

advance of the first occasion, the applicants were interviewed to talk about themselves their career, mental health and issues, why they want to participate in the sessions. The closing interviews are still in progress. The examination was permitted by the SE-RKEB.

Method of examination: Qualitative: personal interviews, exploring talks about the artworks ("Self-Exhibition" collage), made during the course.

Results: 20 individuals started the course and 10 of them finished. The Body and Mind movements (Body Art - fusion of functional and breathing exercises, yoga and therapeutic exercises) has proven to have great importance throughout the session. The prescribed length of it in time was the third of each occasion. The joint analysis and interpretation of various artworks, images, visual narratives, even, the discussion of experiences in form of structured group activities has noticeably helped the interpersonality and social connections being formed for each individual who participated. The homeworks (eg.: Self Exhibition-collage, own worth emblem-collage etc.) and the active conduction of a diary has helped both to achieve results and have more involvement in the group.

Image:



Image 2:



Conclusions: Closing interviews are still in progress.

Disclosure of Interest: None Declared

EPV0591

An Observational Study of the Progression of Patients' Mental Health Symptoms Six Weeks Following Discharge From the Hospital

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Introduction: Transitioning from mental health inpatient care to community care is often a vulnerable time in the treatment process where additional risks and anxiety may arise.

Objectives: The objective of this paper was to evaluate the progression of mental health symptoms in patients six weeks after their discharge from the hospital as the first phase of an ongoing innovative supportive program. In this study, factors that may contribute to the presence or absence of anxiety and depression symptoms, and the quality of life following a return to the community were examined. The results of this study provide evidence and baseline data for future phases of the project.

Methods: An observational design was used in this study. We collected sociodemographic and clinical data using REDCap at discharge and six weeks later. Anxiety, depression, and well-being symptoms were assessed using the Generalized Anxiety Disorder (GAD-7) questionnaire, the Patient Health Questionnaire-9 (PHQ-9), and the World Health Organization-Five Well-Being Index (WHO-5) respectively. Descriptive, Chi-square, independent T-test, and multivariate regression analyses were conducted.

Results: The survey was completed by 88 participants out of 144 (61.1% response rate). A statistically non-significant reduction in anxiety and depression symptoms was found six weeks after returning to the community based on the Chi-squared/Fisher exact test and independent t-test. As well, the mean anxiety and depression scores showed a non-significant marginal reduction after discharge compared to baseline. In the period following discharge, a non-significant increase in participants experiencing low well-being symptoms was observed, as well as a decline in the mean well-being scores. Based on logistic regression models, only baseline symptoms were significant predictors of symptoms six weeks after inpatient discharge.

Image:

Table 1: Baseline distribution of sociodemographic and clinical characteristics at baseline against the resilience status

Variables	N= 88	%
Gender		
Male	28	23.9
Female	55	38.6
Other	5	27.3
Age (Years)		
≤25	21	23.9
26-40	34	38.6
41-60	24	27.3
>60	9	10.2
Ethnicity		
White	60	34.1
Indigenous	4	2.3
African	7	4.0
Asian	12	6.8
Other	5	2.8
Educational level		
Less than high school	6	6.8
High school	39	44.3
Postsecondary education	43	48.9
Relationship status		
Single	54	61.4
Separated/Divorced	11	12.5
Partnered/Married	23	26.1
Employment status		
Employed	34	38.6
Unemployed	40	45.5
Student	7	8.0
Retired	7	8.0
Housing status		
Own home	25	28.4
Rented accommodation	33	37.5
Live with family or friend	30	34.1
Primary Mental Health Diagnosis		
Depression/Anxiety	34	38.6
Bipolar Disorder	18	20.5
Psychosis	14	15.9
Alcohol, drug use/Abuse	7	8.0
Other	15	17.0

* Fisher Exact test was applied

Image 2:

Table 2: Change in the prevalence of categorical scales, six weeks after hospital discharge

Measures	Baseline n (%)	Six-week after discharge n (%)	Total	Chi Square /Fisher Exact	P value
GAD-7					
At most low anxiety	46(52.3%)	51 (58.0%)	97 (55.1%)	.574	.449
Moderate-to-severe anxiety	42(47.7%)	37 (42.0%)	79 (44.9%)		
PHQ-9					
At most mild MDD	33 (37.5%)	42 (47.7%)	75 (42.6%)	1.882	.170
Moderate-to-severe MDD	55 (62.5%)	46 (52.3%)	101 (57.4%)		
WHO-5					
Good wellbeing	53 (60.2%)	41 (46.6%)	94 (53.4%)	3.288	.070
Poor wellbeing	35 (39.8%)	47 (53.4%)	82 (46.6%)		

Image 3:

Table 3: Change in mean scores of clinical characteristics six weeks after hospital discharge

Measure	Responses, n	Scores			Mean difference (95% CI)	P-value	t value
		Baseline score, mean (SD)	Six-week score, mean (SD)	Change from baseline, %			
GAD-7	88	9.49 (5.57)	8.89 (6.17)	-6.35%	(-0.62-1.83)	.331	.977
PHQ-9	88	12.19 (6.79)	11.21 (7.71)	-8.12%	(-0.48-2.46)	.185	1.337
WHO-5	88	53.14 (24.63)	51.18 (25.90)	-3.68%	(-3.43-7.34)	.473	.721

Conclusions: In the short term following hospital discharge, no significant changes were observed in mental health conditions. A collaboration between researchers and policymakers is essential for the implementation and maintenance of effective interventions to support and maintain the mental health of patients following discharge.

Disclosure of Interest: None Declared

EPV0592

Assessing Personality Disorders of People Who Abuse Family Members

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Introduction: Men’s violence against women continues to be a major public health problem worldwide. The long-term consequences require a proper management of resources and a thorough screening protocol. The most extensive study on domestic violence was published in 2005 by the World Health Organization (WHO) and has been updated regularly ever since.

Objectives: The aim of this study was to outline a personality profile for people who could be considered domestic abusers and to provide statistical data on personality disorders which are most common among this group of population.

Methods: The quantitative data was collected by administering two scales SCID II and Karolinska Scale.

Inclusion criteria: People who are physically aggressive with family members.

Exclusion criteria: people who are diagnosed with psychosis, people who show aggression with people other than family members

Results: We included 70 people who admit to having committed acts of physical aggression directed towards family members, who agreed to take part in the study. The scales which were applied are Karolinska scale and SCID II. We identified, using SCID II, DSM IV TR and ICD 10 the following personality disorders types in the