

Mental Health Care

EPP0134

Mental Health in Medicine: A novel stepped care model in medical psychiatry and the implementation of measurement-based care

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Introduction: Individuals with co-occurring mental and physical health issues have worse health outcomes in both domains. Integration improves outcomes and aligns with patient preference, but health services tend to be siloed. The Mental Health in Medicine Clinic (MHIM) supports patients receiving inpatient or outpatient medical or surgical care at a tertiary academic hospital in Toronto, Canada. The predominantly virtual clinic has an interdisciplinary team offering services via stepped care, matching patient need with service intensity. Measurement-based care (MBC), the systematic evaluation of patient reported outcomes, was not initially used routinely in the clinic, but its implementation may improve treatment decision-making and may be useful in allocating patients within a stepped care model.

Objectives: 1) To describe the stepped care model, referral patterns, diagnoses, and level of care provided since implementation of stepped care. 2) To conduct a quality improvement initiative to implement MBC in the clinic, with a goal of 50% of patients completing at the time of first assessment and prior to discharge from the clinic.

Methods: We reviewed the electronic medical record for referral source, diagnoses, and level of stepped care within the clinic. We conducted semi-structured interviews with stakeholders (clinicians, administrative staff, patients) to explore barriers to implementation of MBC. Interviews were analyzed for themes around barriers and facilitators to MBC. Plan, Do, Study, Act cycles were carried out around change concepts informed by stakeholder interviews and relevant literature.

Results: The MHIM clinic began operations in August 2020. The clinic operated on a physician-only model until March 2022 and then shifted to a stepped care model with an interdisciplinary team. The most frequent referral sources were internal medicine, COVID19 clinics, consultation-liaison psychiatry, red blood cell disorders clinic and cardiology. Since the implementation of stepped care, 250 referrals were assessed. 58% of new referrals were assessed by the psychiatrist, 42% were managed by the NP, and 25% consulted with the social worker. Referrals consisted of trauma and stress-related disorders (32%), depression (21%) or anxiety disorders (20%). Personality, substance use, and psychotic disorders accounted for less than 10% of referrals combined. Some patients did not have any diagnosis (6%). Results from the quality improvement initiative to implement MBC will also be presented.

Conclusions: The MHIM clinic provides an integrated care pathway addressing comorbid mental and physical health conditions. We describe a novel stepped care model and the implementation of MBC. Future directions include ongoing quality improvement of MBC and its integration within the clinic to assess and re-assess service intensity.

Disclosure of Interest: None Declared

EPP0137

Impact of a daily supportive text message program (text4hope) on the stress, anxiety, and depression levels of elderly (60 years and above) subscribers during the COVID-19 pandemic in Alberta.

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Introduction: One of the biggest global crises in our generation is the COVID-19 pandemic. It has had a severe and far-reaching negative impact on our health systems, economies, and societies. Older adults were particularly at higher risk of severe illness, isolation from social distancing measures, and concerns about their health.

Objectives: The objective of this study is to evaluate the impact of the daily supportive text message program (Text4Hope) on the levels of stress, anxiety, and depression experienced by elderly subscribers during the COVID-19 pandemic in Alberta six weeks after enrollment.

Methods: An online survey link was used to gather demographic and clinical information on several self-report scales, such as the Perceived Stress Scale (PSS) ≥ 14 and Generalized Anxiety Disorder 7-item (GAD-7). Scale ≥ 10 , and Patient Health Questionnaire-9 (PHQ-9) ≥ 10 . Descriptive and inferential statistics were run using SPSS version 25.

Results: 172 subscribers out of 1136 completed baseline and six weeks using an online questionnaire, giving a response rate of 15.1%. There were significant reductions in mean scores on the PSS-10 and GAD-7 scales at six weeks compared to baseline ($P > .05$), but not on the PHQ-9 scale. There were also significant reductions in the prevalence of moderate or high stress (68.6% vs 60.5%, $p = 0.036$) and likely GAD (14.9% vs 22.7%, $p = 0.029$) from baseline to six weeks, with the highest reduction in stress (8.1%). A change (27.6% to 25.2%) in the prevalence of likely MDD from baseline to six weeks was insignificant. ($P > .05$)

Conclusions: This study's findings show a decrease in the prevalence rates and the mean scores for stress and anxiety on standardized scales, indicating an improvement from baseline to six weeks. This outcome has potential implications for planning an intervention to meet the mental health needs of the elderly in similar situations like the pandemic

Disclosure of Interest: None Declared

EPP0138

Psychological struggles in tunisian Infertile couples: A gender Perspective

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Introduction: Defined by the World Health Organization (WHO) as the inability to conceive after a year of unprotected sexual intercourse, infertility remains a current and compelling topic of interest for both scientists and the general public.

