

manage patients' violent and other challenging behaviour. These practices violate human rights and thus there is a growing international policy move to reduce or even ultimately stop using them. To achieve this, clinicians, researchers, teachers, trainers, policy-makers and user representatives need to collaborate to transform psychiatric services towards non-coercive services. An international network provides one way towards this vision.

**Objectives:** Here we present an international network focusing on developing knowledge and practices aiming at reducing violence and coercion in mental health settings. We will illustrate how networking in an interdisciplinary group can be beneficial to both - European psychiatrists as well as other professionals in mental health services.

**Methods:** The EViPRG is a non-governmental research-focused network founded in 1997. Our vision is to work together to improve competency and quality of practice with the aim to reduce coercion and violence in mental health services, and address ongoing human rights issues. Clinicians in the psychiatric field as well as researchers can join the network through an electronic application (<https://www.eviprg.eu/>). Participation of early career researchers is encouraged.

**Results:** The EViPRG offers a unique network to connect with like-minded colleagues, collaborate on research projects, learn from various national initiatives to reduce coercion, exchange best practice models and take part in discussions via our various platforms. The network meets 3-4 times per year both in-person and online. Meetings provide an arena to present the latest research findings, generate new research projects and get feedback from colleagues. The EViPRG also organises the bi-annual "European Conference on Violence in Clinical Psychiatry" and members get a reduced fee to attend.

**Conclusions:** The network has more than 130 members in Europe and beyond. Numerous multi-country studies have been initiated through the network. As an example, in the years 2021-2024, a European Commission-funded project COST Action FOSTREN widened the network to new countries. As a result, we expect a rise in our membership, especially from Eastern Europe. If you want to find like-minded research partners and innovators, link in with a strong community aspiring to influence policy and practice in this area, progress your career and international profile, or just meet new colleagues, membership in the EViPRG can be your choice.

**Disclosure of Interest:** None Declared

## Climate Change

### O015

#### From pre-existing vulnerabilities to daily stressors, what is the impact of climate change on mental health and gender inequity in Asia region?

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**Introduction: Background:** While climate change affects millions of people in South and Southeast Asia, women and girls are

disproportionately impacted, largely due to pre-existing vulnerabilities given their traditional gender roles and intensified adaptive capacity and sensitivity to climate change. They have often less representation and decision-making power in governance processes and structures involved in the development and implementation of climate change adaptation and mitigation policies. Moreover, they face mental health and psychosocial problems due to various climate-related stressors.

**Objectives:** The study aimed at exploring the perceptions of people living in contexts affected by climate change in order to better understand the impact on the psychosocial conditions of women and girls.

**Methods:** In 2023, online and in situ interviews were conducted with 30 individuals (15 women, 15 men) from the government, international and national organisations as well as academic and research institutions in Afghanistan, Bangladesh, Myanmar, Nepal, and Pakistan. Moreover, eight focus group discussions were conducted in Bangladesh (Kurigram and Sathkira districts) and Nepal (Rasuwa and Udayapur districts) with 71 community members, including 40 women and girls (aged 14 to 54 years old) and 31 men and boys (aged 15 to 70 years old).

**Results:** In Bangladesh, both districts face extreme weather like drought and floods, which leads to the migration of men. An increased involvement of women in farming, alongside their household responsibilities. This has transformed the family dynamic and women, as household head, have become the primary decision-makers. In Nepal, there has been a lack of awareness among women and men on the impact of climate change on their living conditions. The significant shift in the traditional gender divisions of labour has not brought an equitable transfer of assets and resources that could help women to cope after a climate-related event. Ultimately, women suffer from mental health issues.

**Conclusions:** This study shows some causal links between climate change and the psychosocial conditions of women and girls which confirm the necessity to develop gender-responsive climate change strategies, to improve access to mental health services and to prevent long-term changes within communities.

**Disclosure of Interest:** None Declared

## Depressive Disorders

### O016

#### Mental Health, Loneliness and Urbanicity – A Cross-Sectional Network Analysis in a Nationally Representative Sample

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**Introduction:** With increasing urbanization, more people are exposed to mental health risk factors stemming from the urban, social or physical environment. However, research on the connection between urban living and mental health remains unclear.

**Objectives:** This study aims to explore environmental and social risk factors for mental health issues using network analysis.

