

**Introduction:** Although there is recent growing attention on mental health and mental well-being across the globe, supports in this area of healthcare can be a challenge for immigrant and racialized groups with frequent experiences of hardship.

**Objectives:** This study aimed to gather perspectives of immigrants and racialized community members on strategies central to support their mental health and well-being, with the aim of addressing research-to-practice gaps.

**Methods:** The study was co-designed in collaboration with a Community Action Table in Markham, Ontario, a setting with 93% of residents self-identifying as Canadian visible minorities (i.e., non-Caucasian descent). A mixed method Concept Mapping methodology was used to engage residents, service providers, and policy-makers ( $n = 68$ ) through three phases of data collection and interpretation.

**Results:** Participants first brainstormed ways to support their mental health and well-being, generating 283 statements in three group sessions. A consolidated list of 68 statements was then prepared by removing duplicates and merging similar ideas. This list was shared with participants in three group sessions for the sorting and rating activities: each participant made groups of statements based on a shared meaning and labelled the groups; and rated each statement on a scale of 1-5 for its importance and feasibility to act in next six-months to support the mental health and well-being of their community. The sorted and rated data was then analyzed statistically through techniques of similarity index and hierarchical cluster analysis to produce visual maps, which were shared with participants in the interpretation session for review and naming of clusters followed by open discussion. This led to a 9-cluster concept map comprising of Family Wellness, Awareness & Education, Cultural Sensitivity, Social Service Access, Community Building, Socioeconomic, Food Security, Healthcare Access, and Housing Stability. The rating data showed the clusters of Family Wellness, Housing Stability, Healthcare Access, and Awareness & Education were ranked high for the dimension of importance. In terms of feasibility to act in next six-months, the clusters of Awareness & Education and Family Wellness remained among the top three while the clusters of Housing Stability and Healthcare Access scored low – which was discussed by participants as requiring a multi-year action plan with short- and long-term goals.

**Conclusions:** Overall, participants viewed mental health and well-being as being closely tied to their living and working conditions while also focusing on family wellness and intergenerational dynamics. The gained insights emphasize a need for multi-sectoral response to support the mental health and well-being supports of immigrant and racialized communities.

**Disclosure of Interest:** None Declared

## EPP577

### Factors Influencing Mental Health of an Afghan Refugee Community in the U.S.

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**Introduction:** Rates of mental health disorders in resettled refugees surpass those of the host population (Hameed et al, KJM 2018;11 20-23). However, most studies suggest heterogeneity between populations, suggesting a need for a non-generalized approach to resettled-refugee mental health (Silove et al, World Psychiatry 2017;16 130-139). Since the Taliban assumed control in August 2021, the United States has taken in about 90,000 Afghan refugees (Green, Wilson Center 2023), 15,000 have settled in Houston, Texas (Schneider, Texas Standard 2023).

**Objectives:** This study investigates factors that may predict higher rates of distress and symptoms of PTSD and depression within an Afghan refugee community resettled in Houston, Texas.

**Methods:** Seventy-four Afghan refugees located in Houston, Texas were surveyed for demographic information and physical or emotional symptoms as directed by the Refugee Health Screener-15 (RHS-15). An average score of  $\geq 12$  on the RHS-15 or a self-reported distress score  $\geq 5$  indicated a positive result on the screening tool. Mann-Whitney and Fisher's exact tests were used to compare differences in patient baseline characteristics and responses stratified by a positive RHS-15 or distress screen. Spearman's Rank Correlation Coefficient was used to assess the correlation between selected response variables and outcomes as well as between the RHS-15 and distress scores.

**Results:** 40% of subjects scored  $\geq 12$  on the RHS-15 and 35% indicated a distress score  $\geq 5$ . Income differed significantly between the RHS  $< 12$  group and the RHS  $\geq 12$  group ( $p=.02$ ). The RHS  $< 12$  group had a higher proportion of individuals in the lowest income bracket,  $< \$10,000$ , and a greater proportion in the  $\$20,000$ - $\$30,000$  bracket. Meanwhile, the RHS  $\geq 12$  group had a higher proportion in the  $\$10,000$ - $\$20,000$  income bracket. There was a negative correlation between self-reported health scores with both RHS-15 score ( $p=-.508$ ,  $p<.001$ ) and distress score ( $p=-.423$ ,  $p=.001$ ) as well as between neighborhood support levels and distress scores ( $p=-.314$ ,  $p=.018$ ).

**Conclusions:** This Afghan refugee cohort shows theoretical rates of PTSD and MDD higher than the average American (40.3% RHS-15 score vs. 3.6% PTSD and 8.3% MDD) (NIH 2023). The increased risk of mental disorder may be attributed to lower perceived community support, poor physical health, and low socioeconomic status. If income growth is a function of increased time spent in the United States, the unique pattern in income between the two RHS groups may reflect a "honeymoon period" that has previously been demonstrated in studies on migrants and culture shock (Maillet et al, APMH 2023; 50 563–575). Following this honeymoon period, however, lower income may predict worsened mental health in resettled refugees. These results support multi-factorial initiatives to support resettled refugees especially in areas of community interconnectedness, health and economic support.

**Disclosure of Interest:** None Declared

## EPP579

### Dismantling task-sharing psychosocial interventions to personalize care for people affected by common mental disorders in poor resource settings

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