

Disclosure: No significant relationships.

Keywords: multidimensional evaluations; psychometric evaluation; Intellectual disability

Mental health care

O163

Post traumatic stress disorder symptoms and stress burden among caregivers of patients with severe mental illness

A. Rady*, T. Mouloukheya and E. Ramadan

Psychiatry, Alexandria University School of Medicine, Alexandria, Egypt

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.353

Introduction: Care givers of patients with severe mental disorders have been shown to be under heavy stress burden that reflect itself through various heterogenous psychiatric symptoms that may mimic PTSD with associated negative impact on interpersonal relations and work performance

Objectives: to assess the prevalence of PTSD symptoms among care givers of patients with severe mental illness

Methods: 70 patients care givers of severely mentally ill patients compared to control 70 care giver of patients with chronic debilitating medical illness were recruited from outpatient of the university hospital outpatient facilities, random selection. Severe mental illness was defined by Global assessment of function GAF score above 50 and duration exceeding 2 years. Both groups were subject to Zarit burden interview to assess stress burden and post traumatic stress diagnostic scale PDS to assess PTSD symptoms

Results: 43% of care givers of severely mentally patients showed moderate to severe burden on the Zarit scale compared to only 10% among care givers of medically ill patients, this difference was statistically significant ($p < 0.001$). Among care givers of severely mental patients showed moderate to severe score on post traumatic stress diagnostic scale compared to 0% among those taking care of medically ill patients. this difference was statistically significant ($p < 0.001$)

Conclusions: Stress burden among care givers of patients with severe mental illness is high and may manifest symptoms of post traumatic disorder. This highlight the importance of particular psychological support and assessment among care givers of patients with severe mental illness

Disclosure: No significant relationships.

Keywords: ptsd; stress burden; Mental illness; care giver

O164

Utilizing a novel digital affect mirror, morphii, to assess affective determinants of health

M. Milanak^{1*} and B. Sullivan²

¹Psychiatry & Behavioral Sciences, Medical University of South Carolina (MUSC), Charleston, United States of America and

²Research & Development, ADoH Scientific, Mt. Pleasant, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.354

Introduction: Decades of research have shown that affect, emotions and moods, significantly impact all aspects of health behaviors. This research utilized a novel digital analogue technology (Morphii) to assess eight affective domains: stress, anxiety, loneliness, irritability, depression, pain, energy and overall feelings of wellness.

Objectives: To demonstrate the feasibility of use and strength of relationship/comparison to validated measures.

Methods: A U.S. census-based sample of adults ages 18-80 ($n=985$) completed online assessments including the 8 Morphii's and additional comparative mental/behavioral health assessments (PSS-4, GAD-7, UCLA Loneliness Scale V3, BITE, PHQ-8 & PHQ-2, P4 Pain Scale, WHO-5, CFQ-11, ESS, and Vitality Subscale SF-36) via the Prolific Academic online platform and were compensated nominally for their participation. The resulting sample was 51.6% female and 74.2% White.

Results: Each Morphii was compared with the common corresponding industry assessment (e.g., Depression Morphii with PHQ) resulting in Pearson correlations ranging from $-.519$ to $.761$, with 6 of the 8 showing correlations above $.700$. Pearson correlations between dysfunction and each of the 8 Morphii's were significant at the $p < .000$ level, ranging from a low of $.421$ (Loneliness) to a high of $.607$ (Depression). Internal reliability was very good (Cronbach's Alpha = $.862$). Respondents who expressed an assessment modality preference (55.2%) chose the Morphii type over traditional assessment format at a 2.5:1 ratio.

Conclusions: Morphii provides a reliable and valid assessment option with the ability to obtain a comprehensive (8 domains at once), efficient (less than 60 second administration), assessment with increased patient/client preference and engagement.

Disclosure: Milanak - submitting author - I serve on the advisory board for ADoH Scientific to consult on scientific research of Morphii development. To date, I have not been paid any money for this advisory role.

Keywords: Assessment; Affect; healthcare analytics; Whole person health

O165

Experiences of fear in hospital settings from the perspectives of mental health service users and informal caregivers

T. Lantta^{1*}, M. Anttila¹, J. Varpula¹ and M. Välimäki^{1,2}

¹Department Of Nursing Science, University of Turku, UNIVERSITY OF TURKU, Finland and ²Xiangya School Of Nursing, Central South University, Changsha, China

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.355

Introduction: In the literature, service users and informal caregivers have been critical towards psychiatric inpatient care. However, little is known about their fears related to hospital care.

Objectives: We describe service users' and informal caregivers' experiences of fear in psychiatric hospital settings.

Methods: The data were collected from seven mental health associations located in six Finnish cities. Focus group interviews ($f=8$) were conducted (2015–2016) with service users ($n=20$) and

informal caregivers (n=15), and were guided to focus on violence and challenging situations in psychiatric care. In a secondary analysis, experiences of fear were extracted from the transcriptions and analyzed using inductive content analysis.

