

Factors associated with Burn-out in uni-variate study were: age group ($p = 0.044$), marital status ($p = 0.001$), preferred time of connection ($p = 0.019$), burnout ($p = 0.001$), depersonalization ($p = 0.001$), personal fulfillment ($p = 0.001$), internet use for work ($p = 0.0019$), internet use for leisure ($p = 0.002$) and also for online games ($p = 0.016$).

Factors associated with depersonalization were marital status ($p = 0.001$), number of children ($p = 0.042$), psychiatric history ($p = 0.001$), substance abuse ($p = 0.012$), preferred time of day to use the internet ($p = 0.001$), use of the internet for social networking ($p = 0.03$), online gaming ($p = 0.008$).

Factors associated with personal accomplishment were age ($p = 0.001$), number of children ($p = 0.016$), use of the internet for work ($p = 0.001$).

Conclusions: A significant proportion of our healthcare workers suffered from burnout, depression and anxiety disorders, which was associated with substance and internet abuse in univariate analysis. Our study also draws attention to the risk factors of burnout such as age, family status, working type and working hours internet use, substance use. The possible association of burnout and other addiction behaviors merits further investigation.

Disclosure of Interest: None Declared

EPP0707

Effectiveness of a crisis community-based program in primary mental health care

S. Lakis*, S. Mansilla, B. Patrizzi, C. Teixidó, J. Vegué and A. Plaza
PSYCHIATRY, CPB SERVEIS SALUT MENTAL, BARCELONA, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1001

Introduction: A crisis is defined as a disruption in equilibrium at the failure of own personal resources which results in important distress and functional impairment. Particularly after Covid-19 pandemic we have been attending an increased number of this kind of consultations in the mental health services.

Objectives: To expose a new mental health program called PAIC (Ambulatory Intensive Community Program) started in March 2019 and addressed to people who are suffering a crises period, and to evaluate its effectiveness. The aim of this program is to reach prior stability, trying to avoid chronicity, clinical status perpetuation and sociofunctional impairment, as well as assessing suicidal risk and perform early prevention interventions.

Methods: PAIC is proposed as an early, intensive, focused and psychotherapeutic intervention led by psychiatrist. Consist in an 8-week program of 30 to 60 minute weekly individual sessions. A total of a 205 patients were attended in PAIC during 2021 and 84,6% of the patients completed the program. Mixed-methods, clinical interviews and measurements using validated self-administrated questionnaires were used: CORE-OM pre/post treatment ("Clinical Outcomes in Routine Evaluation-Outcome Measure"), List of Threatening Experiences, LTE and Clinical Global Impression (CGI-I). Changes in CORE-OM Scale were analysed using t-student test and a descriptive analysis was used for CGI-results.

Results: CORE-OM ("Clinical Outcomes in Routine Evaluation-Outcome Measure") showed improvement in all of four

dimensions: subjective well-being (TW), problems/symptoms (PT), general function (TF) and risk (TR).

Perception of clinical improving measured by CGI was 81,6%. There were no cases of clinical worsening.

Conclusions: We conclude that intensive and early programs are effective reducing the intensity of symptoms and the level of disability in people who are experiencing a psychological crisis. Also, it supports primary health care as well as helps to avoid saturation of specialized system.

Disclosure of Interest: None Declared

EPP0708

The Impact of a Crisis Resolution Home Treatment Team on Hospital Admission, Symptom severity and Service User Functioning over Five years

S. Crowley^{1*}, S. McDonagh², D. Carolan² and K. O'Connor²

¹Psychiatry, North Lee Mental Health Services, Health Service Executive South, Ireland and ²Psychiatry, South Lee Mental Health Services, Cork, Ireland

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1002

Introduction: Crisis Resolution Home Treatment Teams (CRHTTs) offer short-term specialist psychiatric input to service users experiencing acute mental illness or crisis in the community. The South Lee CRHTT was setup in 2015.

Objectives: Primary objectives: To evaluate the impact of treatment given by a CRHTT in terms of:

1. Preventing hospital admission,
2. Impact on service user's symptoms and overall functioning
3. Service user's satisfaction with the service

Secondary Objectives: To evaluate patient characteristics of those attending the CRHTT, and to assess qualitative data provided by service users using thematic analysis.

Methods: All the service users treated by South Lee CRHTT between 2016-2020 were included in this review. Standardized quantitative measures are routinely taken by the South Lee CRHTT before and after treatment. The Brief Psychiatric Rating Scale (BPRS) was used to measure symptom reduction, and the Health of the Nation Outcome Scale (HONOS) was used to measure quality of life/health outcomes. The Client Satisfaction Questionnaire- version 8 (CSQ-8) was used to evaluate service user satisfaction quantitatively, and service users were also asked for qualitative data.

Results: 1041 service users were treated by the service, between 2016-2020. Treatment by the CRHTT was shown to be effective across all primary outcome measures. Inpatient admissions in the areas served by the CRHTT fell by 38.5% after its introduction. BPRS scores were reduced significantly ($p < .001$), from a mean score of 32.01 to 24.64 before and after treatment. Mean HoNOS scores were 13.6 before and 9.1 after treatment ($p < .001$). Of the 1041 service users receiving the CSQ-8, 180 returned it completed (17.3%). Service users' median responses were "very positive" on a 4 point-Likert scale to all 8 items on the CSQ-8, and qualitative data were thematically analysed.

Conclusions: CRHT was shown to be effective at preventing inpatient admission. CRHT was shown to be an effective option for the treatment of acute mental illness and crisis, using

quantitative measures. Feedback gained from service users suggests that overall patient satisfaction with the CRHTT service was high.

