Introduction: Health professionals face an increased risk of developing mental health difficulties due to work-related stress. It has been demonstrated that work engagement has a protective role on mental health from work-related stress. The majority of the research on the psychological impact of job stress among health professionals focused on the work-related stressors or the type of stressors as challenges or hindrances. However, the impact might depend on an individual’s appraisal of challenges and hindrances.

Objectives: - Examine the effects of job appraisals on mental health.
- Establish the role of work engagement as a mediator between them.

Methods: An online survey was completed by 196 health professionals and included questionnaires about job appraisals, stressors (variety of tasks, responsibility and cooperation with colleagues), work engagement, anxiety and depression.

Results: Appraising stressors as challenges did not have any direct impact on mental health, whereas hindrance appraisals had a negative influence. Participants who appraised cooperation with colleagues as challenging reported lower levels of depression through higher work engagement (B = −0.17, 95% CI [−0.354, −0.027]). Appraising variety of tasks as a hindrance predicted higher levels of depression through lower work engagement (B = 0.150, 95% CI [0.041, 0.289]). Participants appraising the other two stressors as hindrances were more anxious and depressed through lower work engagement.

Conclusions: The negative psychological impact of hindrance appraisals was persistent, whereas the positive impact of challenge appraisals through work engagement depended on the stressor. Stress interventions may need to consider both the type of appraisal and the type of stressor.

Keywords: health professionals; work engagement; Depression; Anxiety

Introduction: Intergenerational programs involving children and the elderly promote intergenerational interactions and can positively affect physical and mental health, and the quality of life of the elderly.

Objectives: To test the effects of an intergenerational intervention in social isolation, depressive symptoms and quality of life of the elderly.

Methods: This study employed a pretest-posttest design. Measures: Portuguese versions of Geriatric Depression Scale, Lubben Social Networks Scale and WHOQOL-OLD. Participants: 12 elderly, 75% females, with mean age of 80.8 years (sd=8.8) and 20 kindergarten children (65% female) with mean age of 4.1 years (sd=0.79). The intervention ran for 6 weeks, with 11 intergenerational group sessions, each range between 30 and 120 minutes. A nonparametric paired samples tests was conducted to evaluate the impact of the intervention.

Results: After the intervention, when comparing elderly with and without depressive symptoms, results showed significant differences in the total value of quality of life (p<0.048) and in the facets: 1) Sensory functioning, 2) Autonomy, 3) Past, present and future activities (p=.003; p=.018; p=.030, respectively). 12.5% of de elderly with depressive symptoms before the intervention no longer have depressive symptoms after the intervention. Regarding social networks, there were no significant differences (p=.576) between the mean values of the two assessments.

Conclusions: The implemented intergenerational program was effective in promoting quality of live and minimized depressive symptoms. After the intervention, the number of the elderly without depressive symptoms have increased and these presented a higher quality of life. Finally, longitudinal studies with a large sample are needed to consolidate results.

Keywords: quality of life; Elderly; Intergenerational; depressive symptoms
Results: The comprehensive meta-analysis software version 3.0 was utilized during analysis. Randomized odds ratios using a 95% confidence interval (CI) were obtained. Officers’ scores for knowledge, attitude, and stigma about MHI were taken before and after the survey. The Control group consisted of officers without CIT training. The CIT trained officers displayed an improvement in knowledge (OR 2.35, CI: 1.51–3.67), attitude (OR 2.55, CI: 1.36–4.78), and stigma (OR 3.11, CI: 1.88–5.17). The results were statistically significant, with a p-value of less than 0.001 (Figure 2).

Conclusions: CIT trained police officers displayed a significant improvement in their knowledge, attitude, and reduced stigma towards PwMI. Although our study displays CIT training’s positive effects, previous studies reported a nullified effect of CIT in reducing arrests and the use of force during police officers encounters with PwMI. Future researchers must explore this gap, mainly focusing on gender and race bias.

Keywords: crisis intervention team training; crisis intervention team; mental health education; mental health stigma

Introduction: Mental health is no doubt a topical conversation at medical school. We noted that whilst many students appreciated the power in talking openly about challenges faced, it was a topic many found hard to approach. In response, we have implemented a peer-led training programme at Bristol Medical School. The aim of the programme is to improve confidence and enable students to recognise and respond to their own, a peer or patient’s distress in a more proactive, supportive and overall effective way. It utilised peer-led, discussion based workshops during the first few months of medical school to achieve this.

Objectives: To evaluate the role of peer-led mental health training in undergraduate medical education.

Methods: The program was piloted in November 2019. T-tests compared 142 participating students’ baseline self-reported understanding and confidence and follow up, as measured on a likert scale (1-5). Qualitative feedback was also welcomed.

Results: Students showed a significant improvement in their self-reported understanding (24%, P<0.05), confidence when supporting a peer (18%, P<0.05) and confidence if faced with a more acute situation (21%, P<0.05). Students expressed particular admiration for the fact that the session was peer led ‘as it emphasised the importance of mental health in…society’.

Conclusions: This programme may be beneficial in creating a stronger community of doctors who are equipped with the confidence and ability to better care for themselves, their colleagues, and patients. Further evaluation is required to determine whether this reduces rate or severity of mental illness in participants or the broader student population.

Keywords: Medical Education; peer-to-peer; training

Introduction: Ethnolinguistic diversity provides the opportunity to study the relation between the native language, the emotional state, and the well-being of a person. Representatives of different linguistic groups may have psychological advantages in specific socio-cultural situations.

Objectives: We investigated the interrelation between mental well-being, emotional state, life satisfaction, and belonging to different ethnolinguistic categories in the Russian society.

Methods: The measuring instruments included the Warwick-Edinburgh Mental Well-Being Scale (Tennant et al., 2007), the