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**Introduction:** Humanization in Mental Health is a concept that treat to conceal in the last decades the quality, efficiency and safety of care of complex diseases and conditions with individual values, needs and preferences and involves the patient and society in the decision-making priority.

**Objectives:** to establish and evaluate the priorities of different groups of interest in the development of a new humanization plan for mental health

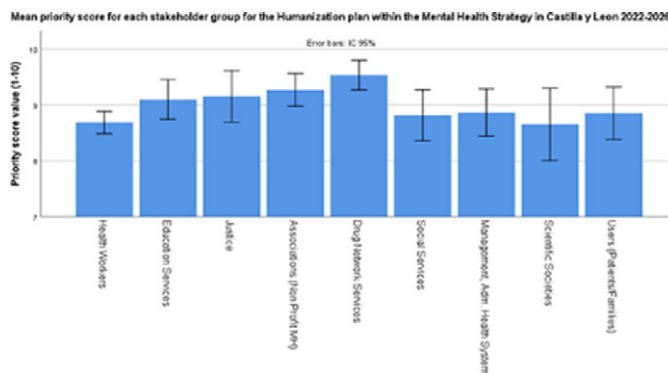
**Methods:** During 2022 a Humanization plan for the Spanish region of Castilla y León (2.400.000 habs) was developed with a Delphi model. Participants included 36 stakeholders including mental health services, administration, social services, associations, patients and families. They established 32 objectives distributed in 7 strategic lines: 1. “People First” (Rights, Autonomy and Information); 2. “From People to Services” (Participation of users in mental health services); 3. “Person-Centered-Assistance” 4. “Processes sensible to change” (reduction of coercion); 5. “Human ambient” (Improvement of units, psychosocial interventions). 6. Innovation, training and climate (not evaluated here). 7. “People without marks” (battle against stigma).

Priorities in the lines were established by representatives from mental health and other healthcare professionals, social and educational stakeholders, scientific societies, patients and families. After agreeing to participate in the process, they had to answer an online survey. For each line, they have to score it from 0 to 10.

**Results:** 500 subjects participated (38.6% Healthcare workers, 14% Mental Health Care users, 9.8% Social Services, 8.8% Associations, 7.8% Drug Services 6% Management of Health System, 5.8% Education Services, 3.8 Justice). Humanization was the most appreciated plan within the mental health plan 2022-2026 in Castilla y León ( $8.81 \pm 1.43$ ).

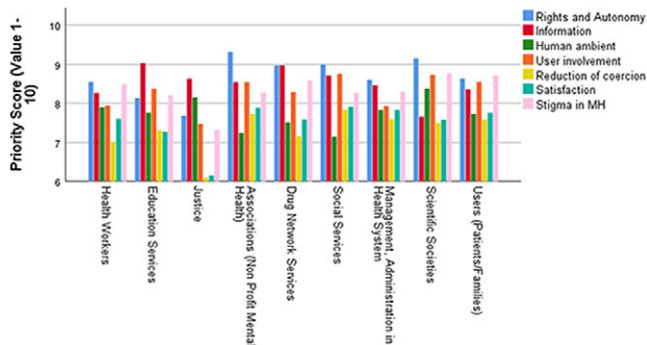
The Highest priority score was given to the Rights ( $8.68 + 1.54$ ), Information ( $8.44 + 1.60$ ) and Stigma ( $8.43 + 1.89$ ) lines and the lowest were the evaluation of satisfaction ( $7.62 + 1.90$ ) and Reduction of Coercion ( $7.29 + 2.12$ ). Differences were found between groups. Scores in Rights and Autonomy ( $F:3.474$ ;  $p<0.001$ ) were highest in the Associations ( $9.32 + 1.01$ ) and lowest in the Justice group ( $7.68 + 1.67$ ). In the information line the highest score ( $F:2.431$ ;  $p=0,014$ ) was in the Education Services ( $9.03 + 0,94$ ) compared to Scientific Societies ( $7,65 + 2,13$ ). Highest score for Participation of Users ( $F:2,968$ ;  $p=0,003$ ) was in Social Services ( $8.76 + 1.48$ ) compared to Justice ( $7.47 + 1.95$ ). There were differences in the coercion reduction line ( $F:2.165$ ;  $p=0,029$ ) but no pairwise differences were found

**Image:**



**Image 2:**

Figure 2. Mean Scores of the humanization strategic lines for each stakeholder group. Differences in preferences of actions in the society of Castilla y León.



**Conclusions:** Humanization approaches are well appreciated by different stakeholders. Priorities in our region start with rights, information and integration and mental health users in the health system and society

**Disclosure of Interest:** None Declared

**EPV0603**

### Introduction of rural psychiatry posting in MD curriculum: A qualitative study on residents' perspective

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**Introduction:** A 15-day compulsory rotatory rural psychiatry posting was introduced into the MD psychiatry curriculum at

NIMHANS to orient trainees to the functioning of community mental health services.

