the workplace for this population, one of the factors to consider is the self-esteem of these individuals within the workplace, given that self-esteem is a fundamental indicator of self-worth and self-acceptance, impacting mental health.

**Objectives:** To verify the correlation between social media use and self-esteem in adults with ASD in their workplace.

**Methods:** This is a prospective, qualitative-quantitative study based on the Ethics Committee for Research number 65890317.9.0000. 0065. Data were collected via an electronic form. Questionnaires: personal/social questions prepared by the authors; adapted protocols: Rosenberg Self-Esteem Scale and Facebook Intensity Scale.

**Results:** A total of 132 adults with self-reported ASD, 68% of whom had ASD with comorbidities. Regarding gender and sexual orientation, 66% were cisgender and heterosexual women, and 62% were cisgender and heterosexual men. Concerning remuneration and education, 44.7% had completed higher education, earning between two to three thousand reais per month. Additionally, 61.4% reported not having inclusive strategies in their workplace. The overall correlation between self-esteem and social media use at work showed that 65.9% use social media moderately, of which 12.9%, 18.9%, and 34.1% have low, high, and medium self-esteem, respectively. Correlating personal/social questions with self-esteem, 34.8% never feel comfortable with group conversations, of which 11.4% have low self-esteem (p-value 0.008), 48.5% feel distressed at work (p-value 0.06), 62.9% are excessively concerned about work (p-value 0.02), and 49.2% find it difficult to assert themselves at work (p-value 0.02). (Image 1)

**Image 1:**

| Personal/Social Questions (%) | Self-esteem (%) | | | | |
|---|---|---|---|---|---|
| 1. Are you able to have long conversations with your work team about a variety of topics? | High | Medium | Low | Total | p-value* |
| Always | 2,3 | 4,5 | 0 | 6,8 | |
| Sometimes | 15,2 | 22,7 | 5,3 | 43,2 | |
| Never | 13,6 | 22,7 | 13,6 | 50 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,13 |
| 2. Do you talk to your coworkers? | High | Medium | Low | Total | p-value* |
| Always | 21,2 | 24,2 | 6,8 | 52,3 | |
| Sometimes | 9,8 | 25 | 11,4 | 46,2 | |
| Never | 0 | 0,8 | 0,8 | 1,5 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,08 |
| 3. Do you ask questions to your work team when you are having difficulties? | High | Medium | Low | Total | p-value* |
| Always | 15,9 | 20,5 | 6,1 | 42,4 | |
| Sometimes | 10,6 | 25,8 | 10,6 | 47 | |
| Never | 4,5 | 3,8 | 2,3 | 10,6 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,3 |
| 4. Do you deal well with unexpected events at work? | High | Medium | Low | Total | p-value* |
| Always | 1,5 | 4,5 | 0,8 | 6,8 | |
| Sometimes | 16,7 | 15,9 | 8,3 | 40,9 | |
| Never | 12,9 | 29,5 | 9,8 | 52,3 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,23 |
| 5. At work, do you feel comfortable talking in groups? | High | Medium | Low | Total | p-value* |
| Always | 3 | 0,8 | 0 | 3,8 | |
| Sometimes | 19,7 | 34,1 | 7,6 | 61,4 | |
| Never | 8,3 | 15,2 | 11,4 | 34,8 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,008 |
| 6. Do you feel distressed about your work environment? | High | Medium | Low | Total | p-value* |
| Always | 10,6 | 25 | 12,9 | 48,5 | |
| Sometimes | 15,9 | 18,9 | 6,1 | 40,9 | |
| Never | 4,5 | 6,1 | 0 | 10,6 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,06 |
| 7. Are you afraid of new challenges at work? | High | Medium | Low | Total | p-value* |
| Always | 14,4 | 29,5 | 15,2 | 59,1 | |
| Sometimes | 13,6 | 16,7 | 3,8 | 34,1 | |
| Never | 3 | 3,8 | 0 | 6,8 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,09 |
| 8. Do you feel excessively worried about work? | High | Medium | Low | Total | p-value* |
| Always | 15,2 | 31,1 | 16,7 | 62,9 | |
| Sometimes | 10,6 | 12,1 | 2,3 | 25 | |
| Never | 5,3 | 6,8 | 0 | 12,1 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,02 |
| 9. Do you have difficulty positioning yourself in conflict situations at work? | High | Medium | Low | Total | p-value* |
| Always | 9,8 | 25,8 | 13,6 | 49,2 | |
| Sometimes | 15,2 | 18,9 | 4,5 | 38,6 | |
| Never | 6,1 | 25,8 | 13,6 | 49,2 | |
| Total | 31,1 | 50 | 18,9 | 100 | 0,02 |
| Legend: * = Pearson's Chi-squared test | | | | | |

