Health Care" and "organization and administration", published in the last 5 years, in English.
Results: 25 of 602 articles were selected. The mhGAP programme has seen successful integration in pilot district-level programs, but wider implementation has stalled due to stigma and lack of clinical engagement, resources, MH specialists, and policy support. The Quebec MH reform promoted integrated service networks, improving accessibility and quality of care (QoC). A Norwegian-Russian long-standing collaboration initiative has significantly improved treatment for anxiety and depression (A&D), with 58% reliable recovery rate. A Danish collaborative care intervention provided high-quality treatment of moderate A&D. In Peru, a similar initiative allowed early detection, referral, and treatment of MH patients attending PHC services.
Conclusions: Comprehensive, integrated and responsive collaborative care models are a cost-efficient strategy to improve QoC for many MH conditions across diverse populations. MH-PHC integration initiatives have seen varying degrees of success. However, several barriers impact wider implementation and scale-up.

Keywords: Mental Health Services; Healthcare organization; primary health care; Mental Health integration

EPP0771

Development & validation of the BSI-9: A brief screening tool for the SAD Triad

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Introduction: The Brief Symptom Inventory (BSI-53) was originally developed as a shorter alternative to the Symptom Checklist-90R, which captures a breath of psychopathology. Subsequently, the BSI-53 was further streamlined to an 18-item scale assessing psychological distress in terms of somatization (S), anxiety (A), and depression (D) – also known as the "SAD Triad". The BSI-18 has been shown to have good validity in the German general population.
Objectives: The objective of the present study was to further improve the ease of use of the BSI as a clinical screening tool by developing a reliable and valid 9-item version of the BSI-18.
Methods: A representative sample of the German general population (N=2,516) was surveyed for demographic information and completed a variety of questionnaires, including the BSI-18. Confirmatory factor analyses, item-level statistics, and correlations were used to select three rather heterogeneous items for each subscale and confirm the model fit.
Results: The proposed 3-factor model of the BSI-9, corresponding to the SAD triad, demonstrated a good model fit. The internal consistency (Cronbach's alpha) was .87 for the total scale, .72 for the somatisation scale, .79 for the depression scale, and .68 for the anxiety scale. Each of the subscales were significantly related to the Patient Health Questionnaire-4 and Hopkins Symptoms Checklist-25 in the hypothesized direction.
Conclusions: The BSI-9 provides researchers and clinicians with a brief, effective, and valid tool to screen for anxiety, depression, and somatization, thus preventing potential overload for research participants and flagging patients who might need further clinical assessment.

Keywords: Scale development; Brief Symptom Inventory; Factor structure; Psychological Distress

EPP0772

Assessing a PSP (primary care support programme) from the point of view of the professionals involved: A joint-effort between primary care and psychiatric ward.

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Introduction: The PSP has been implemented in Catalonia in 2006 in an attempt to improve the Primary Care treatment of the most common mental disorders and addictions. It's based on a collaborative model, made up between Primary Care and Mental Health professionals.
Objectives: To identify the strengths and limitations of the PSP from the perspective of Primary Care and Mental Health professionals.
Methods: Qualitative, exploratory and interpretive study based on Grounded Theory, made between 2018 and 2019 with Primary Care and Mental Health professionals. Group interviews were conducted with triangulated analysis. The study got the approval from the Research Ethics Committee of the Sant Joan de Deu's foundation.
Results: 11 group interviews were conducted in 6 primary care centers and 5 mental health centers in Barcelona. Intrinsic and extrinsic factors impacting the programme functioning were detected. Within the extrinsic factors, elements related to professionals, patients and public health system have been observed. All the professionals agree that the PCSP has a favorable impact on inter-professional relationships and patients, facilitating the management of cases. In contrast the heterogeneity implementation, the lack of training, and the health care burden in is considered to negatively influence an optimal development of the programme. Professionals suggest communication and inter-professional collaboration would be improved by creating more a horizontal structure that eliminates vertical lines of command and disagreements in clinical judgement, thus facilitating shared decisions.
Conclusions: PrimaryCare and MentalHealth professionals value the PSP positively, but conclude there are communication and organizative barriers that should be addressed in order to improve the overall programme's efficiency.

