

It can compromise one's sense of safety and dignity and leave lasting scars on mental health.

Objectives: Determine the prevalence of workplace harassment in healthcare environments and evaluate its impact on mental health.

Methods: This is across-sectional study conducted among health professionals at an University Hospital in Tunisia. Data was collected using a pre-established synoptic form on the social and professional characteristics of the participants. Workplace harassment was assessed using the LIPT questionnaire.

Results: Of the 500 healthcare workers included in this study period, 362 responded to the questionnaire representing a response rate of 72.4%. The average age of the participants was 37.3 ± 8.71 years, with women predominating (59.4%). The majority of participants were paramedical staff (54.4%). Of the participants, 101 (27.9%) had at least one comorbidity. The most common medical conditions were hypertension (10.5%). As for psychiatric history, which was present in 21.8% of participants, depression was the most common pathology (53.1%). The prevalence of harassment was 19.9%. Both men and women were harassed in 47.9% of cases, 66.7% by their hierarchical superior, and 72.2% by their colleagues. Our results show that 27.4% of subjects reporting palpitations were harassed, compared with 14.8% in the group without palpitations ($p=0.003$). Similarly, the frequency of harassment was significantly higher in participants with a lump in the throat. Subjects with fatigue were also significantly more harassed than subjects without this complaint (25.5% vs. 12%, $p=0.002$). Anxiety and competition problems were 4.27 (CI95%(2.3-7.91), $p<0.001$) and 4.41 (CI95%(2.32-8.39), $p<0.001$) times more frequent in people suffering harassment.

Conclusions: The prevalence of harassment among health professionals is not negligible, and the repercussions of this phenomenon are frequent. Given the extent of this emerging concept, preventive measures must be proposed and studied in order to put an end to its harmful effects.

Disclosure of Interest: None Declared

EPV0917

Managing Needs-based Inpatient Care for Young Adults: Project 'House of the Future'

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doi: 10.1192/j.eurpsy.2025.1560

Introduction: The transition from childhood to adulthood is a complex process and an important developmental task with many opportunities and risks. Despite the fact that almost three-quarters of psychiatric disorders begin before the age of twenty-four, adolescents and young adults are poorly represented in psychiatric research, and the data used to guide diagnosis and treatment in this group rely mainly on studies in adult populations. The mental health system in Germany is also not organized to meet the needs of this age group, and as a result, the treatment outcomes for young adults in inpatient or day-care units of adult psychiatric centers are mostly unsatisfactory. For this reason, it is crucial to implement

mental health care concepts that are tailored to the needs of young adults.

Objectives: Here we present a milieu-therapeutic inpatient care concept, 'House of the Future,' which integrates different therapeutic approaches to provide holistic and targeted support for young adults in need of psychiatric care.

Methods: An innovative inpatient psychiatric care concept for young adults from a psychiatric training hospital in Lower Saxony, Germany, will be presented in detail.

Results: The concept of the ward incorporates a variety of therapeutic approaches, including milieu therapy, systemic family therapy, and psychodynamic therapy. Additionally, it incorporates safe-wards elements and numerous non-verbal, innovative techniques such as art therapy, occupational therapy, music therapy, and sports therapy adapted for this age group. We provide a structured and needs-based environment for young adults, enabling them to engage with their experiences without being defined by their disorder or solely integrated into psychiatric systems. Our holistic approach aims not only to treat symptoms but also to promote sustainable personal development and a healthy lifestyle that empowers young adults. Young adults represent the future, and the development of their future is contingent upon the efficacy of the social support system, which is itself a significant challenge. Consequently, social work and pedagogical support are among the most essential elements of the concept. In addition to the comprehensive presentation of the concept, opportunities for networking with integration support institutions, day clinics, and specific outpatient units will be provided.

Conclusions: Adolescence and young adulthood are distinct developmental stages with unique needs. To reach optimal outcomes and to build our future on a safe base, it is fundamental to implement tailored care models in psychiatric settings that are in harmony with the specific requirements of this age group. Project 'House of the Future' aims to be a best practice example to address these needs.

Disclosure of Interest: None Declared

EPV0918

The correlation between socio-educational factors and the level of functionality in patients with Schizophrenia

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doi: 10.1192/j.eurpsy.2025.1561

Introduction: The level of functioning, in patients with schizophrenia, is an essential aspect in assessing and improving their quality of life. Schizophrenia is a major contributor to severe disability in adults, as it impacts patients' capacity to live independently, engage in social activities and pursue work or education. It is important to focus not only on reducing patients' symptoms, but also on improving their overall functioning. There are some factors, that can improve the functional capacity of these patients, such as: family support, level of education, being employed, treatment adherence.

