

Introduction: Tunisian revolution has been a major upheaval in the Tunisian history and has brought many political, social and economic changes. Little was found about the revolution's potential impact on the psychiatric demand.

Objectives: Compare the clinical profile of all the new consultants in the out-patient psychiatry department before and after the revolution.

Methods: The study had a retrospective descriptive design including all the new consultants in the outpatient psychiatry department in the general hospital Fattouma Bourguiba in Monastir, Tunisia before (during 2007) and after (during 2016) the revolution. We used a pre-established questionnaire including sociodemographic and clinical data.

Results: After the revolution, an increase in the number of new patients ($p < 10^{-3}$) 438 to 451 were found. In 2016, there were more unemployed consultants ($p = 0.004$), having criminal record ($p = 0.01$) and having a problematic substance use ($p < 10^{-3}$). An increase also concerned patients consulting for anxiety ($p = 0.002$) and suicidal ideation ($p = 0.022$). Considering the clinical diagnosis, there was also a significant increase regarding anxiety disorders ($p = 0.001$) and mood disorders ($p = 0.011$) essentially major depressive disorder ($p = 0.002$). Although a significant decrease concerned somatoform disorder ($p < 10^{-3}$).

Conclusions: Our study showed a change in the profile of consultants after the Tunisian revolution. A study in the general population could find specific etiological factors. Thus highlight the importance of implementing preventive measures in general population in crisis' times.

Disclosure: No significant relationships.

Keywords: mental health; environment; revolution

EPV0308

Quality of life' evaluation for individuals with enduring mental illness transitioning from institutional residential care to supported community living arrangements

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Introduction: HSE 'Vision for Change, 2006' placed emphasis on person-centred, recovery-oriented, community-integrated treatment. The high support residential hostel in Tuam 'Toghermore House' is not integrated into the community and was scheduled to be closed as a residence in the last quarter of 2019. The individuals whom accessed support from Toghermore House were offered residential places in community settings in the urban area of Tuam with support plans according to individual assessed needs.

Objectives: To assess the quality of life of individuals accessing the Rehabilitation & Recovery Service and who are residing in supported and independent accommodation in Tuam.

Methods: Cross sectional study. Scales used were Manchester Short Assessment of Quality of Life Scale (MANSA) including both objective and subjective components and the INSPIRE scale which gathered information about the support and relationship each individual has with their assigned keyworker. SPSS 24 was used for data analysis.

Results: 27/32 responses. Mean age: 52 years, males: 78% and schizophrenia: most common primary diagnosis (52%), mean duration of illness: 28 years 3 months. 74% of individuals were satisfied with their life, 78% with their health and 56% with mental health. Only three individuals were employed and were happy with work and finances. 81.5% service users reported to have a good quality of life but only 59% felt in control of their lives.

Conclusions: Majority of individuals reported having a good quality of life and being satisfied with their overall health and current living arrangements. Meaningful occupation and subjective supportive therapeutic relationships are predictors of enhanced quality of life.

Disclosure: No significant relationships.

Keywords: quality of life; Enduring; Rehabilitation; recovery

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Psychiatric assessment of civil status of recipients of inpatient social services in two regions of Russia

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Introduction: In 2019 national survey - personal examination of persons, living in residential facilities for mentally disabled people - was executed under the instruction of the Government by specialists of V.Serbsky National Medical Research Centre. For 2559 legally incapacitated residents the procedure of rehabilitation of full or diminished capacity was recommended. For 16132 legally capable residents the procedure for recognising their incapacity was recommended (Kekelidze ZI et al., 2020).

Objectives: To compare the recommendations on legal capacity in two regions with different systems of inpatient social services.

Methods: Full-sized noncontrol observational descriptive screening study.

Table 1. Recommendations on legal capacity		
	Region 1	Region 2
Residents, were examined	3837 (100%)	1859 (100%)
Legally incapacitated residents	3671 (95,7%)	1347 (72,5%)
Partly legally capable residents	17 (0,4%)	0 (0%)
Legally capable residents	149 (3,9%)	512 (27,5%)
Rehabilitation of full or diminished capacity was recommended (% of incapacitated)	186 (5%)	31 (2,3%)
Deprivation of legal capacity was recommended (% of legally capable)	12 (8%)	29 (5,7%)