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Introduction: Cyberattacks on hospitals have become increasingly common in recent years, placing a substantial strain on clinical operations. Electronic prescribing systems are particularly vulnerable, as their breakdown can interrupt routine treatment and potentially compromise patient safety. Compared with other sectors, healthcare continues to show significant deficits in cybersecurity preparedness (Kruse CS, et al. Technol Health Care 2017; 25:1–10). In Germany, several ransomware incidents have drawn attention to weaknesses in hospital IT infrastructures and their consequences for patient care (Klick J, et al. CyCon 2021; 1–10). Nevertheless, little is known about how psychiatric hospitals respond to such disruptions and what fallback strategies may ensure safe prescribing when electronic systems fail.
Objectives: To evaluate the feasibility, safety, and error rates of paper-based prescribing following a cyberattack.
Methods: On 7th July 2025, electronic prescribing was suspended at AMEOS St. Josef Psychiatric Hospital in Oberhausen due to a cyberattack. Prescription records of 250 inpatients were retrospectively reviewed across two weekends of mandatory paper-based prescribing and the subsequent month. Prescription errors (PEs) were identified and classified using adapted EQUIP methodologies, with severity rated on a 1–4 scale and categorized into ten error types. Drug groups were classified according to the British National Formulary (BNF). A descriptive analysis was performed.
Results: Two minor transcription PEs were found under BNF 10 classification. The first involving a non-steroidal anti-inflammatory drug in the first weekend and the second an analgesic drug in the following weekend. No further PEs were observed throughout the following month in contrast with previous findings (unpublished results). The transition to paper-based workflows was smooth, with staff adapting quickly and treatment continuing without delays or adverse effects.
Conclusions: Paper-based prescribing provided a safe and effective fallback during cyberattack-related downtime. PEs were rare, minor, and without noticeable clinical consequences. This case series is, to our knowledge, the first to describe such a strategy within psychiatric hospitals. Routine training in manual workflows may help strengthen resilience against future cyber threats (Argaw ST, et al. BMC Med Inform Decis Mak 2019; 19:10).

Disclosure of Interest: None Declared

EPP486

Dependence of Nurses' Professional Burden on the Length of Work in Psychiatric Institutions

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Introduction: Modern psychiatric care requires high professional skill and personal stability of medical staff, especially nurses. Cross-cultural and national studies (V. Yastrebov, O. Mitina 2012; Tolosa-Merlos D, et.al., 2023; V. Mitikhin, T. Solokhina, D. Oshevsky, 2024) have revealed that social and demographic characteristics and conditions of work can negatively impact physical and emotional well-being of nurses. Given this, it is important to identify the parameters that influence the formation of the professional burden of nurses and to find measures to reduce it.
Objectives: To assess the dependence of the professional burden on length of work in psychiatric institutions and to develop measures to reduce it.
Methods: The "Questionnaire for assessing the burden of workers in psychiatric institutions" (WHO, 1994) was used. The study involved 502 nurses with an average age of 44,99 ± 11,18 years. The participants were divided into three groups according to the length of work: up to 5 years, from 5 to 10 years and more than 10 years. The indicators of professional burden were presented as median values with interquartile range (Me [Q1; Q3]). The Kruskal-Wallis criterion (H-test) was used to compare the results between groups.
Results: In the overall sample the indicators of professional burden for all questionnaire items were at an average level and were characterized by low variability. However, when comparing the groups by the length of work, differences in the indicators of professional burden were revealed. With an increase in length of work a significant growth in the subjective feeling of deterioration in physical health (p=0,006) was noted: up to 5 years, the indicators were 1,17 [1,17; 1,33], from 5 to 10 years – 1,17 [1,17; 1,58], more than 10 years – 1,33 [1,17; 1,67]. A significant deterioration in the indicators of psychological well-being (p=0,014) was also observed: up to 5 years – 1,17 [1,00; 1,33], from 5 to 10 years – 1,00 [0,43; 1,57], more than 10 years – 1,33 [1,00; 1,50]. Statistically significant differences were identified between the groups with length of work less than 5 years and more than 10 years. Differences in the integrated burden indicator were noted at the trend level. More than 35% of nurses with 5–10 years length of work and nearly half of those with over 10 years have considered seeking alternative employment.
Conclusions: The length of work in psychiatric institutions should be considered when planning strategies to reduce professional burden on the medical staff. These strategies may include arrangement of a comfortable workplace, maintaining balance of work and rest, creating a favorable microclimate. It is also important to introduce psychological support and to improve team methods of work.

