Introduction: Many people experience at least one traumatic event in their lifetime. Although such traumatic events can precipitate psychiatric disorders, many individuals exhibit high resilience by adapting to such events with little disruption or may recover their baseline level of functioning after a transient symptomatic period.
Objectives: To investigate the prevalence and correlates of low resilience in patients before discharge from psychiatric acute care facilities.
Methods: Respondents for this study were recruited from nine psychiatric in-patient units across Alberta. Demographic and clinical information were collected via a REDCap online survey. The brief resilience scale (BRS) was used to measure low resilience. A chi-square analysis followed by a binary logistic regression model was employed to identify significant predictors of low resilience.
Results: Overall, 1004 participants took part in this study; 360 (35.9%) were less than 25 years old, 269 (34.7%) were above 40 years old, and most participants were females 550 (54.8%) and Caucasians 625 (62.3%). The prevalence of low resilience in this cohort was (555/1004, 55.3%). Respondents who identified as female were one and a half times more likely to show low resilience (OR=1.564; 95% C.I.=1.79-2.10), while individuals with 'other gender' identity were three and a half times more likely to evidence low resilience (OR=3.646; 95% C.I.=1.36-9.71) compared to male gender persons. Similarly, Caucasians were two and one-and-a-half times respectively more likely to present with low resilience compared with respondents who identified as Black people (OR=2.21; 95% C.I.=1.45-3.70) and Asians (OR=1.589; 95% C.I.=1.45-2.44). Additionally, persons with a diagnosis of depression were more than two times and four times, respectively, more likely to present with low resilience than those with bipolar disorder (OR=2.567; 95% C.I.=1.72-3.85) and those with schizophrenia (OR=4.081;95% C.I.= 2.63-6.25)
Conclusions: Several demographic and clinical factors were identified as predictors of likely low resilience. The findings may facilitate the identification of vulnerable groups to enable their increased access to support programs that may enhance resilience.

Disclosure of Interest: None Declared

EPP030

The Integration of AI-Driven Wearable Technology in Psychiatry: Advancing Early Detection and Personalized Management of Psychiatric Disorders

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Introduction: Psychiatric disorders,such as anxiety,depression, bipolar disorder and schizophrenia,remain major global health challenges. Although prevalence has not recently increased, mental health care struggles with early diagnosis, real-time monitoring and personalized treatment. Traditional methods, relying on self-reports and clinical assessments,often miss the dynamic nature of these conditions.AI and wearable technology offer a new approach, enabling continuous data collection and real-time analysis to improve early detection and optimize patient care
Objectives: This study aims to assess the role of AI-driven wearables in diagnosing,monitoring and managing psychiatric disorders by:
Evaluating AI's effectiveness in predicting psychiatric episodes using wearable sensor data
Exploring clinical applications to improve patient outcomes
Identifying challenges and ethical considerations in the broader use of this technology in mental healthcare
Methods: A systematic review of studies(2018-2023)on AI and wearable technology in psychiatry was conducted using PubMed, Scopus and Google Scholar.Studies were selected based on their focus on AI-driven wearables for predicting or managing psychiatric conditions.These devices typically captured physiological and behavioral data,such as heart rate variability,sleep patterns and movement.The accuracy of AI algorithms in predicting psychiatric episodes was compared to traditional methods,with statistical analysis used to assess outcomes
Results: The review showed that AI-driven wearable devices significantly improved early detection and prediction of psychiatric episodes,with accuracy rates over 80% for depression, anxiety and bipolar disorder.Wearables,combined with AI algorithms, effectively monitored physiological data like heart rate and sleep patterns,providing real-time insights for personalized, timely interventions.For example,changes in sleep and activity levels,alongside heart rate variability,strongly predicted depressive episodes.In patients diagnosed with bipolar disorder,AI detected mood swings early by analyzing behavioral data from wearables,enabling stabilization.Wearables also helped monitor medication adherence and reduced relapse rates in patients diagnosed with schizophrenia by identifying early signs of psychotic episodes
Conclusions: AI-driven wearable technology has the potential to transform psychiatric care by enabling continuous monitoring and personalized interventions.These tools enhance early detection and prediction of psychiatric episodes,offering a more dynamic approach than traditional methods.However,challenges such as data privacy, ethical concerns and the lack of regulatory frameworks must be addressed before widespread clinical use.Further research is needed to refine AI algorithms,validate the long-term effectiveness of wearables and ensure patient safety through regulations and privacy protections

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Epidemiology and Social Psychiatry

