

affects compliance and satisfaction with treatment. In Poland the coercive measures are strictly regulated by The Mental Health Act (1994). Most of published studies refers to the coercion only during hospitalisation.

Objectives: Assessment of the extent of coercive measures in psychiatric emergency room and evaluation of the relationships between the use of direct coercion and selected demographic-clinical factors.

Methods: This study was conducted at the Bielanski Hospital in Warsaw on all the patients admitted to the psychiatric ward over one year. The extent of coercion in the psychiatric emergency room, demographic and clinical data were collected. Patients were assessed in Brief Psychiatric Rating Scale (BPRS) prior to admission. Patients' sociodemographic and clinical factors were tested in a multivariate logistic regression model.

Results: In the study 318 patients were included. Coercion of some form in the psychiatric emergency room was used in 29% of cases: admission without consent in 22% of cases and direct coercion (holding, forced medication, mechanical restraint) in 7%. Use of direct coercion in the psychiatric emergency room was associated with BPRS scoring: positively with severity of disorientation symptoms and negatively with severity of depression symptoms. Suicide attempts in the past were discovered to reduce the risk of being a subject of coercive measures. We found no demographic data associated in any way with coercion use.

Conclusions: Coercion in psychiatric emergency room was related to patients' mental state and their past medical history. There is no evidence of coercive measures misuse towards any demographic group.

Disclosure of Interest: None Declared

EPV0515

Frequency and characteristics of delusions and hallucinations in first admitted patients.

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Introduction: Delusions and hallucinations are common in schizophrenia and related psychotic disorders and they are frequently reported at the first admission to psychiatry departments.

Objectives: The study aims to examine the themes and frequency of delusions and hallucinations in first admitted patients.

Methods: Information was collected retrospectively from selected medical files of patients who were admitted for the first time to the department of psychiatry "A" of the university hospital Hedi Chaker, in Sfax, during the years 2020 and 2021.

Results: Ninety patients were included in our study. Their mean age was 34.79 ± 11.4 years, with a sex ratio (M/F) = 1.3. They reached high school in 51.1% of the cases. Half of the patients were smokers, 30% used alcohol and 16.7% used cannabis.

The average age of onset of the disorders was 30.36 years, and the duration of evolution of the illness before hospitalization was 56.54 days. The most common reason for hospitalization was environmental violence (62.5%). The diagnosis of schizophrenia

was retained in 32.2% of the cases, and that of bipolar disorder in 23.3% of the cases.

At initial presentation to the ward, 72.2% of patients were found to have delusional beliefs. The most commonly held delusions were delusions of persecution (62.2%), reference (28.9%) bewitchment (27.8%) and grandiosity (26.7%) with changes of behavior in 34.4 % of the patients in response to their delusional beliefs.

Hallucinations reported by 43.3% of the patients were mainly auditory (30%), visual (20%) and 15.6% reported hearing internal voices. Olfactory hallucinations were only reported by 3.3% of the patients.

Conclusions: Delusions of persecution and reference appear to be the main delusional themes in this patient group. Auditory hallucinations were also commonly reported.

A better awareness of clinical presentations of the first admitted patients may aid early identification of the illness and engagement of the patients in the treatment process.

Disclosure of Interest: None Declared

EPV0516

Determinants of mental illness stigma among Tunisian students

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Introduction: Mental illnesses affect one in eight people in the world according to the WHO in 2019. They are a leading cause of morbidity and a major public health problem. Stigma harms the quality of life of people with mental illness.

Objectives: Our study aimed to evaluate the association of mental illness stigma with socio-demographic characteristics in Tunisian students.

Methods: This is a cross-sectional study conducted on Tunisian students who anonymously completed a form circulated online through the groups and social network pages related to each academic institution. The form was containing an Arabic validated version of the "Mental Health Knowledge Schedule" (MAKS) and the "Reported and Intended Behaviour Scale" (RIBS) along with a sociodemographic questionnaire.

Results: We have included 2501 Tunisian students with a sex-ratio Male/Female of 0.37. The mean age was $21.57 (\pm 2.55)$ ranging from 17 to 42 years. Participants' fields of study were: Science and Technology (58.7%), Literature (17.4%), Economics and management (15.8%), and Arts (4.8%). Among them, 17.1% had a history of family psychiatric disorders and 17.6% had a psychiatric disorder. Besides, 20.9% of the students were using tobacco and 75.6% of them were religious. We also found that 26.7% of participants had previously attended an awareness session. Several determinants had a statistically significant association with the stigma of mental illness in our study population. We noted that females had higher mental health knowledge scores ($p=0.001$), while males had higher behavior scores ($p=0.002$). Moreover, students in the scientific and literary fields had higher scores on both MAKS ($p<10^{-3}$) and RIBS ($p<10^{-3}$). In addition, we found greater knowledge of mental illness and less discrimination among participants with a psychiatric

history ($p=0.013$ and $p<10^{-3}$ respectively) and among those who had previously attended a stigma awareness session ($p=0.020$ and $p=0.002$ respectively). We also noted higher behaviour scores among people with substance use ($p<10^{-3}$) and lower scores among people with religious beliefs ($p=0.009$).

