

Among the participants, the majority, 78.1% (n=25), presented symptoms of psychological distress. A high level of stress was perceived by 43.7% of caregivers and satisfaction was noted by 34.4%. A mean burden score was 35.59 (SD =15.37) with extremes from 8 to 59. We reported that 40.6% of caregivers presented a moderate to severe burden and 34.4% presented a light to moderate burden. According to our results, heavy burden was statistically more common among caregivers with unequal workload sharing (p=0.006) and family conflict (p=0.01).

We found a statistically significant correlation between burden and symptoms of psychological distress (p=0.001), daily stress level (p=0.001) and overall satisfaction (p=0.001).

Conclusions: Our study shows that the burden endured by caregivers of diabetic children and adolescents represents a real issue in the care of these patients.

Several factors seem to be inherent to the disease, the caregiver and the social context.

For this reason, it is imperative to develop specific support programs for family caregivers of diabetic children and adolescents. These programs should include interventions to reduce burden.

Disclosure of Interest: None Declared

EPV0960

Resilience among family caregivers of children and adolescents followed for diabetes

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Introduction: Diabetes is a real public health problem. Some people seem to be more vulnerable to this pathology, especially children and teenagers. To ensure their loved one's well-being, caregivers can also develop coping strategies.

Objectives:

- Assessing caregivers' resilience of children and adolescents with diabetes.
- Identify factors associated with a high level of resilience.

Methods: The study was conducted at the University Hospital of Gabès, in the pediatrics and internal medicine departments, as well as in outpatient clinics with caregivers of children and adolescents during the period from March 2024 to May 2024.

The sociodemographic and clinical characteristics of caregivers of children and adolescents have been collected using a pre-established form.

We used :

The resilience scale (CD-RISC) is designed to measure resilience, defined as the ability to cope with traumatic events. The higher the score, the greater the resilience.

Results: Our sample included 32 caregivers. The mean age was 35.55 years with extremes of 22 and 55 years and the sex ratio (M/F) was 0.6.

Among the participants, the majority, 78.1% (n=25), presented symptoms of psychological distress. A high level of stress was perceived by 43.7% of caregivers and satisfaction was noted by 34.4%.

The mean resilience score was 59.06 (SD =10.45) with extremes of 39 and 81.

We found a significant correlation between a high level of resilience and symptoms of psychological distress (p=0.003), the level of daily stress (p=0.03) and the level of overall satisfaction (p=0.043).

Conclusions: Our study showed that a high level of resilience is linked to several factors.

Interventions targeting stress related to social events should be integrated to increase the caregivers' resilience.

Disclosure of Interest: None Declared

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Patient satisfaction and shared decision-making in a psychiatric ward

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Introduction: In the dynamic setting of psychiatric care, patient satisfaction and shared decision-making are crucial for optimal, personalized treatment. This approach is particularly vital in the context of a psychiatric ward, where engaging patients in treatment decisions could enhance their satisfaction and the overall therapeutic outcomes.

Objectives: This study evaluated the impact of shared decision-making on patient satisfaction from services among patients treated in a psychiatric ward. Additionally, it examined whether there are differences in satisfaction between psychotic and non-psychotic patients.

Methods: 53 patients (30 women and 23 men) who were hospitalized in the 4th Inpatient Department of the Psychiatric Hospital of Attica were assessed using the Client Satisfaction Questionnaire (CSQ-8) and the 9-Item Shared Decision-Making Questionnaire (SDM-Q-9). Diagnoses were based on the Mini International Neuropsychiatric Interview (M.I.N.I.). A multiple linear regression analysis was conducted to evaluate the effect of the SDM-Q-9 total score and of the presence of psychotic symptoms on the CSQ-8 total score. The relationship of separate SDM-Q-9 and CSQ-8 items, controlling for the presence of psychosis was further analyzed through partial correlation analyses. The Bonferroni method was employed in order to adjust for multiple comparisons.

Results: The mean age of the participants was 47.49 years (SD=13,65), and the mean duration of the disease was 15 years (SD=12,36). Thirty-two patients were diagnosed with psychotic disorders (psychotic disorder=28, bipolar disorder=1, mood disorder with psychotic features=3), while twenty-one were diagnosed with non-psychotic disorders (including Major Depressive Disorder, Obsessive Compulsive Disorder, Bipolar Disorder and Substance Use disorders). Increasing SDM-Q-9 total score significantly correlated with increasing CSQ-8 total score (B=0,276, 95% CI=-,177, 0.374, t=5,627, p<0.001). Partial correlation analyses showed that separate SDM-Q-9 items significantly correlated with separate CSQ-8 items, while many correlations survived the stringent bonferroni correction. The presence of psychotic symptoms was not associated with client satisfaction.

Conclusions: Our findings suggest that shared decision-making correlates positively with patient's satisfaction from services during their hospitalization in a psychiatric ward and this was independent