Keywords: qualitative study; mental health; Collaborative care

EPP0773

Psychiatric referrals in general practice

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Introduction: Over half of patients with mental disorders are seen by primary care physicians. However, as for patients with somatic problems, referral to psychiatrists seems to be sometimes necessary.
Objectives: The present study aimed to identify reasons and difficulties perceived by general practitioners (GP) in mental health referrals.
Methods: A cross-sectional web-based survey was conducted between August 22 and September 23, 2020, so that 47 responses of GP were included.
Results: The mean age of respondents was 37.3 years. Their seniority as doctors was 8 years on average. Among them, only 17% attended a post-university psychiatric training. The participants reported that they refer on average 32.5% of patients with mental disorders to psychiatrist: 85.1% to psychiatric hospital, 40.4% to liberal psychiatrists and 21.3% to clinical psychologists. Regarding the reasons for referral to mental healthcare structures, 70.2% of doctors justified their doing so by their insufficient training in mental healthcare; 66% by a need for hospitalization, 57.4% by the presence of delusions, while in 27.7 % of cases, the transfer was carried out at the request of the patient or his family. The difficulties mentioned by GP were patient refusal to consult a psychiatrist (70.2%) and difficulties related to the management delay (44.7%).
Conclusions: Patient and health system factors, as well as physicians experience seem to have important influences on mental health referral. Open communication and ease of consultation with psychiatrists can make the care of patients with mental health problems even more rewarding to the primary care physician.

Keywords: general practice; psychiatrists; referrals; Mental disorders

EPP0774

Assessment of attitudes toward schizophrenia in tunisian family medicine residents

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Introduction: Assessing the attitudes of family medicine residents toward schizophrenia is of greatest concern since family physicians potentially have a key role in identifying the signs and symptoms of schizophrenia at earlier stages and in engaging young people in treatment, especially in low- and middle-income countries.
Objectives: We aimed to investigate attitudes towards schizophrenia in a group of Tunisian family medicine residents, and to examine the link between these attitudes and help-seeking intentions in this group.
Methods: This was a cross-sectional survey. A 18-item questionnaire concerning attitudes toward schizophrenia was used.
Results: A total of 88% participants have reported favorable help-seeking intentions. In total, 48.4% of residents would oppose if one of their relatives would like to marry someone who has schizophrenia, and 37.1% of them would not like to have a neighbor with schizophrenia. Only about a half of residents agreed that "schizophrenia has the chance of recovery", and 68.8% thought that "schizophrenia can be treated". Pearson correlations found a significant negative relationship between age and social distance in residents ($p<.001$). Year of residency was significantly associated with attitudes toward schizophrenia, with more unfavorable attitudes in third-year residents ($p=.042$). After controlling for potentially confounding sociodemographic variables, help-seeking intentions did not contribute to the prediction of attitudes toward schizophrenia in the residents.
Conclusions: Implementing anti-stigma programs in medical schools may help improve future physicians' attitudes and prepare them to provide primary mental health care to young help-seekers with psychosis should be given priority attention.

Keywords: attitudes; schizophrénia; Tunisian family medicine residents

EPP0776

Development and testing the effectiveness and feasibility of a structured violence risk management intervention to support safety in psychiatric hospitals

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Introduction: This presentation focuses on two major problems in psychiatric hospital care: patient violence and lack of patient engagement. Interventions already exist for managing patient violence. However, the challenge in using these interventions is poor integration to clinical practice and these methods do not entail elements of patient engagement.
Objectives: The aim of the presentation is to give on overview of a project aiming to develop and test new structured intervention for violence risk management. Intervention aims to increase safety in care environments and engagement of patients.
Methods: Intervention Mapping protocol together with staff and patients will be used in the project. Quasi-experimental design is used to test the intervention in 4 month period in two psychiatric hospital units.
Results: By the end of the year 2020, development of the the new violence risk management intervention is nearly finished. The presentation will give an outline of the developed intervention and how staff and patient engagement in the development phases were ensured.
Conclusions: The project described in this presentation is an example how a feasible violence risk management method can be developed together with staff and patients receiving psychiatric care. By ensuring engagement of the target groups, here staff and patients, it is possible to promote real integration of a new working method to psychiatric inpatient care. This project was funded by the Academy of Finland (316206).

Keywords: risk assessment; violence; Psychiatric hospital; user involvement

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