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Attitudes and knowledge toward mental disorders among healthcare providers in psychiatric departments

F. Askri*, M. Lagha, K. Ben Younes, I. Ben Romdhane, H. Wided and R. Labbane

PSYCHIATRY C, RAZI HOSPITAL, MANOUBA, Tunisia
*Corresponding author.
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Introduction: Stigma towards mental health disorders is an issue standing in the way of healing and integrating the patient into the social life. Stigmatising does not only come from the general population but also from health care providers. Studies found out that lack of knowledge and skills among health care professionals is associated with stigmatization, which affects the attitudes and the patient's treatment process.
Objectives: The main aims of this study were to evaluate the attitudes and knowledge about mental health among nurses and psychiatry residents working in psychiatric departments, to explore the relationship between knowledge and attitude toward mental health and to find out the possible link with sociodemographic and work characteristics
Methods: A cross-sectional questionnaire was conducted in two departments of psychiatry at RAZI hospital focusing on nurses and psychiatrist trainees. The sociodemographic informations, duration and choice of working in psychiatric field, personal experience with mental illness were collected .
The Mental Health Knowledge Questionnaire (MHKQ) and the mental illness clinicians attitude scale (MICA-4)were used to evaluate the participants mental health knowledge and attitude towards psychiatry and people with mental disorders .
Results: A total of 30 health care providers finished the questionnaire. Their median (± interquartile range) age was 29 (±9) years within a range of 25 to 60 years old. Our participants were predominantly female (N = 26; 86.7%). The overall median of MHKQ scale was 10 (±6) with a higher score in psychiatrist trainees than nurses but no significant difference was found (p= 0.066) However there was a significant difference between the two groups regarding the MICA scale (p=0.02) with a negative attitude found in the group of nurses . Participants with no personal experience with mental illness along with those who were obliged to work in psychiatric facilities tend to have higher score on the MICA scale with significant statistically relationships, respectively, p =0.18 and p=0.09 We didn't find any statistically significant relationship between the total scores of the MICA and MHKQ scales (rho = -0.206, p = 0.275)
Conclusions: In our study negative attitude toward mental disorders were found in the group of nurses. Education about mental health disorders as well as addressing the importance of mental health outcomes must be included in the first year training of every healthcare provider. New strategies Focusing on improving the knowledge and skills among healthcare professionals are important to make due to their positive effect on the recovery.

Disclosure of Interest: None Declared

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Teaching stress reduction techniques including biofeedback for managing stress in medical students

R. Krishnan[1,2]* and K. Kósa[1]

[1]Department of Behavioural Sciences, University of Debrecen, Debrecen, Hungary and [2]Greenwich Mental Health Liaison Team, Oxleas NHS Foundation Trust, London, United Kingdom
*Corresponding author.
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Introduction: Medical students have been under immense pressure throughout their studies, impacting their mental health and academic performance. Stress reduction is a fundamental skill that all students require to manage their studies and lives efficiently. Biofeedback devices providing information about physiological states have been shown to aid stress reduction. Methods to reduce stress should be taught to medical students to help them tackle the challenges of medical school.
Objectives: Our goal was to teach stress reduction methods such as extracurricular activities and paced breathing aided by biofeedback training and its application in simulated healthcare situations to medical students.
Methods: 15 medical students who completed medical physiology were recruited for an elective course of 7 sessions on practical techniques in stress management. One credit was offered to those who completed the course requirements consisting of participation in sessions and individual biofeedback training.
Sessions (classes) consisted of presentations on good sleeping and eating patterns, group simulations of stressful hospital environments, visiting a science centre with interactive displays, an orchestra performance, and nature walks. Before biofeedback training, heart and respiration rates were taken individually by a biofeedback device during the first week of the course. Data was processed using a code created in statistical software. Heartbeats per minute and heart rate variability (HRV) for every 10 seconds were calculated and plotted on a graph. Two measurements were taken with each student: a baseline measurement for 10 minutes and another measurement during controlled breathing paced at 6 breaths per minute for 15 minutes, of which the first 10 minutes were used for calculation and plotting. Students provided narrative feedback in an essay submitted after the course was completed.
Results: 5 males and 10 females from years 2-5 registered for the elective, and 12 participated in individually scheduled sessions. Heart beats per minute decreased, whereas HRV increased during paced breathing sessions in 83% of them. Most students reported feeling calm and drowsy during the sessions, and 2 students fell asleep by the end.
Feedback from 11 students showed that the music session and the science centre visit were the highlights throughout the elective. Improvements recommended were to have a consistent time slot for all sessions and fewer simulations.
Conclusions: In concert with the literature, biofeedback training seems to be a feasible and effective method for relaxation in medical students. This method could be offered as part of mental health services for students. Data could be used to follow students' progress and identify those requiring extra support. Providing them with avenues to de-stress while emphasizing activities outside medicine could boost their confidence and improve their coping skills.

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