EPV0584

INTIMATE PSYCOLOGICAL VIOLENCE ASSOCIATED WITH ALCOHOL USE

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Introduction: Alcohol and Drug use is an important Public Health problem, it has a negative impact on the cognitive and individual behavior. IPV has been frequently connected to drug alcohol and drug use.
Objectives: The aim of this study is to explore the relationship between IPV and alcohol abuse.
Methods: An observational and descriptive study was carried out using the internet platform "google forms", after requesting the informed consent of each of the participants, we collected the data of affiliation and the Test of Identification of Disorders due to Alcohol Consumption (AUDIT) with the Drug Use Disorders Identification Test (DUDIT) was applied to identify individuals with a pattern of harmful consumption of substances harmful to health as alcohol and drugs.
Results: The total sample was 851, it was classified according to age, sex, marital status, level of education, urban or rural population, and whether they had suffered any type of violence associated with alcohol abuse. The mean age: 26 - 27 years old. The results according to the AUDIT TEST: 562 (66%) reported not having suffered any type of violence, 289 (34%) reported some type of violence, 157 (18%) psychological violence, 10 (1%) psychological violence and patrimonial violence, 16 (2%) psychological and sexual violence.
Conclusions: This study established an important population who has suffered Psychological Violence. Other types of Violence has been determined. it is important to highlight that these results showed an important information to work on prevention. Further studies are an urgent need.

Disclosure of Interest: None Declared

EPV0585

Characteristics of patients admitted to a Psychiatric Home Hospitalization Unit and burden felt by caregivers

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Introduction: Severe mental illnesses characterized by periods of relapse that require intensive resource management. Caregivers of schizophrenia and bipolar disorder patients feel a considerable burden of care (Tanna *et al.* Ind Psychiatry J 2021, 30(2):299-304). The main objective of Hospital at home for psychiatric patients is to provide intense care to patients with severe mental disorders at home as an alternative to acute admission (Alba et al. Rev Psiquiatr Salud Ment. 2019, 12 (4) 207-212).
Objectives: The aim of this study is to describe the characteristics of patients attended at the Psychiatric Home Hospitalization Unit of our hospital (HAD-CAEM) and to assess the of burden of care that caregivers feel while giveing care to this patients.
Methods: Data were collected retrospectively at admission and discharge of all patients treated at HAD-CAEM between August 2018 to March 2022. Incomes of patients who met DSM-5 criteria for schizophrenia, bipolar disorder and major depressive disorder. Severity of disease and patient's level of functionality was evaluated with the global assessment of functioning scale (GAF) and the Clinical Global Impression Scale (CGI). Burden Caregivers was evaluated with The Zarit Caregiver Burden Scale (ZCBS). Statistical analysis was performed by using SPSS program.
Results: 109 patients were included in the study. 49.5% were women. The mean age was 48 years (SD 18.47 years). 44% met criteria for schizophrenia, 25.7% for depressive disorder, and 30.3% for bipolar disorder. Most of them lived with their own family (47.7%); had secondary education (51.4%) and were unemployed (33%). 81% had a history of at least one admission to an acute psychiatric unit.
The mean duration of admission in HAD-CAEM was 33.8 days (SD 15.72 days), with a mean follow-up of 8.75 visits (SD 3.58 visits). The mean CGI severity item at admission was 4.36 and there was an improvement at the time of discharge according to the CGI improvement item (mean CGI-I=2.43).
The GAF scale on admission was 46.74 (SD 11.2) and on discharge 64.24 (SD 13.85), showing an improvement of 17.5 points at discharge ($p<0.001$).
The mean ZCBS of the sample was 48.21 (SD 15.11). Mean ZCBS in Schizophrenia group (n=22) was 46.13 (SD 16.53), in depressive group (n=18) was 43.61 (SD 12.89) and for bipolar group (n=17) was 55.76 (SD 13.19). A statistical test is performed with ANOVA, showing significant differences between groups ($p=0.039$). Post-hoc analyzes show significant differences between bipolar disorder group and the depressive disorder group ($p=0.04$). No significant differences are found between the other groups.
Conclusions: Caregivers of schizophrenia, depressive and bipolar disorder patients feel a considerable burden of care. ZCBS was administered to the caregivers on the last day of admission, when the patient presented clinical and functional improvement. More studies are needed to support these results.

