

Conclusions: Delusions and hallucinations were more likely to be recorded in people with schizophrenia and schizoaffective disorder, and cognitive features were more likely to be recorded in people with dementia. However, mood symptoms were frequently recorded across all diagnoses illustrating their importance as a transdiagnostic clinical feature. NLP-derived clinical information could enhance the potential of EHR data to generate real-world evidence in mental healthcare.

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Keywords: RWE; NLP; EHR; RWD

O0097

Giving a leg up part 2: the ethical challenges of Body Integrity Dysphoria

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Introduction: Body Integrity Dysphoria (BID) is a diagnosis, newly described in ICD-11, “characterised by an intense and persistent desire to become physically disabled in a significant way... accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration”. Patients with BID may request the amputation of healthy limbs but this raises multiple ethical challenges.

Objectives: By the end of the presentation, participants 1) will better understand the new diagnosis of Body Integrity Dysphoria; 2) will be able to have some landmarks to evaluate and manage this rare condition 3) will discern the ethical challenges raised by an elective or emergent amputation request.

Methods: We present a complex case we faced in Quebec City, Canada. A young adult admitted to the intensive care and burn unit was referred to our Consultation Liaison (CL) team. For the second time in a year, the individual deliberately burned his leg, with the intention of having an amputation. Based on the available literature and our experience, we explore the ethical aspects of this case.

Results: For this situation, the multidisciplinary team faced uncertainty and ambivalence toward the best treatment options. Deontological concerns and ethical issues emerged from the patient's request for amputation.

Conclusions: We outline how ethical concepts helped us to gain a shared comprehension of the patient's extraordinary request, both during treatment and afterwards.

Disclosure: No significant relationships.

Keywords: Rare condition; Body integrity dysphoria; Ethics; Consultation-Liaison psychiatry

O0098

Trajectories of psychiatric care in an innovative outpatient program designed for transitional age youth (16 to 24 years old) in French-speaking Belgium: results of a retrospective study

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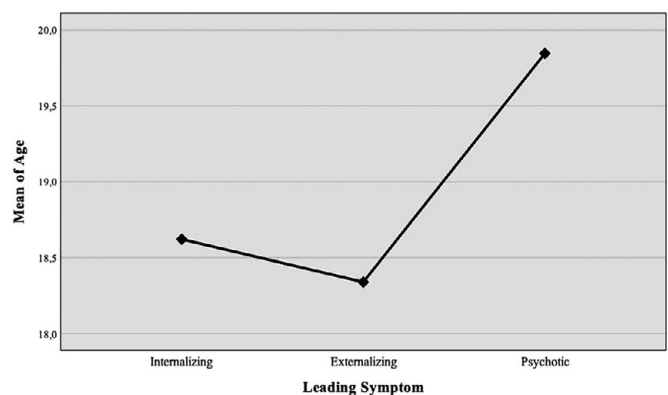
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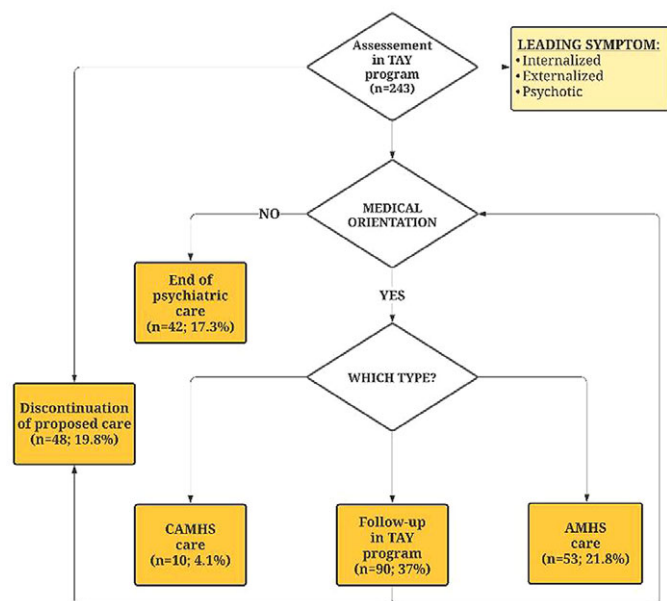
Introduction: Transitional age youth (TAY), from 16 to 24 years old, are a particularly at-risk population in mental health. They have specific needs, not currently covered between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS), mainly because of existing barriers.

