the full-scale invasion, MH stigma and self-stigma, intention to use professional MH support, beliefs on access to professional MH support, query to change current MH attitudes and practices.

Methods: This research was conducted using primary data collection. The online questionnaire consisted of 5 blocks and was designed based on PHQ-9, DASS-21, PCL-5, Brief-COPE and CAMI. 332 civilians underwent the survey in March-April 2023 and were divided by age, gender, location and situation; inclusion criteria were to be >16 y.o. being affected by war and capable of completing the survey in Ukrainian. Relevant ethical measures were applied. Descriptive and correlational analysis was used to analyze the data.

Results: The majority of respondents rated their mental health as good. Anxiety was the most prevalent emotion, particularly among younger age groups. Different genders and age groups exhibited varying combinations of emotions, such as fatigue, peace, anger, sadness etc. Many participants felt self-reproach for not doing enough; coping strategies varied among age groups. Females were 8.14 times more likely to seek mental health support, and those inside Ukraine were 0.32 times less inclined. 66.2% never seek any MH services, with older men leading; only 8.7% consult specialists during crises, showing gender differences. Distrust in specialist qualifications is one of the barriers on access in people's beliefs and is more prevalent among older generations. The absence of self-mental health stigma makes individuals 1.91 times more open to accessing support. Location affects openness to change, with Ukraine-based individuals being less open. Lastly, 29.5% consider alternative stress-coping methods, with 40% open to future psychological help.

Conclusions: Our findings show differences in populational attitudes towards MH in Ukraine during the war and therefore the importance of any potential intervention to precisely tailor certain subgroups, beliefs behaviors and needs within them to have a higher chance of being accepted and increase MH support utilization in the population overall.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP0578

Stigmatizing attitudes of doctors, practicing psychiatry in Slovenia; Eustigma study results

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doi: 10.1192/j.eurpsy.2024.689

Introduction: The perception that individuals afflicted with mental disorders may exhibit potential harm or unpredictability is common in the general population and, as studies have shown, mental health-related stigma is not confined to the broader public but is progressively emerging as a concern within professional circles as well, adding additional burden to patients in psychiatric settings who already encounter an array of impediments stemming from societal prejudice.

Objectives: In this cross-sectional study, we aimed to investigate the attitudes of adult and child psychiatrists towards people with mental health problems in Slovenia.

Methods: The stigmatizing attitudes were measured by an internet-based, anonymous survey using the Opening Minds Stigma Scale for Health Care Providers (total score and three subscales are the following: attitude, disclosure and help-seeking, social distance).

Results: Altogether, n=90 practitioners (n=18 males, n=72 females) completed the survey. The bifactor ESEM model showed the best model fit (RMSEA=0.060, CFI=0.970, TLI=0.939); however, exploratory factor analysis results indicated the weakness of items 1 and 11. Those participants who have a possibility to attend case discussion groups are more willing to disclose their own mental health issues or seek help (8 (7-9) vs 9 (8-11.5)); however, they prefer more social distance from their patients (9(7.5-10) vs 7(6-9)). Gender differences were found as well, women seem to keep more social distance (p=0.031). Interestingly, those practitioners who reported spending 75% of their working hours with patients kept less social distance compared to those who engage in other activities (p=0.028).

Conclusions: This study is the first to describe the stigmatizing attitude of psychiatric practitioners in Slovenia from their perspective, and it provides directions for anti-stigma interventions.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP0579

Adverse childhood experiences and 8-year trajectories of depressive symptoms in community-dwelling older adults: Results from the English Longitudinal Study of Ageing

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doi: 10.1192/j.eurpsy.2024.690

Introduction: The negative impact of adverse childhood experiences (ACEs) on mental health has been well documented. While most of the evidence comes from samples of adolescents and young adults, few studies have investigated whether ACEs contribute to poorer mental health among older adults. In particular, depressive symptoms are common in old age, and they display heterogeneous patterns of development across individuals. Therefore, it is important to examine if ACEs are predictive of distinct trajectories of depressive symptoms among older adults.

Objectives: Using longitudinal data from the English Longitudinal Study of Ageing (ELSA), we aimed to examine if ACEs could

differentiate between distinct trajectories of depressive symptoms over eight years in community-dwelling older adults.

Methods: Participants from ELSA aged 60 or above who reported no psychiatric diagnoses and completed the items of ACEs at baseline (wave 3) were included in the current study. Nine items of ACEs were subject to a principal component analysis to identify the underlying subtypes. Data of depressive symptoms from waves 3 to 7 (2-year apart), assessed with the 8-item Centre for Epidemiological Studies Depression Scale, were extracted for modelling the distinct trajectories using latent class growth analysis. The trajectories were predicted by subtypes of ACEs using multinomial logistic regression, adjusting for childhood socioeconomic status, sex, age and ethnicity.

