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Introduction: Home hospitalization is an alternative to conventional hospitalization in several areas of medicine. In Portugal, we are now starting to think about its implementation in Psychiatry, given the positive experience of its use in other countries.
Objectives: Understand the advantages and disadvantages of a home hospitalization model and its logistical and clinical framework in an integrated community-focused care model.
Methods: We performed a literature review using Pubmed databases and UpToDate on home hospitalization, inpatient care and community-focused care model
Results: We have found reports of centers with experience in home hospitalization in Psychiatry, but there is still a notable lack of studies in this area. There is a discrepancy between the care needs of patients and the existence of community services for the treatment of mental illness. Home hospitalization is considered when there is partial remission of the symptomatology that motivated the hospitalization. Albeit demanding inclusion criteria limit eligible patients, there are several advantages with this hospitalization model: 1) it favors agility in the transition from hospital to home, with direct observation of contextual factors that may influence psychiatric decompensation, 2) integrates the patient in his natural environment, promoting his autonomy,; 3) allows psychoeducation of the family; 3) guarantees the continuity of the therapeutic process initiated in the hospital, 4) optimizes resources and cost-effectiveness, 5) prevents relapses and the "revolving-door "phenomenon.
Conclusions: We have found that a model of home hospitalization is a valuable element that should be included in an integrated system of psychiatric care.

Disclosure: No significant relationships.
Keywords: home hospitalization; community-focused care model; inpatient care

EPV0367

Psychiatric care in university population

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Introduction: It is well-known that university students experience high levels of mental health problems (1). University life presents changes and challenges that can be stressful and may affect the mental health of its community (2,3). More than 20 years ago, the Social Affairs Service (SAS) of the University of Salamanca started a program that ensured the mental health care in their community. The Psychiatric Care Unit is part of this program and its objectives are: 1) to detect serious mental disorders; 2) treat mild mental disorders; 3) give information to prevent illness and promote mental health; 4) serve as support in patients with previous follow-up that has been discontinued due to the beginning of their studies; 5) liaise with referral psychiatrists.
Objectives: To make known a Psychiatric Care Unit targeted in the university community
Methods: 18 people between 19 and 52 years old (22% male, 78% female) were evaluated between November and December of 2020 in the Psychiatric Care Unit of the Social Affairs Service (PCU-SAS, University of Salamanca). The assessment consisted in an interview carried out by a psychiatrist, in the presence of a medical graduate. Every patient belong to the university community (students/ staff).
Results: The most frequent diagnosis in the sample is Adjustment Disorder (F43.2). Substance use, eating disorders, low-self-concept, perfectionism and emotional dysregulation are very prevalent symptoms along our sample.
Conclusions: Universities should invest in creating environments that promote student and staff mental wellbeing. However, the current body of evidence is scarce and more research is needed to recommend what are the best strategies(4).

Disclosure: No significant relationships.
Keywords: university population; mental health care; mental health prevention; mental health promotion

EPV0368

Age-related differences in the use of relaxation techniques during intensive professional training

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Introduction: Intensive professional training is widely used in modern organizations, as it helps employees adapt to dynamic work and technology changes (Noe, 2010; Patrick, 2000). Relaxation techniques may reduce the negative effects of intense learning processes (i.e. fatigue, anxiety and stress). They can also enhance the productivity of the training itself by helping to achieve optimal states for the completion of learning goals.
Objectives: Our study concerns differences in mastering relaxation techniques by employees of younger and middle-age groups during intensive professional training.
Methods: Sample - 62 employees, participants of communication training. The 15-min session of progressive relaxation combined with autogenic formulae was conducted after 5 hours of intensive training. Measures: standard psychological and physiological functional state tests (Leonova & Kapitsa, 2003); an information perception task.
Results: The efficiency of the relaxation techniques varied between different age groups: younger participants (aged 20-30) were more successful in managing both tasks – learning new relaxation skills and achieving deeper rest (including more apparent positive physiological effects). They were also more prepared for completing the information perception task (they made less mistakes). Older participants (aged 30-50) experienced more difficulties with the new

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relaxation skills and used relaxation primarily to restore their psychophysiological resources, rather than to prepare for the upcoming training task.
Conclusions: The results showed that relaxation techniques provide a system optimization effect on the participants of intensive training programs, though participants' individual differences (ie age, length of service) should be taken into account when planning the outcomes of such interventions.

