

mental health assistance at the Jerez Community Mental Health Unit (CMHU), which belongs to the Clinical Area of Jerez within the structure of the Andalusia Health Service. A psychiatrist from Jerez CMHU is in charge of the consulting and coordination program with Health Center "La Barca". Any case that may require mental health assistance is brought for discussion at weekly meetings between primary care physicians and the psychiatrist at the health center, with one of the following case resolutions:

- Maintain mental health assistance with primary care physician.
- Refer to the Jerez CMHU for specialized care.
- Single-appointment evaluation and assistance by the psychiatrist within primary care.

Objectives: The aim of this descriptive study was to analyze socio-demographic and clinical characteristics of the population assisted through the consulting and coordination program.

Methods: Socio-demographic and clinical data belonging to the cases brought to the program was collected between 01/06/2018 and 28/02/2020. An *ad-hoc* data collection survey was used for this purpose.

Results: Female/Male 53/23. Mean age: 47.13. Only 20% of the cases discussed were referred for specialized care to Jerez CMHU. 65% of the patients attended the appointments given with the psychiatrist within primary care. The most frequent diagnosis were anxiety disorders, adjustment disorders, and dysthymia.

Conclusions: A significant fraction of the cases discussed at the coordination program are resolved within this framework or through a single appointment with the psychiatrist, implying that the program achieves an important optimization of resources, all the while maintaining high quality healthcare. The data suggests that the consulting and coordination program is an improvement in terms of referral protocols within mental health care. A more detailed study would be necessary to confirm and enhance current data.

Disclosure of Interest: None Declared

EPV0573

Rural urbanisation and the effect on mental health

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Introduction: In the last 70 years there has been a massive change in rural versus urban distribution of the population (in the 1950's only 30 % of the population had been living in urban areas, whereas in 2021 more than 55% were living in urban areas). This mass migration of the rural population, high density cities, traffic noise, severe pollution, high competition have made their mark on mental health, increasing the risk for various illnesses (schizophrenia). On the other hand, rural areas experience high rates of suicide, depression and a lack of access to the mental health workforce.

Objectives: The goal of this research is to identify the effects of the rapid urbanization on the mental health in rural versus urban areas, as well as the impact of modernization in rural areas.

Methods: For this we performed a literature search that synthesizes the newest research on the rural and urban mental health. Review type articles were excluded.

Results: Results show a high frequency of schizophrenia, mood disorders or addictive disorders in urban areas and depression or alcohol dependence in rural areas. However, the improvement of the living conditions (such as Council of the Europe Development Bank), infrastructure, roads, water supply, bridges, sewerage networks have made their mark, modernizing rural economy. On the other hand existing barriers to mental health (desire to receive care, shortage of professionals in mental healthcare, lack of anonymity in treatment seeking, affordability or transportation to care, or even resources to learn) still remain to be addressed.

Conclusions: The modernization of rural areas hasn't changed the stigma for mental health. There is a need for increasing awareness on the impact of urbanization on mental health.

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An interview designed to promote mental health in organizations

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Introduction: In a broad literature review on the subject we did not find structured interviews in the context of mental health in organizations. However, interviews are in common use in the business field. In Family Science assessment methods of families have fallen into two main categories. The first one is comprised of methods based on the evaluation of family members' individual answers, while the second is based on the evaluation of group answers. The Structured Family Business Interview (SBFI) presented is based in important systemic studies and psychological practices with families and it belongs to the second method

Objectives: The purposes of this study is present a structured interview called the Structured Family Business Interview (SBFI) that is a theoretical and practical contribution to access and to promote mental health in organizations.

Methods: The Structured Family Business Interview (SFBI) is a structured interview comprised of six tasks which are assigned to the family as a group some of them are hypothetical or role-play type, and they are addressed to a particular family group in the family business.

The relational processes is observed first-hand by the interviewer and by a trained observer who audio-records and documents the non-verbal signals.

Results: This technique was developed and tested in family firm context. In this section we will present illustrative answers to various dimensions studied in a large research project in mental health with family businesses. Results show good indicators of the SFBI capacity to assess dynamic and systemics dimensions of the teams in family firm. Those dimensions are: communication, rules, roles, conflicts, integration and aggressiveness analyzed to promote health resources and human and organizational development. The research with several work teams indicate that it allows for a precise evaluation of the variables.

Conclusions: The Structured Family Business Interview specifically designed for family business takes into account intangible variables described in the organizational management literature