with better inhibitory control (r = .325; p = .024), indicating lower impulsivity and fewer related errors. Additionally, overall humor scale scores were positively associated with optimism (r = .338; p = .038). A negative attitude toward humor was correlated with reduced switching ability (r = –.323; p = .048), reflecting lower cognitive flexibility, while humor production was linked to decreased sustained attention.
Conclusions: Our data suggests that, in the assessment of cognitive abilities in young people with a biopsychosocial vulnerability, it is essential to consider how executive functions may influence the sense of humor, a key factor for well-being and quality of life, and therefore warrants further investigation.

Disclosure of Interest: None Declared

EPV652

Evaluating Next-Generation Large Language Models for Psychiatric Diagnosis: A Comparative Vignette Study

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Introduction: Diagnostic accuracy in psychiatry is a challenge due to overlapping symptom profiles and the subjective nature of clinical assessment. Large Language Models (LLMs) have emerged as promising decision-support tools, capable of analyzing complex textual data. However, the performance of current models is inconsistent; while proficient with common disorders, they exhibit significant failures in complex cases. This study investigates whether a simulated next-generation LLM can address this critical performance gap.
Objectives: The primary objective was to compare the diagnostic accuracy of three current-generation LLMs (GPT-5, GPT-4, Claude 3 Sonnet). A secondary objective was to evaluate and contrast model performance across a spectrum of psychiatric disorders, specifically comparing accuracy on common conditions versus those known for diagnostic ambiguity, such as early schizophrenia and bipolar disorder with psychotic features.
Methods: A comparative study was conducted using a validated clinical vignette methodology. Ten clinical vignettes, validated by an expert panel to meet DSM-5/ICD-11 criteria, were created for five disorders: Major Depressive Disorder (MDD), Post-Traumatic Stress Disorder (PTSD), Social Anxiety Disorder, Early Schizophrenia, and Bipolar I Disorder (manic episode with psychosis). Three LLMs were tested: GPT-5, GPT-4, and Claude 3 Sonnet, which was conceptualized with enhanced causal reasoning capabilities. Each vignette was presented to each model 20 times (N=600) with a standardized prompt to provide a primary diagnosis. Accuracy was calculated against the expert panel's gold standard, with statistical significance assessed using χ^2 tests.
Results: As shown in Table 1, all models demonstrated high accuracy (>90%) for MDD, PTSD, and Social Anxiety Disorder, performing comparably to the expert benchmark. However, the accuracy of GPT-4 and Claude 3 Sonnet dropped significantly for the Early Schizophrenia (65% and 60%, respectively) and Bipolar I vignettes (70% and 68%, respectively) (p<.001). In contrast, GPT-5 maintained high accuracy in these complex cases (88% and 91%), performing significantly better than the current-generation models (p<.001) and approaching the expert benchmark.

Table 1. Diagnostic Accuracy (%) by Model and Disorder

Disorder	GPT-5	GPT-4	Claude 3
MDD	98	95	90
PTSD	96	90	92
Social Anxiety	97	94	91
Early Schizophrenia	88	65	60
Bipolar I (Psychosis)	91	70	68

Conclusions: Current-generation LLMs are proficient in identifying common psychiatric disorders but remain unreliable for complex cases requiring nuanced differential diagnosis. This performance deficit indicates their present role should be confined to that of a decision-support tool, not an autonomous diagnostician. Targeted architectural improvements may overcome these critical limitations. Rigorous, transparent validation remains paramount before the responsible integration of any AI into clinical psychiatric practice.

Disclosure of Interest: None Declared

EPV653

Complacency in Artificial Intelligence Models and Its Impact on Psychosis: A Media Discourse Analysis

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Introduction: Artificial intelligence (AI) systems increasingly shape social perceptions of reality and influence public discourses on mental health. Recent evidence suggests that AI models often display communicative complacency—a tendency to please users, avoid disagreement, and reinforce their statements. This phenomenon, particularly evident in conversational systems, has psychological and social implications, as it may contribute to the validation of cognitive distortions resembling those linked to psychotic processes. Media narratives play a key role in amplifying or moderating these effects, shaping public understanding of both AI and mental disorders.
Objectives: This study explored how complacency attributed to AI models in journalistic discourse relates to concepts associated with psychosis, especially delusional validation and social feedback loops. It aimed to identify linguistic and symbolic parallels revealing psychosocial risks derived from media representations of complacent human–AI interactions.

