**Image:**

**Table 1: Baseline distribution of sociodemographic and clinical characteristics at baseline against the resilience status**

| Variables | N= 88 | % |
|---|---|---|
| **Gender** | | |
| Male | 28 | 23.9 |
| Female | 55 | 38.6 |
| Other | 5 | 27.3 |
| **Age (Years)** | | |
| ≤25 | 21 | 23.9 |
| 26-40 | 34 | 38.6 |
| 41-60 | 24 | 27.3 |
| >60 | 9 | 10.2 |
| **Ethnicity** | | |
| White | 60 | 34.1 |
| Indigenous | 4 | 2.3 |
| African | 7 | 4.0 |
| Asian | 12 | 6.8 |
| Other | 5 | 2.8 |
| **Educational level** | | |
| Less than high school | 6 | 6.8 |
| High school | 39 | 44.3 |
| Postsecondary education | 43 | 48.9 |
| **Relationship status** | | |
| Single | 54 | 61.4 |
| Separated/Divorced | 11 | 12.5 |
| Partnered/Married | 23 | 26.1 |
| **Employment status** | | |
| Employed | 34 | 38.6 |
| Unemployed | 40 | 45.5 |
| Student | 7 | 8.0 |
| Retired | 7 | 8.0 |
| **Housing status** | | |
| Own home | 25 | 28.4 |
| Rented accommodation | 33 | 37.5 |
| Live with family or friend | 30 | 34.1 |
| **Primary Mental Health Diagnosis** | | |
| Depression/Anxiety | 34 | 38.6 |
| Bipolar Disorder | 18 | 20.5 |
| Psychosis | 14 | 15.9 |
| Alcohol, drug use/Abuse | 7 | 8.0 |
| Other | 15 | 17.0 |

* Fisher Exact test was applied

**Image 2:**

**Table 2: Change in the prevalence of categorical scales, six weeks after hospital discharge**

| Measures | Baseline n (%) | Six-week after discharge n (%) | Total | Chi Square /Fisher Exact | P value |
|---|---|---|---|---|---|
| **GAD-7** | | | | | . |
| At most low anxiety | 46(52.3%) | 51 (58.0%) | 97 (55.1%) | .574 | .449 |
| Moderate-to-severe anxiety | 42(47.7%) | 37 (42.0%) | 79 (44.9%) | | |
| **PHQ-9** | | | | | |
| At most mild MDD | 33 (37.5%) | 42 (47.7%) | 75 (42.6%) | 1.882 | .170 |
| Moderate-to-severe MDD | 55 (62.5%) | 46 (52.3%) | 101 (57.4%) | | |
| **WHO-5** | | | | | |
| Good wellbeing | 53 (60.2%) | 41 (46.6%) | 94 (53.4%) | 3.288 | .070 |
| Poor wellbeing | 35 (39.8%) | 47 (53.4%) | 82 (46.6%) | | |

**Image 3:**

**Table 3: Change in mean scores of clinical characteristics six weeks after hospital discharge**

| Measure | Responses, n | Scores | | | Mean difference (95% CI) | *P*-value | *t* value |
|---|---|---|---|---|---|---|---|
| | | Baseline score, mean (SD) | Six-week score, mean (SD) | Change from baseline, % | | | |
| GAD-7 | 88 | 9.49 (5.57) | 8.89 (6.17) | -6.35% | (-0.62–1.83) | .331 | .977 |
| PHQ-9 | 88 | 12.19 (6.79) | 11.21 (7.71) | -8.12% | (-0.48–2.46) | .185 | 1.337 |
| WHO-5 | 88 | 53.14 (24.63) | 51.18 (25.90) | -3.68% | (-3.43–7.34) | .473 | .721 |

**Conclusions:** In the short term following hospital discharge, no significant changes were observed in mental health conditions. A collaboration between researchers and policymakers is essential for the implementation and maintenance of effective interventions to support and maintain the mental health of patients following discharge.

**Disclosure of Interest:** None Declared

## EPV0592

## Assessing Personality Disorders of People Who Abuse Family Members

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**Introduction:** *Men's violence against women continues to be a major public health problem worldwide. The long-term consequences require a proper management of resources and a thorough screening protocol. The most extensive study on domestic violence was published in 2005 by the World Health Organization (WHO) and has been updated regularly ever since.*
**Objectives:** *The aim of this study was to outline a personality profile for people who could be considered domestic abusers and to provide statistical data on personality disorders which are most common among this group of population.*
**Methods:** *The quantitative data was collected by administering two scales SCID II and Karolinska Scale.*
*Inclusion criteria: People who are physically aggressive with family members.*
*Exclusion criteria: people who are diagnosed with psychosis, people who show aggression with people other than family members*
**Results:** *We included 70 people who admit to having committed acts of l physical aggression directed towards family members, who agreed to take part in the study. The scales which were applied are Karolinska scale and SCID II. We identified, using SCID II, DSM IV TR and ICD 10 the following personality disorders types in the*

