

software 26 th version. Percentage comparison on independent series were performed using the Pearson chi-square test.

Results: Our population was made up of 95 family medicine residents, divided into 28 males and 67 females. Sex ratio was 2.39. The average of age was 28 years with extremes 25 and 35 years. 47.4% of residents (n=45) had a positive attitude towards mental illness. The association between this positive attitude and a previous management of a patient with a mental illness was significant (p less than 0.05). On the other hand, there was no significant association neither with the existence of a personal or family psychiatric history nor with the passage through a psychiatric internship of the residents towards mental illness.

Conclusions: The management of patients with mental illness can reduce the stigmatization of mental illness by health professionals. Measures to raise awareness and create empathetic attitudes towards the mentally ill during physician training are needed to improve the quality of front-line care.

Disclosure of Interest: None Declared

EPV0569

Family medicine residents' attitudes toward mental illness

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Introduction: The stigma of mental illness is a complex social phenomenon that is widespread throughout the world, even among health care professionals.

Objectives: Assessing attitudes towards mental illness among family medicine residents in Tunisia

Methods: This is a descriptive cross-sectional study among of family medicine residents enrolled at the Faculty of Medicine in Monastir (Tunisia), conducted over a period of 3 months (July 2022 to October 2022). The CAMI (Community Attitudes towards the Mentally Ill) scale was used to assess the attitude towards mental illness. Sociodemographic data were collected through a pre-established questionnaire. The data were analyzed using SPSS software 26 th version.

Results: Our population was made up of 95 family medicine residents, divided into 28 males and 67 females. Sex ratio was 2.39. The average of age was 28 years with extremes 25 and 35 years. 46.3% (n=44) of the residents were enrolled in the first year, 22.1% (n=21) enrolled in the second year and 31.6% (n=30) enrolled in the third year. 88.4% (n=84) of the residents did a psychiatric rotation during their training. We found that 47.4% of residents (n=45) had a positive attitude towards mental illness.

Conclusions: Improving the attitudes of primary care physicians towards people with mental illness is necessary to provide good-quality care to these patients

Disclosure of Interest: None Declared

EPV0570

Assessment of health-related quality of life in asthmatic patients

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Introduction: Asthma is a common worldwide, chronic respiratory disease. It has been shown to impair a person's health-related quality of life (HR-QoL), but the core influencing factors are not fully understood.

Objectives: We aimed in this study to evaluate QoL of asthmatic patients and its main determinants.

Methods: A prospective single center study was held with asthmatics consulting in the Pulmonology Department a public hospital in Tunisia. A complete structured questionnaire concerning socio-demographic and clinical characteristics were determined. The assessment of asthma control during the last 4 weeks was based on the GINA 2022 report criteria. The quality of life was assessed by the Asthma Quality of Life Questionnaire (AQLQ) scale in its validated Arabic version.

Results: A total of 109 asthmatic patients was included. Most of them were female (N= 73, 67%). Twelve (11%) were current or ex-smokers. The majority of patients (N=101, 92.6%) were active. Thirty-nine patients (35.7%) had comorbidities. Asthma were controlled in 40.4% of cases.

The average of AQLQ was 4.9 ± 1.2 . The most affected domains were environmental stimuli and symptoms with a mean value of 4.6 ± 1.3 and 5.0 ± 1.3 respectively.

Allergic and uncontrolled asthma and severe disease were significantly associated with the average of AQLQ in the study population with p respectively 0.001, <0.000 and <0.000.

Multivariate analysis demonstrated that factors independently associated with the HR-QoL were : the severity of asthma (OR=0.39, IC95% [-0.62,-0.15], p=0.001) and uncontrolled disease (OR=0.59, IC95%[-0.87,-0.31], p=0.000).

Conclusions: These results suggest that uncontrolled and severe asthma significantly affect health asthma-related quality of life.

Disclosure of Interest: None Declared

EPV0571

Descriptive study of the consulting and coordination program between Health Center "La Barca" and Jerez Community Mental Health Unit.

