levels of education, this model can be expanded to include interaction with doctors, nurses, psychologists, social workers and other personnel necessary for mental health services.
Conclusions: Over the past few years, much has been done at the legislative level in Ukraine to ensure that the ideas of interdisciplinarity can be implemented in practice, both in the education system and at the level of community services. National authorities have made considerable progress in adopting a multidisciplinary approach to mental health services, identifying specialised multidisciplinary teams as effective care providers. And the next logical step is to make this strategic approach an achievement for university interdisciplinary education as well. The developed interdisciplinary model of training and gained experience can be extended within the broader context of education and community services.

Disclosure of Interest: None Declared

EPP305

Optimal Depression Screening Interval Among Students in Higher Education

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Introduction: Despite the high burden of depression among young adults enrolled in higher education, the ideal frequency for depression screening in this population is unknown. Current guidelines for depression screening from the U.S. Preventive Services Task Force for adults and adolescents do not provide a specific screening frequency due to lack of evidence.
Objectives: To identify the ideal interval between depression screenings at medical visits among university students.
Methods: We analyzed data from a 2-year period (04/24/2022 through 04/24/2024) of students who were offered a depression screen (PHQ2) during an outpatient medical visit at a large, 4-year public university Student Health Center (SHC). During the study period, the PHQ2 was offered at every provider visit in the medical clinic; patients could decline screening. For scores ≥2, the PHQ9 was subsequently administered.
A negative depression screening was defined as either a negative PHQ2, or a positive PHQ2 and a negative PHQ9 (score ≤4). A positive depression screening was defined as a PHQ9 score >4; mild=score 4-9, moderate=score 10-14, severe=score >14.
The time difference in days was calculated for each unique patient by identifying their first positive depression screening and their immediately previous negative screening. The time difference for all patients was summarized as median and interquartile range.
We utilized the Student Health Research Database, an IRB-approved de-identified dataset linking electronic medical record data with university student enrollment data, to evaluate all PHQ2 and PHQ9 responses.
Results: During the study period, 17,721 unique students were offered a depression screen. Of these, 739 unique students had a positive depression screen following an initial negative depression screen (10.9%): 397 students (54%) with score of mild, 209 students (28%) with a score of moderate, and 132 students (18%) with a score of severe.
The overall median interval between a negative depression screen and positive PHQ9 score was 77 days (Interquartile range: 28-165).
Conclusions: Providing guidance to college health clinicians on the frequency of depression screening allows for optimal identification and management of struggling students and consistency in practice among SHCs. In 2022, 31% of 18–24-year-olds in the US were enrolled in a 4-year college or university (Integrated Postsecondary Education Data System, accessed July 2025). For these students, the SHC serves as a highly accessible option for medical care and most universities offer access to mental health care, either on-site or through referral to community or telehealth options. In this study, 2-3 months was identified as the ideal interval between depression screenings. Such screenings can be performed during any encounter with the student; the clinician should not wait for a preventive care visit.

Disclosure of Interest: None Declared

EPP306

Implementation Strategies for Integrating Nutrition into Mental Health Care: Insights from the Nourishing Minds Project

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Introduction: Nutrition is increasingly recognized as mental health determinant, influencing onset, course, and treatment of mental disorders through biological mechanisms (nutrients, metabolism, inflammation, gut microbiota) and psychosocial pathways. Yet structured integration of nutrition professionals and interventions into mental health care remains limited.
Objectives: Nourishing Minds aimed to strengthen this integration through participatory workshops in Germany and Finland.
Methods: In 2025, two workshop series were delivered in mental health clinics in Augsburg, Germany, and in Kuopio, Finland. Content was tailored to local needs. German sessions introduced foundational concepts and co-designed basic interventions. Finnish sessions addressed more advanced approaches, including integration of nutrition professionals into care pathways. Interactive methods, including World Cafés, supported reflection, experience exchange, and the development of actionable strategies.
Results: In Germany, participants reported that nutrition currently plays a marginal role in mental health care despite rising patient demand. Some wards already offer small initiatives such as cooking groups. However, integration is hindered by rigid meal plans, unclear responsibilities, constraints in space and resources, and gaps in expertise. Nevertheless, interest in expanding activities was high. During the World Café, participants co-designed four concrete project ideas targeting awareness, multi-professional collaboration, and better use of existing infrastructure. Finnish workshops focused on advanced models of integrating nutrition professionals; analysis is ongoing.
Conclusions: Participatory workshops proved effective in generating context-sensitive strategies and mobilizing stakeholder

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