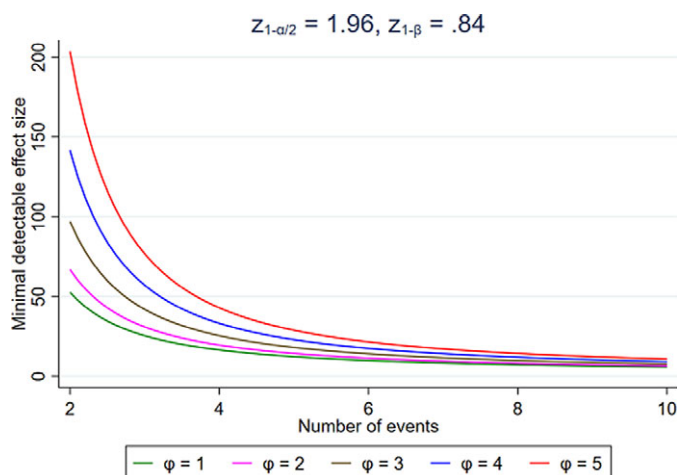


Fig. 1 shows the minimal detectable effect size as a function of the number of events, with  $\alpha = 0.05$  and a power of  $1 - \beta = 0.8$ , for various assignment ratios  $\varphi = P_T/P_C$ , where  $P_T$  and  $P_C$  are the proportions of patients assigned to the treatment group and the control group, respectively.

**Image:**



**Conclusions:** The current visualization and corresponding calculation can be used to guide decisions in the design phase of both observational studies as well as in clinical trials. For observational studies, the sample size, or equivalently, the number of events, could well be fixed, and the MDE may help assess the clinical relevance of conducting the study as in the example with PCOS data. The curves can also provide insight into which efforts might lower the MDE, e.g., whether a small increase in sample size or a different assignment proportion would be most beneficial based on a given sample size.

**Disclosure of Interest:** None Declared

## EPP0856

### Older adults' mental health during humanitarian crisis

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**Introduction:** A humanitarian crisis is defined as a singular event or a series of events that are threatening in terms of health, safety or wellbeing of a community or group of individuals, and require action that is usually urgent and often non-routine. Examples of such crisis are wars, natural disasters, epidemics and forced immigration. There is an urgent need of an international commitment to planning for humanitarian emergencies that include individual and community psychosocial support for older adults with mental health conditions. The current lack of inclusion for these older adults in humanitarian response is dramatic and constitute a clear violation of their Human Rights.

**Objectives:** The World Psychiatric Association Section of Old Age Psychiatry and the International Psychogeriatric Association are working together since 2020 to promote the older adults' Human Rights. Articles, position statements, seminars, symposia and congress were produced. The ultimate common goal is to support the adoption of an UN Convention on the Human Rights of the Older Persons that include the promotion and protection of the mental health of these persons.

**Methods:** Input to the Independent Expert on Older Adults at the OHCHR who prepared official reports presented during the UN General Assembly in 2022.

Publication of articles, organization of seminars, symposia and congress

**Results:** The main documents published will be presented as well the template of the next Position statement on Older Adult's mental health during Humanitarian Crisis

**Conclusions:** Humanitarian actors must provide assistance in accordance with the principles of humanity, neutrality and impartiality. Promoting and ensuring compliance with these principles are essential elements of effective humanitarian coordination, in respect of the Human Rights principles, in particular when vulnerable people such older adults with mental health conditions are involved.

**Disclosure of Interest:** None Declared

## EPP0857

### Promoting occupational justice policies in mental health organizations: A model based on the experiences of mental health rehabilitation consumers and employees

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**Introduction:** Occupational justice (OJ) regards the human right to be engaged in meaningful life occupations (work, leisure, learning, house management etc.). It highlights the idea that all society members should be able to actively participate in all occupations as equals. Yet, people with mental health problems remain at the margins of society and struggle to fully participate in life activities. At the same time, such participation has been shown to lead to better functional abilities, higher quality of life, and better illness management among this population. It provides routine, connectedness, belonging, purpose, and identity. Moreover, impaired occupational participation due to mental health problems has resulted in functional impairment, symptomatic deterioration, loss of social roles, and a reduced sense of competence. Despite the importance of such participation, it is unclear in many mental health rehabilitation service organizations how to design policies that will achieve better occupational participation for their consumers.

**Objectives:** To better understand the OJ concept and to create a conceptual model pertaining to the challenges and solutions, which may serve policy makers as a theoretical basis for enhancing OJ based policies.

**Methods:** We conducted a qualitative phenomenological study that included in-depth interviews with mental health rehabilitation

consumers, to identify their experiences and perceptions in relation to OJ and focus groups with rehabilitation employees and managers. Data analysis was a multi-staged process using a systematic and inductive procedure.

**Results:** Based on our analysis, the three key themes clarifying the interviewees' experiences with the OJ concept were a) the importance of and barriers for achieving meaningful participation, b) the required resources for implementing OJ, and c) principles for practice. These elements comprise a holistic OJ construct, affording a practical understanding of what a service that implements OJ means. Such a service would use the resources and practices discussed in this study and address meaningful participation as the desired outcome to achieve.

**Conclusions:** Unlike other forms of justice, OJ emphasizes the need for flexible and tailor-made services that address the consumer's changing needs and circumstances. It considers the consumers' role as active rather than passive service recipients. Recently, the fields of health and rehabilitation have increasingly acknowledged the importance and applications of involving consumers. Their genuine involvement would enhance OJ and provide a basis for more accurate assessments and customized interventions.

**Disclosure of Interest:** None Declared

## EPP0858

### Establishing priorities for a Mental Health strategy in Castilla y Leon: The cohesion of professionals and society

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**Introduction:** The reform of mental health care is a key health policy target. Mental health care provision in Spain is designed with national and regional strategies that establish the objectives to develop. The Castilla y Leon regional strategy 2022-2026 aim to establish the priorities for objectives and actions with stakeholders from the regional society.

**Objectives:** To evaluate priorities in the implementation of a Mental Health strategy with the consensus of professionals and society.

**Methods:** An initial consensus was achieved with the regional health government and local mental health representatives, considering the 2022-2026 national strategy and other mental health plans from nearby regions. Lines in the strategy included transversal lines (part of all the mental health scope) and action lines (priorities focused in one relevant field)

Priorities were established by different representatives from mental health and other healthcare professionals, social and educational

stakeholders, scientific societies, people with mental health disorders and families. After agreeing to participate in the process, they had to answer an online survey. For each line, they have to score from 0 to 10.

**Results:** 500 subjects participated (44% Healthcare workers, 5.8% education or social services, 3.8% Justice, 8.6% workers for associations, 14% Mental Health Care users). All the lines were highly appreciated (mean score >7). Within the transversal lines, the highest score was for the Humanization line (8.81±1.43) and the lowest for the Digitalization line (7.18±1.92). In the Action Lines, the highest score was for Suicide (9.03±1.5) and the lowest for Elder people (8.04±1.94).

Prevention line had higher scores by Education, Justice, Associations and Healthcare professionals and the lowest was for users (F: 2.754; p=0.012). In the Digitalization line the higher scores were in the health professionals and scientific societies and the lowest in the users (F:4.665; p<0.001). In the research, innovation and Training line, the higher scores were for professionals, societies and users and the lowest in the education and justice groups. The only differences found in the Action lines was for the Addiction line, with higher scores for societies, social services, professionals and users and lower in Associations and Justice (F:2.219; p=0,040)

**Image:**

