

Image:

Table 1. Descriptive statistics of sociodemographic and clinical variables of study participants (n = 709).

Variables	Overall (n = 709)
Sex	
Female	621 (87.8%)
Age	
Mean (SD)	37.7 (10.1)
Median [Min, Max]	37.0 [19.0, 72.0]
Profession	
Health Professional	587 (82.8%)
Teacher	67 (9.4%)
Essential Services*	55 (7.7%)
Number of videos watched (follow-up)	
Mean (SD)	5.68 (2.31)
Median [Min, Max]	6.00 [1.00, 12.0]
Number of absences at work	
Mean (SD)	2.0 (5.70)
Median [Min, Max]	0 [0, 60.0]
Perceived improvement	
About the same or worse	151 (21.2%)
Better	558 (78.7%)

SD = Standard deviation, MI

* For example: professionals with jobs that could not stop during the Pandemic as drivers, delivery men, police officers, garbage collectors.

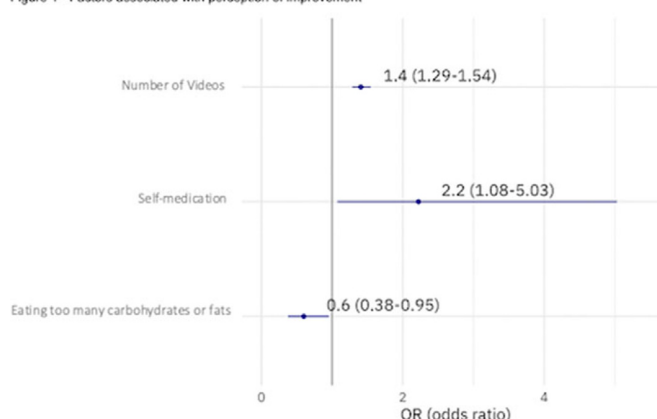
Image 2:

Table 2. Which video in the patient's perception helped the most (n = 635).]

Videos	Overall (n = 635)
Normal and excessive anxiety	127 (20%)
Sleep hygiene	73 (11.5%)
Physical exercise	38 (6%)
Sadness and Depression	38 (6%)
Anger and Irritability	36 (5.7%)
Stress and stress reaction	30 (4.7%)
Burnout	28 (4.4%)
Healthy eating	28 (4.4%)
Taking care of children	19 (3%)
Fear of contagion	16 (2.5%)
Social support	14 (2.2%)
How to protect yourself from COVID-19	13 (2%)
Excessive exposure to the news	5 (0.8%)
Excessive use of social media	4 (0.6%)
Use of alcohol and drugs	4 (0.6%)
Caring for the Elderly	2 (0.3%)
All videos	94 (14.8%)
None	66 (10.4%)
Missing	74 (10.4%)

Image 3:

Figure 1 - Factors associated with perception of improvement



Conclusions: This new TELEPSI proposal that combines online SSI based on Psychoeducation with the sending of support videos proved to be effective, as we saw in the main article in which a significant proportion of participants improved. The participant's perception of improvement, corroborates the data found on the improvement of symptom scales and some factors associated with this outcome, such as videos. This was an interesting finding and the importance of studying and exploring and studying more and more digital interventions, which can offer access to many people and have low implementation costs. We believe that in this way we will be able to better indicate such new psychotherapeutic strategies in a more personalized and adapted way. Enhanced psychoeducation is an effective and low-cost approach to improving symptoms. More research is needed to compare its effectiveness with other intervention strategies. Furthermore, its application must be explored beyond the context of the pandemic and social isolation.

Disclosure of Interest: None Declared

EPV1474

Predictors of response after single session interventions for emotional distress: using enhanced psychoeducation in crisis situations

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Introduction: The COVID-19 pandemic had a major impact on the world's emotional health, and knowledge is limited about the efficacy of traditional interventions in this context. The TelePSI Project, initiated by the Hospital de Clinicas de Porto Alegre in collaboration with the Brazilian Ministry of Health, aimed to provide online

mental health care to essential services professionals during the pandemic. Single session of enhanced psychoeducation (EP) is an innovative strategy proposed by TelePSI, suggesting lifestyle changes based on individual risk and protective factors or physical, emotional, psychological, and well-being.

Objectives: Single-session interventions are an effective strategy for reducing emotional distress. Enhanced psychoeducation, which includes empathic listening, risk stratification, symptom monitoring, and habit modification is particularly suitable for single-session interventions. We investigated predictors of response to an online enhanced psychoeducation intervention among essential service professionals during the pandemic in Brazil.

Methods: The TelePSI Project, financed by the Brazilian Ministry of Health, was a nationwide initiative that served more than 3,300 individuals in various psychotherapeutic modalities. Data were collected from April 2020 to December 2021. We included all participants with high levels of emotional distress who received single-session interventions

Results: Final sample 460 individuals (89.1% women, 81.1% health professionals). After 1 month, 300 participants were reassessed. Overuse of social media, use of social networks to contact family and friends, playing video games, smoking, drinking alcohol, and spending time with pets were associated with less improvement in symptoms, whereas playing an instrument and previous psychological treatment were associated with greater symptom improvement. This highlights the impact of lifestyle factors on the efficacy of single-session interventions.