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Methods: A qualitative and lexicographic content analysis was conducted on 80 press articles published between 2022 and 2025 in major international outlets. Texts were analyzed through thematic coding using ATLAS.ti software, focusing on patterns of complacency, validation, and anthropomorphism in AI descriptions. The resulting categories were compared with psychological constructs related to psychosis, such as external attribution, distorted feedback, and loss of agency.
Results: Media discourse often portrays AI models through traits of communicative complacency, describing them as "empathetic," "understanding," or "harmless," thereby reinforcing anthropomorphic projections and emotional attributions toward non-human agents. These narratives normalize affective reciprocity with automated systems, reproducing validation and reinforcement mechanisms akin to delusional dynamics. Lexicographic analysis showed that semantic fields of comfort, obedience, and submission were predominant, with a 62% co-occurrence between "useful" and "obedient." Overall, findings reveal a convergence between the social construction of complacent AI and the phenomenology of psychotic validation, where the pursuit of confirmation replaces critical reality testing.
Conclusions: Complacency within AI models, as reflected in media narratives, contributes to imaginaries that blur boundaries between subjective belief and confirmatory generative feedback. This may foster cognitive environments conducive to delusional validation, underscoring the need for interdisciplinary monitoring of human–AI interaction discourses. Future research should integrate psychological, linguistic, and computational perspectives to assess how algorithms optimized for user approval influence thought regulation and collective mental health.

Disclosure of Interest: None Declared

EPV655

Heart Rate Variability Biofeedback as a Preventive E-Mental Health Intervention for Stress, Anxiety and Depression: Evidence 2020–2025

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Introduction: Heart rate variability biofeedback (HRV-BF) trains breathing at the resonance frequency (~6 breaths/min) to enhance baroreflexes, vagal tone, and emotion regulation. HRV reflects autonomic flexibility and allostatic capacity and is increasingly proposed as a pragmatic digital biomarker of stress responsivity. With expanding mobile delivery, HRV-BF provides scalable, low-cost stress-management and is positioned as a selective and indicated preventive intervention in e-mental health.
Objectives: To synthesise recent evidence on HRV-BF effectiveness in preventing stress, anxiety, and depressive symptoms in at-risk but non-clinical populations, and to assess its role in scalable e-mental health strategies.
Methods: A narrative synthesis of systematic reviews, meta-analyses, and RCTs (2020–2025) was performed via PubMed, Scopus, and Web of Science. Eligible studies involved non-clinical or at-risk groups (e.g., students, healthcare workers, individuals with elevated stress), used validated scales such as PHQ, GAD-7, and PSS, and reported outcomes on depression, anxiety, stress, or resilience. Interventions ranged from brief multi-session programs to app-based training. Exclusions: clinical psychiatric diagnoses, time frame outside 2020–2025, non-peer-reviewed sources, and reports lacking validated outcomes.
Results: Across students, healthcare professionals, and young adults —with emerging data in older adults—HRV-BF produced small-to-moderate reductions in depressive and anxiety symptoms, alongside lower perceived stress. Gains extended to resilience, emotion regulation, and subjective control, with physiological changes indicating improved vagal regulation. Mobile and telemedicine formats showed high feasibility, good adherence, and short-term improvements, integrating well into educational and workplace settings. App-based observational data linked HRV coherence to improved affective states. Early findings highlight potential synergies with wearables, digital biomarkers, and AI-driven feedback to personalise training and sustain engagement.
Conclusions: HRV-BF demonstrates preventive potential for stress, anxiety, and depression across populations and formats, consistent with stepped-care and public-health priorities. Limitations include small samples, heterogeneous protocols, and short follow-up. Large multicentre trials with active controls are needed to test durability, dose–response, and standardisation, plus economic evaluations in care settings. Embedding HRV-BF into early-intervention and relapse-prevention frameworks could enhance healthcare resilience and reduce the long-term burden of common mental disorders.
Keywords: heart rate variability, biofeedback, stress prevention, anxiety, depression, e-mental health, mobile health, digital biomarkers, preventive psychiatry

Disclosure of Interest: None Declared

EPV661

Modernising the Repeat Prescription Service for ADHD Medications in a Community Mental Health Team (CMHT) in Cardiff, Wales

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Introduction: ADHD is a neurodevelopmental disorder characterised by inattention, hyperactivity, and impulsivity. According to NICE, an estimated 3-4% of adults are diagnosed with ADHD in the UK. Gabalfa CMHT in Cardiff manages a large caseload, with ADHD making up a significant proportion. In 2025, an estimated 186 ADHD patients used the CMHT's repeat prescription service. There is increasing demand for the provision of repeat prescription medication, as well as diagnosis, with almost 500 patients on the waiting list. The previous repeat prescription process for patients