EPP022

Adapting the Thinking Healthy Programme for Perinatal Depression: A Culturally Tailored Approach in Three Central African Countries

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Introduction: In humanitarian settings, populations face extreme adversity, and women in the perinatal period are particularly vulnerable, often at heightened risk of depression. This impacts not only their mental health but also their ability to care for themselves and their newborns, presenting a serious challenge for maternal and infant well-being.
Objectives: This project aimed to reduce the risk of perinatal depression while strengthening infant care practices and parenting skills, ensuring that mothers, despite living in distressing and hostile environments, can be in the best possible state of mind to care for their babies.
Methods: As part of Action contre la Faim's psychosocial support projects, we adapted the WHO's "Thinking Healthy" (TH) protocol specifically for low- and middle-income countries (LAMIC), focusing on cultural sensitivity and the unique challenges of the intervention areas. The standard manual was condensed into three sessions, with additional cultural adaptations and the inclusion of two projective sessions (protolanguage approach) to allow women more freedom to express their specific challenges. The protocol was delivered to groups of up to eight women, separated based on whether they were pregnant or breastfeeding to better target their unique needs. Due to logistical and security constraints, the TH protocol required further adaptation to fit each context's specific limitations.
Results: Over the past three years, the adapted TH protocol has been implemented in three countries across Central Africa, including both humanitarian crisis zones and more stable developmental settings. The programme reached approximately 5,000 preganant women, mothers, and their babies. It was delivered not only in healthcare centres but also directly in communities and internally displaced person (IDP) camps, providing wider access. Results demonstrated significant reductions in psychological distress and depressive symptoms, with improved mother-infant interactions. The programme also helped train healthcare workers, including midwives, enhancing local capacity for long-term support. Quantitative and qualitative results, along with details of cultural adaptations, will be presented.
Conclusions: The adaptation of the Thinking Healthy protocol for low-resource, high-stress environments proved to be an effective and scalable approach for addressing perinatal depression. By tailoring the intervention to fit the cultural and logistical realities of Central Africa, we were able to provide meaningful support to thousands of families. The programme not only reduced depressive symptoms but also fostered stronger maternal-infant bonds and built local healthcare capacity. This model can serve as a reference for implementing mental health interventions in similar contexts globally.

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EPP023

Implementing a peer-led psychological self-support program in resource-limited contexts: a pilot in Eastern Cameroon

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Introduction: In Eastern Cameroon, the psychological needs of both Central African refugees and host communities are significant. Following psychological group interventions over a two-month period, many participants expressed a desire to continue the support process. To meet this need, a self-support protocol was implemented to encourage participants to maintain and strengthen their emotional and social bonds.
Objectives: The aim of this intervention was to enable participants to continue engaging in psychological support autonomously, enhancing their well-being, resilience, and coping mechanisms. The program sought to provide tools for ongoing emotional regulation and peer support, addressing the psychosocial challenges identified during the initial psychological care.
Methods: A flexible, peer-led protocol was developed and implemented after group psychological sessions. Participants were invited to form their own self-support groups, with a recommended size of up to 10 members, meeting weekly for approximately 90 minutes. The structure was intentionally loose to promote autonomy, creativity, and peer leadership. Two initial sessions were facilitated by psychosocial supervisors, while subsequent meetings were primarily observed to assess group evolution. Key dimensions such as emotional well-being, resilience, and social cohesion were measured pre- and post-intervention.
Results: The qualitaive analysis revealed increased cohesion and social connection between group members, especially between refugees and host communities. Participants reported feeling empowered and valued the emotional stability gained through the exercises introduced during the program. However, the evaluation also highlighted challenges, such as maintaining motivation without ongoing supervision and the need for economic opportunities to sustain long-term engagement.
Conclusions: This self-support protocol demonstrated the feasibility and positive impact of peer-led psychological care in contexts with limited resources. The program reinforced emotional resilience, social cohesion, and mutual support, but future iterations should consider integrating economic empowerment initiatives and more structured follow-up to ensure sustained participation.