Results: The final sample consisted of 4057 participants (54.4% female, mean age= 71.34 (SD= 8.14)). We identified five trajectories of depressive symptoms (Figure 1): 'low stable' (73.4%), 'increasing then decreasing' (9.9%), 'high decreasing' (7.1%), 'high stable' (5.7%) and 'moderate increasing' (4.0%). Four subtypes of ACEs (i.e., sexual abuse, separation from natural parents, family dysfunction and physical assault) were evident. Compared to the 'low stable' group, higher levels of family dysfunction were reported in the 'increasing then decreasing' (aOR = 1.35, 95% CI [1.10 - 1.66], p = .012), 'high stable' (aOR = 1.59, 95% CI [1.30 - 1.96], p < .001) and 'moderate increasing' (aOR = 1.55, 95% CI [1.18 - 2.04], p = .011) groups. The 'high stable' group also reported a higher level of separation from natural parents than the 'low stable' group (aOR = 1.34, 95% CI [1.04 - 1.72], p = .047). Sexual abuse and physical assault did not predict any group differences.
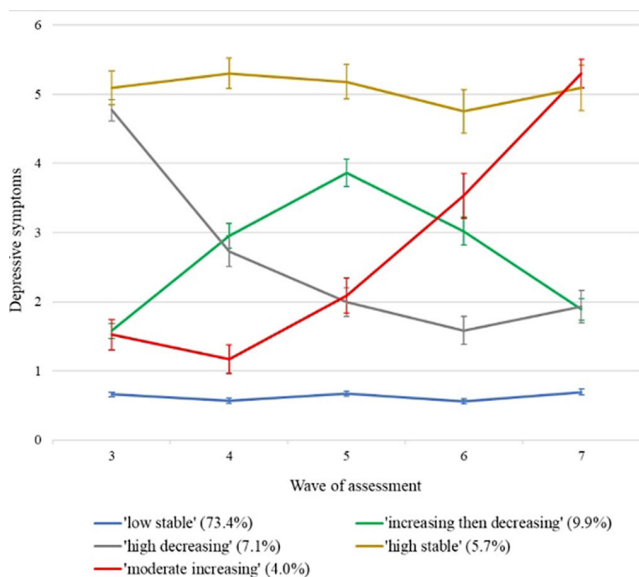
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Figure 1. Latent classes of trajectories of depressive symptoms among older adults. Means of depressive symptoms and 95% confidence intervals across waves of assessment per trajectories are plotted in the figure.

Conclusions: Distinct trajectories of depressive symptoms among older adults were predicted by family dysfunction in childhood. Our findings suggested that the negative impact of ACEs on mental health may extend beyond adolescence and young adulthood into the old age.

Disclosure of Interest: None Declared

EPP0580

Chronic and transient loneliness in western countries: risk factors and association with depression. A follow-up study.

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Introduction: While transient loneliness refers to feelings that last for a short time (less than two years), chronic loneliness alludes to feelings that last more than two years. Transient loneliness can appear after stressful life events such as retirement and loss of close social connections whereas chronic loneliness is more strongly related to maladaptive social cognition, poor social support, and lack of intimate relationships. In comparison to transient loneliness, chronic loneliness is more strongly linked to mental health problems, particularly the incidence and recurrence of depression. Therefore, understanding the specific risk factors for both types of loneliness would be of great utility in mitigating their impact on mental health.

Objectives: Our aim was to test distinct measures and risk factors for chronic and transient loneliness as well as cross-sectional and longitudinal associations of transient and chronic loneliness with depression.

Methods: Responses from participants in Wave 5 (T1, 2013) and Wave 6 (T2, 2015) of The Survey of Health, Ageing and Retirement in Europe (SHARE) (N=45,490) were analyzed. The existence of clinically significant symptoms of depression was defined as reporting a value≥4 on the Euro-D scale. Loneliness was measured through 3-item loneliness scale and a single question. Both measures were tested in separate logistic regression models to identify risk factors for transient (loneliness at T1 but not at T2) and chronic loneliness (loneliness at both time points) as well as their impact on depression.

Results: Between 47% and 40% of the cases of loneliness became chronic, according to the UCLA scale and the single question, respectively. Risk factors for both loneliness courses were being female, not being married, having a low educational level, having a poor physical health, having a poor social network and living in a culturally individualistic country. Risk factor for chronic loneliness were stronger, particularly those related to health status and social networks. Chronic loneliness showed also a strong association with depression both cross-sectionally and longitudinally, while transient loneliness showed a weaker cross-sectional association and markedly lower probabilities in the longitudinal association.

Conclusions: Risk factors for chronic loneliness and measures of the temporal dimension of loneliness should be considered in psychosocial interventions designed to prevent mental disorders.

Disclosure of Interest: None Declared