

number of previous episodes was 3.72 with a median of 2.5. Regarding the response to treatment we found that it was partial in 15 patients (46.9%) and complete remission could be obtained in 7 patients (21.9%), with no response to treatment in 10 of them (31.2%). In 5 patients the response was considered a late response.

Conclusions: In most of the patients a partial improvement was assessed as evidenced by a reduction in the Montgomery-Asberg Depression Rating Scale (MADRS). Few cases obtained a complete remission with treatment.

As limitations to the results, we can refer to the small sample size. However, we consider that the severity and chronicity of the episodes make the description of the response in a real world group seem of interest for future studies.

Disclosure of Interest: None Declared

Mental Health Care

EPP663

Accident-Related Stress in the Elderly: A Review of Current Trends and Implications for Mental Health

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doi: 10.1192/j.eurpsy.2025.869

Introduction: Accidents, whether minor or severe, can have significant psychological impacts, especially in elderly populations. Stress related to accidents often exacerbates pre-existing conditions or leads to new mental health challenges such as anxiety, depression, or post-traumatic stress disorder (PTSD). The psychological impact of accidents on elderly individuals is often compounded by physical frailty, social isolation, and diminished coping mechanisms. Following an accident, elderly individuals may face prolonged recovery periods, limited mobility, and a reduced sense of independence, all of which can heighten stress levels. Additionally, the fear of future accidents may lead to avoidance behaviors, further isolating them from social interactions and routine activities, thus exacerbating anxiety and depression. Pre-existing mental health conditions, such as mild cognitive impairment or chronic illness, can worsen under accident-related stress.

Objectives: This study aims to explore recent trends in understanding and addressing accident-related stress in elderly individuals, focusing on the psychological, social, and physiological factors contributing to their vulnerability. The primary objective of this study is to examine the psychological, social, and physiological factors that increase the vulnerability of elderly individuals to accident-related stress.

Methods: A mixed-methods approach was used, combining a systematic review of literature from 2015 to 2024 and interviews with mental health professionals. The sample consisted of 30 peer-reviewed studies and 25 elderly individuals aged 65 and above who had experienced accidents within the last year. Studies were selected based on relevance to accident-related stress in the elderly, with an emphasis on post-accident psychological outcomes and interventions.

Results: Results indicated that the elderly are more susceptible to prolonged stress responses following accidents due to physical fragility, social isolation, and reduced coping mechanisms. The review also highlighted an underutilization of mental health services in this demographic, despite the availability of stress-reduction programs. Furthermore, findings showed that older adults who participated in targeted mental health interventions, such as cognitive-behavioral therapy and peer support groups, experienced better outcomes in managing stress compared to those who did not.

Conclusions: In conclusion, accident-related stress in the elderly presents unique challenges that require specialized attention. Healthcare providers should prioritize early identification and tailored interventions to mitigate the long-term psychological effects of accidents in this vulnerable population.

Disclosure of Interest: None Declared

EPP665

Mental Health Protection Programme BOJE (Colours) for LGBTQIA+ people in Croatia – Empowering Resilience

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doi: 10.1192/j.eurpsy.2025.870

Introduction: The phenomenon of minority stress frequently emerges as a contributing factor to mental health discrepancies among sexual and gender minority people, manifesting in elevated rates of mental distress, anxiety, depression, suicidality and substance misuse (Plöderl et al. Int. Rev. Psychiatry 2015; 27 367-385, Russell et al. Annu Rev Clin Psychol. 2016; 12 465-487). Building on insights from previous research, the Mental Health Protection Programme BOJE (Colours) was launched to offer comprehensive support tailored to the needs of LGBTQIA+ individuals within the Croatian public mental healthcare system.

Objectives: The presentation of the BOJE - Mental Health Protection Programme that aims to address minority stress to offer specialized support tailored to the unique needs of LGBTQIA+ individuals, fostering resilience and well-being.

Methods: In October 2023, a multidisciplinary team at the University Psychiatric Hospital Sveti Ivan in Zagreb, Croatia, formed a Mental Health Protection Programme BOJE which consists of a counseling center, an outpatient clinic and a three-month therapeutic and educational cycle for LGBTQIA+ users. Additionally, a platform was provided for training healthcare professionals in LGBTQIA+ affirmative practice. The goal is to offer support, create an inclusive, safe environment and raise awareness of LGBTQIA+ mental health needs.

Results: To date, 50 participants have been supported, with 50% identifying as TGD. We had approximately 574 procedures (counselings, psychiatrist consultations and reviews and psychotherapies) and two cycles of closed-group workshops have been completed with a low dropout rate, and most participants rated the program as useful or very useful for their mental well-being.

