

Introduction: New technologies have been steadily impacting and redefining the health care landscape over the last decades, a process recently enhanced by the covid-19 pandemics. VR is an advanced media that can simulate highly realistic virtual environments, providing a high sense of immersion (the feeling of “being really there”). VR has expanded its healthcare application over the last years. Surprisingly, the acute psychiatry ward has been, so far, systematically left out of the VR application field. Psychiatric wards are complex environments. Patients are frequently admitted against their will and many wards have a locked doors policy, with subsequent feelings of seclusion experienced by patients. Therefore the question emerges: could VR help psychiatry inpatients have a better experience during their hospitalization?

Objectives: This is a pilot study where psychiatry inpatients are offered a single session with the Oculus Quest 2, where they are immersed in a computer generate scenario provided by a commercially available software (“Nature Treks”). The scenario is a nature-based immersive 360° walk. Patients are allowed to freely explore the scenario with no time restraints.

Methods: The STAI (State-Trait Anxiety Inventory), and the PANAS (Positive and Negative Affect Schedule) questionnaires are completed by patients before and after the VR exposure. After exposure, patients are also asked to complete the SUS (System Usability Scale) questionnaire, the IQ-presence questionnaire and the SSQ (Simulator Sickness Questionnaire). Electrophysiological recordings are gathered with the Empatica E4.

Results: Up to date, 4 patients have been recruited. The sessions have lasted around 10 minutes. Reductions in the STAI and the PANAS have been reported by 3 patients (with no statistical significance so far). Usability has been extremely high as reported by the SUS. Minimal adverse reactions to VR use have been reported in the SSQ, mainly dizziness and nausea.

Conclusions: VR has a high potential to ameliorate the conditions of psychiatry inpatients admitted to a close-doors ward. As with many technological novelties, implementation and sustainability will be key. The small evidence provided by this pilot study points out to an initial good acceptability and potential efficacy in some patient-related outcomes.

Disclosure of Interest: None Declared

EPV0587

Nature-Based Mental Health - what kind of interventions is the best?

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Introduction: Mental health deteriorated worldwide during the COVID-19 pandemic. The healthcare sector recognises the role of nature in mental health. Passive and active interactions with nature reduce stress, anxiety, and depression. Theoretical frameworks for mental health benefits from nature interventions include medical, evolutionary, relational, eco-psychological and human activity perspectives.

Objectives: To assess the usefulness of the nature-based interventions in relation to well-being improvement.

Methods: The six-month survey was carried out in a forest in the administrative district of the capital city of Warsaw. Over 70 adult volunteers took part in structured sessions of active nature-based interventions, lasting ca. 1.5 hour. The forest bathing methodology was based on the review literature. Participants anonymously filled in on-line semi-structured questionnaire containing GHQ-30, DASS-21 and life satisfaction. questionnaire. Between sessions, participants were asked to assess their mood profile and life satisfaction. After every session they assessed particular interventions in terms of usefulness on 5-point Likert scale.

Results: The authors will present the results of the study and key findings.

Conclusions: It is expected that the study may provide a significant contribution to the knowledge development about the nature-based interventions. In particular, we can learn about the impact of several interventions (active exercise, visualization, mindful walking, mindfulness perception) on improving the well-being of participants.

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EPV0588

Music therapy in psychiatric units: evaluating its effectiveness

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Introduction: Research shows the benefits of music therapy for various mental health conditions, including depression, trauma, and schizophrenia. Music acts as a medium for processing emotions, trauma, and grief.

Playing instruments can encourage emotional expression, socialization and exploration of various therapeutic themes (i.e. conflict, communication, grief, etc.).

Group music therapy, measured by questionnaires and described in qualitative interviews, improved quality of life and self-esteem for people with severe mental illness (SMI). Group singing and song writing provide creative options for social connections. Music therapy should be considered as a component of holistic care for people with SMI. Jungup Lee, Thyer BA. May 2013 *Journal of Human Behaviour in the Social Environment* 23(5):597-609

Objectives: Music therapy sessions are held in our hospital for people admitted to short-term hospitalization units and to psycho-social rehabilitation units. The goal of the sessions is to create a connection space, promote people's confidence in their own resources for their recovery, and evoke valuable experiences and memories. Sometimes musicians from the community have been present in the sessions, contributing to overcoming the stigma towards mental illness.

Methods: We describe self-assessment of people admitted to psychiatric units after attending music therapy sessions. People from brief hospitalization unit filled out a survey, after each session, voluntarily, about their emotional state at the beginning of the session and after it. People from rehabilitation units, voluntarily filled the SRS V.3.0. 2002-Miller. Duncan & Johnson scale. The SRS was designed for use by clinicians to assess the therapeutic alliance

during therapy (Duncan BL et al. The Session Rating Scale: Preliminary Psychometric Properties of a “Working” Alliance Measure JBT 3(1) 3-12 12/14/04 3:53 PM Page 3).

