

females and males. Average outcome in BDI equaled 13.84 (95%CI: 12.8-14.8) with higher levels among females (13.84 vs. 12 $p<0.05$). 165 (49.6%) students had a score above threshold for the increased risk of depression while 32 (9.63%) for severe symptoms of it. In case of aggression average outcome of STAXI equaled 24.89 (95% CI: 22.6-27.1). There was a statistically significant correlation between STAXI and BDI ($r=0.3$; $p<0.05$). In terms of the coping mechanisms in terms of coping strategies, a clear advantage of approach strategies was observed (65.36% of respondents). In the multiple regression analyses coping strategies did not influence neither STAXI nor BDI outcomes.

Conclusions: What draws attention are the high level of depression among the surveyed students, where over 50% show results above the cut-off point for an increased risk of a depressive episode. The advantage of approach strategies is also interesting, especially in terms of planning strategies and positive reformulation. Interestingly coping strategies in the analysed population did not constitute a significant protective factor in relation to the severity of the depressive symptoms and aggression. Meanwhile, the sense of satisfaction and contentment with the chosen direction was a very good protective factor in terms of the severity of depressive symptoms.

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EPP0867

Antidepressants overuse in primary care: prescription trends between 2010-2019 in Catalonia

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Introduction: Antidepressants (AD) are one of the most prescribed pharmacological treatments in developed countries. AD efficacy is well-proven in anxiety, depressive and other mental disorders, but their use is also common in individuals without psychiatric health conditions. Indeed, recent evidence reported an increase in AD prescription over the latest years. Concern has been raised on the overuse of AD in several countries, and societal policies and national guidelines have been developed to regulate their use in the general population.

Several factor might be used to explain this increase, including the more safety profile of new AD classes (i.e. SSRI, or vortioxetine) compared to old AD, a possible overall increase in the incidence of depressive and anxiety disorders, or their inappropriate prescription in mild conditions which could be managed without pharmacological treatment as first-step option in primary care (PC).

Objectives: Explore AD prescription patterns in relation to mental health diagnoses and identify the most relevant factors involved in PC health systems. Understanding the variables influencing AD prescription would allow designing strategies and guidelines to make appropriate use of this pharmacological group in PC. As part of the PRESTO project (www.prestoclinic.cat), here we investigated the changes in frequency and the variables associated with AD prescription in a population-representative sample of people attending PC between 2010 –2019 in Catalonia, Spain.

Methods: We retrieved AD prescription, sociodemographic, and health-related data using individual electronic health records from a population-representative sample (N=947.698) attending PC between 2010-2019. Prescription of AD was calculated using DHD (Defined Daily Doses per 1,000 inhabitants/day). We compared cumulative changes in DHD with cumulative changes in diagnoses with an indication for AD during the study period. We used Poisson regression to examine sociodemographic and health-related variables associated with AD prescription.

Results: Both AD prescription and mental health diagnoses with an indication for AD gradually increased. At the end of the study period, DHD of AD prescriptions and mental health diagnoses with an indication for AD reached cumulative increases of 404% and 49% respectively. Female sex (incidence rate ratio (IRR)= 2.83), older age (IRR = 25.43), and lower socio-economic status (IRR= 1.35) were significantly associated with increased risk of being prescribed an AD.

Conclusions: Our results from a large and representative cohort of patients confirm a steady increase of AD prescriptions that is not explained by a parallel increase in mental health diagnoses with an indication for AD. A trend on AD off-label and over-prescriptions in the PC system in Catalonia can be inferred from this dissociation.

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EPP0868

Changes in the Rate of Emergency Presentation in Patients with Functional Neurological Disorder Attending a Long-term Community Care Program for FND

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Introduction: Patients with Functional Neurological Disorder have a high return rate to Emergency Rooms.

Objectives: To assess possible changes in Emergency Room presentation rates in patients with Functional Neurological Disorder following their attendance of specialized long-term multidisciplinary treatment and rehabilitation program.

Methods: Seventy-two adult patients with Functional Neurological Disorder were included. These patients were consecutive referrals accepted for ongoing specialist FND treatment.

