

and public health, and also to aid design more effective mechanisms for DCSs' further implementation.

### A Scoping Review on Barriers to Mental Healthcare in Canada as Identified by Healthcare Providers

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**Aims.** Mental illness is among the leading causes of disability globally, however the treatment gap is wide even for developed countries. The perspectives of patients and mental healthcare providers are critical to understanding barriers to adequate mental healthcare and developing scalable solutions that improve access and quality of services. However, the views of providers are relatively understudied, precipitating our review to collate and synthesize their perspectives on the barriers to mental healthcare in Canada.

**Methods.** We searched MEDLINE/PubMed and PsychINFO for studies with findings in Canada published in English from 2000–2021 with terms for mental health, psychiatry, barriers, and referrals. Included studies were evaluated with the National Institutes of Health Study Quality Assessment Tools and Critical Appraisal Skills Programme.

**Results.** 631 papers were screened, finding 20 eligible studies, including 13 qualitative, one cross-sectional, one retrospective, and five mixed-methods studies. Through inductive content analysis, five themes of barriers emerged: (1) patient accessibility (19% of studies), (2) health systems availability and complexity (31%), (3) training/education (25%), (4) work conditions (21%), and (5) cultural sensitivity (4%). Among barriers discussed, common challenges included a lack of resources for both patients and providers, gaps in continuing education for primary care providers, and health systems challenges such as difficulty securing referrals, unclear intake criteria, and confusion due to overload of contacts.

**Conclusion.** Health systems face a multi-faceted set of challenges to improving access to mental healthcare that will require solutions from various stakeholders. Understanding these barriers is critical in focusing initiatives to improve mental health care, both in Canada and in countries facing similar challenges.

### Genetic Polymorphisms Are Differentially Associated With Affective Outcomes in Adolescents With and Without ADHD

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**Aims.** Various genetic polymorphisms have been associated with attention-deficit/hyperactivity disorder (ADHD), and some of these have also been implicated in individual differences in affective processing. Yet, no studies to date have examined the complex interrelations across these genetic polymorphisms, ADHD, and affective processing. Several variables (e.g., age, ethnicity, sex) have been shown to affect whether a given genetic variant confers risk. Our aim was to examine whether relevant genetic variants differentially confer risk for negative affectivity (NA) and/or emotion dysregulation (ED), depending on ADHD status.

**Methods.** Participants were  $n = 297$  adolescents ( $M_{\text{age}} = 15.30$  years;  $SD = 1.06$ ; 60.27% boys) with ( $n = 83$ ) and without (DSM-5) ADHD. ADHD- and affective processing-related dopaminergic and serotonergic polymorphisms were genotyped (i.e., DRD2/ANKK1 TaqIA (rs1800497), dopamine receptor DRD4 exon-3 48 bp VNTR, and serotonin transporter linked polymorphic region 5-HTTLPR including the rs25531). Affectivity and ED were measured via parent- and/or self-report.

**Results.** We first calculated bivariate correlations between polymorphisms, affectivity, and ED then compared the obtained (Fisher's  $r$  to  $z$ -transformed) values between with and without ADHD groups. There were no correlations that were significant – but several differed – across groups. In youth without ADHD, carrying the DRD2 rs1800497 T-allele was negatively associated both with negative affectivity ( $p_{\text{corr}} = .033$ ) and with self-rated ED ( $p_{\text{corr}} = 0.039$ ). In youth with ADHD, carrying the DRD4 VNTR 7-repeat allele was positively associated with self-rated ED ( $p_{\text{corr}} = 0.008$ ), and carrying the L'L' relative to the low-expression S' serotonergic allele was also positively associated with parent-rated ED ( $p_{\text{corr}} = .042$ ).

**Conclusion.** Differences across with and without ADHD groups with regard to correlations between genetic polymorphisms – previously implicated in both ADHD and affective processing – and negative affectivity and emotion dysregulation indicate that certain genetic variants may differentially confer risk for affective outcomes, given ADHD status. These results have implications for targeted prevention of adolescent affective outcomes, which will be discussed during the presentation. That findings held across different indices of affective processing (dispositional affectivity and certain emotion dysregulation components) suggest these results may be robust.

### Religiosity and Psychotic Experiences: A Large Community-Based Study From Qatar

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**Aims.** We wished to explore associations between intrinsic religiosity, extrinsic (non-organizational (ENORG) and organizational (EORG)) religiosity and hallucinations phenomenology in a non-clinical Muslim population.

**Methods.** We selected full-time students at Qatar University using systematic random sampling and administered the Questionnaire of Psychotic Experiences online. We modelled the effects of socio-demographic variables, anxiety, depressive symptoms, and religiosity measures, delusions on hallucinations severity and distress/impact in the past week, using structural equation modelling.