Results: 23 sessions took place for each unit. 39 patients from brief hospitalization, 22 women and 17 men, attended the sessions. 15 had a diagnosis of schizophrenia and related disorders, 13 were affective disorders, and 11 others diagnosis. All of them liked the participation either fully or partially. 76% men and 77% women felt better after, none of them reported to feel worse. 82% men and 86% women replied they would repeat the session.

Patients from rehabilitation units were 7 women and 10 men. 14 had a schizophrenia related disorder and 3 had bipolar disorder. All items on the scale were scored above 9 over 10, (*I felt heard, understood, and respected/ We worked on and talked about what I wanted to work on and talk about/ The therapist’s approach is a good fit for me*) with an overall score of 9,62 over 10 (*Overall, today’s session was right for me*).

Conclusions: Music therapy sessions achieve benefits on an emotional level in any of the diagnoses, improving alliance with care teams, who value sessions as normalizing spaces, helping to overcome stigma.

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EPV0589

Patient satisfaction in an “open-door” acute inpatient psychiatric unit

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Introduction: Traditionally, psychiatric wards had established a “locked door” policy but secluded conditions may increase patient’s discomfort¹ that could affect the perception of health quality of care². Recently, the “open-door” policy is being adopted in several European countries but its impact on patient satisfaction remains unknown (Schreiber, LK. BMC Psychiatry. 2019 May 14;19 (1):149). Since 2019 our psychiatric hospital has implemented the open-door policy.

Objectives: The aim of this study is to investigate the impact of the “open-door” policy on patient satisfaction during their stay in the acute inpatient unit of our psychiatric hospital.

Methods: This is an observational study. Prior to the implementation of the open door policy 31 patient satisfaction data was collected between October 2018 to April 2019 and it was also assessed with 31 subjects between July to October 2019, after the implementation of the open “door-policy”. The inclusion criteria were being >18 years old, reading Spanish correctly and with a length of stay >72 hours. The patients with dementia disorder and intellectual disability were excluded from the study. We used the Satispsy-22-E scale, a self-administered questionnaire (Frias, V., et al. 2018. Psychiatry Res. Oct;268:8-14). It assesses patient’s

experience of hospitalization through 22 items distributed into 6 dimensions. The score range is from 0 to 100. Differences in Satispsy-22-E scores were analysed by applying ANOVA using the IBM-SPSS (v. 25).

Results: Total scores in Satispsy-22 are provided in Figure 1. We found that patient satisfaction was increased in the dimensions of “personal experience” and “food” (p<0.05). No significant differences were found in staff, quality of care, information, activity dimensions and Total score (Table 2).

Dimension	F-Test	Statistic Value
Staff	1.402	p=0.241
Quality of Care	841	p=0.362
Personal Experience	4.071	p=0.048*
Information	656	p=0.420
Activity	434	p=0.512
Food	4.507	p=0.037*
TOTAL	3.645	p=0.61

Image:

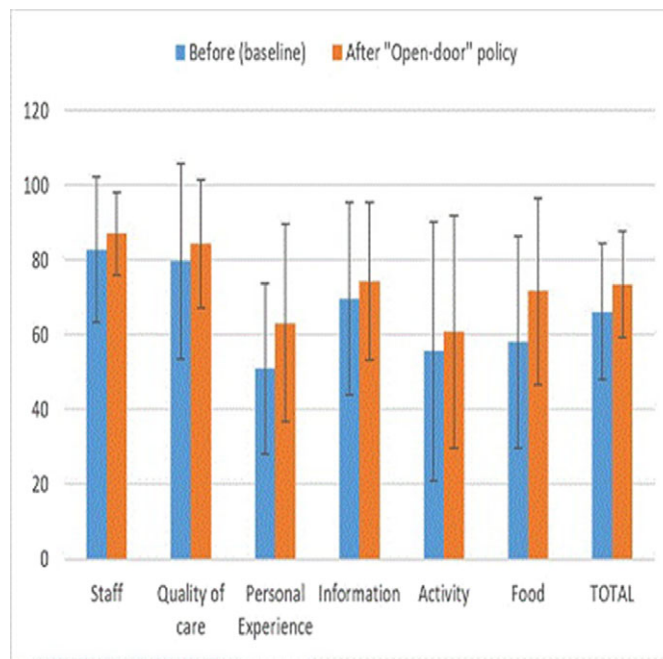


Figure 1 Satispsy-22-E Score of dimensions and Total index

Conclusions: Our results provide preliminary evidence indicating that the open-door policy could have a positive impact on patient satisfaction, especially in relation to the personal experience on an acute inpatient psychiatric unit.

Disclosure of Interest: None Declared