

## S0034

### Croatian Models and Experience in First-Episode Psychosis Treatment

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We have witnessed a significant push towards staging in medicine. That trend has not bypassed psychiatry, with realization that early phases of various disorders present the window for early intervention that is most likely to result in preserving every-day functionality and achieving favourable outcomes. First-episode psychosis programs have been developed in order to ensure adequate early interaction with psychiatric services, help achieve faster and quality remission, prevent relapses and ensure better long-term outcomes. There is still, however, no consensus on the format or the most appropriate intervention in the early-course psychosis. Patients in Zagreb, Croatia, are offered a number of first-episode psychosis programs, one of which is housed in the largest Croatian psychiatric institution, University Psychiatric Hospital Vrapce. Specialized early-course treatment model in Vrapce stemmed from first-episode inpatient unit established in 2004, and grew to present in its core integration of care across different organizational units, acuity levels, and specific patient needs. Recognizing that a significant number of first-episode patients first interact with psychiatric services through emergency units, Vrapce's model fostered early interaction with specialized services staff starting with intensive and emergency care units, allowing for continuity of care and early recruitment into specialized services. Vertical integration meant inpatient acute and subacute units seamlessly linked with day hospital and outpatient services, creating the setting for earlier formation of therapeutic alliance and treatment plans, but also allowing for flexible entry points for users. COVID-19 pandemic, in addition to challenging the initial integrations of services, facilitated transfer of certain services into virtual space.

**Disclosure:** No significant relationships.

**Keywords:** early intervention; First-episode psychosis; service integration; schizophrenia

### Mental Health and Substance Use Problems in Medical Doctors (in times of COVID-19)

## S0035

### Mental Health, Burnout and Problematic Drinking in Norwegian Medical Doctors

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Previous studies have found relatively good physical health in doctors, whereas several studies now report relatively high levels

of stress and burnout among them. With the exception of higher suicide rates, we have less evidence of poorer mental health among doctors than among other professionals. The elevated suicide rate may represent the tip of an iceberg of frustration and inadequate mental health care among medical doctors. There are very few longitudinal studies that can identify possible risk factors and causality. The Longitudinal Study of Norwegian Medical Students and Doctors (NORDOC) has since 1993/94 followed repeatedly two cohorts of medical students (N=1052) in seven waves during 25 years (Facebook: @docsinrush). Outcomes presented here are on mental health, burnout and problematic drinking. There are two main hypotheses with regard to possible risk factors. First, it may be due to individual factors such as personality traits, past mental health problems etc. Second, contextual stress may influence mental health among doctors, whether this be unhealthy working conditions or negative life events (i.e. stress outside of work). The presentation will give an overview of both individual and work-related predictors of stress and mental health problems among Norwegian physicians. Individual and organizational interventions to reduce stress and physician burnout will also be dealt with.

**Disclosure:** No significant relationships.

**Keywords:** mental health; alcohol; Stress; physicians

## S0036

### Physician Health: Results and Caveats from Surveys in Austria, Switzerland and Germany

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Background: Surveys assessing alcohol use among physicians most commonly employed the Alcohol Use Disorders Identification Test (AUDIT) or the AUDIT-C. As with other screeners, prevalence estimation is dependent on the accuracy of the test as well as choice of the cut-off value. The aim of the current study is to use samples from various countries derive more precise prevalence estimates of alcohol problems in physicians by correcting for false positive and false negative results using samples from various countries Method: At the Congress of the German Association of Psychiatry, Psychotherapy and Psychosomatics, 2005 in Berlin, 1800 questionnaires, which included the AUDIT-C were distributed among the attending participants. 936 questionnaires (52%) were returned. Also, the data are compared to a second study, performed in Salzburg, Austria to further elucidate the situation. The screening results will be presented and compared to the values when using a correction-formula using data from a general population sample on sensitivity and specificity of the AUDIT-C. Results: Based on the results of AUDIT-C and using a cut-off of 5 for both sexes, 24.1% of the sample of 887 physicians of the German sample are problematic drinkers (14.7% in female and 32 % in male physicians). Using a correction formula leads to markedly lower rates: 6.1% (all), 3.7% (female), 8.1% (male). Discussion: In this large sample, findings clearly confirm that uncorrected screening results lead to severe over-estimation of the prevalence of problematic drinking in

physicians. The corrected prevalence rates are lower than in the general population.

