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.

Disclosure of Interest: None Declared

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 ally-ship 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

health professionals are not necessarily the care providers they feel comfortable engaging with. However, they described their experience with the peer program as highly positive, empowering, safe, non-judgmental, and beneficial, satisfying their support needs. The program gave them hope and tools to manage their mental health challenges and opportunities to gain insight into non-clinical aspects of recovery. Participants conceptualised personal recovery in their own words and described the facilitators and barriers to their recovery. They emphasised that recovery is being empowered, strong within themselves and the leader of their journey, living their best possible life, understanding themselves, having the necessary knowledge about mental health, and looking forward in a hopeful way.

Conclusions: Our findings highlighted the demand and need for ongoing delivery of the RT program in the NT, which was highly effective in supporting personal recovery, addressing the service delivery gap and complementing the available clinical and mental health practices. They also showed the importance of providing recovery-oriented and trauma-informed education for medical and mental health professionals.

Disclosure of Interest: None Declared

EPP0034

The impact of clinical context on the recognition of facial expressions

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Introduction: Several authors have demonstrated the relevance of the therapist sensitivity to the affective expression of his client (Merten & Schwab, 2005; 150-158), as well as to his own emotional experience (Haynal-Raymond et al., 2005;142-148) in order to build a more effective therapeutic relationship, and results. An important source of information to decode the emotional expression hints is the face, and its expression (Ekman & Friesen, 1975; Russel & Fernández-Dolls, 1997;275-294). Despite common sense saying that context is relevant to understand the meaning of the emotional facial expression, the literature review shows inconsistent results.

Objectives: The main goal of this study was to evaluate the impact of clinical context over the perception of the emotional facial expression.

Methods: This study followed a within-subjects design, and its sample consisted of 60 clinical psychologists. 21 combinations of prototypical expression images with mixed emotional signals, and clinical information texts were presented to the participants. Then their judgement on the type of emotion displayed was requested. The presentation of the text-image pairs was randomized between three conditions: consistent, and non-consistent, and neutral.

Results: The results suggest that emotions are more easily recognized in the presence of a concordant context than a non-concordant or neutral one, and that the greater the similarity

between the facial expression of the image presented and the face prototypically associated with the context, the greater the influence of the context.

However, In the recognition of mixed emotional signs, there was greater recognition of signs of anger in the facial expression, as a non-dominant emotion, when in the presence of the neutral story than of the story that agreed with the dominant emotion (sadness). There was also greater recognition of sadness, as a non-dominant emotion, in the presence of a story in agreement with fear than in the presence of a neutral story. There was also a statistically significant increase in the attribution of anger to images in which it is not present and whose dominant emotion is fear, when associated with a context of aggression vs. a neutral context.

It was also found that there was a significant decrease in the attribution of fear to the sadness-anger image (25%-75%) in the presence of the aggression context compared to the neutral and panic contexts. There was also a statistically significant decrease in the attribution of sadness to an image of fear in the neutral context compared to the other contexts (panic and aggression).

Conclusions: In conclusion, our study have shown an impact of context over overvaluation or the undervaluation of the emotional facial expression as well as either with prototypical expressions or the mixed emotional signals when referring to sadness, fear, and anger. Thus, mental health clinicians should consider the influence of these contexts.

Disclosure of Interest: None Declared

EPP0035

Guidelines of inclusive architecture design for autism spectrum disorder: What is new?

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Introduction: Autism spectrum disorder (ASD) is a complex neuro-developmental condition. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), restricted interests and repetitive behaviors and difficulties with social communication and interaction characterize ASD. Different ways of learning, moving, or paying attention are related to the degree of impairments. By reducing environmental and social obstacles in school, work, and other areas of life, architecture could play a pivotal role in helping people on the spectrum become more independent and acquire more abilities.

Objectives: The aim of this study was to outline the recommendations and guidelines of the inclusive architecture design for ASD.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: inclusive design, architecture, autism or ADS.

Results: Our research found that the Autism ASPECTSS design index reported in 2013 by Magda Mostafa from Canada, which was based on the sensory design theory, is the world's first set of evidence-based design guidelines for managing built environments to serve ADS individuals interaction, particularly in schools and