**Conclusions:** This study did not statistically demonstrate a correlation between social media use and self-esteem in the workplace. However, the challenges encountered in the workplace, such as the lack of inclusive strategies, social difficulties that generate fear, distress, and worry, corroborate the literature regarding the vulnerability this population is exposed to.

**Disclosure of Interest:** None Declared

## EPV0970

## Reliability of an Assessment Method for Resilience

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doi: 10.1192/j.eurpsy.2025.1608

**Introduction:** Understanding resilience becomes important given that adversity is an unavoidable fact of human life. Over 70% of respondents in a sample of 68,894 people reported at least one traumatic event in their lifetime. The neurotoxic effects of these experiences range from compromised neurocompetence, psychopathology including PTSD and depression, to adverse physical effects.

**Objectives:** To determine if we could reliably agree on ratings of resilience on a five point scale to aid future studies of the role of resilience in recovery and relapse.

**Methods:** To assess resilience we developed a five point scale with 1 being the least and 5 behind the most resilient pattern. We found a water metaphor useful to conceptualize these five levels of resilience. Resilience in an ever-changing world can be likened to navigating in a body of water. Adversity tosses us into the water. Here are our levels:

**Level 1:** At this level, the person sinks to the bottom and remains there. They are making no effort to change their circumstances and remain stagnant.

**Level 2:** At this level, the person is not sitting at the bottom, but has not yet reached the surface. They are in a place of struggle and resistance, where change is elusive.

**Level 3:** The person is treading water at this stage. They are working hard to stay afloat, but not making significant progress in altering their overall situation.

**Level 4:** They're swimming toward shore, toward a more favorable environment in which they can thrive. They're actively seeking change and adjustment to a post-adversity reality.

**Level 5:** At this point, they've managed to climb out of the water and change their circumstances. Their resilience allows them to overcome challenges and seek better surroundings.

We used kappa statistics to assess our level of agreement among ourselves (three raters) after studying and discussing prototypical stories for each rating level.

**Results:** Practicing with training videos, we found we could achieve 84% agreement on the five ratings with 3 raters.

Percent overall agreement = 84.00% Free-marginal kappa = 0.80 95% CI for free-marginal kappa [0.66, 0.94]; Fixed-marginal kappa = 0.78; 95% CI for fixed-marginal kappa [0.62, 0.93]

When we added AI, we got Percent overall agreement = 71.33% Free-marginal kappa = 0.64; 95% CI for free-marginal kappa [0.50, 0.79] Fixed-marginal kappa = 0.61; 95% CI for fixed-marginal kappa [0.51, 0.71]

**Conclusions:** The individuals who fit into the pattern of low resilience tended to have a high amount of childhood adverse experiences as shown through the ACE survey. The accumulation of these events in combination with external variables shape resilience. Factors including intelligence/education level, drug/alcohol use, positive role models, exposures to nature/art/spirituality, and community/family norms steer a person down a set of patterned thinking and actions which ultimately depict their overall life story.

