Conclusions: Mental health status improved among Hungarian adults in the past decade up until 2019 but the trend turned into the opposite by 2023. Further research is warranted to uncover the underlying causes of the latest changes.

Disclosure of Interest: None Declared

EPP0029

Regional Inequalities in Diagnosis and Therapies in Greece regarding Autism Spectrum Disorders

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Introduction: Autism spectrum disorders (ASD) represent a major public health concern on a global scale. The increasing prevalence of ASD worldwide, coupled with the arising demand for treatments, underscores its important role in the public mental health discourse. Ensuring the equitable integration of children with ASD and their families into all aspects of society becomes an imperative task, in order to eradicate the stigma associated with the broad spectrum of autism, encompassing both visible and concealed dimensions.
Objectives: The primary objective of this study was to determine the crude prevalence of ASD in Greece nationwide, while also examining regional disparities in both prevalence and therapies. The study spanned a three-year period from February 2019 to February 2022 and relied on retrospective data sourced from the Greek National Organization for Healthcare Services Provision (EOPYY).
Methods: EOPYY provided de-identified data, including information such as sex, age, diagnosis, and treatment for each child, facilitated by hashed social security numbers. Statistical analysis of the dataset was performed using the open-source statistical program R.
Results: A total of 18,245 children aged 2 -17 years were diagnosed with ASD in Greece, representing a nationwide crude prevalence rate of 1.16%. Regional disparities were evident, with prevalence rates ranging from 0.49% in the North Aegean to 1.57% in Crete. Over the three-year study period, a total of 15,328,327 non-medical therapies were prescribed, corresponding to an annual average of 264 therapies per child. Statistically significant differences between the thirteen regions in Greece were observed, ranging from 230 to 323 annual therapies per child.
Conclusions: Our findings align Greece's ASD prevalence with the global estimate of 1 in 100 children, as per the World Health Organization. Disparities between rural and urban areas in Greece may be attributed to differences in diagnostic procedures and the availability and accessibility of specialized services for autistic individuals. Thus, the establishment of a national surveillance system for ASD is recommended to enhance our understanding of the autism spectrum, monitor changes in prevalence, and identify potential contributing factors to autism conditions. Furthermore, these evidence-based results offer invaluable insights for crafting policies concerning healthcare, education, and employment for individuals with ASD in order to ensure the development of people with autism, their wellbeing, and a good quality of life.

Disclosure of Interest: None Declared

EPP0030

Exploring Causal Relationships in Mental Health Literacy Through Twitter Content: A Machine Learning Approach

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Introduction: The concept of Mental Health Literacy (MHL) is inherently multidimensional. However, the interrelationships among its various dimensions remain insufficiently elucidated. In recent years, the textual analysis of social media posts has emerged as a promising methodological approach for longitudinal research in this domain.
Objectives: This study aimed to investigate whether temporal causal associations exist between recognition of mental illness (R), mental illness stigma (S), help-seeking efficacy (HE), maintenance of positive mental health (M), and help-seeking attitude (HA).
Methods: Tweets were collocted at three distinct time points: T1, T2, and T3, spanning the period from November 1, 2021, to December 31, 2022. We employed a machine-learning approach to categorize the posts into five MHL facets. Using these facets, we trained a machine learning model, specifically Bidirectional Encoder Representations from Transformers (BERT), to determine the MHL scores. To be eligible, an account must have an R facet score at T1, and M, S, HE facet scores at T2, as well as an HA facet score at T3. In total, we retrieved 4,471,951 MHL-related tweets from 941 users. We further employed structural equation modeling to validate the causal relationships within the MHL framework.
Results: In the evaluation, BERT achieved average accuracy scores exceeding 89% across the five MHL facets in the validation set, along with F1-scores ranging between 0.75 and 0.89. Among the five MHL facets—maintenance of positive mental health, recognition of mental illness, help-seeking efficacy, and help-seeking attitudes—each demonstrated a statistically significant positive correlation with the others. Conversely, mental illness stigma exhibited a statistically significant negative correlation with the remaining four facets. In the analysis using single-mediation models, each of the individual mediator variables—namely, mental illness stigma, help-seeking efficacy, and maintenance of positive mental health—exhibited significant indirect effects. In the multiple-mediation model, two mediator variables—help-seeking efficacy and maintenance of positive mental health—demonstrated significant indirect effects. These findings suggested that the

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recognition of mental illness exerted an influence on help-seeking attitudes through one or more of these mediators.
Conclusions: By leveraging machine learning techniques for the textual analysis of social media and employing a longitudinal research design with panel data, this study elucidates the potential mechanisms through which the MHL framework influences attitudes toward seeking mental health services. These insights hold significant implications for the design of future interventions and the development of targeted policies aimed at promoting help-seeking behaviors.

