Experimental Sciences, University of Brescia, Italy; (5) Department of General Psychology, University of Padua, Italy; (6) Department of Psychology, University of Turin, Italy; (7) Psychotherapist, Practitioner, Turin, Italy; (8) Department of Pedagogy, Psychology, Philosophy, University of Cagliari, Italy; (9) Department of Education Sciences, University of Catania, Italy; (10) Department of Clinical and Experimental Medicine, University of Messina, Italy

Objective: By 2030, 1 in 6 people in the world will be aged 60 years or over (World Health Organization, 2022). This Manifesto is the result of the work undertaken by the Task Force of the Italian Association of Psychology working in the field of Clinical Psychology of Ageing. There is a general belief that older people do not benefit from psychological interventions, due to the prejudice that they may be less psychologically flexible or unable to change and/or improve their functioning. However, current evidence suggests that psychological interventions, including both more and less structured ones, are equally effective for older and working-age adults. Therefore, the aim of this Manifesto was to highlight the specific role of the Clinical Psychology in enabling older adults to overcome the multiple challenges associated with the ageing process and disease-related issues.

Methods: We reviewed existing empirical and conceptual literature on main issues in clinical work with older adults.

Results: We identified and thoroughly described areas of major interest, such as theoretical models on how we think, feel and act towards age and ageism; prevention of emotional distress and cognitive decline and promotion of older adults' psychological health in community; multidimensional assessment and evidence-based psychological interventions, also mediated by technology, for healthy older adults and those living with chronic disease such as dementia. Attention to psychological issues related to informal and formal caregiving, as well as the need for education, training and public engagement will be highlighted.

Conclusion: With a population living longer worldwide, it is essential to introduce and formalize initiatives to reduce health inequities and improve the lives of older people and their families. This should take place in communities able to foster the abilities of older people, while providing them with access to quality long-term care, if needed.

P74: Psychological interventions for young carers: A systematic review

Authors: Ilaria Chirico*, Valentina degli Esposti, Giovanni Ottoboni, Ylenia Druda, Rita Casapulla, Rabih Chattat

Affiliation: Department of Psychology, University of Bologna, Italy

Objective: In the last decades, the issue of caring for a sick parent at young age has received increased attention due to recent changes in society. The term "carer" (also known as caregiver) refers to anyone who carries out, on a regular and unpaid basis, significant caring tasks for a friend or family member who cannot cope alone because of an illness or other condition. Existing evidence suggests that young carers tend to have more mental health problems and more difficulties in behavioral, psychosocial, and academic adjustment than their peers without an ill parent. Since caring can be viewed as a natural extension of family relationships, young people often do not receive support from social policy, health and social services. Therefore, the aim of this review was to

^{*} presenting author

^{*} presenting author

systematically ascertain the literature on psychological interventions for young carers (aged 11-30 years), aimed to promote their mental health and well-being, thus mitigating the psychosocial impact of caring on their development.

Methods: A systematic literature search was performed in CINAHL, PsycINFO, PubMed and Scopus; in addition, reference lists from reviewed papers were used to identify additional relevant studies. A rigorous screening process was followed, and a checklist for qualitative and observational studies was used to assess the methodological quality of the studies. Narrative synthesis of the selected articles was carried out.

Results: Only 9 studies were included. Interventions had a different nature and mixed evidence on their efficacy emerged. Moreover, several methodological concerns limited study replicability.

Conclusions: Given the clinical relevance of this topic, it is important that these interventions and the new ones will undergo rigorous evaluation. Effective interventions for young carers may also lead to considerable savings in healthcare and societal costs.

P76: Agreement between nursing-home caregivers' observations of residents' depression, wellbeing, and quality of life

Authors: Inge Knippenberg | Ruslan Leontjevas | Ine Declercq | Jacques van Lankveld | Patricia de Vriendt | Debby Gerritsen

Objective. In nursing home residents, outcomes are often assessed using proxies, especially in residents with severe cognitive problems. Although caregivers are commonly involved as proxies, studies assessing their agreement for proxy measures are scarce. Therefore, secondary analysis was performed on a dataset with proxy-reported scores of several scales in Dutch and Flemish nursing home residents with and without dementia.

Methods. To assess the agreement between the observations of 81 pairs of caregivers, we calculated Cohen's Kappa, Weighted Kappa, and Prevalence- and Bias-Adjusted Kappa (PABAK and PABAK- OS for ordinal data) coefficients for the items on the Nijmegen observer-rated depression scale for detection of depression in nursing home residents (NORD), the social wellbeing of nursing-home residents scale (SWON-3), and two subscales (i.e., "social relations" and "having something to do") of the QUALIDEM. In addition, coefficients were calculated for the item concerning subjective judgment of the residents' depressive symptoms ("no," "yes, mild or light," or "yes, severe") and for the item concerning whether the caregivers believed a depression diagnosis had been established ("yes," "no").

Results. In general, PABAK and PABAK-OS coefficients were higher than the Cohen's and Weighted Kappa coefficients, suggesting a considerable amount of prevalence or bias. For the total sample, most items were above .40, indicating acceptable agreement. The results showed higher levels of agreement for proxy scores of residents with lower levels of dementia, compared to residents with more severe dementia.

Conclusion. The general finding of different levels of agreement between coefficients with and without correction for prevalence and bias, suggest the importance of exploring both values to enable adequate interpretation of the reliability of these items. The result of limited levels of agreement between caregivers concerning residents with more severe dementia underscores challenges for measurements in this population. We believe that practitioners