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Analysis of a clinical process of schizophrenia and other psychoses with a process mining method

E. Rodríguez Toscano, B. Reneses*, S. Pérez, P. Andrés, G. Seara, J. Sevilla, A. Cortés and Á. Del Rey-Mejías

Institute Of Psychiatry And Mental Health, San Carlos University Hospital, Madrid, Spain

*Corresponding author.

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Introduction: Clinical pathways (CPWs) are tools used to guide evidence-based healthcare. They translate clinical practice guideline recommendations into clinical processes of care within the characteristics of a healthcare institution. There are few studies about the impact of CPW in the field of Psychosis in terms of adequacy to their recommendations and clinical outcomes.

Objectives: PSYCHSTAGE project has been designed to study the adjustment of psychosis clinical care to a CPW based in a Clinical Practice Guideline according to a clinical staging model in a network of psychiatric services covering 580.000 inhabitants in a University Hospital in Madrid.

Methods: Retrospective and observational study in a sample of 1780 subjects 18 years old or above, diagnosed with schizophrenia and other psychosis. Socio-demographic and clinical variables were collected from clinical records, including ICG, GAF and DAS at the time they were included in the study. Clinical stage was established according to McGorry model at the same time. CPW was analysed in 1,391 subjects with 15,254 care events using a Process mining method. Process discovery, process checking and process enhancement analysis have been used.

Results: Patients were grouped according the clinical stage. 9,2% were in stage 2; 18,5% in 3a; 47% in 3b; 22,1% in 3c and 4,1% in 4. A different CPW is represented for each clinical stage in routine practice. Then, every pathway is compared with the recommendations in the established Psychosis CPW.

Conclusions: Process mining can be a useful tool for the study of CPW in the field of psychosis

Keywords: Clinical stage; schizophrenia; Clinical pathways; Process mining method

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Mind the gap! transition from child & adolescent to adult mental health services: A narrative review and results of 18 months consultation

R. Cajão*, M. Martins, J. Estrada and G. Lima

Psychiatry, Centro Hospitalar Barreiro-Montijo, Barreiro, Portugal

*Corresponding author.

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Introduction: Discontinuity in child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) constitutes an important challenge in mental health care. In the last decade, efforts have been made to better define the transitioning population and build consensual models for CAMHS-AMHS' transition.

Objectives: We aim to present our protocol and transition consultation results on the scope of published literature.

Methods: Description of protocol and casuistic of 18 months' transition consultation at Centro Hospitalar Barreiro-Montijo. The literature found on PubMed was published from 2008 to 2020 and was reviewed using the keywords: transition, CAMHS, AMHS, adolescent, mental health service, young people. Articles with full text available written in English and French were selected. The included clinical studies focused on populations with neurodevelopmental disorders, psychotic disorders, non-suicidal self-harm and suicidal attempts.

Results: Forty-four articles were included, published from 2008 to 2020. 4 articles were excluded on basis of language and diagnosis criteria (eating disorders). Twelve were reviews, 24 were clinical studies and 4 were opinion articles. There are cultural and referral issues that explain the loss of patients in this transition gap. Individuals with history of severe mental illness were more frequently referred than those with neurodevelopmental disorders. Optimal transition is defined as adequate transition planning with a flexible age cut-off and continuity of care following transition.

Conclusions: For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, executed and experienced. Improving transition models is essential to the patients autonomy' promotion and a stronger adult mental health.

Keywords: transition; CAMHS; AMHS; adolescent

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Work-family-conflict in the context of the working conditions of university employees – comparison of professions

L. Jerg-Bretzke, M. Kempf*, S. Walter, H. Traue and P. Beschner
Klinik Für Psychosomatische Medizin & Psychotherapie, Universität Ulm, Ulm, Germany

*Corresponding author.

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Introduction: Working conditions at universities are often considered precarious. Employees complain of fixed-term contracts and extensive unpaid overtime (Dorenkamp et al. 2016). Studies from various fields of work show that occupational groups with a high workload suffer particularly from a conflictual compatibility of work and family.

Objectives: The aim of this study was to assess the WFC in the context of working conditions.

Methods: N=844 university employees (55% women, 41% men) were asked about the burden of work/life balance using Work-family-conflict (WFC) - Family-work-conflict (FWC) -Scales (Netemeyer 1996). The dichotomously formulated question on overtime worked was supplemented by a five-step scaled item on the burden of overtime. The correlation analyses were calculated according to Spearman.

Results: Overtime performed by 83% of the total sample and 64% feel burdened by it. 95% of the scientists and physicians, 68% of the administrative staff, 63% of the service providers work overtime and 90% of the physicians and 72% of the scientists feel burdened by it. Significantly high correlations were found between the burden of overtime and the conflict of compatibility. The higher the burden of overtime, the higher the WFC and FWC. The highest correlation was found among physicians ($r=.649$), followed by scientists ($r=.533$), administration ($r=.451$), services ($r=$ (total sample $r=.562$).