

¹Institute of Psychological Medicine, Faculty of Medicine University of Coimbra; ²Institute for Biomedical Imaging and Translational Research (CIBIT), University of Coimbra, Coimbra and ³Institute for Biomedical Imaging and Translational Research (CIBIT), University of Coimbra, Coimbra, Portugal

*Corresponding author.

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Introduction: The term “climate change distress” has been proposed to capture the broad range of negative emotional reactions associated with Climate Change/CC. Although it can be an adaptive reaction that motivates climate action to mitigate a real threat, for a growing number of people climate distress impairs subjective well-being and daily functioning, causing significant suffering to such an extent it often necessitates psychological support.

Hepp et al. (2023) developed the Climate Change Distress and Impairment Scale/CC-DIS, comprising 23 items to distinguish CCDistress (spanning eco-anxiety, -anger, -sadness) and CCImpairment that may indicate a need for intervention.

Objectives: To analyse the psychometric properties of the Portuguese version of the CC-DIS.

Methods: Participants were 590 adults, recruited through social media (64.6% women; Mean age=34.40±16.18; range: 18-75) completed an online survey including: preliminary Portuguese versions of CC-DIS; Pro-Environmental Behavior Scale/PEBS (Pereira et al. 2024); and Depression Anxiety and Stress Scales-21/DASS-21 (Pais-Ribeiro et al., 2004). Total sample was randomly divided into two sub-samples: one ($n=290$) for exploratory factor analysis/EFA and the other ($n=300$) for confirmatory factor analysis/CFA

Results: RESULTS and DISCUSSION: EFA and parallel analysis resulted in two factors (explained variance= 58.60%). CFA of this two-factor model resulted in “acceptable” fit indices ($\chi^2/df=2.772$; CFI=.892; TLI=.872; GFI=.846; RMSEA=.0796; $p<.001$), with standardized factor loadings ranging from .490 to .844. Cronbach’s alpha coefficients were .90 for CCDistress and 0.85 for CCImpairment.

CCImpairment, but not CCDistress, correlated significantly and moderately ($r=.25$) with DASS-21, suggesting that these last two may be relatively independent phenomena.

With PEBS, the correlation coefficients were both significant ($p<.001$): .43 for CC-Distress, .22 for CC-Impairment. Both CCDistress and CCImpairment were significant predictors of collective ($R^2=17.5\%$; b) and political ($R^2=17.2\%$; b) pro-environmental actions, but only CCDistress predicted personal actions ($R^2=22.9\%$, $p<.001$), which suggests the more maladaptive nature of CCImpairment.

Such as reported by Hepp et al. (2023), CCDistress mean scores were moderate to high (3.71 ± 0.63); CCImpairment were low to moderate (2.13 ± 0.72) and only the former significantly differ by gender (higher in women). This suggests that individual factors, other than gender (e.g., personality traits), may be more relevant to understand psychopathological reactions to CC.

Conclusions: The Portuguese CCDIS presented good validity (construct, convergent and discriminant) and reliability. It can be used to better understand and improve CC adaptation in our country, which, like Spain, is located in Southern Europe, the area of the globe projected to be at the highest risk for CC negative impacts.

Disclosure of Interest: None Declared

EPV1493

Psychometric assessment of proximal and distal concerns in the context of climate change

A. T. Pereira^{1,2,3,4*}, C. Cabaços^{1,5}, C. C. Marques^{1,4}, M. J. Soares^{1,1}, A. I. Araújo^{1,4} and A. Macedo^{1,4}

¹Institute of Psychological Medicine, Faculty of Medicine University of Coimbra; ²Institute of Psychologicam Medicine, Faculty of Medicine, University of Coimbra; ³Coimbra Institute for Biomedical Imaging and Translational Research (CIBIT); ⁴Institute for Biomedical Imaging and Translational Research (CIBIT), University of Coimbra, Coimbra and ⁵Institute for Biomedical Imaging and Translational Research (CIBIT), University of Coimbra, Coimbra, Portugal

*Corresponding author.

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Introduction: Contemporary global crises, including Climate Change/CC, has increased the interest in Future Anxiety/FA. As an emotional response to the anticipation of threats in the distant rather than proximal future, FA is broader than worry, which generally focuses on particular issues and fluctuates depending on specific circumstances.

Objectives: To analyze the psychometric properties of the Portuguese versions of Dark Future Scale (DFS; Zaleski et al. 2019), composed of 5 items to evaluate FA; and Climate Change Worry Scale (CCWS; Stewart 2021), a 10-items measure of proximal worry about CC; to explore whether they evaluate distinct or overlapping constructs.

Methods: 590 adults (64.6% women; mean age=34.40±16.18) answered DFS, CCWS (preliminary), Climate Change Distress and Impairment Scale/CC-DIS and Pro-Environmental Behaviours Scale/PEBS. Exploratory Factor Analysis (EFA; with a sub-sample of $n=290$) and Confirmatory Factor Analysis (CFA; $n=300$) were performed. DFS and CCWS structures tested with CFA were based on previous EFA results, including a model combining items from both scales.

Results: DFS: CFA evidenced the good fit of the unidimensional model, $\chi^2/df=3.314$, CFI=.995, TLI=.990, GFI=.989, RMSEA=.060, $p<.001$; alfa=.91.

CCWS: the unidimensional model (similar to the one found in the original version) ($\chi^2/df=2.076$; CFI=.982; TLI=.970; GFI=.965; RMSEA=.0590; $p<.001$; a=.90) and the two-factors model, with F1 composed of 6 items related to CC concerns and F2 of 4 items related to perceived interference ($\chi^2/df=2.561$; CFI=.973; TLI=.956; GFI=.956; RMSEA=.0611; $p<.001$; aF1=.75, aF2=.89) presented good fit.

