

la ECAS se centra en la agitación, la ansiedad y la angustia emocional.

Methods: - Studies have explored the effectiveness of CRTs and the perspectives of service users. Understanding how patients perceive crisis and CRT services is crucial for tailoring interventions effectively.

Results:

Conclusions: - CRTs play a vital role in mental health care, offering timely support to individuals experiencing crises. While defining crisis is complex, suitable candidates often include those in acute distress requiring immediate intervention. Understanding the perspectives of service users and the diverse nature of crisis experiences informs effective crisis resolution strategies.

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EPV0600

Principles of a personalized approach in psychosocial interventions for cardiac surgery patients

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Introduction: Cardiac surgery patients, former cardiac patients, face additional sources of stress connected with surgical intervention.

Objectives: To devise the main principles of a personalized approach in psychosocial interventions for cardiac surgery patients.

Methods: We have devised these principles based on the analysis of contemporary scientific literature and the operational experience of the Cardiology Clinic of the Chuvash Republic located in the city of Cheboksary.

Results: A personalized approach in psychosocial interventions for cardiac surgery patients is used at all levels of medical support. It implies taking into consideration in every specific patient a unique correlation of their clinic-anamnestic peculiarities, clinic-psychological risk factors of the condition's gravity and their psychological resources. At the same time, all the psychological interventions must focus on the personality and comply with the clinic specificity of the actual somatic and mental condition of the cardiac surgery patients. The underlying principles of the personalized approach in psychosocial interventions for cardiac surgery patients include the principles of accessibility, openness, continuity, collaboration, integration, differentiation, variation, participation, awareness and prevention.

Conclusions: Relying on the personalized approach in psychosocial interventions for cardiac surgery patients allows working out a personalized treatment and rehabilitation course for an individual patient.

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EPV0602

Responses to serious adverse incidents in mental health care settings: a qualitative study of a complex patient safety system

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Introduction: Individual patient safety processes (such as reporting, investigating, learning and improving patient outcomes) activated following serious adverse incidents (e.g. patient suicide) are not distinct or standalone. Rather, they are embedded within a complex system of multiple interdependent processes enacted by individuals who are subject to an array of implicit and explicit influences (Nathan *et al.* BJPsych Advances 2022; 1-11). Although some specific elements of the response to adverse incidents have been examined, no previous empirical research has set out to study the complex interacting system within which these elements are situated.

Objectives: This study's aim was to characterise a complex patient safety system and to identify types of processes across that system that have an impact on the goal of improving patient safety.

Methods: Recorded 1:1 semi-structured interviews were undertaken with staff in a range of patient safety roles across a mental health care system to elicit accounts of the system response to serious adverse incidents. These interviews were transcribed, and the transcriptions were subject to thematic analysis using the *Framework Method* for qualitative research in health care settings (Gale *et al.* BMC Med. Res. Methodol. 2013; 13.1; 1-8). This preliminary study relates to the analysis of 8 interviews.

Results: The following six main types of influences on the effectiveness of patient safety system responses to adverse incidents were identified:

1. **Differing functions/expectations of investigations into serious incidents** (due to differing demands of different parties, such as the health provider, the family, the coroner, etc);
2. **Differing methodologies used to investigate serious adverse incidents** (although system-based generally preferred, there was a noted risk that this approach may fail to identify occasional examples of poor practice);
3. **Relationship between incident investigation processes and patient safety processes** (with a particular potential for the latter to dominate the system at the expense of the former);
4. **System complexity** (multiple interacting processes/processors at multiple levels within the health provider and wider health system);
5. **Operationalising recommendations from investigations** (with the potential for adverse unintended patient safety consequences)
6. **Influence of national directives**

Conclusions: As well as paying attention to individual components of the safety system (e.g. investigation methodology and organisational culture), the development of an effective patient safety system is dependent on an understanding of the complex interacting

processes across the system. This study sheds empirical light on key influences that act across a mental health provider system. Both researchers of patient safety and providers intending to improve their approach to patient safety should take account of such systemic influences on effectiveness.

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Migration and Mental health of Immigrants

EPV0604

Syrian refugees' experiences while receiving mental health services and psychiatric nursing care: A qualitative study

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Introduction: Millions of people have migrated because of violence, wars, disasters, and human rights violations, all of which have increased rapidly in recent years. Türkiye has hosted millions of refugees since 2010. Few studies have focused on the mental health needs of refugees or how these needs have been addressed in Türkiye.

Objectives: This study examined the experiences of Syrian refugees in a community center in Türkiye as they access mental health services and receive psychiatric nursing care.

Methods: A qualitative design was adopted in the study. Data were collected from southern Türkiye between November and December 2021. The researchers conducted three semistructured focus group interviews following Colaizzi's phenomenological method to analyze the qualitative data. A total of 19 Syrian refugees participated in the focus group interviews.

Results: Three key themes related to immigrants' experiences of receiving mental health services and nursing care were identified: barriers to receiving mental health services, coping with negative experiences in Türkiye, and satisfaction with mental health services. The participants identified the barriers they experienced while receiving health services as those pertaining to language, discrimination, and stigmatization. They also mentioned the methods of coping with these negative experiences in Türkiye. Despite their negative experiences, they expressed satisfaction with the mental health services they received, especially psychiatric nursing care.

Conclusions: This study determined that Syrian refugees face barriers to accessing and receiving mental health services. They stated that mental health professionals in Türkiye approach them with empathy, particularly those in psychiatric nursing.

Healthcare professionals may be trained in culturally sensitive care to increase awareness. Studies have frequently examined the experiences of nurses providing care to refugees, but few have focused on evaluating nursing care from the perspective of refugees. Syrian refugees have reported various obstacles in accessing and receiving mental healthcare services. Health professionals, especially psychiatric nurses in mental health psychosocial support centers, must facilitate the processes to eliminate these obstacles.

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EPV0606

Evaluation of a scalable psychosocial intervention for refugees in Greece

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Introduction: The world of the third millennium is witnessing the highest levels of displacement on record. To meet the specific needs of this vulnerable population, a task-shifting approach is developed, where individuals with refugee background and lived experience are trained and supervised by mental health professionals to provide emotional and practical support to members of their communities.

Objectives: The evaluation of a scalable psychosocial intervention for refugees based on the task-shifting approach.

Methods: The intervention consisted of sessions of Problem Management Plus (PM+) and peer case management delivered by a team of community psychosocial workers (trained refugees). The sample consisted of 173 participants, Arabic- and Farsi-speakers male and female, recognized refugees, and asylum seekers. Anxiety, depression, and psychological distress were measured before and after the intervention using the Generalised Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire - 9 (PHQ-9), and Psychological Outcome Profiles (Psychlops) scales respectively. Repeated measures analysis of variance (ANOVA) was adopted to evaluate the difference in the degree of change across patients' characteristics over the follow up period. Statistical significance was set at $p < 0.05$ and analyses were conducted using SPSS statistical software (version 26.0).

Results: Significant decreases were found in all post-test scales, indicating diminution of anxiety, depression symptoms, and psychological distress. Large effects sizes were found in all scales.

Conclusions: The findings support that task-shifting approach incorporating PM+ and case management is effective for the mental health of refugees. Peer support could be included in a stepped care model for refugee mental health and well-being in high-income countries. For future research a randomized controlled trial is proposed as a study protocol.

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