challenges include limited inpatient and outpatient mental health services at the regional and district levels, shortage of well-trained professionals, poor funding by the government and difficulties for the patients to pay for medical costs, poor telecommunication services and the lack of adequate infrastructure.

Objectives: We present a novel model of professional psychiatric mobile clinic, Gye Nyame Mobile Clinics, in remote areas in Ghana. This comprehensive service package connects the current loose ends of existing structural efforts in the subdistricts, trains regularly district hospital teams and bridges the gap between district hospital, primary health posts down to every patient.

Methods: In this retrospective descriptive study we collected demographic data of all the patients who visited the Gye Nyame professional mobile clinic in Psychiatry (GNMC) from November 1, 2008 to October 31, 2019 in the ten health posts of Ghana's Ashanti Region

Results: Between November 2008 and October 2019, we counted 16.370 visits of patients with psychiatric/ neurological diagnosis. The patients suffered mostly from schizophrenia in 24,1%, general convulsions in 40,8 % and other psychotic disorders in 5,9% of the visits. 78,5% returned to our mobile clinic for follow-up, 100% could be treated on outreach.

Conclusions: This community-based approach delivers psychiatric services to subdistrict and district levels and to patients who have no other access to these professional services. According to the results, a wide spectrum of pathologies and quantity of patients are seen – especially patients with no former treatment- the most common diagnosis in the rural area are schizophrenia, other psychotic disorders and generalized convulsions, followed by intellectual disabilities/autism spectrum disorder and cerebral malaria neuropsychiatric complications.

This is the first study to evaluate the implemented impact of integrated psychiatric services into existing structures in remote areas of LMIC`s.

Disclosure of Interest: None Declared

EPP0440

Outcomes of a community-based wellness screening tool administered by mental health professionals and religious leaders in the Ketu South Municipality in Ghana

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Introduction: Ghanaian community members with mental health conditions are usually not identified until their families cannot handle their care at home anymore, for example, due to mistrust in medical institutions. From community-based and global mental health research, we know *why* we should act (for example, early interventions improve the treatment outcomes) and *what* we should do (for example, task-sharing in community settings). *How* any of these activities can be implemented on the community level to decrease the delay of access to evidence-based care remains unclear.

Objectives: The study explored the "how" for a specific identified problem (collaboration between mental health professionals and religious leaders) in the Ketu South Municipality in Ghana; additionally, the study explored the feasibilty and the results of a community-based wellness screening.

Methods: We used a human-centered design approach to tackle this challenge in the Ketu South Municipality in Ghana. We invited 80 mental health professionals, religious leaders, and service users to participate in this exercise. The participants innovated the so-called *Brain Spirit Desk*, which builds collaboration between mental health professionals and religious leaders. The participants also designed a 9-question wellness screening tool, including four validated screening scales in Ghana: PHQ-2, GAD-2, one question about suicidality, and CAGE-AID. The participating religious leaders were trained to use this screening tool and administer it by themselves or allow mental health professionals to administer it in their respective institutions. Referral pathways were established for community members who screened positive on the wellness screening tool.

Results: 1065 community members (787 females, 278 males, mean age: 32.42 years) were screened using the wellness screening tool over five months (January - May 2022); 215 of these community members were already connected to mental health clinics in hospitals. 60 community members out of 203 who screened positive on the PHQ-2 were not receiving treatment at the time of screening and were referred for further assessment and treatment. Another 52, 53, and 142 community members were referred for further evaluation and treatment based on their answers to the GAD-2, suicidality, and CAGE-AID screening questions, respectively. Completed referrals across conditions averaged around 55%.

Conclusions: Our activities explored, guided through principles of a human-centered design approach, how the delay in access to evidence-based mental health care in the Ketu South Municipality in Ghana can be decreased through a collaborative effort of mental health professionals and religious leaders. A developed screening tool identified potential cases of mental health conditions. Importantly, religious leaders' involvement and endorsement built trust in the activities.

Disclosure of Interest: None Declared

EPP0441

Barriers and facilitators towards recovery and health service utilization among Haredi Jews with mental illness

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Introduction: Evidence suggests that minorities tend to underutilize mental health services, and may face specific barriers and facilitators towards recovery. One community which remains particularly under-researched in the Western World are Haredi Jews — a diverse group of individuals characterized by a shared devotion to traditional Talmudic and Halakhah teachings and observances.

Objectives: The overarching aim of this study is to document and analyze barriers and facilitators towards recovery and mental health

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