Introduction: NAVIGATE, is a comprehensive manual based intervention developed in the US for young people experiencing a first episode psychosis (FEP) . The intervention is based on four main service components: Individual Resilience Training (IRT), supported employment and education (SEE), family psychoeducation (FEP) and medication management.
Objectives: To describe the process of implementing NAVIGATE in Israel with an emphasis on cultural adaptation, fidelity, patterns of use and their relation to outcomes.
Methods: Between 2017-2021 demographic and diagnostic, service utilization data and ratings of functioning and symptoms were collected from clinical registries of 142 NAVIGATE participants.
Results: Most participants were males (70%), aged 23.5 (SD 5.5, Range 16-43). On average, participated in the program over a year. IRT was the most utilized intervention (M=23, SD 11.51). Overall, three clusters of program usage were found. Number of sessions and their frequency were highly correlated. Number of family psychoeducation meetings showed the highest correlation with improvement overtime in functioning and symptoms severity. Program Fidelity rates ranged from 2.8 to 3.3 (range 0-4).
Conclusions: The NAVIGATE program in Israel demonstrated significant clinical and functional outcomes across all service use patterns. NAVIGATE was formally offered for two years and included four components, in reality, service users attended less than what was offered. It is possible that when an effective comprehensive team-based intervention is offered flexibly to meet the often rapid changes needs of young people with FEP, the actual use is less than one might expect, which has important implications for policy and practice.

Disclosure of Interest: None Declared

EPP423

Using a co-design approach to develop, implement, and evaluate a Preventative Online Mental Health Program for Youth (POMHPY)

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Introduction: From March 2020 to 2021, the risk of youth developing a mental health issue increased by 50% in Canada. To address the detrimental effects of the COVID-19 pandemic, this project collaborated with youth and community partners in Ontario, Canada, to co-design a Preventative Online Mental Health Program for Youth (POMHPY) focused on improving mental, physical, and social well-being.
Objectives:
(1) To co-design a preventative online mental health program tailored to the needs of Ontario youth. (2) To evaluate the program's efficacy in improving mental well-being and health-related quality of life. (3) To engage youth in the development and continuous improvement of the program.

Methods: Initially, literature reviews were conducted to identify evidence-based programs that could be integrated into POMHPY. Surveys and focus groups were used to capture youths' mental health concerns and program needs. The findings were presented to community partners for additional feedback and refinement of the program. A second survey and focus group explored the likelihood of program use and piloted the first session. Subsequently, 53 youths (mean age=19.15) participated in the POMHPY program during the summer of 2023. Pre-, post-, and follow-up surveys measuring mental well-being were administered. Preliminary descriptive statistics and t-test analysis were conducted to measure the program's efficacy. A subset of participants (n = 21) attended 90-minute focus groups to discuss program perceptions, perceived benefits, impact on personal life, and areas of improvement.
Results: Youths' mental well-being, measured by the Warwick-Edinburgh Mental Well-being Scale, significantly improved after the completion of the program [t (24) =-2.91, p=.008]. Health-related quality of life, measured by the AqoL-6D, also significantly improved [t (6) =-3.34, p=.016]. These improvements were maintained one month after completing the program. Participants viewed the skills and strategies learned in POMHPY as beneficial in improving their stress and well-being. Peer facilitators in the same age range as participants contributed to meaningful discussions and interactive activities that contrasted with a lecture-style learning environment. Suggestions for improvement included flexible scheduling, increasing reminders, and enhancing understanding of program components.
Conclusions: Preliminary analysis supports the program's efficacy in improving mental well-being and health-related quality of life. Participants also reported a positive experience with the program and suggested improvements for integration. The program will be scaled nationally in the next phase, ensuring broader access to preventative mental health care for youth across Canada.

Disclosure of Interest: None Declared

Mental Health Policies

EPP425

Transforming Mental Health Care – Policy Implementation

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Introduction: The Autonomous Region of the Azores faced considerable challenges in providing comprehensive, efficient, and integrated mental health care services, exacerbated by geographical isolation, resource constraints, and the absence of a cohesive system for referrals and quality assessment in mental health care.
Objectives: Despite the recognized need, the integration of mental health services into primary health care (PHC) and the broader health system in the Azores was fragmented. Key issues included lengthy waiting lists, inadequate referral systems between primary care and specialized psychiatric services, and a lack of standardized quality assessment and performance indicators for mental health care. Additionally, there was a significant need for community mental health teams, emergency management of agitated patients, and comprehensive training for health professionals in psychiatric care.

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