

SUDs stigma undermines both care quality, patient empowerment, and recovery success. Addressing provider stigma is crucial for necessitating a shift toward collaborative, responsive, and creative clinical decision-making to tackle the ethical challenges posed by the opioid crisis.

252

Understanding the mental health needs of adolescents in Puerto Rico: A phenomenological approach

Noemy Diaz-Ramos, Josmarie Ortiz-Cotto, Heidy Diaz-Gomez and Paola Gomez-Galarza

University of Puerto Rico, Medical Sciences Campus

OBJECTIVES/GOALS: This study aimed to explore Puerto Rican adolescents' mental health experiences, focusing on risk and protective factors, and cultural perspectives on mental health. **METHODS/STUDY POPULATION:** Three focus groups were conducted: two with 20 adolescents aged 12 to 18 years of both genders and one with five adults who work with adolescents. Data were analyzed using interpretative phenomenological analysis. **RESULTS/ANTICIPATED RESULTS:** The majority of participants in both groups of adolescents identified five key themes: social pressures, barriers to discussing mental health, the impact of social media, coping strategies, and institutional interventions. The adult focus group highlighted adolescent mental health problems, support systems, family and social factors, the church's role, and recommended interventions. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The findings emphasize that social and familial pressures, mental health stigma, and social media significantly impact adolescent mental health. Coping strategies, such as sports, art, and nature, were also identified. These themes underscore the need for safe, supportive spaces, and targeted approaches to address youth mental health.

253

Learning from those who care: Developing materials for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) dementia care partners

Jeanine Yonashiro-Cho, Zach Gassoumis and Laura Mosqueda
Keck School of Medicine of USC

OBJECTIVES/GOALS: • Investigate culturally-specific beliefs, caregiving approaches, care preferences, and unmet needs among Asian American, Native Hawaiian, and Pacific Islander (AANHPI) care partners supporting persons living with dementia • Apply identified findings toward culturally-adapting caregiving resources for AANHPI dementia care partners **METHODS/STUDY POPULATION:** Qualitative data from the Better Together Dementia Care Study and Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Dementia Caregiving Study were analyzed to investigate culturally-specific beliefs, caregiving approaches, preferences, and unmet needs of AANHPI dementia care partners. Both studies remotely conducted and recorded semi-structured interviews (1.5–2.5 hours), with care partners and providers though interview protocols were distinct. Transcripts were AI-generated, through Zoom or Trint, and analyzed using thematic content analysis by two coders. Apriori codes drawn from literature and inductively-identified codes were identified and coded. Preliminary findings informed sociocultural strategies used to adapt existing care

partner resources for use in these groups. **RESULTS/ANTICIPATED RESULTS:** Preliminary analysis of care partner (CP) interviews (N = 8; 4 romantic partners, 4 adult children), revealed differences in caregiving experiences and networks. CPs supporting care receivers (CR) who had emigrated away from extended family networks reported a lack of instrumental support. Most CR (7/8) had adult children, many of whom (6/8) provided some care, though half of CR-child relationships were distant or had past difficulties. Romantic partners were primary CPs while co-caregiving with children; Adult children served as primary CPs for unpartnered CRs (n = 4). Adapted CP resources integrated these findings, acknowledging the complexities of fulfilling traditional filial expectations in light of difficult past relationships. Formal services were framed as an extension of family-coordinated care. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Care partners of immigrants may have limited local family support and may benefit from formal services. Adult children may provide care, though this may be complicated by poor past relationship quality. AANHPI care partners may benefit from culturally-adapted resources which address these issues, though resource acceptability-testing is needed.

255

The impact of a personal cancer diagnosis on adolescent and young adult cancer survivors' social connectedness: A qualitative analysis

Pooja Rao^{1,11}, Joel E Segel^{2,3}, Kristin Bingen⁴, Katie A Devine⁵, Allison M Scott⁶, Laura M Koehly⁷, Ashton M Verdery⁸, Courtney L Rumbaugh⁹, Emily Wasserman⁹, Heather J Costigan⁹, Smita Dandekar¹, Kevin Rakszawski³, Natthapol Songdej³, George F Blackall¹, Monali Vasekar³, Seema Naik³, Eugene J. Lengerich^{3,10} and Lauren J Van Scoy⁹

¹Division of Pediatric Hematology/Oncology, Department of Pediatrics, Penn State Health Children's Hospital, Hershey, Pennsylvania, USA; ²Department of Health Policy and Administration, The Pennsylvania State University, University Park, Pennsylvania, USA; ³Penn State Cancer Institute, Hershey, Pennsylvania, USA Division of Pediatric Psychology; ⁴Developmental Medicine, Department of Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin, USA; ⁵Rutgers Cancer Institute, New Brunswick, NJ, USA; ⁶Department of Communication, University of Kentucky, Lexington, KY, USA; ⁷Social and Behavioral Research Branch, National Human Genome Research Institute, National Institutes of Health, Bethesda, MD, USA; ⁸Department of Sociology and Criminology, The Pennsylvania State University, University Park, Pennsylvania, USA; ⁹Penn State College of Medicine, Hershey, Pennsylvania, USA; ¹⁰Department of Public Health Sciences, The Pennsylvania State University, Hershey, Pennsylvania, USA and ¹¹Penn State College of Medicine

OBJECTIVES/GOALS: This study's objective was to explore how a personal cancer diagnosis impacts the social connectedness (i.e., quality, structure, and functions of social relationships) of adolescent/young adult cancer survivors (AYACS, patients diagnosed with cancer between 15 and 39 years old), to inform intervention development fostering social health. **METHODS/STUDY POPULATION:** In this qualitative study (part of larger study assessing AYACS' psychosocial challenges), participants were 15–25 years old at the time of cancer diagnosis and within 6 years of cancer diagnosis. Participants (and consenting parents of participants 18 years old