

**Methods:** Seventy-two adult patients with Functional Neurological Disorder were included. These patients were consecutive referrals accepted for ongoing specialist FND treatment.

The total number of Emergency Room presentations in the year prior to program admission was obtained from central health records. Patients were provided ongoing treatment for one year, during which the number of ER presentations was monitored. Patients received one or more of the following treatment modalities: psychoeducation, psychological therapy, psychologically informed physical and occupational rehabilitation and psychopharmacological treatments.

We subsequently compared high and low emergency service users. Low ER users are those with pre-treatment Emergency Room presentations of less than 3 per year. High emergency service users are those who presented to the emergency room 3 or more times per year before the start of their treatment.

**Results:** The mean emergency room presentation per year in the year leading to patients referral was 2.6 per patient, SD 9.4; dropped to 1.2 emergency room presentations per year, with a standard deviation of 4.4 in the year following the start of treatment. The difference was statistically significant ( $p=0.02$ ).

There was a strong positive correlation between the pre and post-treatment number of presentations with a Pearson Correlation Coefficient of 0.976 (95% Confidence Interval 0.962 to 0.985).

The reduction in emergency room presentations in both high and low-emergency service user groups was significant, with a mean difference of 12 ER visits a year in high-frequency emergency service users ( $p=0.04$ ) and a mean difference of 0.5 visits a year in low-frequency emergency service users ( $p < 0.001$ ).

**Conclusions:** Ongoing specialist treatment and rehabilitation of patients with Functional Neurological Disorder significantly reduce their need for emergency room presentation, regardless of the treatment modality.

**Disclosure of Interest:** None Declared

## EPP0869

### Country Report on Assessment of Quality of Care and Protection of Human Rights in Georgian Mental Health Institutions

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**Introduction:** It is well established that the quality of mental health care and human rights mutually reinforcing. Until now, Georgian psychiatry is highly institutionalized, oriented towards medical treatment and suffers from a lack of recognition of the importance of the human rights concept.

**Objectives:** The purpose of the evaluation was to gather information on the current state of human rights and service quality in the inpatient mental health facilities throughout Georgia; pilot the WHO Quality rights toolkit as a major instrument to monitor mental health institutions within the country; develop recommendations for improvement of service care in psychiatric institutions and initiate changes based on the assessment results.

**Methods:** All inpatient mental health facilities operating in the country were selected for the evaluation. The assessment team conducted visits in facilities in March – May, 2019. All visits were planned in advance. All five themes of WHO Quality rights tool were covered. Interviews, observation and documentation reviews were used during the assessment process.

**Results:** Infrastructure malfunction is linked to the lack of encouraging environment, with scarce of daily and social activities. Comprehensive, patient-oriented individual recovery plan has not been initiated throughout the country. Treatment is focused mainly on medication treatment aimed at reducing / removing psychotic symptoms and timely discharging patients or “calming them down”. Taking into consideration scarcity of community-based service alternatives, the patients frequently have no choice where to get the relevant service. In general, the patients are satisfied with how they are being treated. The challenge is the incidents of violence among the patients and ensuring relevant safety measures. Educational and employment programs for persons with mental disorders are not developed in the country.

**Conclusions:** Based on the assessment findings recommendations for improvement of service care at mental health policy and institutional level were elaborated.

Despite some improvements in developing community services the assessment revealed gaps in mental health care and lack of understanding of the concept of human rights. The instrument was sensitive to identify poor treatment and violation of rights but less sensitive in determining differences in existing services. It is discussed that an in-depth assessment using the specific theme of the tool can help develop specific recommendations.

**Disclosure of Interest:** None Declared

## EPP0870

### Staff's perspectives on physical activity in acute mental health general adult wards: a follow up survey

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**Introduction:** Physical activity (PA) has multiple health benefits for people with severe mental illness (SMI). People with SMI engage in less exercise and more sedentary behaviour than the general population; this can be further exacerbated by inpatient settings. Staff's attitudes towards PA may influence patient engagement.

**Objectives:** In 2019, a study explored staff's views on PA for acute psychiatric inpatients. This follow-up study by the same team aimed to establish whether the enablers/barriers to promoting PA have changed and to identify targets for intervention.

**Methods:** In 2022, an online anonymous survey with free text was sent to all multidisciplinary team (MDT) members ( $n=91$ ) of two acute general adult wards, including nurses, doctors, and allied health professionals (AHPs). A combination of quantitative and qualitative analysis was used to understand participants' perspectives. Manual thematic analysis was completed to identify discrete themes.

