

Table 3 Multivariate analysis of factors associated with personal accomplishment

| Variables ^a associated with personal accomplishment | β (S.E.) | 95% CI | P value |
|--|----------------|------------------|---------|
| Behavioral disengagement | -.13* (.38) | (-1.59, -.09) | .03 |
| Positive reframing | .21** (.41) | (.42, 2.03) | < .01 |

^aOnly statistically significant variables are displayed

Conclusions: A large number of residents had emotional exhaustion. Behavioral disengagement and positive reframing were the most influential coping strategies related to burnout. This study might inform residency training program of some specific approaches for burnout prevention.

Disclosure of Interest: None Declared

EPP0397

Global Mental Health Meets Social Innovation: the HOW matters

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Introduction: Mental health conditions are rising globally, and COVID-19 has exacerbated the situation. We often think that massive money investments and training of specialized mental health providers, such as psychiatrists, will help alleviate the demand-supply challenge. But the reality is different. Despite all efforts over the last years, the mental health treatment gap, the percentage difference between the number of people needing treatment for mental illness and the number of people receiving treatment, is still 50+% in countries like Germany. The investment of money and the training of specialized mental health providers alone will not be sufficient to decrease this number.

Objectives: We need to learn from and with partners from low- and middle-income countries (LMIC), in which a shortage of resources has prevented a significant investment in mental health but also has inspired the innovation and implementation of novel approaches to decrease the mental health treatment gap. This reshaped approach allows us to move from Northern Ventriloquism (high-income countries teach LMIC what to do) to honest cross-cultural bidirectional learning. Furthermore, it will fill the “how” gap.

Methods: We know WHY we should act in the (global) mental health field. We also know WHAT we should do. The main question remaining is HOW we can implement any of the activities. To fill this “how” gap, the Dresden-based NGO On The Move e.V. designed an annual 8-week program funded by the European Union, which centers around a global mental health and social innovation curriculum and aims to create spaces of empowerment towards mentally healthier communities. Our participants come

from four higher education institutions in Germany, Ghana, and Kenya.

Results: The program, which was recently awarded the TU Dresden internationalization award in the category “Innovative International Research Cooperation,” encourages participants to learn from and with each other. To enable an holistic approach to mental health and diversify the pool of mental health champions, the program includes participants from all fields. Since the start of the program, hundreds of culturally sensitive mental health-related Youtube videos have been recorded and distributed widely in the communities of the participants. The number of participant-led advocacy events has also increased.

Conclusions: Contextually, we will discuss core concepts, such as human-centered and community-based approaches, and how they relate to filling the “how” gap in our presentation. We might not have a blueprint of solutions in terms of decreasing the mental health treatment gap; however, our recommendations can support innovative and customized solutions. From a process perspective, we will compare existing global mental health training curricula with our curriculum and highlight transcultural learning opportunities; we will also discuss the elements of our program that empower our trainees.

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EPP0398

Relationship between Residency Burnout and Suicidal Risk in the Resident Physician Population

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Introduction: Resident physicians compared to the general public are exposed to a more rigorous schedule. Burnout as described by the World Health Organization is a phenomenon occurring in an occupational setting. It consists of three domains: feelings of exhaustion, reduced professional efficacy, increased mental distance from one’s own job. Research shows that increased working hours are associated with higher levels of burnout in resident physicians.

Objectives: Through literature review we will explore whether this burnout contributes to an increased suicidal risk in the resident physician population.

Methods: Various studies assessing training of residents globally were analyzed and compared. A study in Japan distributed a survey to 4306 resident physicians. Suicidal ideation was noted in 5.6% of these physicians but when working more than 100 hours in the hospital the rate increased to 7.8%. In Australia it was found that once doctors in training worked more than 55 hours per week there was an increase of 50% in suicidal ideation. It was also found that 12.3% of the people surveyed in the Australian study had reported suicidal ideation within the past 12 months of the survey. A study observing 5126 Dutch residents found 12% of residents having suicidal ideation but double in the group with burnout vs the group without burnout.

