Conclusions: Of COVID-19 is a significant predictor of depressive symptomatology, controlling for the effect of risk factors for PPP (Pereira et al. 2020), fear of COVID-19. Hierarchical regression analyzes showed that, even after controlling for the effect of risk factors for PPP (Pereira et al. 2020), fear of COVID-19 is a significant predictor of depressive symptomatology levels (increments of 2-5%) and anxious (10-15%) during the pandemic.

Conclusions: The Sample-1 being from a different country may be a confusing factor, however, the magnitude of differences in PPP levels and the relevant role of fear in COVID-19, alert us to be aware of perinatal mental health.

Keywords: anxiety and depression; pandemic; Fear; pregnancy

EPP0760
Multiple hospitalisations towards the end of life among patients with serious mental illness: A retrospective cohort study in England, UK

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Introduction: Multiple hospitalisations towards the end of life is an indicator of poor-quality care. Understanding the characteristics of patients who experience hospitalisations at the end-of-life and how they vary is important for improved care planning.

Objectives: To describe socio-demographic and clinical characteristics of patients diagnosed with serious mental illness who experienced multiple hospitalisations in the last 90 days of life.

Methods: Data for all adult patients with a diagnosis of serious mental illness who died in 2018-2019 in England, UK were extracted from the National Mental Health Services Data Set linked with Hospital Episode Statistics and death registry data. Variables of interest included age, gender, marital status, underlying and contributory cause of death, ethnicity, place of death, deprivation status, urban-rural indicator, and patient’s region of residence. The number of hospitalisations and patient’s sociodemographic & clinical were described using descriptive statistics and percentages, respectively.

Results: Of the 45924 patients, 38.1% (n=17505, Male=42.9%, Female=57.1%, Mean age:78.4) had at least one hospitalisation in the last 90 days of life. The median number of hospitalisations was 2 (StDev:1.64, Minimum=1,Maximum=23). Most of those hospitalised (n=11808, 67.5%), died in a health care establishment (e.g. Hospital or hospice). There were marked geographic differences in the proportions of hospitalisations. The North West region of England recorded the most hospitalisations (n= 2906,16.6%), compared to other regions.

Conclusions: Further analysis is needed to understand factors independently associated with hospitalisations in people with serious mental illness. Funding: This project is supported by the National Institute for Health Research (NIHR) Applied Research Collaborations (ARC) South London.

Keywords: Multiple Hospitalisation; end-of-life; Palliative care; Serious Mental Illness

EPP0761
Mental health outcomes among early-entrance to college students: A cross-sectional study of an emerging educational system in the united states

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Introduction: In the United States, students who attend early-entrance to college programs (EECP) undergo a unique, accelerated educational path. Many of these programs require students to forego their final years of high school to take dual-enrollment classes while residing on a college campus. While previous literature has documented mental health outcomes among traditional college and high school student populations, there is scarce literature on the mental health among this hybrid population in the United States.

Objectives: Investigate anxiety and depression among students enrolled in EECPs in the United States.

Methods: Generalized Anxiety Disorder-7 item (GAD-7) and Patient Health Questionnaire-8 item (PHQ-8) were asked in 3 sets for how students felt before, during, and after their attendance in their EECP.

Results: 66 alumni students who graduated from an EECP were surveyed after giving informed consent. GAD-7 average scores before the students attended was 4.83 (median = 4, “mild anxiety”), during attendance was to 11.5 (median = 12, “moderately-severe anxiety”), and currently was 6.95 (median = 6, “moderate anxiety”). PHQ-8 scores for depression before attending were 5.1 (median = 4, “mild to potentially moderate depression”), during the program 10.9 (median 11.5, “moderately severe depression”), and current PHQ-8 was 16 (median = 16, “severe depression”).

Conclusions: Anxiety and depression seem to have a presence in this student population, compared to traditional college student populations, but different compared to international cohorts. Academic rigor was a notable driving force of these outcomes, differing from the literature on traditional college student populations.

Keywords: students; Anxiety; Depression; Education
**EPP0762**

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

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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 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

**EPP0764**

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

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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