*70 intrafamilial aggressors - 10% antisocial personality disorder, 27% borderline personality disorder of which 14% with impulsive emotional instability, 3% obsesive-compulsive personality disorder, 1.4% mixed personality disorder anxious and paranoid.*
**Conclusions:** *Being able to recognise a personality pattern shows great benefits for screening the patients at risk to develop an aggressive behaviour directed towards family member, thus being a great tool in prevention of long-term consequences associated with living in a hostile environment.*

**Disclosure of Interest:** None Declared

## EPV0593

## Socio-emotionalcompetencies in teachers of educational institutions in the department of cordoba, acomparative study between men and women

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**Introduction:** According to Bisquerra Alzina (2003),competencies are defined as a set of knowledge, capabilities, skills and attitudes, necessary to understand, express and regulate emotional phenomena appropriately and which are fundamental in the teaching profesion since they are closely related to students´performance and mental health.
**Objectives:** compare socio-emotional skills in two groups of participants: female and male
**Methods:** A non-experimental,cross-sectional design was proposed for this study. The scope of this research is descriptive, in the sense,that it seeks to establish measures in regard to specific variables. Sample (100 female and 100 male).
**Results:** Results revealed that the evaluated teachers show average level of socio-emotional competencies, (Table 1).The highest scores were encountered in relation to the optimism competence. It suggests that teachers have the ability to obtain favorable balances from adverse situations presented in their daily lives.

**Table 1:** Distribution of socio-emotional competency levels in the professionals evaluated

| | LOW % | MEDIUM % | HIGHT % |
|---|---|---|---|
| EMOTIONAL AWARENESS | 19 | 80 | 1 |
| SELF EFFICACY | 32 | 66 | 2 |
| EMOTIONAL REGULATION | 17 | 81 | 2 |
| EMOTIONAL EXPRESSION | 6 | 85 | 9 |
| PROSOCIALITY | 6 | 85 | 9 |
| ASSERTIVENESS | 6 | 82 | 12 |
| OPTIMISM | 0 | 21 | 79 |
| EMOTIONAL AUTONOMY | 25 | 71 | 4 |
| EMPATHY | 8 | 85 | 7 |

Findings showed that there exists a statiscally significative difference (P=0,000) in the empathy and self-efficacy dimensions. Women obtained higher scores in these two abilities in regard to men. (Table 2). No differences were observed in the rest of the competences evaluated.

**Table 2:** Differences according to men and women

| | FEMALE | MALE |
|---|---|---|
| SELF EFFICACY | 1,78 | 1,61 |
| EMPATHY | 2,02 | 1,96 |

**Conclusions:** Although teachers´s socio-emotional competences were classified in medium levels, it is necessary to implement an intervention design that allows to streghten those dimensions since they could improve not only the relationships with their students but also teachers´ mental health.

**Disclosure of Interest:** None Declared

## EPV0596

## Analysis of the reasons for consultation in psychiatric emergency triage

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**Introduction:** The chain of care in psychiatric emergencies should be reviewed to improve assistance.
**Objectives:** Our objective was to determine the reality behind the reasons for consultation assigned in triage as "Psychiatry Assessment" and "Psychiatric Patient", examining diagnoses to the discharge of said patients
**Methods:** To this end, reasons for triage consultation and patient diagnoses are retrospectively collected who were evaluated by the main author in the emergency room of Hospital de Jaén between June 23, 2019 and May 31, 2020. They were selected following these criteria; inclusion: patients with psychiatry consultation, evaluated by the first signatory of the text and with reasons for consultation in triage: "Psychiatric patient" or "Assessment by Psychiatry". As exclusion criteria: high due to escape. Among the 224 patients evaluated, we found 35 who met criteria
**Results:** Of the total reasons of consultation collected at beginning, 16.6% corresponds to "Assessment by Psychiatry" (13.9%) and "Patient psychiatric" (2.7%), this being group the second reason for most frequent consultation after of "Anxiety" with 33%. Relating these reasons for consultation with the discharge diagnoses made in these patients, we found that the percentage of patients in each diagnosis would be: Regarding the action plan followed after the evaluation and diagnosis of these patients, it is reported that 45% of them required admission, 37% were referred to Mental Health Unit, 9% to family doctor and 6% to the Drug Addiction Center. - 11.4% of pharmacological intakes; 8.6% of psychotic episodes, symptoms anxiety, treatment renewal and mood disorders personality; respectively; 5.7% of autolytic attempts,