Conclusions: The increased exposure of medical students to stress makes it particularly important to identify and address factors that can lead to more serious mental illness.

Disclosure of Interest: None Declared

EPP0493

Transition to Psychosis in Individuals at Clinical High Risk: Meta-analysis

G. Salazar De Pablo[1]*, J. Radua[2], I. Bonoldi[3], V. Arienty[4], F. Besana[4], A. Cabras[5], A. Catalan[6] and P. Fusar-Poli[7]

[1]Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, Department of Psychosis Studies, King's College London, London, United Kingdom; [2]Hospital Clinic Barcelona, Barcelona, Spain; [3]Department of Psychosis, King's College London, London, United Kingdom; [4]University of Pavia, Pavia; [5]University of Rome, Rome, Italy; [6]Department of Psychosis Studies, IoPPN, King's College London and [7]Early Psychosis: Interventions and Clinical-detection (EPIC) Lab, Institute of Psychiatry, Psychology & Neuroscience, Department of Psychosis Studies, King's College London, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.797

Introduction: Estimating the current likelihood of transitioning from a clinical high risk for psychosis (CHR-P) to psychosis holds paramount importance for preventive care and applied research.
Objectives: Our aim was to quantitatively examine the consistency and magnitude of transition risk to psychosis in individuals at CHR-P.
Methods: This meta-analysis is compliant with Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and Meta-analysis of Observational Studies in Epidemiology (MOOSE) reporting guidelines. PubMed and Web of Science databases were searched for longitudinal studies reporting transition risks in individuals at CHR-P.
Primary effect size was cumulative risk of transition to psychosis at 0.5, 1, 1.5, 2, 2.5, 3, 4, and more than 4 years' follow-up, estimated using the numbers of individuals at CHR-P transitioning to psychosis at each time point. Random-effects meta-analysis were conducted.
Results: A total of 130 studies and 9222 individuals at CHR-P were included. The mean (SD) age was 20.3 (4.4) years, and 5100 individuals (55.3%) were male.
The cumulative transition risk was 9% (95% CI = 7-10% k = 37; n = 6485) at 0.5 years, 15% (95% CI = 13-16%; k = 53; n = 7907) at 1 year, 20% (95% CI = 17%-22%; k = 30; n = 5488) at 1.5 years, 19% (95% CI = 17-22%; k = 44; n = 7351) at 2 years, 25% (95% CI, 21-29%) at 2.5 years, 25% (95% CI = 22-29%; k = 29; n = 4029) at 3 years, 27% (95% CI = 23-30%; k = 16; n = 2926) at 4 years, and 28% (95% CI = 20-37%; k = 14; n = 2301) at more than 4 years.
Meta-regressions showed that a lower proportion of female individuals (β = -0.02; 95% CI, -0.04 to -0.01) and a higher proportion of brief limited intermittent psychotic symptoms (β = 0.02; 95% CI, 0.01-0.03) were associated with an increase in transition risk. Other predictors were not statistically significant (p > 0.05).
Heterogeneity across the studies was high (I2 range, 77.91% to 95.73%).
Conclusions: In this meta-analysis, 25% of individuals at CHR-P developed psychosis within 3 years. Transition risk continued increasing in the long term. Extended clinical monitoring and preventive care may be beneficial in this patient population.

Disclosure of Interest: None Declared

EPP0494

The influence of paternity leave uptake on parental post-partum depression: An ELFE cohort study

K. M. Barry[1]*, R. Gomajee[2], X. Benarous[2], M.-N. Dufourg[3], E. Courtin[4] and M. Melchior[1]

[1]ERES; [2]INSERM; [3]INED, Paris, France and [4]DLondon School of Hygiene and Tropical Medicine, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.798

