

Methods: A narrative review of the relevant studies focusing on psychiatric comorbidities and psychosocial interventions for reducing the caregiver burden in caregivers of patient with epilepsy was conducted.

Results: Caregivers of patient with epilepsy have poor quality of life and are at risk of developing psychiatric illnesses. Caregiving was reported to negatively impact one's physical and mental health, overall family functioning, and financial status. Psychological interventions such as **psychoeducation, individual, group or family counselling, Interpersonal and social support networks, relaxation therapy and cognitive behaviour therapy** have been used to treat caregiver burden associated with epilepsy caregiving.

Conclusions: Caring for patients with epilepsy is challenging and it is associated with enormous burden. It can lead to mental health problems which ultimately affects the compliance to treatment and overall prognosis. Psychosocial interventions can prepare caregivers for a better role of caregiver and better management of the care process. There is increased need to focus on this unexplored area through research and to provide effective interventions as a part of clinical services.

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EPV0827

The Burden of Mental Disorders in the world – a GBD 2021 analysis in the WHO regions

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Introduction: The Global Burden of Disease (GBD) study has generated a plethora of worldwide data on mortality and disability, including the disease burden due to mental disorders, often amenable to interventions, essential for health planning.

Objectives: This work aims to report the burden of mental disorders in disability-adjusted life years (DALYs), from 2001 to 2021, globally and in the six World Health Organization (WHO) regions.

Methods: Retrospective descriptive study, using secondary data from the GBD 2021 Results Tool. Globally and for each of the six WHO regions, age-standardised DALY rates are reported and respective 95% uncertainty intervals, between 2001-2021, for both sexes and for males and females. All data analysis was performed using R version 4.0.5.

Results: In 2021, the both-sex age-standardised DALY rate due to mental disorders was 1909.15 (1440.16 – 2437.88) DALYs per 100,000 globally, with great heterogeneity across regions: the Americas with 2379.96 (1786.30 – 3026.74) DALYs per 100,000, the highest burden, and the Western Pacific with 1517.45 (1159.48 – 1910.43) DALYs per 100,000, the lowest. Between 2001-2021, the global both-sex age-standardised DALY rate remained relatively stable and even decreased slightly until 2019 but a sharp increase occurred in 2020 and 2021. This pattern generally held up across regions, with the Americas consistently the region with the highest burden, followed by Eastern Mediterranean, Europe, Africa, South-East Asia and Western Pacific. The European region showed the largest increase in 2001-2021 (from 1895.12 (1435.12 – 2420.97) to 2162.03 (1609.92 – 2777.89)). The same pattern occurred in females across regions, but an important difference in males was observed,

with the Eastern Mediterranean region presenting the highest burden in 2021 (2012.54 (1523.41 – 2569.42), after overtaking the Americas in 2008).

Conclusions: The burden of mental disorders remained relatively stable between 2001-2019 with a sharp increase in 2020-2021 globally, and great heterogeneity between regions and some important differences between sexes. Besides opportunities for mutual learning, essential for health planning, cultural sensitivities and social/economic contexts can be important factors associated to these patterns: the COVID-19 pandemic may have been an important trigger for this sharper increase in burden. These results highlight the different patterns of disease burden due to mental disorders in the world and the need for tailored strategies.

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Mortality Rates from Suicide in Brazil in 2021: A Comprehensive Demographic Analysis by Sex and Age Group

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Introduction: Suicide represents a significant and growing public health challenge in Brazil, reflecting a complex interplay of social, economic, and mental health factors.

The increasing rates of suicide highlight the need for targeted interventions and policies. Understanding the demographic characteristics associated with suicide, particularly in relation to sex and age, is crucial for developing effective prevention strategies and health policies. This study utilizes data from the 2024 epidemiological bulletin, “Panorama dos Suicídios e Lesões Autoprovocadas no Brasil de 2010 a 2021.”

Objectives: This study aims to provide an analysis of the mortality rates from suicide in Brazil for the year 2021. The primary focus is on exploring the distribution of suicide rates by sex and age group, as well as evaluating the proportional mortality in relation to the total number of deaths in the country.

Methods: The study utilized data sourced from the Mortality Information System (SIM) and the aforementioned epidemiological bulletin, which compiles comprehensive mortality data across Brazil. We analyzed the rates of mortality from suicide, categorizing the data by age groups: 05 to 14 years, 15 to 19 years, 20 to 29 years, 30 to 49 years, 50 to 69 years, and 70 years and older. The analysis further differentiated the data by sex, allowing for a nuanced understanding of demographic variations.

Results: In 2021, Brazil reported a total of 15,507 deaths attributed to suicide. Of these, 12,072 (1.21% proportional mortality) were male, and 3,431 (0.43% proportional mortality) were female, indicating a substantial gender disparity in suicide rates. The mortality rates from suicide per 100,000 inhabitants varied significantly by age group: 0.7 for males and 0.9 for females in the 05 to 14 years age group; 9.3 for males and 4.5 for females in the 15 to 19 years group; 14.6 for males and 3.9 for females in the 20 to 29 years group; 14.9 for males and 3.8 for females in the 30 to 49 years group; 15.4 for