Disclosure of Interest: None Declared

Mental Health Care

EPP0032

Designing youth mental health services to improve access: A qualitative study and framework analysis of youths' perspectives in Singapore

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Introduction: Although there is an increasing interest in making mental health services (MHS) accessible to youths, there is limited ground-up involvement of youths while designing MHS in Asian settings.
Objectives: This qualitative study sought to understand what youths considered as important elements of youth centric MHS and how these could be designed to improve access by youths in Singapore.
Methods: We conducted seven focus group discussions, and four semi-structured interviews with 50 multiracial youths aged 15-35 years in Singapore - a high-income Southeast Asian country. Purposive sampling allowed adequate representation of age, gender, and race (mainly Chinese, Malay, and Indian) groups. Participants reflected on the features of an ideal MHS for youths and how these could improve youths' attitude and access to services. Participants also shared their preferences and additional opinions for culturally tailored and age appropriate MHS. Framework analysis using the 'Conceptual Framework of Access to Healthcare' (Levesque et al. Int J Equity Health 2013, 12:18) was used to code transcripts and identify the key themes (Ritchie & Spencer. In Analyzing qualitative data, 1994).
Results: The average age of the participants was 24 years. About one third of the participants had accessed MHS in the past. Three key themes were identified – making facilities 'approachable', 'available and appropriate' and 'affordable'. (i) Making facilities approachable related to having non-stigmatizing, non-threatening and welcoming aesthetics, organizational culture, and personnel. The participants also recommended a range of professional services, digital tools, and online features to enhance the approachability of MHS designed for youths. (ii) Flexible operating hours, easy appointment management, accessible location, and easy availability to youths with unique needs (e.g., employed youths) or socio-cultural backgrounds were necessary for making facilities available and accessible to youths. (iii) While sharing challenges of family involvement in the help-seeking process, most of the participants, particularly those in the lower ages, talked about tailoring MHS to the ability of youths to pay for the services. Preferences such as having cheaper services for teenagers and initial contacts, offering more non-medical but trained professionals, and considering shorter in-person counselling sessions, followed by free online options were brought up by the participants.
Conclusions: The study provided insights into multiple aspects of MHS and how these could be designed to cater to the needs of youths in Singapore from their perspective. MHS that incorporate non-stigmatizing, flexible, non-threatening and affordable design approaches could improve help-seeking and early interventions in youths.

Disclosure of Interest: None Declared

EPP0033

Recovery among people with mental health challenges and alcohol and drug use issues in the Northern Territory, Australia

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Introduction: The Northern Territory (NT) has Australia's highest mental health burden. It has a diverse and transient population, including Aboriginal and Torres Strait Islander people and various multicultural communities. While peer support has been widely used nationwide, in the NT, peer support is poorly implemented in psychosocial support activities.
Objectives: The NT Lived Experience Network (NTLEN), in allyship with a team of researchers from Flinders University, has secured multiple fundings aimed to develop, implement, and evaluate a peer education and recovery program called Recovery Together (RT) for individuals with mental health and alcohol and drug use issues and related challenges.
Methods: The suitable evaluation approach was co-designed with live experience representatives from NTLEN and other local key stakeholders. It applied a mixed-method approach, including pre and post-program surveys (n=64) and individual interviews with program participants and the program delivery team (n=32). The evaluation findings were also informed by data collected by NTLEN via feedback forms n=38). We also used a co-design approach to develop survey instruments to ensure they were strengths-based and recovery-oriented.
Results: Participants reported poor and fair self-perceived health, high stress levels, dissatisfaction with their relationships and relatively low recovery scores, which showed improvements at post-program completion. They discussed their journeys in the interviews and shared their experiences with local mental health services and the Recovery Together program. Many expressed that mental

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