

efficacy of e-CBT has been observed across various populations, it is warranted for future studies to investigate the role of gender in treatment availability and help-seeking.

Disclosure of Interest: E. Moghimi: None Declared, M. Omrani Shareolder of: OPTT inc, A. Shirazi: None Declared, J. Jagayat: None Declared, C. Stephenson: None Declared, N. Alavi Shareolder of: OPTT inc

EPV0577

First-admissions in Psychiatry: a cluster analysis of a sample of inpatients from 2019 to 2021

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doi: 10.1192/j.eurpsy.2023.1902

Introduction: Only a few studies analyse the clinical and psychopathological characteristics of first-admitted inpatients regardless of diagnosis.

Objectives: Describing the psychopathological, demographic, and clinical characteristics of inpatients with acute symptomatology identifying groups with common features using factors extracted from the Brief Psychiatric Rating Scale (BPRS).

Methods: We selected 103 (48 F) inpatients from the psychiatric ward of the Sant'Andrea Hospital in Rome from January 2019 to December 2021. We assessed psychopathological characteristics and suicide risk with BPRS, Global Assessment of Functioning, and Columbia-Suicide Severity Rating Scale and gathered the anamnestic and demographic data. We conducted descriptive analyses and factor analysis on BPRS items. Then we used the BPRS factors as variables to perform a cluster analysis.

Results: Major Depressive Disorder (MDD) was the most frequent diagnosis. We obtained five factors: "Psychotic dimensions" (FI); "Anxiety" (FII); "Hostility and lack of cooperation" (FIII); "Depression" (FIV); "Flattening of affectivity" (FV). We identified two clusters (cluster 1 n=31; cluster 2 n=72). Patients in cluster 1 reported higher average scores in FI and FIII while the average scores of cluster 2 patients in FII and FIV were higher than patients in cluster 1. We called cluster 1 "psychotic and hostile patients compulsory admitted with a low risk of suicide". Cluster 2 patients are "affective patients with a high risk of suicide". The two clusters share an average age of 38-39 yo and an average GAF score indicating severe impairment and inability to function in almost all areas. They differ in the psychiatric diagnosis represented: respectively, Schizophrenia Spectrum Disorder and Bipolar Disorder with low suicidal risk, MDD, and Personality Disorders with a high suicidal risk. 39% of patients in cluster 1 were involuntarily admitted.

Conclusions: The results of our study show that patients admitted for the first time usually are admitted for psychotic symptoms and a high risk of suicide. Psychotic patients more often show hostility and lack of cooperativeness which can explain the higher rate of

involuntary admissions. Patients with predominant affective symptoms show a higher risk of suicide. Our analyses do not consider categorical diagnosis highlighting that exist transdiagnostic groups of patients with specific needs.

Disclosure of Interest: None Declared

EPV0578

Evaluating the implementation of the perinatal maternal route in a group of students of the psychology program of two Universities in Colombia during the period 2022

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doi: 10.1192/j.eurpsy.2023.1903

Introduction: Reducing maternal and newborn mortality is apriority on the health agenda. Priority, integral, integrated and barrier-free care a attention to the population frames the spirit of the route. The Comprehensive Care Route in Perinatal Maternal Health (CRPMH) proposes "to promote health and the improvement of maternal and perinatal health outcomes, through comprehensive health care, including coordinated action FROM the state, THE society and the family on the social and environmental determinants of health inequities" (Minsalud).

Objectives: To evaluate the implementation of the CRPMH in a group of maternal students from 0-12 months.

Methods: Qualitative, through semi-structured interview techniques and focused groups (FG) referenced from the CRPMH (table 1) in 11 undergraduate students in psychology over 18 years from 2 Colombian universities.

Results: Qualitative analysis evaluates convergences/divergences by percentages of questionnaire responses and axial text analysis (FG). In preconception attention 100% of mothers do not report signs of health risk, however, caesarean section was performed in 83.3% of cases, this safer method is perceived for the mother and fetus, and is justified taking into account that the pain of childbirth is very strong (FG).

In gestational health they indicate prenatal control, medical appointments, formation in the condition of the fetus, guidelines on care, respectful upbringing and breastfeeding in 100%. In contrast, the focus group reports low empathy of doctors toward levels their fears, reduced time to address concerns, negative information about labor and satisfaction with medical procedures, considering caesarean section a humanized strategy.

Access to CRPMH is known by 50% of mothers, they do not know the preconceptional consultation. In the GF they conclude that the information on preparation for maternity and paternity is ineffective.

Psychological support is absent during childbirth and postpartum. There is a greater knowledge about breastfeeding 83.3%

Discussion: The successful implementation of the route could reduce the risks of physical and psychological impact on perinatal maternal health by facilitating decisions about motherhood and its practice in the university educational environment. There was

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 Montería, Córdoba, Colombia.

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doi: 10.1192/j.eurpsy.2023.1904

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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doi: 10.1192/j.eurpsy.2023.1905

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.