recognition of the clinical factors of the CRPMH and ignorance of the responsibility of the educational environment in its implementation.

Image:

Table 1. Category matrix for CRPMH factor

Type of attention	Factors related	Technology for the collection of information
Preconceptional	Health service	Semi-structured interview of factors related to the implementation of care routes focused group on assessing the subjective experience of the mother during access to the route
Gestational	Prenatal health	
childbirth	Health service during labour	
Educational	Education: Information-Training	

Owen source, 2022

Conclusions: The CCRPMH regulation is insufficient to guarantee its implementation. Risk factors include the quality of service provided by health-care providers and the lack of knowledge of regulations in university management.

Disclosure of Interest: None Declared

EPV0579

Beliefs about self-care by pregnant women belonging to a population group in Monteria, Córdoba, Colombia.

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Introduction: Scientific disciplines recognize that pregnancy not only refers to the biological dimension. It also constitutes a social category, since sociocultural matrices have implications on what is conceived as the state of gestation (Noguera & Rodríguez, 2008). In this sense, cultures develop protocols to guide the actions of pregnant women and their loved ones regarding self-care during pregnancy in order to contribute to the well-being of mother and child (Carmona, Hurtado and Marín 2007). In this context, the belief category becomes relevant as a form of understanding the ways in which we appropriate reality and intervene it (Peirce, 1903).

Objectives: To analyze the beliefs that a group of pregnant women belonging to a population group from Montería (Córdoba, Colombia) have about taking care of themselves.

Methods: Approach: qualitative. The sample was defined by saturation, for a total of 15 pregnant women affiliated to the Mocarí Hospital in the city of Montería, Córdoba. Instrument: semi-structured open interview; content analysis technique through AtlasTi. Emerging categories: a) care during pregnancy; b) relationships with others.

Results: Main belief: Pregnant women need to take care of themselves physically and psychologically, for which it is necessary to have parents, siblings and partner's support. Care is based on healthy nutrition, physical activity and mental health prevention. It is assumed that self-care is important for the well-being of mother and child. The importance of the family support networks' participation is also recognized.

Image:

Beliefs Semiotic Matrix			
Belief	**Habit of mind**	**Projected longing**	**Action**
Pregnant women need to take care of themselves physically and psychologically; in order to achieve this, it is important to have the support of parents, siblings and partner.	Care during pregnancy	Healthy nutrition Appropriate physical activity Proper mental health	To eat at the right times To eat the right food To avoid physically demanding efforts or activities To take care of mental health
	Relationships with others	Respect Support Affection Experience	To give and receive proper treatment Look for support Relationships based on affection Learn from others

Conclusions: According to the approaches stated/developed by Peirce (1903), beliefs have implications on the way we behave and intervene in reality. Mental habits function as a link between belief and concrete action. For this research, the beliefs that arise from the sociocultural matrices of the pregnant women are evidenced in their concrete actions.

Disclosure of Interest: None Declared

EPV0580

Readmission of Patients to Acute Psychiatric Hospitals: Determining Factors and Interventions to Reduce Inpatient Psychiatric Readmission Rates.

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Introduction: Appropriate and adequate treatment of psychiatric conditions in the community or at first presentation to the hospital may prevent rehospitalization. Information about hospital readmission factors may help to reduce readmission rates.

Objectives: The scoping review sought to examine the readmission of patients to acute psychiatric hospitals to determine predictors and interventions to reduce psychiatric readmission rates.

Methods: A scoping review was conducted in eleven bibliographic databases to identify the relevant peer-reviewed studies. Two reviewers independently assessed full-text articles, and a screening process was undertaken to identify studies for inclusion in the review. PRISMA checklist was adopted, and with the Covidence software, 75 articles were eligible for review. Data extraction was conducted, collated, summarized, and findings were reported.

Results: The outcome of the review shows that learning disabilities, developmental delays, and alcohol, drug, and substance abuse, were crucial factors that increased the risk of readmission. It was also established through the review that greater access to mental health services in residential treatment and improved crisis intervention in congregate care settings were indicated as factors that reduce the risk of readmission.

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Conclusions: High rates of readmission may adversely impact healthcare spending. This study suggests a need for focused health policies to address readmission factors and improve community-based care.

