

during therapy (Duncan BL et al. The Session Rating Scale: Preliminary Psychometric Properties of a “Working” Alliance Measure JBT 3(1) 3-12 12/14/04 3:53 PM Page 3).

**Results:** 23 sessions took place for each unit. 39 patients from brief hospitalization, 22 women and 17 men, attended the sessions. 15 had a diagnosis of schizophrenia and related disorders, 13 were affective disorders, and 11 others diagnosis. All of them liked the participation either fully or partially. 76% men and 77% women felt better after, none of them reported to feel worse. 82% men and 86% women replied they would repeat the session.

Patients from rehabilitation units were 7 women and 10 men. 14 had a schizophrenia related disorder and 3 had bipolar disorder. All items on the scale were scored above 9 over 10, (*I felt heard, understood, and respected/ We worked on and talked about what I wanted to work on and talk about/ The therapist’s approach is a good fit for me*) with an overall score of 9,62 over 10 (*Overall, today’s session was right for me*).

**Conclusions:** Music therapy sessions achieve benefits on an emotional level in any of the diagnoses, improving alliance with care teams, who value sessions as normalizing spaces, helping to overcome stigma.

**Disclosure of Interest:** None Declared

EPV0589

Patient satisfaction in an “open-door” acute inpatient psychiatric unit

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doi: 10.1192/j.eurpsy.2023.1913

**Introduction:** Traditionally, psychiatric wards had established a “locked door” policy but secluded conditions may increase patient’s discomfort<sup>1</sup> that could affect the perception of health quality of care<sup>2</sup>. Recently, the “open-door” policy is being adopted in several European countries but its impact on patient satisfaction remains unknown (Schreiber, LK. BMC Psychiatry. 2019 May 14;19 (1):149). Since 2019 our psychiatric hospital has implemented the open-door policy.

**Objectives:** The aim of this study is to investigate the impact of the “open-door” policy on patient satisfaction during their stay in the acute inpatient unit of our psychiatric hospital.

**Methods:** This is an observational study. Prior to the implementation of the open door policy 31 patient satisfaction data was collected between October 2018 to April 2019 and it was also assessed with 31 subjects between July to October 2019, after the implementation of the open “door-policy”. The inclusion criteria were being >18 years old, reading Spanish correctly and with a length of stay >72 hours. The patients with dementia disorder and intellectual disability were excluded from the study. We used the Satispsy-22-E scale, a self-administered questionnaire (Frias, V., et al. 2018. Psychiatry Res. Oct;268:8-14). It assesses patient’s

experience of hospitalization through 22 items distributed into 6 dimensions. The score range is from 0 to 100. Differences in Satispsy-22-E scores were analysed by applying ANOVA using the IBM-SPSS (v. 25).

**Results:** Total scores in Satispsy-22 are provided in Figure 1. We found that patient satisfaction was increased in the dimensions of “personal experience” and “food” (p<0.05). No significant differences were found in staff, quality of care, information, activity dimensions and Total score (Table 2).

Dimension	F-Test	Statistic Value
Staff	1.402	p=0.241
Quality of Care	841	p=0.362
Personal Experience	4.071	p=0.048*
Information	656	p=0.420
Activity	434	p=0.512
Food	4.507	p=0.037*
TOTAL	3.645	p=0.61

Image:

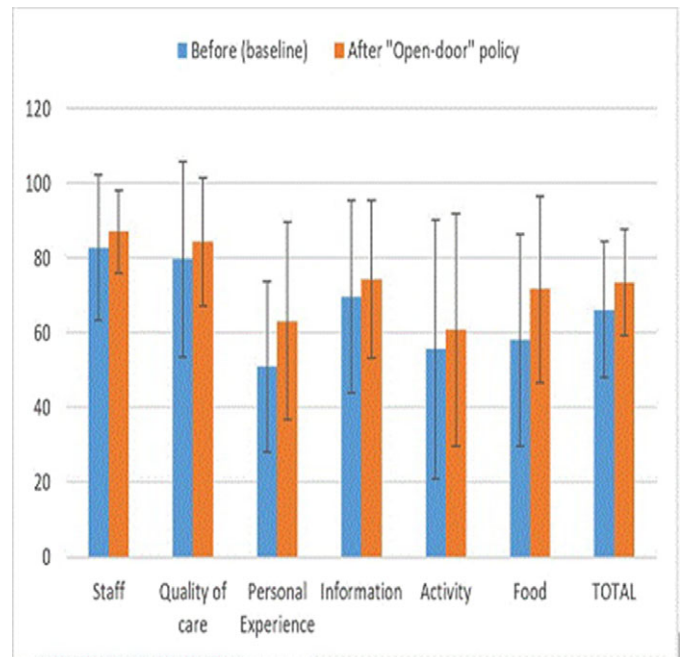


Figure 1 Satispsy-22-E Score of dimensions and Total index

**Conclusions:** Our results provide preliminary evidence indicating that the open-door policy could have a positive impact on patient satisfaction, especially in relation to the personal experience on an acute inpatient psychiatric unit.

**Disclosure of Interest:** None Declared