

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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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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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