

Introduction: Recently, there has been an increase in media reports regarding crimes committed by individuals with mental disorders, leading to a deterioration in public opinion on this issue. Misconceptions about the dangerousness of individuals with mental disorders can negatively impact the prevention, treatment, and social reintegration of these patients.

Objectives: Public attitudes toward crimes committed by individuals with mental disorders are influenced by media and public opinion, and psychiatric hospital staff are not exempt from these influences. Since the prejudices of these staff members can directly affect psychiatric patients, it is crucial to assess their attitudes.

Methods: This study surveyed the attitudes of psychiatric hospital staff regarding the risk of criminal behavior in individuals with mental disorders and compared these attitudes with those of the general population.

Results: The findings revealed that psychiatric hospital staff exhibited less prejudice than the general population across six dimensions related to crimes by individuals with mental disorders: recent increase in crime, cruelty, impulsivity, violence, criminal tendency, and crime rate. Additionally, psychiatric hospital staff displayed less prejudice regarding specific disorders (schizophrenia, depression, bipolar disorder, panic disorder, post-traumatic stress disorder, dementia, attention-deficit/hyperactivity disorder, intellectual disability, and developmental disorders) compared to the general population.

Conclusions: Psychiatric hospital staff demonstrated less prejudice toward the criminal behavior of individuals with mental disorders than the general public. This difference may be attributed to their direct contact with psychiatric patients. The findings suggest potential directions for policy development aimed at reducing public prejudice toward mental disorders and associated criminal behavior.

Disclosure of Interest: None Declared

EPV1009

Enhancing Patient Engagement and Positive Step-Down Discharges Through Co-Production: A Quality Improvement Initiative in an In-Patient Rehabilitation Psychiatric Unit

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Introduction: This Quality Improvement (QI) programme aimed to integrate co-production principles into rehabilitation psychiatry to enhance patient-centred care and facilitate positive step-down discharges. The initiative was developed in response to suboptimal audit results, revealing low patient attendance and limited positive discharges within an in-patient psychiatric unit. Recognising the critical role of rehabilitation psychiatry in supporting recovery and reintegration, the programme sought to transform patient engagement through equitable partnerships between patients and healthcare professionals.

Objectives: The programme's primary objectives were to:

1. Implement and evaluate co-production within the Care Programme Approach (CPA).
2. Increase patient attendance at CPA meetings and improve positive step-down discharges.

3. Enhance engagement, communication, and shared decision-making to achieve better patient outcomes, including reduced anxiety.

Methods: A phased approach was employed, encompassing diagnostic, problem-solving, and evaluation stages. Root cause analyses were conducted using fishbone cause-and-effect diagrams and the 5-Why Technique. The Model of Improvement guided the programme, with change ideas developed and refined through Plan-Do-Study-Act (PDSA) cycles. Interventions included distributing patient information leaflets, staff training sessions, and introducing a structured CPA agenda template. Quantitative analysis using paired t-tests evaluated changes in attendance, discharge rates, and Hamilton Anxiety Rating Scale (HAM-A) scores. Qualitative data were gathered from a co-produced CPA questionnaire, with emerging themes integrated into the project's evolution through narrative synthesis.

Results: The implementation of co-production yielded significant improvements in patient engagement and discharge outcomes, resulting in a 50% increase in CPA meeting attendance and a 70% positive step-down discharge rate. Interventions were associated with reduced anxiety levels, evidenced by improvements in HAM-A scores. Qualitative analysis highlighted key themes, including challenges during community transitions, empowerment through shared decision-making, and enhanced communication with healthcare professionals. The structured CPA agenda template further improved patient-centred communication and care experiences.

Conclusions: The integration of co-production within rehabilitation psychiatry fosters transformative partnerships that enhance patient engagement and clinical outcomes. This QI programme demonstrates the efficacy of patient-centred interventions, supported by structured communication tools, in empowering individuals, reducing anxiety, and improving transitions to community care. Co-production provides a robust framework for advancing rehabilitation psychiatry and optimising patient care pathways.

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EPV1010

Community-based care provided by home-visiting nurses for families of individuals with mental illness, aimed at promoting family recovery in Japan

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Introduction: Families of patients with mental illness in Japan face the stigma and the significant burden of caregiving. The average hospital stay for psychiatric patients in Japan was 276.3 days in 2022. Strengthening community support for patients with mental illness and their families requires targeted support that promotes recovery for both patients and their families.

