

## EPV0509

**The psychological impact of working in an oncology center**

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**Introduction:** Paramedical staffs in oncology are among the most exposed to stress factors in the workplace, predisposing them to develop certain psychiatric pathologies, in particular anxiety disorders, depressive syndromes and burnout.

**Objectives:** The objective of this study was to study these psychosocial risk factors and to detect the psychological repercussions on this professional category.

**Methods:** Our cross-sectional, mono-centric, descriptive and analytical study was conducted between November 1<sup>st</sup> and 8<sup>th</sup>, 2022 at the Salah Azaiez Institute in Tunis. The screening of anxiety and depression was performed with the Hospital Anxiety and Depression Scale (HADS), the assessment of Burnout was performed with the Maslach Burnout Inventory (MBI).

**Results:** Fifty-four workers were included (mean age 39.72 years and sex ratio 0.22). According to the HADS scale, 68.5% had definite or doubtful anxiety symptoms, 51.8% had definite or doubtful depression symptoms. According to the Maslach scale, 59.3% had a high burnout score, 37% had a high depersonalization score and 38.9% had a low personal accomplishment score. A combination of all three was present in 7.4% of the staff. Anxiety was associated with workplace violence and lack of career prospects, depression was associated with lack of leisure activities, and burnout was associated with age, emergency management for the emotional exhaustion score, and the number of children, workload and workplace violence.

**Conclusions:** Working in an oncology environment seems to be associated with a number of factors that could significantly increase the risk of psychiatric pathology. Some of these factors are perfectly modifiable, which opens up prospects for targeted preventive actions.

**Disclosure of Interest:** None Declared

## EPV0510

**The association between child abuse and poor academic performance in public primary schools in urban Sudan**

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**Introduction:** Child abuse, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or

dignity. Child abuse with all its forms is under reported globally in developed and developing countries. The extent of the problem is difficult to ascertain since most of the victims remain silent thus, assessing its prevalence and effects on children is crucial.

**Objectives:** To assess the association between child abuse with poor school performance considering related variables including family instability, home environment, and school environment.

**Methods:** This study included 504 participants: 168 cases and 336 controls. Controls were matched for age and gender. Both groups were tested for marital or family instability, home environment, school environment, peer and teacher maltreatment using bi-variate analysis. Test of significance of the result was estimated by confidence interval. Quantification of each factor effect and the interrelationships between all factors that affect academic performance was calculated using multivariate analysis by multiple logistic regressions.

**Results:** After controlling for confounding factors using a multivariate analysis model, the following was found: a significant increase in the risk of poor academic performance in children who were subjected to maternal physical neglect compared with children who were not (OR= 3.106: CI 95%=1.875-5.147), and in children subjected to maternal emotional neglect compared with children who were not (OR= 1.968: CI 95% = 1.200- 3.226). No association was found between maternal emotional/verbal or physical abuse and poor academic performance.

There is a significant increase in the risk of poor academic performance in children subjected to paternal emotional verbal abuse compared with children who were not (OR= 4.534: CI 95% = 1.833 - 11.214), but the result illustrated no association between paternal physical abuse and poor academic performance.

**Conclusions:** The risk of poor academic performance is significantly higher in children exposed to frequent parental conflicts or physical abuse from teachers compared with children who were not. There is a significant increase in the risk of poor academic performance in children who experienced maternal physical and emotional neglect and paternal emotional/ verbal abuse. Higher levels of parental education, feeling safe at home, and feeling happy may be protective factors.

**Disclosure of Interest:** None Declared

## EPV0512

**The delay of psychiatric consultation in the moroccan framework**

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**Introduction:** In 1830, Charles-Albert Perret-Porta, director of a Swiss mental asylum, said « it is especially at birth that alienation is curable ». This assertion dating back more than two centuries ago proves to be close to today's clinical practice, as biological, social and psychological damage can be irreversible in the case of a delay in adequate psychiatric treatment. The emergence of the « Duration of Untreated Psychosis » concept is worth mentioning, as it is

confirmed to be one of the determining factors in the psychotic disorders' clinical outcome and prognosis.

Despite the risks incurred, many patients that suffer from psychiatric disorders still benefit from late adequate care, for various reasons.

**Objectives:** The objective of this study is to identify the different causes of delay in psychiatric consultation in the Moroccan framework, in order to promote early intervention strategies by taking into account and acting on these different factors.