**Results:** Response rate was significantly lower for the follow-up at 39% as opposed to 63% of the initial study, possibly reflective of

post-COVID-19 staffing issues and lack of time for engagement in quality improvement activities. Respondents were nearly unanimous in agreeing that PA was beneficial to physical and mental health. Enablers to PA included higher numbers of staff (24%), more PA resources (22%), more PA-designated staff (19%), more PA-dedicated time (14%), and timetables of available activities (14%). The majority (65%) continued to report that promoting PA was difficult during their shift. Reported barriers included lack of staff (38%), lack of time (27%), and high levels of clinical activity (24%). Noticeably, nurses were much more likely than doctors or AHPs to report short staffing as a barrier to promoting PA (OR=19.8,  $p < 0.05$ ). Participants described the gym (22%), walking groups (19%), and football (14%) as the most beneficial PA for patients, whilst 14% responded it was “whichever PA patients preferred”. This was mirrored by staff naming “user feedback” as a potential enabler. Reasons for PA being beneficial included “being outside” (24%) and “being inclusive” (11%). Only 45% of MDT members felt they had been provided with PA education/training.

**Conclusions:** Staff continued to acknowledge the importance of PA for physical and mental health and were aware of multiple enablers and barriers. Post-COVID-19, systemic issues such as staffing levels, lack of time, high levels of clinical activity, and lack of PA education/training remained barriers. Service user preference, enjoying the outdoors and inclusivity were features of activities perceived to be most beneficial. An integrative approach to mental health and wellbeing, providing inclusive activities, educating/training staff, promoting PA in inpatient psychiatric settings, and offering organisational support can contribute to improved PA provision and regular patient engagement.

**Disclosure of Interest:** None Declared

## EPP0871

### Burnout among physicians: Prevalence and predictors of depersonalization, emotional exhaustion and professional unfulfillment among resident doctors in Canada

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**Introduction:** Burnout in the medical profession has garnered a lot of attention over the recent years. While it is reported across all specialties and all stages of medical education; resident physicians in particular are at high risk for burnout throughout their years of training.

**Objectives:** This study aimed at evaluating the prevalence and correlates of burnout among resident physicians in Alberta.

**Methods:** Through a descriptive cross-sectional study design, a self-administered questionnaire was used to gather data from resident physicians at two medical schools in Alberta, Canada. Maslach

Burnout Inventory was used as an assessment tool. Chi-squared and multivariate binary logistic regression analyses were used.

**Results:** Overall burnout prevalence among residents was 58.2%. Working more than 80 hours/week (OR= 16.437; 95% CI: 2.059 – 131.225), being dissatisfied (OR= 22.28; 95% CI: 1.75– 283.278) or being neither satisfied nor dissatisfied with a career in medicine [(OR= 23.81; 95% CI: 4.89 – 115.86) were significantly associated with high depersonalization. Dissatisfaction with efficiency and resources (OR= 10.83; CI: 1.66– 70.32) or being neither satisfied nor dissatisfied with a career in medicine (OR= 5.14; CI: 1.33– 19.94)] were significantly associated with high emotional exhaustion. Working more than 80 hours/week (OR= 5.36; CI: 1.08– 26.42) and feeling that the residency program is somewhat having enough strategies aimed at resident well-being in place (OR= 3.70; CI: 1.10– 12.46) were significantly associated with high work exhaustion and interpersonal disengagement. Young age of the residents ( $\leq 30$  years) (OR= 0.044; CI: 0.004– 0.445) was significantly associated with low professional fulfillment.

**Conclusions:** Burnout is a serious occupational phenomenon that can degenerate to other conditions or disrupts one’s professional performance. Significant correlates were associated with high rates of burnout. Leaders of medical schools and policy makers need to acknowledge, design, and implement various strategies capable of providing continuous effective mental health support to improve the psychological health of the medical resident across Canada.

**Disclosure of Interest:** None Declared

## Neuroimaging

### EPP0872

#### Establishing Disorder-Specific and Transdiagnostic Neural Features of Psychiatric Disorders Through Large-Scale Functional Magnetic Resonance Imaging Meta-Analyses

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**Introduction:** Meta-analyses of functional magnetic resonance imaging (fMRI) studies have been used to elucidate the most reliable neural features associated with various psychiatric disorders. However, it has not been well-established whether each of these neural features is linked to a specific disorder or is transdiagnostic across multiple disorders and disorder categories, including mood, anxiety, and anxiety-related disorders.

**Objectives:** This project aims to advance our understanding of the disorder-specific and transdiagnostic neural features associated with mood, anxiety, and anxiety-related disorders as well as to refine the methodology used to compare multiple disorders.