

informal caregivers (n=15), and were guided to focus on violence and challenging situations in psychiatric care. In a secondary analysis, experiences of fear were extracted from the transcriptions and analyzed using inductive content analysis.

Results: Both groups' experiences of fear focused on themes related to staff, treatment and fellow patients. Additionally, service users had experiences of fear related to the hospital environment. Fears related to staff involved intimidating personnel using force or acting in threatening ways. Participants also described staff seemingly being afraid of patients and care givers. Three types of fears related to treatment were described: fear of not being admitted to hospital even if needed, fear of being admitted to hospital, and fear of coercive methods used in care. Fear of fellow patients involved being afraid of aggressive, unpredictable behaviors, which could cause, e.g., a lack of sleep at night for service users. Fears related to the environment itself were also discussed.

Conclusions: Being hospitalized can be a difficult experience for service users and informal caregivers. These results can help psychiatric healthcare staff acknowledge areas in care that may potentially cause feelings of fear.

Disclosure: No significant relationships.

Keywords: Psychiatric hospital; Fear; Service user; Informal caregiver

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Improving maternal mental health through postnatal services use for south sudanese mothers and their babies living in nguynyel refugee camp in gambella, Ethiopia

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Introduction: Poor maternal mental health during the perinatal period leads to serious complications, especially in humanitarian settings where both mothers and children have often been exposed to multiple stressful events. In those contexts, culturally relevant mental health and psychosocial interventions are required to support mother-infant dyads and ultimately to alleviate potential negative outcomes on child's health and development.

Objectives: This study aims at assessing the use of postnatal services by mothers and infants under 2 and its impact on maternal mental health.

Methods: A process evaluation of Baby Friendly Spaces (BFS) program was conducted in Nguynyel refugee camp (Ethiopia) and a prospective quantitative assessment was administered to lactating women at baseline and endline (2 months later) to measure maternal functional impairment (WHODAS 2.0), general psychological distress (Kessler scale-K6); depression symptoms (Patient Health Questionnaire-PHQ9) and post-traumatic stress symptoms (PTSD Checklist-PCL-6).

Results: 201 lactating women and their babies were enrolled between October 2018 and March 2019. Statistically significant reductions were observed in all mental health outcomes at follow-up. Total mean scores decrease by 19% ($p < 0.001$) for general psychological distress and posttraumatic stress, by 23% ($p < 0.001$) for the depression and by 15% ($p < 0.001$) for the functional impairment. Examination of the compliance to the services revealed that mothers who dropped out early had statistically significantly lower depression scores ($p = 0.01$), and functional impairment scores ($p < 0.001$) than mothers who stayed in the program.

Conclusions: The integration of maternal mental health interventions within perinatal services is challenging but essential for identifying and treating maternal common mental disorders.

Disclosure: No significant relationships.

Keywords: Refugees; Process evaluation; Ethiopia; Maternal mental health

Mental health policies

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Modernized architecture may reduce coercion

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Introduction: Prevention and treatment of aggression in psychiatric hospitals is achieved through appropriate medical treatment, professional skills, and optimized physical environment and architecture. Coercive measures are used as a last resort. In 2018 Aarhus University Hospital Psychiatry moved from 19th-century asylum buildings to a newly built modern psychiatric hospital. Advances within psychiatric care have rendered the old psychiatric asylum hospitals inadequate for modern treatment of mental disorders.

Objectives: To examine if relocating from a psychiatric hospital, dating from 19th century to a new, modern psychiatric hospital decreased the use of coercive measures.

Methods: This is a retrospective longitudinal study, with a follow-up from 2017 to 2019. We use two designs; 1) a pre-post analysis of the use of coercive measures at Aarhus University Hospital Psychiatry before and after the relocation and 2) a case-control analysis of Aarhus University Hospital Psychiatry and the other psychiatric hospitals in the Central Region. Data will be analyzed in STATA using an interrupted time-series analysis or similar method. Additionally case-mix and sensitivity analysis will be performed.

Results: Preliminary results show a 45% decrease in the total number of coercive measures and a 52% decrease in the use of mechanical restraint. The reduction that may reasonably be attributed to the relocation is still to be determined and will be presented at the congress.