Conclusions: Our results show a multiplicity of factors related to mental illness stigma that we can target in anti-stigma strategies. Addressing stigma is a long-term effort; small and large-scale interventions should be considered and evaluated on an ongoing basis to strive for a better future.

Disclosure of Interest: None Declared

EPV0517

The use of digital psychosocial intervention (DIALOG+) via a mental health community team at the University Clinic of Psychiatry - Skopje

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Introduction: The University Clinic of Skopje – Skopje was part of two Horizon 2020 projects – IMPULSE and RECOVER-e that finished in December 2021. The advances in the field of community mental health in the capital of Skopje, the idea to combine the best aspects of the aforementioned projects and the need of continual implementation and research on an evidence-based community-based service delivery model for recovery-oriented care led to this study which aims to improve functioning, quality of life, and mental health outcomes for people with severe and enduring mental ill health, such as schizophrenia, bipolar disorder, severe depression.

Objectives: The objectives of the study are: - to design, implement and evaluate recovery-oriented care for people with severe mental illness in community settings using a psychosocial digital intervention - DIALOG+;- to recognize the value of experiential knowledge through inclusion of peer experts as members of community mental health teams;- to develop scale-up plans for national decision-makers, as informed by the intervention's implementation and impact, for sustained implementation and scale up after the research study's timeline.- to improve the conditions of people suffering from psychotic disorders and to overcome financial barriers encountered in the treatment of psychotic disorders in N. Macedonia.

Methods: DIALOG+ represents an affordable and effective intervention which has already demonstrated positive outcomes in previous research. This study involves the use of the DIALOG+ intervention during home visits, so that patients themselves can decide which aspects of their life that they would like to discuss and work on improving. DIALOG+ lets them rate 12 domains that are related to quality of life, such as physical health, relationships and employment. Patient decide which of these they would like to discuss in detail during the meeting. There is then a 4-step approach to help improve this aspect of their life, using the principles of solution-focused therapy. Researchers will collect information about demographic characteristics, quality of life, and symptoms in patients taking part in the study through the administration of questionnaires and clinical scales.

Results: The study is still in phase of completion. The results will be shown at the EPA Congress 2023.

Conclusions: Having the previous positive outcomes from IMPULSE and RECOVER-e, with this combined approach we expect even more improvement in functioning and better quality of life in patients suffering from severe and enduring mental ill health.

Disclosure of Interest: None Declared

EPV0518

Prevalence and Associated Factors of Post-traumatic Stress Disorder in Gangjeong Village Residents, Jeju-do, Korea

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Introduction: Most studies on post-traumatic stress disorder (PTSD) have involved a small sample size and a specific traumatic event, with few studies reporting on subjects who have been continuously exposed to a traumatic event. Timely assessment and treatment are crucial for individuals chronically exposed to a traumatic event.

Objectives: This study investigated the prevalence of PTSD and associated factors in all residents of Gangjeong village, who, recently, have been exposed to a traumatic event for a prolonged period.

Methods: The subjects of this study were the residents of Gangjeong village, who have been exposed to a traumatic event related to the construction of the Jeju Civilian-Military Complex Port. The survey included items related to general characteristics and PTSD symptoms, which were assessed using the Impact of Event Scale-Revised, Korean version.

Results: The prevalence of PTSD symptoms was 26.8% (95% confidence interval=23.54–30.04). Multivariate logistic regression analysis identified age, length of residence, and marital status as factors significantly associated with PTSD symptoms.

Conclusions: The prevalence of PTSD symptoms was higher among the study population than in the general population. Economically active age groups, people exposed to the traumatic event throughout their duration of residence in the village, and unmarried individuals were found to be more likely to develop PTSD symptoms. Mental, social, and financial support should be directed to the affected groups of individuals.

Disclosure of Interest: None Declared

EPV0519

Social cohesion and artistic resources, Two Clinical cases.

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Introduction: Two emblematic clinical cases will be addressed in this poster. The purpose of the poster is to relate the aspect of how the artistic resources of psychiatric patients are useful to improve social cohesion.