like the systemic constructs that has a strong impact on the health of organizations. In addition to the specific contribution to management tools, it is expected that this interview may help to develop new studies and practices about organizational health in work and in family businesses.

**Disclosure of Interest:** None Declared

## EPV0575

### Mental health problems in tunisian military population

D. Njah*, H. kefi, I. Bouzouita, A. baatout, C. Bencheickh, S. Eddif and A. Oumaya

psychiatry, military hospital, tunis, Tunisia
*Corresponding author.
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**Introduction:** Military personnel can face unique risks and challenges to their mental health. High-stress situations, prolonged absences, and difficulty adjusting to civilian life can affect their mental health and hence develop psychiatric disorders , particularly major depressive disorder (MDD) and post-traumatic stress disorder( PTSD). That's why searching for involved factors that could have an impact on these mental disorders or help predict them is crucial in the military population.

**Objectives:** Our objectives were to describe the epidemiological profile of military patients followed in the psychiatric department of the military hospital of Tunis (MHT) and to identify the risk factors associated to psychiatric disorders in this population.

**Methods:** This was a retrospective study conducted over a period of 4 weeks , in the psychiatry department of the MHT. We included in our study patients drawn at random at the outpatient clinics, all psychiatric disorders included. We analyzed the epidemiological characteristics of the patients as well as the risk factors with the SPSS software 26.0.

**Results:** One hundred military patients were included in our study. The mean age of the patients was 38.74($\pm$9.73) years, 93% of them were male, 86% had a high school education, 71% belonged to middle socioeconomic category, and 59% lived in the military barracks. The mean duration of service was 17.68($\pm$9.22) years. Active military members were assigned to weapons jobs (45%), administrative (15%), technical (24%), transportation (8%), and health (6%) specialities.We found that MDD was the main psychiatric disorder found in 64% of the patients with a mean severity of 76.9%. Besides , administrative specialities were the most frequent source of MDD (73.3%), while transportation posts were the most common cause of the PTSD (12.5%). And finally weapons specialties were the most likely to cause adjustment disorders (13.3%). In addition, we found that a long military service duration was associated with a chronic evolution of all the mental disorders (p :0.002).

**Conclusions:** The army is mostly affected by major depressive disorder . The position occupied by the patient seems to play a role in the type of the disorder . The seniority in the military service would be a risk factor for chronicity of the mental disorder.

**Disclosure of Interest:** None Declared

## EPV0576

### Efficacy of an electronic cognitive behavioural therapy program developed and delivered via the Online Psychotherapy Tool for mental health problems related to the COVID-19 Pandemic

E. Moghimi[1]*, M. Omrani[2], A. Shirazi[3], J. Jagayat[4], C. Stephenson[1] and N. Alavi[1]

[1]Psychiatry, Queen's University, Kingston, Canada; [2]Psychiatry, OPTT inc, New York, United States; [3]OPTT inc, Toronto and [4]neuroscience, Queen's university, Kingston, Canada
*Corresponding author.
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**Introduction:** Lockdowns and social distancing resulting from the COVID-19 pandemic have worsened population mental health and made it more difficult for individuals to receive care. Electronic cognitive behavioural therapy (e-CBT) is a cost-effective and evidence-based treatment that can be accessed remotely. The objective of the study was to investigate the efficacy of online psychotherapy during the pandemic.

**Objectives:** The purpose of the present study was to develop and administer an e-psychotherapy program for patients with depression and anxiety d), affected by the COVID-19 pandemic . The program aimed to significantly reduce stress and psychological distress in patients, from pre- to post-intervention.

**Methods:** Participants (n = 59) diagnosed with MDD and/or GAD, whose mental health symptoms initiated or worsened during the COVID-19 pandemic. The online psychotherapy program focused on teaching coping, mindfulness, and problem-solving skills. Symptoms of anxiety and depression, resilience, and quality of life were assessed.

**Results:** From the participants assessed for eligibility, n = 14 did not meet the inclusion and exclusion criteria and n = 7 declined to participate. As a result, n = 59 participants commenced the study. In total, 21 participants dropped out of the study (n = 11 from Weeks 1-3, n = 7 from Weeks 4-6, and n = 3 at Week 7), and 38 participants completed the study. The large majority of the total sample identified as women (n = 41, 69%). Two participants identified as Other and both dropped out of the treatment at Weeks 4 and 6, respectively. The average age of the sample was 32.26 (SD = 12.67). No significant differences were observed at baseline for any demographic variables or scores of treatment completers and dropouts . A significant difference was observed between the number of sessions completed by those who dropped out and those who finished the program (p < 0.001). On average, treatment dropouts completed approximately 41% of the treatment before dropping out.

Participants demonstrated significant improvements in symptoms of anxiety (p = 0.023) and depression (p = 0.029) after the intervention. Similar trends were observed in intent-to-treat analysis. No significant differences were observed in resilience and quality of life measures.

**Conclusions:** The evidence strongly suggests that online psychotherapy can supplement the current care model. Although no changes in quality of life or resilience were reported, these findings may be due to the persistent environmental challenges that are outside the normative levels observed pre-pandemic. While the

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.

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### EPV0577

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

E. La Spina[1]*, M. Mastrangelo[1], B. Montalbani[1], I. Mancinelli[2], A. Del Casale[3], A. Comparelli[2] and M. Pompili[3]

[1]Psychiatry Residency Training Program, Faculty of Medicine and Psychology, Sapienza University of Rome; [2]Department of Psychiatry, Sant'Andrea Hospital of Rome and [3]Department of Neurosciences, Mental Health and Sensory Organs, Faculty of Medicine and Psychology, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy
*Corresponding author.
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**Introduction:** Only a few studies analyse the clinical and psycho-pathological 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 Universites in Colombia during the period 2022

E. P. Ruiz Gonzalez[1]*, M. N. Muñoz Argel[1], J. J. Vicuña Romero[2], T. Noguera Morales[3] and M. Y. Acevedo Rodríguez[4]

[1]Universidad Pontifica Bolivariana, Montería; [2]Universidad Pontifica Bolivariana, Medellin; [3]Universidad Pontifica Bolivariana, Palmira and [4]Universidad Pontifica Bolivariana, Bucaramanga, Colombia
*Corresponding author.
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**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