

EPV0577

An integrative, systemic day-clinic approach for the treatment of psychiatric disorders in young adults: a detailed study of two cases

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Introduction: More than 75% of the psychiatric disorders arise before the age of 30. Adolescence and young adulthood pose numerous developmental challenges like identity development, educational and occupational concerns, gaining autonomy and boundary-setting skills. The adolescent crises, which can involve a broad spectrum of psychiatric symptoms, demands a multidisciplinary approach to diagnosis and treatment.

Objectives: Our goal is to present a best practice example of an interdisciplinary day clinic through two case presentations, aiming improving innovative strategies for assessment/treatment of psychiatric disorders in young adulthood.

Methods: Via two comprehensive case presentations, we will introduce a psychotherapeutic day-clinic concept from a psychiatric training hospital in Germany.

Results: The day clinic's interdisciplinary team uses therapeutic approaches like dynamic, cognitive-behavioral, and systemic therapy to understand young adults beyond just their symptoms. Milieu-therapeutic methods, family constellations, socio-therapeutic approaches and non-verbal therapies are incorporated into our concept.

Case 1: A 20-year-old male patient, previously diagnosed with schizophrenia, was referred due to symptoms of living in an unreal world with perceived magical abilities and family conflicts. In the evaluation the features of high-functioning autism spectrum disorder (ASD) were more prominent than the psychotic symptoms. Developmental history and diagnostic tools yielded the diagnosis of ASD. Magical abilities in an unreal world appears to align more closely with repetitive/restrictive patterns of behavior, hereby we excluded in the follow-up the diagnosis of schizophrenia. Psychoeducation, social-skills-training and family interventions helped him to comprehend his strengths and discover a clearer direction in his life.

Case 2: Another 20-year-old male patient was referred with depressive symptoms, a sense of emptiness and self-mutilation. Following routine evaluation, we employed systemic methods (genogram constellations) to gain deeper insight into the patient's psychopathology. His mother's migration history from Thailand, coupled with unfulfilled aspirations, echoed in his recurring thought: "Where are my roots?" During follow-up, we recognized his passive stance toward therapeutic change, addressed through a systemic intervention known as 'taking the side of non-change.' This shifted his position from resistance to openness. Non-verbal approaches, family interventions, and corrective in-vivo experiences significantly contributed to his stabilization.

Conclusions: Specialized psychiatric centers tailored to the unique needs of young adults play a critical role in evaluating, diagnosing, and treating psychiatric crises during this developmental stage. Achieving this requires the implementation of interdisciplinary holistic therapeutic approaches.

Disclosure of Interest: None Declared

EPV0578

Improving Access to Psilocybin-Assisted Therapy: Barriers, Challenges, and Recommendations

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Introduction: Psilocybin-assisted therapy (PAT) has demonstrated significant potential in alleviating anxiety, depression, and psychological distress among individuals with terminal illnesses. However, numerous barriers prevent equitable access to this transformative treatment.

Objectives: This study seeks to gather the perspectives of patients on the waitlist of PAT.

Methods: Semi-structured interviews highlight the challenges faced by patients seeking PAT and their care providers and propose recommendations to enhance accessibility.

Results: Through a case study of Roots to Thrive, a non-profit healthcare practice offering group-based PAT, obstacles such as complex application processes, fear of judgement, logistical and financial constraints, and systemic inequities are revealed. Moreover, Health Canada's stringent control of PAT access via clinical trials and the Special Access Program (SAP) presents challenges for primary care providers and hinders the involvement of trained practitioners. The moral distress experienced by patients and providers due to delayed or denied access further emphasizes the urgency of addressing these barriers.

Conclusions: Advocates are calling for streamlined referral systems, expedited services for end-of-life patients, formal billing infrastructure, practitioner education, expanded coverage, legislative adjustments, post-therapy support, and collaboration with non-profit organizations and Indigenous Healers to promote equitable and effective PAT. By implementing these recommendations, barriers to PAT can be overcome, allowing more individuals to benefit from this therapy and find relief from the psychological distress associated with their conditions.

Disclosure of Interest: None Declared

EPV0579

Providing psychiatric diagnosis and intervention in patients with chronic medical illness in the community: A novel collaboration between the Psychiatry team and the community team in a Singapore restructured hospital

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Introduction: Home nursing and medical services have an established role in delivering chronic medical care to populations which face difficulty accessing physical clinics. Those with chronic medical conditions and reduced mobility face a higher likelihood of suffering from psychiatric co-morbidity. However, till date there

has been limited research done on home-based psychiatric care in this population.

