

**Table 1.** Measurement of empathy capacity, emotional regulation capacity and emotional expression capacity

		Frequency	Porcent
Empathy	Medium	27	90,0
	High	3	10,0
Emotional Regulation	Medium	15	50,0
	High	15	50,0
Emotional Expression	Medium	26	86,7
	High	4	13,3
Total		30	100,0

The emotional reaction of congruence with the emotional state of the other, empathy, shows a medium level (Table 1), a result consistent with the study by Ruiz González (2019), in the Colombian population, where a medium level of empathy is observed in doctors.

In the strategy for management, support, increase and suppression of the current affective state to self-soothe and find a state of relaxation, it is at an average value between medium and high (table 1.)

In the ability to start and maintain conversations, express one's own thoughts and feelings clearly, both in verbal and non-verbal communication, and demonstrate to others that they have been well understood, the level is mostly medium (table 1.)

**Conclusions:** The levels of emotional competencies evaluated are mostly in the middle in the assessment by dimensions, empathy registered a lower level in contrast to other dimensions. Taking into consideration professional practice, response to organic and mental human vulnerability, it is a field for promoting the well-being of the health professional.

**Disclosure of Interest:** None Declared

## EPV0552

### Gaping gaps in rural mental health care: understanding causes and prioritizing solutions

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**Introduction:** Mental health is crucial and is the backbone of all dimensions of health; physical, social and spiritual. Mental health has multiple interfaces and it is important to bring mental health to the center stage as it is the key regulator of all human activities. Unfortunately, there are alarming gaps in mental health care especially in rural areas which require attention of mental health professionals and policy makers. The study aims to understand the causes of these gaps and suggest possible and practical solutions to bridge them.

**Objectives:** To study the spectrum of mental health gaps present in rural areas of Haryana, a state in the northern part of India and find culturally sensitive and relevant solutions keeping in view the socio economic realities and prevalent legal framework.

**Methods:** Any factor having bearing on mental health but is operative sub-optimally would be considered as mental health gap for the current investigation. Rural camps were organized in 10 villages to assess the service gap at three different levels: overt (measurable), covert (including attitudinal) and ancillary (including those embedded in the psychiatry evaluation and treatment). The camps were organized by following these three basic steps: 1) Evaluating the geographic and demographic details of the villages selected. This was done by meeting the key stakeholders of the villages and the official health and service statistics available on the government website 2) Camp by multidisciplinary team in the villages with an advance intimation. The team members evaluated the mental health care awareness and the felt needs by interviewing all the villagers attending the camp on that particular day. 3) Post camp review by the team to analyze the service gaps and steps to address and narrow the gaps.

**Results:** Apart from inadequate availability of professional and infrastructural resources, there were many attitudinal and ancillary gaps serving as obstacles to treatment seeking. Trust gaps leading to poor acceptance and legislation not congruent with the socio cultural needs were key impediments. Rural people had more faith in Spiritual leaders and faith healers for their mental health issues and medical help was sought only when they have signs of physical illness. Mental health and illnesses were not on priority. Availability, accessibility and affordability of health services were important factors needing immediate attention.

**Conclusions:** Rural services need to be augmented by de professionalization and task shifting is the key to address and cover the yawning gaps in the services. Massive, coordinated, multidisciplinary and sustainable efforts are needed to bridge the multitude of gaps keeping in view poverty and illiteracy as compounding factors.

**Disclosure of Interest:** None Declared

## EPV0553

### Exploring Mental Health Issues in HCV-Positive Pregnant Women: A Qualitative Study

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**Introduction:** The research was conducted to explore the mental health issues, including anxiety, depression, low mood, emotional irrationality, and stressors related to pregnancy in the tertiary care hospital, in Karachi, after getting diagnosed with a life-threatening virus of hepatitis C and to determine the factors associated with depression among HCV-infected pregnant women. There appears to be a dearth of literature on this particular topic, and depression in HCV-infected pregnant women might not be dealt with effectively till this gap in the literature is addressed. The findings are to aid counselors in the formulation of treatment plans to help the patients during pregnancy and it helped to address the gaps in the antenatal care plans and support provided to the vulnerable population like HCV-Infected pregnant women.

**Objectives:** To explore what are the anxieties, stressors, and fears of HCV-infected young mothers. To explore the experiences of infected young mothers with HCV.

