Introduction: Dual diagnosis is commonly treated by Community Mental Health Team (CMHT). Addiction is a common complicating factor in individuals with major mental illnesses. It is established that businesses on high streets impact on the public's health.
Objectives: We hope to generate discussion about the planning and the placement of community mental health services.
Methods: The location of County Dublin community mental health teams' outpatient clinics' and day hospitals' were obtained from the Health Service Executive directory website. All off licenses' and bookmakers' addresses in County Dublin were obtained from the Irish Revenue Commissioners website. The distances were measured using Google Maps and a programming script to generate a matrix under one-kilometre radius walking distances between the locations. No ethical approval is required. All Data are sought from publicly available websites.
Results: On average, there are 6.29 (SD 4.20; Median 5.) off-licenses and 2.4 (SD 2.28; Median 2) bookmarkers offices per mental health facility within1 km walking distance. The Central Dublin Mental Health Service has the highest prevalence of off-licenses (45, 34.4%), and the Central South Dublin Service(20, 39.2%) has the highest prevalence of bookmakers. Southeast Dublin Service has the lowest in both businesses. The closest distance to an off-license from mental health facilities was 0 meters.
Conclusions: Psychiatrists have a role in advocating the needs of individuals with dual diagnoses. The Department of Health and Health Service Executive (HSE) should develop a guideline and protocol for the community health services in the structuring and planning mental health services in the community health outpatient service setup.

Disclosure: No significant relationships.
Keywords: GIS; gambling; community mental health service; alcohol

EPP0693

Cost-effectiveness of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness: the MULTI study V

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Introduction: Economic evaluations of lifestyle interventions for people with mental illness are needed to inform policy makers and managers about implementing such interventions and corresponding reforms in routine mental healthcare.
Objectives: We aimed to evaluate changes in healthcare costs 18 months after the implementation of a multidisciplinary lifestyle-enhancing treatment for inpatients with severe mental illness (MULTI) versus treatment as usual (TAU).
Methods: In a cohort study (n=114; 65 MULTI, 49 TAU), we retrospectively retrieved cost data in Euros on all patient sessions, ward stay, medication use, and hospital referrals in the quarter year at the start of MULTI (Q1 2014) and after its evaluation (Q3 2015). We used linear regression analyses correcting for baseline values and differences between groups, calculated quality-adjusted life years (QALY) and deterministic incremental cost-effectiveness ratios, and performed probabilistic sensitivity analyses.
Results: Adjusted regression showed reduced total costs per patient per quarter year in favor of MULTI (B=-736.30, 95%CI: -2145.2–672.6). Corresponding probabilistic sensitivity analysis accounting for uncertainty surrounding the parameters showed MULTI was dominant over TAU with a saving in total costs of €417.48 (95%-CI: -2,873.2–2,042.1) against 0.06 improvement in QALY (95%-CI: -0.08–0.20). Costs saving estimates were statistically non-significant showing wide confidence intervals.
Conclusions: Regardless of cost savings, MULTI did not increase healthcare costs while improving QALY and additional previously observed health outcomes. This indicates that starting lifestyle interventions does not need to be hampered by costs. Potential societal and economic value may justify investment to support implementation and maintenance. Further research is needed to study this hypothesis.

Disclosure: No significant relationships.
Keywords: physical activity; Lifestyle; schizophrénia; cost-effectiveness

EPP0695

The role of academic factors on the development of mental illness stigma.

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Introduction: Stigma and discrimination can disrupt the lives of individuals with a mental illness, preventing their opportunities to become productive citizens. These Individuals must also face either an avoidant attitude by healthcare professionals or prejudices about their adherence to medications and the psychological nature of their physical symptoms.
Objectives: Assess stigma in terms of explicit and implicit attitudes among medical school students and junior doctors. Evaluate academic factors and interfering with these attitudes.
Methods: A cross-sectional study was conducted among students from medical schools in Tunisia.
All participants were invited to complete a brief anonymous electronic survey administered on the google forms online platform.
Data were collected using self-administered questionnaires, Stigma Measurement, Mental Illness: Clinicians' Attitudes (MICA).
Results: The sample consisted of 1028 respondents. The respondents' mean age was 24.54 years (SD=3.7). Post-clinical students scored higher than pre-clinical students in questions 2, 6, and 12 on the rating scale. A positive significant relationship was identified with specialization in psychiatry. Residents who were specialized in