

services, who are both “providers” and “internal consumers” of care. At the same time, it is especially significant to take into consideration the opinion of nurses, as the largest group of specialists working in psychiatric institutions and directly providing treatment and care for patients.

Objectives: To assess the quality of care by nurses of psychiatric institutions and to develop evaluation criteria and measures to improve the quality of care.

Methods: Questionnaire «Assessing the satisfaction with quality of care by medical staff of psychiatric institution», including 78 questions about the quality of the structure, process and results of activities (Solokhina et al., 2014); adapted questionnaire «Assessment of the burden of psychiatric staff working in psychiatric institution», including 52 questions (WHO, 1994). The study involved 35 nurses of inpatient and outpatient services of Moscow psychiatric hospital № 4 named after P.B. Gannushkin.

Results: It was found that 76,5% of respondents were satisfied with the quality of provided care in general and 78,2% of them were satisfied professional level of medical staff. The lower satisfaction was obtained when the other aspects were assessed. For example, only 58,6% of respondents were satisfied by relations with colleagues, 55,9% – by support from administration correspondingly. Dissatisfaction of nurses was related with working conditions, salary, excessive control by administration, insufficient professional training and lack of participation in the assessment of the institution’s activities.

It was revealed that the integral index of professional burden of nurses was at the average level (1,47±0,26). Inverse correlations between burden of staff and satisfaction with quality of care and institution’s activities were established. This allows to consider the professional burden as criterion in assessing the quality of care. Using obtained results, a training aimed at improving the communicative competence of medical personnel was developed and implemented in practice (Trushkina, Solokhina, 2019). For today more the 60 nurses have taken part in this training. The results demonstrate the professional growth of the participants and their communication patterns expansion.

Conclusions: Nurses’ satisfaction and indicators of professional burden both can be used as criteria of assessment of the psychiatric care quality. It is also necessary to introduce in psychiatric institutions training aimed at continuous professional skills improving.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0445

Introducing the construct of risky cannabis use: designing and piloting a co-created educational intervention on cannabis health literacy among adolescents and young adults. The CAHLY (CAnabis Health Literacy) study.

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Introduction: Cannabis use poses a significant risk to the psychological wellbeing of youth, affecting academic performance and potentially triggering the onset of mental health issues. Providing young people with comprehensive information about patterns of cannabis use and specific factors that increase an individual’s health risks is crucial. The ability to critically assimilate this information is known as health literacy (HL).

Objectives: To design a psychoeducational intervention to increase HL on risky cannabis use among students aged 16-25, and to assess its usability and feasibility.

Methods: We designed a psychoeducational intervention based on the outcomes of a 3-hour co-creation session involving healthcare professionals and students. 29 university students and 25 high-school students completed this intervention and assessed its usability and feasibility with the SUS (System Usability Scale), PSSUQ (Post-Study System Usability Questionnaire) and additional open questions regarding the most and less-liked aspects of the intervention.

Results: The design phase resulted in an informative website (<http://www.cahlyclinic.cat/>) and a 1-hour structured onsite educator-facilitated session, comprising 3 group activities (completed on paper or online) addressing three dimensions of cannabis HL: searching for, interpreting and applying reliable information. Usability of the intervention was rated as excellent (SUS mean score>80). PSSUQ results indicate that students were satisfied with the intervention; found the HL information clear, relevant, and adequate for their needs; found the interface of the digital version pleasant and usable without support; and would recommend it to other students.

Conclusions: We propose an innovative structured and usable intervention, designed using a participatory approach, which aims to disseminate information on risky cannabis use to a key target population, namely young people.

Disclosure of Interest: None Declared

EPP0446

From ADHD to well-being: The Role of Rejection Sensitivity in college life

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Introduction: Rejection-sensitivity is a prevalent yet understudied emotional symptom often associated with adult ADHD. While ADHD research typically focuses on behavioral and cognitive facets, emerging evidence highlights the significance of emotional symptoms. Emotional dysregulation in ADHD impacts psychological well-being and mental health. Our study examines how ADHD symptoms relate to rejection sensitivity, considering factors like resiliency, self-regulation, and overall well-being.

Objectives: Our study seeks to establish a direct connection between ADHD scores and rejection sensitivity among college students. We also investigate the mediating role of well-being, creative executive efficiency, self-regulation, and resilience, while exploring the moderating role of savoring capacity.

Methods: Between February and May of 2023, we conducted a cross-sectional study using an online questionnaire, gathering data from 304 Hungarian higher education students aged 18 to 35. The majority, 78.0%, were female, and 71.4% were full-time students. Most participants were pursuing a bachelor's degree (56.6%), followed by undivided master's (21.7%), doctoral studies (13.8%), and traditional master's degrees (6.9%). We administered the Adult ADHD Self-Report Scale (ASRS-v.1.1), The Mental Health Test (MHT), and the Rejection Sensitivity Questionnaire (A-RSQ) for our research.

