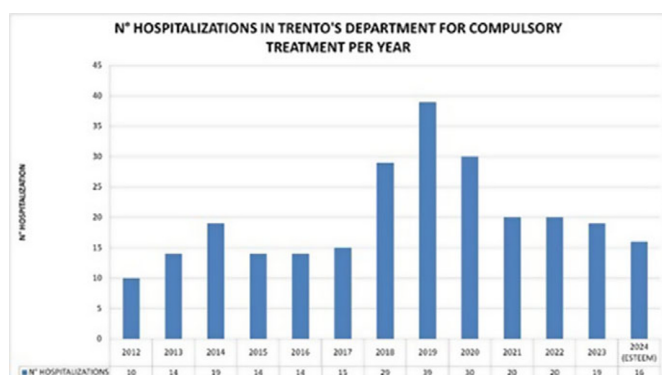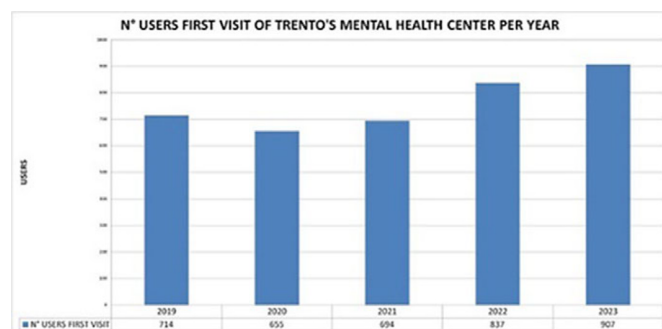**Image 2:**

Image 3:

Conclusions: The community-based crisis management model adopted by the Trento Crisis Team offers a promising alternative to traditional hospital-based interventions. By focusing on the individual's socio-familial environment and engaging Peer Support Specialists, the service has demonstrated a capacity to humanize mental health crises and reduce public stigma. Continued efforts are necessary to address resource constraints and further integrate crisis management into community mental health pathways.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP305

The application of traffic psychology scales in assessment for fitness-to-drive of individuals with mental disorders

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Introduction: Mental disorder may affect individual's ability to operate the motor vehicle. Previous studies have found that patient's negative emotions may trigger aggressive driving behaviors. Thus, efficiently evaluating the correlation between emotions and driving behaviors in individuals with mental disorders has been drawn emphasis.

Objectives: To explore the related factors of fitness-to-drive of individuals with mental disorders, to determine the application value of traffic psychology scales in assessment for fitness-to-drive of individuals with mental disorders, and to help establish consummate and effective assessment systems.

Methods: One hundred individuals with mental disorders were enrolled as the patient group, and 100 healthy individuals were enrolled as the control group. Positive and Negative Syndrome Scale (PANSS) was used to assess the psychiatric symptoms of the patient group. Driver Profile of Mood States (DPOMS), Driver Anger Scale (DAS), and Driving Behavior Scale (DBS) were used to evaluate the performance during driving within two groups. T-test were used to compare the differences in each factor score of traffic psychology scales within two groups. Pearson's correlation analysis was used to calculate the correlation between scores of PANSS and scores of traffic psychology scales of the patient group.

Results: The patient group had significantly higher score of driving function deficit in DBS than the control group (t=2.48, P<0.05), but scores of hostile gestures, impolite driving, overly cautious behaviors in DBS and total score of DAS showed the opposite (P<0.05). Positive syndrome in PANSS was positively related to traffic congestion in DAS (r = 0.315, P < 0.05). Anger in DPOMS was positively related to driving function deficit (r = 0.488, P < 0.01) and hostile behaviors in DBS (r = 0.510, P < 0.01), whereas it was negatively related to overly cautious behaviors in DBS (r = -0.417, P < 0.05). Anxiety and depression were also related to some factors in DAS and DBS.

Conclusions: The study found the practical application value of DPOMS, DAS, and DBS in assessment for fitness-to-drive of individuals with mental disorders. Patient's anger in specific traffic situations such as traffic congestion may be mainly related to their positive syndrome. Patient's anger may be a trigger of aggressive driving behaviors, and other emotions such as anxiety and depression also play important roles. Patient's aggressive driving behaviors may be attributed to the compounding of many negative emotions.