Disclosure of Interest: None Declared

EPV0581

MULTIDISCIPLINARY COLLABORATION AS A IMPROVEMENT IN PROVIDING QUALITY USER-ORIENTED SERVICES

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Introduction: As one of main aim of broad mental health (MH) reform in Bosnia and Herzegovina (BH), quality of services and continuous improvement are priorities. In last decade network of community services-community mental health centers (CMHC) covered all the parts of the country and is connected with secondary and tertiary medical institutions as well as with broad network of centers for social welfare and growing number of user organizations.

Objectives: As a novel practice that will be involved in standards of quality for all MH services is joint planning of hospital discharge people with mental illnesses, supported by legislative and connected with other positive results of mental health reform in BH

Methods: Review of implementation of results of MH reform in BH with focus on joint planning hospital discharge.

Results: In BH in last decade has been established broad spectrum of services that improved quality of care through multidisciplinary collaboration between sectors. Important role has given to users' organization. Quality standards are defined trough certification and accreditation. New services were developed or renewed and implemented (such as case management, occupational therapy). Entities' policies and strategies involved new services and improved MH legislative following the course of more involvement of patients as well as their families, representatives or persons of their trust in decision making and planning of multidisciplinary treatments in the CMHCs. Joint Planning of discharge from the hospital fund as important step in further improvement of quality of care for people with MH disorders, especially for those with severe mental illnesses.

Conclusions: Last decade in BH gave important results in the better quality of MH care. Further plans will be focused on implementation of new MH user-oriented services.

Disclosure of Interest: None Declared

EPV0583

Difficult patients in mental health care–who are they?

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Introduction: Difficult patients are not something new and we can find innumerous definitions for this concept. However, they form a very heterogenous group and we need a less abstract definition focused more on the clinical reality and the difficulties experienced by patients and mental health professionals.

Objectives: Our goal was to find a more precise and clinical definition of the difficult patient based on quantitative measures using a statistical analysis of a series of hospitalizations.

Methods: A cluster analysis of our hospital's in-patient treatment from the last 5 years was made concerning the duration of the stay and the number of previous hospitalizations.

Results: A sample of 8576 inpatient treatment episodes was used. 52.4% were male and 47.6% female patients between the age of 15 and 103 years old. The length of the treatment varied from 0 to 1007 days and the number of previous hospitalizations from 0 to 109; excluding the outliers the means were, respectively, 21 days and 2 previous hospitalizations.

The cluster analysis excluded 85 episodes and it found the presence of 3 clusters, being the number 1 the wider one (n=5861 episodes) and the other quite similar.

The Cluster 1 was characterized by a smaller length of hospital stay and number of hospitalizations; the Cluster 2 was defined by the episodes with the highest number of previous hospitalizations (`x =8.77) and the Cluster C by the longest hospital stays (`x =58.09 days). With a Kruskal-Wallis test we found both variables statistically different between all clusters ($p<0.001$). In Cluster 2 and 3, respectively, we found that 40,24% and 34.61% was taking the medication before being hospitalized, 6.42% and 3.15% were compulsive hospitalizations, and 40.5% and 21.89% had LAI prescribed.

Concerning the diagnosis, Cluster 1 had more Depression, Neurotic and Somatoform disorders; Cluster 2 more Bipolar and Intellectual disability disorders and Cluster 3 more Dementia and Delusional disorders. Substance use disorders and Personality disorders were found more common in both Cluster 1 and 2, Schizophrenia in Cluster 2 and 3 and Psychosis non specified in Cluster 1 and 3.

Conclusions: We can say Cluster 1 comprises the non-difficult patients and it's not surprising that it includes more Depression and Neurotic and Somatoform disorders. The other diagnostic distributions among clusters were also expected and we can also theorize that Cluster 3 had higher percentages of social cases. Treatment with LAI is linked to a decrease in rehospitalizations and we found that in the majority of these episodes it wasn't been applied. This research is important in order to identify the difficult patients and what challenges they can bring to the mental health services. Creating these patients' profile will allow us to better understand their needs to create guidelines for a personalized inpatient treatment and to improve community services to prevent the rehospitalizations and prolonged hospital stays.

Disclosure of Interest: None Declared

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