

Objectives: We evaluated the effect of the suicidal prevention program named “Nae-an-ae” (means to love oneself), which was specifically designed for the conditions of the community dwelling elderly. **Methods:** The subjects were those who agreed to participate in the Nae-an-ae program among those evaluated as suicide high-risk groups according to the 2021 Jeollanam-do Mental Health Survey. The program consisted of five sessions of simple activities that could be practiced in daily life along with knowledge transfer through education on emotion recognition, stress management, sleep and relaxation, pain and exercise, and depression. This program was conducted by social workers or nurses working at each local community mental health and welfare center. We evaluated the Geriatric Depression Scale-Short Form Korean Version (GDS-SF), suicidal ideation, satisfaction with life scale (SWLS) and brief resilience scale (BRS) which were measured before and after the program and compared them with the control group. **Results:** A total of 276 participated in the program, 226 were in the control group. In the program participating group, the frequency of suicidal ideation was significantly decreased from 36.2% to 11.6% after the program. GDS-SF, SWLS and BRS were significantly decreased in active group than control group.

Image:

Table 1. Comparison of socio-demographic factors according to Program Participant and Control Group^{a)}

Variable ^{b)}		Program Participant ^{c)}	Control ^{c)}	P value ^{d)}	Total ^{e)}
		N(%) ^{a)}	N(%) ^{a)}		N(%) ^{a)}
Total ^{a)}		276(55.0) ^{a)}	226(45.0) ^{a)}		502(100) ^{a)}
Gender ^{a)}	Man ^{a)}	46(20.4) ^{a)}	45(16.3) ^{a)}	0.241 ^{a)}	91(18.1) ^{a)}
	Woman ^{a)}	180(79.6) ^{a)}	231(83.7) ^{a)}		411(81.9) ^{a)}
Age ^{a)}	60-65 ^{a)}	2(0.9) ^{a)}	2(0.7) ^{a)}	0.859 ^{a)}	4(0.8) ^{a)}
	65-69 ^{a)}	17(7.5) ^{a)}	13(4.7) ^{a)}		30(6.0) ^{a)}
	70-74 ^{a)}	33(14.6) ^{a)}	40(14.5) ^{a)}		73(14.5) ^{a)}
	75-79 ^{a)}	52(23) ^{a)}	63(22.8) ^{a)}		115(22.9) ^{a)}
	80-84 ^{a)}	69(30.5) ^{a)}	89(32.2) ^{a)}		158(31.5) ^{a)}
	>=85 ^{a)}	53(23.5) ^{a)}	69(25) ^{a)}		122(24.3) ^{a)}
Education year ^{a)}	0 ^{a)}	81(35.8) ^{a)}	104(37.7) ^{a)}	0.017 ^{a)}	185(36.9) ^{a)}
	1-6 ^{a)}	109(48.2) ^{a)}	137(49.6) ^{a)}		246(49.0) ^{a)}
	7-9 ^{a)}	28(12.4) ^{a)}	16(5.8) ^{a)}		44(8.8) ^{a)}
	10-12 ^{a)}	7(3.1) ^{a)}	9(3.3) ^{a)}		16(3.2) ^{a)}
	>=13 ^{a)}	1(0.4) ^{a)}	10(3.6) ^{a)}		11(2.2) ^{a)}
Religion ^{a)}	No ^{a)}	114(50.4) ^{a)}	130(47.1) ^{a)}	0.456 ^{a)}	244(48.6) ^{a)}
	Yes ^{a)}	112(49.6) ^{a)}	146(52.9) ^{a)}		258(51.4) ^{a)}
Marriage status ^{a)}	Married ^{a)}	83(36.7) ^{a)}	65(23.6) ^{a)}	0.001 ^{a)}	148(29.5) ^{a)}
	Others ^{a)}	143(63.3) ^{a)}	211(76.4) ^{a)}		354(70.5) ^{a)}
Living status ^{a)}	Alone ^{a)}	131(58.0) ^{a)}	187(67.8) ^{a)}	0.024 ^{a)}	318(63.3) ^{a)}
	With others ^{a)}	95(42.0) ^{a)}	89(32.2) ^{a)}		184(36.7) ^{a)}
Monthly income ^{a)} (Thousands Won) ^{a)}	≤ 300 ^{a)}	116(51.3) ^{a)}	159(57.6) ^{a)}	0.04 ^{a)}	275(54.8) ^{a)}
	300-500 ^{a)}	56(24.8) ^{a)}	62(22.5) ^{a)}		118(23.5) ^{a)}
	500-1,000 ^{a)}	44(19.5) ^{a)}	53(19.2) ^{a)}		97(19.3) ^{a)}
	> 1,000 ^{a)}	10(4.4) ^{a)}	2(0.7) ^{a)}		12(2.4) ^{a)}
Perceived health status ^{a)}	Poor ^{a)}	138(61.1) ^{a)}	190(68.8) ^{a)}	0.164 ^{a)}	328(65.3) ^{a)}
	Neutral ^{a)}	57(25.2) ^{a)}	59(21.4) ^{a)}		116(23.1) ^{a)}
	Good ^{a)}	31(13.7) ^{a)}	27(9.8) ^{a)}		58(11.6) ^{a)}
Physical disease ^{a)}	No ^{a)}	18(8.0) ^{a)}	28(10.1) ^{a)}	0.4 ^{a)}	46(9.2) ^{a)}
	Yes ^{a)}	208(92.0) ^{a)}	248(89.9) ^{a)}		456(90.8) ^{a)}