Disclosure: No significant relationships.
Keywords: relaxation techniques; professional training; age differences

EPV0369

A review of effective interventions to improve emotional risk factors of anxiety, stress, depression in infertile and infertile patients undergoing treatment with assisted reproductive techniques

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Introduction: Infertility is associated with Several negative reaction and emotional problems
Objectives: Review of effective interventions for improving emotional risk factors In infertile and infertile patients undergoing treatment
Methods: A comprehensive narrative review of the studies was conducted. Databases such as Web of Science, Science Direct, Cochrane Library, Scopus, PubMed, including Medline, Clinical key, SID, MAGIRAN were retrieved from August 10 to December 8, 2020, with no time limit. After reviewing the abstract and the full text of the articles in terms of compliance with the purpose of the study, finally, 32 articles were selected for writing. The methodological quality of the articles was assessed based on Cochrane Risk of Bias
Results: Interventions were divided into two subgroups of mind-body, and web-based CBT. mind-body interventions generally shows the anxiety,stress and depression reduction and Possible improvement in pregnancy rate But most of these programs require extensive financial resources The results of web based, showed that using online CBT approach can greatly reduce stress and anxiety, due to increased use of internet, non collaborative,cheap and private treatment of web based interventions, this method can be used as a way along with other treatments to reduce these negative reactions
Conclusions: According to the present study CBT methods, application and Internet-based interventions can be used as appropriate counseling methods in reducing stress, anxiety and improving pregnancy outcomes in infertile patients. This information can be used as a proper source to select appropriate counseling methods for health care providers, midwives and treatment staff involved in infertility patients

Disclosure: No significant relationships.
Keywords: mobile application-based intervention; Web based intervention; psychological intervention

EPV0370

Burnout in medical residents - a prospective study in Albania

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Introduction: Burnout is a syndrome characterized by the high workload in the workplace, which is very common in hospital settings. Medical trainees and early career physicians are more likely to experience burnout than their non-medical peers. Burnout has been linked with a great number of consequences, whether personal, family or work related. Physicians burnout specifically, is related to high rates of medical errors, lack of professionalism, decreased productivity but also to suicidal ideation, depression and substance abuse.
Objectives: The aim of this study is to investigate the level of burnout in medical residents at University Hospital Center "Mother Theresa" Tirana, changes in burnout depending from the year of study, specialty or associated demographic factors.
Methods: This is a prospective study conducted over two time periods, in 2017 and 2019 using the Maslach Burnout Inventory - short version questionnaire. The information was obtained through the direct filling in of the printed questionnaires, by the residents in their workplace.
Results: We collected 137 responses from different medical specialties where 15,3% were psychiatric residents. About 70 % of residents are females and 40% of residents where in their third year of residency by the time they completed the questionnaire. 68% of residents declared more than one night shift within a week.
Conclusions: Residents are given great responsibility coupled with low levels of control, placing them at risk for role problems such as role ambiguity, role conflicts or role overload. Moreover, medical residents are relatively young and at the beginning of their careers, which makes them vulnerable to burnout.

Disclosure: No significant relationships.
Keywords: resident; medical burnout; burnout consequences; burnout

EPV0371

Therapeutic relationship in mental health nursing: A scoping review

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Introduction: In mental health nursing, the therapeutic relationship is central to the care process, since the restoration of the balance of the person in mental suffering relies on significant interpersonal relationships.
Objectives: This scoping review aims to map which personal qualities of the nurse favor the therapeutic relationship in mental health nursing.