

EPV0599

Impact of multiple sclerosis on mental health: A Cross-Sectional Study

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Introduction: When we think of multiple sclerosis (MS), we usually talk about the sensory and motor symptoms of the disease and their impact on the functioning of the individual affected. However, this disability can lead to a wide range of symptoms, including psychological and cognitive manifestations that also have a significant impact on the quality of life of patients

Objectives: To estimate the incidence of psychiatric disorders in patients with MS.

Methods: A cross-sectional descriptive study that interested MS patients referred to the occupational pathology consultation of the Charles Nicolle Hospital, during the period from July 1, 2020, to September 30, 2022. The data collected concerned the characteristics of the disease. The detection of psychiatric disorders was studied through a validated self-questionnaire GHQ-12 (General Health Questionnaire).

Results: The study population consisted of 26 cases. The average age was 38 ± 9 years. A predominance of females was noted in 77% of cases. Eight patients (31%) were smokers. Nine cases (47%) had a relapsing-remitting form and six cases (32%) had a primary progressive form. All patients were on disease-modifying therapy. The average duration of the disease was 6 ± 3 years. The average duration of work during the illness was 4 years [one year-12 years]. The average duration of work stoppage in the last 12 months of activity was 63 days [2-240 days], of which 54% was long-term sick leave. The mean GHQ-12 score was 4.38 [0-10]. Twenty patients (77%) had psychological disorders.

Conclusions: This study shows the high frequency of psychiatric disorders in our MS patients. The role of the neuropsychologist is therefore often crucial in the care of these patients.

Disclosure of Interest: None Declared

EPV0600

Increased violence and aggression levels during the SARS-Cov-2 pandemic; data from three London acute psychiatric inpatient facilities.

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Introduction: The COVID-19 pandemic has significantly impacted mental health services, with the literature reporting an increase in the incidence of psychiatric admissions.

Objectives: The aim of this study was to assess the impact of the pandemic on clinical presentations, characteristics of admission and incidents occurring in three acute inpatient mental health facilities in the UK.

Methods: This was a retrospective study comparing data from the first and third UK lockdown to the five years prior to the pandemic. Data was acquired from electronic clinical records and addressed two acute psychiatric inpatient wards and one psychiatric intensive care unit. Key outcomes of comparison were clinical presentations, number of admissions, length of hospital stay, number of incidents and characteristics of incidents.

Results: Compared to the previous 5 years, a higher number of incidents characterized by violence and aggression were reported during the first (56.8% vs 44.3%, $\chi^2=16.56$, $df=1$, $p<0.001$) and third lockdown (100.0% vs 86.2%, $\chi^2=36.40$, $df=1$, $p<0.001$). An increase in non-psychotic disorders was observed in the first lockdown (20.0% vs 13.1%, $\chi^2=4.76$, $df=1$, $p=0.029$), whilst increased first episode psychosis (19.7% vs 11.3%, $\chi^2=8.1$, $df=1$, $p=0.004$) and schizophrenia spectrum disorders (74.4% vs 57.2%, $\chi^2=7.6$, $df=1$, $p=0.006$) were diagnosed during the third lockdown. There were no significant changes in the diagnosis of mood disorders in both lockdowns compared to previously. The median length of inpatient stay significantly reduced during the first lockdown (28 days vs 36 days, $\chi^2=7.66$, $df=1$, $p=0.006$).

Conclusions: Increased inpatient incidents may be explained by the impact of the pandemic on staffing levels and resources, combined with increased emotional distress amongst patients in the face of uncertainty. The pandemic may have increased substance misuse potentially linked with the increased incidence of first episode psychosis.

Disclosure of Interest: S. Bonaccorso: None Declared, O. Ajnakina: None Declared, A. Ricciardi: None Declared, S. Ouabbou: None Declared, J. Wilson: None Declared, C. Theleritis: None Declared, M. Badhan: None Declared, A. Metastasio: None Declared, N. Stewart: None Declared, M. Barczyk: None Declared, F. Johansson: None Declared, T. Tharmaraja: None Declared, F. Schifano Speakers bureau of: Prof. Fabrizio Schifano is a member of the European Medical Agency

Mental Health Policies

EPV0602

A social consensus to prioritize humanization strategies for Mental Health in Castilla y León

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Introduction: Humanization in Mental Health is a concept that treat to conceal in the last decades the quality, efficiency and safety of care of complex diseases and conditions with individual values, needs and preferences and involves the patient and society in the decision-making priority.

