

Conclusions: The individuals who fit into the pattern of low resilience tended to have a high amount of childhood adverse experiences as shown through the ACE survey. The accumulation of these events in combination with external variables shape resilience. Factors including intelligence/education level, drug/alcohol use, positive role models, exposures to nature/art/spirituality, and community/family norms steer a person down a set of patterned thinking and actions which ultimately depict their overall life story.

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EPV0971

Comparative outcomes of two different styles of mental health practice

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Introduction: An opportunity arose to compare the outcomes of patients of one psychiatrist in two different clinical settings – a community mental health center (CMHC) in which the psychiatrist saw people on average for 15 minutes every 6 weeks (range 4 to 12 weeks) and a community clinic setting (CCS) in which the psychiatrist controlled the time allotted per patients and the frequency of visits. We assumed that the psychiatrist's beliefs, attitudes, and style of practice did not change between the two settings except as influenced by time constraints. Psychotherapy was provided by social workers in both settings, with an average of 45 minutes every 3 weeks in the CMHC and 40 minutes every week in the CCS. Three optional groups existed in the CCS compared to one in the CMHC. New patients received a 30 minute evaluation in the CMHC and a 60 minute evaluation in the CCS.

Objectives: To compare the dominant style of practice in the United States with an older style of practice in which psychiatrists spent more time with clients.

Methods: The psychiatrist administered the MYMOP2 (My Medical Outcome Profile, version 2) and the Brief Psychiatric Rating Scale (BPRS) to all patients at baseline in both settings. The MYMOP2 was repeated monthly (or at the next visit in the CMHC) and the BPRS at intervals of every three months. The study lasted two years and the average length of follow-up was 31 weeks in the CMHC and 49 weeks in the CCS, which was statistically significant.

Results: No statistically significant differences appeared in demographic variables. Percent funded by Medicaid, Medicare, other insurance, gender, and age distribution were the same in both settings. Clinical improvement was not observed among patients on average on both measures in the CMHC. Clinical improvement was observed on both measures in the CCS (MYMOP-2; $p < 0.01$ on worst symptom; BPRS, $p < 0.01$). The CMHC showed higher profits than the CCS. Time spent per patient was statistically significantly greater in the CCS ($p < 0.01$).

Conclusions: Increased opportunity for contact and relationship with the psychiatrist may play a greater role than assumed by the biomedical model. A public health question arises in relation to models for provision of care that are more profitable but less health effective.

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EPV0972

The Bottleneck Effect: Wait Times for Adult ADHD Assessment at a Private Clinic in Australia

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Introduction: Public sector mental health services in Australia typically do not provide Adult ADHD assessment or treatment, creating a significant reliance on private sector care. Consequently, the demand for private ADHD services has surged, resulting in extended wait times for assessment and treatment.

Objectives: This study aimed primarily to evaluate the wait times for Adult ADHD assessments for patients referred by GPs to a private clinic. A secondary aim was to analyze the relationship between sociodemographic and clinical variables, including illness characteristics and timing of diagnosis.

Methods: Data were collected through retrospective file reviews of consecutive patients referred to the authors' private clinics for Adult ADHD assessment between January 2023 and October 2024. Patients included in the study met the criteria of an eventual clinical diagnosis of Adult ADHD. Data collected included socio-demographic details, ADHD subtype, psychiatric comorbidities, and wait times for initial psychiatric consultations. Total sample was 68.

Results: Wait times ranged from 10 days to 305 days, with a mean wait time of approximately 4 months (112 days). Almost 30 % of the patients referred had wait time of more than 4 months. The sample comprised nearly equal numbers of male and female patients (33 vs. 35), with ages ranging from 17 to 56 years (mean age: 28.35 years). The majority (68%) were diagnosed with Adult ADHD - Combined Presentation, while 32% had the Predominantly Inattentive Presentation. Nearly all patients received their ADHD diagnosis in adulthood, with less than 5% having a childhood ADHD diagnosis.

Conclusions: There are significant delays in accessing appropriate care for people with Adult ADHD in Australia. Improvement in mental health policy and service delivery with regard to ADHD services is essential if this barrier to access appropriate care has to be overcome.

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EPV0973

Public perceptions of mental health and the role of nursing professionals in providing psychological support: a nation-wide, cross-sectional study from Croatia

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Introduction: Mental health is indispensable to quality of life and social well-being, influencing economic stability, human rights and sustainable development. Despite growing awareness, the public often conflates mental health with mental illness, which means that stigma remains prevalent. Nursing professionals, who interact closely

with patients, are uniquely positioned to provide psychological support. Therefore, understanding public perceptions of mental health and the role of nurses is crucial for developing effective care strategies and improving health outcomes.

