

EW324

The effect of the reductions in social interactions due to the economic crisis on the subjective well-being of non-insurance health care seekers in Greece

G. Lyrakos^{1,*}, M. Grigoriadou¹, T. Zacharis², M. Grigoraki¹, D. Menti³, N. Tsioumas³, A. Georgiadis¹, I. Spyropoulos¹, V. Spinaris¹

¹ General Hospital Nikaia "Ag. Panteleimon", Psychiatric, Nikaia, Greece

² Center for Mental Health, Social Department, Piraeus, Greece

³ City Unity College – MSc Health Psychology, Psychology Department, Athens, Greece

* Corresponding author.

Background Social interactions have an important effect on the subjective well-being of individuals. However, in periods of financial crisis these interactions are reduced, affecting thus the mental health of the individuals as well.

Aim To investigate the effect of the reduction in social interactions, as a result of the economic crisis, on the subjective well-being of non-insurance health care seekers in Greece.

Method Two hundred and sixty-six individuals participated in this study, 90 (35.6%) males and 163 (64.4%) females, with a mean age of 47. Analysis of data was conducted with Anova, using the SPSS software.

Results The findings showed that reductions in social interactions, caused by the financial crisis, led to significant reductions in the subjective well-being of individuals as well ($F(1,259) = 13.276$, $P < 0.001$ for social activities and $F(1,258) = 14.531$, $P < 0.001$ for peer socialization). More specifically, individuals whose social interactions were greatly affected by the financial crisis reported significantly lower subjective well-being than individuals who reported a medium effect ($M = -2.952$, $SD = .764$, $P < 0.001$). Furthermore, individuals who reported that the economic crisis had a great effect on their peer socialization reported significantly lower subjective well-being compared to both those who reported a medium ($M = -1.868$, $SD = .658$, $P < 0.015$) or low ($M = -2.77$, $SD = .809$, $P < 0.001$) effect of the crisis.

Conclusion The results of this research showed that the financial crisis reduced the well-being of affected individuals through reductions in their social interactions. Further research is needed to investigate appropriate interventions to reduce the negative impact that the financial crisis has on the well-being of affected individuals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.442>

EW325

Factors affecting restraint practices in psychiatric inpatient units: A sample from a mental health hospital in Turkey

U. Ozer Ceri^{1,*}, U. Uzun¹, B. Sancak¹, V. Ceri², S. Ozen¹

¹ Prof Dr Mazhar Osman Mental Health and Neurological Disorders Research Hospital, Psychiatry, Istanbul, Turkey

² Dumlupinar University-Evliya Celebi Training and Research Hospital, Child and Adolescent Psychiatry, Kutahya, Turkey

* Corresponding author.

Introduction New guidelines aimed to minimize restraint in psychiatry clinics due to ethical reasons.

Objectives Further studies investigating factors affecting the decision of restraint and its potential benefits and harms are needed.

Aims We aimed to determine current rates of restraint in psychiatric clinics and sociodemographic/clinical variables which may be related with restraint practices.

Methods The study was conducted in 64-bed male and 28-bed female psychiatric inpatient units, between March 1–May 31 2015. Sociodemographic and clinical data forms were completed using case files and restraint records.

Results In a total number of 481 inpatients (351 males, 130 females), number of restrained patients was 98 (20.3%) (90 (25.7%) males, 8 (6.2%) females). There was no significant difference in sociodemographic characteristics between restrained and unrestrained patients, but duration of the illness and electroconvulsive therapy rates were significantly different. Substance abuse (44.4%) was higher in restrained male patients. Also, restraint rates were higher in patients having a diagnosis of substance-related disorder compared to other diagnoses. Restraints occurred most commonly in the first day (48%) of hospitalization.

Conclusions The studies carried out in psychiatric hospitals suggested major differences in the rates and types of restraints among different countries and institutions. In our study, a higher restraint rate is obtained compared to other studies. Consistently with the literature, substance abuse was higher in restrained patients, and restraints occurred most commonly in the first day of hospitalization. Many factors including substance abuse should be considered to reduce restraint rates, which are still quite high in mental health hospitals in Turkey.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.443>

EW329

Domiciliary care service in psychiatry – Impact on hospital admissions and follow up in patients with bipolar and schizophrenia disorders

G. Sobreira^{1,*}, F. Gomes¹, I. Capeto Coelho², J. Oliveira³

¹ Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Bipolar and Obsessive Compulsive Disorders Unit, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Several community psychiatry projects have been developed in Lisbon; nevertheless, there are patients whose needs are not fulfilled by the existing structures. For this reason, our institution created a domiciliary care unit (PreTrarCa).

Objectives To assess if this program has an impact in admission rates, length of stay and follow-up appointments.

Aims To improve the quality of care provided by PreTrarCA.

Methods All active patients followed by PreTrarCA in 2015 were selected ($n = 90$); only those with F20 and F31 (ICD-10) diagnoses, admitted to the program after 2013, and who had information regarding duration of illness were chosen ($n = 21$). A control group with similar characteristics (age, gender, ICD-10 diagnosis, disease duration) was paired to our sample. Information concerning social/demographic data, disease duration, hospital admissions and appointments, before and after the patients started the program was retrospectively collected. All data and statistical analyses were performed via SPSS program.

Results Our patients were mostly female ($n = 12$); mean age 54,92; 10 and 11 had F-20 and F-31 diagnosis respectively. The test patients had fewer admissions ($P = 0.027$). No statistical significance was found concerning number of appointments, missed appointments or length of stay, between the groups before or after the patients had started the program.