

patients without psychiatric comorbidity (mean = 5.23 days, SD = 7.16), the difference being statistically significant for the analysis of variance with a small effect size ($F = 18.2$; $p < 0.001$, $\eta^2 = 0.038$). The assumption of the equality of variances of the two groups is not fulfilled (Levene $F = 29.0$; $p < 0.01$) so Welch's nonparametric test was applied, whose results do not modify those obtained.

| | N | Mean | SD | SE |
|----------------------------|-----|------|-------|-------|
| No psychiatric comorbidity | 296 | 5.23 | 7.16 | 0.416 |
| Psychiatric comorbidity | 238 | 9.87 | 15.45 | 1.002 |

Conclusions: Our results are in line with other studies, showing a longer mean length of stay in those patients admitted for any cause and with associated psychiatric comorbidity. This highlights the importance of having an integrated psychiatry service in a general hospital, as Bronson points out, where they find a shorter mean length of stay in units that have integrated, proactive psychiatric care (Bronson et al., 2019).

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Disclosure of Interest: None Declared

EPP0951

Psychiatric Features of Parents of Children with Spina Bifida

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doi: 10.1192/j.eurpsy.2023.1231

Introduction: Spina Bifida (SB) is a closure defect of the neural tube. Affecting multiple systems of the body, this disease also affects families psychologically.

Objectives: In this study, our aim was to investigate levels of psychiatric symptoms, depression, anxiety, despair and coping with stress in parents of children with Spina Bifida.

Methods: From the follow-up patients' families of our hospital's neurosurgery unit, a total number of 80 parents were included in this study. Sociodemographic data form, The Structured Clinical Interview -Clinical Version (SCID-I / CV) for DSM-IV Axis Diagnosis, Beck Anxiety Inventory (BAI), Beck Depression Inventory

(BDI), Symptom Checklist (SCL-90-R), Beck Hopelessness Scale (BHS) and Coping with Stress Scale were performed.

Results: The mean age of parents of children with Spina Bifida diagnosis was 34.44 ± 7.00 . Psychiatric symptoms and inventory scores are displayed on the table.

Table 1: Clinic Inventory Scores of Cases

| | Mean | Standard Deviation |
|---------------------------|-------|--------------------|
| Scl-90 | 0,86 | 0,63 |
| Beck Depression Inventory | 13,00 | 10,32 |
| Beck Anxiety Inventory | 12,93 | 11,71 |
| Beck Hopelessness Scale | 5,30 | 3,74 |
| Coping with Stress | 52,94 | 8,53 |

Conclusions: It was determined that psychiatric symptoms such as anxiety, depression, difficulty in coping with stress can be seen among parents of children with SB. This suggests that parents of patients with diseases like SB should get the needed psychiatric help and supportive care during the course of treatment.

Disclosure of Interest: None Declared

EPP0952

Corelation between Beck Depression Inventory and stress coping strategies scale on parents of children with Spina Bifida

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doi: 10.1192/j.eurpsy.2023.1232

Introduction: Spina Bifida (SB), in other terms called spine openness, is a prenatal disease occur due to improper closure of the spine of the fetus during the first months of the pregnancy.

Objectives: Having a disabled child or to observe deficiency in a child regardless of its level is a highly stressful situation for the families. To take care of such children causes an emotional and physical burden on the parents. Thus, this leads to an increase in the level of depression and anxiety on these individuals, causes health related problems and an increase in the drug usage.

Methods: Beck depression Inventory and stress coping strategies scale have been applied to 66 parents consisting of 39 female and 27 males. The cut-off scores for Beck Depression Inventory were 1-10 for normal, 11-16 for mild mood disturbance, 17-20 for borderline clinical depression, 21-30 for moderate depression, 31-40 for severe depression. For stress coping strategies scale higher scores correlated with the intensity of coping mechanisms listed on the scale.

Results: Acquired data from 66 parents show a positive correlation between Beck Depression Inventory and Stress coping strategies scale