

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.