Disclosure of Interest: None Declared

EPP0709

Synthetic Cannabinoids (SCs) K2 clinical manifestation-A literature review

S. Kamrun^{1*}, T. Sultana², F. A. Faruki³ and S. Goddu⁴

¹Harlem Hospital Center; ²Research Unit, Manhattan Psychiatric Center, NY; ³Psychiatry Dept., Bergen New Bridge Medical Center, Paramus, NJ and ⁴Psychiatry Dept., Harlem Hospital Center, NY, United States

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1003

Introduction: There has been an increase in the use of new psychoactive substances containing synthetic cannabinoids in recent years. It is also known as K2, spice, or fake weed, and these are popular as recreational drugs [Kourouni I et al. JAMA NetW Open 2020 Jul; 1;3(7): e208516]. CB1 agonists in SCs mimic the effects of cannabis, making users feel happy and relaxed. However, recreational SCs may result in unwanted severe consequences such as acute anxiety and psychosis [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6]. Relative to tetra-hydro cannabinol (THC), synthetic cannabinoids (SCs) are more potent and efficacious agonists and may exert deleterious effects on health [Gunderson EW et al. AM J Addict 2012 Jul-Aug; 21(4): 320-6].

Objectives: Our aim of this review is to focus on the typical presentation of SCs use and help clinicians to better understand and be more vigilant about K2 manifestations

Methods: In conducting the literature review, only English language articles were selected from PubMed and PubMed Central (PMC) databases through August 14, 2022, using the search term "Synthetic cannabinoids k2 clinical manifestation". Three reviewers conducted the initial review of the titles and abstracts of the electronic search, followed by detailed assessments of the relevant studies. Peer-reviewed Case series, case reports, and systematic review studies were included that met the inclusion criteria (articles in the English language, studies on humans, studies on synthetic cannabinoids (SC) or K2 use and its clinical manifestations).

Results: Electronic search results showed a total of 60 articles. Fifty articles were excluded based on title review (36 articles), abstract review (4 articles), and full article review (10 articles). Case series on 30 ICU patients (SC intoxication) showed agitation 33%, bizarre behavior, coma 33%, seizure 20%, Acute respiratory failure 60%, Tracheal intubation 70%, Rhabdomyolysis 26%, Invasive mechanical ventilation 40%, Acute kidney injury 26% and cardiotoxic effect [Kourouni I et al. JAMA NetW Open 2020 Jul; 1; 3(7): e208516]. Cross-sectional study on 50 male cases showed altered perception 68%, including auditory and visual hallucination, dizziness and loss of consciousness, palpitation 76%, chest pain 12%, panic attack, and convulsion [Abdelmoneim WM et al. Middle East Current Psychiatry 2022; 29 (1): 24]. Literature reviews has shown the common psychiatric presentations of SC are acute anxiety, agitation, psychosis, paranoia, disorientation, alteration of mood and perception, hallucination, and delusion [Debruyne D et al. Subst Abuse Rehabil. 2015 Oct 20; 6:113-29, Radhakrishnan R et al. Front Psychiatry 2014 May 22;5:54].

Conclusions: There are limited research related to synthetic cannabinoids in human. Based on our review, SC intoxication can be life-threatening besides psychiatric manifestation. Therefore, clinicians must understand the vast clinical manifestations of SCs.

Disclosure of Interest: None Declared

EPP0710

'Main the gap!' The view of healthcare professionals on gains and pitfalls of traditional and innovative models for providing mental health care to imprisoned persons with a severe mental illness in Spain

J. Antón Basanta¹, S. Paz Ruiz^{2*}, V. P. Estévez Closas², Á. López López³, L. F. Barrios⁴ and A. Calcedo-Barba⁵

¹Sociedad Española Sanidad Penitenciaria, Barcelona; ²SmartWorking4U SLU, Benicassim; ³Hospital Psiquiátrico Penitenciario, Fontcalent; ⁴Universidad de Alicante, Alicante and ⁵Sociedad Española Psiquiatría Legal, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1004

Introduction: Different mental health care provision models coexist in prisons in Spain. The Ministry of Interior applies a traditional model to secure mental health care to 83% of the country imprisoned population. Three autonomous regions with acquired competencies for health care provision (17% of the imprisoned population) are implementing innovative care models.

Objectives: To explore the views of healthcare professionals on models of mental health care provision for imprisoned persons with a serious mental illness (SMI) in Spain.

Methods: 21 healthcare professionals (13 physicians, 5 nurses, 3 pharmacists) working in prisons, penitentiary psychiatric hospitals and a psychiatric in-prison unit took part in 5 online, 2 hours focus groups and one in-deep interview between 31st May and 20th July 2022. The moderator used open-ended questions to research into the characteristics of mental health care models and on the challenges for implementation. Focus groups were audiotape recorded and transcribed. Transcripts were analysed applying thematic analysis.

Results: Healthcare professionals reported that within the traditional model of healthcare provision, the psychiatric care of SMI prisoners relies on correctional general practitioner physicians (GP). Psychiatrists act as external care providers. There are two psychiatric penitentiary hospitals with a strong correctional character for in-hospital care. Acute psychiatric care happens in prisons or at the local general hospital. Healthcare records remain within the penitentiary organization and outside the accessible healthcare information system. In consequence, there is fragmentation and delocalization of mental health care. An innovative approach consists of a dedicated mental healthcare unit within the prison with continuous psychiatric supervision of prisoners with SMI and good quality psychiatric care. Schizophrenia and hyperactive attention deficit disorder persons benefit the most. Continued mental health care in the community remains a challenge. Another model of care is centred in the SMI imprisoned person. Acute and rehabilitation psychiatric penitentiary units operate within a network of mental health and social care resources in the community, coordinated by a liaison nurse. Individualised care plans keep SMI persons in their social environment. Costs of implementation are