**Methods:** This is a retrospective descriptive and analytic study carried out at the Arrazi University Psychiatric Hospital in Salé, having collected information from 101 patients (69,3% being inpatients).

The analytic part of the study was performed by JAMOVI.

**Results:** The descriptive analysis showed that the mean age was 36 years  $\pm$  11,2. 73,3% were men. 68,3% of the patients were single, 18,8% were married, 11,9% were divorced and only 1 patient was a widow. 87,1% were living in the urban area. 23,8% attended higher education. 61,4% of the patients were unemployed. Patients were diagnosed with the following disorders, according to the DSM-5-R: Schizophrenia (73,3%), major depressive disorder (8,9%), schizoaffective disorder (6,9%), anxiety disorders (5,9%), bipolar disorder (4%), brief psychotic disorder (1%). The median of the first consultation period was 240 days [60,730]. The main causes of first consultation delay were: Lack of awareness about mental illness (34,7%), religious beliefs (33,3%), mental illness denial (10,7%).

There were no associations between the first consultation period and age ( $p=0,701$ ), sex ( $p=0,929$ ), diagnosis (Schizophrenia:  $p=0,420$ ; anxiety disorders:  $p=0,569$ ; Major depressive disorder:  $p=0,570$ ; schizoaffective disorder:  $p=0,855$ ; Bipolar disorder:  $p=0,624$ ), human settlement ( $p=0,174$ ).

**Conclusions:** Mental health and psychiatry are still facing stigma in the Moroccan framework and many others developing countries, which hampers medical care for patients suffering mental illness, leading to both poorer prognosis and clinical outcomes.

Prevention campaigns promoting early intervention strategies should be a subject of concern among public health workers to overcome stigma in the perspective of improving medical care of mental illness.

**Disclosure of Interest:** None Declared

## EPV0513

### Evaluation of therapeutic compliance in psychiatry

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**Introduction:** Therapeutic non-adherence is a problem frequently encountered in patients suffering from psychotic disorders. It has consequences on the quality of life and on the prognosis of the evolution of the disease. It is essential to understand the causes in order to best support the patient towards adherence to care.

**Objectives:** The objective of the study is to evaluate the therapeutic observance of patients hospitalized in the women's department of the psychiatric hospital and to collect the reasons for therapeutic non-observance, as well as to identify the desired themes for the implementation group therapeutic education workshops.

**Methods:** It is a monocentric and prospective study, carried out in the women's department through individual interviews on day 7 +/- 2 of the admission of patients to the psychiatric hospital of Tangier. The inclusion criteria are:

- the patient's consent,
- the autonomous taking of a treatment before admission,
- sufficient communication skills

The psychometric tool used during this study is the MARS scale (Medication Adherence Report Scale) which allows the patient to assess his compliance, by answering 10 questions, assigning himself a score between 0 and 10 with a good compliance from 8/10. The discussion following the questionnaire makes it possible to identify the reason(s) for non-compliance and the themes to be addressed to improve compliance.

**Results:** Our first initial results were calculated from 60 patients admitted to hospital. Among them, 35 met the criteria for inclusion in the study. The interview takes place within an average of 8.0  $\pm$  2.3 days. The average age is 40  $\pm$  15 years. Patients present with schizophrenia in 80% of cases, bipolarity (8%) or borderline personality disorder (3%). Nine percent of patients have no diagnosis. Patients take an average of 2.5 drugs [1; 5] before hospitalization. The average MARS score is 5.6  $\pm$  2.6. The reasons for non-adherence identified by patients are:

- The presence of side effects,
- Lack of means
- Feeling of healing
- The weariness of a long treatment
- Inefficiency,
- fear of interactions in case of toxic consumption
- five patients declared observing and did not identify any reason for non-compliance

**Conclusions:** Our study has made it possible to better understand the difficulties and support needs of patients to improve their adherence to care. As a follow-up to this work, a multidisciplinary discussion will allow the setting up of group therapeutic education workshops around the identified themes.

**Disclosure of Interest:** None Declared

## EPV0514

### The extent of coercion in psychiatric emergency room based in Polish general hospital.

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**Introduction:** Coercion in psychiatric wards may improve the safety of patients and surroundings, on the other hand, its use