

completed the following questionnaires voluntarily and anonymously: a) Zung Depression Scale and b) socio-demographic and self-reported questionnaire for their past and present friendships.

Results: RESULTS: Patients who had friends in the past scored lower depression rates (44.63 ± 11.53) than patients who did not have friends in the past (60.50 ± 6.36), with a statistically significant difference between them ($p = 0.045$), while patients who currently have friends scored lower depression rates (42.91 ± 10.86) than patients who do not currently have friends (58.81 ± 6.07), with a statistically very significant difference between them ($p = 0.000$). Patients with type 2 diabetes who are not currently friends have higher levels of depression by 3.8 points compared to patients with type 2 diabetes who are currently friends.

Conclusions: CONCLUSIONS: Patients with diabetes mellitus with low levels of social life show statistically higher rates of depression and further study of this relationship is considered necessary.

Disclosure: No significant relationships.

Keywords: Diabetes Melitus; Depression; Patients; Social Life

EPV0851

A person-centered needs-tailored recovery program for community-dwelling people diagnosed with mental illness

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Introduction: The recovery of community-dwelling people diagnosed with mental illness is positively correlated with having their needs met; however, only a few person-centered services provide solutions that are tailored to the needs of such populations.

Objectives: The aim of this study was to evaluate the effectiveness of a needs-tailored recovery program.

Methods: A double-blind randomized controlled trial was used. In the experimental group, people diagnosed with mental illness received homecare services for six months as part of a new needs-tailored recovery program. The control group received existing community homecare services. Data were collected before and after the intervention (July 2020 to January 2021). The primary outcome was recovery, and secondary outcomes were needs, hope, empowerment, psychotic symptoms, and medication adherence.

Results: The recovery program integrated the evidence-based care elements for community-dwelling people diagnosed with mental illness that we had identified: need satisfaction, hope, empowerment, and medication adherence. In total, 62 participants were included. There were no significant pre-test differences between the two groups in terms of demographic or baseline variables. However, there were significant differences between them in the extent of improvement in recovery, needs, hope, and empowerment, and medication adherence improved significantly but similarly in both groups.

Conclusions: Our person-centered recovery program fitted individuals' needs and improved recovery and related elements for personal recovery among community-dwelling people diagnosed with mental

illness. This study increases our understanding of recovery-oriented care to prioritize therapeutic alliance, integrated needs assessment, individualized unique goals, hope, and empowerment.

Disclosure: No significant relationships.

Keywords: person-centered care; Recovery; Randomized Controlled Trial; needs-tailored

EPV0853

Resilience and perceived social support among family Caregivers of patients with mental illness : what links ?

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Introduction: Burden among family caregivers of patients with mental illness can be mediated by resilience and perceived social support.

Objectives: The present study aimed to explore the relationship between perceived social support and resilience levels among caregivers of patients with mental illness and to identify its associated factors.

Methods: This was a cross-sectional, descriptive and analytical study conducted on caregivers of patients followed in the outpatient psychiatry department at the university hospital of Sfax (Tunisia), during septembre 2021. Resilience was assessed with the Connor-Davidson Resilience Scale and the social support with the social provisions scale. High scores indicate high resilience and support.

Results: We have involved 34 family caregivers with an average age of 47.47 years (SD=12.4 years). The mean resilience score of caregivers was 42.85 and the mean social support score was 28.09 (SD=5.54). The score of resilience correlated positively with the score of social support among family caregivers of patients ($r = 0.76$; $p = 0.0001$). Furthermore, resilience and social support were significantly lower among caregivers with a history of chronic illness ($p = 0.0001$ and 0.002 respectively). Regarding clinical factors, the scores of social support and resilience decreased significantly with the duration of providing care to patients ($r = -0.60$; $p = 0.0001$ and $r = -0.75$; $p = 0.0001$ respectively). Similarly, they decreased significantly with the number of hospitalizations of patients ($r = -0.53$; $p = 0.001$ and $r = -0.62$; $p = 0.0001$ respectively).

Conclusions: The findings suggests that high social support promotes better resilience among family caregivers of patients with mental illness. So, a better adjustment to the role of caregiver can be effectively achieved by improving the perceived social support.

Disclosure: No significant relationships.

Keywords: social support-resilience-caregivers-mental illness

EPV0854

Occupational stress and musculoskeletal symptoms in a Tunisian footwear industry

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