Conclusions: Despite the recognition of the mental health disparities between sexual and gender minority people and the general population there is still limited availability of gender-affirming

mental and physical health services. The investigation of how affirming healthcare access influences resilience building among transgender and gender non-binary individuals highlighted the urgent need for additional interventions in public healthcare systems. Following this, a mental health program for LGBTQIA+ individuals was launched within the Croatian healthcare system to buffer the negative health effects of minority stress and improve mental health among sexual minorities and gender-diverse populations.

Disclosure of Interest: None Declared

EPP666

Unveiling Loneliness in Multiple Sclerosis: Insights from a Nationwide Cross-Sectional Study in Greece

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doi: 10.1192/j.eurpsy.2025.871

Introduction: Multiple sclerosis (MS) is a chronic and progressive inflammatory autoimmune disease of the central nervous system. Beyond physical symptoms, it can cause various socio-affective symptoms such as depression, anxiety, sleep disorders and loneliness, leading to a significant psychosocial burden.

Objectives: This study aimed to identify factors contributing to loneliness in MS patients and to examine its associations with psychological distress, stigma, and resilience.

Methods: We conducted a nationwide cross-sectional study of patients with MS from October 2022 to January 2023. Data were collected using an online questionnaire, which included socio-demographic information, disease characteristics, experiences of social stigma, psychological distress, coping strategies, and perceived social support. Validated tools used were the Stigma Scale of Chronic Illness (SSCI-8), Kessler Psychological Distress Scale (K10), Brief Resilient Coping Scale (BRCS), and UCLA Loneliness Scale.

Results: A total of 108 patients, 69.4% women, mean age 44.8 years, participated in the study. Higher loneliness scores were associated with greater psychological distress ($p < 0.001$) and higher perceived stigma ($p < 0.001$). Inversely, higher loneliness levels correlated with lower resilience ($p < 0.001$). Patients living in small urban or rural areas reported higher levels of loneliness compared to those in large urban centers ($p = 0.002$). Additionally, full-time employment ($p = 0.032$) and better financial status ($p = 0.025$) were associated with reduced loneliness, while a family history of psychiatric illness was linked to higher loneliness ($p = 0.043$).

Conclusions: This study reveals that loneliness is an important issue in MS patients and is associated with mental health problems, stigma and reduced coping resilience. Patients living in smaller urban areas, with poorer financial status, or a family history of psychiatric illness are particularly vulnerable. Addressing loneliness

should be a priority in psychosocial interventions to improve quality of life. Future research with larger samples is recommended to confirm and extend these findings.

Disclosure of Interest: None Declared

EPP667

Recognition of Mental Illness among Primary Care Providers in Hungary: Strengths and Limitations

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doi: 10.1192/j.eurpsy.2025.872

Introduction: With 1 in every 8 people living with a mental disorder according to the World Health Organization, the need for appropriate identification and treatment of mental health conditions is paramount. As the majority of people with mental health problems seek help and receive their mental health care from primary care providers (PCPs), PCPs assume an important role in the identification of mental illness.

Objectives: This study examined mental health literacy and predictors of disorder recognition among primary care providers (PCPs) in Hungary.

Methods: Hungarian PCPs ($n = 208$) completed a survey assessing demographics, mental health stigma, and exposure to mental health. Participants read six vignettes describing obsessive-compulsive disorder (OCD) harm/aggression subtype (OCD-Aggression), OCD order/symmetry subtype (OCD-Order), generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), and major depressive disorder (MDD) and were asked to identify each condition and provide treatment referrals. Descriptive analyses were used to characterize disorder recognition rates, perceived disorder causes, and treatment referrals. Binary logistic regression analyses were conducted to examine the degree to which demographic characteristics, mental health stigma, and exposure to mental health predict accurate disorder recognition.

Results: Identification rates for each vignette were: OCD-Aggression (27.9%), OCD-Order (75.5%), SAD (34.1%), GAD (76.0%), PD (78.8%), and MDD (91.3%). First-choice treatment referrals were a psychiatrist for OCD-Aggression (63%), OCD-Order (53.8%), and MDD (46.6%), a psychologist/therapist for SAD (58.7%) and GAD (48.6%), and a PCP for PD (39.9%). Anxiolytics (e.g., benzodiazepines) were the most commonly recommended medication for the anxiety disorders. Mislabeling conditions was significantly associated with older age (for GAD, OCD-Aggression, PD and MDD), male gender (for GAD), greater mental health stigma (for OCD-Order), and not having a family member/friend with a mental health condition (for SAD).

Conclusions: Findings highlight strengths (e.g., depression recognition) and limitations (e.g., OCD-Aggression) in knowledge of mental health conditions among PCPs in Hungary. Our findings add to the literature by outlying potential intervention targets (e.g., increasing education on appropriate anxiolytic use) to improve mental health literacy in primary care. Future research should investigate the efficacy of psychoeducation interventions, particularly for