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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doi: 10.1192/j.eurpsy.2025.697

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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doi: 10.1192/j.eurpsy.2025.698

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.

Methods: Through collaborative efforts, the region achieved notable advancements, including the creation of referral criteria from PHC to psychiatry services, structuring inter-service referrals, reactivation of Community Mental Health Teams, and establishment of a "Physician's Bank." Noteworthy was the elimination of a waiting list of over 1,000 patients and the development of quality assessment and performance indicators. The construction of a courtyard for involuntarily hospitalized patients and the creation of an emergency room on Faial Island further exemplified the tangible improvements in patient care and system efficiency. Training programs were extensively implemented across various professional groups, enhancing the capacity for mental health care delivery at all levels.
Results: The integration efforts underscored the value of cross-sector collaboration, stakeholder engagement, and the adaptation of models like the SURE framework and COM-B theory to address the multifaceted barriers to mental health care integration. Key facilitators included the development of guidelines, training, and clinical supervision, alongside innovative approaches to public health interventions.
Conclusions: The transformative work in the Azores exemplifies how integrated care models, supported by strategic collaborations and policy reforms, can significantly enhance mental health service delivery in geographically isolated regions. It underscores the importance of systemic approaches to training, infrastructure development, and stakeholder engagement in achieving sustainable improvements in mental health care.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP426

The role of TMS in the clinical trajectory of patients with resistant Obsessive Compulsive Disorder Systematic Review

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doi: 10.1192/j.eurpsy.2025.699

Introduction:

- Obsessive- Compulsive Disorder (OCD) is a neuropsychiatric illness affecting 2-3% of the United States population during their lifetime. It is a highly prevalent chronic disorder, often refractory to treatment, an understanding of the pathophysiology of OCD is crucial to optimize treatment. The most common comorbid diagnosis is major depressive disorder (MDD). In 2018, the US Food and Drug Administration cleared the treatment of resistant OCD with high frequency deep repetitive transcranial magnetic stimulation (dTMS) over the dorsomedial prefrontal and anterior cingulate cortices (DMPFC-ACC) with the H7 coil based on the efficacious results of a multi-center study. Compare to H7 coil, H1 coil which is approved for the treatment of resistant MDD, targets and stimulate the left prefrontal cortex more than the medial and right prefrontal cortices.
- Carmi L, Tendler A, Rodrigues da Silva D,

Objectives: To assess the effect of TMS in patients with refractory OCD
Methods: We conducted literature review search on treatment-specific for OCD on four databases, i.e google scholar, PubMed, PsycINFO and Mount Sinai's Levy Library.
Results: The meta-analysis combined the results of individual randomized controlled trials (RCTs) to evaluate the effectiveness of repetitive transcranial magnetic stimulations (rTMS) on obsessive-compulsive disorder (OCD). It showed that rTMS were moderately effective in reducing OCD symptom severity (studies indicated a medium-sized effect, Hedges' g = 0.59-0.65) and a threefold augmentation of treatment effects as compared with sham conditions. Studies also reported a marked heterogeneity in treatment response, which appeared to be particularly seen in patients with comorbid depression. Clinical improvement in depression was associated with greater reductions in OCD symptoms.
Certain rTMS protocols, including low-frequency stimulation (LF-rTMS) over the dorsolateral prefrontal cortex (DLPFC) and supplementary motor area (SMA), consistently showed more effects. Longer session durations and targeted stimulation of non-DLPFC regions, such as the orbitofrontal cortex and pre-SMA, were also associated with more positive outcomes.
But there are limitations - These studies were small, heterogeneous, and prone to publication bias, and few studies reported serious side effects, though some protocols especially those using high-frequency stimulation yielded higher rates of adverse effects.
Conclusions: To conclude, rTMS use as a new therapy for treatment-resistant OCD, particularly OCD comorbid with depression, is promising. However, due to study design inconsistencies and limited statistical power in individual trials, the quality of evidence is currently low. Studies using this approach need further improvement and more evidence to refine stimulation parameters better, increase our understanding of the underlying mechanisms, and confirm sustained efficacy.

Disclosure of Interest: None Declared

Eating Disorders

EPP427

Clinical correlates of plasma ghrelin and LEAP-2 concentrations in Eating Disorders and Obesity

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doi: 10.1192/j.eurpsy.2025.700

Introduction: Hormones such as ghrelin and the recent described human liver expressed antimicrobial peptide-2 (LEAP-2) play a pivotal role in regulating food intake and energy metabolism. In this