

Methods: Seventy-two adult patients with Functional Neurological Disorder were included. These patients were consecutive referrals accepted for ongoing specialist FND treatment.

The total number of Emergency Room presentations in the year prior to program admission was obtained from central health records. Patients were provided ongoing treatment for one year, during which the number of ER presentations was monitored. Patients received one or more of the following treatment modalities: psychoeducation, psychological therapy, psychologically informed physical and occupational rehabilitation and psychopharmacological treatments.

We subsequently compared high and low emergency service users. Low ER users are those with pre-treatment Emergency Room presentations of less than 3 per year. High emergency service users are those who presented to the emergency room 3 or more times per year before the start of their treatment.

Results: The mean emergency room presentation per year in the year leading to patients referral was 2.6 per patient, SD 9.4; dropped to 1.2 emergency room presentations per year, with a standard deviation of 4.4 in the year following the start of treatment. The difference was statistically significant ($p=0.02$).

There was a strong positive correlation between the pre and post-treatment number of presentations with a Pearson Correlation Coefficient of 0.976 (95% Confidence Interval 0.962 to 0.985).

The reduction in emergency room presentations in both high and low-emergency service user groups was significant, with a mean difference of 12 ER visits a year in high-frequency emergency service users ($p=0.04$) and a mean difference of 0.5 visits a year in low-frequency emergency service users ($p < 0.001$).

Conclusions: Ongoing specialist treatment and rehabilitation of patients with Functional Neurological Disorder significantly reduce their need for emergency room presentation, regardless of the treatment modality.

Disclosure of Interest: None Declared

EPP0869

Country Report on Assessment of Quality of Care and Protection of Human Rights in Georgian Mental Health Institutions

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Introduction: It is well established that the quality of mental health care and human rights mutually reinforcing. Until now, Georgian psychiatry is highly institutionalized, oriented towards medical treatment and suffers from a lack of recognition of the importance of the human rights concept.

Objectives: The purpose of the evaluation was to gather information on the current state of human rights and service quality in the inpatient mental health facilities throughout Georgia; pilot the WHO Quality rights toolkit as a major instrument to monitor mental health institutions within the country; develop recommendations for improvement of service care in psychiatric institutions and initiate changes based on the assessment results.

Methods: All inpatient mental health facilities operating in the country were selected for the evaluation. The assessment team conducted visits in facilities in March – May, 2019. All visits were planned in advance. All five themes of WHO Quality rights tool were covered. Interviews, observation and documentation reviews were used during the assessment process.

Results: Infrastructure malfunction is linked to the lack of encouraging environment, with scarce of daily and social activities. Comprehensive, patient-oriented individual recovery plan has not been initiated throughout the country. Treatment is focused mainly on medication treatment aimed at reducing / removing psychotic symptoms and timely discharging patients or “calming them down”. Taking into consideration scarcity of community-based service alternatives, the patients frequently have no choice where to get the relevant service. In general, the patients are satisfied with how they are being treated. The challenge is the incidents of violence among the patients and ensuring relevant safety measures. Educational and employment programs for persons with mental disorders are not developed in the country.

Conclusions: Based on the assessment findings recommendations for improvement of service care at mental health policy and institutional level were elaborated.

Despite some improvements in developing community services the assessment revealed gaps in mental health care and lack of understanding of the concept of human rights. The instrument was sensitive to identify poor treatment and violation of rights but less sensitive in determining differences in existing services. It is discussed that an in-depth assessment using the specific theme of the tool can help develop specific recommendations.

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EPP0870

Staff's perspectives on physical activity in acute mental health general adult wards: a follow up survey

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Introduction: Physical activity (PA) has multiple health benefits for people with severe mental illness (SMI). People with SMI engage in less exercise and more sedentary behaviour than the general population; this can be further exacerbated by inpatient settings. Staff's attitudes towards PA may influence patient engagement.

Objectives: In 2019, a study explored staff's views on PA for acute psychiatric inpatients. This follow-up study by the same team aimed to establish whether the enablers/barriers to promoting PA have changed and to identify targets for intervention.

Methods: In 2022, an online anonymous survey with free text was sent to all multidisciplinary team (MDT) members ($n=91$) of two acute general adult wards, including nurses, doctors, and allied health professionals (AHPs). A combination of quantitative and qualitative analysis was used to understand participants' perspectives. Manual thematic analysis was completed to identify discrete themes.

Results: Response rate was significantly lower for the follow-up at 39% as opposed to 63% of the initial study, possibly reflective of