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.

Disclosure of Interest: None Declared

EPV0971

Comparative outcomes of two different styles of mental health practice

L. Mehl-Madrona[1,2*] and B. Mainguy[3]

[1]Native Studies, University of Maine, Orono; [2]Psychiatry Residency, Northern Light Acadia and [3]Wabanaki Health and Wellness, Bangor, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1609

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.

Disclosure of Interest: None Declared

EPV0972

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

R. D. Mendonsa[1*] and H. T. Jayasooriya[1]

[1]Mental Health and Wellbeing, Western Health, Melbourne, Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1610

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 sociodemographic 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 acessing 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.

Disclosure of Interest: None Declared

EPV0973

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

T. Meštrović[1*], T. Ćurić[1], M. Neuberg[1], I. Herak[1] and R. Ribić[1]

[1]Department of Nursing, University North, Varaždin, Croatia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1611

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