

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.

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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