

**Methods:** We conducted a cross-sectional study between September and December 2022. Participants were recruited through a self-administered questionnaire distributed via social media to humanitarian groups. Additionally, the questionnaire was sent via email to these groups' members, who then forwarded it to their respective networks. The questionnaire included the BRCS, a 4-item measure designed to capture tendencies to cope with stress in a highly adaptive manner. A score of 4-13 points indicates low resilient copers, 14-16 points medium resilient copers and 17-20 points high resilient copers. Cronbach's alpha was used to assess internal consistency. Confirmatory Factor Analysis (CFA) was employed to evaluate model fit. Adequate or good fit criteria included a  $\chi^2$  test  $p$ -value  $\geq 0.05$ , Root Mean Square Error Approximation (RMSEA)  $\leq 0.08$ , Standardized Root Mean Squared Residual (SRMR)  $\leq 0.05$ , and a Comparative Fit Index (CFI) or Tucker–Lewis Index (TLI)  $\leq 0.90$ . Statistical analyses were performed using STATA and SPSS software.

**Results:** A total of 151 humanitarian workers (76% females), with a mean age of  $39.3 \pm 10.6$  years participated in the study. The mean BRCS score was 65.6/100. Participants were categorized as follows: 34.6% as low resilient copers, 38.6% as medium resilient copers, and 26.8% as high resilient copers. Cronbach's alpha for the BRCS was 0.84, indicating good internal consistency. CFA results supported the one-factor solution proposed by the original researchers, with acceptable global fit indices: Chi-square  $p$ -value = 0.303, SRMR = 0.028, RMSEA = 0.036, CFI = 0.991, TLI = 0.974.

**Conclusions:** The findings of our study show that the Greek version of BRCS is a valid and reliable tool that can be used to evaluate resilient coping among humanitarian workers in Greece.

**Disclosure of Interest:** None Declared

## EPP0591

### Artificial intelligence, Internet addiction, and palliative care

S. Tei<sup>1\*</sup> and J. Fujino<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Kyoto university, Kyoto and <sup>2</sup>Department of Psychiatry and Behavioral Sciences, Tokyo Medical and Dental University, Tokyo, Japan

\*Corresponding author.

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**Introduction:** Recent advances in artificial intelligence (AI) have recaptured and revised the essential roles of death in life and mind. However, their prospects and risks require further study. Because of the development of digital technologies (for example, AI-based chatbots), the process of bereavement may have become complex, immersive, and even addictive. Furthermore, AI-enabled generation of medical notes can ease the administrative burden for healthcare professionals; however, the clinical application of generative AI remains largely speculative.

**Objectives:** This study aimed to illuminate the emerging concept and experience of death, bereavement, and addiction associated with cybernetics, thereby expanding their cognitive and ethical aspects.

**Methods:** In this preliminary review, we performed a literature search to identify the current state-of-the-art literature on AI and Internet addiction. We also inspected the possible adaptations to

pursue mental well-being with the modified death concept. We mainly searched the PubMed and Web of Science databases using relevant keywords. All retrieved studies were assessed for eligibility to reduce the selection bias.

**Results:** Current cybernetics have meaningfully recontextualized death that allows interaction with deceased individuals (for example, scholars and artists) to establish their virtual, besides biological, existence using AI-based chatbots. Furthermore, AI consistently provides evidence-based answers to public health inquiries; nevertheless, it may offer unsuitable advice rather than referrals that can sometimes facilitate suicide or harm (instead of help) people in grief, thus requiring more fine-tuned governance. Accordingly, the maladaptive use of existing AI-related communication (such as metaverse characters) can increase Internet addiction prevalence and further complicate autonomy and self-motivation. In addition, excessive internet access is frequently associated with reduced self-control, cognitive flexibility, and exaggerated automatic processing.

**Conclusions:** We are challenged to acknowledge the tradeoffs of AI and consider ways to compromise by employing flexible perspectives. The emerging concept of death affects or improves the conventional one. The potential advantages and pitfalls of AI-related technology must be carefully weighed against the profound effects they may have on people's identities, relationships, and mental health. These issues require continued monitoring and assessment in light of the AI/cybernetic-related studies. We hope these results will inspire further research into the appropriate use of AI and palliative care, including suicide prevention, euthanasia, and grief management.

**Disclosure of Interest:** None Declared

## EPP0592

### Assessing Changes in Quality of Life Measures, Resilience, and Personal Recovery, Pre- and Post-Discharge from Inpatient Mental Health Units in Alberta: Analysis of Control Group Data from a Randomized Trial.

E. Owusu<sup>1\*</sup>, R. Shalaby<sup>1</sup>, W. Mao<sup>1</sup>, H. Elgendy<sup>1</sup>, N. Shalaby<sup>1</sup>, B. Agyapong<sup>1</sup>, A. Nichols<sup>2</sup>, E. Eboime<sup>3</sup>, M. A. Lawal<sup>1</sup>, N. Nkire<sup>1</sup> and V. I. Agyapong<sup>1,3</sup>

<sup>1</sup>Psychiatry, University of Alberta, Edmonton; <sup>2</sup>Alberta Health Services, Queen Elizabeth II Hospital, Grande Prairie and <sup>3</sup>Psychiatry, Dalhousie University, Halifax, Canada

\*Corresponding author.

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**Introduction:** The transition from hospital to community settings for most mental health service users is often hindered by challenges that affect community adjustment and continuity of care. The first few weeks and days after discharge from mental health inpatient units represent a critical phase for many service users.

**Objectives:** This paper aims to evaluate the changes in quality of Life status, resilience, and personal recovery of individuals with mental health challenges recently discharged from acute mental health care into the community.

