

In those schools, 1357 classes participated, representing 29 414 children. We collected 15 206 questionnaires filled by children of elementary schools and 21 016 questionnaires filled by teachers for children in nursery and elementary schools. Analysis are ongoing. By March 2023, we will produce weighted estimates of prevalence of children internal and external disorders based on the children self-assessment and the teachers' assessment respectively and different dimensions of wellbeing. Prevalences will be presented by sex, age and school levels.

**Conclusions:** Enabee will provide a representative picture of French children wellbeing and mental health and protective and risks factors. This milestone is essential to guide national policies and build dedicated actions for children in order to promote and improve their wellbeing and mental health. Beyond this edition, Enabee is the first step of a long term monitoring system that will provide regularly updated data and will be completed by ancillary and ad hoc studies.

**Disclosure of Interest:** None Declared

## EPP0704

### Mental health related service contacts in children with 'sub-threshold/sub-clinical' psychopathology in the Mental Health of Children and Young People in England national survey

T. Newlove-Delgado<sup>1\*</sup>, F. Mathews<sup>1</sup> and T. Ford<sup>2</sup>

<sup>1</sup>Medical School, University of Exeter, Exeter and <sup>2</sup>Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom

\*Corresponding author.

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**Introduction:** Population surveys often present prevalence estimates of children meeting criteria for psychiatric disorders, which are used to plan services. However, studies have shown that those with 'subthreshold' or 'subclinical' symptoms also experience poorer outcomes, and benefit from identification and support.

**Objectives:** This study uses data from the 2017 NHS Digital Mental Health of Children and Young People in England survey (MHCYP-2017), a large probability sample, to examine prevalence of 'sub-threshold' difficulties and contact with services.

**Methods:** Secondary analysis of data from MHCYP-2017, using data on 6,718 children aged 5 to 16. The main measures of mental health were the Strengths and Difficulties Questionnaire (SDQ), a validated dimensional measure, and the Development and Well-being Assessment (DAWBA), a standardised diagnostic assessment which was clinically-rated to assign diagnoses based on ICD-10 and DSM-V criteria. Parents also reported on mental health related service contacts for their child in the previous year. Descriptive analysis reported the proportion of participants with 'sub-threshold' difficulties. This was defined as a high or very high score on the parent-rated SDQ total difficulties score and/or impact score, but not meeting criteria for a DSM-V diagnosis on the DAWBA. Levels of service contact in this group were reported.

**Results:** According to provisional findings (subject to final weighting strategy), 7.2% (95% CI 6.5-7.8%, n=486) of 5- to 16-year-olds fell into this 'sub-threshold' category, 79.1% (95% CI 78.1-80.1%, n=5,295) had no disorder and did not have raised impact or total difficulty scores on the SDQ, and 13.7% (95% CI 12.9, 14.6%, n=937) had a DSM-V diagnosis. Almost half of those with 'sub-

threshold' difficulties had contact with professional services in the previous year (47.4%, 95% CI 42.8, 52.1%). Teachers were the most commonly reported professional service contact (39.8%, 95% CI 35.3, 44.4%). Contact with child mental health specialist services was reported in 6.5% (95% CI 4.5, 9.1%).

**Conclusions:** This initial analysis demonstrates that a small but significant (on a population level) proportion of children in this sample had elevated levels of mental health difficulty and/or impact on functioning but did not meet criteria for a disorder. As these data are cross-sectional, it is possible that some children may meet, or have met, diagnostic criteria at an earlier or later point. Almost half of this group had had mental health related contact with a teacher, providing opportunities for early intervention, but only a small proportion had contact with specialist services. These analyses can inform planning and targeting of support for children who may not meet criteria for specialist services.

**Disclosure of Interest:** None Declared

## Mental Health Care 03

### EPP0706

#### Burn out of health care professionals leads to addiction

S. Elkardi\*, H. Choujaa and M. Agoub

Psychiatry, chu ibn rochd, casablanca, Morocco

\*Corresponding author.

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**Introduction:** Despite their knowledge about the risks and treatment options for substance abuse disorders, healthcare workers are not immune to them. Meanwhile, a number of studies have shown that health professionals have an increased risk of depression, addictive diseases and burnout due to the occupation-linked mental and physical burden and in particular an increased prevalence of substance-related disorders.

**Objectives:** The aim of our present study was to focus on prevalence and the risk factors of addiction behavior and its possible association with burnout among healthcare workers in a moroccan hospital applying a questionnaire-based survey.

**Methods:** Questionnaires were distributed to 250 healthcare workers of CHU IBN ROCHD Casablanca, Morocco. A total of 200 participants completed the survey. Data collected in 2021 were analysed by using descriptive statistics, an independent t test and Pearson's correlation analysis.

**Results:** In our sample, the 26-35 year old age group presents 74%, 79% of the participants are women, 38.5% of the participants have freelance status, 62.5% are single, 78.8% of participants have no children, 60% of the participants are residents and 33.2% are nurses. Almost half of the participants have between 1 and 5 years of training or work experience. 37.2% reported a history of an anxiety disorder and 33.1% have a history of a depressive disorder. 90.2% have never used any substance.

45% spend more than 3 hours, 86.6% of the participants used the internet between 6pm and midnight.

In total, 20.5% suffered from mild burnout, 31% moderate burnout and 48.5% severe burnout, according to the Maslach Burnout Inventory. The prevalence of depression was 32%; that of anxiety was 29.5%.

Factors associated with Burn-out in uni-variate study were: age group ( $p = 0.044$ ), marital status ( $p = 0.001$ ), preferred time of connection ( $p = 0.019$ ), burnout ( $p = 0.001$ ), depersonalization ( $p = 0.001$ ), personal fulfillment ( $p = 0.001$ ), internet use for work ( $p = 0.0019$ ), internet use for leisure ( $p = 0.002$ ) and also for online games ( $p = 0.016$ ).

