

EPP309

The impact of reimbursed Primary Psychological Care in Belgium.C. Kubicek^{1*}, R. Bruffaerts¹, L. Jansen¹ and F. Glowacz²¹Center for Public Health Psychiatry, KU Leuven, Leuven and²Université de Liège, Liège, Belgium

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Introduction: Since the beginning of this century, Belgium has been going through important shifts and reforms regarding the organization of mental healthcare. One of the most important shifts lays in the de-institutionalization of care to a more community-based mental healthcare. These reforms are embedded in a public health approach. Building on these changes, Belgium established in 2019 a system of reimbursed primary psychological care (PCP), providing low-intensity and low-threshold interventions, both individually or in groups.

Objectives: This study aims at identifying which patients make use of PCP (1) and the effect of the intervention on clinical outcomes on the patient-level (2).

Methods: A longitudinal study was performed. N=2,745 patients treated with PCP were included at baseline and followed-up at 3, 6 and 12 months. The instrument includes questions on socio-demographics, mental disorders and related problems, quality of life, previous treatment use and treatment barriers.

Results: Over 70% of the patients met criteria for a DSM-5 mental disorder, both for lifetime and 12 months prevalence, with anxiety and depression as the most frequently identified disorders. Suicidal ideation and behaviors within the last 12 months were reported by more than one-third of patients. 43.9% had never engaged with mental health services prior to PCP treatment. The median duration between symptom onset and initial treatment contact was 4 years. Patients improved positively on symptomatology, quality of life and resilience. A commonly cited barrier to seeking professional help was the belief that the issue could be managed independently.

Conclusions: Up to 2025, more than 500 000 patients made use of PCP. The intervention covered a large number of patients with varying pathologies and severity. Most importantly this intervention was able to shorten the delay of seeking treatment to 4 years compared to 10 years in the Belgian general population. Furthermore, patients treated with PCP showed improvement on several clinical outcomes, further underpinning its positive societal and economic impact. Next to a continuous longitudinal clinical and epidemiological study, future research will focus on the nature of the interventions proposed in PCP and a thorough socio-economic analysis.

Disclosure of Interest: None Declared

EPP310

Staying or Leaving the Front Line: Identity, Support, and Meaning among Child Protection Professionals in HungaryA. Kun^{1*} and J. Páskuné Kiss²¹Doctoral School of Human Sciences and ²Department of Counselling, Developmental and School Psychology, University of Debrecen, Debrecen, Hungary

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Introduction: Workforce instability in child protection threatens service quality and staff mental health (burnout, moral distress). Profile-based evidence is scarce in Central and Eastern Europe, despite international concern about retention (Burns & Christie Child Youth Serv Rev 2013; 34:1115–22; Cook et al. CRCF Briefing 2022; European Social Network. Protecting Children. 2024).

Objectives: To identify psychosocial profiles of child protection professionals based on identity, support, and meaning, and to examine their relation to exit risk, enriched by qualitative narratives.

Methods: Survey of Hungarian residential child protection staff (N = 90). Measures: MGIS – solidarity subscale (used exploratorily in Hungary; $\alpha = 0.98$), MSPSS ($\alpha = 0.85$), and PERMA-Profiler subscales ‘meaning’ and ‘relationships’ ($\alpha = 0.89$). Exit intention was assessed with items on career plans and active job search. Analyses included descriptive statistics, Mann–Whitney U, Spearman correlations, and Ward + k-means cluster analysis. Additionally, 15 semi-structured interviews were analysed thematically (Braun & Clarke. Qual Res Psychol 2006;3:77–101).

Results: Three clusters emerged:

- 1) Embedded but strained (n = 56; 62.2%) – strong solidarity and meaning, but only moderate external support.
- 2) Isolated strugglers (n = 29; 32.2%) – lowest support and meaning, identity under strain, highest exit risk.
- 3) Supported outsiders (n = 5; 5.6%) – weak professional identity and meaning, but strong family/friend support.

Solidarity was significantly lower among those at exit risk (U = 742.5, $p < 0.001$). Interviews illustrated these profiles: “Nobody listens to us, and nobody cares” (struggler); “My colleagues keep me in the profession; without them I would have quit” (embedded); “I don’t stay because of the workplace, I stay because of my family” (outsider).

Conclusions: Exit risk reflects identity–support–meaning profiles rather than stress alone. These findings align with European evidence on workforce instability and highlight intervention points beyond individual stress management. Strategies that strengthen solidarity, reinforce work meaning, and leverage external support may prevent burnout and turnover, stabilising child-facing mental-health services.

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EPP311

A Concept Analysis of Collaborative Practices in Mental HealthC. Laranjeira^{1,2*}, E. Pinheiro³, A. K. Severo³ and E. Franco³¹School of Health Sciences; ²Centre for Innovative Care and Health Technology, Polytechnic University of Leiria, Leiria, Portugal and ³Federal University of Rio Grande do Norte, Natal, Brazil

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Introduction: Collaboration in mental health care is crucial for executing a model focused on the psychosocial rehabilitation of individuals through multidimensional interventions that include various stakeholders and sectors of society to address their needs. Notwithstanding the advantages indicated by scientific data, numerous obstacles to collaborative care persist, and practitioners