**Objectives:** To capture the views and subjective experiences of the 32 residents posted in rural psychiatry services under District Mental Health Program (DMHP) using qualitative interviews.

**Methods:** In-depth qualitative interviews were conducted to understand the residents' experience in various aspects of the community psychiatry posting. The interviews were audiotaped and later, transcribed. Thematic analysis of transcripts was done.

**Results:** The analyzed data was converted into 41 codes and 12 themes. The themes related to positive experiences were good clinical exposure and skills to practice in low-resource settings, focus on preventive mental health care, enhanced communication, administration, leadership skills, and increased empathy. After training, the residents also reported gaining insights into the attitude of policy-makers and increased interest and confidence to practice in a rural setting. The themes highlighting the perceived challenges ranged from personal reasons, such as food or transportation, to professional ones like stigma, limited resources, a burdensome amount of paperwork, limited availability of psychotropics, and communication barriers. Residents who expressed interest in practicing rural psychiatry in the future cited a good wage, higher levels of self-satisfaction, confidence, and an emotional connection to their native place as motivating factors. Those who did not want to join DMHP had concerns such as not having adequate skills for working in a low resource setting, compromised basic needs, superiors not being sensitive to mental health issues, additional non-psychiatric work, job instability and lack of academic and research opportunities.

**Conclusions:** The posting to nearby DMHP centers was feasible and contributed positively to the training experience of the residents. Positive experiences, challenges, and other lessons learned by these residents could help them plan their career in rural psychiatry. It was found that both the residents and the DMHP team contributed to each other's growth. This posting was likely to boost residents' confidence to work in rural settings and could also aid in easing the crisis of lack of community-based mental health experts. The authors advocate for the national implementation of such rural psychiatry posting.

**Disclosure of Interest:** None Declared

## EPV0604

### A cross-sectional descriptive study to assess the impact of the "open door" policy on patient satisfaction

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**Introduction:** Since the beginning of the modern psychiatry the acute units have established a "locked door" policy. Some studies show that this condition may increase patient's discomfort and affect the perception of health quality of care (Boyer L, 2009, Eur Psychiatry Dec;24(8):540-9). Lately, several European countries such as Germany, Switzerland and Spain are starting to implement the "open-door" policy but its impact on patient's satisfaction is still

unknown (Hochstrasser, L, *Frontiers in Psychiatry*, 9(57). <https://doi.org/10.3389/fpsy.2018.00057>).

**Objectives:** To help characterize the advantages of the "open-door" policy implemented in an acute inpatient psychiatric unit in order to assess the patient's view of it.

**Methods:** This is a descriptive observational study carried out at an inpatient psychiatric unit. Data were collected after the implementation of the open door policy on June 2019, assessing the patient satisfaction of 31 subjects who completed the SATISPSY-22 scale at the time of discharge. Results are described using the average and its standard deviation.

**Results:** Results show scores in all items above 50 points, being the care team and the quality of care the most valued ones with 82 and 79 points respectively. The overall score is above 65 points (Fig. 1).

**Image:**

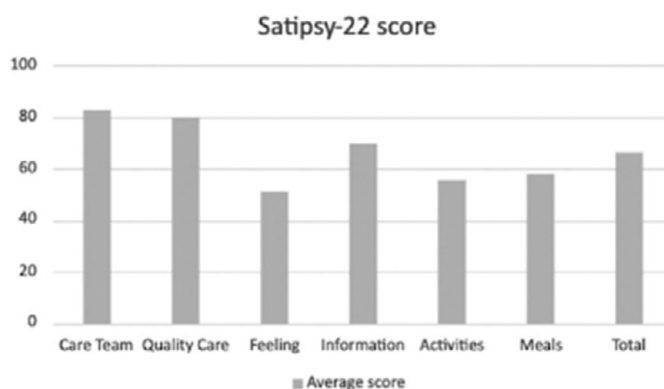


Fig. 1: Satispsy-22 results

**Conclusions:** In line with previous studies, our data suggests that the main impact of the "open-door" policy implementation is on patients' perception of the care, being Quality of care and satisfaction with the Staff the items with highest scores. This could be explained by patients trusting more in the Care team, which would help enhance the therapeutic relationship improving therapeutic adherence, treatment adequacy and the outcome. Nevertheless, the Feeling related to hospitalisation was found to be the item with the lowest score. This could mean strategies should focus on improving patient's insight regarding their clinical state and their need to be admitted. Our study supports the hypothesis that open-door policy in acute psychiatric units is seen positively by patients and that further research should be carried.

**Disclosure of Interest:** None Declared

## Migration and Mental health of Immigrants

### EPV0605

#### Psychosis as a potential mental health consequence of racism

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