**Methods:** We have used a qualitative design of the study and a convenient, purposeful sampling technique to acquire the data. In Karachi, Pakistan, a tertiary care hospital will host this trial. Young moms who registered HCV+ infections between January 2022 and June 2022 were included in the study. The tertiary healthcare setting was used for the investigation. The suggested number of 10 young moms with HCV who had been detected during pregnancy and came to the clinic for treatment were selected, those who provided consent and who were neither pregnant nor extremely unwell at the time of the study were eligible. The average age of the inhabitants was 26. There were 42.85% undergraduate mothers, 28.57% mothers with graduate degrees, and 28.57% mothers with postgraduate degrees in the population. Thematic analysis was utilized to evaluate the data, and the themes were generated by looking at the data and creating codes to look into the transcription's content.

**Results:** According to the findings, the referral system appeared to place a significant burden on individuals who were already dealing with the potentially fatal hepatitis C infection and were pregnant. In the antenatal period, when there should have been two different doctors' visits, they were compelled to go to the same clinic.

**Conclusions:** The finding addressed the importance of specialized care setting in the tertiary care hospital in Karachi, Pakistan. There is a requirement of training programs for the development of soft skills of health care professionals and there must be awareness sessions to promote and mobilize the understanding of the spread of this disease.

To this research finding the importance of comprehensive health care support was identified. And it also depicts the importance of inclusive antenatal program design.

**Disclosure of Interest:** None Declared

## EPV0554

### Evaluation of mental health using MHC-SF in patients with paget's bone disease

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**Introduction:** Paget's disease is a chronic bone disorder, that is characterized by increased and disorganized bone remodelling, which can lead to bone pain, bone complications such as deformities and fractures, neurological and cardiovascular complications. This physical impact can alter patients' mental health and lead to anxiety or depression.

**Objectives:** This study aimed to assess the mental health in patients diagnosed with paget's bone disease

**Methods:** Paget's disease patients were assessed by The Mental Health Continuum Short Form (MHC-SF) score. It consists of

14 items that were selected to represent each fact of well-being: 3 emotional well-being items (reflects hedonic well-being), 6 psychological well-being items, and 5 social well-being items (when combined, reflects eudemonic well-being). Items scores are summed, yielding a total score ranging from 0 to 70. Higher scores indicate greater levels of positive well-being.

**Results:** Thirty patients were included. 60% were men and 40% were women. The average age was 65 years. Socio-economic level was low in 3.3%, average in 86.7%, good in 10% of cases. 93.3% were married and 6.7% were single. For the medical history, 80% had a previous history and 20% did not. Clinically, 83.3% had pain and 16.7% had no pain. Concerning the disease location, 4 had involvement of the skull, 15 of the spine, 13 of the sacrum, 13 of the femur, 1 of the tibia, 1 of the calcaneus and 3 of the humerus. As for complications, 36.7% had no complications, 56.7% had osteoarticular complications, 3.3% had neurological complications and 3.3% had cardio-vascular complications. Concerning treatment, 90% received bisphosphonate and 10% did not.

For the mental health questionnaire, the mean score was 36.4. 53.3% of patients had poor mental health, 43.3% were moderately healthy and 3.3% were thriving.

No significant associations were noted between level of mental health and age, pain level, complications, location of the disease, alkaline phosphatase and treatment  $p > 0.05$ .

**Conclusions:** The impact of paget's disease is not only physical but also psychological. The MHC-SF is useful to detect the mental illness.

**Disclosure of Interest:** None Declared

## EPV0557

### Determinants of Burnout syndrome among healthcare workers in Sahloul hospital, Tunisia: A cross sectional study

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**Introduction:** Healthcare workers are at increased risk of Burnout due to the stressful demands of their job.

**Objectives:** The aim of this study was to assess the prevalence and the related factors of burnout in healthcare workers at the Sahloul University Hospital, Tunisia

**Methods:** Data were collected from a cross sectional study using a questionnaire exploring socio-demographic and professional data, lifestyle habits and pathological history. Burnout was assessed using the French version of the Maslach Burnout Inventory (MBI).

**Results:** Our study included 135 healthcare workers. The average age was  $41.7 \pm 9.15$  years. 81.5% of the sample was female. Nurses accounted for 60% of staff. More than half (51.1%) worked shifts, with night work in 32.6%. A pathological history was noted in 17.8% of healthcare workers, and a history of work-related accidents in 40.7%. The prevalence of burnout in our study population was 42.6%, with a high emotional exhaustion score in 47.4%, a high depersonalization score in 23.7% and a low personal