

<sup>1</sup>Department Of Occupational Medicine, HEDI CHAKER hospital, SFAX, Tunisia and <sup>2</sup>Psychiatrie “a” Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia

\*Corresponding author.

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**Introduction:** Psychosocial risks (PSR) represent a new scourge of risks at work. The direct links between these risks and occupational accidents (OA) are not well documented, but some work restraints such as time pressure are common factors for both stress and accidents.

**Objectives:** To establish a relationship between different PSR perceived by health staff and the occurrence of OA.

**Methods:** Cross-sectional study conducted among staff working at Habib Bourguiba Hospital in Sfax from 1st January to 31 March 2015. The evaluation of mental health was performed by using the validated French version of questionnaire KARASEK.

**Results:** The study involved 326 care staff (115 men and 211 women). The average age was 36 years old. The participants were mainly nurses (30.6%) and trainee physicians (35.6%). Blood exposure accidents were predominant (66.1% of cases) and were associated with high psychological demands at work with OR = 2.539 (95% CI [1.037 - 6.219]). Health care workers had a high psychological demand in 85.3% and a low latitude in 78.8% of cases. According to the Karasek model, tense employees accounted for 68.7% and assets 16.6%. OAs occurring during care were associated with night work and working in the emergency and resuscitation department (OR = 5,772 (95% CI [1,227-27,146] and OR = 5,778 (95% CI [1,702 -19,619]) respectively).

**Conclusions:** The prevention of OA goes through the management of PSR, which remains a major concern for health and safety workers at work via the application of preventive strategies based on in-depth analysis of work situations.

**Keywords:** Psychosocial Risks; Occupational Accidents

### EPP0734

**Scope: A new service supporting family doctors dealing with psychiatric patients in the community: Current utilization and quality improvement implementation protocol in the covid era.**

L. Hytman\* and B. Bolea-Alamañac

Psychiatry, The Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV), Toronto, Canada

\*Corresponding author.

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**Introduction:** Seamless Care-Optimizing Patients Experience-Mental Health (SCOPE-MH) is a hub-based integrative case management and psychiatric care program supporting family physicians (FPs). SCOPE-MH provides patient resource navigation, social support, counselling, psychiatric consults, and short-term follow-up. Due to COVID-19, SCOPE-MH pivoted to serve patients completely online.

**Objectives:** To assess current utilization and evaluate patients' and FPs' experiences using SCOPE-MH as an online service before and during COVID-19.

**Methods:** This evaluation was developed under the RE-AIM framework (Reach, Adoption, Implementation and Maintenance). Two surveys, one for Patient Reported Experience Measures (PREMS),

and one seeking FPs perspective on the service, will complement the evaluation.

**Results:** Past data showed that 66.4% of referrals to SCOPE-MH were women (ages 14-97), and 33.6% were men (ages 14-91). The most common diagnoses were anxiety and depression, followed by adjustment reaction and PTSD. 72% of referred patients had more than one psychiatric diagnosis. 35.4% of the referrals were resource navigation and brief coordination of care. 39.2% required long term involvement. The main recommendations provided were counselling resources in the community and referral to local community mental health teams. Data on patient and FP experiences using SCOPE-MH, and perspectives on unique needs for psychiatric care in COVID-19, is still being collected. Surveys will be sent within 6 months.

**Conclusions:** SCOPE-MH is an effective model to support FP's addressing patients' psychiatric needs. The information obtained from the evaluation will be used to modify the online service to address unmet needs during COVID-19 and optimize current resources to serve more patients.

**Keywords:** Virtual Care; COVID-19; mental health

### EPP0735

**Ranzcp efforts to improve access to funded treatments**

J. Allan

President, Royal Australian and New Zealand College of Psychiatrists (RANZCP), Melbourne, Australia

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**Introduction:** Australia has a universal health insurance scheme covering part costs for private mental health care and which supports the public system. The Medical Benefits Schedule (MBS) schedule provides a recommended fee for each service, the amount the Australian Government thinks the service should cost. Many patients still pay a gap fee for the service. Similarly a system for medications, the Pharmaceutical Benefits Scheme (PBS) subsidises the cost of medicines for most medical conditions. As new evidence emerges in the treatment of psychiatric conditions, it is important that the MBS and PBS are updated so patients receive subsidised best practice treatment. **Objectives:** To provide an overview of RANZCP efforts to expand treatment availability through evidence and advocacy to government.

**Methods:** The RANZCP made submissions to the independent Medical Services Advisory Committee (MSAC) requesting an MBS listing for repetitive transcranial magnetic stimulation (rTMS) for treatment of antidepressant medication-resistant major depressive disorder. Submissions were made to the independent Pharmaceutical Benefits Advisory Committee (PBAC) to request ability to prescribe quetiapine in 25mg ranges for maintenance therapy.

**Results:** Following RANZCP submissions, the MSAC supported public funding for initial treatment with rTMS for adults with major depression who have tried antidepressant medicine or psychological therapy and remain unwell. The PBAC has recommended changes allowing prescription of 25mg quetiapine tablets for maintenance therapy for acute mania, bipolar 1 disorder and in the treatment of schizophrenia following RANZCP submission.

**Conclusions:** The RANZCP has achieved access to treatments to provide optimal symptom relief for people living with mental illness.

**Keywords:** treatments; rTMS; Quetiapine