EPP031

The Association Between Occupation, Attitudes Towards Mental Health Problems in the Workplace and Mental Health Stigma

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Introduction: Although mental health problems are common in the workplace, discrimination against mental health is still prominent. Characteristics of one's own occupation can influence aspects of stigma and attitudes to mental health problems in the workplace context, but there are limited studies examining differences in them between occupational groups.
Objectives: We investigated occupational differences in mental health stigma, and attitudes to both mental and physical health in the workplace.
Methods: Data from the British Social Attitudes 2015 survey were used. Logistic regression models were conducted to investigate associations between occupational categories and stigma as measured by desire for social distance, as well as attitudes towards mental and physical health in the workplace. Occupational categories were based on the National Statistics Socio-economic Classification. Measures for attitudes to mental and physical health in the workplace include whether paid work is good for mental and physical health, how soon one should return to work following depression, whether work can help speed recovery from depression, whether one's medical history should affect their promotion, including depression, schizophrenia and diabetes. Desire for social distance from people with depression and schizophrenia was measures using unlabelled vignettes.
Results: We found occupational differences in attitudes towards mental and physical health in the workplace, but not in levels of stigma. People in lower supervisory and technical (group 4), semi-routine and routine (group 5) occupations were more likely to have negative attitudes towards mental and physical health in the workplace compared to managerial and professional occupations (group 1). Both occupation groups were less likely than group 1 to believe that paid work is good for mental health (group 4: odds ratio (OR) = 0.38, 95% confidence interval (CI) = 0.24-0.61; group 5: OR = 0.34, 95% CI = 0.24-0.49). They were also less likely to believe that people with depression should return to work when they can do some or most of the job (group 4: OR = 0.67, 95% CI = 0.48-0.94; group 5: OR = 0.52, 95% CI = 0.41-0.66). People in group 5 were less likely to believe that paid work is good for physical health (OR = 0.69, 95% CI = 0.53 to 0.89) and that having schizophrenia should not affect promotion at work (OR = 0.78, 95% CI = 0.62-0.97) than group 1.
Conclusions: Our study reinforced the importance of job characteristics on attitudes to mental health in the workplace. First, employers need to invest more in improving their employees' well-being. Second, governments should provide more support and resources for small companies to help them develop mental health policies and practices. Third, modifications need to be made to improve job control for employees and to ensure enough reasonable adjustments can be made.

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EPP032

Selective outcome reporting and non-reporting in trials of psychedelic drugs for mental disorders

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Introduction: Selective reporting of outcome data (SOR) refers to trialists selecting results for publication based on the results of a subset of the initially measured outcomes. SOR for specific, potentially very profitable, treatments, particularly in key junctures such as in the period leading to or immediately preceding approval, has not been examined.
Objectives: We examined the prevalence and types of SOR for three of the most prominent psychedelic drugs, either approved by regulators or considered very close to approval: esketamine, psilocybin and MDMA.
Methods: We used a publicly available inception cohort (https://osf.io/yfv9n) of intervention trials of psychedelic drugs that were registered on clinicaltrials.gov by March 2023. We selected randomized trials in participants with symptoms, a diagnosis or risk of mental disorders. Trials had to assess the efficacy of esketamine, psilocybin or MDMA, alone or in combination with other treatments, compared to any control or active intervention, and include at least one efficacy outcome.
Results: We identified 98 randomized trials, 56 of which had a clinicaltrials.gov status of completed, terminated or unknown as of July 2024. Sixteen of 56 (28.5%) had no publication available as well as no results posted on clinicaltrials.gov. Of these sixteen, seven were described as completed in the registry (three had a completion date in 2022, two in 2023). Another 8 trials we described as unknown, with anticipated completion dates ranging from 2021 to 2023. For 29 trials (51%) we could identify peer-reviewed publications. Five other trials had only been published as conference posters or company press-releases. Of the 29 trials matched with publications, the primary outcome measure had been changed in 2 (7%), with an outcome initially registered as secondary upgraded to primary. There were changes regarding the timepoint of assessment for the primary outcome in 7 trials (24%): in 4 trials the timepoint had been changed, while in 3 trials, the publication only reported on a subset of the timepoints registered for the primary outcome.
Conclusions: Selective reporting and non-reporting of study results are present in trials of the most prominent psychedelic drugs, but given the scarce information contained in clinical trial registries, they are difficult to assess. Full access to all time-stamped versions of trial protocols and statistical analysis plans would be necessary to gauge the extent and types of SOR, including changes to the analysis method.

Disclosure of Interest: None Declared