The total number of Emergency Room presentations in the year prior to program admission was obtained from central health records. Patients were provided ongoing treatment for one year, during which the number of ER presentations was monitored. Patients received one or more of the following treatment modalities: psychoeducation, psychological therapy, psychologically informed physical and occupational rehabilitation and psychopharmacological treatments.

We subsequently compared high and low emergency service users. Low ER users are those with pre-treatment Emergency Room presentations of less than 3 per year. High emergency service users are those who presented to the emergency room 3 or more times per year before the start of their treatment.

Results: The mean emergency room presentation per year in the year leading to patients referral was 2.6 per patient, SD 9.4; dropped to 1.2 emergency room presentations per year, with a standard deviation of 4.4 in the year following the start of treatment. The difference was statistically significant ($p = 0.02$).

There was a strong positive correlation between the pre and post-treatment number of presentations with a Pearson Correlation Coefficient of 0.976 (95% Confidence Interval 0.962 to 0.985).

The reduction in emergency room presentations in both high and low-emergency service user groups was significant, with a mean difference of 12 ER visits a year in high-frequency emergency service users ($p = 0.04$) and a mean difference of 0.5 visits a year in low-frequency emergency service users ($p < 0.001$).

Conclusions: Ongoing specialist treatment and rehabilitation of patients with Functional Neurological Disorder significantly reduce their need for emergency room presentation, regardless of the treatment modality.

Disclosure of Interest: None Declared

EPP0869

Country Report on Assessment of Quality of Care and Protection of Human Rights in Georgian Mental Health Institutions

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Introduction: It is well established that the quality of mental health care and human rights mutually reinforcing. Until now, Georgian psychiatry is highly institutionalized, oriented towards medical treatment and suffers from a lack of recognition of the importance of the human rights concept.

Objectives: The purpose of the evaluation was to gather information on the current state of human rights and service quality in the inpatient mental health facilities throughout Georgia; pilot the WHO Quality rights toolkit as a major instrument to monitor mental health institutions within the country; develop recommendations for improvement of service care in psychiatric institutions and initiate changes based on the assessment results.

Methods: All inpatient mental health facilities operating in the country were selected for the evaluation. The assessment team conducted visits in facilities in March – May, 2019. All visits were planned in advance. All five themes of WHO Quality rights tool were covered. Interviews, observation and documentation reviews were used during the assessment process.

Results: Infrastructure malfunction is linked to the lack of encouraging environment, with scarce of daily and social activities. Comprehensive, patient-oriented individual recovery plan has not been initiated throughout the country. Treatment is focused mainly on medication treatment aimed at reducing / removing psychotic symptoms and timely discharging patients or “calming them down”. Taking into consideration scarcity of community-based service alternatives, the patients frequently have no choice where to get the relevant service. In general, the patients are satisfied with how they are being treated. The challenge is the incidents of violence among the patients and ensuring relevant safety measures. Educational and employment programs for persons with mental disorders are not developed in the country.

Conclusions: Based on the assessment findings recommendations for improvement of service care at mental health policy and institutional level were elaborated.

Despite some improvements in developing community services the assessment revealed gaps in mental health care and lack of understanding of the concept of human rights. The instrument was sensitive to identify poor treatment and violation of rights but less sensitive in determining differences in existing services. It is discussed that an in-depth assessment using the specific theme of the tool can help develop specific recommendations.

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EPP0870

Staff's perspectives on physical activity in acute mental health general adult wards: a follow up survey

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Introduction: Physical activity (PA) has multiple health benefits for people with severe mental illness (SMI). People with SMI engage in less exercise and more sedentary behaviour than the general population; this can be further exacerbated by inpatient settings. Staff's attitudes towards PA may influence patient engagement.

Objectives: In 2019, a study explored staff's views on PA for acute psychiatric inpatients. This follow-up study by the same team aimed to establish whether the enablers/barriers to promoting PA have changed and to identify targets for intervention.

Methods: In 2022, an online anonymous survey with free text was sent to all multidisciplinary team (MDT) members ($n=91$) of two acute general adult wards, including nurses, doctors, and allied health professionals (AHPs). A combination of quantitative and qualitative analysis was used to understand participants' perspectives. Manual thematic analysis was completed to identify discrete themes.

Results: Response rate was significantly lower for the follow-up at 39% as opposed to 63% of the initial study, possibly reflective of