Objectives: This retrospective study was carried out to describe sociodemographic and clinical characteristics of 243 patients who attended a new TAY-tailored outpatient psychiatric program.

Methods: Outcomes related to trajectories of psychiatric care were analysed, such as leading symptom, consultation's referral and requester, and final orientation.

Results: The sample was mainly composed by female; the average age was 18.7 (\pm 2.0) years. Leading symptoms were divided into three dimensions: internalizing (67.5%), externalizing (21.8%) and psychotic (10.7%). Leading symptom differed according to sex ($p < 0.001$), with internalizing symptoms more frequent in women, externalizing and psychotic symptoms more frequent in men. Patients presenting psychotic symptoms were significantly older than both those with internalizing ($p = 0.016$) and externalizing symptoms ($p = 0.008$). After first assessment, 81.5% of youth were followed-up in our specific outpatient program, without any difference according to sex ($p = 0.081$) or leading symptom ($p = 0.092$). Overall and final psychiatric orientation are showed in the flowchart.





Conclusions: This TAY-tailored psychiatric outpatient program represents an innovative contribution to reinforce CAMHS-AMHS interface in French-speaking Belgium. This study enlightens the importance to enhance clinical expertise in youth mental health. Classical boundaries, determined by artificial variables such as age or type of psychopathology, do not seem to be efficient criteria to achieve a good quality psychiatric evaluation and continuity of care in TAY.

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Keywords: AMHS; mental health; transitional age youth; CAMHS

O0099

Understanding the value and impacts of informal care for people living with poor mental health

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Introduction: Our survey of more than 700 caregivers across Europe and Canada highlights the tremendous and too often hidden value of caregiving. In short informal carers are fundamental to the functioning of any health and social care system; it is critical to therefore to invest in measures to support these caregivers and identify potential risk factors that might lead to a breakdown in caregiving support.

Objectives: To identify the importance of family care in the context of modern community mental health services.

Methods: Survey questionnaire and interview of family members. A survey was developed in consultation with EUFAMI.

Results: The average length of the caring week exceeds the length of the working week. On average informal carers provide more than 43 hours of care every week, well in excess of the average working week.

Conclusions: Family care needs to be recognised as a significant part of the overall care package in different countries. Governments need to acknowledge the real cost of care. In our report we have highlighted that the average caring week is much longer than the working week, and that this is over 60 hours per week for carers who live with the person that the care for. We have highlighted major detrimental effects on carer quality of life, as well as high levels of loneliness. We have also noted that more than a quarter of all carers have a depression or anxiety disorder. We have seen wider adverse impacts on potential career and education prospects as well as financial worries.

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Keywords: Recovery; caring; value

O0100

SERVICE INNOVATION (SOUL PROGRAMME) - Charitable home-based outreach service for treatment of schizophrenia in Larkano, Pakistan: development, implementation and 10 year outcomes.

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Introduction: There is a huge resource gap in mental health service provision & service utilisation in LAMIC including Pakistan. SOUL Programme has been established in the City of Larkana, on charitable donations, which utilises principles of home-based outreach and produces clinical and functional outcomes.

Objectives: SOUL programme focuses on collaborative working with patients & families. The objectives include recognition, treatment, family education & psychosocial support to maximize clinical, functional & occupational outcomes.

Methods: Single cohort intervention (patients recruited on continual basis over time) with innovative service structure and culturally relevant open label intervention design developed with local academic psychiatric unit in Larkano, Pakistan. Training was provided to local mental health professionals on diagnosis, delivering care & use of recognized clinical outcome measures.

Results: We have recruited a cohort of 160 patients on continual basis over time. Our analysis show a higher BPRS and lower GAF ratings for men in comparison to female cohort at the baseline. Our Ten year follow up has demonstrated statistically significant clinical / functional improvement on BPRS, CGI & GAF measures. The mean differences recorded for the individual measures after 12 months were BPRS, CGI-I and GAF and were all statistically significant. Innovative home-based community mental health intervention shows significant improvements in clinical and functional outcomes (with good effect size).