Disclosure of Interest: None Declared

EPP487

Work Intensity and Professional Burden of Psychiatric Nurses

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Introduction: Psychiatric nurses perform numerous functions related to the treatment and care of patients, act as a link between doctors and patients, and therefore experience significant professional workload (Yastrebov V.S., Mitina O.A. 2012;112(5):4-12; Tolosa-Merlos D., et.al., 2023: 32(15-16), 5135-5146). The study of the professional burden, that represents the risks associated with exposure to hazardous and harmful factors in the workplace that

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negatively affect the employee's life, health, safety and general well-being, will permit to outline ways of it's prevention.
Objectives: To identify the level of professional burden in psychiatric nurses and to analyze it's dependence on work intensity.
Methods: The "Questionnaire for assessing the burden of workers in psychiatric institutions" (WHO, 1994) was used. 502 representatives of the nurses staff (61 men male and 441 female women). The average age of respondents was 44.99±11.18 years. The participants were divided into two groups depending on the intensity of work: Group 1 – less than 40 hours per week – 269 (53.59%), Group 2 – more than 40 hours per week – 233 (46.41%). The obtained results were presented as median values with the interquartile range – the first and third quartiles (Me [Q1; Q3]). The Mann-Whitney criterion (U-test) was used for comparison.
Results: The respondents had a medium level of professional burden. Significantly higher values on the integrative scale of the methodology (p=0.045) were found in group 2 – 1.37 [1.23; 1.51] points. In group 1 the values were – 1.32 [1.23; 1.46] points. It was found that the intensity of contact with psychiatric patients was associated with a feeling of physical ill-being. The indicators on the corresponding scale of the questionnaire in group 2 were significantly higher (p=0.005) – 1.33 [1.17; 1.50] in comparison with group 1 – 1.17 [1.17; 1.50] point correspondently. In addition, the socio-psychological burden increased significantly in those working more intensively (p=0.03). The scores on the corresponding scale for nurses in Group 2 were 1.37 [1.25; 1.63] points, while in Group 1 these values were 1.34 [1.20; 1.50] points. It is logical to assume that the mechanisms of forming of physical and socio-psychological stress during long-term and intensive work tend to accumulate, but this position requires additional clarification.
Conclusions: When managing the nurses staff of psychiatric institutions, the intensity of the employees' work should be taken into account in order to reduce the professional burden.

Disclosure of Interest: None Declared

EPP488

Managing Workload and Patient Flow in a Community Mental Health Team: A Prospective Quality Improvement Initiative

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Introduction: Community Mental Health Teams (CMHTs)manage individuals with complex psychiatric needs in resource-limited settings. Structured approaches to referral triage, discharge planning, and follow-up of non-engagement are key to ensuring equitable access and safe caseloads. This quality improvement project aimed to optimise patient flow and improve service efficiency.
Objectives: To evaluate caseload activity in a CMHT over six months, focusing on discharges, non-engagement, and new referrals.
Methods: This prospective QI initiative was conducted at CMHT Swords – Orange Team, North Dublin Mental Health Services, between January 13 and July 13, 2025. A total of 131 existing patients and 20 new assessments were reviewed. Outcomes were categorised by discharge type, engagement status, or administrative transfers and reviewed through MDT discussions and GP correspondence.
Results: Out of 151 total patients, 48 (31.8%) exited CMHT care during the audit period. This included 19 (12.6%) discharged due to persistent non-attendance or disengagement — most with EUPD, EUPD traits, or mild anxiety/depression, and none deemed high-risk. Additionally, 4 patients (2.6%) were discharged stable to primary care, 2 (1.3%) due to behavioural non-engagement, 5 (3.3%) were transferred following relocation, and 1 (0.7%) was referred for high-support residential care. Of 20 new assessments, 16 (10.6%) were discharged with GP follow-up advice, and 4 (2.6%) were linked for ongoing care.

Image 1:

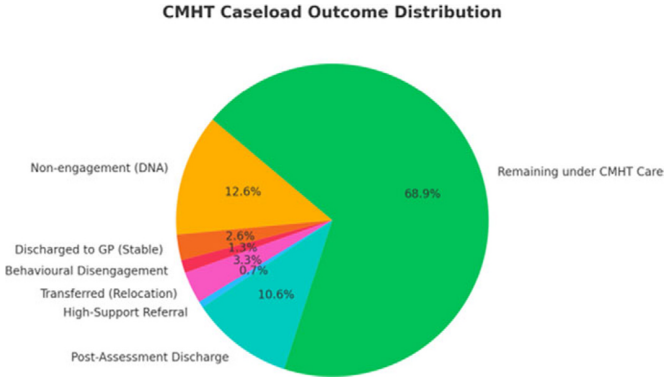
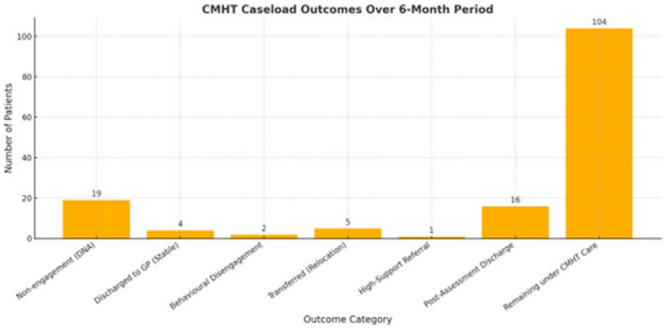


Image 2:



Conclusions: Structured monitoring of caseloads, including safe discharge planning and triage of new referrals, supported improved team capacity and patient flow. The findings highlight how a focused QI approach can enhance service accessibility while maintaining safe and person-centred care within a CMHT setting.

Disclosure of Interest: None Declared