Factors associated with depersonalization were marital status ( $p = 0.001$ ), number of children ( $p = 0.042$ ), psychiatric history ( $p = 0.001$ ), substance abuse ( $p = 0.012$ ), preferred time of day to use the internet ( $p = 0.001$ ), use of the internet for social networking ( $p = 0.03$ ), online gaming ( $p = 0.008$ ).

Factors associated with personal accomplishment were age ( $p = 0.001$ ), number of children ( $p = 0.016$ ), use of the internet for work ( $p = 0.001$ ).

**Conclusions:** A significant proportion of our healthcare workers suffered from burnout, depression and anxiety disorders, which was associated with substance and internet abuse in univariate analysis. Our study also draws attention to the risk factors of burnout such as age, family status, working type and working hours internet use, substance use. The possible association of burnout and other addiction behaviors merits further investigation.

**Disclosure of Interest:** None Declared

## EPP0707

### Effectiveness of a crisis community-based program in primary mental health care

S. Lakis\*, S. Mansilla, B. Patrizzi, C. Teixidó, J. Vegué and A. Plaza  
PSYCHIATRY, CPB SERVEIS SALUT MENTAL, BARCELONA, Spain

\*Corresponding author.

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**Introduction:** A crisis is defined as a disruption in equilibrium at the failure of own personal resources which results in important distress and functional impairment. Particularly after Covid-19 pandemic we have been attending an increased number of this kind of consultations in the mental health services.

**Objectives:** To expose a new mental health program called PAIC (Ambulatory Intensive Community Program) started in March 2019 and addressed to people who are suffering a crises period, and to evaluate its effectiveness. The aim of this program is to reach prior stability, trying to avoid chronicity, clinical status perpetuation and sociofunctional impairment, as well as assessing suicidal risk and perform early prevention interventions.

**Methods:** PAIC is proposed as an early, intensive, focused and psychotherapeutic intervention led by psychiatrist. Consist in an 8-week program of 30 to 60 minute weekly individual sessions. A total of a 205 patients were attended in PAIC during 2021 and 84,6% of the patients completed the program. Mixed-methods, clinical interviews and measurements using validated self-administrated questionnaires were used: CORE-OM pre/post treatment ("Clinical Outcomes in Routine Evaluation-Outcome Measure"), List of Threatening Experiences, LTE and Clinical Global Impression (CGI-I). Changes in CORE-OM Scale were analysed using t-student test and a descriptive analysis was used for CGI-results.

**Results:** CORE-OM ("Clinical Outcomes in Routine Evaluation-Outcome Measure") showed improvement in all of four

dimensions: subjective well-being (TW), problems/symptoms (PT), general function (TF) and risk (TR).

Perception of clinical improving measured by CGI was 81,6%. There were no cases of clinical worsening.

**Conclusions:** We conclude that intensive and early programs are effective reducing the intensity of symptoms and the level of disability in people who are experiencing a psychological crisis. Also, it supports primary health care as well as helps to avoid saturation of specialized system.

**Disclosure of Interest:** None Declared

## EPP0708

### The Impact of a Crisis Resolution Home Treatment Team on Hospital Admission, Symptom severity and Service User Functioning over Five years

S. Crowley<sup>1\*</sup>, S. McDonagh<sup>2</sup>, D. Carolan<sup>2</sup> and K. O'Connor<sup>2</sup>

<sup>1</sup>Psychiatry, North Lee Mental Health Services, Health Service Executive South, Ireland and <sup>2</sup>Psychiatry, South Lee Mental Health Services, Cork, Ireland

\*Corresponding author.

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**Introduction:** Crisis Resolution Home Treatment Teams (CRHTTs) offer short-term specialist psychiatric input to service users experiencing acute mental illness or crisis in the community. The South Lee CRHTT was setup in 2015.

**Objectives: Primary objectives:** To evaluate the impact of treatment given by a CRHTT in terms of:

1. Preventing hospital admission,
2. Impact on service user's symptoms and overall functioning
3. Service user's satisfaction with the service

**Secondary Objectives:** To evaluate patient characteristics of those attending the CRHTT, and to assess qualitative data provided by service users using thematic analysis.

**Methods:** All the service users treated by South Lee CRHTT between 2016-2020 were included in this review. Standardized quantitative measures are routinely taken by the South Lee CRHTT before and after treatment. The Brief Psychiatric Rating Scale (BPRS) was used to measure symptom reduction, and the Health of the Nation Outcome Scale (HONOS) was used to measure quality of life/health outcomes. The Client Satisfaction Questionnaire- version 8 (CSQ-8) was used to evaluate service user satisfaction quantitatively, and service users were also asked for qualitative data.

**Results:** 1041 service users were treated by the service, between 2016-2020. Treatment by the CRHTT was shown to be effective across all primary outcome measures. Inpatient admissions in the areas served by the CRHTT fell by 38.5% after its introduction. BPRS scores were reduced significantly ( $p < .001$ ), from a mean score of 32.01 to 24.64 before and after treatment. Mean HoNOS scores were 13.6 before and 9.1 after treatment ( $p < .001$ ). Of the 1041 service users receiving the CSQ-8, 180 returned it completed (17.3%). Service users' median responses were "very positive" on a 4 point-Likert scale to all 8 items on the CSQ-8, and qualitative data were thematically analysed.

**Conclusions:** CRHT was shown to be effective at preventing inpatient admission. CRHT was shown to be an effective option for the treatment of acute mental illness and crisis, using