and the coping strategies used could provide insight into the quality of work life.

Disclosure: No significant relationships.
Keywords: resident; medical; resilience; intern

EPV0846

Evaluation of treatment adherence in patients with mental illness

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doi: 10.1192/j.eurpsy.2022.1598

Introduction: Treatment adherence, is defined as "the extent to which a person's behavior — taking medication, following a diet, and/or executing lifestyle changes — corresponds with the agreed recommendations from a healthcare provider." The course of patients with mental health is habitually chronic and based on an indefinite continuation of treatment to sustain remission and prevent relapses. Treatment adherence issues are the main obstacles in the management of these patients

Objectives: The aim of the present study was to evaluate treatment adherence in patients with mental health and the demogrphic and clinical factors associated with it.

Methods: It was a cross-sectional study conduced at the department of Psychiatry A at Razi Hospital.The validated arabic version of Morisky-Green test was used to assess medication adherence. The patients were considered as adherent if they answered 'No ' to all questions

Results: 60 patients were included, with a sex ratio M / F of 0.47. Patients were treated for bipolar disorder type1 in 45% of cases, schizophrenia in 28.3% of cases, schizoaffective disorder in 10% of cases and depressive disorder in 6.7% of cases. 50% of included patients had Moderate level of adherence, 35% were considered as non- adherent and only 13.3% had high adherence. The reported reasons for treatment discontinuation were insight (50%), financial problems (26.9%), side effects (15.4%) and unavailability of drugs (7.7%). The Morisky-Green test score were not correlated neither to the nature of the psychiatric disorder nor to multiple medication.

Conclusions: We found a high proportion of nonadherence in patients with mental illness.

Disclosure: No significant relationships.
Keywords: Adherence; patient; Treatment; mental disorder

EPV0849

Investigating the relationship between mental health, resilience and self-compassion among Greek unemployed people

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doi: 10.1192/j.eurpsy.2022.1599

Introduction: Unemployment is considered to be one of the most stressful life events that a person may experience. There are a plethora of studies that highlighted the negative effects of unemployment on people's overall mental health and well-being. Yet, psychological resilience and self-compassion contribute positively in coping with stressful situations and seem to be particularly supportive mechanisms when one is confronted with unemployment.

Objectives: This study intended to investigate the relationships between resilience, self-compassion and mental health in Greek unemployed people and the contribution of specific sociodemographic characteristics in this 'equation'.

Methods: The study followed a survey design where a sample of 345 Greek unemployed participants completed an online questionnaire, examining the variables under study.

Results: According to the findings, people who reported being unemployed for more than six months showed decreased levels of mental health. Also, the unemployed with higher levels of resilience and self-compassion reported statistically significant higher levels of mental health and vice versa. Finally, self-compassion and psychological resilience were found to be statistically positive related to each other and are predictive factors of mental health with which they are statistically negative related.

Conclusions: The results of this study may contribute to the implementation of interventions aiming at improving mental health and the overall well-being of people affected by long-term unemployment.

Disclosure: No significant relationships.
Keywords: self-compassion; resilience; mental health; unemployment

EPV0850

The Relationship between Friendship and Social Life of Patients With Type 2 Diabetes with Depression

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doi: 10.1192/j.eurpsy.2022.1600

Introduction: INTRODUCTION: Several studies have shown that the relationship between Diabetes and Depression is significant, but few have evaluated the relationship between this depression and patients' social life.

Objectives: OBJECTIVE: Exploring the friendships and social life of patients with type 2 diabetes with levels of depression.

Methods: METHODS: The sample consisted of 130 Greek patients with type 2 diabetes and a mean age of 63.28 (SD = 13.89), who

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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doi: 10.1192/j.eurpsy.2022.1601

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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doi: 10.1192/j.eurpsy.2022.1602

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 adjustement 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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