[1]Department Of Occupational Medicine, HEDI CHAKER hospital, SFAX, Tunisia and [2]Psychiatrie "a" Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia
*Corresponding author.

Introduction: Psychosocial risks (PSR) represent a new scourge of risks at work. The direct links between these risks and occupational accidents (OA) are not well documented, but some work restraints such as time pressure are common factors for both stress and accidents.

Objectives: To establish a relationship between different PSR perceived by health staff and the occurrence of OA.

Methods: Cross-sectional study conducted among staff working at Habib Bourguiba Hospital in Sfax from 1st January to 31 March 2015. The evaluation of mental health was performed by using the validated French version of questionnaire KARASEK.

Results: The study involved 326 care staff (115 men and 211 women). The average age was 36 years old. The participants were mainly nurses (30.6%) and trainee physicians (35.6%). Blood exposure accidents were predominant (66.1% of cases) and were associated with high psychological demands at work with OR = 2.539 (95% CI [1.037 - 6.219]). Health care workers had a high psychological demand in 85.3% and a low latitude in 78.8% of cases. According to the Karasek model, tense employees accounted for 68.7% and assets 16.6%. OAs occurring during care were associated with night work and working in the emergency and resuscitation department (OR = 5,772 (95% CI [1,227-27,146] and OR = 5,778 (95% CI [1,702 -19,619]) respectively).

Conclusions: The prevention of OA goes through the management of PSR, which remains a major concern for health and safety workers at work via the application of preventive strategies based on in-depth analysis of work situations.

Keywords: Psychosocial Risks; Occupational Accidents

EPP0734

Scope: A new service supporting family doctors dealing with psychiatric patients in the community: Current utilization and quality improvement implementation protocol in the covid era.

L. Hytman* and B. Bolea-Alamañac

Psychiatry, The Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV), Toronto, Canada
*Corresponding author.

Introduction: Seamless Care-Optimizing Patients Experience-Mental Health (SCOPE-MH) is a hub-based integrative case management and psychiatric care program supporting family physicians (FPs). SCOPE-MH provides patient resource navigation, social support, counselling, psychiatric consults, and short-term follow-up. Due to COVID-19, SCOPE-MH pivoted to serve patients completely online.

Objectives: To assess current utilization and evaluate patients' and FPs' experiences using SCOPE-MH as an online service before and during COVID-19.

Methods: This evaluation was developed under the RE-AIM framework (Reach, Adoption, Implementation and Maintenance). Two surveys, one for Patient Reported Experience Measures (PREMS), and one seeking FPs perspective on the service, will complement the evaluation.

Results: Past data showed that 66.4% of referrals to SCOPE-MH were women (ages 14-97), and 33.6% were men (ages 14-91). The most common diagnoses were anxiety and depression, followed by adjustment reaction and PTSD. 72% of referred patients had more than one psychiatric diagnosis. 35.4% of the referrals were resource navigation and brief coordination of care. 39.2% required long term involvement. The main recommendations provided were counselling resources in the community and referral to local community mental health teams. Data on patient and FP experiences using SCOPE-MH, and perspectives on unique needs for psychiatric care in COVID-19, is still being collected. Surveys will be sent within 6 months.

Conclusions: SCOPE-MH is an effective model to support FP's addressing patients' psychiatric needs. The information obtained from the evaluation will be used to modify the online service to address unmet needs during COVID-19 and optimize current resources to serve more patients.

Keywords: Virtual Care; COVID-19; mental health

EPP0735

Ranzcp efforts to improve access to funded treatments

J. Allan

President, Royal Australian and New Zealand College of Psychiatrists (RANZCP), Melbourne, Australia

Introduction: Australia has a universal health insurance scheme covering part costs for private mental health care and which supports the public system. The Medical Benefits Schedule (MBS) schedule provides a recommended fee for each service, the amount the Australian Government thinks the service should cost. Many patients still pay a gap fee for the service. Similarly a system for medications, the Pharmaceutical Benefits Scheme (PBS) subsidises the cost of medicines for most medical conditions. As new evidence emerges in the treatment of psychiatric conditions, it is important that the MBS and PBS are updated so patients receive subsidised best practice treatment.

Objectives: To provide an overview of RANZCP efforts to expand treatment availability through evidence and advocacy to government.

Methods: The RANZCP made submissions to the independent Medical Services Advisory Committee (MSAC) requesting an MBS listing for repetitive transcranial magnetic stimulation (rTMS) for treatment of antidepressant medication-resistant major depressive disorder. Submissions were made to the independent Pharmaceutical Benefits Advisory Committee (PBAC) to request ability to prescribe quetiapine in 25mg ranges for maintenance therapy.

Results: Following RANZCP submissions, the MSAC supported public funding for initial treatment with rTMS for adults with major depression who have tried antidepressant medicine or psychological therapy and remain unwell. The PBAC has recommended changes allowing prescription of 25mg quetiapine tablets for maintenance therapy for acute mania, bipolar 1 disorder and in the treatment of schizophrenia following RANZCP submission.

Conclusions: The RANZCP has achieved access to treatments to provide optimal symptom relief for people living with mental illness.