Image:

Table 1 Descriptive statistics of the participants' sociodemographic and clinical variables (n=460)

Variable	Overall
Sex	
Female	410 (89.1)
Age	
Mean (SD)	35.60 (9.29)
Median (Min, Max)	35.00 (19.00, 65.00)
Health professional	
Yes	373 (81.1)
Number of videos watched (follow-up) [†]	
Mean (SD)	5.81 (2.47)
Median (Min, Max)	6.00 (1.00, 11.00)
Number of work absences [†]	
Mean (SD)	2.32 (5.89)
Median (Min, Max)	0.00 (0.00, 30.00)
Perceived improvement [†]	
Much worse	3 (0.7)
Moderately worse	3 (0.7)
Slightly worse	7 (1.5)
About the same	53 (11.5)
Slightly better	90 (19.6)
Moderately better	85 (18.5)
Much better	59 (12.8)
Missing	130 (28)

Data presented as n (%), unless otherwise specified.

Max = maximum value; Min = minimum value.

[†] Missing about 35%.

Image 2:

Table 2 Lifestyle factors associated with significant difference in improvement over time in each outcome between groups,[†] $\alpha = 0.05$ (n=300)

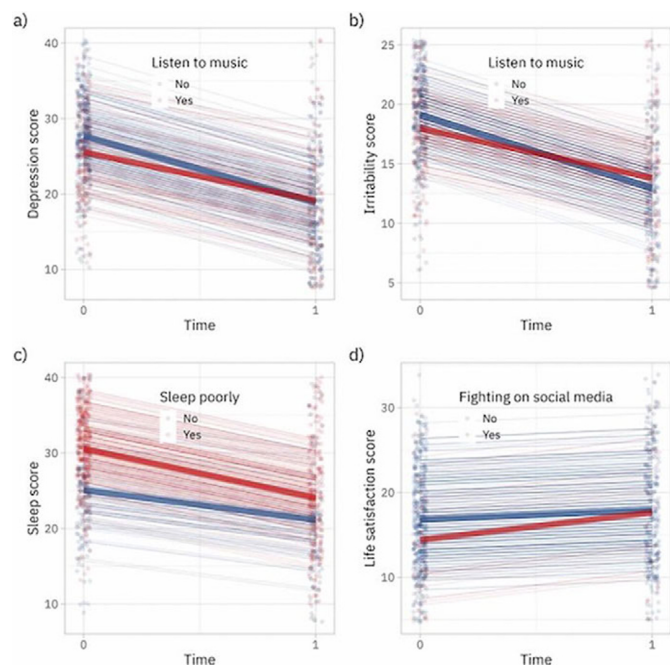
Independent variable	β (time $\times$ x ₁) [‡]	SE	p-value (time $\times$ x ₁)
Depression			
Age	-0.771	0.383	0.045
Spending time with one's pet(s)	-2.17	0.882	0.014
Anxiety			
Age	-1.97	0.379	0.002
Having fun on social media with friends and family	-1.97	0.929	0.034
Spending time with one's pet(s)	-1.97	0.875	0.025
Playing video games	-3.48	1.750	0.047
Drinking alcohol	-1.89	0.922	0.041
Fighting or "getting stressed" on social media when in contact with friends or family	-2.71	1.09	0.013
Irritability			
Spending time with one's pet(s)	-1.97	0.379	0.002
Playing video games	-1.97	0.929	0.034
Smoking	-1.97	0.875	0.025
Sleep			
Playing video games	-5.87	1.77	0.001
Receiving treatment for emotional or behavioral problems?	1.69	0.803	0.036
Life satisfaction			
Age	0.708	0.335	0.035
Playing an instrument	-4.63	2.27	0.042

SE = standard error.

[†] Minus sign = less improvement; plus sign = more improvement.

[‡] Change in Patient-Reported Outcomes Measurement Information System after 1 month of follow-up.

Image 3:



Conclusions: Online EP with support videos, as proposed by TelePSI, appears to be an effective intervention strategy for healthcare professionals with symptoms of anxiety, depression, and irritability. Although a significant proportion of the participants improved, some variables were associated with less improvement, such as spending time with pets, tobacco use, alcohol use, and playing video games. In this study, we set out to analyze variables associated with participant improvement because, by evaluating these factors, we can better understand this new model of psychoeducation, which represents a promising alternative for individuals during crises such as the COVID-19 pandemic. Furthermore, the intervention should be explored beyond the context of the pandemic and social isolation. Further research on TelePSI is forthcoming, including a comparison of intervention arms

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EPV1475

Specifics of anticipatory competence of adolescents with intellectual disabilities

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Introduction: Anticipation forms the basis of all human activity, enabling people to plan and carry out their activities, as well as to communicate and interact with others. Well-developed anticipatory abilities allow adolescents to successfully adapt to society, establishing effective communication with adults and peers.