Objectives: A 64 years old man, was diagnosed with Schizophrenia at the age of 20 years old (44 years ago) and he has had several hospitalizations in the Psychiatry Clinic. He is living with his 90 years old mother, has never been married and doesn't have

any children. The patient finished high school, but he doesn't have additional studies and he has never had a job. Outside the hospitalization periods, the patient has never been compliant to the antipsychotic treatment. The mental state exam is dominated by: complex visual and auditory hallucinations; delusional ideas of interpretation and persecution; soliloquy, stereotyped speech; bizarre, desorganized behavior; diminished self-care and self-management abilities; recent and long-term memory loss.

Methods: A 65 years old man, was diagnosed with Schizophrenia at the age of 31 years old (34 years ago) and has had several hospitalizations in the Psychiatry Clinic. He lives with his wife, he has 3 children and 2 grandchildren. The patient finished high school and has post-secondary studies. He worked as an electrician until the age of 53 years old and then he retired due to his medical condition. The patient was compliant to the treatment for the majority of the time. The mental state exam of the patient, was dominated by: complex imperative auditory pseudohallucinations, complex visual pseudohallucinations and hallucinations, cenesthetic hallucinations; delusional ideas of persecution and interpretation, tangentiality and circumstantiality; emotional blunting, with an improvement of the symptoms over time.

Results: The GAF scale was applied for both patients (in 2024), and the difference between the two of them was significant, with the first patient scoring only 27 points, indicating a notable deterioration in his functionality. The second patient scored 58 points, indicating a much better level of functionality. The SQLS scale was also applied for both patients, the first one achieved a higher score, meaning a poor quality of life, whereas the second one obtained a lower score, meaning a better quality of life.

Conclusions: The socio-educational factors play a significant importance in the quality of life, in patients with schizophrenia. Mental health professionals should be aware of this factors for helping their patients to improve their functionality.

Disclosure of Interest: None Declared

EPV0919

The meaning of 'risk' in mental health care: a qualitative study of its usage in clinicians' language

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doi: 10.1192/j.eurpsy.2025.1562

Introduction: Although there is good empirical data on factors that predict harmful outcomes, and standardised approaches to risk assessment have been developed, there remains a disconnect between the academic study of risk and routine clinical practice. This is exemplified by (i) the outstanding uncertainty about how to use predictive models for everyday clinical decision-making, and (ii) the use of predictive methodology to test tools that eschew prediction. The disconnect is, in part, a consequence of the varied use of the notion of 'risk' within and between academia and clinical practice.

Objectives: To derive a more nuanced understanding of the meaning of 'risk' in clinical practice.

Methods: After reading clinical vignettes, participants (all practising clinicians, n=18) took part in semi-structured interviews regarding clinical decision-making. The interview transcripts were subject to thematic analysis using a novel approach to the analysis

of ideas in expressed language (in this case the idea of 'risk') which draws on philosophical and intellectual history methodologies (derived from the work of Wittgenstein, and Skinner respectively).

Results: The use of risk by participants varied according to the extent and type of its spatial location (figure 1).

In many cases, 'risk' was used in a disembodied (i.e., dislocated) way (e.g., 'what is the risk,' 'risk will increase').

When locatable, it was evident that participants located risk in:

- the patient (e.g., *'the patient's risk'*) which was sometimes qualified by the type of harm envisaged (e.g., *'his risk involved hurting staff'*);
- clinical activity (e.g., risk assessment, positive risk-taking, risk management);
- the clinician (e.g., risk tolerances and thresholds); and
- the system (e.g., *'our system is... quite risk averse,' 'who holds the risk'*).

Image:

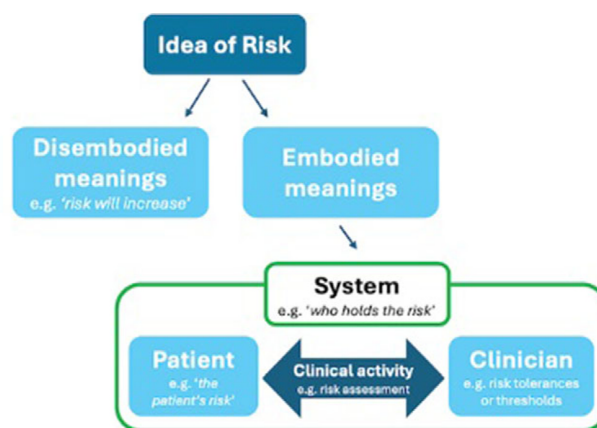


Figure 1. Meanings of the idea of 'risk' in clinicians' language

Conclusions: This study demonstrates the varied use of 'risk' in practice. By empirically delineating the different expressed forms 'risk' takes in clinicians' language (and thinking), the findings of this study can inform (i) the development of risk study methodologies that are more applicable to practice, and (ii) improvements in clinical practice by clarifying how risk can be understood and spoken about.

Disclosure of Interest: None Declared

EPV0921

Humanitarian Love and Ethical Dilemmas in Mental Health Care: A Literature Review

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doi: 10.1192/j.eurpsy.2025.1563

Introduction: Humanitarian love, a concept grounded in compassion, emotional support, and empathy, plays a pivotal role in mental