Introduction: Many countries are currently expanding their paternity leave policies, which have positive effects on parental mental health.
Objectives: We examined whether two weeks of paid paternity leave are associated with post-partum depression (PPD) in mothers and fathers at two months after the birth of their child.
Methods: Data originated from The Etude Longitudinale Française depuis l'Enfance (ELFE) cohort study. A total of 10 975 fathers and 13 075 mothers with reported information on paternity leave and PPD at two months were included in the statistical analyses. Logistic regression models, using survey-weighted data and adjusted for confounders using Inverse Probability Weights (IPW), yielded Odds Ratios.
Results: Fathers had a median age of 32·6 (inter-quartile range (IQR) 36·9 – 22·6 years), and mothers had a median age of 30·5 years (IQR 34·0 – 27·1 years) at the time of the ELFE child's birth. Fathers who took paternity leave had reduced odds of PPD [0·74 (95% CI: 0·70 -0·78)] as well as fathers who intended to take paternity leave [0·76 (95 CI%: 0·70 – 0·82)] compared to fathers who did not take paternity leave. Mothers had an increased likelihood of PPD at two months if their partners took paternity leave [1·13 (95 CI%: 1·05 – 1·20)]. Fathers' educational level, work contract type nor the number of children in the family were found to be interactions (p>0.25).
Conclusions: Taking and intending to take a two-week paid paternity leave is associated with lower odds of PPD in fathers. Mothers whose partners take paternity leave experience borderline higher odds of PPD at two months. Offering only a two-week paternity leave may protect fathers against PPD but does not significantly protect may increase mothers' risk of against PPD onset.

Disclosure of Interest: None Declared

EPP0495

The effect of suicide prevention program for community dwelling elderly

K. Kim*, B.-H. Yoon, H. Gwon and S. Park

Naju National Hospital, Naju, Korea, Republic Of
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.799

Introduction: The suicide rate in the elderly population is the highest of all ages in Korea. Suicide prevention programs specialized in the elderly are scarce.

Objectives: We evaluated the effect of the suicidal prevention program named "Nae-an-ae" (means to love oneself), which was specifically designed for the conditions of the community dwelling elderly.
Methods: The subjects were those who agreed to participate in the Nae-an-ae program among those evaluated as suicide high-risk groups according to the 2021 Jeollanam-do Mental Health Survey. The program consisted of five sessions of simple activities that could be practiced in daily life along with knowledge transfer through education on emotion recognition, stress management, sleep and relaxation, pain and exercise, and depression. This program was conducted by social workers or nurses working at each local community mental health and welfare center. We evaluated the Geriatric Depression Scale-Short Form Korean Version (GDS-SF), suicidal ideation, satisfaction with life scale (SWLS) and brief resilience scale (BRS) which were measured before and after the program and compared them with the control group.
Results: A total of 276 participated in the program, 226 were in the control group. In the program participating group, the frequency of suicidal ideation was significantly decreased from 36.2% to 11.6% after the program. GDS-SF, SWLS and BRS were significantly decreased in active group than control group.
Image:

Table 1. Comparison of socio-demographic factors according to Program Participant and Control Group