Objectives: To clarify the attitudes and perceptions of psychiatric home-visiting nurses toward family support in the community,

aiming to empower families of patients with mental illness and identify key support issues for family recovery.

Methods:

- 1) A 30-item, web-based, anonymous questionnaire survey was conducted involving psychiatric home-visiting nurses who care for patients with mental illness. The survey measured respondents' background information and perceptions regarding the frequency and importance of family care practices.
- 2) Simple tabulations of the questionnaire items were performed, and the frequency of implementation was examined and related.
- 3) Items perceived as important but infrequently implemented were identified.

Results: Sixty-six home-visiting nurses participated in the survey. The findings showed that 97% of respondents expressed interest in family support, 74% had family support experience, and 52% had attended family support training programs.

A significant correlation was observed between the perceived importance of family support and its perceived frequency of implementation across all items. The four items identified as important but less frequently implemented were:

Q08. Referring to other professional organizations for unresolved issues (22.7%).

Q11. Encouraging active participation from each patient and family member (20.6%).

Q12. Informing family members about the patient's situation, so that they can work together to ensure the patient's well-being (40.6%).

Q13. Encouraging patients to express appreciation to the family when needed (36.7%).

Conclusions: The survey results indicate that family care items requiring patient engagement or collaborative decision-making, such as referrals to other agencies, were implemented less frequently. Home-visiting nurses face challenges in enhancing their skills and knowledge in areas such as family engagement, inter-agency collaboration, and discerning the appropriate scope and timing of interventions.

Strengthening these competencies will support more effective connections between patients with mental illness, their families, and community resources.

Disclosure of Interest: None Declared

EPV1012

Mental Health Challenges in Primary Health Care: Assessing Anxiety, Stress, and Psychological Distress Among Medical and Nursing Staff

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Introduction: Work-related mental health issues are becoming increasingly prevalent, particularly in professions involving direct communication and care, such as healthcare. Primary Health Care (PHC) plays a critical role in prevention, health promotion, and the management of emergency situations. The mental and emotional well-being of healthcare professionals in PHC is essential for maintaining high levels of performance and work effectiveness. However,

there is limited research on the psychosocial conditions of healthcare staff in PHC settings, particularly regarding anxiety, stress, depression, and psychological distress.

Objectives: The objective of this study is to evaluate the prevalence of anxiety, stress, depression, and psychological distress among medical and nursing staff working in primary healthcare units in Peloponnese. Additionally, the study aims to examine the associations between these mental health indicators and various individual and professional characteristics, such as age, gender, and professional role.

Methods: An online survey was conducted to gather data from a final sample of 103 healthcare professionals. A questionnaire was constructed ad hoc and comprised two well-established measurement tools. The Depression, Anxiety, and Stress Scale (DASS-21) was employed to assess anxiety, stress, and depression, while the K6+ was used as a self-report measure to evaluate psychological distress.

Results: The results demonstrated that the participants exhibited generally low levels of anxiety, stress, and depression. As indicated by the DASS-21 scale, approximately 75% of respondents reported minimal to no anxiety, with only 7.8% reporting severe anxiety. Similarly, 75% of respondents indicated minimal to no stress, with only 4% reporting severe stress. Regarding depressive symptoms, 76% of participants exhibited minimal to no depressive symptoms, while only 4% demonstrated severe depressive symptoms. However, approximately 20% of the sample exhibited signs of psychological distress, which may indicate a significant mental health concern. Significant correlations were found through statistical analysis: older employees exhibited lower levels of anxiety, while nursing staff demonstrated higher levels of anxiety compared to medical staff. Additionally, women reported higher anxiety levels than their male colleagues.

Conclusions: In conclusion, while anxiety, stress, and depression levels are generally low among healthcare professionals, a notable portion of the workforce is at risk of serious psychological distress. These findings indicate the need for targeted mental health interventions, particularly for younger staff, nurses, and female employees, to ensure the well-being of healthcare professionals and maintain the efficacy of primary healthcare services.

Disclosure of Interest: None Declared

EPV1013

The Link Between Problematic Internet Use, Physical Activity, and Mental Health: Implications for Depression and Anxiety

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Introduction: The Internet has become an indispensable component of contemporary life, enabling communication, work, and leisure activities. However, with its increasing use, concerns are emerging