Disclosure of Interest: None Declared

EPP025

Challenges and Solutions for Psychiatry's Approach to Indigenous People

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Introduction: Psychiatry has historically underserved Indigenous people. Earlier, cross-cultural psychiatry assumed that psychiatric disorders were universal and varied little across cultures. This approach has not worked well for Indigenous people who may have different views of mind and mental health. For example, Indigenous philosophy tend to explain the world and states of mental health from a storied approach encompassing relations to land, spiritual beings, ancestors, and the community which can result in different conclusions from conventional psychiatry.
Objectives: We wanted to explore what modifications in their approach practicing psychiatrists have made to be successful in Indigenous communities and to determine what was common among how communities in which they worked conceptualized mind and mental health.
Methods: We interviewed psychiatrists working in Indigenous communities regarding what was effective and how they had changed their practice to work in those communities and how those communities had changed them. We used the iterative processing of constructivist grounded theory to find commonalities in their responses. We present from rural and remote Indigenous settings in Canada (Saskatchewan and Northern Ontario), New Zealand, and Maine (USA).
Results: We found a modified approach to psychiatric services that emphasized Indigenous values and that determined positive aspects of the client's history as well as problem areas and engaged the client in therapy from the beginning of the evaluation. Some key concepts that emerged from qualitative analysis of interviews and case histories using constructivist grounded theory as a method of analysis included (1) reframing the person's self-story within a threat-power-meaning network, (2) working with stories about the spirit of the suffering, (3) exploring right relationships and meaningful conduct, (4)acknowledging the intergenerational transmission of suffering. Physicians came to understand that the client sets their goals and defines what recovery means for them in discussion with their family and important community members including elders. This led to a different understanding of what privacy meant to clients. Indigenous cultures encountered were different but appeared to share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, and a commitment to a biopsychosocial and spiritual approach.
Conclusions: Psychiatry can form effective collaborative relationships with Indigenous communities requring modifications in the usual worldview and orientation to how psychiatry is practiced.

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E-mental Health

EPP026

Burnout among teachers in three Canadian Provinces: Findings from the Wellness4Teachers Support Program

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Introduction: Burnout is a longstanding issue among educators and has been associated with psychological and physical health problems such as depression, and insomnia.Chronic stress has been associated with burnout, defined by three dimensions of overpowering exhaustion (emotional exhaustion), cynicism (feelings of cynicism and detachment from work), and inefficacy (a sense of ineffectiveness and lack of accomplishment) which conceptualize the individual stressful experience in a social context.
Objectives: To assess the prevalence and predictors of the three dimensions of burnout (emotional exhaustion, depersonalization and lack of professional accomplishment) among elementary and high school teachers.
Methods: This is a quantitative cross-sectional study with data collected via an online survey. The Maslach Burnout Inventory-Educator Survey (MBI-ES), the Brief Resilience Scale (BRS) and the Perceived Stress Scale were used, respectively, to assess burnout, resilience and stress among teachers. Data was collected between September 1st, 2022 and August 30th, 2023. SPSS (version 28, IBM Corp) was used for the data analysis.
Results: Overall, 1912 educators received a link to the online survey via a text message, and 780 completed the burnout survey questions, resulting in a response rate of 41%. The prevalence of emotional exhaustion, depersonalization, and lack of professional accomplishment were 76.9%, 23.2%, and 30.8%, respectively. Participants with high-stress symptoms were 6.88 times more likely to experience emotional exhaustion (OR = 6.88; 95% CI: 3.31–14.29), 2.55 times (OR = 2.55; 95% CI: 1.65–3.93) more likely to experience depersonalization and 2.34 times (OR = 2.34; 95% CI: 1.64–3.35) more likely to experience lack of professional fulfilment. Additionally, respondents with low resilience were 3.26 times more likely to experience emotional exhaustion symptoms (OR = 3.26; 95% CI: 2.00–5.31),) than those with high resilience. Males were about 2.4 times more likely to present with depersonalization compared to female teachers, whilst those who indicated their marital status as partnered or cohabiting and those who selected "other" were 3.5 and 7.3 times respectively more likely to present with depersonalization compared with those who were single. Finally, Physical Education were 3.8 times more likely to present with depersonalization compared with English teachers.
Conclusions: The current study highlights the predictive effects of low resilience and high stress on the three dimensions of burnout among teachers in Canada. Interventions aimed at addressing systemic stress and fostering resilience are needed to reduce burnout among teachers.

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EPP029

Evaluating the Prevalence and Correlates of Low Resilience in Patients Before Discharge from Acute Mental Health Units in Alberta, Canada

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