

**EPP0766****Analysis of a clinical process of schizophrenia and other psychoses with a process mining method**

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**Introduction:** Clinical pathways (CPWs) are tools used to guide evidence-based healthcare. They translate clinical practice guideline recommendations into clinical processes of care within the characteristics of a healthcare institution. There are few studies about the impact of CPW in the field of Psychosis in terms of adequacy to their recommendations and clinical outcomes.

**Objectives:** PSYCHSTAGE project has been designed to study the adjustment of psychosis clinical care to a CPW based in a Clinical Practice Guideline according to a clinical staging model in a network of psychiatric services covering 580.000 inhabitants in a University Hospital in Madrid.

**Methods:** Retrospective and observational study in a sample of 1780 subjects 18 years old or above, diagnosed with schizophrenia and other psychosis. Socio-demographic and clinical variables were collected from clinical records, including ICG, GAF and DAS at the time they were included in the study. Clinical stage was established according to McGorry model at the same time. CPW was analysed in 1,391 subjects with 15,254 care events using a Process mining method. Process discovery, process checking and process enhancement analysis have been used.

**Results:** Patients were grouped according the clinical stage. 9,2% were in stage 2; 18,5% in 3a; 47% in 3b; 22,1% in 3c and 4,1% in 4. A different CPW is represented for each clinical stage in routine practice. Then, every pathway is compared with the recommendations in the established Psychosis CPW.

**Conclusions:** Process mining can be a useful tool for the study of CPW in the field of psychosis

**Keywords:** Clinical stage; schizophrenia; Clinical pathways; Process mining method

**EPP0764****Mind the gap! transition from child & adolescent to adult mental health services: A narrative review and results of 18 months consultation**

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**Introduction:** Discontinuity in child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) constitutes an important challenge in mental health care. In the last decade, efforts have been made to better define the transitioning population and build consensual models for CAMHS-AMHS' transition.

**Objectives:** We aim to present our protocol and transition consultation results on the scope of published literature.

**Methods:** Description of protocol and casuistic of 18 months' transition consultation at Centro Hospitalar Barreiro-Montijo. The literature found on PubMed was published from 2008 to 2020 and was reviewed using the keywords: transition, CAMHS, AMHS, adolescent, mental health service, young people. Articles with full text available written in English and French were selected. The included clinical studies focused on populations with neurodevelopmental disorders, psychotic disorders, non-suicidal self-harm and suicidal attempts.

**Results:** Forty-four articles were included, published from 2008 to 2020. 4 articles were excluded on basis of language and diagnosis criteria (eating disorders). Twelve were reviews, 24 were clinical studies and 4 were opinion articles. There are cultural and referral issues that explain the loss of patients in this transition gap. Individuals with history of severe mental illness were more frequently referred than those with neurodevelopmental disorders. Optimal transition is defined as adequate transition planning with a flexible age cut-off and continuity of care following transition.

**Conclusions:** For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, executed and experienced. Improving transition models is essential to the patients autonomy' promotion and a stronger adult mental health.

**Keywords:** transition; CAMHS; AMHS; adolescent

**EPP0766****Work-family-conflict in the context of the working conditions of university employees – comparison of professions**

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**Introduction:** Working conditions at universities are often considered precarious. Employees complain of fixed-term contracts and extensive unpaid overtime (Dorenkamp et al. 2016). Studies from various fields of work show that occupational groups with a high workload suffer particularly from a conflictual compatibility of work and family.

**Objectives:** The aim of this study was to assess the WFC in the context of working conditions.

**Methods:** N=844 university employees (55% women, 41% men) were asked about the burden of work/life balance using Work-family-conflict (WFC) - Family-work-conflict (FWC) -Scales (Netemeyer 1996). The dichotomously formulated question on overtime worked was supplemented by a five-step scaled item on the burden of overtime. The correlation analyses were calculated according to Spearman.

**Results:** Overtime performed by 83% of the total sample and 64% feel burdened by it. 95% of the scientists and physicians, 68% of the administrative staff, 63% of the service providers work overtime and 90% of the physicians and 72% of the scientists feel burdened by it. Significantly high correlations were found between the burden of overtime and the conflict of compatibility. The higher the burden of overtime, the higher the WFC and FWC. The highest correlation was found among physicians ( $r=.649$ ), followed by scientists ( $r=.533$ ), administration ( $r=.451$ ), services ( $r=$  (total sample  $r=.562$ ).

**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

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**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

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**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

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**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