**Disclosure:** No significant relationships.

**Keywords:** physician health; alcohol use; prevalence

### S0037

#### Mental Health Sequelae in Health Professionals in Spain during the COVID Pandemic.

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The COVID-19 pandemic has raised several concerns regarding its mental health effect on patients and professionals. In the beginning, the absence of knowledge about the disease transmission or effective therapies, the quick spread among the population collapsing hospitals in combination with the lack of protection measures put healthcare professionals working in the frontline in a high stressful situation. The professionals had to face several unprecedented challenges: improvised hospitals, living in hotels to avoid infecting the family, deciding, as in wartime, which patients could be intubated and which could not, doubling shifts, and above all, the uncertainty about the disease, the high severity and the contagiousness that isolated the patients from their family, leaving the health professional with the responsibility of being a caregiver in the broad sense of the word. With this picture several studies have reported a high prevalence of mental disorders. A survey of 9138 Spanish professionals conducted during the first wave of the pandemic showed that 45.7% had a mental disorder (depression, generalized anxiety disorder, panic attacks, post-traumatic stress disorder and SUD), 14.5% had any disabling current mental disorder and 8.4% had suicidal thoughts. In Spain, managed by the Galatea Foundation, there is a special programme of confidential care for doctors with a mental illness or addiction. During the pandemic, a 30% increase of requests for help were registered, 70% of which came from primary health care professionals. The presentation provides also qualitative data with testimonies of professionals and anti-stress protection measures implemented by some health institutions.

**Disclosure:** No significant relationships.

**Keywords:** Covid-19; healthcare workers; physician health programs; Mental Disorders

### S0038

#### Substance Use, Self-Prescription and Burnout in Belgian Medical Doctors

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Alcohol, psychoactive substance abuse, and burnout are areas of significant problems within health care professionals and medical doctors. In 2011 we did a survey (n = 1601) in Belgium among the

medical specialists. Beginning of 2021, exactly 10 years after the first survey, we repeated the survey this time among both medical specialists, general practitioners, and pharmacists. The results of this survey (N = 4361) will be presented and tendencies compared with international findings. We discuss the findings from both the longitudinal perspective using our 2011 data and also from the perspective of the impact of the Covid19 pandemic on health professionals.

**Disclosure:** No significant relationships.

**Keywords:** alcohol; medical doctors; substance abuse; burnout

#### Perinatal Mental Illness: Risks to Mothers and Infants and the Potential for Prevention

### S0039

#### Characteristics of Perpetrators of Neonaticide

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Authors: Klier CM, Amon S, Fernandez Arias P Introduction Denial of pregnancy the most important risk factor for neonaticide and is a frequent pregnancy associated disorders. It occurs more often than placenta previa or uterus rupture. Wessel found that 1 in 475 women deny pregnancy, but a new study by Simermann even found a higher prevalence of 1:300. We studied how women face their reproductive potential before the denied pregnancy occurs. Moreover pregnancy variables in this group were compared to Austrian population data. Methods In total, there were 69 neonaticide victims between 1995 and 2017. We analysed 55 neonaticide cases, committed by 48 perpetrators, whereas 4 of them were repeated perpetrator and responsible for 11 cases. We also included three cases of suspected neonaticides, whereas later the coroner identified a natural cause of death. The datasheet contains 553 variables, all cases were code by one rater SA. Specifically we looked at the following variables: method of contraception, partner's interest in contraception, abortion, evidence of pregnancy, motives of pregnancy negation, pregnancy symptoms, prenatal care, awareness of environment, living situation during pregnancy and at birth, immediate reaction to birth Results We found a high percentage of women who did not use contraception (53%), specifically when compared to the percentages of the Austrian population data from a recent survey (26%). When the contraceptive methods were looked at, women in the neonaticide group did practically not use any method with a pearl index of <4, in comparison to 20% in the general population. A high adolescent birth rate (47%) could be shown in comparison to the population (3%). Conclusions It needs further research to find out how denial of pregnancy and reproductive potential are connected and if the reasons for denial of pregnancy are the precursors of the reproductive denial also.

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**Keywords:** neonaticide