

completed the following questionnaires voluntarily and anonymously: a) Zung Depression Scale and b) socio-demographic and self-reported questionnaire for their past and present friendships.

Results: RESULTS: Patients who had friends in the past scored lower depression rates (44.63 ± 11.53) than patients who did not have friends in the past (60.50 ± 6.36), with a statistically significant difference between them ($p = 0.045$), while patients who currently have friends scored lower depression rates (42.91 ± 10.86) than patients who do not currently have friends (58.81 ± 6.07), with a statistically very significant difference between them ($p = 0.000$). Patients with type 2 diabetes who are not currently friends have higher levels of depression by 3.8 points compared to patients with type 2 diabetes who are currently friends.

Conclusions: CONCLUSIONS: Patients with diabetes mellitus with low levels of social life show statistically higher rates of depression and further study of this relationship is considered necessary.

Disclosure: No significant relationships.

Keywords: Diabetes Melitus; Depression; Patients; Social Life

EPV0851

A person-centered needs-tailored recovery program for community-dwelling people diagnosed with mental illness

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Introduction: The recovery of community-dwelling people diagnosed with mental illness is positively correlated with having their needs met; however, only a few person-centered services provide solutions that are tailored to the needs of such populations.

Objectives: The aim of this study was to evaluate the effectiveness of a needs-tailored recovery program.

Methods: A double-blind randomized controlled trial was used. In the experimental group, people diagnosed with mental illness received homecare services for six months as part of a new needs-tailored recovery program. The control group received existing community homecare services. Data were collected before and after the intervention (July 2020 to January 2021). The primary outcome was recovery, and secondary outcomes were needs, hope, empowerment, psychotic symptoms, and medication adherence.

Results: The recovery program integrated the evidence-based care elements for community-dwelling people diagnosed with mental illness that we had identified: need satisfaction, hope, empowerment, and medication adherence. In total, 62 participants were included. There were no significant pre-test differences between the two groups in terms of demographic or baseline variables. However, there were significant differences between them in the extent of improvement in recovery, needs, hope, and empowerment, and medication adherence improved significantly but similarly in both groups.

Conclusions: Our person-centered recovery program fitted individuals' needs and improved recovery and related elements for personal recovery among community-dwelling people diagnosed with mental

illness. This study increases our understanding of recovery-oriented care to prioritize therapeutic alliance, integrated needs assessment, individualized unique goals, hope, and empowerment.

Disclosure: No significant relationships.

Keywords: person-centered care; Recovery; Randomized Controlled Trial; needs-tailored

EPV0853

Resilience and perceived social support among family Caregivers of patients with mental illness : what links ?

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Introduction: Burden among family caregivers of patients with mental illness can be mediated by resilience and perceived social support.

Objectives: The present study aimed to explore the relationship between perceived social support and resilience levels among caregivers of patients with mental illness and to identify its associated factors.

Methods: This was a cross-sectional, descriptive and analytical study conducted on caregivers of patients followed in the outpatient psychiatry department at the university hospital of Sfax (Tunisia), during septembre 2021. Resilience was assessed with the Connor-Davidson Resilience Scale and the social support with the social provisions scale. High scores indicate high resilience and support.

Results: We have involved 34 family caregivers with an average age of 47.47 years (SD=12.4 years). The mean resilience score of caregivers was 42.85 and the mean social support score was 28.09 (SD=5.54). The score of resilience correlated positively with the score of social support among family caregivers of patients ($r = 0.76$; $p = 0.0001$). Furthermore, resilience and social support were significantly lower among caregivers with a history of chronic illness ($p = 0.0001$ and 0.002 respectively). Regarding clinical factors, the scores of social support and resilience decreased significantly with the duration of providing care to patients ($r = -0.60$; $p = 0.0001$ and $r = -0.75$; $p = 0.0001$ respectively). Similarly, they decreased significantly with the number of hospitalizations of patients ($r = -0.53$; $p = 0.001$ and $r = -0.62$; $p = 0.0001$ respectively).

Conclusions: The findings suggests that high social support promotes better resilience among family caregivers of patients with mental illness. So, a better adjustment to the role of caregiver can be effectively achieved by improving the perceived social support.

Disclosure: No significant relationships.

Keywords: social support-resilience-caregivers-mental illness

EPV0854

Occupational stress and musculoskeletal symptoms in a Tunisian footwear industry

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Introduction: A growing body of literature has documented that occupational stress is associated with increased risks of musculoskeletal injuries or symptoms.