**Methods:** The study was conducted among a nationally representative sample of 2,701 habitants of Poland (51% of women). The measurements used were PHQ-9, UCLA, Neighbourhood Cohesion (Neighbourhood Belonging and Social Cohesion), REAT 2.0 (Quality of architecture conditions in neighbourhood area), distance and frequency use of blue, green, and urban public areas, Self-Rated Health, Physical Activity, urbanicity, size of place of residence per person and sociodemographic survey (age, education, income). We used a sparse Gaussian graphical model (GGM) with a graphical lasso with an EBIClasso estimator.

**Results:** We showed that urbanicity and physical environment were linked to mental health issues via neighbourhood cohesion and loneliness in the estimated network. Depression and anxiety were the nodes with the highest centrality strength and expected influence. Blue and green areas usage also had high centrality strength. Urbanicity played an important role as a bridge between the network nodes and had a high strength score. Physical health with blue and green areas frequency use had the highest closeness centrality score.

**Conclusions:** We revealed the connections among mental health, loneliness, social cohesion, and various environmental factors, particularly urbanicity. This will enhance our understanding of mental health risks and protective factors.

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**Disclosure of Interest:** None Declared

## Suicidology and Suicide Prevention

### O017

#### Moderating effects of the effectiveness of psychological interventions for suicide behavior and non-suicidal self-harm prevention in prison settings: a systematic review and meta-analysis

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**Introduction:** Suicide remains a major cause of death in prison (Status report on prison health in the WHO European Region 2022). In comparison with adults from general population, incarcerated people are at increased risk of presenting suicide-related behaviours (Fazel S, *et al.* Lancet Psychiatry 2017; 4 946–52). Although certain studies have identified effective programs to reduce suicide in prison context (Carter A, *et al.* EclinicalMedicine 2022; 44 101–266), there is little evidence examining the relationship between moderators of effectiveness at individual and contextual levels.

**Objectives:** This study aims to review empirical research on moderators of effectiveness of interventions in prison to reduce suicide, summarizing effect sizes across studies.

**Methods:** For this systematic review and meta-analysis, we searched EBSCOhost, ScienceDirect, PubMed and ProQuest for articles published from 1990 to 2024. Eligible studies included those evaluating the effect of psychological interventions, delivered to adults during incarceration, on suicidal prevention. The impact of moderators covering bibliometric features (i.e. year of publication, country), methodological features of the study (i.e. sample size, mean age of participants, sex ratio, study design, assessment type and tools), suicide-related features (main outcome, previous suicide history), and other relevant variables (prison type and location, type and length of sentence) as well as psychological traits (alcohol or drugs misuse or other treatments) were also included. This review was conducted in accordance with PRISMA guidelines. Meta-analyses using random-effect models were used to pool effect sizes for moderators' outcomes. The protocol was pre-registered with PROSPERO, CRD42024538967.

**Results:** Of 7728 articles retrieved, 18 studies (1695 participants, 330 [19.5%] females, 756 males [44.6%], and 609 [35.9%] unknown) met the inclusion criteria. Mean ages were 32.0 years, and ethnicity data was not sufficiently reported to be aggregated. Type of prison was mostly public sector and located in rural areas. Studies were frequently conducted in UK ( $n=8$ ; 44%) and used varying study designs; most frequently pre-post with no control group ( $n=9$ ; 50%). On average, prevention programs in prison context were effective in decreasing suicide deaths, suicidal ideation and self-harm ( $n=14$ ; 78%).

**Conclusions:** Findings suggest that explanations for efficiency of psychological interventions to prevent suicide behaviour and self-harm in prison context, are moderated by physical environment, individual and psychosocial factors. Future research identifying what factors moderate treatment outcomes in suicide and self-harm prevention within prison environments could help elucidate associated factors of efficiency, helping develop potential therapeutic actions.

**Disclosure of Interest:** None Declared

## Precision Psychiatry

### O020

#### Combining structural MRI with Polygenic Risk Scores to disentangle unipolar and bipolar depression: a multimodal machine learning study

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**Introduction:** The differential diagnosis between Major Depressive Disorder (MDD) and Bipolar Disorder (BD) heavily relies on clinical observation. However, the two disorders often show similar symptomatologic profiles, leading to high misdiagnosis rates. Reliable biomarkers are therefore crucial to accurately discriminate between MDD and BD and provide better treatments. In this