Results: First, the ADHD scores were significantly associated with each mediator (well-being: $\beta = -.343$, $p < .001$; creative and executive efficiency: $\beta = -.183$, $p < .01$; self-regulation ($\beta = -.230$, $p < .001$; and resilience: $\beta = -.321$, $p < .001$). There was a direct effect of ADHD scores on rejection sensitivity scores ($\beta = .466$, $p < .001$). Finally, we also detected the indirect effects of ADHD scores on rejection sensitivity scores through the four mediators ($\beta = .227$, $p < .001$). Savoring capacity significantly moderated the relationship between ADHD and rejection sensitivity scores ($\beta = -.244$, $p < .001$).

Conclusions: ADHD scores in our study population significantly correlate with well-being, creative and executive efficiency, self-regulation, and resilience. Furthermore, these scores directly influence rejection sensitivity, suggesting a heightened vulnerability to perceived rejection among those with higher ADHD scores. The indirect effects emphasize that the relationship between ADHD and rejection sensitivity is mediated by the aforementioned positive psychological constructs. This underscores the need for holistic interventions in ADHD populations, addressing not just core ADHD symptoms but also enhancing well-being, cognitive efficiency, self-regulation, and resilience to potentially mitigate rejection sensitivity.

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Schizophrenia and other psychotic disorders

EPP0448

The mediating role of social stress sensitivity on the relationship between hostile attribution bias and paranoia: An experience sampling study

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Introduction: Heightened affective responses to daily life stressors, referred to as elevated affective reactivity to stress (or 'stress sensitivity'), have been proposed as a putative mechanism of schizophrenia. Previous studies on stress sensitivity mainly used a case-control design; given that schizophrenia is heterogeneous its relationship with specific symptoms (e.g. paranoia) is yet to be addressed.

In view of the continuum approach of understanding psychotic symptoms, the relationship between stress sensitivity (especially 'social stress sensitivity') and paranoia in the general population is important. Supported by emerging evidence of the relationship between hostile attribution bias (i.e. a tendency to interpret others' actions as hostile and intentional) and paranoia, we hypothesized that social stress sensitivity mediates the relationship between hostile attribution bias and momentary experiences of paranoia.

Objectives: Using experience sampling method, this study aimed to examine the association between social stress sensitivity, hostile attribution bias and momentary paranoia in non-clinical young adults. We also tested the role of social stress sensitivity as mediator of the relationship between hostile attribution bias and momentary paranoia.

Methods: Consented participants free from any past and current psychiatric diagnoses (confirmed with the Structured Clinical Interview for DSM-IV Disorders) completed the measure of hostile attribution bias (i.e. abbreviated Ambiguous Intentions Hostility Questionnaire). Participants then filled in an ESM questionnaire measuring momentary levels of paranoia, social stress (i.e. pleasantness of and preference for being alone or with others) and negative affect on a mobile phone app repeatedly, ten times per day over six days. Social stress reactivity was calculated as the within-moment correlation between social stress and negative affect. The associations between social stress sensitivity, hostile attribution bias and momentary paranoia, and the mediating role of social stress sensitivity, were tested with multilevel modelling.

Results: The final sample consisted of 131 participants (57.3% female, mean age= 20.36 (SD= 2.93)). The mean compliance rate was 71.9% (SD= 0.16). Social stress sensitivity was positively associated with momentary paranoia ($B = 0.03$, $p = .002$). Hostile attribution bias was associated with momentary paranoia ($B = 0.41$, $p < .001$), as well as social stress reactivity ($B = 0.10$, $p = .003$). The mediating effect from hostile attribution bias to momentary paranoia via social stress sensitivity was significant ($ab = 0.05$, 95% CI [0.03-0.07]).

Conclusions: Social stress sensitivity was related to momentary paranoia, as well as hostile attribution bias. Our finding suggests social stress reactivity as a potential mechanism underlying the relationship between hostile attribution bias and paranoia.

Disclosure of Interest: None Declared

EPP0449

Retrospective evaluation of sociodemographic and clinical characteristics of patients with schizophrenia receiving clozapine monotherapy and clozapine combined with different antipsychotics

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Introduction: Schizophrenia is a chronic mental disorder and clozapine is an atypical antipsychotic that can be used in treatment-resistant schizophrenia patients. However, treatment-resistant schizophrenia may also include patients with an inadequate response to clozapine.