Keywords: treatments; rTMS; Quetiapine

EPP0736

The effects of illness perceptions on their medication attitudes among patients with schizophrenia.

J.-Y. Syu[1]* and E.C.-L. Lin[2]

[1]Nursing, Chiayi Branch, Taichung Veterans General Hospital, Chiayi, Taiwan and [2]Nursing, National Cheng Kung University, Tainan, Taiwan
*Corresponding author.

Introduction: Antipsychotics are the primary treatment for patients with schizophrenia. However, medication non- adherence rate of schizophrenia patients is high. Illness perceptions have been identified as critical indicators to influence patients' medication adherence and treatment process. Knowledge remains unclear about the effects of illness perceptions on medication attitudes among patients with schizophrenia.

Objectives: This study aimed to investigate the effects of illness perceptions on medication attitudes among patients with schizophrenia.

Methods: This cross-sectional study was conducted in a regional teaching hospital in southern Taiwan with a convenience sample of 200 patients with schizophrenia recruited. Two self-reported scales, Illness Perception Questionnaire-Revised (IPQ - R) and Drug Attitude Index - 10 (DAI - 10), were used to assess patients' illness perceptions and medication attitudes. Positive illness perceptions mean patients believe their illness acute, noncyclical, fewer consequences and emotional representation. And have more personal control, treatment control, and illness coherence.

Results: Patients' illness perceptions were negative, with a little illness identity. Most of them believed that illness is more chronic and cyclical, causing negative consequences, lower self-control, and negative emotional expression. However, they thought treatment is moderately helpful for illness control, and the treatment effect is moderate. Multiple regression analysis showed that positive illness perceptions and negatively emotional representation could predict better medication attitudes.

Conclusions: Our findings suggest that psychiatric mental health professionals could assess the illness perceptions of schizophrenia patients to influence their medication attitudes. Moreover, developing evidence-based interventions to improve their positive illness perceptions and decrease negative illness perceptions is needed.

Keywords: illness perceptions; medication attitudes; schizophrénia

EPP0737

Resentment and forgiveness with victims of forced displacement in three cities of colombia

E.P. Ruiz Gonzalez*, M.J. Arcos Guzman, M.N. Muñoz Argel, A. Uribe Urzola and A.M. Romero Otalvaro

Psychology, Universidad Pontificia Bolivariana, Monteria, Colombia
*Corresponding author.

Introduction: The armed conflict in Colombia manifests and lasts as barbarism in the contemporary world (Zuleta, 2006). Against this background, it is possible to identify among the victims the prevalence of pathologies associated with traumatic events such as forced displacement (Andrade, 2008). Studies indicate a harmony between resentment and other psychosocial effects (Arcos, Muñoz, Uribe, Villamil, Ramos, 2018).

Objectives: The results of the study are presented, which has aimed to analyze the relationship between resentment and forgiveness with victims of forced displacement in three cities of Colombian.

Methods: A correlational study has been carried out with a sample of 40 (n = 40) subjects of which 52.5% are men and 47.5% women, the mean age is 57.52 (σ = 13.591), all with a history of forced displacement; to the data collection has been used the CAPER instrument of Rosales, Rivera and Garcia (2017) (α = .592).

Results: There is evidence of a positive bilateral correlation between the variables studied (r = .000; p = .681), the greater the personal restoration, the greater the feeling of guilt.

Conclusions: It is important that the intervention processes

Correlations		Forgiveness	Resentment
Forgiveness	Correlación de Pearson	1	,681**
	Sig. (bilateral)		,000
Resentment	Correlación de Pearson	,681**	1

**. The correlation is significant at the 0.01 level (bilateral).

designed for the victims of forced displacement focused on forgiveness include in their content elements associated with resentment.

Keywords: armed conflict.; Resentment; forgiveness; forced displacement

EPP0740

Achieving holistic care for the mentally ill: The need for more caregiver support groups in Africa.

A.J. Ogunmodede[1]*, J. Ogunmodede[2], O. Buhari[3] and O. Adegunloye[3]

[1]Dept Of Behavioural Sciences, UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN, Nigeria; [2]Dept Of Medicine, UNIVERSITY OF ILORIN & University OF ILORIN TEACHING HOSPITAL, ILORIN, Nigeria and [3]Dept Of Behavioural Sciences, UNIVERSITY OF ILORIN & University OF ILORIN TEACHING HOSPITAL, ILORIN, Nigeria
*Corresponding author.

Introduction: Caregiver support groups provide an avenue for interactions among the caregivers of the mentally ill, where they share their fears, hopes and uncertainties about their ill relatives. They are a means to be "heard" by care providers, a platform for psychoeducation as well as an avenue for participation in clinical decision making and formulation of patients' care plans. In most parts of Africa, such support groups do not exist and where they do, they are poorly structured and poorly funded.

Objectives: This review was aimed at examining the concept of caregiver support groups for the mentally ill globally as revealed in the currently avaliable body of knowledge, as well as raise awareness for the need for such groups in Africa

Methods: A review of related literature was done using appropriate key words and search engines.