Image 2:

Figure 1. Changes in the frequency of high-risk group for depression, suicidal ideation, and suicide attempt.

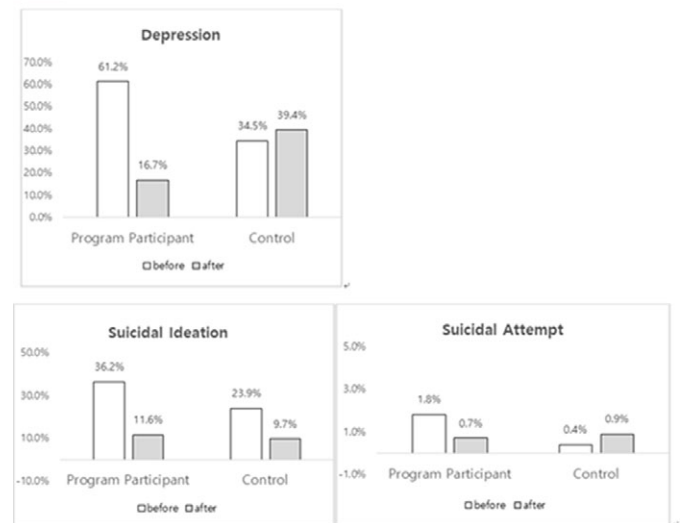


Image 3:

Table 2. Comparison in changes of mental status^{a)}

	Program Participant ^{b)}		Control ^{b)}	
	Before ^{c)}	After ^{c)}	Before ^{c)}	After ^{c)}
Depression ^{d)}	8.23±3.39 _{a)}	4.06±3.27* _{a)}	5.97±3.76 _{a)}	6.33±3.97 _{a)}
Social support ^{b)}	40.42±8.65 _{a)}	46.42±8.06* _{a)}	43.47±7.91 _{a)}	41.81±8.93* _{a)}
Satisfaction in life ^{c)}	18.50±6.41 _{a)}	22.28±6.07* _{a)}	20.82±6.13 _{a)}	20.71±5.86 _{a)}
Resilience ^{d)}	18.17±3.38 _{a)}	20.07±3.48* _{a)}	19.34±3.5 _{a)}	19.25±3.39 _{a)}

^{a)} p<0.05, ^{b)}Geriatric Depression Scale-Short Form Korean Version, ^{c)}Multidimensional Scale of Perceived Social Support, ^{d)}Satisfaction with life scale, ^{e)}Brief resilience scale

Conclusions: These findings showed that “Nae-an-ae” program was found to affect not only the control of suicide risk factors such as depression but also positive factors such as life satisfaction and resilience.

Disclosure of Interest: None Declared

EPP0496

Assessing psychological flexibility by the Psy-Flex and its relationship with mental health

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Introduction: *Psy-Flex* is a brief instrument that assesses psychological flexibility defined, according to the theoretical model of Acceptance and Commitment Therapy, by the set of competencies capable of leading the individual to change behavior, facilitating behaviors that are more adaptive and valued by the individual. This

set of psychological skills involved in psychological flexibility is associated with psychological well-being and mental health.

