

high. Clear definition of roles; investment in dedicated staff and shared information systems are challenges to overcome.

Conclusions: Innovative models of mental health care are needed to benefit imprisoned persons with a SMI in Spain. A decided national and regional will is paramount to overcome challenges.

Disclosure of Interest: None Declared

EPP0712

“Asking for help, quite a challenge”. Time from onset of symptoms to consultation with a psychiatrist

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Introduction: One of the biggest challenges for primary care professionals is to know when it is appropriate to request a consultation with a psychiatrist. A complete medical history should be performed to detect anxious-depressive symptoms, as well as to determine the intensity, the trigger, time of evolution, and the functional repercussion (1). It is also important that the patient is able to express his or her symptoms and ask for help. The concept of “Alexitimia” refers to the difficulty of expressing feelings verbally, and is a frequent symptom in depressive patients (2).

In mild cases and with little repercussion, the physician himself can initiate treatment and follow up (3). However, on other occasions, it will be advisable to request a consultation with psychiatry.

Objectives: The main objective is to observe the time that elapses from the onset of symptoms until consultation with the Mental Health team is finally requested. Some preliminary results can already be obtained from this data collection.

Methods: We have decided to carry out a descriptive study, collecting different variables from patients attending a first Psychiatry consultation.

Results: In a total sample of 208 patients, the majority (67%) were between 31 and 60 years old. Following the DSM-V criteria (4), patients were classified into groups according to their disorder: Adaptive, depressive, or other. These data were cross-referenced (Figure 1). Subsequently, the time elapsed from the onset of symptoms (referred by the patients) was collected, until the referral to Psychiatry was processed. In order to make a comparison, average time (in days) was calculated for the different groups according to their age and diagnosis.

Those patients under 30 years were referred to psychiatry later. A downward trend was seen as the age range increased. In the “younger than 30” and “between 31 and 60” groups, patients who met criteria for Depressive Disorder took longer to be referred, which was striking considering that they are usually considered as more severe patients (Figure 2). This can be attributed to a greater difficulty in expressing their emotions (alexithymia), as another depressive symptom. Disaggregating these data by gender, the patients who clearly took the longest to be referred were men under 30 years old with a final diagnosis of Depressive Disorder (Figure 3). This gender difference is consistent with the social impact of alexithymia according to some articles (5).

Image:

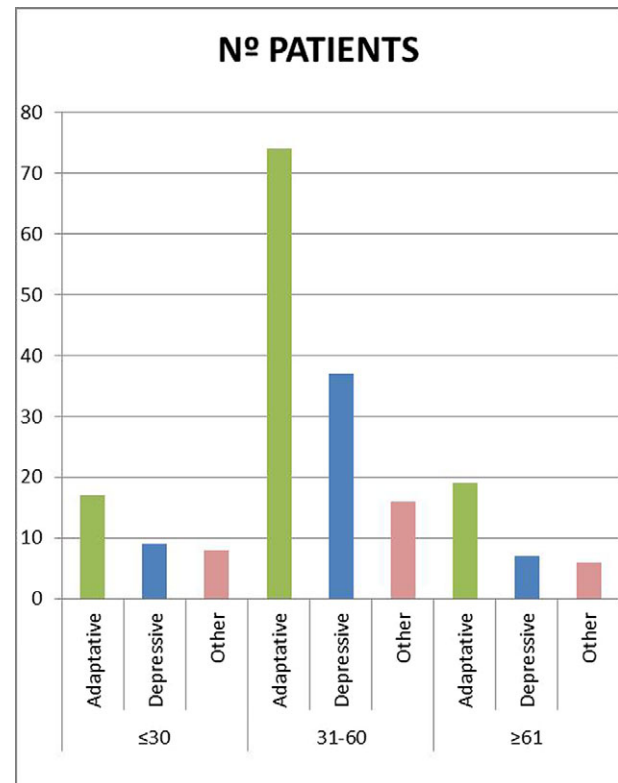


Image 2:

