

10 years shorter than the general population. They often have low levels of physical activity. There is little evidence about physical activity interventions for medium secure service users in the United Kingdom.

Objectives: Our objective is to co-produce, with medium secure service users, the content and delivery of an intervention to increase physical activity. We shall assess feasibility, acceptability and pilot data collection methods for outcomes relevant for a future randomised controlled trial.

Methods: This is a 24-month mixed-methods project that will follow the Medical Research Council (MRC) framework Developing and Evaluating Complex Interventions. The study has 4 phases. - Phases 1-2 will gather information required to co-develop an evidence based intervention in Phase 3.

- Phase 4 will assess the intervention in a feasibility study, evaluating and testing the intervention for a future pilot study.

Study settings: Two NHS Medium Secure In-Patient Psychiatric Hospitals in the UK.

Results: This paper presents the findings from the Phase 1 questionnaire and focus groups with service users and hospital staff that identified the barriers and facilitators to physical activity in such settings. The results are then discussed in relation to the Phase 2 qualitative results that explored stakeholders' and service users' opinions into how to increase physical activity among medium secure service users by identifying potential elements for inclusion in a physical activity intervention, to gain insight into how we can establish engagement of this group with the intervention, maintain commitment, avoid drop-out and develop the intervention design. All findings are presented using the Capability, Opportunity, and Motivation Model of Behaviour (COM-B model), which is widely used to identify what needs to change for a behaviour change intervention to be effective.

Conclusions: The findings of Phases 1-2 are allowing the team to move forward with Phase 3 that is currently developing an intervention to increase physical activity for adult inpatient service users in the medium secure units. This phase will be guided by the MRC framework and the COM-B model to define the target behaviours and select the most suitable intervention components (functions and techniques) and implementation approach.

Disclosure of Interest: None Declared

Others 03

EPP0633

Chronic diseases among paramedics and their impact on mental health

I. Sellami^{1*}, A. Feki², N. Remadi¹, N. Kotti¹, M. L. Masmoudi¹, K. Jmal Hammami¹ and M. Hajjaji¹

¹occupational medicine and ²rheumatology, Hedi Chaker Hospital, University of Sfax, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.931

Introduction: Working in a care setting is characterised by an increased mental and physical load. During their professional life, personnel in this sector can develop essentially degenerative

pathologies, which could influence their professional career as well as their psychological balance.

Objectives: We aimed to evaluate the impact of chronic pathologies on the prevalence of anxiety and depression among this group.

Methods: We conducted a cross-sectional study in hospitals in Sfax using a self-administered questionnaire. This questionnaire evaluated socio-demographic, professional, and clinical characteristics as well as an evaluation of the degree of anxiety and depression by the HAD questionnaire.

Results: Our population consisted of 120 participants. The average age was 37 years, with a female predominance (a sex ratio of 0.69). The chronic pathologies found in the participants were mainly diabetes (18%), high blood pressure (4%), and rheumatic disease (6.7%). The average anxiety score was 8.18 ± 3.5 and that of depression was 9.02 ± 3.5 . Certain depressive and anxious signs were found in 28.4% and 23.6% of participants, respectively. Although the average scores for anxiety and depression were higher in the subgroup of personnel with chronic pathologies (respectively, 9.8 versus 9.04 and 9.3 versus 8.46), these differences were not statistically significant ($p > 0.05$).

Conclusions: Physical and mental health are both important to ensure a balanced life. Having good control of somatic illness can improve mental health.

Disclosure of Interest: None Declared

EPP0634

Evaluation of mental functioning of patients with rheumatoid arthritis

I. Mnif¹, A. Feki¹, I. Sellami^{2*}, Z. Gassara¹, S. Ben Djemaa¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹ and S. Baklouti¹

¹Rheumatology and ²occupational medicine, Hedi Chaker Hospital, university of Sfax, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.932

Introduction: Rheumatoid arthritis (RA) is a chronic inflammatory degenerative disease whose symptoms are mainly joint with significant functional impact, resulting in a restriction of the activities of the patient and increasing the impact on mental well-being.

Objectives: This study aimed to screen for mental functioning in RA patients, detect anxiety and depression, evaluate self-esteem and study its relation to clinical parameters, as well as disease activity.

Methods: Single-centre cross-sectional study, involving patients with RA using the hospital anxiety and depression scale (HADs). Rosenberg scale was used to evaluate self-esteem. We evaluated the RA severity Disease Activity Severity (DAS 28).

Results: Fifty patients were included. The average age was 54 years [24-72]. The mean duration of the disease was 10 years. Thirty-nine patients had immunopositive RA with a mean Rheumatoid Factor level of 189.1 ± 291.3 U/ml and a mean anti-CCP antibody level of 165 ± 225.3 U/ml. At diagnosis, the mean DAS 28 of the patients was 5.1 ± 1.4 . Moderately active and highly active RA were predominant with percentages of 40% and 50% respectively. All patients were treated, and 36% received biological treatment.

Depression was noted in 42% of the patients with a mean score of 10.1 ± 3.7 . Anxiety was noted in 50% of the patients with a mean score of 10.3 ± 4 .