

**Conclusions:** The additional work and strain caused by this, as well as the connections with the problem of compatibility, show need for action for employers regarding the working conditions of physicians and scientists. Especially with regard to reducing overtime and improving the compatibility of work and family.

**Keywords:** professions; working conditions; compatibility; Work-family-conflict

## EPP0767

### Personality and coping as gendered predictors of distress and well-being in nursing students

C. Laranjeira\* and A. Querido

Citechcare, Polytechnic of Leiria, Leiria, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1074

**Introduction:** Previous studies about relationship between personality factors and stress related processes mainly focus on relation between these factors and application of coping strategies.

**Objectives:** This study expanded previous research by examining the combined contribution of personality traits (NEO-FFI) and coping strategies (Brief COPE) in the prediction of stress, depressive symptoms, anxiety symptoms (DASS-21), and psychological well-being (WHO-5) among undergraduate nursing students.

**Methods:** This cross-sectional study was performed in 2017. Participants of this study were 75 nursing students (men=37, women=38) from one Portuguese School of Health Sciences. The students who agreed to participate filled out an informed consent. Then the questionnaires were administered in a random order to avoid order effects in the data.

**Results:** Regarding personality, women reported higher conscientiousness and agreeableness than men. There were no gender differences in coping. Among men, openness and agreeableness (inversely) and neuroticism predicted stress. In women, neuroticism and venting predicted stress. Regarding depression, conscientiousness and extraversion (inversely) and neuroticism were predictors for men, whereas neuroticism, self-blame, and denial were predictors for women. Conscientiousness and extraversion (inversely) and venting and denial predicted anxiety in men, as did neuroticism and venting in women. For well-being, conscientiousness and extraversion were predictors among men; neuroticism and seeking instrumental support (inversely) and extraversion were predictors among women. Personality traits dominated the prediction of distress and well-being in men, while both personality and coping were predictors in women.

**Conclusions:** These findings indicate that it is not the degree of each personality trait or coping strategy but the pattern of relationship between these phenomena and psychological outcomes that is of relevance. The results could inform gendered preventive and treatment interventions for college students.

**Keywords:** Distress; coping; personality; predictors

## EPP0768

### Dying child and nurses' mourning

A. Zartaloudi<sup>1\*</sup>, C. Lekas<sup>2</sup>, I. Koutelekos<sup>1</sup>, E. Evangelou<sup>1</sup> and E. Kyritsi<sup>1</sup>

<sup>1</sup>Nursing, University of West Attica, Athens, Greece and <sup>2</sup>Intensive Care Unit, Henry Dunant Hospital, Athens, Greece

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1075

**Introduction:** One of the most complex and emotional aspects of nursing is the interaction between the nurse and the dying child. The attitudes of nurses towards death, affect the quality of care.

**Objectives:** To investigate pediatric nurses' attitudes towards death.

**Methods:** Methodology: 170 nurses, working in pediatric hospital departments completed a questionnaire which included sociodemographic characteristics and information related to their previous training and clinical experience regarding death issues in general and dying children's care in particular.

**Results:** 68.6% reported that the death of a child affects them very much, while 44.7% of the participants didn't feel well prepared to manage death issues. Pediatric nurses were greatly affected by children's death, expressing mainly feelings of sadness (44%), compassion (22%), guilt (22%) and anger (22%). 73% of the sample wished the hospitalized child, died when they were not present. 53.5% had been trained regarding the care of dying patients and the management of death and mourning as part of their curriculum and 21.2% had attended a relative seminar / lecture. The importance of proper and adequate education becomes particularly apparent considering that the majority of our sample either did not feel sufficiently prepared in order to deal with death and mourning, even though more than 70% of our participants had been relatively educated.

**Conclusions:** The incorporation of the notions of death and care at end of life in the theoretical and practical fields of nursing will improve the quality of services offered at the end of life for patients and their families.

**Keywords:** Nurse; care; death; Child

## EPP0769

### Integrating mental health services into primary health care – a review of challenges and outcomes in the international setting

L. Moreno<sup>1</sup> and A. Sousa<sup>2\*</sup>

<sup>1</sup>Department Of Psychiatry And Mental Health, Setúbal Hospital Center, Setúbal, Portugal and <sup>2</sup>Castelo Family Healthcare Unit (usf Castelo), ACeS Arrábida, Sesimbra, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1076

**Introduction:** Mental illness accounts for about one-third of the world's disability, a burden that many health systems cannot adequately respond to. Up to 70% of mental health (MH) patients are followed-up in primary health care (PHC) settings. To bridge the treatment gap, the World Health Organization developed mhGAP, a guidance package for integrated management of priority MH disorders in lower-income countries. Other countries have developed their own evidence-based interventions.

**Objectives:** Overviews countries' strategies towards integrating MH services into PHC, their outcomes and challenges.

**Methods:** Review of literature using PubMed search terms "mental health primary care", MeSH terms "Primary Health Care", "Mental

Health Care” and “organization and administration”, published in the last 5 years, in English.

**Results:** 25 of 602 articles were selected. The mhGAP programme has seen successful integration in pilot district-level programs, but wider implementation has stalled due to stigma and lack of clinical engagement, resources, MH specialists, and policy support. The Quebec MH reform promoted integrated service networks, improving accessibility and quality of care (QoC). A Norwegian-Russian long-standing collaboration initiative has significantly improved treatment for anxiety and depression (A&D), with 58% reliable recovery rate. A Danish collaborative care intervention provided high-quality treatment of moderate A&D. In Peru, a similar initiative allowed early detection, referral, and treatment of MH patients attending PHC services.