DFSandCCWS: the 2-factor model, with each scale being one factor ($\chi^2/df=2.312$; CFI=.962; TLI=.951; GFI=.928; RMSEA=.065; $p<.001$) and the 3-factor model, where CCWS divides into 2 factors ($\chi^2/df=2.248$; CFI=.964; TLI=.954; GFI=.926; RMSEA=.063; $p<.001$) resulted in good fit. FA correlated with CCWSTotal/F1/F2 ($r>.25$). Correlations with CCDIS were $r=.36$ for FA and $r<.55$ for CCWSTotal/F1/F2; only CCWS total and dimensional scores correlated with PEB ($r>.45$) (all $p<.001$). When predicting CCDIS, FA adds 4% (R change, $p<.001$) to the variance explained by CCWS dimensions ($R^2=49.7\%$). Only CCWSConcerns ($b=.345$) but not CCWSInterference predicted PEB.

Conclusions: DFS and CCWS Portuguese versions have adequate validity and reliability. Their moderate correlation and the validity of the measurement models tested suggest that they evaluate

distinct constructs. FA seems more maladaptive than CCW: although it increments CC-DIS prediction, it does not correlate with PEBS. The same applies to CCWSInterference, which emphasizes that the CCWS two-factor structure may be useful to delimit CCW's normal/pathological nature. We intend to use these scales in an ongoing research project on psychological factors associated with CC mitigation and adaptation.

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EPV1494

The paradox of mentally ill psychiatrists: a punch to the mental-health related myths and prejudices around the profession of psychiatry

G. N. Porfyri¹ and V. Tarantili^{2*}

¹National and Kapodistrian University of Athens, Athens and ²General Hospital of Argos, Argos, Greece

*Corresponding author.

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Introduction: As reported by studies and against the general conception, psychiatrists are not immune to the mental health challenges. More specifically, -more than any other medical specialty- they are at high-risk for burnout, depression, even suicide. It is a striking fact that according to research, in a medical centre which was exclusively designated for healthcare professionals, 89% of psychiatrists struggled with mental health issues; while 8% faced substance abuse problems and only 2% complained for corporal matters. Furthermore, when suffering from depression or any other mental health disorder, psychiatrists fear that their personal data will leak among colleagues, that they will be unable to professionally evolve or that they will be shamingly judged, avoiding to seek medical help.

Objectives: To explore the risk factors of poor mental health among psychiatrists and to highlight interventions to reduce the mental-health related stigma in this particular category.

Methods: A review of 39 articles -from 2010 to 2024- on PubMed and Google Scholar regarding mental health problems among psychiatrists.

Results: Numerous risk factors of psychiatrists' poor mental health have been identified, such as:

Female gender,
Younger age,
Race minority,
Prior mental health problems,
Residency or early career stage,
Working in non academic, multidisciplinary, inpatient, community, and government settings,
>50 h of work per week and/or more than 20 h of direct clinical face time per week,
Insufficient support from relatives, workplace, and colleagues,
Lack of supervision,
Lack of control over schedule,
Experiencing loneliness,
Experiencing work unsatisfaction,
Experiencing traumatic events such as patient's suicide or receiving threats.

Conclusions: Action against mental health-related stigma among psychiatrists needs to be taken, such as destigmatizing campaigns

designated to remind that psychiatrists -as normal human beings- can suffer from mental health problems in the same way a cardiologist could have a cardiac attack. Apart from destigmatizing mental health issues among psychiatrists, legislation in every country needs to be changed in order to protect psychiatrists from work overload, while security of mental health professionals must be maintained in every clinical setting preventing the reception of threats or even physical abuse. Additionally, female psychiatrists should be institutionally empowered through mentorship programs, sponsorship support, responsive caregiving programs, and innovational directions to manage implicit and explicit prejudices, sexual harassment, and remuneration discrepancies.

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EPV1495

A qualitative exploration of the perceptions of Cardiff University medical students towards the barriers faced by the LGBTQ+ population when accessing mental health care

E. Sammut^{1*}, A. Hassoulas² and S. Edney²

¹Mount Carmel Hospital, Attard, Malta and ²Cardiff University, Cardiff, United Kingdom

*Corresponding author.

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Introduction: Several mental disorders are more common within the LGBTQ+ population, including depression, anxiety, eating disorders, and substance use disorders. Despite this, LGBTQ+ individuals face more barriers when accessing mental health services than the general population.

Objectives: The primary aim of this study was to assess the perceptions of Cardiff University medical students on the barriers faced by LGBTQ+ individuals when accessing mental health help. The study also aimed to assess recommendations Cardiff University medical students have for improvement of services and to make them more accessible to LGBTQ+ individuals.

Methods: A qualitative approach was used. An online questionnaire was created and distributed among Cardiff University medical students. It included 10 open-ended questions about their knowledge of LGBTQ+ mental health, the barriers to accessing it, and recommendations to decrease these barriers. Thematic analysis was performed on the answers.

Results: The questionnaire had 12 participants. The thematic analysis produced 22 subthemes, which were grouped into the following five themes: i) perceptions of LGBTQ+ mental health, ii) factors affecting LGBTQ+ mental health, iii) general barriers to accessing mental health help, iv) LGBTQ+-specific barriers to accessing mental health help, and v) recommendations to improve access to mental health services. A scoping review was conducted on this subject to further analyse the current research. The scoping review produced nine studies, and the main themes that emerged were mental health stigma, LGBTQ+ discrimination, lack of LGBTQ+-affirmative services, the pathologisation of LGBTQ+ status, and financial barriers.

Conclusions: It was evident that more formal training on LGBTQ+ mental health at an undergraduate level for health professionals is needed, and that a lack of this is causing barriers to adequate