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Prevalence and associated factors of common mental disorders among medical students at a university in Brazil

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doi: 10.1192/j.eurpsy.2021.988

Introduction: Common Mental Disorders (CMD) are minor manifestations of depressive, anxious or somatoform symptoms, which do not fit the diagnostic criteria of the International Code of Diseases (ICD). In medical students, this panorama can generate even more repercussions given the complexity of the medical education process.

Objectives: Estimate the prevalence and recognize associated factors of CMD among medical at the Federal University of Sergipe, Brazil.

Methods: A cross-sectional study was performed with randomly selected students between April and June 2019. The Self Report Questionnaire (SRQ-20) were used, along with a questionnaire about socioeconomic and demographic characteristics, personal aspects and educational process, prepared by the authors and previously tested in a pilot study. Statistical evaluation of multiple variables was performed through backward stepwise logistic regression analysis.

Results: The study included 80 students, equivalent to 22.59% of the total population of the studied Campus. There was an age average of 23.2 years (± 4.12), mostly female (52.5%) and single individuals (35%). The prevalence of CMD was 50% and an association was observed with the following factors: feeling of dissatisfaction with the course ($p = 0.034$); consider their own academic performance poor or regular ($p = 0.12$); lack of physical activity ($p = 0.043$); being anxious when not using a cell phone ($p = 0.007$); and the retraction pattern in the face of conflict situations in their interpersonal relationships ($p = 0.025$).

Conclusions: Results suggest a high prevalence of CDM, associated mainly with the personal perspective about the educational process and personal habits.

Keywords: Mental disorders; Medical Education; mental health; Medical Students

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Medical assesement of 3 years of activities in mahdia's psychiatric department

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doi: 10.1192/j.eurpsy.2021.989

Introduction: The field of psychiatry extends from diagnosis to treatment, including prevention and various cognitive behavioral and emotional disorders.

Objectives: To study the activity of Mahdia's psychiatric department in order to improve its outcomes.

Methods: This study was retrospective based on reporting data of the inpatients during 3 years (2016-2018) and then analyzing them.

Results: This study involved 395 patients with an average age 36.6 years. The sex ratio M/F was 1.58. The prevalence of the disorders was more marked with the low socio-economic level, school failure and unemployment. 37% had a family psychiatry history and schizophrenia was the most common. 75.5% had a personal psychiatric history and 16.8% had a history of suicide attempt. Schizophrenia (28%), Bipolar Disorder (22.1%) and Depression (14.7%) were the main conditions. The majority 79.2% had irregular medical follow-up, 44% had poor therapeutic adherence. The majority 86.6% were hospitalized without consent. The most common reason was aggression and the average length of stay was 19.47 days. The mean duration of parenteral therapy was 4.38 days. Electro-convulsive therapy was indicated for only 16 patients. Typical antipsychotics were the most prescribed 37.4%. The exit treatment was monotherapy in 14.3% and polytherapy in 83.4%. The exit destination was home in 98% and the obligation follow-up was only indicated in 2.8% (11patients).

Conclusions: This study is at the heart of psychiatric news with many questions around these coercive practices at legal and ethical level, particularly respect for freedom, legitimacy of these measures, patients' safety and the quality of the treatments.

Keywords: assesement; activities; psychiatric; department

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• Impact of relative mental illness on caregivers

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doi: 10.1192/j.eurpsy.2021.990

Introduction: Belarus is undergoing legislative shifts towards community-based mental health care. Responding effectively to support this process requires an understanding of the experiences and challenges facing families caring for a relative affected by mental illness.

Objectives: To identify how caring for a person with severe mental illness impacts on family carers, and what carers identify as their support needs.

Methods: Semi-structured interviews were undertaken with 17 caregivers of people affected by severe mental illness (diagnosis of F06.8, F20, F25, F7, and/or F 84) in Belarus between March - June 2019.

Results: Care-giving for a family member was usually undertaken on a full time basis with no option for respite. Whilst caring did, in cases, strengthen family solidarity, it also resulted in intensive stress and burnout, financial pressures, and high levels of family tension, exacerbated when the person living with mental illness was perceived as a potential safety risk. High levels of societal stigma meant that caregivers commonly felt unable to discuss their circumstances, travel in public spaces, or participate in community activities. Stigma also deterred carers from seeking professional support. Priorities for support amongst carers included better information, public awareness raising and sensitization, advocacy to support patient integration into social and economic life, peer support and respite for family carers, and an increase in mental health specialists.