Objectives: The purpose of this study was to assess the effect of occupational stress on the occurrence of musculoskeletal symptoms among workers in a Tunisian footwear industry.

Methods: Material and methods: This was an exhaustive and cross-sectional study including workers in a footwear industry. Musculoskeletal symptoms were assessed using a modified Nordic questionnaire. We used the Job Demand/Control model of Karasek to measure occupational stress. The Quick Exposure Check (QEC) method was used as an ergonomic risk assessment tool. Data were analysed using R software.

Results: A total of 337 workers participated in the survey (the age range: 18-60 years). A total of 83.7% of workers reported musculoskeletal symptoms at one site or more. Elbows and upper back were the most symptomatic sites in respectively 84% and 65%. We noted job-strain and iso-strain situations in respectively 57% and 32%. In 78.1% of the workers studied, the QEC score was high and very high in 21.9%. Multivariable-adjusted logistic regression model showed that iso-strain situation was associated with the number of symptomatic sites ($p=0.0003$, $OR=1.34$), having musculoskeletal symptoms in elbows ($p=0.03$, $OR=2.33$) and upper back ($p=0.009$, $OR=2.40$), and the final QEC score ($p=0.018$, $OR=1.04$).

Conclusions: Occupational stress constitutes a significant risk for this leather industry. It is associated with a higher prevalence of musculoskeletal symptoms in the workplace and with work-related biomechanical exposure.

Disclosure: No significant relationships.

Keywords: musculoskeletal disorder; occupational stress

EPV0856

Physical and psychological (in)stability in extreme situations: physics models for understanding health stability

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Introduction: The COVID-19 pandemic has shown how quickly and drastically everyday life can change in extreme situations.

Objectives: To investigate how external factors can affect human health – mentally and physically – and what indicators herald the proximity to a critical upheaval.

Methods: Using theories from theoretical physics and psychology, researchers from Heidelberg University and Karlsruhe Institute of Technology will observe emotional reaction via an ‘infinitesimal stimulus’ (f) to an image that gives the ‘infinitesimal displacement’ (d). While both the stimulus and the reaction are chosen to be small – and hence keep a person well within their emotional stability – the

ratio (d/f) provides us a quantitative measure of the individual’s susceptibility i.e. reaction sensitivity. Over a six-month phase, we hope to correlate the individual susceptibility with the person’s general emotional state and to define a threshold reaction to indicate a person’s proximity to an emotional instability. Semi-structured interviews of extreme cases give us further insight into correlations between emotional states and susceptibility.

Results: If an increased susceptibility in an individual actually precedes a long-term change in mood, then regular susceptibility measurements can be used, for instance, to detect depression at an early stage. We are particularly curious to observe the extent to which models from physics can be applied to society and the individual.

Conclusions: The final output is to integrate practical implementation aspects into the medical curricula in a transdisciplinary manner. If possible, a formula for understanding health stability should be formulated that would be highly innovative for the medical field.

Disclosure: This study is funded by the Heidelberg Academy for Sciences and Humanities.

Keywords: psychology; Covid-19; mental healthcare; Susceptibility

EPV0857

Patient safety problems in community-based mental health services: A qualitative exploration

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Introduction: Existing research has seldom examined patient safety problems experienced by service users accessing community mental healthcare, with the growing evidence base focusing largely on safety in psychiatric inpatient settings. Accordingly, there is poor understanding of safety issues in community-based mental health services as perceived by service users, carers, and healthcare professionals.

Objectives: This study aims to explore safety problems in adult community-based mental health services, their causation, and priority areas for improving the safety of care provided in these services.

Methods: In-depth, semi-structured interviews and focus groups were conducted with users of community-based mental health services, carers, and healthcare professionals employed within these settings. Interview topic guides were designed jointly with stakeholders from these groups ($N=7$) and piloted ($N=3$). Interviews and focus groups will be transcribed, coded, and analysed using an inductive thematic analysis approach. Illustrative quotes will be extracted and used to describe the key themes that emerge from the analysis and their inter-relationships.

Results: This presentation will provide an outline of patient safety as understood and experienced by key stakeholder groups. Study findings will explicate safety issues, healthcare system factors underpinning their causation, as well as practices which could improve safety in this context.

Conclusions: This research will help to advance understanding of the nature of patient safety problems in community-based mental healthcare services for adults, based on the experiences of service users, carers, and healthcare professionals within these services. The research will address key evidence gaps and represents an