Over the past few decades, the prevalence of infertility, regardless of its cause, has significantly increased. Furthermore, it affects approximately 15% of Tunisian couples. However, previous studies have primarily assessed the psychological impact on women, leaving a gap in understanding gender differences.

Objectives: Our study aims to compare the psychological impact of infertility between genders in a Tunisian sample.

Methods: We conducted a cross-sectional study in a public hospital specializing in Assisted Reproductive Technology (ART) from August 30th to December 1st, 2022, involving sexually active infertile couples who had been under observation for at least one year. The participants provided information related to socio-demographic data. Additionally, we used the Hospital Anxiety Depression Scale (HADS) to assess anxiety and depression, and the Fertility Quality of Life (FertiQoL) questionnaire to evaluate the quality of life. These questionnaires were administered in the Tunisian dialect.

Results: A sample of 60 infertile couples were recruited to this study. Primary infertility was present in 97% of cases and male infertility was the most common cause, accounting for 35%. Our findings revealed that women experienced higher rates of depression (35%) and anxiety (52%) compared to men (15% and 28%), with a statistically significant difference ($p \leq 0.001$).

Furthermore, women reported a significantly compromised overall quality of life, particularly in the context of treatment-related aspects ($p=0.03$).

Notably, anxiety was identified as a significant risk factor for reduced quality of life among women ($B = -5.27$). In contrast, lower socioeconomic status was associated with diminished overall quality of life in men ($B = -7.09$).

Conclusions: It is important to consider gender differences in the management of infertility in order to guide and target psychological interventions and to improve the quality of life of infertile couples.

Disclosure of Interest: None Declared

EPP0139

Food for the Mind: A systematic review of mindful and intuitive eating approaches for mental health & wellbeing

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Introduction: A growing body of literature has investigated diet and mental health, however, it is often viewed through a “weight-centric” lens, where weight loss is considered a primary outcome and motivator. This review aims to shed new insights into the connections between mental health and wellbeing, and eating behaviours that focus on internal cues and regulators and do not centralise around weight. Such “weight-neutral approaches” have been associated with improved psychological health and wellbeing, however, consolidated evidence is lacking.

Objectives: To explore eating styles that do not centralise around weight, and their relationship with mental health and wellbeing and other health outcomes.

Methods: A systematic search was performed including observational studies of adult populations, with ≥ 1 mental health and wellbeing or physical health outcome, and ≥ 1 validated measure of eating behaviour reflective of a weight-neutral approach. Outcomes were characterised into four domains (mental health and wellbeing, physical health, health promoting behaviours and other eating behaviours). Risk of bias was assessed using the Newcastle-Ottawa Scale.

Results: In total 8281 records were identified with 86 studies including 75 unique datasets and 78 unique exposures included. Eating behaviours included intuitive eating ($n=48$), mindful eating ($n=19$), and eating competence ($n=11$). All eating behaviours incorporated biological, physiological, and social factors, with 297 outcomes categorised for mental health and wellbeing ($n=122$), physical health ($n=116$), health promoting behaviours ($n=51$) and other eating behaviour ($n=8$). Greater intuitive and mindful eating were significantly related to lower levels of disordered eating, and depressive symptoms, as well as greater body image, self-compassion, and mindfulness. Greater intuitive eating, mindful eating and eating competence were significantly related to a lower BMI, and greater diet quality and physical activity. Eating competence and intuitive eating were significantly related to higher fruit and vegetable intake, and eating competence alone was significantly related to higher fibre intake, and greater sleep quality.

Conclusions: This review provides evidence that intuitive eating, mindful eating and eating competence are positively related to a range of mental and physical health outcomes. Considered within the biopsychosocial model, these findings enhance understanding around the impact of approaches to healthy eating patterns that are not focused on weight loss, and contributes a case towards promoting health-centric eating behaviour in mental health care. Future research should focus on experimental studies and broader population groups.

Disclosure of Interest: None Declared

EPP0140

Stigmatizing attitude of psychiatrists in the Netherlands

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Introduction: Even in the current times people with mental health disorders face negative treatment due to negative stereotyping. This occurs not only within their private environment and in the public community, but also by healthcare professionals. Mental health related stigma results in various disadvantages, such as: worse treatment in healthcare and discrimination in job interviews, in work environment, in education and in housing.