**Disclosure of Interest:** None Declared

## EPV0971

## Comparative outcomes of two different styles of mental health practice

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doi: 10.1192/j.eurpsy.2025.1609

**Introduction:** An opportunity arose to compare the outcomes of patients of one psychiatrist in two different clinical settings – a community mental health center CMHC) in which the psychiatrist saw people on average for 15 minutes every 6 weeks (range 4 to 12 weeks) and a community clinic setting (CCS) in which the psychiatrist controlled the time allotted per patients and the frequency of visits. We assumed that the psychiatrist's beliefs, attitudes, and style of practice did not change between the two settings except as influenced by time constraints. Psychotherapy was provided by social workers in both settings, with an average of 45 minutes every 3 weeks in the CMHC and 40 minutes every week in the CCS. Three optional groups existed in the CCS compared to one in the CMHC. New patients received a 30 minute evaluation in the CMHC and a 60 minute evaluation in the CCS.
**Objectives:** To compare the dominant style of practice in the United States with an older style of practice in which psychiatrists spent more time with clients.
**Methods:** The psychiatrist administered the MYMOP2 (My Medical Outcome Profile, version 2) and the Brief Psychiatric Rating Scale (BPRS) to all patients at baseline in both settings. The MYMOP2 was repeated monthly (or at the next visit in the CMHC) and the BPRS at intervals of every three months. The study lasted two years and the average length of follow-up was 31 weeks in the CMHC and 49 weeks in the CCS, which was statistically significant.
**Results:** No statistically significant differences appeared in demographic variables. Percent funded by Medicaid, Medicare, other insurance, gender, and age distribution were the same in both settings. Clinical improvement was not observed among patients on average on both measures in the CMHC. Clinical improvement was observed on both measures in the CCS (MYMOP-2; $p < 0.01$ on worst symptom; BPRS, $p < 0.01$). The CMHC showed higher profits than the CCS. Time spent per patient was statistically significantly greater in the CCS ($p < 0.01$).
**Conclusions:** Increased opportunity for contact and relationship with the psychiatrist may play a greater role than assumed by the biomedical model. A public health question arises in relation to models for provision of care that are more profitable but less health effective.

**Disclosure of Interest:** None Declared

## EPV0972

## The Bottleneck Effect: Wait Times for Adult ADHD Assessment at a Private Clinic in Australia

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doi: 10.1192/j.eurpsy.2025.1610

**Introduction:** Public sector mental health services in Australia typically do not provide Adult ADHD assessment or treatment, creating a significant reliance on private sector care. Consequently, the demand for private ADHD services has surged, resulting in extended wait times for assessment and treatment.
**Objectives:** This study aimed primarily to evaluate the wait times for Adult ADHD assessments for patients referred by GPs to a private clinic. A secondary aim was to analyze the relationship between sociodemographic and clinical variables, including illness characteristics and timing of diagnosis.
**Methods:** Data were collected through retrospective file reviews of consecutive patients referred to the authors' private clinics for Adult ADHD assessment between January 2023 and October 2024. Patients included in the study met the criteria of an eventual clinical diagnosis of Adult ADHD. Data collected included sociodemographic details, ADHD subtype, psychiatric comorbidities, and wait times for initial psychiatric consultations. Total sample was 68.
**Results:** Wait times ranged from 10 days to 305 days, with a mean wait time of approximately 4 months (112 days). Almost 30 % of the patients referred had wait time of more than 4 months. The sample comprised nearly equal numbers of male and female patients (33 vs. 35), with ages ranging from 17 to 56 years (mean age: 28.35 years). The majority (68%) were diagnosed with Adult ADHD - Combined Presentation, while 32% had the Predominantly Inattentive Presentation. Nearly all patients received their ADHD diagnosis in adulthood, with less than 5% having a childhood ADHD diagnosis.
**Conclusions:** There are significant delays in acessing appropriate care for people with Adult ADHD in Australia. Improvement in mental health policy and service delivery with regard to ADHD services is essential if this barrier to access appropriate care has to be overcome.

**Disclosure of Interest:** None Declared

## EPV0973

## Public perceptions of mental health and the role of nursing professionals in providing psychological support: a nation-wide, cross-sectional study from Croatia

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doi: 10.1192/j.eurpsy.2025.1611

**Introduction:** Mental health is indispensable to quality of life and social well-being, influencing economic stability, human rights and sustainable development. Despite growing awareness, the public often conflates mental health with mental illness, which means that stigma remains prevalent. Nursing professionals, who interact closely