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Introduction: Patients who receive primary medical care at the Health Center "La Barca" and its corresponding services receive

mental health assistance at the Jerez Community Mental Health Unit (CMHU), which belongs to the Clinical Area of Jerez within the structure of the Andalusia Health Service. A psychiatrist from Jerez CMHU is in charge of the consulting and coordination program with Health Center "La Barca". Any case that may require mental health assistance is brought for discussion at weekly meetings between primary care physicians and the psychiatrist at the health center, with one of the following case resolutions:

- Maintain mental health assistance with primary care physician.
- Refer to the Jerez CMHU for specialized care.
- Single-appointment evaluation and assistance by the psychiatrist within primary care.

Objectives: The aim of this descriptive study was to analyze socio-demographic and clinical characteristics of the population assisted through the consulting and coordination program.

Methods: Socio-demographic and clinical data belonging to the cases brought to the program was collected between 01/06/2018 and 28/02/2020. An *ad-hoc* data collection survey was used for this purpose.

Results: Female/Male 53/23. Mean age: 47.13. Only 20% of the cases discussed were referred for specialized care to Jerez CMHU. 65% of the patients attended the appointments given with the psychiatrist within primary care. The most frequent diagnosis were anxiety disorders, adjustment disorders, and dysthymia.

Conclusions: A significant fraction of the cases discussed at the coordination program are resolved within this framework or through a single appointment with the psychiatrist, implying that the program achieves an important optimization of resources, all the while maintaining high quality healthcare. The data suggests that the consulting and coordination program is an improvement in terms of referral protocols within mental health care. A more detailed study would be necessary to confirm and enhance current data.

Disclosure of Interest: None Declared

EPV0573

Rural urbanisation and the effect on mental health

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Introduction: In the last 70 years there has been a massive change in rural versus urban distribution of the population (in the 1950's only 30 % of the population had been living in urban areas, whereas in 2021 more than 55% were living in urban areas). This mass migration of the rural population, high density cities, traffic noise, severe pollution, high competition have made their mark on mental health, increasing the risk for various illnesses (schizophrenia). On the other hand, rural areas experience high rates of suicide, depression and a lack of access to the mental health workforce.

Objectives: The goal of this research is to identify the effects of the rapid urbanization on the mental health in rural versus urban areas, as well as the impact of modernization in rural areas.

Methods: For this we performed a literature search that synthesizes the newest research on the rural and urban mental health. Review type articles were excluded.

Results: Results show a high frequency of schizophrenia, mood disorders or addictive disorders in urban areas and depression or alcohol dependence in rural areas. However, the improvement of the living conditions (such as Council of the Europe Development Bank), infrastructure, roads, water supply, bridges, sewerage networks have made their mark, modernizing rural economy. On the other hand existing barriers to mental health (desire to receive care, shortage of professionals in mental healthcare, lack of anonymity in treatment seeking, affordability or transportation to care, or even resources to learn) still remain to be addressed.

Conclusions: The modernization of rural areas hasn't changed the stigma for mental health. There is a need for increasing awareness on the impact of urbanization on mental health.

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EPV0574

An interview designed to promote mental health in organizations

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Introduction: In a broad literature review on the subject we did not find structured interviews in the context of mental health in organizations. However, interviews are in common use in the business field. In Family Science assessment methods of families have fallen into two main categories. The first one is comprised of methods based on the evaluation of family members' individual answers, while the second is based on the evaluation of group answers. The Structured Family Business Interview (SBFI) presented is based in important systemic studies and psychological practices with families and it belongs to the second method

Objectives: The purposes of this study is present a structured interview called the Structured Family Business Interview (SBFI) that is a theoretical and practical contribution to access and to promote mental health in organizations.

Methods: The Structured Family Business Interview (SFBI) is a structured interview comprised of six tasks which are assigned to the family as a group some of them are hypothetical or role-play type, and they are addressed to a particular family group in the family business.

The relational processes is observed first-hand by the interviewer and by a trained observer who audio-records and documents the non-verbal signals.

Results: This technique was developed and tested in family firm context. In this section we will present illustrative answers to various dimensions studied in a large research project in mental health with family businesses. Results show good indicators of the SFBI capacity to assess dynamic and systemics dimensions of the teams in family firm. Those dimensions are: communication, rules, roles, conflicts, integration and aggressiveness analyzed to promote health resources and human and organizational development. The research with several work teams indicate that it allows for a precise evaluation of the variables.

Conclusions: The Structured Family Business Interview specifically designed for family business takes into account intangible variables described in the organizational management literature