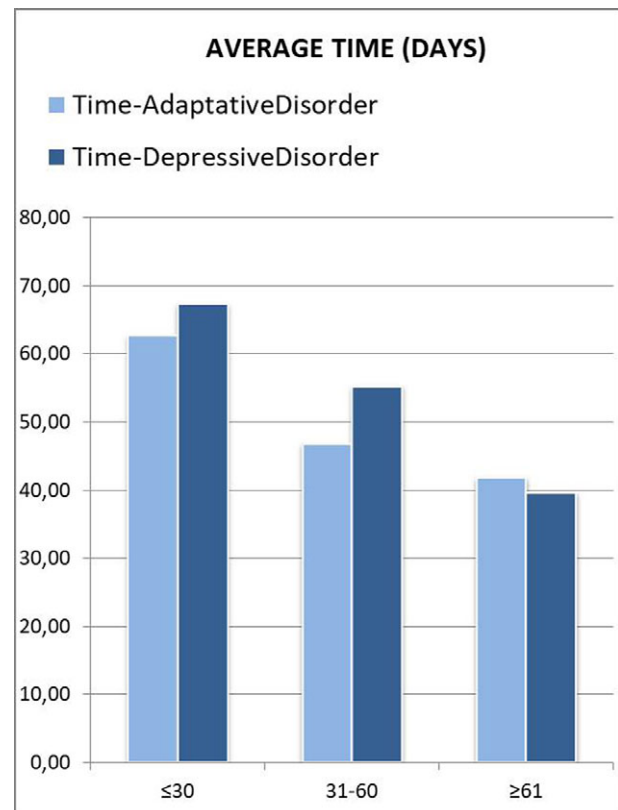
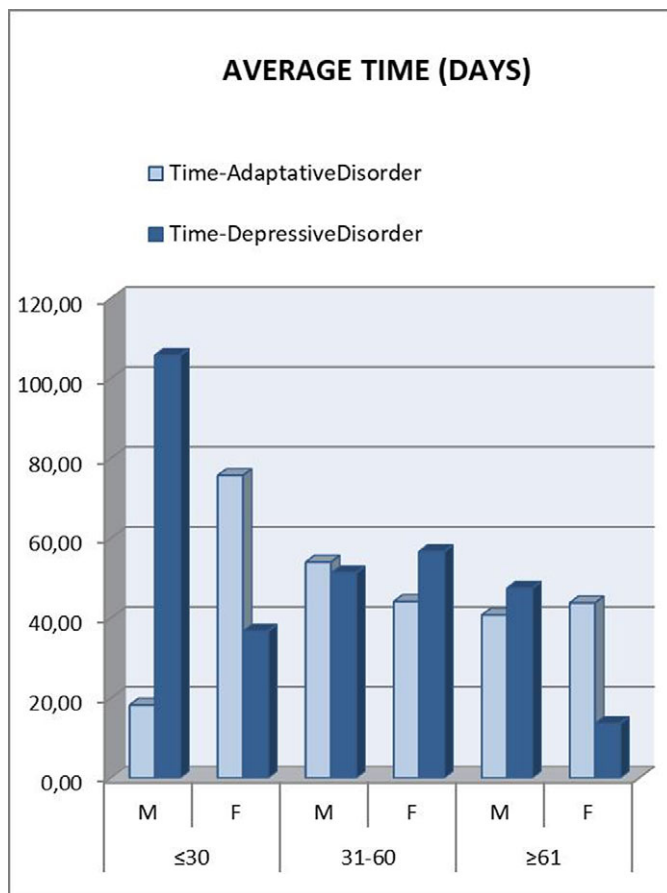


Image 3:



Conclusions: It is important that primary care physicians know how to take a complete history in those patients with symptoms of anxiety and depression.

In many cases, patients themselves have difficulties expressing their emotions and feelings (alexithymia), which may be another symptom of their discomfort.

This may lead to a delay in the time until referral to a psychiatry is requested, and therefore a worsening of symptoms.

Disclosure of Interest: None Declared

EPP0713

Social cohesion in psychiatry training in the UK More than a number game? – a secondary review

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Introduction: With the growing mental health concerns in the United Kingdom, it is undisputable that there will be a need for more mental health professionals, particularly psychiatrists. It has been estimated that there is 1 consultant psychiatrist per 12,567 people in England. The Royal College of Psychiatrists continue to

call for a long term plan to address the mental health crisis by investing in psychiatric training and education.

Objectives: To analyze the socio-demographic profile of doctors in training in psychiatry and change in demand over the last decade (2012-2021)

Methods: We carried out secondary review of the state of medical education and practice in the UK in 2021 report. We analyzed reference tables in the report pertaining to doctors in training in psychiatry by age group; gender; by ethnicity; and by place of primary medical qualification. The report included data for the period 2012-13 to 2020-21, which was analyzed. In addition, 5-year (2017-2021) and 10-year (2012-2021) trends were also available and included in our analysis.

Results: While in 2012, there were 1,370 doctors in training in psychiatry, the number had dropped marginally to 1,352 in 2021. While there has been an overall decline of 1.3% in the decade (2012-21), there has been a 11.1% increase (2017-21) in the last 5 years. A big change was noticed with respect to gender. While there were 670 male doctors in training in psychiatry in 2012, the number dwindled to 522 in 2021 (22.1% decline). A deeper analysis of the decline in the male psychiatry trainees reveals that the steepest decline has happened among male international medical graduates (389 to 131 or 58.1% to 25.1%). However, the 5-year trend for male doctors has been more favorable with a 10.6% increase between 2017 and 2021. Among female doctors on the other hand, there was a 18.6% increase from a baseline of 700 in 2012 to 830 in 2021. From an ethnicity perspective, there has been a sharp decline in the proportion of Asian or Asian British trainees, down by 33.9% (555 to 367) between 2012 and 21, compensated largely by White trainees, where a 50.1% increase (511 to 767) has been seen. There has been a significant fall in the proportion of international medical graduates taking up psychiatry training (down 53.5% from 677 to 315) in the UK. This has been compensated by a 58.2% (607 to 960) increase in those who had primary qualification from the UK.

Conclusions: The theme of the 31ST European Congress of Psychiatry: 'social cohesion, a common goal of psychiatry' blends well with what is needed in today's psychiatry teaching and practice in the UK. With the role of culture and society well established in psychiatry, the pursuit for popularizing the profession should not be a 'one size fits all' approach but a more targeted approach to ensure that there is greater diversity among the available psychiatrists for patients to choose and benefit from.

Disclosure of Interest: None Declared

EPP0714

Scoping review of the literature on factors and interventions to reduce repeat mental health admissions to hospital emergency departments

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Introduction: Patients with mental health issues visit the emergency department (ED) more often than those with other disorders. Frequently ED visiting not only adversely impacts patients and their families, but also burdens the healthcare system economically.