Methods: We conducted a descriptive and analytical cross-sectional study among family caregivers of patients followed at the psychiatry outpatient clinic of the Hedi Chaker University Hospital in Sfax, during the period from February 2022 to July 2022.

We used the Connor–Davidson Resilience Scale (CD-RISC) to assess resilience and the Zarit Burden Inventory to assess the level of burden. Higher scores indicate higher resilience and greater burden.

Results: The sample included 90 family caregivers of patients with severe mental disorders. The average age was 50.68. They were the parents of patients in 40% of cases. Professionally active caregivers accounted for 57.8% of cases. Thirty family caregivers had a somatic disorder history (33.3%).

The median age of patients was 42 years. Ten patients (11.1%) were financially independent. The diagnosis was schizophrenia in 68.9% of cases. The mean duration of illness was 16.23 years. Irregular follow-up was noted in 10 patients (11.1%).

The mean scores of the Zarit Burden scale and the CD-RISC were 41.86± 10.33 and 58.46± 9.18 respectively.

Unemployed caregivers and parents experienced a higher burden (p=0.001, p=0.03 respectively). The level of burden was higher in caregivers taking care of financially dependent patients (p=0.03), with a duration of the disease greater than 15 years (p=0.04), and with irregular follow-up (p=0.008).

A low level of resilience in caregivers was correlated with spousal relationship (p=0.001), cohabitation with the patient (p=0.05), widowhood (p=0.01), low level of education (p=0.02), the presence of a somatic disorder history in the caregivers (p=0.04).

A negative correlation was observed between CD-RISC and Zarit scores (p=0.04; r=-0.21).

Conclusions: Family caregivers of mentally ill patients experienced a significant level of caregiver burden, and it was lower in caregivers with higher levels of resilience. Psycho-educational programs directed toward family caregivers are highly recommended.

Disclosure of Interest: None Declared

EPV0589

Exploring Child-Parent Relationship Therapy -CPRT- Impact on Externalised Behaviours of Foster Children Experienced Complex Trauma: A Case Study

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Introduction: Many foster children experience traumatic events that result in a wide range of disruptive behaviours, such as temper tantrums, superficially charming, no sincere remorse, and so forth. These problematic behaviours are challenging to the implementation of holistic therapeutic interventions.

Objectives: The purpose of the current study is to explore the effectiveness of employing Child-Parent Relationship Therapy (CPRT) on externalised behaviours of a traumatised child at home and in social interactions.

Methods: This study used a case study to explore the influence of CPRT on externalised behaviours of traumatised foster children.

The case study focused on the externalised problematic behaviours of an Australian Aboriginal child fostered under long-term care at 18 months by a Caucasian family. The foster parent and the foster child received a 10-session structured CPRT across ten weeks. The child's externalised behaviours were evaluated through the Child Behaviour Checklist (CBCL) form.

Results: The findings describe the process of a 10-session structured CPRT with a foster child who exhibits externalised disruptive behaviours because of abandonment and complex trauma. The themes in the foster parent's role and the play therapy approach relate to traumatic events and attachment issues. The results indicated a slight reduction in these behaviours. According to the follow-up interview, the child still showed aggressive behaviours in social interactions but not at home. Interviews with the foster parent indicated both the parent and child require additional support and further sessions of CPRT.

Conclusions: This case study identified an improvement in externalised behaviours for foster children with experience of complex trauma and abandonment after a 10-session CPRT. Further research is required to explore the effectiveness of a longer-term session of CPRT alongside additional support services for foster parents.

Disclosure of Interest: None Declared

EPV0590

Improving Mental Health of Medical Students through Movement, Art, and Interpersonal Relations

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Introduction: Burnout, and symptoms of distress amongst medical students is becoming increasingly common due to the uncertainty of the Hungarian healthcare system. Change itself may be the cause of stress. Since the pandemic, the workload has been growing among health care workers. Anxiety is increasing even for beginner practitioners.

Objectives: Our examination intends to improve the mental health of the students with a variety of methods to help them develop resilience towards everyday stress, such as:

1. increasing body awareness
2. exploring the inner drivers of vocations by self-esteem, worth symbols and emblems
3. supporting relationships and interpersonality

Methods: We had advertised a monthly course in the mailing system of the students of the Semmelweis University (Neptun). Each occasion would go as far as 240 minutes in length. Selection criteria were: guaranteeing participation in the sessions. Any applicant suffering from mental health problems requiring medical attention, or the applicant regularly skipping occasions of the session would lead to his or her getting dismissed. Courses consists of musical aerob movement and receptive art therapy tools (exl. „Self-exhibition"). The aim was to interpret ones identity via images individually. In