with self-compassion at T1 as the independent variable, negative emotion mindsets at T2 as the mediator variable, and depression, anxiety, and life satisfaction at T3 as the dependent variables. Alternative mediation models with negative emotion mindsets at T1 as the independent variable and self-compassion at T2 as the mediator variable were also tested to corroborate the hypothesized direction of the mediation effects. The mediation models all controlled for age, sex, socioeconomic status (SES), and respective measurements of mediator and dependent variables at baseline.

**Results:** Negative emotion mindsets at T2 significantly and fully mediated the effects of self-compassion at T1 on mental health (indexed by depression, anxiety, and life satisfaction levels) at T3 (see Fig. 1, Fig. 2, and Fig. 3, respectively). The alternative mediation models were all insignificant, corroborating that negative emotion mindsets serve as the pathway through which self-compassion impacts mental health, rather than the reverse.

Image 1:

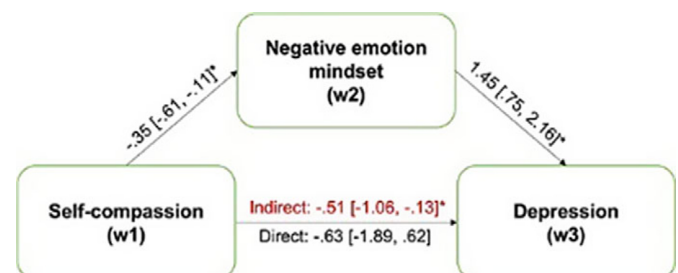


Image 2:

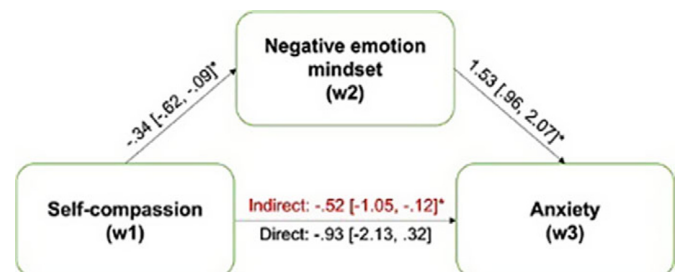
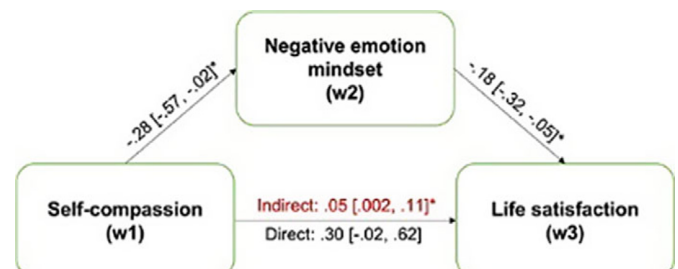


Image 3:



**Conclusions:** This study highlights the belief-in-change of negative emotions as a key mechanism underlying the impact of self-compassion, and has important implications for research and interventions aimed at promoting youth mental health.

**Disclosure of Interest:** None Declared

## Mental Health Policies

### EPP163

#### Deinstitutionalization in Georgia-why it is so slow

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**Introduction:** Mental health reform represents one of the most transformative changes in the field of healthcare, as it not only changes the forms of services, but also the nature of services offered. While many countries have successfully implemented such reforms, others, including Georgia, have struggled with a protracted and inconsistent process. Despite decades of advocacy by professionals for deinstitutionalization psychiatric hospital treatment continues to dominate in Georgia's mental healthcare system.

**Objectives:** The purpose of the review is to explore the concept of deinstitutionalization within the mental health landscape and assess its status in the context of Georgia. It aims to study the lessons learned from successful deinstitutionalization and illuminate achievements and challenges surrounding deinstitutionalization in Georgia's reality.

**Methods:** A qualitative analysis including desk review, in-depth interviews and focus group discussions was conducted. Proceeding from the research objectives we analyzed the existing legislation, strategic documents and clinical practices concerning individuals with mental disorders; Interviews were also conducted with key informants on the shortcomings and problems in deinstitutionalization practices

**Results:** The review findings reveal, that despite recent progress such as the development of community mobile teams and increased funding allocated for community services within mental health budget, a number of issues still remain a problem: there is no agreement among stakeholders on how to restructure existing hospital beds and financial provisions remains unresolved. The field of mental health in Georgia suffers from a lack of human resources. Attracting new personnel, ensuring regional distribution, and enhancing qualifications are necessary components of deinstitutionalization that require the involvement of all stakeholders, coordinated and time-planned action. The current mental healthcare system in Georgia is characterized by a lack of coordination and collaboration among its various components. Establishing patient care pathways between services with clear referral criteria is crucial for improving the efficiency of mental health services.

**Conclusions:** This research highlights that successful deinstitutionalization requires additional funds, time, and trained people. Institutions should have a long-term (3-5) year development plan, detailing the source of funding, activities to be implemented, and expected outcomes. In the absence of such a plan, progress remains sporadic, intermittent, uncoordinated, and less effective.

By addressing identified challenges and promoting coordination among mental health components, Georgia can guide a more effective course toward a community-based, patient-centered mental healthcare system.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

### EPP164

#### The effects of DBS treatment on OCD symptoms in pediatric and young adult patients with myoclonus-dystonia: a case series

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**Introduction:** Myoclonus-dystonia syndrome (MDS) is a rare childhood-onset movement disorder characterized by the combination of myoclonus and dystonia. It is caused by loss of function of the epsilon-sarcoglycan gene (*SGCE*) due to mutations, although the pathogenic mechanism is not fully understood. Deep brain stimulation is used in patients that are refractory to pharmacological treatment. A higher prevalence of psychiatric disorders has been observed in MDS patients, especially obsessive-compulsive disorder (OCD) (Timmers *et al.* Parkinsonism Relat Disord. 2019; 69 85-90). A dysfunction of cortico-basal ganglia-thalamo-cortical (CBGTC) loops is present in both conditions, but the mechanism by which they display high comorbidity is unknown.

**Objectives:** To determine the presence of OCD comorbidity in pediatric and young adult patients that are candidates for DBS treatment for motor disorders, and the effects that the treatment may have on OCD symptoms.

**Methods:** This study is part of an ongoing cohort (n = 34) of children and adolescents (at the time of diagnosis) receiving internal globus pallidus DBS as treatment for motor disorders in Vall d'Hebron Hospital. The candidates go through a psychiatric evaluation before the procedure, including the diagnostic interview K-SADS, to diagnose psychiatric comorbidity. Long-term evaluation is performed by subsequent visits to the specialist.

**Results:** Of the seven patients with *SGCE*+ MDS that underwent DBS treatment, four of them presented OCD symptoms before the procedure, two did not, and one did not receive an evaluation. Of the patients with OCD symptoms, all four of them showed significant improvement in motor function after DBS but had worsening of OCD symptoms. Some of the patients also had a worsening of other psychiatric symptoms, such as anxiety, mood and behavioral symptoms.

**Conclusions:** OCD symptoms are present in a significant proportion of our patients with *SGCE*+ MDS. OCD and other psychiatric symptoms worsened during follow-up in our patients, although it is not clear if this is due to DBS treatment or due to the natural course of the disorder. Further studies are needed to explore this observation.

**Disclosure of Interest:** None Declared