

Objectives: To compare levels of depressive and anxiety symptoms of pregnant women before vs. during the COVID-19 pandemic and to analyze the role of COVID-19 fear in perinatal psychological disorder.

Methods: 200 Brazilian women evaluated during the pandemic in May-June 2020 (Sample-1) with the Brazilian Covid-19 Fear Scale for the Perinatal Period (Barros et al. 2020) and Screening for Perinatal Depression and the Perinatal Anxiety Crawl Scale, both with $\alpha > .90$. Sample-1 was compared with a sample of 300 Portuguese women; these responded to the same questionnaires, before the pandemic, in 2017 and 2018 (Sample-2).

Results: Sample-1 had significantly higher mean scores of depression (52.73 ± 20.26 vs. 35.87 ± 16.98 , $t = 10.77$, $p < .001$) and anxiety (36.58 ± 18.23 vs. 18.50 ± 13.71 , $t = 11.94$, $p < .001$) and correlated significantly ($p < .05$) and moderate ($r = .30$) with the fear of COVID-19. Hierarchical regression analyses showed that, even after controlling for the effect of risk factors for PPP (Pereira et al. 2020), fear of COVID-19 is a significant predictor of depressive symptomatology levels (increments of 2-5%) and anxious (10-15%) during the pandemic.

Conclusions: The Sample-1 being from a different country may be a confusing factor, however, the magnitude of differences in PPP levels and the relevant role of fear in COVID-19, alert us to be aware of perinatal mental health.

Keywords: anxiety and depression; pandemic; Fear; pregnancy

EPP0760

Multiple hospitalisations towards the end of life among patients with serious mental illness: A retrospective cohort study in England, UK

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Introduction: Multiple hospitalisations towards the end of life is an indicator of poor-quality care. Understanding the characteristics of patients who experience hospitalisations at the end-of-life and how they vary is important for improved care planning.

Objectives: To describe socio-demographic and clinical characteristics of patients diagnosed with serious mental illness who experienced multiple hospitalisations in the last 90 days of life.

Methods: Data for all adult patients with a diagnosis of serious mental illness who died in 2018-2019 in England, UK were extracted from the National Mental Health Services Data Set linked with Hospital Episode Statistics and death registry data. Variables of interest included age, gender, marital status, underlying and contributory cause of death, ethnicity, place of death, deprivation status, urban-rural indicator, and patient's region of residence. The number of hospitalisations and patient's sociodemographic & clinical were described using descriptive statistics and percentages, respectively.

Results: Of the 45924 patients, 38.1% ($n = 17505$, Male=42.9%, Female=57.1%, Mean age:78.4) had at least one hospitalisation in the last 90 days of life. The median number of hospitalisations was 2 (StdDev:1.64, Minimum=1,Maximum=23). Most of those

hospitalised ($n = 11808$, 67.5%), died in a health care establishment (e.g. Hospital or hospice). There were marked geographic differences in the proportions of hospitalisations. The North West region of England recorded the most hospitalisations ($n = 2906$, 16.6%), compared to other regions.

Conclusions: Further analysis is needed to understand factors independently associated with hospitalisations in people with serious mental illness. Funding: This project is supported by the National Institute for Health Research (NIHR) Applied Research Collaborations (ARC) South London.

Keywords: Multiple Hospitalisation; end-of-life; Palliative care; Serious Mental Illness

EPP0761

Mental health outcomes among early-entrance to college students: A cross-sectional study of an emerging educational system in the united states

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Introduction: In the United States, students who attend early-entrance to college programs (EECP) undergo a unique, accelerated educational path. Many of these programs require students to forego their final years of high school to take dual-enrollment classes while residing on a college campus. While previous literature has documented mental health outcomes among traditional college and high school student populations, there is scarce literature on the mental health among this hybrid population in the United States.

Objectives: Investigate anxiety and depression among students enrolled in EECPs in the United States.

Methods: Generalized Anxiety Disorder-7 item (GAD-7) and Patient Health Questionnaire-8 item (PHQ-8) were asked in 3 sets for how students felt before, during, and after their attendance in their EECP.

Results: 66 alumni students who graduated from an EECP were surveyed after giving informed consent. GAD-7 average scores before the students attended was 4.83 (median = 4, "mild anxiety"), during attendance was 11.5 (median = 12, "moderately-severe anxiety"), and currently was 6.95 (median = 6, "moderate anxiety"). PHQ-8 scores for depression before attending were 5.1 (median = 4, "mild to potentially moderate depression", during the program 10.9 (median 11.5, "moderately severe depression"), and current PHQ-8 was 16 (median = 16, "severe depression").

