

EPP0778

Psychiatric referrals in general practice

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Introduction: Over half of patients with mental disorders are seen by primary care physicians. However, as for patients with somatic problems, referral to psychiatrists seems to be sometimes necessary.

Objectives: The present study aimed to identify reasons and difficulties perceived by general practitioners (GP) in mental health referrals.

Methods: A cross-sectional web-based survey was conducted between August 22 and September 23, 2020, so that 47 responses of GP were included.

Results: The mean age of respondents was 37.3 years. Their seniority as doctors was 8 years on average. Among them, only 17% attended a post-university psychiatric training. The participants reported that they refer on average 32.5% of patients with mental disorders to psychiatrist: 85.1% to psychiatric hospital, 40.4% to liberal psychiatrists and 21.3% to clinical psychologists. Regarding the reasons for referral to mental healthcare structures, 70.2% of doctors justified their doing so by their insufficient training in mental healthcare; 66% by a need for hospitalization, 57.4% by the presence of delusions, while in 27.7 % of cases, the transfer was carried out at the request of the patient or his family. The difficulties mentioned by GP were patient refusal to consult a psychiatrist (70.2%) and difficulties related to the management delay (44.7%).

Conclusions: Patient and health system factors, as well as physicians experience seem to have important influences on mental health referral. Open communication and ease of consultation with psychiatrists can make the care of patients with mental health problems even more rewarding to the primary care physician.

Keywords: general practice; psychiatrists; referrals; Mental disorders

EPP0774

Assessment of attitudes toward schizophrenia in tunisian family medicine residents

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Introduction: Assessing the attitudes of family medicine residents toward schizophrenia is of greatest concern since family physicians potentially have a key role in identifying the signs and symptoms of schizophrenia at earlier stages and in engaging young people in treatment, especially in low- and middle-income countries.

Objectives: We aimed to investigate attitudes towards schizophrenia in a group of Tunisian family medicine residents, and to examine the link between these attitudes and help-seeking intentions in this group.

Methods: This was a cross-sectional survey. A 18-item questionnaire concerning attitudes toward schizophrenia was used.

Results: A total of 88% participants have reported favorable help-seeking intentions. In total, 48.4% of residents would oppose if one of their relatives would like to marry someone who has schizophrenia, and 37.1% of them would not like to have a neighbor with schizophrenia. Only about a half of residents agreed that “schizophrenia has the chance of recovery”, and 68.8% thought that “schizophrenia can be treated”. Pearson correlations found a significant negative relationship between age and social distance in residents ($p < .001$). Year of residency was significantly associated with attitudes toward schizophrenia, with more unfavorable attitudes in third-year residents ($p = .042$). After controlling for potentially confounding socio-demographic variables, help-seeking intentions did not contribute to the prediction of attitudes toward schizophrenia in the residents.

Conclusions: Implementing anti-stigma programs in medical schools may help improve future physicians’ attitudes and prepare them to provide primary mental health care to young help-seekers with psychosis should be given priority attention.

Keywords: attitudes; schizophrénia; Tunisian family medicine residents

EPP0776

Development and testing the effectiveness and feasibility of a structured violence risk management intervention to support safety in psychiatric hospitals

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Introduction: This presentation focuses on two major problems in psychiatric hospital care: patient violence and lack of patient engagement. Interventions already exist for managing patient violence. However, the challenge in using these interventions is poor integration to clinical practice and these methods do not entail elements of patient engagement.

Objectives: The aim of the presentation is to give an overview of a project aiming to develop and test new structured intervention for violence risk management. Intervention aims to increase safety in care environments and engagement of patients.

Methods: Intervention Mapping protocol together with staff and patients will be used in the project. Quasi-experimental design is used to test the intervention in 4 month period in two psychiatric hospital units.

Results: By the end of the year 2020, development of the the new violence risk management intervention is nearly finished. The presentation will give an outline of the developed intervention and how staff and patient engagement in the development phases were ensured.

Conclusions: The project described in this presentation is an example how a feasible violence risk management method can be developed together with staff and patients receiving psychiatric care. By ensuring engagement of the target groups, here staff and patients, it is possible to promote real integration of a new working method to psychiatric inpatient care. This project was funded by the Academy of Finland (316206).

Keywords: risk assessment; violence; Psychiatric hospital; user involvement