**Methods:** Data for this study were collected as part of a pragmatic stepped-wedge cluster-randomized, longitudinal approach in

Alberta. A paired sample t-test and Chi-squared/Fisher test were deployed to assess changes from baseline to six weeks in the recovery assessment scale (RAS), brief resilience scale (BRS), and EuroQol-5d (EQ-5D), using an online questionnaire.

**Results:** A total of 306 service users were recruited, and 88 completed both baseline and six weeks, giving a response rate of 28.8%. There was no statistically significant change in the level of resilience, recovery and quality of life as measured with the brief resilience scale, recovery assessment scale and EQ-5D from baseline to six weeks ( $p > 0.05$ ).

**Conclusions:** The study showed that there was neither an improvement nor deterioration in resilience, recovery, or quality of life status of service users six weeks post-discharge from inpatient mental health care. The lack of further progress calls into question whether the support available in the community when patients leave inpatient care is adequate to promote full recovery.

**Disclosure of Interest:** None Declared

## EPP0593

### Exploring Burnout: A Study on Psychiatric Nurses in Tunisia

H. Khiari<sup>1\*</sup>, A. Hakiri<sup>1</sup>, M. Bouchendira<sup>2</sup> and R. Ghachem<sup>1</sup>

<sup>1</sup>Psychiatry B and <sup>2</sup>Psychiatry G, Razi hospital, Mannouba, Tunisia

\*Corresponding author.

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**Introduction:** Burnout, marked by persistent workplace stress without effective management, is particularly pertinent for psychiatry nurses, considering the nature of their work environment and its potential impact on the quality of care they deliver.

**Objectives:** To assess the prevalence of burnout among psychiatric nurses and to identify the socio-demographic and clinical factors associated with it.

**Methods:** Cross-sectional, descriptive, and analytical study conducted over the course of one month from October 11<sup>th</sup> to November 8<sup>th</sup> 2023. Participants included were psychiatric nurses working in Razi Hospital, Tunisia. We collected data using pre-established questionnaire which included socio-demographic and clinical data of the participants. The assessment of Burnout was conducted using the Maslach Burnout Inventory (MBI), validated in Arabic. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) in its 25th version.

**Results:** We collected data from 55 nurses working in Razi psychiatry hospital during the time of the study. Among them, 80% (n=44) were female. Their median age was 35 (Min=25, Max=62). Most of participants were married (81.8%, n=45) and 70.9 (n=39) had kids. In our sample, 5.5% (n=3) and 23.6% (n=13) had respectively personal psychiatric and somatic history. Some addictive behaviors were identified among our participants, especially smoking (14.5%, n=379) and alcohol use (3.6%, n=2).

Regarding working conditions, 81.8% (n=45) were assigned shift work. They worked in the men's ward (43.6%, n=24), the women's ward (34.5%, n=19), or in both (21.8%, n=12). Furthermore, 45.5% (n=25) reported witnessing a suicide attempt during their work, and 74.5% (n=41) were victims of aggression, primarily by patients

(82.5%, n=33). Sixty percent (n=33) said expressed a desire to transfer.

According to the MBI, 49.1% (n=27) had high emotional exhaustion, 27.3% (n=15) had high depersonalization and 67.3% (n=37) had low personal accomplishment.

A significant association was found between low personal accomplishment and the desire to transfer to another department ( $p=0.026$ ). No further links were found with other clinical data.

**Conclusions:** Our findings provide a thorough examination of burnout among psychiatric nursing professionals, underscoring the critical need for specific interventions tailored to their unique challenges.

**Disclosure of Interest:** None Declared

## EPP0594

### A Systematic Review of the Impact of Intergenerational Learning on the Psychosocial Well-being of Primary School Children and Older Adults.

E. Tsiloni<sup>1\*</sup>, E. Dragioti<sup>2</sup>, M. Gouva<sup>2</sup>, S. P. Vassilopoulos<sup>1</sup> and M. Mentis<sup>1</sup>

<sup>1</sup>Department of Educational Sciences and Social Work, University of Patras, Patra and <sup>2</sup>Research Laboratory Psychology of Patients, Families & Health Professionals, Department of Nursing, School of Health Sciences, University of Ioannina, Ioannina, Greece

\*Corresponding author.

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**Introduction:** In recent times, there has been a growing emphasis on the significance of fostering intergenerational learning and interaction. This involves individuals from diverse age groups engaging in purposeful and mutually beneficial activities aimed at enhancing their knowledge, skills, and values.

**Objectives:** This systematic review was undertaken to explore the psychosocial consequences of intergenerational learning experiences among primary school-age children and older adults.

**Methods:** In accordance with the PRISMA guidelines, a comprehensive review of both quantitative and qualitative data was conducted. Electronic databases such as PubMed, Scopus, and ERIC were meticulously searched up to July 26, 2022, using the following Population (P) - Exposure (E) - Outcome (O) criteria: primary school-age children and older adults (P), participation in intergenerational learning (E), and psychosocial effects (O). Additionally, we extensively scrutinized the reference lists of included datasets and pertinent review articles (Figure 1). To evaluate the quality of the eligible studies, we employed the Mixed Methods Appraisal Tool (MMAT). Data analysis was structured around a narrative synthesis approach.

**Results:** A total of seventeen studies were deemed eligible for inclusion in this review. The findings regarding the psychosocial consequences of engaging in intergenerational activities for both children and older adults predominantly underscored positive improvements in their attitudes, well-being, happiness, and various other aspects of their social and psychological well-being, although certain methodological limitations were identified (Figure 2).