Objectives: The present research sought to translate and adapt *Psy-Flex* to the Portuguese language and, consequently, to conduct the factor analysis, reliability, and validity studies of this instrument in the Portuguese population (in non-clinical and clinical samples)

Methods: The non-clinical sample consisted of 566 individuals (372 female and 192 male) ranging in age from 18 to 74 ($M = 36.64$; $SD = 15.11$). The clinical sample included 30 participants aged between 20 and 69 years ($M=43.13$ and $SD= 13.85$). The minimum number of years of education is 4, and the maximum is 19 ($M=11.80$ and $SD=3.32$). The non-clinical sample was filled out on an *online* platform the protocol that assessed psychological flexibility (*Psy-Flex*), Psychological Inflexibility and Flexibility (MPFI-24), anxiety and depression symptoms (PHQ-4), and perceived mental health (MHC-SF). In the clinical sample, the protocol was applied individually and face-to-face.

Results: *Psy-Flex* evidenced a unifactorial structure attested to by EFA and CFA. Invariance tests revealed the *Psy-Flex* model to be invariant in configural, metric, and scalar terms for male and female gender and non-clinical and clinical samples. The *Psy-Flex* revealed adequate reliability as assessed by Cronbach's alpha and Composite Reliability in non-clinical and clinic samples. In non-clinical sample, the *Psy-Flex* showed a positive, moderate to strong, association with flexibility (measured by the MPFI-24-FP) and mental health. It also showed a negative, moderate to strong, association with MPFI-24-IP assessed inflexibility and with depression and anxiety symptoms. Age and years of schooling showed a weak positive association with *Psy-Flex*. Men and women differed significantly, with men showing higher values of psychological flexibility. *Psy-Flex* showed discriminant validity, differentiating between non-clinical and clinical groups. The non-clinical group showed significantly higher values of psychological flexibility.

Conclusions: The present study was innovative in making available a new instrument in the Portuguese language that revealed excellent psychometric characteristics that could be used in community and clinical samples. It also allows the evaluation of efficacy studies of interventions that aim to promote psychological flexibility.

Disclosure of Interest: None Declared

EPP0497

Learning how relationships work: a thematic analysis of young people and relationship professionals' perspectives on relationships and relationship education

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Introduction: Relationships in various forms are an important source of meaning in people's lives that can benefit their health, wellbeing and happiness. Relationship distress is associated with public health problems such as alcohol misuse, obesity, poor mental health, and child poverty, whilst safe, stable, and nurturing relationships are potential protective factors. Despite increased emphasis on relationship education (RE) in schools, little is known

about the views of relationship professionals on relationship education specifically, and how this contrasts with the views of young people (YP).

Objectives: This Wellcome Centre for the Cultures and Environments of Health funded Beacon project seeks to fill this gap by exploring their perspectives and inform the future development of relationship education.

Methods: We conducted focus groups with YP ($n=4$) and interviews with relationship professionals ($n=10$). The data was then thematically analysed.

Results: Themes from YP focus groups included: 'Good and bad relationships'; 'Learning about relationships'; 'the role of schools' and 'Beyond Relationship Education'. Themes from interviews with relationship professionals included: 'essential qualities of healthy relationships'; 'how YP learn to relate' and 'the role of RE in schools'.

Conclusions: YP and relationship professionals recognised the importance of building YP's relational capability in schools with a healthy relationship with oneself at its foundation. Relationship professionals emphasised the need for a developmental approach, stressing the need for flexibility, adaptability, commitment and resilience to maintain relationships over the life course. YP often presented dichotomous views, such as relationships being either good or bad relationships, and perceived a link between relationships and mental health. Although not the focus of current curriculum guidance, managing relationship breakdowns and relationship transitions through the life course were viewed as important with an emphasis on building relational skills. This research suggests that schools need improved RE support, including specialist expertise and resources, and guidance on signposting YP to external sources of help. There is also potential for positive relationship behaviours being modelled and integrated throughout curriculums and reflected in a school's ethos. Future research should explore co-development, evaluation and implementation of RE programmes with a range of stakeholders.

Disclosure of Interest: None Declared

Psychotherapy 01

EPP0498

Development of a novel tool to assess therapists' alliance through medical clinical reports in public mental health settings

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Introduction: Many studies demonstrate that monitoring of the therapeutic alliance can assist therapists to identify changes in patient-therapist relations and accommodate their interventions to prevent early termination. Nonetheless, therapists in public mental health institutes are only required to provide a textual description of patient's visit, and are usually overloaded to complete empirical measures after each session.

Objectives: The aim of this study is to develop a novel empirical tool to assess therapists' perception of the therapeutic alliance