Objectives: to establish and evaluate the priorities of different groups of interest in the development of a new humanization plan for mental health

Methods: During 2022 a Humanization plan for the Spanish region of Castilla y León (2.400.000 habs) was developed with a Delphi model. Participants included 36 stakeholders including mental health services, administration, social services, associations, patients and families. They established 32 objectives distributed in 7 strategic lines: 1. “People First” (Rights, Autonomy and Information); 2. “From People to Services” (Participation of users in mental health services); 3. “Person-Centered-Assistance” 4. “Processes sensible to change” (reduction of coercion); 5. “Human ambient” (Improvement of units, psychosocial interventions). 6. Innovation, training and climate (not evaluated here). 7. “People without marks” (battle against stigma).

Priorities in the lines were established by representatives from mental health and other healthcare professionals, social and educational stakeholders, scientific societies, patients and families. After agreeing to participate in the process, they had to answer an online survey. For each line, they have to score it from 0 to 10. **Results:** 500 subjects participated (38.6% Healthcare workers, 14% Mental Health Care users, 9.8% Social Services, 8.8% Associations, 7.8% Drug Services 6% Management of Health System, 5.8% Education Services, 3.8 Justice). Humanization was the most appreciated plan within the mental health plan 2022-2026 in Castilla y León (8.81 ± 1.43).

The Highest priority score was given to the Rights ($8.68 + 1.54$), Information ($8.44 + 1.60$) and Stigma ($8.43 + 1.89$) lines and the lowest were the evaluation of satisfaction ($7.62 + 1.90$) and Reduction of Coercion ($7.29 + 2.12$). Differences were found between groups. Scores in Rights and Autonomy ($F:3.474$; $p<0.001$) were highest in the Associations ($9.32 + 1.01$) and lowest in the Justice group ($7.68 + 1.67$). In the information line the highest score ($F:2.431$; $p=0,014$) was in the Education Services ($9.03 + 0,94$) compared to Scientific Societies ($7,65 + 2,13$). Highest score for Participation of Users ($F:2,968$; $p=0,003$) was in Social Services ($8.76 + 1.48$) compared to Justice ($7.47 + 1.95$). There were differences in the coercion reduction line ($F:2.165$; $p=0,029$) but no pairwise differences were found

Image:

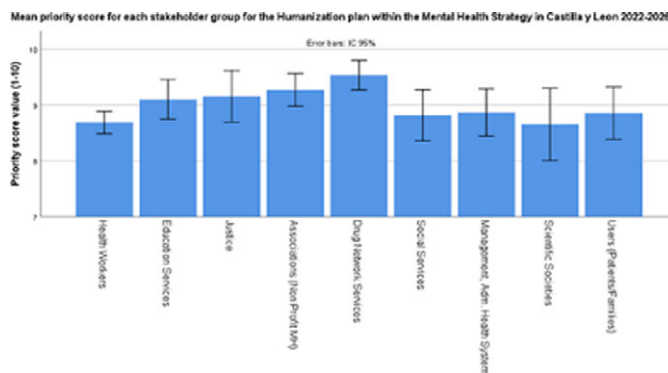
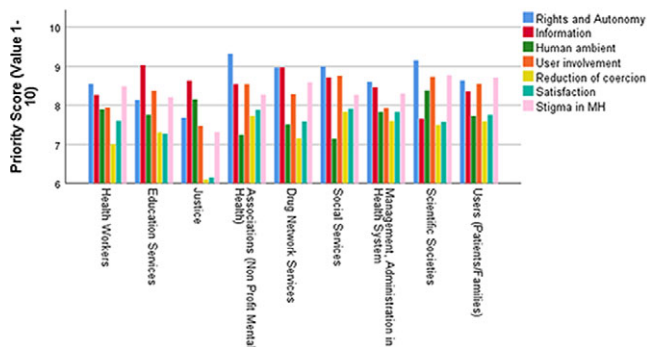


Image 2:

Figure 2. Mean Scores of the humanization strategic lines for each stakeholder group. Differences in preferences of actions in the society of Castilla y León.



Conclusions: Humanization approaches are well appreciated by different stakeholders. Priorities in our region start with rights, information and integration and mental health users in the health system and society

Disclosure of Interest: None Declared

EPV0603

Introduction of rural psychiatry posting in MD curriculum: A qualitative study on residents' perspective

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Introduction: A 15-day compulsory rotatory rural psychiatry posting was introduced into the MD psychiatry curriculum at