

Objectives: Studying the physical fitness and PA of HCP and the relationship with their attitudes and referral practices related to PA interventions

Methods: HCP at the Dutch Association for Psychiatry conference (2019) were invited to an online questionnaire (demographic/work characteristics, stress, PA levels, knowledge/attitudes regarding PA and referral practices) and cycle ergometer test. Linear and logistic regression were used to study the strongest associations.

Results: 115 HCP completed the questionnaire. 40 also completed the ergometer test. 43% (n=50) met the national PA guidelines (≥ 150 min moderate-to-vigorous PA and ≥ 2 x bone/muscle-strengthening exercises a week). Women, HCP in training and HCP with more stress were less active and less likely to meet PA guidelines. HCP with personal experience with an exercise professional were more active and met guidelines more often. Knowledge/attitudes on physical health and PA were positive. Patients were more often referred to PA interventions by HCP who met PA guidelines (OR=2.56, 95%BI=0.85–7.13) or had higher beliefs that exercise professionals can increase adherence to PA interventions (OR=3.72, 95%BI=1.52–9.14).

Conclusions: It's positive that HCP report importance and relevance of PA in mental healthcare. Although there is strong evidence for PA interventions in the treatment of people with mental illness, referral to such interventions can partly depend on the PA behaviour and attitude of patients' physician/clinician.

Disclosure: No significant relationships.

Keywords: physical activity; exercise; referral practices; Healthcare professionals

EPV0841

Gray matter volume and burnout severity among medical professionals

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Introduction: Occupational burnout has become a pervasive problem in human services. Medical professionals are particularly vulnerable to burnout, which may lead to reduced motivation, medical errors, and voluntary absenteeism. To ensure effect functioning of medical systems, better understanding of burnout among medical professionals is warranted.

Objectives: We aimed to investigate the structural brain correlates of burnout severity among medical professionals.

Methods: Nurses in active service underwent structural magnetic resonance imaging. We assessed their burnout severity using self-reported psychological questionnaires. This study was approved by the Committee on Medical Ethics of Kyoto University and was conducted in accordance with the Code of Ethics of the World Medical Association.

Results: The results reflected considerable individual differences in burnout severity in our sample. Our findings revealed that the levels of burnout severity were associated with the regional gray matter volumes in brain areas such as ventromedial prefrontal cortex and insula.

Conclusions: Since the outbreak of the COVID-19 pandemic, medical professionals have faced even greater stress. We hope that our findings will contribute to a better understanding of the

mechanisms of burnout and offer useful insights for developing effective interventions to manage stress and burnout.

Disclosure: No significant relationships.

Keywords: burnout; medical professionals

EPV0842

The feasibility of an implementation fidelity tool for the monitoring of a multidisciplinary lifestyle focused approach for inpatients with mental illness

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Introduction: Lifestyle behaviours (e.g. physical activity and dietary habits) play a major role in the well-known premature mortality caused by poor physical health in people with mental illness. There is increasing evidence for the efficacy of lifestyle interventions on both physical and mental health, and consensus about important factors for success (e.g. targeting multiple lifestyle behaviours). However, implementation remains challenging and there is little change in clinical care. Studies that include measures of fidelity (the extent to which an intervention is implemented as intended) are able to gain insight in variations in actual implementation, which may affect intended health outcomes. However, there is currently no suitable fidelity tool for our lifestyle intervention.

Objectives: A pilot study to evaluate the feasibility of a tool that assesses and monitors the implementation fidelity of a multidisciplinary lifestyle focused approach (MULTI+).

Methods: MULTI+ can be tailored to various psychiatric wards and consists of 10 essential components based on scientific evidence, existing guidelines and consensus in the field of 'lifestyle psychiatry'. We developed a tool to assess the 10 components and thereby the implementation fidelity of MULTI+. Qualitative observational data about compliance to these components are collected in 45 psychiatric wards. Adherence is converted to a gradual score (0-50). A higher score indicates higher fidelity.

Results: Preliminary results show that the tool is feasible for use in clinical practice. Scores give insight in how various wards have implemented MULTI+.

Conclusions: These outcomes can be used to further improve and understand the implementation and effectiveness of lifestyle interventions.

Disclosure: No significant relationships.

Keywords: Lifestyle; Fidelity; Implementation; mental illness

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Cardiac arrest survivors – Psychiatric comorbidity and cognitive impairment

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