Conclusions: Anxiety and depression seem to have a presence in this student population, compared to traditional college student populations, but different compared to international cohorts. Academic rigor was a notable driving force of these outcomes, differing from the literature on traditional college student populations.

Keywords: students; Anxiety; Depression; Education

EPP0762**Analysis of a clinical process of schizophrenia and other psychoses with a process mining method**

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Introduction: Clinical pathways (CPWs) are tools used to guide evidence-based healthcare. They translate clinical practice guideline recommendations into clinical processes of care within the characteristics of a healthcare institution. There are few studies about the impact of CPW in the field of Psychosis in terms of adequacy to their recommendations and clinical outcomes.

Objectives: PSYCHSTAGE project has been designed to study the adjustment of psychosis clinical care to a CPW based in a Clinical Practice Guideline according to a clinical staging model in a network of psychiatric services covering 580.000 inhabitants in a University Hospital in Madrid.

Methods: Retrospective and observational study in a sample of 1780 subjects 18 years old or above, diagnosed with schizophrenia and other psychosis. Socio-demographic and clinical variables were collected from clinical records, including ICG, GAF and DAS at the time they were included in the study. Clinical stage was established according to McGorry model at the same time. CPW was analysed in 1,391 subjects with 15,254 care events using a Process mining method. Process discovery, process checking and process enhancement analysis have been used.

Results: Patients were grouped according the clinical stage. 9,2% were in stage 2; 18,5% in 3a; 47% in 3b; 22,1% in 3c and 4,1% in 4. A different CPW is represented for each clinical stage in routine practice. Then, every pathway is compared with the recommendations in the established Psychosis CPW.

Conclusions: Process mining can be a useful tool for the study of CPW in the field of psychosis

Keywords: Clinical stage; schizophrenia; Clinical pathways; Process mining method

EPP0764**Mind the gap! transition from child & adolescent to adult mental health services: A narrative review and results of 18 months consultation**

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Introduction: Discontinuity in child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) constitutes an important challenge in mental health care. In the last decade, efforts have been made to better define the transitioning population and build consensual models for CAMHS-AMHS' transition.

Objectives: We aim to present our protocol and transition consultation results on the scope of published literature.

Methods: Description of protocol and casuistic of 18 months' transition consultation at Centro Hospitalar Barreiro-Montijo. The literature found on PubMed was published from 2008 to 2020 and was reviewed using the keywords: transition, CAMHS, AMHS, adolescent, mental health service, young people. Articles with full text available written in English and French were selected. The included clinical studies focused on populations with neurodevelopmental disorders, psychotic disorders, non-suicidal self-harm and suicidal attempts.

Results: Forty-four articles were included, published from 2008 to 2020. 4 articles were excluded on basis of language and diagnosis criteria (eating disorders). Twelve were reviews, 24 were clinical studies and 4 were opinion articles. There are cultural and referral issues that explain the loss of patients in this transition gap. Individuals with history of severe mental illness were more frequently referred than those with neurodevelopmental disorders. Optimal transition is defined as adequate transition planning with a flexible age cut-off and continuity of care following transition.

Conclusions: For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, executed and experienced. Improving transition models is essential to the patients autonomy' promotion and a stronger adult mental health.

Keywords: transition; CAMHS; AMHS; adolescent

EPP0766**Work-family-conflict in the context of the working conditions of university employees – comparison of professions**

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Introduction: Working conditions at universities are often considered precarious. Employees complain of fixed-term contracts and extensive unpaid overtime (Dorenkamp et al. 2016). Studies from various fields of work show that occupational groups with a high workload suffer particularly from a conflictual compatibility of work and family.

Objectives: The aim of this study was to assess the WFC in the context of working conditions.

Methods: N=844 university employees (55% women, 41% men) were asked about the burden of work/life balance using Work-family-conflict (WFC) - Family-work-conflict (FWC) -Scales (Netemeyer 1996). The dichotomously formulated question on overtime worked was supplemented by a five-step scaled item on the burden of overtime. The correlation analyses were calculated according to Spearman.

Results: Overtime performed by 83% of the total sample and 64% feel burdened by it. 95% of the scientists and physicians, 68% of the administrative staff, 63% of the service providers work overtime and 90% of the physicians and 72% of the scientists feel burdened by it. Significantly high correlations were found between the burden of overtime and the conflict of compatibility. The higher the burden of overtime, the higher the WFC and FWC. The highest correlation was found among physicians (r=.649), followed by scientists (r=.533), administration (r=.451), services (r= (total sample r=.562).