

Psychotherapy

EPP592

Psychotherapy of women victims of domestic violence: Ukrainian practice

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Introduction: According to the press service of the National Police of Ukraine, the number of domestic violence complaints in 2023 amounted to 291,000 statements from victims, which is almost 2 times more than in 2022. This trend determines the relevance of improving the model of comprehensive assistance to victims of domestic violence in Ukraine.

Objectives: To develop and study the effectiveness of a comprehensive system of psychotherapy for women victims of domestic violence.

Methods: We have been examined 85 women victims of domestic violence during 2022-2023; 59 % of them were suffered from physical violence, 100 % – psychological violence, 6 % - economic violence. The following methods were used: Spielberger-Y.L.Khannin scale of reactive and personal anxiety (STAI), Eysenck Personality Questionnaire (EPQ) to determine the level of neuroticism, The Thomas–Kilmann Conflict Mode Instrument (TKI), The Hamilton Depression Rating Scale (HDRS).

Results: The most common form of psychological violence against women was manipulation of the child's interests during divorce proceedings, when men tried to insult and humiliate the authority of their wives, displaying aggressive forms of behavior. Most aggressors are characterized by emotional instability, irritability and cruelty. An aggravating psychological factor in conflicts in such families was the abuse of alcohol by men.

Women who suffered from domestic violence showed psychopathological personality changes not only in the form of victim character traits, but also in the form of aggression. Other women, on the contrary, were passive, conformist, and could not protect themselves. We used the following methods of psychotherapy: telephone and online counseling, psychological counseling, behavioral psychotherapy, systemic family psychotherapy, and rational psychotherapy. Psychological counseling solved the problems of resolving the difficulties of women victims by creating conditions for expressing strong emotions and helping them gain a sense of control over themselves. The comprehensive system of psychotherapy was aimed at assessing the psychotraumatic situation of a case of violence and forming new ideas about family life and developing new reactions and forms of behavior, forming victim personality traits in women.

Conclusions: The comprehensive system of psychotherapy for women victims of domestic violence was developed. As a result, 82% of women who received the indicated therapy experienced a decrease in manifestations of neurotic and somatoform syndromes, an increase in self-esteem, self-confidence, an improvement in the well-being of women, and an improvement in the psychological climate in these families.

Disclosure of Interest: None Declared

Quality Management

EPV1694

The Impact of Sedentary Lifestyle on the Psychological Well-being of Hospital Administrative Staff

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Introduction: Sedentary behavior, a leading cause of preventable mortality in developed nations, has been linked to a range of health problems, including cardiovascular disease and depression. While the benefits of leisure-time physical activity are well-established, the impact of sedentary behavior within the workplace, particularly in the healthcare sector, remains under-explored.

Objectives: To study the relationship between sedentary behavior and mental health among.

Methods: A cross-sectional study was conducted among administrative staff at Farhat Hached University Hospital, Sousse, from March 2024 to June 2024. Data were collected through an anonymous, self-administered questionnaire written in French and distributed to the administrative staff of Farhat Hached University Hospital. It included six sections covering sociodemographic characteristics, lifestyle habits, medical data, physical activity. Mental health, was assessed using the Hospital Anxiety and Depression Scale (HAD) and the Perceived Stress Scale (PSS).

Results: A total of 85 questionnaires were completed by administrative staff at Farhat Hached University Hospital. The majority of participants were female (sex ratio of 0.42), with an average age of 47.1 ± 8.2 years. Higher education levels were represented by 66 participants, and only 24 engaged in professional physical activity (<30 minutes per day). The average seniority at the institution was 19.91 ± 9.2 years. Administrative managers (25.9%) and administrative staff (20%) were the main professional categories. A significant proportion of participants exhibited signs of anxiety (25.8%) and depression (32.9%). The average perceived stress score was 17.75 ± 4.95 . A significant association was found between anxiety and low levels of physical activity at work ($p < 0.001$). However, no significant association was observed between perceived stress and physical activity at work.

Conclusions: Sedentary behavior at work is associated with a high prevalence of anxiety and depressive disorders among hospital administrative staff, highlighting the importance of promoting physical activity to improve mental health.

