post-COVID-19 staffing issues and lack of time for engagement in quality improvement activities. Respondents were nearly unanimous in agreeing that PA was beneficial to physical and mental health. Enablers to PA included higher numbers of staff (24%), more PA resources (22%), more PA-designated staff (19%), more PA-dedicated time (14%), and timetables of available activities (14%). The majority (65%) continued to report that promoting PA was difficult during their shift. Reported barriers included lack of staff (38%), lack of time (27%), and high levels of clinical activity (24%). Noticeably, nurses were much more likely than doctors or AHPs to report short staffing as a barrier to promoting PA (OR=19.8, p < 0.05). Participants described the gym (22%), walking groups (19%), and football (14%) as the most beneficial PA for patients, whilst 14% responded it was "whichever PA patients preferred". This was mirrored by staff naming "user feedback" as a potential enabler. Reasons for PA being beneficial included "being outside" (24%) and "being inclusive" (11%). Only 45% of MDT members felt they had been provided with PA education/training.

Conclusions: Staff continued to acknowledge the importance of PA for physical and mental health and were aware of multiple enablers and barriers. Post-COVID-19, systemic issues such as staffing levels, lack of time, high levels of clinical activity, and lack of PA education/training remained barriers. Service user preference, enjoying the outdoors and inclusivity were features of activities perceived to be most beneficial. An integrative approach to mental health and wellbeing, providing inclusive activities, educating/training staff, promoting PA in inpatient psychiatric settings, and offering organisational support can contribute to improved PA provision and regular patient engagement.

Disclosure of Interest: None Declared

EPP0871

Burnout among physicians: Prevalence and predictors of depersonalization, emotional exhaustion and professional unfulfillment among resident doctors in Canada

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Introduction: Burnout in the medical profession has garnered a lot of attention over the recent years. While it is reported across all specialties and all stages of medical education; resident physicians in particular are at high risk for burnout throughout their years of training.

Objectives: This study aimed at evaluating the prevalence and correlates of burnout among resident physicians in Alberta.

Methods: Through a descriptive cross-sectional study design, a self-administered questionnaire was used to gather data from resident physicians at two medical schools in Alberta, Canada. Maslach Burnout Inventory was used as an assessment tool. Chi-squared and multivariate binary logistic regression analyses were used.

Results: Overall burnout prevalence among residents was 58.2%. Working more than 80 hours/week (OR= 16.437; 95% CI: 2.059 – 131.225), being dissatisfied (OR= 22.28; 95% CI: 1.75– 283.278) or being neither satisfied nor dissatisfied with a career in medicine [(OR= 23.81; 95% CI: 4.89 – 115.86) were significantly associated with high depersonalization. Dissatisfaction with efficiency and resources (OR= 10.83; CI: 1.66- 70.32) or being neither satisfied nor dissatisfied with a career in medicine (OR= 5.14; CI: 1.33-19.94)] were significantly associated with high emotional exhaustion. Working more than 80 hours/week (OR= 5.36; CI: 1.08-26.42) and feeling that the residency program is somewhat having enough strategies aimed at resident well-being in place (OR= 3.70; CI: 1.10- 12.46) were significantly associated with high work exhaustion and interpersonal disengagement. Young age of the residents (≤ 30 years) (OR= 0.044; CI: 0.004- 0.445) was significantly associated with low professional fulfillment.

Conclusions: Burnout is a serious occupational phenomenon that can degenerate to other conditions or disrupts one's professional performance. Significant correlates were associated with high rates of burnout. Leaders of medical schools and policy makers need to acknowledge, design, and implement various strategies capable of providing continuous effective mental health support to improve the psychological health of the medical resident across Canada.

Disclosure of Interest: None Declared

Neuroimaging

EPP0872

Establishing Disorder-Specific and Transdiagnostic Neural Features of Psychiatric Disorders Through Large-Scale Functional Magnetic Resonance Imaging Meta-Analyses

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Introduction: Meta-analyses of functional magnetic resonance imaging (fMRI) studies have been used to elucidate the most reliable neural features associated with various psychiatric disorders. However, it has not been well-established whether each of these neural features is linked to a specific disorder or is transdiagnostic across multiple disorders and disorder categories, including mood, anxiety, and anxiety-related disorders.

Objectives: This project aims to advance our understanding of the disorder-specific and transdiagnostic neural features associated with mood, anxiety, and anxiety-related disorders as well as to refine the methodology used to compare multiple disorders.