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EPV0586

Virtual Reality in the acute psychiatry ward: a pilot study

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Introduction: New technologies have been steadily impacting and redefining the health care landscape over the last decades, a process recently enhanced by the covid-19 pandemics . VR is an advanced media that can simulate highly realistic virtual environments, providing a high sense of immersion (the feeling of "being really there"). VR has expanded its healthcare application over the last years. Surprisingly, the acute psychiatry ward has been, so far, systematically left out of the VR application field. Psychiatric wards are complex environments. Patients are frequently admitted against their will and many wards have a locked doors policy, with subsequent feelings of seclusion experienced by patients. Therefore the question emerges: could VR help psychiatry inpatients have a better experience during their hospitalization?
Objectives: This is a pilot study where psychiatry inpatients are offered a single session with the Oculus Quest 2, where they are immersed in a computer generate scenario provided by a commercially available software ("Nature Treks"). The scenario is a nature-based immersive 360° walk. Patients are allowed to freely explore the scenario with no time restraints.
Methods: The STAI (State-Trait Anxiety Inventory), and the PANAS (Positive and Negative Affect Schedule) questionnaires are completed by patients before and after the VR exposure. After exposure, patients are also asked to complete the SUS (System Usability Scale) questionnaire, the IQ-presence questionnaire and the SSQ (Simulator Sickness Questionnaire). Electrophysiological recordings are gathered with the Empatica E4.
Results: Up to date, 4 patients have been recruited. The sessions have lasted around 10 minutes. Reductions in the STAI and the PANAS have been reported by 3 patients (with no statistical significance so far). Usability has been extremely high as reported by the SUS. Minimal adverse reactions to VR use have been reported in the SSQ, mainly dizziness and nausea.
Conclusions: VR has a high potential to ameliorate the conditions of psychiatry inpatients admitted to a close-doors ward. As with many technological novelties, implementation and sustainability will be key. The small evidence provided by this pilot study points out to an initial good acceptability and potential efficacy in some patient-related outcomes.

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EPV0587

Nature-Based Mental Health - what kind of interventions is the best?

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Introduction: Mental health deteriorated worldwide during the COVID-19 pandemic. The healthcare sector recognises the role of nature in mental health. Passive and active interactions with nature reduce stress, anxiety, and depression. Theoretical frameworks for mental health benefits from nature interventions include medical, evolutionary, relational, eco-psychological and human activity perspctives.
Objectives: To assess the usefulness of the nature-based interventions in relation to well-being improvement.
Methods: The six-month survey was carried out in a forest in the administrative district of the capital city of Warsaw.Over 70 adult volunteers took part in structured sessions of active nature-based interventions, lasting ca. 1.5 hour.The forest bathing methodology was based on the review literature. Participants anonymously filled in on-line semi-structured questionnaire containing GHQ-30, DASS-21 andlife satisfaction. questionnaire. Between sessions, participants were asked toassessment their mood profile and life satisfaction. After every session they assessed particular interventions in terms of usefulness on 5-point Likert scale.
Results: The authors will present the results of the study and key findings.
Conclusions: It is expected that the study may provide a significant contribution to the knowledge' development about the nature-based interventions. In particular, we can learn about the impact of several interventions (active exercise, visualization, mindful walking, mindfulness perception) on improving the well-being of participants.

Disclosure of Interest: None Declared

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Music therapy in psychiatric units: evaluating its effectiveness

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Introduction: Research shows the benefits of music therapy for various mental health conditions, including depression, trauma, and schizophrenia. Music acts as a medium for processing emotions, trauma, and grief.
Playing instruments can encourage emotional expression, socialization and exploration of various therapeutic themes (i.e. conflict, communication, grief, etc.).
Group music therapy, measured by questionnaires and described in qualitative interviews, improved quality of life and self-esteem for people with severe mental illness (SMI).Group singing and song writing provide creative options for social connections. Music therapy should be considered as a component of holistic care for people with SMI. Jungup Lee, Thyer BA. May 2013Journal of Human Behaviour in the Social Environment 23(5):597-609
Objectives: Music therapy sessions are held in our hospital for people admitted to short-term hospitalization units and to psychosocial rehabilitation units. The goal of the sessions is to create a connection space, promote people's confidence in their own resources for their recovery, and evoke valuable experiences and memories. Sometimes musicians from the community have been present in the sessions, contributing to overcoming the stigma towards mental illness.
Methods: We describe self-assessment of people admitted to psychiatric units after attending music therapy sessions. People from brief hospitalization unit filled out a survey, after each session, voluntarily, about their emotional state at the beginning of the session and after it. People from rehabilitation units, voluntarily filled the SRS V.3.0. 2002-Miller. Duncan & Johnson escale.The SRS was designed for use by clinicians to assess the therapeutic alliance