Disclosure of Interest: None Declared

EPV1696

Can a modified resuscitation course in a national psychiatric hospital improve medical provider confidence in medical emergency response

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Introduction: Institute of Mental Health (IMH) is the only tertiary psychiatric hospital in Singapore and does not provide acute medical care. The on-call doctors, who are Advanced Cardiac Life Support (ACLS) certified, respond to medical emergencies. Resuscitation skills are expected to decay with time when not used frequently and thus can pose an important challenge to maintain the doctors' skills in settings with low volumes of code blue situations (Au *et al.* Resuscitation 2009;138:284-296). Our code blue audits revealed significant competency gaps. IMH introduced a biannual resuscitation training program which includes a video demonstration of the optimal code blue response, hands-on session to review airway management techniques, operation of the defibrillators used in IMH, recognition and management of cardiac arrest rhythms including a pre-course ECG worksheet, familiarisation with the emergency drugs used in IMH, and a code blue drill. Due to COVID-19, the original course was shortened by removing the video demonstration and code blue drill, augmenting the home-based question paper with IMH-specific clinical vignettes.

Objectives: We aimed to determine the common conditions resulting in code blue activations and whether the modified course was equivalent to the original course or ACLS in maintaining resuscitation currency and doctors' confidence in responding to emergency scenarios.

Methods: Data was collected from June to August 2023 with consent via an electronic feedback form, to reduce non-response bias, from doctors who have responded to code blue activation in IMH. Qualitative justification on the responses were collated. Efforts were made to collect at least 25 responses from doctors with different levels of experience to minimize sampling bias. Surveys were anonymised, questions were vetted by 2 senior doctors and the survey was kept short to reduce response bias. Binary responses were tabulated for analysis and content analysis was done for feedback obtained.

Results: Of 28 respondents, most were Psychiatry trainees (60.7%) with 1-2 years of experience working in IMH (36.7%) and more than 30 overnight duties (53.6%). The most commonly encountered emergency scenarios were hypotension (31%) and desaturation (20%). 92.9% of participants agreed that the modified course was useful for emergency scenarios faced. 53.6% of participants attended both the full and modified course, amongst whom, 60% reported that the modified course was equivalent to the full course. Only 50% felt that ACLS alone would suffice. Qualitative feedback obtained from participants reiterated that it was a context-specific and timely refresher course.

Conclusions: IMH doctors were satisfied with the modified resuscitation course and found it effective for frequently encountered emergency scenarios suggesting it as a valuable training adjunct in low code blue volume settings.

Disclosure of Interest: None Declared

EPV1697

An Audit of Compliance with Trust Guidelines for Post-Incident Medical Reviews of Patients who have Ligatured on Acute Inpatient Psychiatric Wards in CWP NHS Foundation Trust, using a Sample of Data from the period between January 2022 and May 2024

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Introduction: Immediate physical assessment and management of patients on psychiatric wards who have been ligaturing is not standardised across the UK. There is little published research or literature on what is needed in terms of medical input and these incidents are usually initially assessed/managed by non-medical staff who are on site at the time of any such incidents. Within CWP NHS Foundation Trust, we have local guidelines (SOP 13 'The Management of ligatures in Mental Health and Learning Disability Services') advising that any inpatient on the adult/older adult psychiatry wards who has ligatured should be seen by a doctor for a medical review,

Objectives: To review a sample of recorded inpatient ligature incidents to see if Trust guidelines were being adhered to. We hope to use the findings from this audit to review the current guidelines and assess whether or not the additional medical reviews add to or change clinical management already instigated by ward staff. This may be more of an issue when medical staff cover is limited e.g. out of hours.

Methods: We accessed recorded ligaturing incidents on adult and older adult inpatient psychiatry wards across our Trust (accessing the 'Datix' reporting system) from the period starting 1st January 2022 to 31st May 2024. In total, there were 1127 and we took a sample of 112 picked using a random number generator. We reviewed the documentation from the incident to confirm how many had had a medical review after the incident, how long after the incident they were seen and whether or not the medical review had changed management following the incident.

Results: Approximately 50% of patients had had a medical review post ligature incident. Approximately 4% of patient ligaturing (5/112) or 9% of those who received a medical review (5/55) had new management instigated as a result of the medic review. On review of these cases, there was limited medical input needed including application of steristrips for wound care and asking for ambulance transfer to acute hospital for CT head following seizure after ligaturing. There were no serious harm outcomes from the patients we reviewed in our sample.

Conclusions: Whether or not the we can review guidelines can be reviewed in light of the data is to be discussed following presentation of our results to the Trust. It appears that the initial management plan, instigated by ward staff, has usually been appropriate and when additional input has been given by the medic on site at review, this has not been felt to have been critical in optimising patient safety. It would still be possible for a medic to review patients when felt by ward staff to be necessary even if guidelines were changed to suggest it was not mandatory for patients to be seen by a medic.

Disclosure of Interest: None Declared

EPV1698

Risk assessment tools for sexual assault: a scoping review

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