Since 2021, the Psychiatry department of Tan Tock Seng Hospital (TTSH) has been collaborating with TTSH Community Health Team (CHT) to manage potential psychiatric issues in community patients.

These patients would be discussed in a weekly multidisciplinary setting. If indicated, home visit by both teams for home-based assessment and treatment would be arranged, allowing for detection and treatment of psychiatric illness.

Objectives: To demonstrate that the collaboration between the psychiatry team and CHT leads to diagnosis and treatment of psychiatric illness in a population that might otherwise have been unable to access psychiatric services.

Methods: We performed a retrospective study on all referrals from the CHT to the psychiatry team, within the 2-year period of August 2021 to August 2023. We collected demographic information, psychiatric history prior to referral, reason for referral, outcome of multidisciplinary discussion, and outcome of the home visits (including diagnoses made, and medications initiated).

Results: A total of 92 patients were referred by the CHT to the psychiatry team. Most were elderly with multiple medical co-morbidities; of note, a history of stroke was present in 24 of the referred patients.

Common reasons for referral include suspected mental illness, risk assessment, and management of behavioural issues.

28 of the referred patients did not have a prior psychiatric history at the point of referral. Among these, home visits involving the psychiatric team were done for 16 patients. 11 (68%) of these home visits led to diagnosis of a new psychiatric illness. 9 of these patients were initiated on psychotropic medications in the home setting.

Conclusions: A significant proportion of patients (68% of home visits without prior psychiatric diagnosis) were newly diagnosed with psychiatric illness, allowing early psychiatric intervention to be delivered. This was achieved in a population with a high prevalence of multiple medical comorbidity and barriers to clinic-based psychiatric evaluation and treatment.

We propose future comparative studies into how the collaboration between the psychiatric team and community health team can improve the quality of life and caregiver experience of patients with chronic medical problems, as well as how the service had improved the confidence of the community health team in identifying and managing patients with possible psychiatric issues.

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EPV0581

Prevalence of burnout and its correlation with resilience among healthcare professionals in Morocco

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Introduction: Burnout syndrome arises as a result of chronic workplace stress that has either been inadequately managed or entirely unaddressed, leading to symptomatic manifestations of emotional exhaustion (EE), depersonalization (DP), and a decreased sense of professional accomplishment (PA).

Objectives: This study evaluated the prevalence of burnout and investigated its correlation with resilience among healthcare professionals in Morocco.

Methods: A self-administered questionnaire survey was conducted in April 2023, comprehensively using the Connor-Davidson Resilience Scale (CD-RISC) and the Maslach Burnout Inventory (MBI) among 296 healthcare professionals stationed across three institutions located in the Casablanca-Settat region.

Results: A total of 158 responses were obtained. Surprisingly, the results indicate that EE was highly prevalent, impacting 43.7% of respondents, while DP was notably affected 44.9% of participants. Conversely, PA was diminished in 58.2% of the respondents. It is worth noting that 44.3% of the participants displayed reduced levels of resilience. Furthermore, statistically significant correlations were observed between resilience and all three dimensions of burnout. Upon gender stratification, the analysis showed that resilience was significantly associated with two burnout dimensions, EE and PA, among male respondents, whereas among their female counterparts, resilience demonstrated a noteworthy correlation with all three dimensions of burnout.

Conclusions: These findings emphasize the pervasive nature of burnout among healthcare professionals and highlight deficiencies in resilience. It is crucial to consider these factors when crafting healthcare policies and devising focused approaches to effectively prevent and manage burnout.

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EPV0582

Stress and its impact on healthcare professionals: A study on prevalence and coping strategies

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Introduction: Stress is a significant issue among healthcare professionals and impacts both their personal well-being and the quality of care they provide.

Objectives: This study evaluated the prevalence of stress among healthcare professionals and investigated the possible effect of physical activity on perceived stress levels.

Methods: In 2019, a cross-sectional observational study of 30 nurses was conducted at the Hassan II Oncology Center in Oujda. A self-administered survey was used to gather information regarding the participants' sociodemographic and professional characteristics. The Perceived Stress Scale was employed to gauge stress levels, whereas the Ricci-Gagnon questionnaire was used to determine physical activity levels and engagement in sports.