

recommend at least one medicine to their patients. 83.3% of patients reported improved conditions.

Conclusions: The family doctors are able to identify and manage certain mental health conditions after proper trainings and regular supervision. This study has simultaneously identified targets for change within the broader mental health system.

Disclosure: No significant relationships.

Keywords: Mental health Burden; Primary Healthcare; Capacity Building

EPV0837

Scientific evaluation of the High and Intensive Care (HIC) pilot projects in Belgian mental healthcare

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Introduction: The systematic monitoring and evaluation of innovative healthcare programs are essential to develop long-term sustainable solutions that respond to the health needs in the population (Porter & Teisberg, 2006). One such innovative healthcare program is the psychiatric High and Intensive Care (HIC) model, gradually implemented in 9 Belgian psychiatric hospitals since 2019. The HIC-model focuses on intensive patient-oriented care, in an attempt to exclude coercive measures and promote collaborative efforts between staff, patients, and relatives (Voskes et al., 2021).

Objectives: We discuss the following research questions: (1) which clinical profiles of patients are treated in HIC units in Belgium?; (2) Is the implementation of HIC units associated with decrease of coercive measures?; (3) What are self-reported aspects of HIC treatment approaches as experienced by patients, family and/or close friends, and professional staff (both working on the HIC units as well as in external healthcare facilities), and (4) what is the role of HIC units in the organization of mental healthcare on the societal level (e.g. The function of HIC in regional psychiatric networks or the health economic aspects)?

Methods: In order to develop a sustainable policy on HIC in Belgium, we use a scientist-practitioner perspective including a multimethod approach.

Results: The preliminary results of the first six months of data collection will be presented.

Conclusions: The preliminary conclusions of the first six months of data collection will be presented.

Disclosure: No significant relationships.

Keywords: High and Intensive Care; coercion; continuity of care

EPV0839

Film-based resources for grief management in medical education

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Introduction: Grief and bereavement are commonplace in clinical practice but have become a more pervasive issue because of the coronavirus 2019 pandemic. Consequently, the need for investigations, learning, and education about complicated grief and prolonged grief have been highlighted. Meanwhile, film-based teaching resources concerning grief care have been employed to complement curricula in medical education.

Objectives: To explore how the grieving experience can be better communicated and mitigated, and explain how a film-based resource can be applied to improve the understanding of this issue.

Methods: We reviewed and analyzed the meaning and cause of complicated, prolonged, disenfranchised grief, as well as related experiences (e.g., survivor guilt) featured in selected films. We discussed the interpretation of these films with medical students and faculty, based on a previously described approach [1].

Results: We recaptured the roles of empathic communications and resilience skills in grief care. They bring a sense of coherence (SOC) or meaning to life by prompting the sharing of grief experiences, helping to reconstruct and contextualize a person's loss, and assuaging feelings of worthlessness and hopelessness. Incidentally, recent studies have suggested that complicated and prolonged grief involves alterations in brain functioning of the reward system.

Conclusions: This film-based approach utilizes vicarious experiences to better understand grief management. It allows the learner to more easily recognize that SOC, flexible situation-adjusted empathy, and the sharing of resources for improved communication to promote self-care are essential for patients, their families, as well as psychiatrists themselves. [1] Sondheimer, A. The life stories of children and adolescents. *Acad Psychiatry*. 2000;24(4):214–24.

Disclosure: No significant relationships.

Keywords: grief; bereavement; film; sense of coherence

EPV0840

Cardiorespiratory fitness and self-reported physical activity levels of referring mental healthcare professionals, and their attitudes and referral practices related to exercise and somatic care

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Introduction: Physical activity (PA) interventions can improve mental and physical health in people with mental illness, especially when delivered by qualified exercise professionals. Also, the behaviour, engagement and support of referring mental healthcare professionals (HCP) seems essential, but research is scarce.

Objectives: Studying the physical fitness and PA of HCP and the relationship with their attitudes and referral practices related to PA interventions

Methods: HCP at the Dutch Association for Psychiatry conference (2019) were invited to an online questionnaire (demographic/work characteristics, stress, PA levels, knowledge/attitudes regarding PA and referral practices) and cycle ergometer test. Linear and logistic regression were used to study the strongest associations.

