

Factors associated with Burn-out in uni-variate study were: age group ( $p = 0.044$ ), marital status ( $p = 0.001$ ), preferred time of connection ( $p = 0.019$ ), burnout ( $p = 0.001$ ), depersonalization ( $p = 0.001$ ), personal fulfillment ( $p = 0.001$ ), internet use for work ( $p = 0.0019$ ), internet use for leisure ( $p = 0.002$ ) and also for online games ( $p = 0.016$ ).

Factors associated with depersonalization were marital status ( $p = 0.001$ ), number of children ( $p = 0.042$ ), psychiatric history ( $p = 0.001$ ), substance abuse ( $p = 0.012$ ), preferred time of day to use the internet ( $p = 0.001$ ), use of the internet for social networking ( $p = 0.03$ ), online gaming ( $p = 0.008$ ).

Factors associated with personal accomplishment were age ( $p = 0.001$ ), number of children ( $p = 0.016$ ), use of the internet for work ( $p = 0.001$ ).

**Conclusions:** A significant proportion of our healthcare workers suffered from burnout, depression and anxiety disorders, which was associated with substance and internet abuse in univariate analysis. Our study also draws attention to the risk factors of burnout such as age, family status, working type and working hours internet use, substance use. The possible association of burnout and other addiction behaviors merits further investigation.

**Disclosure of Interest:** None Declared

## EPP0707

### Effectiveness of a crisis community-based program in primary mental health care

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**Introduction:** A crisis is defined as a disruption in equilibrium at the failure of own personal resources which results in important distress and functional impairment. Particularly after Covid-19 pandemic we have been attending an increased number of this kind of consultations in the mental health services.

**Objectives:** To expose a new mental health program called PAIC (Ambulatory Intensive Community Program) started in March 2019 and addressed to people who are suffering a crises period, and to evaluate its effectiveness. The aim of this program is to reach prior stability, trying to avoid chronicity, clinical status perpetuation and sociofunctional impairment, as well as assessing suicidal risk and perform early prevention interventions.

**Methods:** PAIC is proposed as an early, intensive, focused and psychotherapeutic intervention led by psychiatrist. Consist in an 8-week program of 30 to 60 minute weekly individual sessions. A total of 205 patients were attended in PAIC during 2021 and 84,6% of the patients completed the program. Mixed-methods, clinical interviews and measurements using validated self-administrated questionnaires were used: CORE-OM pre/post treatment ("Clinical Outcomes in Routine Evaluation-Outcome Measure"), List of Threatening Experiences, LTE and Clinical Global Impression (CGI-I). Changes in CORE-OM Scale were analysed using t-student test and a descriptive analysis was used for CGI-results.

**Results:** CORE-OM ("Clinical Outcomes in Routine Evaluation-Outcome Measure") showed improvement in all of four

dimensions: subjective well-being (TW), problems/symptoms (PT), general function (TF) and risk (TR).

Perception of clinical improving measured by CGI was 81,6%. There were no cases of clinical worsening.

**Conclusions:** We conclude that intensive and early programs are effective reducing the intensity of symptoms and the level of disability in people who are experiencing a psychological crisis. Also, it supports primary health care as well as helps to avoid saturation of specialized system.

**Disclosure of Interest:** None Declared

## EPP0708

### The Impact of a Crisis Resolution Home Treatment Team on Hospital Admission, Symptom severity and Service User Functioning over Five years

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**Introduction:** Crisis Resolution Home Treatment Teams (CRHTTs) offer short-term specialist psychiatric input to service users experiencing acute mental illness or crisis in the community. The South Lee CRHTT was setup in 2015.

**Objectives: Primary objectives:** To evaluate the impact of treatment given by a CRHTT in terms of:

1. Preventing hospital admission,
2. Impact on service user's symptoms and overall functioning
3. Service user's satisfaction with the service

**Secondary Objectives:** To evaluate patient characteristics of those attending the CRHTT, and to assess qualitative data provided by service users using thematic analysis.

**Methods:** All the service users treated by South Lee CRHTT between 2016-2020 were included in this review. Standardized quantitative measures are routinely taken by the South Lee CRHTT before and after treatment. The Brief Psychiatric Rating Scale (BPRS) was used to measure symptom reduction, and the Health of the Nation Outcome Scale (HONOS) was used to measure quality of life/health outcomes. The Client Satisfaction Questionnaire- version 8 (CSQ-8) was used to evaluate service user satisfaction quantitatively, and service users were also asked for qualitative data.

**Results:** 1041 service users were treated by the service, between 2016-2020. Treatment by the CRHTT was shown to be effective across all primary outcome measures. Inpatient admissions in the areas served by the CRHTT fell by 38.5% after its introduction. BPRS scores were reduced significantly ( $p < .001$ ), from a mean score of 32.01 to 24.64 before and after treatment. Mean HoNOS scores were 13.6 before and 9.1 after treatment ( $p < .001$ ). Of the 1041 service users receiving the CSQ-8, 180 returned it completed (17.3%). Service users' median responses were "very positive" on a 4 point-Likert scale to all 8 items on the CSQ-8, and qualitative data were thematically analysed.

**Conclusions:** CRHT was shown to be effective at preventing inpatient admission. CRHT was shown to be an effective option for the treatment of acute mental illness and crisis, using