Results: The studies listed show that increased work hours and burnout was associated with increased suicidal ideation in medical residents. A study observing 1354 physicians in the US found that higher measurements of burnout were associated with suicidal ideation similar to previous studies. However once adjusted for depression, it was noted that there was an association with depression and suicidal ideation but not with burnout. Depression may be a confounding variable that may have not been adjusted for when determining the association of burnout with suicidal ideation. In addition further research looking at the leading cause of death among a total of 381,614 US medical residents between the years 2000 to 2014 found suicide as the second most common cause of death. It was however found when looking at resident physicians between the age of 25-34.9 there was 4.07 suicides per 100,000 person years while in the general public there was 13.07 suicides per 100,000 years.

Conclusions: The rate of suicide was found to be lower in resident physicians compared to the general public. Suicidal ideation may be more closely associated with depression versus burnout itself and should be accounted for when assessing suicidal ideation in the resident physician population. Suicide rates being lower in resident physicians compared to the general public bring up the possibility that burnout in resident physicians does not have to be directly correlated with increased risk of suicide.

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EPP0399

Tunisian general practitioner's perception of benzodiazepine prescription:

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Introduction: Despite the scientific requirements and restrictive recommendations, there is a significant disparity between theory and practice in the prescription of benzodiazepine (BZD). Long-term prescribing, defined by a duration exceeding six months has been commonly reported worldwide, some authors explained this by physician's perceptions.

Objectives: This study aimed to evaluate the perception of general practitioners practicing in Tunis, in the private or public sector, concerning the prescription of BZDs.

Methods: A cross-sectional study was conducted among general practitioners in the private and public sectors practicing in Tunis during the study period (September and October 2021). It is based on the response to a questionnaire, which focused on the perception of prescribing BZD, via google forms distributed to members of the regional committee of the order of physicians.

Results: A total of 75 physicians participated in the study. The mean age was 47.75 ± 12.2 years, with 17.28 ± 11.8 years of clinical experience. Among the 75 participating physicians, 83% considered that patients on BZD patients had a better quality of sleep and 58% assert that patients on BZDs had restful sleep. 83% of participants agreed that BZDs were associated with fewer nocturnal awakenings 83% and 85% with a decrease in the feeling of irritability. 18% of the doctors think that the easiest way to manage a patient's anxiety is to

prescribe a BZD. 24 doctors believe that chronic use of BZDs is essential to control anxiety. patients' anxiety. The number of years of practice is inversely correlated with the perception that the patient wakes up less at night ($p=0.059$). Male gender correlates with the perception that it is acceptable to continue prescribing beyond the recommended duration as long as they are well tolerated ($p=0.035$).

Conclusions: BZD prescription decision in general medicine is complex. This study participates in increasing our level of understanding of the reasons behind the long-term prescription of this molecule.

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EPP0400

An alternative assessment pathway: Lessons from Australia and New Zealand

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Introduction: The COVID-19 pandemic disrupted specialist training across Australia and New Zealand particularly in the area of assessments. Large-scale face-to-face exams were especially vulnerable to disruptions including lockdowns, travel and density restriction and required the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to introduce alternatives.

Following several small-scale Objective Structured Clinical Exams (OSCEs) in late 2020 and 2021 (both AV and multi-site), the RANZCP introduced an Alternative Assessment Pathway (AAP) after an exam cancellation in November 2021.

Objectives: To discuss the introduction of an Alternative Assessment Pathway at the RANZCP and share progress regarding the broader changes to assessment models under consideration.

Methods: The AAP was co-designed with trainees and Specialist International Medical Graduates and introduced in December 2021 as an interim measure to assess clinical competence in the absence of an OSCE. It comprises a portfolio review of completed end-of-rotation forms and, if required, a case-based discussion held via Zoom.

Results: The AAP has been held over two rounds (December 2021 and March 2022) with 97% and 90% pass rates respectively (data correct as at 6 October 2022). An evaluation into the pathway is currently underway.

In July 2022, the RANZCP introduced the Clinical Competency Assessment as a continuation of the AAP (with some modifications) for the remainder of 2022 and 2023.

Conclusions: While the pandemic has become a catalyst for change, the RANZCP has been considering broader changes to the theory and practice of its assessments for some time. The presentation will provide an overview of its short-term clinical assessment model and share progress regarding change to the long-term assessment strategy.

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