Variable		Program Participant	Control	P value	Total
		N(%)	N(%)		N(%)
Total		276(55.0)	226(45.0)		502(100)
Gender	Man	46(20.4)	45(16.3)	0.241	91(18.1)
	Woman	180(79.6)	231(83.7)		411(81.9)
Age	60-65	2(0.9)	2(0.7)	0.859	4(0.8)
	65-69	17(7.5)	13(4.7)		30(6.0)
	70-74	33(14.6)	40(14.5)		73(14.5)
	75-79	52(23)	63(22.8)		115(22.9)
	80-84	69(30.5)	89(32.2)		158(31.5)
	>=85	53(23.5)	69(25)		122(24.3)
Education year	0	81(35.8)	104(37.7)	0.017	185(36.9)
	1-6	109(48.2)	137(49.6)		246(49.0)
	7-9	28(12.4)	16(5.8)		44(8.8)
	10-12	7(3.1)	9(3.3)		16(3.2)
	>=13	1(0.4)	10(3.6)		11(2.2)
Religion	No	114(50.4)	130(47.1)	0.456	244(48.6)
	Yes	112(49.6)	146(52.9)		258(51.4)
Marriage status	Married	83(36.7)	65(23.6)	0.001	148(29.5)
	Others*	143(63.3)	211(76.4)		354(70.5)
Living status	Alone	131(58.0)	187(67.8)	0.024	318(63.3)
	With others	95(42.0)	89(32.2)		184(36.7)
Monthly income (Thousands Won)	≤300	116(51.3)	159(57.6)	0.04	275(54.8)
	300~500	56(24.8)	62(22.5)		118(23.5)
	500~1,000	44(19.5)	53(19.2)		97(19.3)
	>1,000	10(4.4)	2(0.7)		12(2.4)
Perceived health status	Poor	138(61.1)	190(68.8)	0.164	328(65.3)
	Neutral	57(25.2)	59(21.4)		116(23.1)
	Good	31(13.7)	27(9.8)		58(11.6)
Physical disease	No	18(8.0)	28(10.1)	0.4	46(9.2)
	Yes	208(92.0)	248(89.9)		456(90.8)

Image 2:

Figure 1. Changes in the frequency of high-risk group for depression, suicidal ideation, and suicide attempt

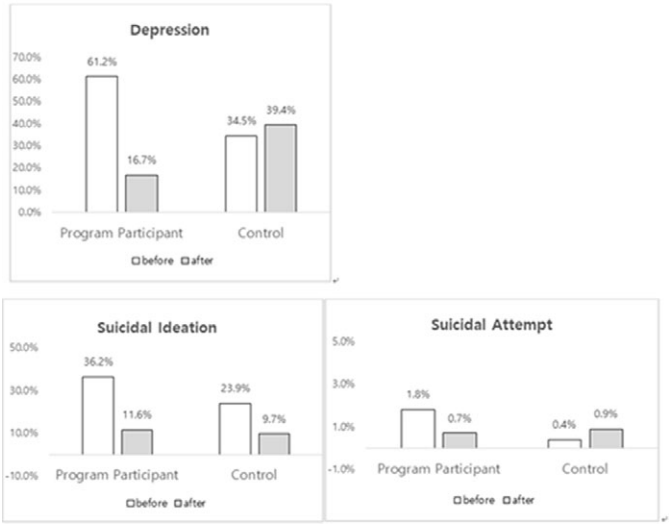

Image 3:

Table 2. Comparison in changes of mental status

	Program Participant		Control	
	Before	After	Before	After
Depression[a]	8.23±3.39	4.06±3.27*	5.97±3.76	6.33±3.97
Social support[b]	40.42±8.65	46.42±8.06*	43.47±7.91	41.81±8.93*
Satisfaction in life[c]	18.50±6.41	22.28±6.07*	20.82±6.13	20.71±5.86
Resilience[d]	18.17±3.38	20.07±3.48*	19.34±3.5	19.25±3.39

* p<0.05, a:Geriatric Depression Scale-Short Form Korean Version, b:Multidimensional Scale of Perceived Social Support, c:Satisfaction with life scale, d:Brief resilience scale

Conclusions: These findings showed that "Nae-an-ae" program was found to affect not only the control of suicide risk factors such as depression but also positive factors such as life satisfaction and resilience.

Disclosure of Interest: None Declared

EPP0496

Assessing psychological flexibility by the Psy-Flex and its relationship with mental health

M. Cunha[1]*, A. Temido[1], A. Pinto-Gouveia[2] and A. Galhardo[1]
[1]Clinical Psychology, Instituto Superior Miguel Torga and [2]CHUC, Coimbra, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.800

Introduction: *Psy-Flex* is a brief instrument that assesses psychological flexibility defined, according to the theoretical model of Acceptance and Commitment Therapy, by the set of competencies capable of leading the individual to change behavior, facilitating behaviors that are more adaptive and valued by the individual. This