Objectives: To study the specifics of anticipatory competence in adolescents with intellectual disabilities.

Methods: The study involved 40 adolescents (aged 12-15) attending educational institutions for children with disabilities and intellectual impairments (6A00.0, ICD-11). The research employed the following methods: the "Achenbach's Questionnaire," V.D. Mendelevich's "Test of Anticipatory Competence," V.P. Ulyanova's "Anticipation of the Outcome of a Situation with Norm Violations," and the authors' method "Study of Anticipatory Competence of Adolescents" by A.I. Akhmetzyanova and T.V. Artemyeva.

Results: The study results show that adolescents with intellectual disabilities are capable of predicting future situations. However, these children exhibit insufficient development in the key components of anticipatory competence: personal-situational, spatial, and temporal anticipation. Adolescents in this group experience difficulties in anticipating conflict situations in interpersonal relationships and in predicting others' responses to their own behavior. The methods' results indicate that adolescents with intellectual disabilities often exhibit spatial anticipatory incompetence: common traits in this group include general motor awkwardness and difficulties in spatial orientation ($M=41.65$; $N=52$); sometimes they cannot predict the timing of a stressful situation in advance and struggle with time orientation ($M=39.45$; $N=42$). While most adolescents with intellectual disabilities recognize and understand societal norms and rules, they face significant difficulties in accepting them ($M=11.05$; $MAX=32$).

Conclusions: The data obtained in this study allow for the development of programs aimed at adapting adolescents to society, taking into account their ability to predict future situations and their anticipatory competence in various spheres: family relationships, virtual reality, and academic and extracurricular activities. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

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EPV1478

Assessment of the needs and demand for psychiatric care among medical students: cross-sectional study

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Introduction: Studying medicine is a demanding and time-consuming course of study, which can be a major stress factor and affect quality of life (QOL). Medical students are at high risk of developing mood disorders. This could lead to a need for psychiatric care (PC) that is not necessarily equivalent to the demand.

Objectives: Determine the prevalence of depression, anxiety and stress in medical students, assess their QOL and subjective need for PC.

Methods: This was a descriptive cross-sectional study conducted over a 5-month period in a Tunisian medical school. Sampling was stratified random. Sociodemographic and clinical data were collected using a questionnaire. Depression, anxiety and stress were assessed using the Depression Anxiety and Stress Scale: DASS-21. QOL was assessed using the generic 36-item Short-Form Health Survey (SF-36). Subjective assessment of difficulties and need for help was carried out using the "KIT ELADEB: Lausanne Self-Assessment Scales for Difficulties and Needs".

Results: The study included 308 students with a median age of 21. Some (18.8%) were smokers, 15.9% drank alcohol, and 5.2% used psychoactive substances (PAS). A Family psychiatric history (PH) was present in 15.4% of cases, and 14.3% of students had personal PH. Median DASS scores were: depression 18 (interquartile range (IQR) = 16-27), anxiety 20 (IQR = 18), and stress 16 (IQR = 42). The rates of extremely severe and severe depression were 27.6% and 12.3% respectively, while 50.6% had extremely severe and 12% severe anxiety. Some 29.2% of students had severe to extremely severe stress. Mean SF-36 scores were 61.19 ± 16.83 , referring to the Léan cut-off value (66.7), 58.1% had impaired QOL, 15.9% of participants had consulted a psychiatrist, 78.9% had felt the need to do so, and 59% had foregone such help. Factors associated with severe depression included advanced age ($p=0.007$), graduate education ($p<10^{-3}$), PAS use ($p<10^{-3}$), and PH ($p<10^{-3}$). Anxiety was predicted by female gender (FG) ($p=0.04$), SPA use ($p=0.03$), and PH ($p<10^{-3}$). Stress was associated with age ($p=0.039$), course of study ($p=0.008$), lack of leisure activities ($p=0.003$), smoking ($p=0.004$), alcoholism ($p=0.009$), use of PAS ($p=0.003$), and PH ($p=0.000$). Students who consulted a psychiatrist were more likely to have depression ($p<10^{-3}$), stress ($p<10^{-3}$), and impaired QOL ($p<10^{-3}$). Participants who expressed a subjective need to consult a psychiatrist were significantly associated with FG ($p<10^{-3}$), depression ($p<10^{-3}$), anxiety ($p<10^{-3}$), stress ($p<10^{-3}$), and alterations in the mental health ($p=0.008$), vitality ($p=0.006$), social functioning ($p=0$), and general QOL ($p=0.002$) dimensions of the SF-36.

Conclusions: The obvious deterioration in the mental health and QOL of medical students, and the mismatch between the need for and demand for PC, should initiate a debate on recommendations to improve the well-being of our future doctors.

Disclosure of Interest: None Declared

EPV1479

Promoting mental health in Portuguese college students - A pilot study with Yoga-based relaxation techniques

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