Results: 115 HCP completed the questionnaire. 40 also completed the ergometer test. 43% (n=50) met the national PA guidelines (≥ 150 min moderate-to-vigorous PA and $\geq 2x$ bone/muscle-strengthening exercises a week). Women, HCP in training and HCP with more stress were less active and less likely to meet PA guidelines. HCP with personal experience with an exercise professional were more active and met guidelines more often. Knowledge/attitudes on physical health and PA were positive. Patients were more often referred to PA interventions by HCP who met PA guidelines (OR=2.56, 95%BI=0.85–7.13) or had higher beliefs that exercise professionals can increase adherence to PA interventions (OR=3.72, 95%BI=1.52–9.14).

Conclusions: It's positive that HCP report importance and relevance of PA in mental healthcare. Although there is strong evidence for PA interventions in the treatment of people with mental illness, referral to such interventions can partly depend on the PA behaviour and attitude of patients' physician/clinician.

Disclosure: No significant relationships.

Keywords: physical activity; exercise; referral practices; Healthcare professionals

EPV0841

Gray matter volume and burnout severity among medical professionals

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Introduction: Occupational burnout has become a pervasive problem in human services. Medical professionals are particularly vulnerable to burnout, which may lead to reduced motivation, medical errors, and voluntary absenteeism. To ensure effect functioning of medical systems, better understanding of burnout among medical professionals is warranted.

Objectives: We aimed to investigate the structural brain correlates of burnout severity among medical professionals.

Methods: Nurses in active service underwent structural magnetic resonance imaging. We assessed their burnout severity using self-reported psychological questionnaires. This study was approved by the Committee on Medical Ethics of Kyoto University and was conducted in accordance with the Code of Ethics of the World Medical Association.

Results: The results reflected considerable individual differences in burnout severity in our sample. Our findings revealed that the levels of burnout severity were associated with the regional gray matter volumes in brain areas such as ventromedial prefrontal cortex and insula.

Conclusions: Since the outbreak of the COVID-19 pandemic, medical professionals have faced even greater stress. We hope that our findings will contribute to a better understanding of the

mechanisms of burnout and offer useful insights for developing effective interventions to manage stress and burnout.

Disclosure: No significant relationships.

Keywords: burnout; medical professionals

EPV0842

The feasibility of an implementation fidelity tool for the monitoring of a multidisciplinary lifestyle focused approach for inpatients with mental illness

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Introduction: Lifestyle behaviours (e.g. physical activity and dietary habits) play a major role in the well-known premature mortality caused by poor physical health in people with mental illness. There is increasing evidence for the efficacy of lifestyle interventions on both physical and mental health, and consensus about important factors for success (e.g. targeting multiple lifestyle behaviours). However, implementation remains challenging and there is little change in clinical care. Studies that include measures of fidelity (the extent to which an intervention is implemented as intended) are able to gain insight in variations in actual implementation, which may affect intended health outcomes. However, there is currently no suitable fidelity tool for our lifestyle intervention.

Objectives: A pilot study to evaluate the feasibility of a tool that assesses and monitors the implementation fidelity of a multidisciplinary lifestyle focused approach (MULTI+).

Methods: MULTI+ can be tailored to various psychiatric wards and consists of 10 essential components based on scientific evidence, existing guidelines and consensus in the field of 'lifestyle psychiatry'. We developed a tool to assess the 10 components and thereby the implementation fidelity of MULTI+. Qualitative observational data about compliance to these components are collected in 45 psychiatric wards. Adherence is converted to a gradual score (0-50). A higher score indicates higher fidelity.

Results: Preliminary results show that the tool is feasible for use in clinical practice. Scores give insight in how various wards have implemented MULTI+.

Conclusions: These outcomes can be used to further improve and understand the implementation and effectiveness of lifestyle interventions.

Disclosure: No significant relationships.

Keywords: Lifestyle; Fidelity; Implementation; mental illness

EPV0843

Cardiac arrest survivors – Psychiatric comorbidity and cognitive impairment

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