**Conclusions:** Comprehensive, integrated and responsive collaborative care models are a cost-efficient strategy to improve QoC for many MH conditions across diverse populations. MH-PHC integration initiatives have seen varying degrees of success. However, several barriers impact wider implementation and scale-up.

**Keywords:** Mental Health Services; Healthcare organization; primary health care; Mental Health integration

### EPP0771

#### Development & validation of the BSI-9: A brief screening tool for the SAD Triad

C. Macdonald<sup>1\*</sup>, K. Brophy<sup>1</sup>, A. Coroiu<sup>2</sup>, E. Braehler<sup>3</sup> and A. Korner<sup>1</sup>

<sup>1</sup>Educational And Counselling Psychology, McGill University, Montreal, Canada; <sup>2</sup>Social And Behavioural Sciences, Harvard T.H. Chan School of Public Health, Boston, United States of America and <sup>3</sup>Psychology, Medical Center of the University of Leipzig, Leipzig, Germany

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1077

**Introduction:** The Brief Symptom Inventory (BSI-53) was originally developed as a shorter alternative to the Symptom Checklist-90R, which captures a breadth of psychopathology. Subsequently, the BSI-53 was further streamlined to an 18-item scale assessing psychological distress in terms of somatization (S), anxiety (A), and depression (D) – also known as the “SAD Triad”. The BSI-18 has been shown to have good validity in the German general population.

**Objectives:** The objective of the present study was to further improve the ease of use of the BSI as a clinical screening tool by developing a reliable and valid 9-item version of the BSI-18.

**Methods:** A representative sample of the German general population (N=2,516) was surveyed for demographic information and completed a variety of questionnaires, including the BSI-18. Confirmatory factor analyses, item-level statistics, and correlations were used to select three rather heterogeneous items for each subscale and confirm the model fit.

**Results:** The proposed 3-factor model of the BSI-9, corresponding to the SAD triad, demonstrated a good model fit. The internal consistency (Cronbach’s alpha) was .87 for the total scale, .72 for the somatization scale, .79 for the depression scale, and .68 for the anxiety scale. Each of the subscales were significantly related to the Patient Health Questionnaire-4 and Hopkins Symptoms Checklist-25 in the hypothesized direction.

**Conclusions:** The BSI-9 provides researchers and clinicians with a brief, effective, and valid tool to screen for anxiety, depression, and somatization, thus preventing potential overload for research participants and flagging patients who might need further clinical assessment.

**Keywords:** Scale development; Brief Symptom Inventory; Factor structure; Psychological Distress

### EPP0772

#### Assessing a PSP (primary care support programme) from the point of view of the professionals involved: A joint-effort between primary care and psychiatric ward.

S.F. Contaldo<sup>1\*</sup>, D. Carbonell Simeon<sup>2</sup>, B. Rodriguez Ferraz<sup>2</sup>, E. Blanco García<sup>2</sup>, R. Fernandez Vergel<sup>2</sup>, M. Iglesias Gonzalez<sup>3</sup>, M. Rubio Valera<sup>4</sup>, M. Gil Girbau<sup>5</sup> and M.T. Peñarrubia Maria<sup>2</sup>

<sup>1</sup>Psychiatry, Parc Sanitari Sant Joan de Deu, Esplugues de Llobregat, Spain; <sup>2</sup>General Practice, ICS, Gavá, Spain; <sup>3</sup>Psychiatry, ICS, Badalona, Spain; <sup>4</sup>Consortium For Biomedical Research In Epidemiology And Public Health Network (ciberesp), Parc Sanitari Sant Joan de Deu, Sant Boi de Llobregat, Spain and <sup>5</sup>Group On Health Technologies And Results In Primary Care And Mental Health (prisma), Fundació Sant Joan de Deu, Sant Boi de Llobregat, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1078

**Introduction:** The PSP has been implemented in Catalonia in 2006 in an attempt to improve the Primary Care treatment of the most common mental disorders and addictions. It’s based on a collaborative model, made up between Primary Care and Mental Health professionals.

**Objectives:** To identify the strengths and limitations of the PSP from the perspective of Primary Care and Mental Health professionals.

**Methods:** Qualitative, exploratory and interpretive study based on Grounded Theory, made between 2018 and 2019 with Primary Care and Mental Health professionals. Group interviews were conducted with triangulated analysis. The study got the approval from the Research Ethics Committee of the Sant Joan de Deu’s foundation.

**Results:** 11 group interviews were conducted in 6 primary care centers and 5 mental health centers in Barcelona. Intrinsic and extrinsic factors impacting the programme functioning were detected. Within the extrinsic factors, elements related to professionals, patients and public health system have been observed. All the professionals agree that the PCSP has a favorable impact on inter-professional relationships and patients, facilitating the management of cases. In contrast the heterogeneity implementation, the lack of training, and the health care burden in is considered to negatively influence an optimal development of the programme. Professionals suggest communication and inter-professional collaboration would be improved by creating more a horizontal structure that eliminates vertical lines of command and disagreements in clinical judgement, thus facilitating shared decisions.

**Conclusions:** PrimaryCare and MentalHealth professionals value the PSP positively, but conclude there are communication and organizative barriers that should be addressed in order to improve the overall programme’s efficiency.

**Keywords:** qualitative study; mental health; Collaborative care