EPV0607

Examining the relationship between depression knowledge level, seeking psychological help and stigma levels in patients diagnosed with depression: Preliminary results of a cross-sectional study

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doi: 10.1192/j.eurpsy.2025.1318

Introduction: Individuals with psychiatric illnesses still face significant stigma and discrimination around the world. These individuals are reluctant to seek treatment due to fear of stigma, and when they begin treatment, their exclusion from society is a significant obstacle to their well-being. In order for individuals with mental illness to live in a society without stigma and discrimination, it is important to increase the knowledge and understanding of that society towards mental illnesses and develop positive attitudes. Depression is quite common and is the mental disorder that causes the most disability.
Objectives: This study aimed to measure the relationship between individuals' level of knowledge about depression, seeking psychological help and stigmatization.
Methods: The study group consisted of individuals who were diagnosed with major depression according to DSM 5-TR diagnostic criteria and applied to Eskişehir Osmangazi University Psychiatry Outpatient Clinic where the study would be conducted. The Hamilton Depression Rating Scale, Depression Knowledge Test, Stigma Scale, Attitudes Towards Seeking Professional Psychological Help Scale-Revised Form and Stigma Towards Seeking Psychological Help Scale were administered to the participants. Currently, 33 individuals were included in this study, and this number is planned to be 60 by the congress date. Eskişehir Osmangazi University Clinical Research Ethics Committee approved the study on 09.02.2023.
Results: A total of 33 people were included in the study, 25 (75.8%) female and 8 (24.2%) male. The average age of the participants, ranging from 20 to 65 years old, was 41.48. The mean HAM-D scale score was 14.97. Education levels were calculated in years, and the mean years of education of the participants were determined to be 12.44 (5-20). According to the preliminary results of this study, a negative and significant relationship was found between depression knowledge level and stigma (rspearman: -,466, p: ,006). A negative and significant relationship was found between stigma and attitudes towards seeking psychological help ($r_{spearman}$: -,308, p: ,029), and a positive and significant relationship was found between stigma and social stigma due to seeking psychological help ($r_{spearman}$: -,354, p: ,043).

	KTD	ASPPHS-RF	SSRPH	SS
KTD	1			
ASPPHS-RF	.206	1		
SSRPH	.016	-.331	1	
SS	-.466**	-.380*	.354*	1

Conclusions: Stigma and stigmatization in mental illnesses are a major obstacle to diagnosis and treatment. In our study, preliminary data support the literature and show a relationship between depression knowledge level and stigma, and between stigma and psychological help-seeking behavior. These preliminary results show that psychoeducation interventions may have an important role. Results from 60 people will be presented at the congress.

Disclosure of Interest: None Declared

EPV0608

Efficacy and safety of accelerated deep TMS for depressed patient with active suicidality

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doi: 10.1192/j.eurpsy.2025.1319

Introduction: Suicidality is one of the leading causes of death in young adults. Most of the suicidal patients suffer from background depression. Developments in the last few years in brain simulation technology as dTMS enables a more intensive care in accelerated protocols that have already been approved in the treatment of the depression field. However, most major studies in the field excluded the participation of patient with active suicidality.
Objectives: This study focuses on efficacy of dTMS in patients with active suicidality.
Methods: This double-blind randomized study offers an accelerated protocol dTMS treatment in the span of 10 treatment days, while the patient is maintained in full hospitalization and secure conditions. The study examined the efficacy of the dTMS accelerated protocol (which includes 3 treatments a day for the course of 10 treatment days) on suicidality indicators. This treatment was given in addition (add-on) to standard ward treatments in three arms (1:1:1) sham, active H1 coil and active H7 coil.
Results: 38 patients were enrolled in the study. 30 patients successfully completed 10 treatment days. 8 patients did not complete treatment due to withdraw of informed consent before starting treatment (N = 4), panic attack (N = 2), discharge from the ward (N = 1) and suicide attempt (N = 1). Patients received active treatment (both H1 and H7) showed superior response (defined as >50% improvement in depression scale) compared to placebo arm (PA) (p = 0.03). Additionally, clinically close to significance improvement in suicidality intensity scales was found after 5 and 10 days of treatment in active treatment compared to placebo (p = 0.09). However, no significant difference was found regarding suicidality type scores. No major differences in depression and suicidality were found comparing H1 and H7 coils. The main side effects were headaches and dizziness, motoric tremor during the treatments, vomiting and general exhaustion. One patient (placebo group) completed suicide a month following the end of the study.
Conclusions: Active suicidality is a major challenge in treating severe mental disorders, and death by suicide is still a leading cause of death among patients. However, most clinical studies in mental health still exclude patients with active suicidality, hence treatment options are limited. In this study, we found deep TMS accelerated