Objectives: With our research we aimed to examine public attitudes towards mental health and assess how the general population perceives nurses' roles in psychological support. The study also sought to identify demographic influences on these attitudes and highlight potential improvements in nursing education.

Methods: The study utilized a cross-sectional survey design to collect quantitative data on public perceptions of mental health and the roles of nursing professionals. An anonymous online questionnaire was distributed, reaching a diverse sample of 270 participants from various demographic backgrounds. The survey included items assessing demographic information (gender, age, educational level, and residential location), as well as specific questions on mental health perceptions, experiences with psychological challenges, and also attitudes toward nursing empathy and support. Descriptive and inferential statistics - including Mann-Whitney U tests and chi-square tests - were used to analyze responses. Significance was set at $p < 0.05$.

Results: Of the respondents, 73% were female, 63.3% resided in urban areas, and 54% had completed secondary education. The majority (65%) were over 35 years old. Regarding self-assessed mental health, 48.9% rated it as "good," and 48.5% reported occasional mental health challenges. Significant gender differences were observed in perceptions of empathy among nursing professionals, with female respondents reporting more positive views compared to male respondents ($U=83.37$, $p=0.01$). The study also revealed that 53% of participants believed nurses "sometimes" showed empathy toward patients' mental health needs. A significant association was found between educational level and the perception that nurses need additional training to support mental health challenges ($U=147.00$, $p=0.01$).

Conclusions: This study highlights the vital role of nurses in mental health support and suggests that additional training on psychological support could enhance care quality, especially in the eyes of well-educated patients. While many respondents see nursing professionals as empathetic, there is room to further improve nurses' mental health literacy and communication skills to reduce stigma and improve patient outcomes.

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EPV0974

Cultural values as determinants of psychological resilience in Tunisian women

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Introduction: Resilience, the ability to adapt and thrive amid adversity, is particularly prominent in Tunisian women, who are recognized for their strength and adaptability despite societal pressures. Their resilience appears closely linked to cultural heritage, indicating a significant connection between resilience and cultural values. This study explores how cultural values shape the psychological resilience of Tunisian women.

Objectives: To examine the influence of cultural values on resilience among Tunisian women.

Methods: A cross-sectional survey was conducted with Tunisian women aged 18 and above, from June to August 2024. Sociodemographic data were gathered, while cultural values were assessed using the Individual Cultural Values Scale (CVScale) and the Centrality of Religion Scale (CRS-5). Resilience was measured with the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).

Results: We collected 695 responses in our survey. Participants had a mean age of 36.72 ± 12.23 years, with 90.9% holding university degrees, 56.5% employed, 49.2% married, and 50.6% with children. The mean resilience score was 68.26 ± 14.09 , with 26.3% showing low resilience. Average scores for cultural values were "power distance" (9.13 ± 3.46), "uncertainty avoidance" (20.84 ± 2.95), "masculinity" (9.55 ± 3.99), "collectivism" (21.64 ± 5.07), "long-term orientation" (25.89 ± 2.94), and "centrality of religion" (3.95 ± 0.77).

Resilience correlated positively with "uncertainty avoidance" ($p < 10^{-3}$, $r = 0.145$), "collectivism" ($p < 10^{-3}$, $r = 0.208$), "long-term orientation" ($p < 10^{-3}$, $r = 0.267$), and "centrality of religion" ($p < 10^{-3}$, $r = 0.186$). Conversely, resilience was negatively correlated with "power distance" ($p < 10^{-3}$, $r = -0.104$), and no significant correlation was observed with masculinity.

Conclusions: The findings reveal that cultural values significantly shape resilience in Tunisian women. Higher resilience was associated with uncertainty avoidance, collectivism, long-term orientation, and religious centrality, while power distance negatively impacted resilience. This emphasizes the need to incorporate cultural dimensions when designing initiatives to support resilience among women in Tunisia.

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EPV0975

Resilience and self-esteem in Tunisian women: A study on psychological strength

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Introduction: Self-esteem, defined as an individual's overall sense of self-worth and confidence, plays a crucial role in shaping how people interact with their environment. It has been strongly linked in the literature to both mental health and resilience. Tunisian women, known for their achievements despite numerous challenges, provide a compelling population for exploring the dynamics between self-esteem and resilience.

Objectives: To assess the impact of self-esteem on resilience among Tunisian women.

Methods: This cross-sectional study surveyed Tunisian women aged 18 and above, between June and August 2024, using an online questionnaire. General health information was gathered through a structured survey. Self-esteem levels were evaluated using the Rosenberg Self-Esteem Scale, while resilience was measured with the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).

Results: Data were collected from 695 Tunisian women, with participants having a mean age of 36.72 ± 12.23 years. Of the respondents,