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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; schizophrénia

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 and 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