

la ECAS se centra en la agitación, la ansiedad y la angustia emocional.

Methods: - Studies have explored the effectiveness of CRTs and the perspectives of service users. Understanding how patients perceive crisis and CRT services is crucial for tailoring interventions effectively.

Results:

Conclusions: - CRTs play a vital role in mental health care, offering timely support to individuals experiencing crises. While defining crisis is complex, suitable candidates often include those in acute distress requiring immediate intervention. Understanding the perspectives of service users and the diverse nature of crisis experiences informs effective crisis resolution strategies.

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EPV0600

Principles of a personalized approach in psychosocial interventions for cardiac surgery patients

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Introduction: Cardiac surgery patients, former cardiac patients, face additional sources of stress connected with surgical intervention.

Objectives: To devise the main principles of a personalized approach in psychosocial interventions for cardiac surgery patients.

Methods: We have devised these principles based on the analysis of contemporary scientific literature and the operational experience of the Cardiology Clinic of the Chuvash Republic located in the city of Cheboksary.

Results: A personalized approach in psychosocial interventions for cardiac surgery patients is used at all levels of medical support. It implies taking into consideration in every specific patient a unique correlation of their clinic-anamnestic peculiarities, clinic-psychological risk factors of the condition's gravity and their psychological resources. At the same time, all the psychological interventions must focus on the personality and comply with the clinic specificity of the actual somatic and mental condition of the cardiac surgery patients. The underlying principles of the personalized approach in psychosocial interventions for cardiac surgery patients include the principles of accessibility, openness, continuity, collaboration, integration, differentiation, variation, participation, awareness and prevention.

Conclusions: Relying on the personalized approach in psychosocial interventions for cardiac surgery patients allows working out a personalized treatment and rehabilitation course for an individual patient.

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EPV0602

Responses to serious adverse incidents in mental health care settings: a qualitative study of a complex patient safety system

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Introduction: Individual patient safety processes (such as reporting, investigating, learning and improving patient outcomes) activated following serious adverse incidents (e.g. patient suicide) are not distinct or standalone. Rather, they are embedded within a complex system of multiple interdependent processes enacted by individuals who are subject to an array of implicit and explicit influences (Nathan *et al.* BJPsych Advances 2022; 1-11). Although some specific elements of the response to adverse incidents have been examined, no previous empirical research has set out to study the complex interacting system within which these elements are situated.

Objectives: This study's aim was to characterise a complex patient safety system and to identify types of processes across that system that have an impact on the goal of improving patient safety.

Methods: Recorded 1:1 semi-structured interviews were undertaken with staff in a range of patient safety roles across a mental health care system to elicit accounts of the system response to serious adverse incidents. These interviews were transcribed, and the transcriptions were subject to thematic analysis using the *Framework Method* for qualitative research in health care settings (Gale *et al.* BMC Med. Res. Methodol. 2013; 13.1; 1-8). This preliminary study relates to the analysis of 8 interviews.

Results: The following six main types of influences on the effectiveness of patient safety system responses to adverse incidents were identified:

1. **Differing functions/expectations of investigations into serious incidents** (due to differing demands of different parties, such as the health provider, the family, the coroner, etc);
2. **Differing methodologies used to investigate serious adverse incidents** (although system-based generally preferred, there was a noted risk that this approach may fail to identify occasional examples of poor practice);
3. **Relationship between incident investigation processes and patient safety processes** (with a particular potential for the latter to dominate the system at the expense of the former);
4. **System complexity** (multiple interacting processes/processors at multiple levels within the health provider and wider health system);
5. **Operationalising recommendations from investigations** (with the potential for adverse unintended patient safety consequences)
6. **Influence of national directives**

Conclusions: As well as paying attention to individual components of the safety system (e.g. investigation methodology and organisational culture), the development of an effective patient safety system is dependent on an understanding of the complex interacting