Results: Both groups' experiences of fear focused on themes related to staff, treatment and fellow patients. Additionally, service users had experiences of fear related to the hospital environment. Fears related to staff involved intimidating personnel using force or acting in threatening ways. Participants also described staff seemingly being afraid of patients and care givers. Three types of fears related to treatment were described: fear of not being admitted to hospital even if needed, fear of being admitted to hospital, and fear of coercive methods used in care. Fear of fellow patients involved being afraid of aggressive, unpredictable behaviors, which could cause, e.g., a lack of sleep at night for service users. Fears related to the environment itself were also discussed.

Conclusions: Being hospitalized can be a difficult experience for service users and informal caregivers. These results can help psychiatric healthcare staff acknowledge areas in care that may potentially cause feelings of fear.

Disclosure: No significant relationships.

Keywords: Psychiatric hospital; Fear; Service user; Informal caregiver

O166

Improving maternal mental health through postnatal services use for south sudanese mothers and their babies living in nguynyel refugee camp in gambella, Ethiopia

K. Le Roch^{1,2*}, M. Lasater³, G. Woldeyes⁴, A. Solomon-Osborne⁴, X. Phan¹, C. Bizouerne¹ and S. Murray³

¹Mental Health And Care Practices, Gender And Protection, Action contre la Faim, Paris, France; ²Mental Health And Care Practices, Action contre la Faim, Paris, France; ³Department Of Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, United States of America and ⁴Mental Health And Care Practices, Gender And Protection, Action Against Hunger, Addis-Ababa, Ethiopia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.356

Introduction: Poor maternal mental health during the perinatal period leads to serious complications, especially in humanitarian settings where both mothers and children have often been exposed to multiple stressful events. In those contexts, culturally relevant mental health and psychosocial interventions are required to support mother-infant dyads and ultimately to alleviate potential negative outcomes on child's health and development.

Objectives: This study aims at assessing the use of postnatal services by mothers and infants under 2 and its impact on maternal mental health.

Methods: A process evaluation of Baby Friendly Spaces (BFS) program was conducted in Nguynyel refugee camp (Ethiopia) and a prospective quantitative assessment was administered to lactating women at baseline and endline (2 months later) to measure maternal functional impairment (WHODAS 2.0), general psychological distress (Kessler scale-K6); depression symptoms (Patient Health Questionnaire-PHQ9) and post-traumatic stress symptoms (PTSD Checklist-PCL-6).

Results: 201 lactating women and their babies were enrolled between October 2018 and March 2019. Statistically significant reductions were observed in all mental health outcomes at follow-up. Total mean scores decrease by 19% ($p<0.001$) for general psychological distress and posttraumatic stress, by 23% ($p<0.001$) for the depression and by 15% ($p<0.001$) for the functional impairment. Examination of the compliance to the services revealed that mothers who dropped out early had statistically significantly lower depression scores ($p=0.01$), and functional impairment scores ($p<0.001$) than mothers who stayed in the program.

Conclusions: The integration of maternal mental health interventions within perinatal services is challenging but essential for identifying and treating maternal common mental disorders.

Disclosure: No significant relationships.

Keywords: Refugees; Process evaluation; Ethiopia; Maternal mental health

Mental health policies

O167

Modernized architecture may reduce coercion

A. Harpøth^{1*}, H. Kennedy^{1,2,3} and L. Sørensen^{1,4}

¹Department Of Forensic Psychiatry, AUH, psykiatrien, Aarhus N, Denmark; ²Department Of Psychiatry, Trinity College- Dublin University, Dublin, Ireland; ³National Forensic Mental Health Service, Central Mental Hospital Dundrum, Dundrum, Ireland and ⁴Department Of Clinical Medicine, Aarhus University- Health, Aarhus N, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.357

Introduction: Prevention and treatment of aggression in psychiatric hospitals is achieved through appropriate medical treatment, professional skills, and optimized physical environment and architecture. Coercive measures are used as a last resort. In 2018 Aarhus University Hospital Psychiatry moved from 19th-century asylum buildings to a newly built modern psychiatric hospital. Advances within psychiatric care have rendered the old psychiatric asylum hospitals inadequate for modern treatment of mental disorders.

Objectives: To examine if relocating from a psychiatric hospital, dating from 19th century to a new, modern psychiatric hospital decreased the use of coercive measures.

Methods: This is a retrospective longitudinal study, with a follow-up from 2017 to 2019. We use two designs; 1) a pre-post analysis of the use of coercive measures at Aarhus University Hospital Psychiatry before and after the relocation and 2) a case-control analysis of Aarhus University Hospital Psychiatry and the other psychiatric hospitals in the Central Region. Data will be analyzed in STATA using an interrupted time-series analysis or similar method. Additionally case-mix and sensitivity analysis will be performed.

Results: Preliminary results show a 45% decrease in the total number of coercive measures and a 52% decrease in the use of mechanical restraint. The reduction that may reasonably be attributed to the relocation is still to be determined and will be presented at the congress.