

NIMHANS to orient trainees to the functioning of community mental health services.

**Objectives:** To capture the views and subjective experiences of the 32 residents posted in rural psychiatry services under District Mental Health Program (DMHP) using qualitative interviews.

**Methods:** In-depth qualitative interviews were conducted to understand the residents' experience in various aspects of the community psychiatry posting. The interviews were audiotaped and later, transcribed. Thematic analysis of transcripts was done.

**Results:** The analyzed data was converted into 41 codes and 12 themes. The themes related to positive experiences were good clinical exposure and skills to practice in low-resource settings, focus on preventive mental health care, enhanced communication, administration, leadership skills, and increased empathy. After training, the residents also reported gaining insights into the attitude of policy-makers and increased interest and confidence to practice in a rural setting. The themes highlighting the perceived challenges ranged from personal reasons, such as food or transportation, to professional ones like stigma, limited resources, a burdensome amount of paperwork, limited availability of psychotropics, and communication barriers. Residents who expressed interest in practicing rural psychiatry in the future cited a good wage, higher levels of self-satisfaction, confidence, and an emotional connection to their native place as motivating factors. Those who did not want to join DMHP had concerns such as not having adequate skills for working in a low resource setting, compromised basic needs, superiors not being sensitive to mental health issues, additional non-psychiatric work, job instability and lack of academic and research opportunities.

**Conclusions:** The posting to nearby DMHP centers was feasible and contributed positively to the training experience of the residents. Positive experiences, challenges, and other lessons learned by these residents could help them plan their career in rural psychiatry. It was found that both the residents and the DMHP team contributed to each other's growth. This posting was likely to boost residents' confidence to work in rural settings and could also aid in easing the crisis of lack of community-based mental health experts. The authors advocate for the national implementation of such rural psychiatry posting.

**Disclosure of Interest:** None Declared

## EPV0604

### A cross-sectional descriptive study to assess the impact of the "open door" policy on patient satisfaction

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**Introduction:** Since the beginning of the modern psychiatry the acute units have established a "locked door" policy. Some studies show that this condition may increase patient's discomfort and affect the perception of health quality of care (Boyer L, 2009, Eur Psychiatry Dec;24(8):540-9). Lately, several European countries such as Germany, Switzerland and Spain are starting to implement the "open-door" policy but its impact on patient's satisfaction is still

unknown (Hochstrasser, L, *Frontiers in Psychiatry*, 9(57). <https://doi.org/10.3389/fpsy.2018.00057>).

**Objectives:** To help characterize the advantages of the "open-door" policy implemented in an acute inpatient psychiatric unit in order to assess the patient's view of it.

**Methods:** This is a descriptive observational study carried out at an inpatient psychiatric unit. Data were collected after the implementation of the open door policy on June 2019, assessing the patient satisfaction of 31 subjects who completed the SATISPSY-22 scale at the time of discharge. Results are described using the average and its standard deviation.

**Results:** Results show scores in all items above 50 points, being the care team and the quality of care the most valued ones with 82 and 79 points respectively. The overall score is above 65 points (Fig. 1).

**Image:**

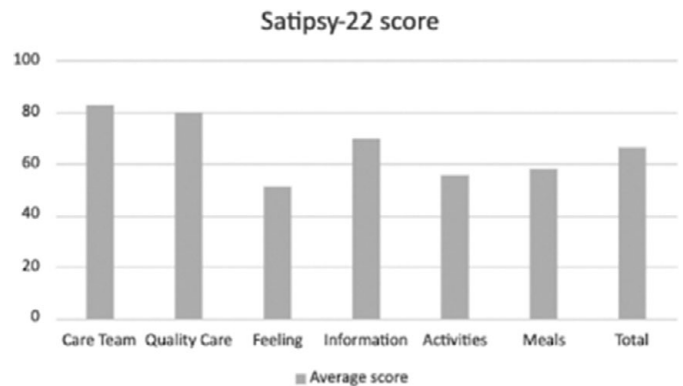


Fig. 1: Satispsy-22 results

**Conclusions:** In line with previous studies, our data suggests that the main impact of the "open-door" policy implementation is on patients' perception of the care, being Quality of care and satisfaction with the Staff the items with highest scores. This could be explained by patients trusting more in the Care team, which would help enhance the therapeutic relationship improving therapeutic adherence, treatment adequacy and the outcome. Nevertheless, the Feeling related to hospitalisation was found to be the item with the lowest score. This could mean strategies should focus on improving patient's insight regarding their clinical state and their need to be admitted. Our study supports the hypothesis that open-door policy in acute psychiatric units is seen positively by patients and that further research should be carried.

**Disclosure of Interest:** None Declared

## Migration and Mental health of Immigrants

### EPV0605

#### Psychosis as a potential mental health consequence of racism

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