Methods: We conducted an exhaustive PubMed literature search followed by double-screening, double-extraction, and cross-checking to identify all whole-brain, case-control fMRI activation studies of mood, anxiety, and anxiety-related disorders in order to construct a large-scale meta-analytic database of primary studies of these disorders. We then employed multilevel kernel density analysis (MKDA) with Monte-Carlo simulations to correct for multiple comparisons as well as ensemble thresholding to reduce cluster size bias to analyze primary fMRI studies of mood, anxiety, and anxiety-related disorders followed by application of triple subtraction techniques and a second-order analysis to elucidate the disorder-specificity of the previously identified neural features.

Results: We found that participants diagnosed with mood, anxiety, and anxiety-related disorders exhibited statistically significant (p < .05 – 0.0001; FWE-corrected) differences in neural activation relative to healthy controls throughout the cerebral cortex, limbic system, and basal ganglia. In addition, each of these psychiatric disorders exhibited a particular profile of neural features that ranged from disorder-specific, to category-specific, to transdiagnostic.

Conclusions: These findings indicate that psychiatric disorders exhibit a complex profile of neural features that vary in their disorder-specificity and can be detected with large-scale fMRI meta-analytic techniques. This approach has potential to fundamentally transform neuroimaging investigations of clinical disorders by providing a novel procedure for establishing disorder-specificity of observed results, which can be then used to advance our understanding of individual disorders as well as broader nosological issues related to diagnosis and classification of psychiatric disorders.

Disclosure of Interest: None Declared

EPP0873

Increased and decreased cortical thickness and unaltered amygdala nuclei in patients at clinical-high risk of psychosis

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Introduction: There is much evidence of grey matter alterations in subjects at clinical-high risk of psychosis (CHR). Although, to the best of our knowledge, no studies have analyzed both cerebral cortex and amygdala nuclei morphometry alterations in CHR individuals.
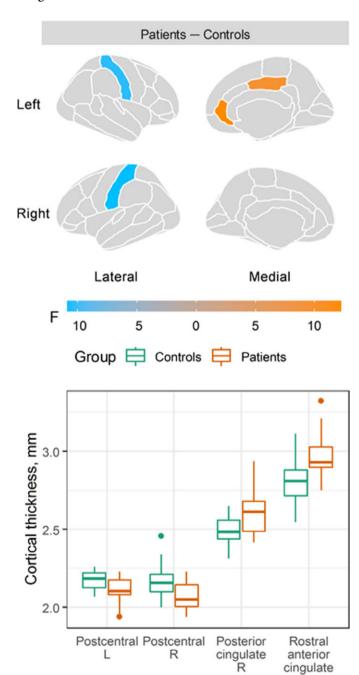
Objectives: The aim of the study was to explore cortical thickness and amygdala nuclei morphometric characteristics in CHR patients.

Methods: Nineteen right-handed male patients (17-24 years, mean age 21.1 ± 2.1) fulfilling CHR criteria and 20 matched healthy controls (18-24 years, mean age 21.1 ± 1.8) underwent T1-weighted structural MRI at 3T Philips scanner. Images were processed via FreeSurfer 7.0. Cortical thickness (according to Desikan atlas) and volumes of 9 separate amygdala nuclei bilaterally

were compared between groups. The morphometry data, SOPS, HDRS (Hamilton Depression Rating Scale) scores and chlorpromazine equivalents were included in correlation analysis.

Results: Compared to healthy controls, patients showed decreased cortical thickness in the left [$F(1, 36) = 10.8$, $p = 0.002$; Cohen's $d = -1.1$, 95% CI: -1.8 to -0.4] and right [$F(1, 36) = 10.5$, $p = 0.003$; Cohen's $d = -1.0$, 95% CI: -1.7 to -0.3] postcentral gyri, and increased cortical thickness in the right posterior cingulate [$F(1, 36) = 9.9$, $p = 0.003$; Cohen's $d = 1.0$, 95% CI: 0.3 to 1.6] and the right rostral anterior cingulate gyri [$F(1, 36) = 12.2$, $p = 0.001$; Cohen's $d = 1.1$, 95% CI: 0.4 to 1.8]. No changes in any amygdala nuclei were detected. No correlations between altered cortical thickness, HDRS, SOPS or chlorpromazine equivalents were revealed.

Image: